

## TITLE 2. ADMINISTRATION

### CHAPTER 13. STATE BOARD OF INVESTMENT

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

This Chapter contains rules that were filed to be codified in the *Arizona Administrative Code* between the dates of  
July 1, 2021 through September 30, 2021

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#### Questions about these rules? Contact:

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Name: Fareed B. Bailey  
Title: Director of Legislative Affairs and  
AZ529 Plan Administrator  
Telephone: (602) 542-7880  
E-mail: [fareedb@aztreasury.gov](mailto:fareedb@aztreasury.gov)

**The release of this Chapter in Supp. 21-3 replaces Supp. 11-2, 1 page**

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Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

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





Administrative Rules Division

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**TITLE 2. ADMINISTRATION**

**CHAPTER 13. STATE BOARD OF INVESTMENT**

Authority: A.R.S. §§15-1872(B) and 15-1875(L)

**Supp. 21-3**

*Editor's Note: The name of the State Board of Deposit was changed to the State Board of Investment by Laws 1998, Ch. 69, § 6, effective May 7, 1998 (Supp. 06-1).*

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*Former Article 1, consisting of Sections R2-13-01 and R2-13-02, adopted as an emergency action effective April 25, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-2). Emergency expired.*

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## CHAPTER 13. STATE BOARD OF INVESTMENT

**ARTICLE 1. GENERAL PROVISIONS****R2-13-101. Definitions**

In this Article, unless otherwise specified, the following terms mean:

1. "General Accounting Office" means the General Accounting Office of the Department of Administration.
2. "General Fund" means the General Fund of the State as defined in A.R.S. § 35-141.
3. "Servicing Bank" means the bank awarded the servicing bank contract pursuant to A.R.S. § 35-315(C).
4. "Servicing Bank Contract" means the contract awarded pursuant to A.R.S. § 35-315.

**Historical Note**

Adopted effective July 12, 1996 (Supp. 96-3). R2-13-101(3) reflects corrected A.R.S. citation (Supp. 06-1). R2-13-101(1) revised at request of the Board, Office File No. M11-215, filed June 7, 2011 (Supp. 11-2).

**R2-13-102. Servicing Bank Charges Account**

- A. As authorized by A.R.S. § 35-315(B), General Fund interest earnings shall be deposited monthly into a General Fund account known as the "Servicing Bank Charges Account" to the extent necessary to pay for current servicing charges.
- B. Claims for servicing bank charges shall be paid from the Servicing Bank Charges Account. After each payment the General Accounting Office shall transfer any remaining interest earnings in the Servicing Bank Charges Account into the General Fund.

**Historical Note**

Adopted effective July 12, 1996 (Supp. 96-3). R2-13-102(A) reflects corrected A.R.S. citation (Supp. 06-1). R2-13-102(B) revised at request of the Board, Office File No. M11-215, filed June 7, 2011 (Supp. 11-2).

**R2-13-103. Information Required to be Submitted with Servicing Bank's Monthly Statement**

This Servicing Bank shall deliver to the state treasurer its monthly account analysis statement for services rendered in the preceding month which shall include the number and type of transactions performed, amount and time duration of deposits, and any other information required under the servicing bank contract.

**Historical Note**

Adopted effective July 12, 1996 (Supp. 96-3).

**ARTICLE 2. AZ529, ARIZONA'S EDUCATION SAVINGS PLAN****R2-13-201. Definitions**

- A. "Account year" means the period beginning on October 1 and ending on September 30 of each year.
- B. "A.R.S." means Arizona Revised Statutes.
- C. "Board" means the Arizona State Board of Investment.
- D. "Cash" means currency, bills and coin in circulation, or converting a negotiable instrument to cash by endorsing and presenting to a financial institution for deposit. An automatic transfer, cashier's check, certified check, money order, payroll deposit, traveler's check, personal check, and wire transfer will be treated as cash. Deposits will also be accepted by credit card.
- E. "Code" means the Internal Revenue Service Code of 1986, as amended, or the corresponding provision of any future United States Internal Revenue law.
- F. "Distributee" means the designated beneficiary or the account owner who receives or is treated as receiving a distribution from an account. If a distribution is made directly to the designated beneficiary or to an eligible educational institution for

the benefit of the designated beneficiary, the designated beneficiary is the distributee. In all other circumstances, the account owner is the distributee.

- G. "Eligible educational institution" means an institution of higher education that qualifies under § 529 of the Code as an eligible educational institution.
- H. "Financial institution" means a financial institution as defined in A.R.S. § 15-1871(6).
- I. "Negotiable instrument" means negotiable instrument as defined in A.R.S. § 47-3104.
- J. "Qualified Tuition Program" means a qualified tuition program as defined in § 529 of the Code.
- K. "Treasurer" means the Office of the Arizona State Treasurer.

**Historical Note**

New Section R2-13-201 recodified from Section R7-3-501 at 27 A.A.R. 1656, with an immediate effective date of September 23, 2021; amended by exempt rulemaking at 27 A.A.R. 1650, effective September 28, 2021 (Supp. 21-3).

**R2-13-202. Cash Contributions; Fees**

- A. Contributions to accounts in all qualified tuition programs shall be made only in cash as defined in R2-13-201.
- B. Application fee. The application fee is \$10. Application fees shall be forwarded to the Treasurer at the end of the month in which the account is opened. A financial institution may waive the application fee but will nevertheless be responsible for tendering to the Treasurer \$10 for each new account opened; said tender to be made at the end of the month in which the account is opened. The Treasurer shall review the application fee every 24 months and recommend to the Board whether the application fee should be adjusted.
- C. Reasonable fees and charges. Reasonable fees and charges may be levied against a qualified tuition program pursuant to an agreement for services between a financial institution and the Board. Fees shall be forwarded to the Treasurer at the end of each month.

**Historical Note**

New Section R2-13-202 recodified from Section R7-3-502 with clerical amendments made at 27 A.A.R. 1656, with an immediate effective date of September 23, 2021; amended by exempt rulemaking at 27 A.A.R. 1650, effective September 28, 2021 (Supp. 21-3).

**R2-13-203. Changing Designated Beneficiary**

An account owner may change the designated beneficiary so long as the new designated beneficiary is a member of the family, as defined in § 529 of the Code, A.R.S. § 15-1871(8) or both, of the previously named designated beneficiary. The account owner must certify and provide to the financial institution the name, address, social security number, and relationship of the new designated beneficiary to the previously named designated beneficiary on a form prescribed by the financial institution and approved by the Treasurer. The change shall be effective upon the financial institution's receipt of such certification.

**Historical Note**

New Section R2-13-203 recodified from Section R7-3-503 at 27 A.A.R. 1656, with an immediate effective date of September 23, 2021; Section R2-13-203 repealed, new Section R2-13-203 renumbered from R2-13-204 and amended by exempt rulemaking at 27 A.A.R. 1650, effective September 28, 2021 (Supp. 21-3).

**R2-13-204. Account Balance Limitations**

## CHAPTER 13. STATE BOARD OF INVESTMENT

- A. For each designated beneficiary, the balance in all qualified tuition programs, as defined in § 529 of the Code, shall not exceed the lesser of:
1. The product (rounded down to the nearest multiple of \$1000) of 7 and the average one year's undergraduate tuition, fees, room and board at the ten independent four year eligible educational institutions as measured and last published by the College Board's Independent College 500 Index that have the largest total direct charges. For purposes of this subsection, "total direct charges" means the charges determined for each eligible educational institution by multiplying the eligible educational institution's undergraduate enrollment by the reported tuition, fees, room and board for an on-campus student at the eligible educational institution; or
  2. The cost in current dollars of qualified higher education expenses the account owner reasonably anticipates the designated beneficiary will incur.
- B. No person shall make any contribution to a qualified tuition program during an account year that would cause the sum of the account balances in all qualified tuition programs of the designated beneficiary as of the first day of the account year plus contributions made during the account year less withdrawals during the account year to or from any such account to exceed the maximum allowable balance set forth in subsection (A). Any excess contributions with respect to a designated beneficiary shall be promptly withdrawn as a non-qualified withdrawal or transferred to another account in accordance with A.R.S. § 15-1875(E) or A.R.S. § 15-1875(F).
- C. No financial institution shall accept for deposit in any account a contribution if the contribution would cause the sum of the values (as of the beginning of an account year) of all qualified tuition programs of the designated beneficiary that are managed by the financial institution and contributions to such accounts less withdrawals from such accounts during the account year to exceed the maximum allowable balance set forth in subsection (A).
- D. Each year, the Board shall review the amounts set forth in subsection (A).
- E. Persons making a contribution to an account shall certify that as to the account's designated beneficiary, and to the best of the contributor's knowledge, the contribution shall not cause the balances in all qualified tuition programs to exceed the account balance limitations described in subsection (A).
- F. If the Treasurer determines that contributions have been made to program accounts in violation of subsection (B) or (C), the Treasurer shall notify the Board, the designated beneficiary and the account owners of all accounts of such designated beneficiary. The account owners shall have 60 days after receipt of such notice to reduce the balances of the qualified tuition programs through distributions and/or changes in beneficiaries to a level less than or equal to the maximum account balance described in subsection (A). If the balances are not appropriately reduced, the Treasurer will disqualify such accounts in reverse order of their date of opening until the sum of the balances in the accounts does not exceed the maximum allowable balance set forth in subsection (A). This subsection shall not apply to any contribution made at a time when such contributions did not cause the account balance limits to be exceeded.

**Historical Note**

New Section R2-13-204 recodified from Section R7-3-504 at 27 A.A.R. 1656, with an immediate effective date of September 23, 2021; Section R2-13-204 renumbered to R2-13-203, new Section R2-13-204 renumbered from

R2-13-205 and amended by exempt rulemaking at 27 A.A.R. 1650, effective September 28, 2021 (Supp. 21-3).

**R2-13-205. Withdrawals; Uses of Withdrawn Funds**

- A. An account owner may withdraw funds from an account at any time. The designated beneficiary of an account shall not have any authority to withdraw funds from an account unless the account is structured to give the designated beneficiary such right of withdrawal upon matriculation or upon incurring qualified higher education expenses as defined in A.R.S. § 15-1871(12) and § 529 of the Code.
- B. Neither the Board nor the Treasurer are responsible for tracking how withdrawn funds are used. It is the responsibility of the account owner to ensure that withdrawn funds are used for qualified higher education expenses as defined in A.R.S. § 15-1871(12) and § 529 of the Code, and to substantiate any exemption from tax or penalty.

**Historical Note**

New Section R2-13-205 recodified from Section R7-3-505 with clerical amendments made at 27 A.A.R. 1656, with an immediate effective date of September 23, 2021; Section R2-13-205 renumbered to R2-13-204, new Section R2-13-205 renumbered from R2-13-206 and amended by exempt rulemaking at 27 A.A.R. 1650, effective September 28, 2021 (Supp. 21-3).

**R2-13-206. Oversight of Financial Institutions**

- A. Disclaimer of state liability. Unless otherwise expressly agreed upon by the Treasurer in writing, every document pertaining to the AZ529, Arizona's Education Savings Plan shall clearly indicate that "The account is not insured by the state of Arizona and neither the principal deposited nor the investment return is guaranteed by the state of Arizona." A rubber stamp may be used to imprint this language on deposit slips, account statements, payroll stubs, or other documents pertaining to the AZ529, Arizona's Education Savings Plan. This language may also be hand-written or typed or provided by any other method to facilitate compliance.
- B. No Investment Direction. A financial institution shall not permit an account owner to move funds, once deposited, that in any way would result in investment direction of the funds or earnings on the funds except to the extent permissible under § 529 of the Code and any applicable regulations and guidance.
- C. Reporting Requirements.
1. At least quarterly, every financial institution shall provide each account owner with a statement. The statement shall list a beginning balance, all activity during the quarter, including any interest paid or dividends earned, and an ending balance. Additionally, the statement for the fourth quarter shall include the following information: an annual beginning balance, an annual total of the interest earned or dividends paid, a year-end balance, and any distributions paid.
  2. Within the time-frames established by the Code, financial institutions, at the request of the Treasurer, shall provide Form 1099Q to all distributees.
  3. A copy of the statement described in (C)(1) and (2) shall be sent to the Treasurer. Additionally, each financial institution shall provide the Treasurer with the information required by A.R.S. § 15-1874(H).
- D. Access to books and records. No contractor shall have access to the books and records of a financial institution or Program Manager unless the Treasurer or its designee first approves, with or without modification, such request for access.
- E. Non-renewal. The Board's failure to renew a contract with a financial institution shall not be construed as "good cause" as referred to in A.R.S. § 15-1874(I).

## CHAPTER 13. STATE BOARD OF INVESTMENT

**F. Marketing programs.**

1. Any financial institution or group of financial institutions that wishes to engage in its own marketing program for the AZ529, Arizona's Education Savings Plan may do so provided that any proposed marketing program is first submitted to the Treasurer for review. If, within 60 days, the Treasurer does not notify the financial institution or group of financial institutions, in writing, that the proposed marketing program is rejected or requires modifications, the proposed marketing program shall be deemed approved.
2. Any financial institution or group of financial institutions that chooses to engage in its own marketing program may petition the Treasurer for a credit against future marketing fees.

**Historical Note**

New Section R2-13-206 recodified from Section R7-3-506 at 27 A.A.R. 1656, with an immediate effective date of September 23, 2021; Section R2-13-206 renumbered to R2-13-205, new Section R2-13-206 renumbered from R2-13-207 and amended by exempt rulemaking at 27 A.A.R. 1650, effective September 28, 2021 (Supp. 21-3).

**R2-13-207. IRS Regulations, Rulings, Notices, and Other Guidance**

- A.** If (i) the Internal Revenue Service issues on or after February 27, 2002, any regulation, ruling, notice or other precedential guidance on procedures or activities that a qualified tuition program may adopt or undertake without jeopardizing its exemption under § 529 of the Code, (ii) such guidance is less restrictive than any rule contained in this Article, and (iii) the more restrictive rule was not mandated by A.R.S. §§ 15-1871 to 15-1877, then the more restrictive rule shall be deemed lib-

eralized to the maximum extent possible without violating A.R.S. §§ 15-1871 through 15-1877 or any requirements for a program to qualify as a qualified tuition program under § 529 of the Code.

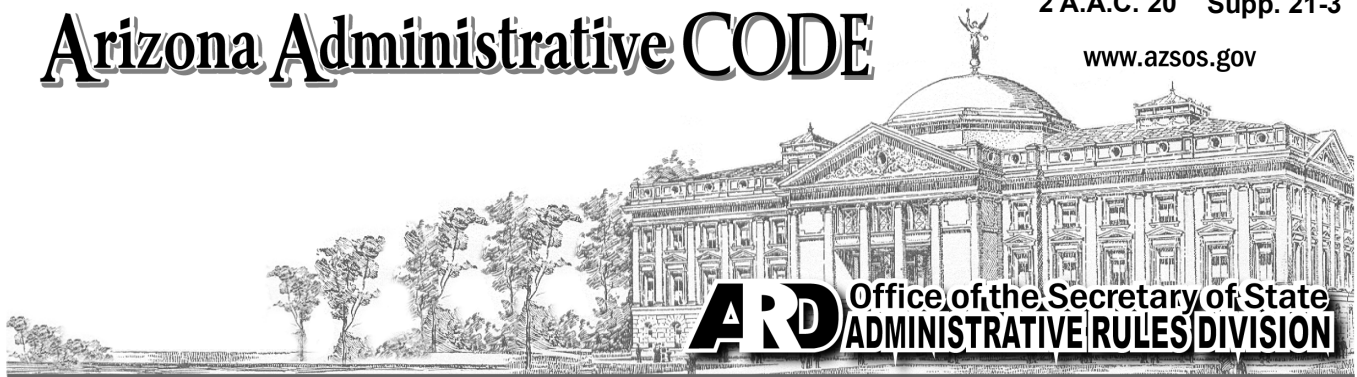
- B.** If (i) the Internal Revenue Service issues on or after February 27, 2002, any regulation, ruling, notice or other precedential guidance on procedures or activities that a qualified tuition program shall or shall not adopt or undertake to avoid jeopardizing its exemption under § 529 of the Code and (ii) the rules contained in this Article or the statutes contained in A.R.S. §§ 15-1871 to 15-1877 do not include such requirement or prohibition, then these rules shall be deemed amended to the maximum extent possible without violating A.R.S. §§ 15-1871 through 15-1877 to adopt such requirement or prohibition.

**Historical Note**

New Section R2-13-207 recodified from Section R7-3-507 with clerical amendments made at 27 A.A.R. 1656, with an immediate effective date of September 23, 2021; Section R2-13-207 renumbered to R2-13-206, new Section R2-13-207 renumbered from R2-13-208 by exempt rulemaking at 27 A.A.R. 1650, effective September 28, 2021 (Supp. 21-3).

**R2-13-208. Renumbered****Historical Note**

New Section R2-13-208 recodified from Section R7-3-508 with clerical amendments made at 27 A.A.R. 1656, with an immediate effective date of September 23, 2021; Section R2-13-208 renumbered to R2-13-207 by exempt rulemaking at 27 A.A.R. 1650, effective September 28, 2021 (Supp. 21-3).



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#### Questions about these rules? Contact:

Commission: Citizens Clean Elections Commission  
Address: 1616 W. Adams, Suite 110  
Phoenix, AZ 85007  
Website: [azcleanelections.gov](http://azcleanelections.gov)  
Name: Thomas M. Collins  
Telephone: (602) 364-3477  
E-mail: [ccec@azcleanelections.gov](mailto:ccec@azcleanelections.gov)

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

### PERSONAL USE/COMMERCIAL USE

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



## Administrative Rules Division

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

## TITLE 2. ADMINISTRATION

## CHAPTER 20. CITIZENS CLEAN ELECTIONS COMMISSION

Authority: A.R.S. § 16-956(A)(7)

## Supp. 21-3

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

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

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

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

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## CHAPTER 20. CITIZENS CLEAN ELECTIONS COMMISSION

## ARTICLE 1. GENERAL PROVISIONS

**R2-20-101. Definitions**

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

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

## CHAPTER 20. CITIZENS CLEAN ELECTIONS COMMISSION

**Historical Note**

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

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

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

**R2-20-103. Communications: Time and Method**

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

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

**Historical Note**

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

**R2-20-104. Certification as a Participating Candidate**

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



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

**Historical Note**

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

**R2-20-105. Certification for Funding**

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

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

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

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

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

**Historical Note**

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

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

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

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

**Historical Note**

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

**R2-20-107. Candidate Debates**

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

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

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

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

**Historical Note**

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

**R2-20-108. Termination of Participating Candidate Status**

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

**Historical Note**

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

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

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

#### **R2-20-109. Independent Expenditure Reporting Requirements**

- A. In accordance with A.R.S. § 16-958(E), all persons obligated to file any campaign finance report under any provisions of Chapter 6, Article 2 of the Arizona Revised Statutes shall file such reports using the Secretary of State's Internet-based finance-reporting system, except if:
  1. Expressly provided otherwise by another Commission rule; or
  2. That system, or the necessary function on the system, is unavailable, in which case the executive director shall implement a suitable process.
- B. Independent Expenditure Reporting Requirements.
  1. Any person making independent expenditures cumulatively exceeding the amount prescribed in A.R.S. § 16-941(D) in an election cycle shall file campaign finance reports in accordance with A.R.S. § 16-958 and Commission rules.
  2. Any person who fails to file a timely campaign finance report pursuant to A.R.S. § 16-941(D), A.R.S. § 16-958, shall be subject to a civil penalty as prescribed in A.R.S. § 16-942(B). Subsection R2-20-109(B)(4) does not apply to reports pursuant to A.R.S. §§ 16-941(D) and 16-958 or this subsection. Any expenditure advocating against one or more candidates shall be considered an expenditure on behalf of any opposing candidate or candidates. Penalties shall be assessed as follows:
    - a. For an election involving a candidate for statewide office, the civil penalty shall be \$300 per day.
    - b. For an election involving a legislative candidate, the civil penalty shall be \$100 per day.
    - c. The penalties in (a) and (b) shall be doubled if the amount not reported for a particular election cycle exceeds ten (10%) percent of the applicable adjusted primary election spending limit or adjusted general election spending limit.
    - d. The dollar amounts in items (a) and (b), and the spending limits in item (c) are subject to adjustment of A.R.S. § 16-959.
    - e. Penalties imposed pursuant to this subsection shall not exceed twice the amount of expenditures not reported.
  3. A.R.S. § 16-942(B) applies to any entity including political committees that accepts contributions or makes expenditures on behalf of any candidate regardless of any other contributions taken or expenditures made and fails to timely file a campaign finance report under Chapter 6 of Title 16, Arizona Revised Statutes. Any expenditure advocating against one or more candidates shall be considered an expenditure on behalf of any opposing candidate or candidates. Penalties shall be assessed as follows:
    - a. For an election involving a candidate for statewide office, the civil penalty shall be \$300 per day.
    - b. For an election involving a legislative candidate, the civil penalty shall be \$100 per day.
    - c. The penalties in (a) and (b) shall be doubled if the amount not reported for a particular election cycle exceeds ten (10%) percent of the applicable adjusted primary election spending limit or adjusted general election spending limit.
    - d. The dollar amounts in items (a) and (b), and the spending limits in item (c) are subject to adjustment of A.R.S. § 16-959.
    - e. Penalties imposed pursuant to this subsection shall not exceed twice the amount of expenditures not reported.
  4. For purposes of A.A.C. R2-20-109(B)(3):
    - a. Subject to A.R.S. § 16-901(43) and notwithstanding any rule to the contrary of that section, an entity shall not be found to have the predominant purpose of influencing elections unless, a preponderance of the evidence establishes that during a two-year legislative election cycle, the total reportable contributions made by the entity, in any combination, in a calendar year exceeds \$1,000 and is more than fifty percent (50%) of the entity's total spending during the election cycle.
      - i. For purposes of this provision, a "reportable contribution" or "reportable expenditure" shall be limited to a contribution or expenditure, as defined in title 16 of the Arizona revised statutes, that must be reported to the Arizona secretary of state, the Arizona citizens clean elections commission, or local filing officer in Arizona. A contribution or expenditure that must be reported to the federal election commission or to the election authority of any other state, but not to the Arizona secretary of state, the Arizona citizens clean elections commission or a local filing officer in Arizona, shall not be considered a reportable contribution or reportable expenditure.
      - ii. For purposes of this provision, "total spending" shall not include volunteer time or fundraising and administrative expenses but shall include all other spending by the organization.
      - iii. For purposes of this provision, grants to other organizations shall be treated as follows:
        - (1) A grant made to a political committee or an organization organized under section 527 of the internal revenue code shall be counted in total spending and as a reportable contribution or reportable expenditure, unless expressly designated for use outside Arizona or for federal elections, in which case such spending shall be counted in total spending but not as a reportable contribution or reportable expenditure.
        - (2) If the entity making a grant takes reasonable steps to ensure that the transferee does not use such funds to make a reportable contribution or reportable expenditure, such a grant shall be counted in total spending but not as a reportable contribution or reportable expenditure.
      - iv. If the entity making a grant earmarks the grant for reportable contributions or reportable expenditures, knows the grant will be used to make reportable contributions or reportable



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

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

**Historical Note**

New Section adopted by exempt rulemaking at 6 A.A.R. 1567, effective June 21, 2000 (Supp. 00-2). Section repealed; new Section made by exempt rulemaking at 8 A.A.R. 588, effective October 17, 2001 (Supp. 02-1). Amended by exempt rulemaking at 11 A.A.R. 4518, effective May 28, 2005 (Supp. 05-4). Amended by exempt rulemaking at 13 A.A.R. 3597, effective January 1, 2008 (Supp. 07-4). Amended by exempt rulemaking at 15 A.A.R. 1156, effective August 31, 2009 (Supp. 09-2). Amended by exempt rulemaking at 16 A.A.R. 152, effective January 29, 2010 (Supp. 10-1). Subsections R2-20-109(A), (A)(4), and (B) through (E) amended by exempt rulemaking at 19 A.A.R. 2923, effective October 6, 2011; Subsections R2-20-109(A) and (C)(2) amended by exempt rulemaking at 19 A.A.R. 2923, effective August 29, 2013; Subsection R2-20-109(C)(3) amended by exempt rulemaking at 19 A.A.R. 2923, effective January 1, 2014 (Supp. 13-3). Amended by exempt rulemaking at 19 A.A.R. 3519, effective September 27, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1329, effective May 22, 2014 (Supp. 14-2). Amended by exempt rulemaking at 20 A.A.R. 2804, effective September 11, 2014 (Supp. 14-3). Subsection R2-20-109(D) amended by final exempt rulemaking at 21 A.A.R. 3168 effective October 29, 2015; subsection R2-20-109(F) amended by final exempt rulemaking at 21 A.A.R. 3168 effective October 30, 2015 (Supp. 15-4). Amended by exempt rulemaking at 22 A.A.R. 2892, effective January 1, 2017 (Supp. 16-3). Amended by final exempt rulemaking at 23 A.A.R. 121, effective January 1, 2017 (Supp. 16-4). Section retained at the request of the Commission at 23 A.A.R. 1761 (Supp. 17-2, version 2). The Commission adopted and unanimously voted to reenact and republish this Section that was "currently in effect" for the purpose of public notice and clarity at 24 A.A.R. 109,

effective December 14, 2017 (Supp. 17-4). Amended by final rulemaking at 27 A.A.R. 1568, with an immediate effective date of September 14, 2021 (Supp. 21-3).

**R2-20-110. Participating Candidate Reporting Requirements**

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

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

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

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

**B. Timing of reporting expenditures.**

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

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

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

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

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

**Historical Note**

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

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

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

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

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

**Historical Note**

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

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

**R2-20-112. Political Party Exceptions**

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

**Historical Note**

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

**R2-20-113. Candidate Statement Pamphlet**

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

**Historical Note**

New Section adopted by exempt rulemaking at 6 A.A.R. 1567, effective June 21, 2000 (Supp. 00-2). Section repealed by exempt rulemaking at 8 A.A.R. 588, effective October 17, 2001 (Supp. 02-1). New Section made by exempt rulemaking at 11 A.A.R. 4518, effective May 28, 2005 (Supp. 05-4). Amended by exempt rulemaking at 13 A.A.R. 2434, effective August 27, 2007 (Supp. 07-2). Amended by exempt rulemaking at 13 A.A.R. 3597, effective January 1, 2008 (Supp. 07-4). Amended by exempt rulemaking at 15 A.A.R. 1156, effective August 31, 2009 (Supp. 09-2). Amended by exempt rulemaking at 15 A.A.R. 1423, effective October 22, 2009 (Supp. 09-3). Amended by exempt rulemaking at 15 A.A.R. 1567, effective September 2, 2009 (Supp. 09-3). Amended by exempt rulemaking at 16 A.A.R. 1200, effective January 8, 2010 (Supp. 10-2). Repealed by exempt rulemaking at 19 A.A.R. 1694, effective October 6, 2011 (Supp. 13-2). New Section made by final exempt rulemaking at 21 A.A.R. 1633, effective July 23, 2015 (Supp. 15-3). Amended by final rulemaking at 25 A.A.R. 2118, effective July 29, 2019 (Supp. 19-3). Amended by final rulemaking at 26 A.A.R. 335, effective February 4, 2020;

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amendments made to subsection (A) were originally codified in Supp. 19-3 at 25 A.A.R. 2118 (Supp. 20-1).

**R2-20-114. Candidate Campaign Bank Account**

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

**Historical Note**

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

**R2-20-115. Books and Records Requirements**

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

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

**Historical Note**

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

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

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

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**Historical Note**

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

**R2-20-202. Initiation of Compliance Matters**

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

**Historical Note**

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

**R2-20-203. Complaints**

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

**Historical Note**

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

**R2-20-204. Initial Complaint Processing; Notification**

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

**Historical Note**

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

Amended by final exempt rulemaking at 21 A.A.R. 1634, effective July 23, 2015 (Supp. 15-3).

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

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

**Historical Note**

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

Amended by exempt rulemaking at 11 A.A.R. 4518, effective May 28, 2005 (Supp. 05-4). Amended by final exempt rulemaking at 21 A.A.R. 1636, effective July 23, 2015 (Supp. 15-3).

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

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



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**Historical Note**

New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1). Amended by exempt rulemaking at 11 A.A.R. 4518, effective May 28, 2005 (Supp. 05-4). Amended by exempt rulemaking at 12 A.A.R. 758, effective February 15, 2006 (Supp. 06-1). Amended by exempt rulemaking at 20 A.A.R. 1332, effective May 22, 2014 (Supp. 14-2). Amended by final exempt rulemaking at 21 A.A.R. 1638, effective July 23, 2015 (Supp. 15-3).

**R2-20-207. Internally Generated Matters; Referrals**

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

**Historical Note**

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

**R2-20-208. Complaint Processing; Notification**

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

**Historical Note**

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

exempt rulemaking at 12 A.A.R. 758, effective February 15, 2006 (Supp. 06-1).

**R2-20-209. Investigation**

- A. The Executive Director or any other person designated by the Executive Director shall conduct an investigation in any case in which the Commission finds reason to believe that a violation of a statute or rule over which the Commission has jurisdiction has occurred or is about to occur.
- B. The investigation may include, but is not limited to, field investigations, audits, and other methods of information gathering.

**Historical Note**

New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1). Section amended by final rulemaking at 26 A.A.R. 111, with a immediate effective of December 12, 2019 (Supp. 19-4). Amended by final rulemaking at 26 A.A.R. 542, effective March 9, 2020; the amendments to subsections (A) and (B) were originally codified in Supp. 19-4 at 26 A.A.R. 1111 (Supp. 20-1).

**R2-20-210. Written Questions Under Order**

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

**Historical Note**

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

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

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

**Historical Note**

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

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

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

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

- A. Any person to whom a subpoena is directed may, prior to the time specified therein for compliance, but in no event more than five days after the date of receipt of such subpoena, apply to the Commission to quash or modify such subpoena, accom-

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panying such application with a brief statement of the reasons therefore.

- B. The Commission may deny the application, quash the subpoena or modify the subpoena.
- C. The person subpoenaed and the Executive Director may agree to change the date, time, or place of a deposition or for the production of documents without affecting the force and effect of the subpoena, but such agreements shall be confirmed in writing.

**Historical Note**

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

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

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

**Historical Note**

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

**R2-20-215. Probable Cause to Believe Finding**

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

**Historical Note**

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

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

**R2-20-216. Conciliation**

- A. Upon a Commission finding of probable cause to believe that the respondent has violated a statute or rule over which the Commission has jurisdiction, the Executive Director shall attempt to settle the matter as authorized by A.R.S. § 16-957(A) by informal methods of administrative settlement or conciliation, and shall attempt to reach a tentative conciliation agreement with the respondent.
- B. A conciliation agreement pursuant to subsection (A) of this Section is not binding upon either party unless and until it is signed by the respondent and by the Executive Director upon approval by the affirmative vote of at least three members of the Commission.
- C. If a conciliation agreement is reached between the Commission and the respondent, the Executive Director shall send a copy of the signed agreement to both complainant and respondent.

**Historical Note**

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

**R2-20-217. Enforcement Proceedings**

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

**Historical Note**

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

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

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

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

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

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repealed by exempt rulemaking at 9 A.A.R. 3511, effective May 21, 2002 (Supp. 03-3).

**R2-20-220. Ex Parte Communications**

- A. In order to avoid the possibility of prejudice, real or apparent, to the public interest in enforcement actions pending before the Commission pursuant to its compliance procedures, except to the extent required for the disposition of ex parte matters as required by law (for example, during the normal course of an investigation or a conciliation effort), no interested person outside the agency shall make or cause to be made to any Commissioner or any member of any Commission staff any ex parte communication relative to the factual or legal merits of any enforcement action, nor shall any Commissioner or member of the Commission's staff make or entertain any such ex parte communications.
- B. This rule shall apply from the time a complaint is filed with the Commission or from the time that the Commission determines on the basis of information ascertained in the normal course of its statutory responsibilities that it has reason to believe that a violation of a statute or rule over which the Commission has jurisdiction has occurred or may occur, and remains in force until the Commission has finally concluded all action with respect to the matter in question.
- C. Nothing in this Section shall be construed to prohibit contact between a respondent or respondent's attorney and any attorney or the Administrative Counsel or the Assistant Attorney General in the course of representing the Commission or the respondent with respect to an enforcement proceeding or civil action. No statement made by a Commission attorney or staff member shall bind or estop the Commission.

**Historical Note**

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

**R2-20-221. Representation by Counsel; Notification**

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

**Historical Note**

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

**R2-20-222. Civil Penalties**

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

is not in compliance with the Act or Commission rules, then in addition to other penalties under law, the Commission may impose a penalty not to exceed \$1,000.

**Historical Note**

New Section made by exempt rulemaking at 8 A.A.R.

588, effective November 27, 2001 (Supp. 02-1).

Amended by exempt rulemaking at 13 A.A.R. 3524, effective January 1, 2008 (Supp. 07-3). Amended by exempt rulemaking at 19 A.A.R. 1697, effective May 23, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3524, effective September 27, 2013 (Supp. 13-4).

**R2-20-223. Notice of Appealable Agency Action**

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

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

**Historical Note**

New Section made by exempt rulemaking at 8 A.A.R.

588, effective November 27, 2001 (Supp. 02-1).

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

**R2-20-224. Request for an Administrative Hearing**

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

**Historical Note**

New Section made by exempt rulemaking at 8 A.A.R.

588, effective November 27, 2001 (Supp. 02-1).

**R2-20-225. Informal Settlement Conference**

- A. If the respondent requests an informal settlement conference, the informal settlement conference shall be held within 15 days after the Commission receives the request. A request for an informal settlement conference shall be in writing and must be filed with the Commission no later than 20 days before the hearing date. A person with the authority to act on behalf of the Commission must represent the Commission at the conference. The AAG shall attend the settlement conference, but shall not be the individual authorized to act on behalf of the Commission.
- B. The Commission representative shall notify the appellant in writing that the statements, either written or oral, made by the

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appellant at the conference, including a written document, created or expressed solely for the purpose of settlement negotiations, are inadmissible in any subsequent administrative hearing. The parties participating in the settlement conference waive their right to object to the participation of the agency representative in the final administrative decision.

**Historical Note**

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

**R2-20-226. Administrative Hearing**

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

**Historical Note**

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

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

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

**Historical Note**

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

**R2-20-228. Judicial Review**

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

**Historical Note**

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

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

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

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

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

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

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

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

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

**Historical Note**

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

**R2-20-302. Definitions**

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

1. "Commission" means the Citizens Clean Elections Commission of Arizona.
2. "Commissioner" means a voting member of the Commission, appointed pursuant to A.R.S. § 16-955.
3. "Conflict of interest" means a situation in which a Commissioner's or an employee's private interest is or appears to be inconsistent with the efficient and impartial conduct of his or her official duties and responsibilities.
4. "Employee" means an employee or staff member of the Commission.
5. "Former employee" means one who was, and is no longer, an employee of the Commission.
6. "Official responsibility" means the direct administrative or operating authority, whether intermediate or final, to approve, disapprove, or otherwise direct Commission action. Official responsibility may be exercised alone or with others and either personally or through subordinates.

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7. "Outside employment" or "outside activity" means any work, service or other activity performed by a Commissioner or employee other than in the performance of the Commissioner's or employee's official employment duties. It includes such activities as writing and editing, publishing, teaching, lecturing, consulting, self-employment, and other services or work performed, with or without compensation.
8. "Person" means an individual, corporation, company, association, firm, partnership, society, joint stock company, political committee, or other group, organization, or institution.

**Historical Note**

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

**R2-20-303. Notification to Commissioners and Employees**

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

**Historical Note**

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

**R2-20-304. Interpretation and Advisory Service**

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

**Historical Note**

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

**R2-20-305. Reporting Suspected Violations**

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

**Historical Note**

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

**R2-20-306. Disciplinary and Other Remedial Action**

- A. A violation of this Article by an employee may be cause for disciplinary action, which may be in addition to any penalty prescribed by law.
- B. When the Commission's Executive Director determines that an employee may have or appears to have a conflict of interest, the Commission's Executive Director may question the employee in the matter and gather other information. The Commission's Executive Director and the employee's supervisor shall discuss with the employee possible ways of eliminat-

ing the conflict or appearance of conflict. If the Commission's Executive Director, after consultation with the employee's supervisor, concludes that remedial action should be taken, he or she shall refer a statement to the Commission containing his or her recommendation for such action. The Commission, after consideration of the employee's explanation and the results of any investigation, may direct appropriate remedial action as it deems necessary.

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

**Historical Note**

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

**R2-20-307. General Prohibited Conduct**

- A. A Commissioner or employee shall avoid any action whether or not specifically prohibited by this Section that might result in, or create the appearance of:
  1. Using public office for unlawful private gain;
  2. Giving favorable or unfavorable treatment to any person or organization due to any partisan or political consideration;
  3. Impeding Commission efficiency or economy;
  4. Losing impartiality.
  5. Making a Commission decision without Commission approval; or
  6. Adversely affecting the confidence of the public in the integrity of the Commission.
- B. A Commissioner or employee of the Commission shall not solicit or accept, directly or indirectly, any gift, gratuity, favor, entertainment, loan, or any other thing of monetary value, from a person who:
  1. Has, or is seeking to obtain, contractual or other business or financial relations with the Commission;
  2. Conducts operations or activities that are regulated or examined by the Commission; or
  3. Has an interest that may be substantially affected by the performance or nonperformance of the Commissioner or employee's official duty.
- C. Subsection (B) of this Section shall not apply in the following circumstances:
  1. When circumstances make it clear that obvious family or personal relationships, rather than the business of the persons concerned, are the motivating factors;
  2. To the acceptance of food, refreshments, and accompanying entertainment of nominal value in the ordinary course of a social occasion or a luncheon or dinner meeting or other function where a Commissioner or an employee is properly in attendance;
  3. To the acceptance of unsolicited advertising or promotional material or other items of nominal value such as pens, pencils, note pads, calendars; and
  4. To the acceptance of loans from banks or other financial institutions on customary terms to finance proper and usual activities, such as home mortgage loans.
- D. A Commissioner or an employee shall not solicit a contribution from another employee for a gift to an official superior, make a donation as a gift to an official superior, or accept a gift from an employee receiving less pay than himself or herself. However, this subsection does not prohibit a voluntary gift of nominal value or donation in a nominal amount made on a spe-

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cial occasion such as birthday, holiday, marriage, illness, or retirement.

- E. This Section does not preclude a Commissioner or employee from receipt of reimbursement, unless prohibited by law, for expenses of travel and such other necessary subsistence as is compatible with this Article for which no state payment or reimbursement is made. However, this Section does not allow a Commissioner or employee to be reimbursed, or payment to be made on his or her behalf, for excessive personal living expenses, gifts, entertainment, or other personal benefits, nor does it allow a Commissioner or employee to be reimbursed by a person for travel on official business under Commission orders when reimbursement is prescribed by statute.

**Historical Note**

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

**R2-20-308. Outside Employment or Activities**

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

written authorization for the use of any such information may be given when the Commission determines that such use would be in the public interest.

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

**Historical Note**

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

**R2-20-309. Financial Interests**

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

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any other interest that could be substantially affected by the outcome of the proceeding.

- D. This Section does not preclude a Commissioner or employee from having a financial interest or engaging in financial transactions to the same extent as a private citizen not employed by the Commission, as long as the Commissioner's or employee's financial interest does not conflict with official Commission duties.

**Historical Note**

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

**R2-20-310. Political and Organization Activity**

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

**Historical Note**

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

**R2-20-311. Membership in Associations**

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

**Historical Note**

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

**R2-20-312. Use of State Property**

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

**Historical Note**

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

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

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

**Historical Note**

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

**R2-20-402. General**

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

**Historical Note**

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

**R2-20-402.01. Audits of Participating Legislative Candidates**

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

**Historical Note**

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

**R2-20-402.02. Audits of Participating Statewide Candidates**

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

**Historical Note**

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

**R2-20-403. Conduct of Fieldwork**

- A. The Commission will provide the candidate two days notice of the Commission's intention to commence fieldwork on the audit and examination. The Commission will conduct fieldwork at a site provided by the candidate. During or after fieldwork, the Commission may request additional or updated information, which expands the coverage dates of information previously provided. During or after fieldwork, the Commission may also request additional information that was created by or becomes available to the candidate that is of assistance in the Commission's audit. The candidate shall produce the addi-

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tional or updated information no later than two days after service of the Commission's request.

- B. On the date scheduled for the commencement of fieldwork, the candidate shall facilitate the examination or audit by making records available in one central location, such as the Commission's office space, or shall provide the Commission with office space and records. The candidate shall be present at the site of the fieldwork. The candidate shall be familiar with the candidate's records and shall be available to the Commission to answer questions and to aid in locating records.
- C. If the candidate fails to provide adequate office space, personnel or records, the Commission may seek judicial intervention to enforce the request or assess other penalties.
- D. If, in the course of the examination or audit process, a dispute arises over the documentation sought, the candidate may seek review by the Commission of the issues raised. To seek review, the candidate shall submit a written statement within five days after the disputed Commission request is made, describing the dispute and indicating the candidate's proposed alternatives.

**Historical Note**

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

**R2-20-404. Preliminary Audit Report**

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

**Historical Note**

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

**R2-20-405. Final Audit Report**

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

forth in R2-20-404 and subsections (A) and (B) will be followed in preparing such addenda.

**Historical Note**

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

**R2-20-406. Release of Audit Report**

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

**Historical Note**

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

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

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

**Historical Note**

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

**R2-20-502. Procedural Requirements**

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

**Historical Note**

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

**R2-20-503. Processing of Petitions**

- A. Within 10 days of receiving a petition, the Commission shall send a letter to the petitioner acknowledging the receipt of the petition and informing the petitioner that the Commission will review and decide whether to deny or accept the petition. To assist in determining whether a rulemaking proceeding should be initiated, the Commission may publish a Notice of Avail-



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ability on the Commission web site or otherwise post notice, stating that the petition is available for public inspection in the Commission's Office and that statements in support of or in opposition to the petition may be filed within a stated period after publication of the Notice of Availability.

- B. If the Commission decides a public hearing on the petition would help determine whether to commence a rulemaking proceeding, it will publish an appropriate notice of the hearing on the Commission web site or otherwise post notice, to notify interested persons and to invite their participation in the hearing.
- C. The Commission will consider all comments regarding whether rulemaking proceedings should be initiated.

**Historical Note**

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

**R2-20-504. Disposition of Petitions**

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

**Historical Note**

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

**R2-20-505. Commission Considerations**

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

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

**Historical Note**

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

**R2-20-506. Administrative Record**

- A. The Commission record for the petition process consists of the following:
  1. The petition, including all attachments on which it relies, filed by the petitioner;
  2. Written comments on the petition that have been circulated to and considered by the Commission, including attachments submitted as a part of the comments;
  3. Agenda documents, in the form they are circulated to and considered by the Commission in the course of the petition process;

4. All notices published on the Commission web site and in the Arizona Administrative Register, including the Notice of Availability and Notice of Disposition;
  5. The transcripts or audiotapes of any public hearing on the petition;
  6. All correspondence between the Commission and the petitioner, other commentators and state agencies pertaining to Commission consideration of the petition; and
  7. The Commission's decision on the petition, including all documents identified or filed by the Commission as part of the record relied on in reaching its final decision.
- B. The administrative record specified in subsection (A) of this Section is the exclusive record for the Commission's decision.

**Historical Note**

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

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

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

**Historical Note**

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

**R2-20-602. Definitions**

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

**Historical Note**

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

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

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

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and deliver the statement to the Executive Director for placement in the applicable case file.

- C. A Commissioner or employee who receives a written ex parte communication concerning any matters addressed in subsection (A) of this Section shall, as soon after the communication as is reasonably possible but no later than three business days after the communication, or prior to the next Commission discussion of the matter, whichever is earlier, deliver a copy of the communication to the Executive Director for placement in the applicable case file.

**Historical Note**

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

**R2-20-604. Sanctions**

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

**Historical Note**

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

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

Notwithstanding any other provision of the rules to the contrary, a participating candidate shall not make any payment to a private organization that is exempt under section 501(a) of the internal revenue code and that is eligible to engage in activities to influence the outcome of a candidate election, nor make any payment directly or indirectly to a political party; and subject to the foregoing, may spend clean elections monies only for reasonable and necessary expenses that are directly related to the campaign of that participating candidate.

**Historical Note**

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

Amended by exempt rulemaking at 11 A.A.R. 4518, effective May 28, 2005 (Supp. 05-4). Amended by final rulemaking at 26 A.A.R. 886, with an immediate effective date of February 27, 2020; the same amendments were filed and codified by final rulemaking at 26 A.A.R. 1259, with an immediate effective date of June 4, 2020 (Supp. 20-2).

**R2-20-702. Use of Campaign Funds**

- A. A participating candidate shall use funds in the candidate's current campaign account to pay for goods and services for direct campaign purposes only. Funds shall be disbursed and reported in accordance with A.R.S. § 16-948(C).
- B. Participating candidates may purchase fixed assets with a value not to exceed \$800. Fixed assets, including accessories, purchased with campaign funds that can be used for non-campaign purposes with a value of \$200 or more shall be turned into the Commission no later than 14 days after the primary election or the general election if the candidate was successful in the primary. For purposes of determining whether a fixed asset is valued at \$200 or more, the value shall include any accessories purchased for use with the fixed asset in question. A candidate may elect to keep an item by reimbursing the Commission for 80 percent of the original purchase price including the cost of accessories.

- C. During the primary election period, a participating candidate shall not make any expenditure greater than the difference between:
1. The sum of early contributions received plus public funds disbursed through the primary election period; less
  2. All other expenditures made during and for the exploratory, qualifying and primary election periods.
- D. During the general election period, a participating candidate shall not make any expenditure greater than the difference between:
1. The amount of public funds disbursed during and for the general election period; less
  2. All other expenditures made during and for the general election period.
- E. Transportation expenses.
1. Except as otherwise provided in this subsection (D), the costs of transportation relating to the election of a participating statewide or legislative office candidate shall not be considered a direct campaign expense and shall not be reported by the candidate as expenditures or as in-kind contributions.
  2. If a participating candidate travels for campaign purposes in a privately owned automobile, the candidate may:
    - a. Use campaign funds to reimburse the owner of the automobile at a rate not to exceed the state mileage reimbursement rate in which event the reimbursement shall be considered a direct campaign expense and shall be reported as an expenditure and reported in the reporting period in which the expenditure was incurred. If a candidate chooses to use campaign funds to reimburse, the candidate shall keep an itinerary of the trip, including name and type of events(s) attended, miles traveled and the rate at which the reimbursement was made. This subsection applies to candidate owned automobiles in addition to any other automobile.
    - b. Use campaign funds to pay for direct fuel purchases for the candidate's automobile only and shall be reported. If a candidate chooses to use campaign funds for direct fuel purchases, the candidate shall keep an itinerary of the trip, including name and type of events(s) attended, miles traveled and the rate at which the reimbursement could have been made.
  3. Use of airplanes.
    - a. If a participating candidate travels for campaign purposes in a privately owned airplane, within 7 days from the date of travel, the candidate shall use campaign funds to reimburse the owner of the airplane at a rate of \$150 per hour of flying time, in which event the reimbursement shall be considered a direct campaign expense and shall be reported as an expenditure. If the owner of the airplane is unwilling or unable to accept reimbursement, the participating candidate shall remit to the fund an amount equal to \$150 per hour of flying time.
    - b. If a participating candidate travels for campaign purposes in a state-owned airplane, within 7 days from the date of travel, the candidate shall use campaign funds to reimburse the state for the portion allocable to the campaign in accordance with subsection 3a, above. The portion of the trip attributable to state business shall not be reimbursed. If payment to the State is not possible, the payment shall be remitted to the Clean Elections Fund.

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4. If a participating candidate rents a vehicle or purchases a ticket or fare on a commercial carrier for campaign purposes, the actual costs of such rental (including fuel costs), ticket or fare shall be considered a direct campaign expense and shall be reported as an expenditure.

**Historical Note**

New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1). Section repealed; new Section made by exempt rulemaking at 11 A.A.R. 4518, effective May 28, 2005 (Supp. 05-4). Amended by exempt rulemaking at 13 A.A.R. 3606, effective January 1, 2008 (Supp. 07-4). Amended by exempt rulemaking at 15 A.A.R. 1423, effective October 22, 2009 (Supp. 09-3). Amended by exempt rulemaking at 17 A.A.R. 1267, effective April 12, 2011 (Supp. 11-2). Since language in subsections R2-20-702(C)(3)(d)(i) and (ii) and R2-20-702(C)(4) and (5) are substantively identical, the Commission requested to remove the redundant language in R2-20-702(C)(3)(d)(i) and (ii) under A.R.S. § 41-1011(C), Office File No. M11-345, filed October 3, 2011 (Supp. 11-2). Amended by exempt rulemaking at 19 A.A.R. 1702, effective October 6, 2011 (Supp. 13-2). Amended by exempt rulemaking at 22 A.A.R. 2906, effective January 1, 2017 (Supp. 16-3). Amended by exempt rulemaking at 23 A.A.R. 2342, effective January 1, 2018 (Supp. 17-3). Amended by final rulemaking at 25 A.A.R. 2120, effective July 29, 2019 (Supp. 19-3). Amended by final rulemaking at 26 A.A.R. 309, with an immediate effective date of January 23, 2020 (Supp. 20-1). Amended by final rulemaking at 26 A.A.R. 1132, with an immediate effective date of May 11, 2020 (Supp. 20-2).

**R2-20-702.01. Use of Assets**

A participating candidate may use assets such as signs, pamphlets, and office equipment from a prior election cycle only after the candidate's current campaign pays for the assets in an amount equal to the fair market value of the assets, which amount shall in no event be less than one-fifth (1/5) the original purchase price of such assets. If the candidate was a participating candidate during the prior election cycle, the cash payment shall be made to the Fund. If the candidate was not a participating candidate during the prior election cycle, the cash payment shall be made to the prior campaign. If the prior campaign account of a nonparticipating candidate is closed, the payment shall be made to the candidate. Notwithstanding any other provision of the rules to the contrary, a participating candidate shall not make any payment to a private organization that is exempt under section 501(a) of the internal revenue code and that is eligible to engage in activities to influence the outcome of a candidate election, nor make any payment directly or indirectly to a political party.

**Historical Note**

New Section made by exempt rulemaking at 12 A.A.R. 758, effective February 15, 2006 (Supp. 06-1). Amended by exempt rulemaking at 13 A.A.R. 3606, effective January 1, 2008 (Supp. 07-4). Amended by exempt rulemaking at 15 A.A.R. 1156, effective August 31, 2009 (Supp. 09-2). Amended by final rulemaking at 26 A.A.R. 887, with an immediate effective date of March 9, 2020; the same amendments were filed and codified by final rulemaking at 26 A.A.R. 1261, with an immediate effective date of June 4, 2020 (Supp. 20-2).

**R2-20-703. Documentation for Direct Campaign Expenditures**

- A. In addition to the general books and records requirements prescribed in R2-20-111, participating candidates shall comply with the following requirements:
  1. All participating candidates shall have the burden of proving that expenditures made by the candidate were for direct campaign purposes. The candidate shall obtain and furnish to the Commission on request any evidence regarding direct campaign expenses made by the candidate as provided in subsection (A)(2).
  2. All participating candidates shall retain records with respect to each expenditure and receipt, including bank records, vouchers, worksheets, receipts, bills and accounts, journals, ledgers, fundraising solicitation material, accounting systems documentation, and any related materials documenting campaign receipts and disbursements, for a period of three years, and shall present these records to the Commission on request.
  3. All participating candidates shall maintain a list of all fixed assets whose purchase price exceeded \$200 when acquired by the campaign. The list shall include a brief description of each fixed asset, the purchase price, the date it was acquired, the method of disposition and the amount received in disposition.
- B. Upon written request from a candidate, the Commission shall determine whether a planned campaign expenditure or fundraising activity is permissible under the Act. To make a request, a candidate shall submit a written description of the planned expenditure or activity to the Commission. The Commission shall inform the candidate whether an enforcement action will be necessary if the candidate carries out the planned expenditure or activity. The Commission shall ensure that the candidate can rely on a "no action" letter. A "no action" letter applies only to the candidate who requested it.
- C. Any expenditure made by the candidate or the candidate's committee that cannot be documented as a direct expenditure shall promptly be repaid to the Fund with the candidate's personal monies.

**Historical Note**

New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1). Section repealed; new Section made by exempt rulemaking at 11 A.A.R. 4518, effective May 28, 2005 (Supp. 05-4). Amended by exempt rulemaking at 12 A.A.R. 758, effective February 15, 2006 (Supp. 06-1). Amended by final exempt rulemaking at 21 A.A.R. 1641, effective July 23, 2015 (Supp. 15-3). Amended by final exempt rulemaking at 23 A.A.R. 133, effective January 1, 2017 (Supp. 16-4).

**R2-20-703.01. Campaign Consultants**

- A. For purposes of this rule "Campaign Consultant" means any person paid by a participating candidate's campaign or who provides services that are ordinarily charged to a person, except services provided for in A.R.S. § 16-911(b)(6).
- B. A participating candidate may engage campaign consultants.
- C. A participating candidate may only advance a campaign consultant for services such as consulting, communications, field employees, canvassers, mailers, auto-dialers, telephone town halls, electronic communications and other advertising purchases and other campaign service if an itemized invoice identifying the value of the services is provided directly to that particular candidate at the time of the advance payment.
  1. Providing payment for such services as described in subsection (C) of this rule in the absence of an itemized invoice or advance payment for such services shall be deemed not to be a direct campaign expenditure.

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2. A participating candidate may advance payment for postage upon the receipt of a written estimate and so long as any balance is returned to the candidate if the advance exceeds the actual cost of postage.
  3. A participating candidate may advance payment for advertising that customarily requires pre-payment upon the receipt of a written estimate and so long as any balance is returned to the candidate if the advance exceeds the actual cost of the advertisement.
- D.** The Commission shall be included in the mail batch for all mailers and invitations. The Commission shall also be provided with documentation from the mail house, printer or other original source, showing the number of mailers printed and the number of households to which a mailer was sent. Failure to provide this information within 7 days after the mailer has been mailed may be considered as evidence the mailer was not for direct campaign purposes.
- E.** Notwithstanding any other provision of the rules to the contrary, a participating candidate shall not make any payment to a private organization that is exempt under section 501(a) of the internal revenue code and that is eligible to engage in activities to influence the outcome of a candidate election, nor make any payment directly or indirectly to a political party.

**Historical Note**

New Section made by exempt rulemaking at 23 A.A.R. 2344, effective July 20, 2017 (Supp. 17-3). Amended by final rulemaking at 26 A.A.R. 889, with an immediate effective date of March 16, 2020; the same amendments were filed and codified by final rulemaking at 26 A.A.R. 1263, with an immediate effective date of June 4, 2020 (Supp. 20-2).

**R2-20-704. Repayment**

- A.** In general, the Commission may determine that a participating candidate who has received payments from the Fund must repay the Fund as determined by the Commission.
1. A candidate who has received payments from the Fund shall pay the Fund any amounts that the Commission determines to be repayable. In making repayment determinations, the Commission may utilize information obtained from audits and examinations or otherwise obtained by the Commission in carrying out its responsibilities.
  2. The Commission will notify the candidate of any repayment determinations made under this Section as soon as possible.
  3. Once the candidate receives notice of the Commission's repayment determination, the candidate should give preference to the repayment over all other outstanding obligations of the candidate, except for any taxes owed by the candidate.
  4. Repayments may be made only from the following sources: personal funds of the candidate, funds in the candidate's current election campaign account, and any additional funds raised subject to the limitations and prohibitions of the Act.
  5. The Commission may withhold the portion of funds required to be repaid from future payments to a participating candidate if the Commission has made a repayment determination.
- B.** The Commission may determine that a participating candidate who has received payments from the Fund must repay the Fund under any of the following circumstances:
1. Payments in excess of candidate's entitlement. If the Commission determines that any portion of the payments made to the candidate was in excess of the aggregate payments to which such candidate was entitled, it will so notify the candidate, and such candidate shall pay to the Fund an amount equal to such portion.
  2. Use of funds not for direct campaign expenses. If the Commission determines that any amount of any payment to an eligible candidate from the Fund was used for purposes other than direct campaign purposes described in R2-20-702, it will notify the candidate of the amount so used, and such candidate shall pay to the Fund an amount equal to such amount.
  3. Expenditures that were not documented in accordance with campaign finance reporting requirements, expended in violation of state or federal law, or used to defray expenses resulting from a violation of state or federal law, such as the payment of fines or penalties.
  4. Surplus. If the Commission determines that a portion of payments from the Fund remains unspent after all direct campaign expenses have been paid, it shall so notify the candidate, and such candidate shall pay the Fund that portion of surplus funds.
  5. Income on investment or other use of payments from the Fund. If the Commission determines that a candidate received any income as a result of an investment or other use of payments from the Fund, it shall so notify the candidate, and such candidate shall pay to the Fund an amount equal to the amount determined to be income, less any federal, state or local taxes on such income.
  6. Unlawful acceptance of contributions by an eligible candidate. If the Commission determines that a participating candidate accepted contributions, other than early contributions or qualifying contributions, it shall notify the candidate of the amount of contributions so accepted, and the candidate shall pay to the Fund an amount equal to such amount, plus any civil penalties assessed.
- C.** Repayment determination procedures. The Commission's repayment determination will be made in accordance with the following procedures:
1. Repayment determination. The Commission will send a repayment determination pursuant to Article 2, Compliance and Enforcement Procedures, and will set forth the legal and factual reasons for such determination, as well as the evidence upon which any such determination is based. The candidate shall repay, in accordance with subsection (D), the amount that the Commission has determined to be repayable.
  2. Administrative review of repayment determination. If a candidate disputes the Commission's repayment determination, he or she may request an administrative appeal of the determination in accordance with A.R.S. § 41-1092 et. seq.
- D.** Repayment period.
1. Within 30 days of service of the notice of the Commission's repayment determination, the candidate shall repay the amounts the Commission has determined must be repaid. Upon application by the candidate, the Commission may grant an extension of time in which to make repayment.
  2. If the candidate requests an administrative appeal of the Commission's repayment determination of this Section, the time for repayment will be suspended until the Commission has concluded its review of the Administrative Law Judge's (ALJ) decision. Within 30 days after service of the notice of the Commission's review of the ALJ's decision, the candidate shall repay the amounts that the Commission has determined to be repayable. Upon appli-

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cation by the candidate, the Commission may grant an extension of up to 30 days in which to make repayment.

3. Interest shall be assessed on all repayments made after the initial 30-day repayment period or the 30-day repayment period established by this Section. The amount of interest due shall be the greater of:
  - a. An amount calculated in accordance with A.R.S. § 44-1201(A); or
  - b. The amount actually earned on the funds set aside or to be repaid under this Section.

**Historical Note**

New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1). Section repealed; new Section made by exempt rulemaking at 11 A.A.R. 4518, effective May 28, 2005 (Supp. 05-4). Amended by final exempt rulemaking at 21 A.A.R. 1643, effective July 23, 2015 (Supp. 15-3). Amended by final rulemaking at 25 A.A.R. 2122, effective July 29, 2019 (Supp. 19-3). Amended by final rulemaking at 26 A.A.R. 337, effective February 4, 2020; the amendment to subsection (A)(2) was originally codified in Supp. 19-3 at 25 A.A.R. 2020 (Supp. 20-1).

**R2-20-705. Additional Audits or Repayment Determinations**

- A. The Commission may conduct an additional audit or examination of any candidate in any case in which the Commission finds reason to believe that a violation of a statute or regulation over which the Commission has jurisdiction has occurred or is about to occur.
- B. The Commission may make additional repayment determinations after it has made an initial repayment determination pursuant to R2-20-704. The Commission may make additional repayment determinations where there exist facts not used as the basis for any previous determination. Any such additional repayment determination will be made in accordance with the provisions of this Article.

**Historical Note**

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

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

**R2-20-706. Repealed****Historical Note**

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

**R2-20-707. Repealed****Historical Note**

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

**R2-20-708. Repealed****Historical Note**

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

**R2-20-709. Repealed****Historical Note**

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

**R2-20-710. Repealed****Historical Note**

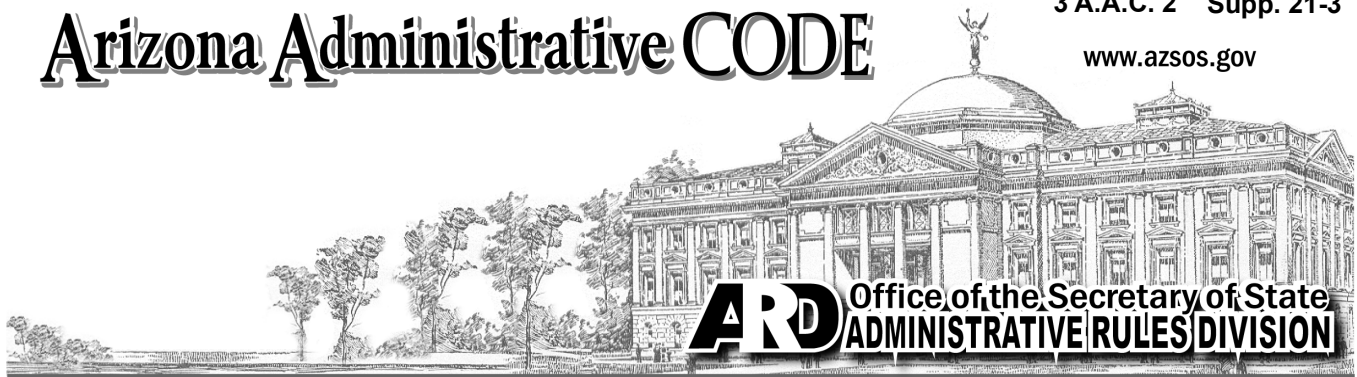
New Section made by exempt rulemaking at 8 A.A.R. 588, effective November 27, 2001 (Supp. 02-1). Section repealed by exempt rulemaking at 11 A.A.R. 4518, effective May 28, 2005 (Supp. 05-4).

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# Arizona Administrative CODE

3 A.A.C. 2 Supp. 21-3

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## TITLE 3. AGRICULTURE

### CHAPTER 2. DEPARTMENT OF AGRICULTURE - ANIMAL SERVICES DIVISION

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

This Chapter contains rules that were filed to be codified in the *Arizona Administrative Code* between the dates of  
July 1, 2021 through September 30, 2021

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<a href="#">R3-2-701.</a>	<a href="#">Department Livestock Inspection .....</a>	<a href="#">24</a>			

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#### The release of this Chapter in Supp. 21-3 replaces Supp. 20-3, 1-53 pages

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

## PREFACE

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

Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

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### RULES

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

### THE ADMINISTRATIVE CODE

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

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

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

First Quarter: January 1 - March 31

Second Quarter: April 1 - June 30

Third Quarter: July 1 - September 30

Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2021 is cited as Supp. 21-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. This is why the Office lists only updated codified Sections on the previous page.

### AUTHENTICATION OF PDF CODE CHAPTERS

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

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### ARIZONA REVISED STATUTE REFERENCES

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

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

### SESSION LAW REFERENCES

Arizona Session Law references in a Chapter can be found at the Secretary of State’s website, [www.azsos.gov](http://www.azsos.gov) under Services-> Legislative Filings.

### EXEMPTIONS FROM THE APA

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

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

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

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

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

### EXEMPTIONS AND PAPER COLOR

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

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



**Administrative Rules Division**

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

**TITLE 3. AGRICULTURE****CHAPTER 2. DEPARTMENT OF AGRICULTURE - ANIMAL SERVICES DIVISION**

(Authority: A.R.S. §§ 3-1201 et seq., 3-601 et seq., and 3-701 et seq., and 3-2901 et seq.)

**Supp. 21-3**

*Chapter 2, Articles 1 through 7 renumbered from Title 3, Chapter 9, Articles 1 through 7; Article 8, consisting of Sections R3-2-801 through R3-2-808, renumbered from Title 3, Chapter 5, Article 1, Sections R3-5-01 through R3-5-08; Article 9, consisting of Sections R3-2-901 through R3-2-909 renumbered from Title 3, Chapter 6, Article 1, Sections R3-6-101 through R3-6-109 (Supp. 91-4).*

*Article 1 consisting of Sections R3-9-101 through R3-9-103; Article 2 consisting of Sections R3-9-201 through R3-9-208; Article 3 consisting of Sections R3-9-301 and R3-9-302; Article 4 consisting of Sections R3-9-401 through R3-9-409; Article 5 consisting of Sections R3-9-501 through R3-9-504; Article 6 consisting of Sections R3-9-601 through R3-9-620; Article 7 consisting of Sections R3-9-701 and R3-9-702 adopted effective August 19, 1983.*

*Former Article 1 consisting of Sections R3-9-01 through R3-9-11; Article 2 consisting of Sections R3-9-16 through R3-9-26; Article 3 consisting of Sections R3-9-22 through R3-9-35; Article 4 consisting of Sections R3-9-46 through R3-9-48 repealed effective August 19, 1983.*

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*Article 1, consisting of Sections R3-2-101 through R3-2-109, adopted effective September 11, 1996 (Supp. 96-3).*

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*Article 11, consisting of Sections R3-2-1101 through R3-2-1109, expired under A.R.S. § 41-1056(E) at 8 A.A.R. 3755, effective May 10, 2002 (Supp. 02-3).*

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## CHAPTER 2. DEPARTMENT OF AGRICULTURE - ANIMAL SERVICES DIVISION

**ARTICLE 1. GENERAL PROVISIONS****R3-2-101. Definitions**

In addition to the definitions provided in A.R.S. §§ 3-1201, 3-1451, and 3-1771, the following terms apply to this Chapter:

“Accredited veterinarian” means a veterinarian approved by the State Veterinarian and USDA Area Veterinarian In Charge (A.V.I.C.) to perform functions required by cooperative State-Federal animal disease control and eradication programs.

“Animal” means livestock, bison, dogs, cats, rabbits, rodents, aquatic animals, game animals, furbearing and wildlife mammals, poultry and psittacines.

“APHIS” means the Animal and Plant Health Inspection Service of the United States Department of Agriculture.

“Beef cattle” means all cattle other than dairy cattle.

“Certificate of Veterinary Inspection” or “CVI” means a legible record that is issued by a VS animal health official, state animal health official, or accredited veterinarian at the point of origin of a shipment of animals, conforms to the requirements of R3-2-606, and is written on a form approved by the chief animal health official of the state of origin or an equivalent form of the USDA attesting that the animal described has been inspected and found to meet the Arizona entry requirements.

“Dairy cattle” means any domesticated bovine dairy animal or crosses of the Bos genus that show at least 50 percent phenotypic characteristics of a dairy breed, including; Ayrshire, Brown Swiss, Canadienne, Dutch Belt, Holstein, Jersey, Guernsey, Kerry, Milking Devon, Milking Shorthorn, or Norwegian Red.

“Designated feedlot” means a feedlot containing a confined drylot area under state quarantine that is approved and authorized by the State Veterinarian; contains a restricted feeding pen; and is maintained for finish feeding of cattle or bison that do not meet the brucellosis or tuberculosis import test requirements.

“Entry permit number” or “Import permit number” means a serialized number issued by the State Veterinarian’s Office that conforms to the requirements of this chapter and allows the regulated movement of certain animals into Arizona.

“Equine Infectious Anemia” or “EIA” means an infectious, noncontagious, and potentially fatal viral disease of members of equine caused by a RNA virus classified in the Lentivirus genus, family Retroviridae.

“Official Identification” as defined in 9 CFR 71.19 (b) as revised on January 1, 2018 for swine; 9 CFR 79.2 (a)(2) as revised on January 1, 2018 for sheep and goats; and 9 CFR 86.4 as revised on January 1, 2018 for cattle.

“Poultry” means any bird except psittacine, whether live or dead, including but not limited to chickens, turkeys, ducks, geese, guineas, ratites, squabs, and any exotic birds not regulated as restricted wildlife by the Arizona Game and Fish Department. The definition “poultry” also includes hatching eggs, which are fertilized eggs produced by breeding poultry.

“Psittacine” means a bird belonging to the family Psittacidae, which includes macaws, parakeets, and parrots.

“USDA” means the United States Department of Agriculture.

“VS” means the Veterinary Services branch of APHIS.

**Historical Note**

Reserved Section R3-2-101 renumbered from R3-9-101

(Supp. 91-4). New Section adopted effective September 11, 1996 (Supp. 96-3). Section R3-2-101 recodified to R3-2-1101 (Supp. 97-1). New Section adopted effective May 7, 1997 (Supp. 97-2). Amended by final rulemaking at 14 A.A.R. 876, effective May 3, 2008 (Supp. 08-1). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-102. Licensing Time-frames**

**A.** Overall time-frame. The Department shall issue or deny a license within the overall time-frames listed in Table 1 after receipt of the complete application. The overall time-frame is the total of the number of calendar days provided for the administrative completeness review and the substantive review.

**B.** Administrative completeness review.

1. The administrative completeness review time-frame established in Table 1 begins on the date the Department receives the application. The Department shall notify the applicant in writing within the administrative completeness review time-frame whether the application or request is incomplete. The notice shall specify what information is missing. If the Department does not provide notice to the applicant within the administrative completeness review time-frame, the Department considers the application complete.
2. An applicant with an incomplete license application shall supply the missing information within the completion request period established in Table 1. The administrative completeness review time-frame is suspended from the date the Department sends the notice of missing information to the applicant until the date the Department receives the information.
3. If the applicant fails to submit the missing information before the expiration of the completion request period, the Department shall close the file, unless the applicant requests an extension. An applicant whose file has been closed may obtain a license by submitting a new application.

**C.** Substantive review. The substantive review time-frame established in Table 1 shall begin after the application is administratively complete.

1. If the Department makes a comprehensive written request for additional information, the applicant shall submit the additional information identified by the request within the additional information period provided in Table 1. The substantive review time-frame is suspended from the date of the Department request until the information is received by the Department. If the applicant fails to provide the information identified in the written request within the additional information period, the Department shall deny the license.
2. The Department shall issue a written notice granting or denying a license within the substantive review time-frame. If the application is denied, the Department shall send the applicant written notice explaining the reason for the denial with citations to supporting statutes or rules, the applicant’s right to seek a fair hearing, and the time period in which the applicant may appeal the denial.

**Historical Note**

Reserved Section R3-2-102 renumbered from R3-9-102 (Supp. 91-4). New Section adopted effective September 11, 1996 (Supp. 96-3). Section R3-2-102 recodified to R3-2-1102 (Supp. 97-1). New Section R3-2-102 adopted effective October 8, 1998 (Supp. 98-4). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020

## CHAPTER 2. DEPARTMENT OF AGRICULTURE - ANIMAL SERVICES DIVISION

(Supp. 20-2).

tion R3-2-105 recodified to R3-2-1105 (Supp. 97-1).

**R3-2-103. Recodified****Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). R3-2-103 renumbered from Section R3-9-103 (Supp. 91-4).  
 Repealed effective April 11, 1994 (Supp. 94-2). New Section adopted effective September 11, 1996 (Supp. 96-3). Section R3-2-103 recodified to R3-2-1103 (Supp. 97-1).

**R3-2-104. Recodified****Historical Note**

Adopted effective September 11, 1996 (Supp. 96-3). Section R3-2-104 recodified to R3-2-1104 (Supp. 97-1).

**R3-2-105. Recodified****Historical Note**

Adopted effective September 11, 1996 (Supp. 96-3). Sec-

**R3-2-106. Recodified****Historical Note**

Adopted effective September 11, 1996 (Supp. 96-3). Section R3-2-106 recodified to R3-2-1106 (Supp. 97-1).

**R3-2-107. Recodified****Historical Note**

Adopted effective September 11, 1996 (Supp. 96-3). Section R3-2-107 recodified to R3-2-1107 (Supp. 97-1).

**R3-2-108. Recodified****Historical Note**

Adopted effective September 11, 1996 (Supp. 96-3). Section R3-2-108 recodified to R3-2-1108 (Supp. 97-1).

**R3-2-109. Recodified****Historical Note**

Adopted effective September 11, 1996 (Supp. 96-3). Section R3-2-109 recodified to R3-2-1109 (Supp. 97-1).

**Table 1. Time-frames (Calendar Days)**

License	Authority	Administrative Completeness Review	Response to Completion Request	Substantive Completeness Review	Response to Additional Information	Overall Time-frame
<b>MEAT AND POULTRY INSPECTION</b>						
License to Slaughter	A.R.S. §§ 3-2002 & 3-2003 R3-2-208	14	14	30	14	44
Transfer of license without fee	A.R.S. § 3-2009	14	14	30	5	44
State Meat Inspection Service	A.R.S. § 3-2047	14	14	30	14	44
Sale or Exchange of Meat or Poultry	A.R.S. § 3-2081 R3-2-208	14	14	30	14	44
Rendering Facility Certification	A.R.S. § 3-2081	14	14	30	14	44
Transfer of License	A.R.S. § 3-2086	14	14	30	5	44
Official Slaughter Meat Licenses	A.R.S. § 3-2122 R3-2-208	14	14	30	14	44
<b>FEEDING OF ANIMALS</b>						
Feed Lot License	A.R.S. § 3-1452	14	14	60	14	74
Permit to Feed Garbage to Swine	A.R.S. § 3-2664	14	14	60	14	74
<b>DAIRY PRODUCTS AND CONTROL</b>						
Milk Distributing Plant New Renewal	A.R.S. § 3-607	14 14	14 14	14 14	14 14	28 28
Milk Processing Plant New Renewal	A.R.S. § 3-607	14 14	14 14	14 14	14 14	28 28
Plant Licensing New Renewal	A.R.S. § 3-665	14 14	14 14	14 14	14 14	28 28
Request to market a product as a milk product	A.R.S. § 601.01	14	14	14	14	28
Tester License	A.R.S. § 3-619	7	7	7	7	14
Trade Product Label	A.R.S. § 3-667	14	14	30	30	44
<b>LIVESTOCK INSPECTION</b>						
Equine Trader Permit	A.R.S. § 3-1348	7	7	7	7	14

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License	Authority	Administrative Completeness Review	Response to Completion Request	Substantive Completeness Review	Response to Additional Information	Overall Time-frame
Ownership and Hauling Certificate for Equines	A.R.S. §§ 3-1344 & 3-1345	14	14	14	14	28
EGG PRODUCTS AND CONTROL						
Annual Licensing	A.R.S. § 3-714	10	10	10	10	20
AQUACULTURE						
Aquaculture Facility	A.R.S. § 3-2907 R3-2-1004	14	14	30	14	44
Fee Fishing Facility	R3-2-1005	14	14	30	14	44
Processor	R3-2-1006	14	14	30	14	44
Transporter	R3-2-1007	14	14	30	14	44
Special Licenses	A.R.S. § 3-2908	14	14	30	14	44

**Historical Note**

Adopted effective October 8, 1998 (Supp. 98-4). Amended by final rulemaking at 8 A.A.R. 3625, effective August 7, 2002 (Supp. 02-3). Amended by final rulemaking at 9 A.A.R. 2089, effective August 2, 2003 (Supp. 03-2). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**ARTICLE 2. MEAT AND POULTRY INSPECTION****R3-2-201. Definitions**

In addition to the definitions provided in A.R.S. §§ 3-101 and 3-2001 and 9 CFR 301.2 and 9 CFR 381.1, which are incorporated by reference in R3-2-202, the following terms apply to this Article:

1. "Animal" means any steer, heifer, calf, cow, bull, sheep, goat, swine, horse, ass, mule, burro, ratite, or poultry.
2. "Dead animal" means an animal that died other than by slaughter in a place where inspection is performed by the Department or by the United States Department of Agriculture.
3. "Inedible meat" means:
  - a. Meat or meat food product from an animal that died by slaughter or was processed in an inspected slaughterhouse, but which an inspector did not pass as fit for human consumption; or
  - b. Meat condemned by a federal or state inspector.
4. "Rendering" means the conversion of packinghouse waste or dead animal carcasses and parts into industrial fat, oil, or other product unfit for human consumption.

**Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Amended effective June 4, 1987 (Supp. 87-2). Amended subsection (A) effective February 28, 1989 (Supp. 89-1). Section R3-2-201 renumbered from Section R3-9-201 (Supp. 91-4). Section repealed, new Section adopted effective July 13, 1995 (Supp. 95-3). Amended by final rulemaking at 10 A.A.R. 2661, effective August 7, 2004 (Supp. 04-2).

**R3-2-202. Meat and Poultry Inspection; Slaughtering Standards**

All meat and poultry inspection, slaughtering, production, processing, labeling, storing, handling, transportation and sanitation procedures shall be conducted as prescribed in 9 CFR Chapter III, revised January 1, 2016, as amended by 80 FR 75590-01 (December 2, 2015), except sections 302.2, 307.5, 307.6, 312, 322, 327, 329.7, 329.9, 331, 335, 351, 352, 354, 355, 381.38, 381.39, 381.96 through 381.112, 381.195 through 381.209, 381.218 through 381.225, 390, 391, 392, 590 and 592. This material is incorporated by reference and does not include any later amendments or editions. A copy of the incorporated material is available from the Department and may also be viewed online at [www.gpo.gov/fdsys](http://www.gpo.gov/fdsys).

**Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Amended effective June 4, 1987 (Supp. 87-2). Amended subsection (A) effective February 28, 1989 (Supp. 89-1). Section R3-2-202 renumbered from Section R3-9-202 (Supp. 91-4). Amended effective July 13, 1995 (Supp. 95-3). Amended effective March 5, 1997 (Supp. 97-1). Amended by final rulemaking at 6 A.A.R. 465, effective January 5, 2000 (Supp. 00-1). Amended by final rulemaking at 8 A.A.R. 3625, effective August 7, 2002 (Supp. 02-3). Amended by final rulemaking at 10 A.A.R. 1971, effective May 4, 2004 (Supp. 04-2). Amended by emergency rulemaking at 15 A.A.R. 1890, effective October 21, 2009 for 180 days (Supp. 09-4). Emergency expired; Section amended by final rulemaking at 16 A.A.R. 351, effective April 3, 2010 (Supp. 10-1). Amended by emergency rulemaking at 19 A.A.R. 150, effective January 9, 2013 (Supp. 13-1). Amended by final rulemaking at 19 A.A.R. 1789, effective July 9, 2013 (Supp. 13-3). Amended by final rulemaking at 22 A.A.R. 2167, effective October 2, 2016 (Supp. 16-3).

**R3-2-203. Licenses; Registration; Records**

- A. Any person operating a business in any of the following categories shall obtain the appropriate license from the Department.
  1. Types of slaughter licenses.
    - a. Official slaughter – the slaughtering of animals in a slaughterhouse for sale for human consumption.
    - b. Exempt slaughter.
      - i. Exempt non-mobile slaughter – the slaughtering or dressing of an animal in a stationary building for human consumption, that is not sold or offered for sale.
      - ii. Exempt mobile slaughter – the slaughtering or dressing of an animal for human consumption by using a mobile structure on the property of the animal's owner, that is not sold or offered for sale.
  2. Types of meat licenses.
    - a. Broker – any person, firm or corporation engaged in buying or selling carcasses, parts of carcasses, meat or poultry food products, or by-products from state or federally inspected establishments. A broker negotiates purchases or sales of these products other

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than for the broker's own account, as an employee of another person, and is paid a commission.

- b. Exempt – any person, firm, or corporation engaged in processing meat or poultry products without meat inspection, for an individual owner of meat that is not for sale.
  - c. Distributor – any person, firm, or corporation engaged in receiving carcasses, parts of carcasses, meat or poultry food products, or by-products from state or federally inspected establishments and storing or distributing these products to commercial outlets, processors, or individuals. A distributor does not process any of these products.
  - d. Jobber – any person, firm, or corporation with an established place of business that buys meat or poultry food products and offers the products for sale to someone other than the end-use consumer.
  - e. Pet food manufacturer – any person, firm, or corporation engaged in manufacturing animal food from meat or poultry unfit for human consumption.
  - f. Processor – any person, firm, or corporation that changes meat or poultry food products by cutting, mixing, blending, canning, curing or otherwise preparing meat or meat food products wholesale for human consumption.
  - g. Renderer – any person, firm, or corporation that renders and tallows and any person, firm, or corporation engaged commercially in the hide, hair, or pelt removal, cutting up, or rendering of animals.
- B.** Applications for a license or registration pursuant to A.R.S. § 3-2081(A), shall be made on forms provided by the Department and shall contain the following:
1. The name of the applicant and the applicant's partners, officers or directors of the business, if any;
  2. The business name, mailing address, telephone number, and Social Security number of the applicant;
  3. The exact location of the business, if different from subsection (B)(2).
- C.** All persons licensed or registered under this Section, and all other persons described in A.R.S. § 3-2081, shall maintain the records required under A.R.S. § 3-2081 for a minimum of one year. In addition, all registered dead animal haulers, licensed rendering and tallow plants, and pet food manufacturing plants shall prepare and submit the reports required under A.R.S. § 3-2695 and shall include copies of those reports as part of records maintained under this Section and A.R.S. § 3-2081.
- D.** During fiscal year 2022, the fee to obtain or renew a license to slaughter is:
1. Not to exceed 45 head of cattle, and not to exceed 55 head of sheep, goats or swine in one calendar year: \$250.
  2. For more than 45 and not to exceed 150 head of cattle and more than 45 and not to exceed 160 head of sheep, goats or swine in one calendar year: \$300.
  3. For more than 150 head of cattle and more than 160 head of sheep, goats or swine in any one calendar year: \$450.
- E.** During fiscal year 2022, the fee to obtain or renew a meat license is:
1. For a broker, \$450.
  2. For exempt processing, \$300.
  3. For a distributor, \$500 for a large distributor (more than \$100,000 in sales per calendar year) and \$150 for a small distributor (not to exceed \$100,000 in sales per calendar year).
  4. For a jobber, \$450.
  5. For a pet food manufacturer, \$300.
  6. For a processor, \$300.

7. For meat storage, \$450.
8. For transportation, \$300.

**Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-208 renumbered from Section R3-9-208 (Supp. 91-4). Amended effective July 13, 1995 (Supp. 95-3). Former Section R3-2-203 renumbered to R3-2-208; new Section R3-2-203 renumbered from Section R3-2-208 and amended by final rulemaking at 5 A.A.R. 1593, effective May 5, 1999 (Supp. 99-2). Amended by exempt rulemaking at 16 A.A.R. 1331, effective June 29, 2010 (Supp. 10-2). Amended by exempt rulemaking at 17 A.A.R. 1756, effective July 20, 2011 (Supp. 11-3). Amended by exempt rulemaking at 18 A.A.R. 2060, effective August 2, 2012 (Supp. 12-3). Amended by exempt rulemaking at 19 A.A.R. 3127, effective September 14, 2013 (Supp. 13-3). Amended by exempt rulemaking at 20 A.A.R. 2449, effective July 24, 2014 (Supp. 14-3). Amended by exempt rulemaking pursuant to Laws 2015, Ch. 10, § 14, at 21 A.A.R. 2404, effective July 3, 2015 (Supp. 15-3). Amended by final exempt rulemaking at 23 A.A.R. 1937, effective August 9, 2017 (Supp. 17-2). Amended by final exempt rulemaking at 24 A.A.R. 2219, effective August 3, 2018 (Supp. 18-3). Amended by final exempt rulemaking at 25 A.A.R. 2081, effective August 27, 2019 (Supp. 19-3). Amended by final exempt rulemaking at 26 A.A.R. 1471, effective August 25, 2020 (Supp. 20-3). Amended by final exempt rulemaking at 27 A.A.R. 1264, effective September 29, 2021 (Supp. 21-3).

**R3-2-204. Official Slaughter Establishment**

In addition to the requirements in A.R.S. § 3-2051, the following shall be provided when slaughtering cattle, calves, sheep, and hogs:

1. Cattle.
  - a. A metal knocking box or concrete box with metal door to confine the animals prior to stunning;
  - b. A separately drained, dry landing area at least five feet wide in front of the knocking box;
  - c. A curbed-in bleeding area at least eight feet wide and seven feet long, located so that blood will not splash upon stunned animals lying in the dry landing area or upon carcasses being skinned on the siding bed. Curbing shall be at least six inches high and six inches wide;
  - d. A separately drained area at least five feet from the curbed-in bleeding area to the siding bed;
  - e. A distance of at least 14 feet from the vertical of the dropoff to the vertical of the hoist where carcasses are eviscerated. For multiple-bed plants, this distance shall be increased to 16 feet;
  - f. A distance of at least 14 feet between the vertical of the hoist where carcasses are eviscerated and the header rail leading to the cooler. This distance may be shortened when a single rail hang-off is used;
  - g. A distance of at least three feet from the header rail to the adjacent wall;
  - h. A bleeding rail with its top at least 16 feet above the floor or a traveling hoist on an I-beam which will provide an equivalent distance of the carcass from the floor;
  - i. Floor space for a head-flushing cabinet and head inspection rack with removable hooks;
  - j. When hides are dropped to a room below, a hide chute near the point where hides are removed from the carcasses. The chute shall have a vented hood with a self-closing, push-in door. The vent shall be

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- approximately 10 inches in diameter and extend to a point above the roof. Additional chutes, which meet the requirements of this subsection, for inedible and condemned materials shall be provided separate from the hide chutes;
- k. A two-level viscera inspection truck for evisceration, except when a moving top viscera inspection table is used;
  - l. An area for washing and shrouding carcasses which shall be curbed and sloped to a separate drain or have a slope of approximately 1/2 inch to the foot leading to a separate drain;
  - m. Dressing rails and cooler rails at least 11 feet in height.
2. Calves and sheep.
    - a. A bleeding rail with its top approximately 11 feet from the floor. The floor of the bleeding area shall be curbed and separately drained;
    - b. Dressing and cooler rails of such height as to provide a clearance of at least eight inches from the carcasses to the floor. Calves which are of such size that there is not a clearance of at least eight inches above the floor, or whose viscera cannot be transferred manually and unaided to the inspection stand, shall be skinned and eviscerated as cattle;
    - c. Facilities for washing hides of calves before any incision is made (except the sticking wound) when carcasses are dressed hide on. The heads of calves and veal slaughtered by the Kosher method shall be skinned prior to the washing of the carcasses;
    - d. Facilities for flushing, washing, and inspecting calf heads, including head-flushing cabinet and head inspection rack with removal calf loops;
    - e. Facilities for the inspection of the viscera. A hopped metal stand shall be provided which accommodates two removal inspection pans. One inspection pan is for the thoracic viscera; the other is for the abdominal viscera. The pans shall have perforated bottoms and handles or hand holes for removal. A sterilizing receptacle shall be provided for sterilization of contaminated pans;
    - f. Facilities for washing sheep carcasses after removal of the pelt. Calves and sheep shall be washed again after they have been eviscerated.
  3. Hogs.
    - a. Facilities for bleeding hogs in a hanging position, over a separately drained, curbed-in bleeding area;
    - b. A scalding vat and gambreling table, including the platforms, of metal construction;
    - c. A shaving rail to assure that carcasses are cleaned;
    - d. A hopped metal stand for the inspection of viscera. A sterilizing receptacle shall be provided at a convenient location for the sterilization of contaminated pans;
    - e. Dressing and cooler rails at least nine feet high or of such height as to provide a clearance of at least eight inches between the lowest point of the carcass, or head if left attached, and the floor.
  4. Coolers. A chill cooler and separate holding coolers may be provided or both may be combined in one room. The chill cooler shall have floors of concrete sloped to a drain. The walls shall be smooth, light colored, impervious, and the room shall be sealed. The other coolers shall have floors of concrete; the walls shall be smooth, free of cracks, light colored, impervious, and the room shall be sealed. The door between the slaughtering department and the chill cooler shall be clad with rust-resistant metal. Rails shall be spaced at least two feet from walls, columns, refrigerating equipment, or other fixed equipment to prevent contact with the carcasses. Header rails shall be three feet from the walls. When overhead refrigerating facilities are provided, insulated drip pans must be installed beneath them and the pans connected to the drainage system. If wall coils are installed, a drip gutter of impervious material and connected with the drainage system shall be installed beneath the coils. When edible offal is chilled or stored in a cooler other than a separate offal cooler, that area shall be separately drained.
  5. Other edible products departments.
    - a. Floors, walls, and ceilings in the various edible products departments of the plant shall be constructed of material that can be readily kept clean. Wooden structures and equipment shall be kept at a minimum. Floors requiring drainage shall be constructed of dense concrete or floor brick laid on a concrete base. The interior walls and, where practical, ceiling surfaces shall be smooth and flat. Walls shall be constructed of glazed tile, smooth cement plaster, or other USDA-approved impervious material. Walls shall be free of cracks and crevices, and, where brick or tile is used, the mortar joints shall be flush with the surface of the walls. Walls shall be light colored.
    - b. The floors of the plant shall be well-drained; a slope of not less than 1/4 inch to the foot to drainage inlets is required. The floors shall be smooth, impervious, and in good repair; they shall be free from cracks and depressions which could hold floor liquids. Wooden floors are not permitted. Junctions of floors and walls shall be coved.
    - c. Walls, ceilings, beams, and hangers shall be cleaned. Rails may be oiled instead of painted. Rust and scale shall be removed from hangers and meat trolleys. Smooth Portland cement plaster walls shall not be painted.
  6. Hide room. The floor of the hide room, if provided, shall be of concrete and drained. Walls shall be smooth and impervious to at least the highest point of the hide pile. The hide room shall not connect with the slaughtering department except for one opening which shall be equipped with a tight-fitting, self-closing door. The hide room shall not connect with any other room in which edible products are stored, processed, or handled.
  7. Disposal of blood. When blood is not permitted to drain into the sewage system, it may be collected in a metal tank and removed from the premises or blown to the blood drier in a manner that will not mask odors or create a harborage for pests.
  8. Other inedible products departments.
    - a. An inedible products department, completely separate and apart from edible products departments, shall be provided. Walls shall be of smooth, finished, Portland cement plaster, glazed tile, or other USDA-approved material impervious to moisture. Floors shall be constructed of dense concrete or floor tile, sloped to drain. Hot and cold water connections shall be provided. With the exception of one opening to the slaughtering department, there shall be no openings between an inedible products department and an edible products department. This one opening shall be approximately five feet in width to allow the free passage of materials and shall be equipped



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- with a close-fitting, self-closing door of solid construction. This door shall be kept closed at all times, except when in actual use, to prevent the entrance of undesirable odors to the slaughtering department. The area at the loading dock shall be paved, drained, and of sufficient size to accommodate the largest truck used. If inedible offal is stored in an edible offal room, the room is classed as an inedible products department. Paunches may be opened in the slaughtering department only when a hydraulic mechanically operated paunch lift table is provided and used for this purpose. Otherwise, the paunches shall be opened in the inedible offal rooms.
- b. Requests for permission for rendering of shop scraps and outside dead animals shall be made to the inspector who shall grant or deny the request pursuant to Article 2.
9. Pens.
    - a. Holding pens shall be surfaced with an impervious material, sloped to drains. A curb shall be installed around the outside of the pens to prevent the wash from escaping. Water under pressure shall be available for washing out the pens. Feeding pens shall be at least 300 feet from the plant and shall not be located in front of the plant.
    - b. Holding and shackling pens shall be located outside of, or separated from, the slaughtering department.
  10. Drainage
    - a. Floors which require flushing during operations shall have sloped floor drains to carry off the floor drainage. Each floor drain shall be equipped with a deep-seal trap; the drainage lines shall be vented to the outside in accordance with local plumbing codes. In no case shall a drain line be less than four inches in diameter.
    - b. Sewage may be disposed of into a municipal sewer system, if permitted by local ordinance, or it may be disposed of into a stream or other similar body of water, provided that:
      - i. This method is acceptable to local health authorities having jurisdiction over sewage disposal, and
      - ii. The flow of the stream or other body of water is sufficient to carry the sewage away from the plant at all seasons of the year. When cesspools are used, they shall be of sufficient size to receive the sewage from the plant at all times; they shall be so constructed that they do not create a nuisance by breeding flies or other insects.
    - c. Grease recovery basins shall not mask odors or create a harborage for pests.
  11. Equipment and utensils.
    - a. Equipment shall be constructed of metal and shall be so constructed that it can be easily cleaned. Cutting boards may be of hard wood or synthetic material, but equipment, such as the framework of boning or cutting tables, scalding vats, offal racks and trees, product storage racks, and product trucks shall be of metal construction. Rusty or worn-out equipment shall be replaced.
    - b. All equipment shall be thoroughly cleaned following each day's operations. The use of a clear, colorless, odorless, tasteless, edible mineral oil may be used on metal equipment, such as choppers, grinders, mixers, tables, meat trucks, offal racks, hooks, and trolleys. Scale shall not be permitted to accumulate on metal equipment.
    - c. Sterilizing receptacles equipped with drains to permit draining and cleaning shall be placed at convenient locations in the slaughtering department for the cleaning and sterilization of contaminated tools and equipment. Water wasting from equipment shall not flow across the floor.
    - d. Shovels used for transferring ice or other edible materials from one container to another shall not touch the floor.
  12. Ventilation and lighting. Natural ventilation may be supplemented by artificial means and shall be sufficient to assure the absence of dust, masking odors, or steam vapors. Points where inspection is conducted may require special lighting. The glass area shall be at least 1/4 of the floor area in all nonrefrigerated work rooms. To assure adequate lighting at all times and at all places, natural lighting must be supplemented by well-distributed artificial lighting.
  13. Water supply, wash basins, sterilizing facilities.
    - a. Hot and cold running water, under pressure, shall be available at all parts of the establishment and in conformity with the requirements of the Arizona Department of Health Services. The hot water used for sterilizing equipment, floors, and walls that may be contaminated by the dressing procedure or handling of diseased carcasses, viscera, and other animal parts, shall be at least 180° F. A thermometer shall be installed to verify the temperature of the water at the point of use. A cleanup hose shall be available for use.
    - b. Foot-pedal operated wash basins shall be placed in or near dressing rooms. These wash basins shall be equipped with running hot and cold water, delivered through a combination mixing faucet with an outlet at least 12 inches above the rim of the bowl. The drainage outlet shall lead directly into the sewage lines. Soap and towels, and a receptacle for dirty paper towels or other trash, shall be convenient to the wash basin.
    - c. One or more wash basins shall be located in the slaughtering department, and one or more in the sausage manufacturing room and at any other place in the establishment essential to ensure cleanliness of all persons handling products. The wash basins shall be equipped with hot and cold running water, delivered through a combination mixing faucet with an outlet at least 12 inches above the rim of the bowl. The water delivery shall be foot-pedal operated, and the drainage outlet shall lead directly into the sewage lines. Soap and disposable towels shall be convenient to the wash basins.
    - d. Water for sterilizing purposes shall be maintained at a temperature of at least 180° F. One or more sterilizing receptacles of rust-resisting, impervious material shall be placed at convenient locations in the slaughtering department for the sterilization of all implements that have been contaminated or used on a diseased carcass or part of a diseased carcass. The sterilizer shall be equipped with a cold water and steam line, or other means to maintain water at a temperature of at least 180° F during slaughtering operations. The sterilizer shall contain a drain so that water may be completely drained out for daily cleaning. Boilers and water heaters shall not be located in

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the slaughtering department or in any edible products department. To prevent possible back siphonage, vacuum breakers shall be provided on all steam and water lines when open ends are submerged or connected to equipment.

14. Protection against flies, rodents, or other vermin.
  - a. Plants must be kept free of flies, rats, mice, roaches, and other pests or vermin. The plant shall be constructed to prevent entrance of rodents to the premises and to eliminate their breeding places from the surrounding areas and in the establishment. Construction of the plant shall be such as to eliminate roach and other insect harbors. Windows, doors, and other openings to the plant shall be provided with insect screens, or other measures to prevent entrance of flies or other insects. The screens shall be kept in good repair. Sprays containing residual-acting chemicals shall not be used in edible products departments.
  - b. Animal-handling facilities such as stock pens and runways shall be cleaned as often as necessary and the manure or other waste materials removed shall not be permitted to accumulate at or near the plant.

**Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-204 renumbered from Section R3-9-204 (Supp. 91-4). Amended effective July 13, 1995 (Supp. 95-3). Amended by final rulemaking at 5 A.A.R. 1593, effective May 5, 1999 (Supp. 99-2).

**R3-2-205. Expired****Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-205 renumbered from Section R3-9-205 (Supp. 91-4). Amended effective July 13, 1995 (Supp. 95-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 135, effective December 15, 2016 (Supp. 16-4).

**R3-2-206. Purchase, Sale, Collection, Transportation, Disposition, and Use of Meat or Meat Food Products; Dead Animals; Animal Bone, Animal Fat, Animal Offal**

- A. A person shall not buy, sell, offer for sale, store, transport, receive, or collect any meat or meat food product except as provided in this subsection.
  1. Any of the following meat or meat food products may be bought, sold, or offered for sale as animal food and may be stored, transported, received, or collected anywhere within the state:
    - a. Any meat or meat food product that is processed in an animal food manufacturing plant licensed by the Department;
    - b. Any meat or meat food product that comes from an animal that died by slaughter or is approved or passed for animal food by either state or federal meat inspectors;
    - c. Any meat or meat food product that is thoroughly cooked at a minimum temperature of 180° F for 30 minutes and is certified by a state or a federal meat inspector having jurisdiction at the place of processing.
  2. A carcass with the hide, hair, or pelt still on the carcass may be bought, sold, offered for sale, collected and transported to or received by the following only:
    - a. A rendering or tallow plant;
    - b. A state or county diagnostic laboratory, a veterinarian's clinic, or crematory;
    - c. An animal food manufacturing plant;
    - d. A landfill regulated by the Arizona Department of Environmental Quality;
    - e. An out-of-state landfill regulated by that state's landfill regulatory authority; or
    - f. A landfill located on a Native American reservation that is regulated by equivalent standards to those prescribed by the Arizona Department of Environmental Quality.

3. Any meat or meat food product described in subsection (A)(1) or a carcass with the hide, hair, or pelt still on the carcass from an official state or federal slaughter establishment shall be denatured with a denaturant that will not leave a toxic residue and is removable when steam-distilled at atmospheric pressure.
4. Any meat or meat food product that has been condemned by state or federal meat inspectors shall be treated as provided in 9 CFR 314.3, which has been incorporated by reference in R3-2-202, and may be disposed of as provided in that rule or may be collected and transported to or received by a rendering or tallow plant or a state or county diagnostic laboratory or crematory.
- B. A person engaged commercially in the collection or transportation of dead animal carcasses or inedible meat shall register with the Department as a dead animal hauler as prescribed in R3-2-203(B) and shall maintain and keep all records for the time required by R3-2-203(C).
- C. A vehicle or other means of conveyance used to transport a dead animal carcass or inedible meat shall be:
  1. Leak-proof,
  2. Constructed of impervious materials that permit thorough cleaning and sanitizing,
  3. Equipped to control insects and odors and prevent the spread of disease, and
  4. Comply with the Department of Environmental Quality vehicle requirements prescribed in R18-13-310(A) and (B).
- D. Except as provided in subsection (E), a dead animal carcass may be rendered or made into animal food only at a licensed rendering or animal food manufacturing plant as prescribed in A.R.S. § 3-2088 and this Article.
- E. Dead animals diagnosed with anthrax or an animal disease foreign to the United States shall be handled as directed by the State Veterinarian.
- F. Discarded animal bone, animal fat, and animal offal generated by a wholesale food manufacturer shall be transported to and received by only a:
  1. Licensed rendering plant, or
  2. Landfill, as prescribed in subsections (A)(2)(d), (A)(2)(e), and (A)(2)(f).

**Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-206 renumbered from Section R3-9-206 (Supp. 91-4). Amended effective July 13, 1995 (Supp. 95-3). Citation in subsection (B) corrected to R3-2-203(C) from R3-2-208(C) under R1-1-109(C) (Supp. 01-2). Amended by final rulemaking at 8 A.A.R. 3015, effective July 10, 2002 (Supp. 02-3).

**R3-2-207. Meat from Dead Animals Processed and Decharacterized for Use as Animal Food**

- A. The following are minimum requirements for animal food manufacturing plants:
  1. Hot and cold water shall be provided with facilities for its distribution in the plant which shall conform with the minimum requirements of the state Department of Health

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Services. The hot water shall be at least 180° F and shall be used for the cleaning of equipment, floors, and walls.

2. There shall be a drainage and plumbing system and a sewage disposal system that will not serve as a breeding place for flies, constitute a hazard, or endanger public health. Both systems shall meet the minimum requirements of the state Department of Health Services.
  3. The floors, walls, ceilings, partitions, posts, doors, and other parts of all structures shall be of materials, construction, and finish that are capable of being thoroughly cleaned. The floors shall be tile, cement or other material impervious to water and shall have sufficient drainage to preclude stagnant accumulations of moisture.
  4. All outside windows and doors shall be screened.
  5. All rooms shall have natural or artificial lighting and well-distributed ventilation sufficient to prevent uncontrolled mold growth and filth or bacteria that may endanger health.
  6. The plant shall be kept free from flies, rats, mice, and other vermin. Dogs and cats shall be excluded from the plants.
  7. Tables, benches, and other equipment shall be provided so that processing can be performed free from filth or bacteria that may endanger health.
  8. Each plant shall provide toilets, wash basins, towels, hot and cold running water, and soap for the employees with separate facilities when both sexes are employed. Toilets and wash basins shall be kept free from filth or bacteria that may endanger health. The rooms in which the toilet facilities are located shall be ventilated and shall be separated from the rooms in which the animal food is manufactured.
  9. Coolers shall be maintained below 40° F. Freezers shall be maintained below 10° F.
- B.** Decharacterizing or denaturant agents: The following USDA-approved denaturant agents may be used: Charcoal (finely powdered) with a minimum 1 lb. per 100 lbs. meat, F-D & C Blue 1, F-D & C Blue 2, F-D & C Green 3, or liquid charcoal.
1. In addition to the application of the denaturing agents listed, meat or meat products shall be identified with the following information:
    - a. The kind of animal,
    - b. The following phrases:
      - i. For pet food only from dead animals,
      - ii. Denatured with \_\_\_\_\_,
    - c. The correct statement of net weight, and
    - d. The name and address of processor or manufacturer.
  2. Before the denaturing agents are applied to pieces more than four inches in diameter, the pieces shall be freely slashed or sectioned. The application of any of the denaturing agents listed in this Section to the outer surfaces of molds or blocks of boneless meat, meat by-products, or meat food products shall not be considered adequate. The denaturing agent shall be mixed thoroughly with all of the material to be denatured and shall be applied in such quantity and manner that it cannot easily and readily be removed by washing or soaking. Denaturant shall be used to give the meat, meat by-products, raw animal fat, or rendered animal fats and oils, a distinctive color, odor, or taste so that such material cannot be confused with an article of human food.
  3. All denaturing shall be done immediately upon condemnation of the meat or product, or immediately after the meat or product is prepared or during preparation.
  4. True containers shall be legibly marked with the words "Beef or horse meat from dead animals for pet food only

and not for human consumption" in letters at least 3/4 inch in height, on all sides and in at least two places if the container has less than four sides.

5. Every carrying container in which meat obtained from a dead animal is packaged shall have an exterior surface sufficiently absorbent so that the markings on at least two sides, in letters two inches high "Pet food only," will not become illegible during handling, storage, or transportation of the container.
- C.** Sales of meat obtained from a dead animal are permitted only to kennels, zoos, and animal food manufacturing plants registered by the Department, and records of sales shall be maintained by the purchaser and animal food manufacturing plant.
- D.** Each vehicle used for the transportation of fresh or frozen pet food shall be clearly and legibly marked with the name of the manufacturer in letters not less than four inches in height on both sides of the cab or body.

**Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-207 renumbered from Section R3-9-207 (Supp. 91-4). Amended effective July 13, 1995 (Supp. 95-3).

**R3-2-208. Diseased and Injured Animals**

- A.** Diseased animals.
1. No meat from any diseased animal shall be processed, sold or stored at premises where food is sold or prepared for human consumption, unless it is decharacterized and clearly identified "Not for Human Consumption."
  2. Subsection (A)(1) does not apply to meat from animals affected by any disease that does not render the meat unfit for human consumption if the affected animals are slaughtered in establishments where meat inspection is maintained under A.R.S. § 3-2051 and 9 CFR, Chapter III, Subchapter A, which is incorporated by reference in R3-2-202(A).
- B.** Injured animals. An injured animal may be slaughtered by:
1. The animal's owner at the owner's premises if the meat is used solely for consumption by the owner, the owner's immediate family, or employees. The owner shall keep the animal's hide until it has been inspected and marked or tagged by a livestock officer under A.R.S. § 3-2011.
  2. An official slaughter establishment, if:
    - a. The animal is inspected by a livestock officer at origin; or
    - b. The animal is transported to the official slaughter establishment with a self-inspection certificate; or
    - c. The animal is transported to an official slaughter establishment with a waiver from the Associate Director and the waiver is documented by the livestock officer.
  3. An exempt slaughterer, if the meat is used solely for consumption by the animal's owner, the owner's immediate family or employees, and if:
    - a. The animal's body temperature is 103° F or less and except for the injury its condition appears normal; and
    - b. The animal is inspected by a livestock officer at origin who verifies the temperature and condition of the animal and approves it for slaughter; or
    - c. The Associate Director waives the inspection and the waiver is documented by the livestock officer, and the exempt slaughterer verifies the temperature and condition of the animal.
- C.** Non-ambulatory disabled cattle. Non-ambulatory disabled cattle shall not be slaughtered by any official or exempt slaughterer. Non-ambulatory disabled cattle are cattle that cannot rise

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from a recumbent position or that cannot walk, including, but not limited to, those with broken appendages, severed tendons or ligaments, nerve paralysis, fractured vertabral column, or metabolic conditions.

**Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-203 renumbered from Section R3-9-203 (Supp. 91-4). Amended effective July 13, 1995 (Supp. 95-3). Former Section R3-2-208 renumbered to R3-2-203; new Section R3-2-208 renumbered from Section R3-2-203 and amended by final rulemaking at 5 A.A.R. 1593, effective May 5, 1999 (Supp. 99-2). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-209. Exempt Non-mobile Slaughter Establishments**

In addition to A.R.S. § 3-2050 and the material incorporated in R3-2-202(A), the following shall be provided when slaughtering animals in an exempt non-mobile slaughter establishment:

1. General.
  - a. A metal knocking box or concrete box with metal door to confine the animal before stunning;
  - b. A distance of at least three feet from the header rail to the adjacent wall;
  - c. A bleeding rail with its top at least 16 feet above the floor; and
  - d. Dressing rails and cooler rails placed so the lowest part of the carcass is at least 12 inches from the floor.
2. Coolers. A chill cooler and separate holding cooler may be provided or both may be combined in one unit. The walls shall be light colored, smooth, free from cracks, and impervious to moisture. The door between the slaughtering department and the chill cooler shall be clad with rust-resistant material. Rails shall be spaced at least two feet from walls, columns, refrigeration equipment, or other fixed equipment to prevent contact with the carcasses.
3. Disposal of blood. If blood is not permitted to drain into the sewage system, it may be collected in a metal tank and removed from the premises.
4. Drainage.
  - a. Floors that require flushing during operations shall have sloped floor drains to carry off the effluent. Drainage systems shall conform to state and local plumbing codes.
  - b. Grease recovery systems shall not mask odors or create a harborage for pests.
5. Ventilation and lighting. Natural ventilation may be supplemented by artificial means and shall be sufficient to ensure the absence of dust, masking odors, or steam vapors. To ensure adequate lighting at all times and at all places, natural lighting shall be supplemented by well-distributed artificial lighting.
6. Potable water supply, wash basins, sterilizing facilities.
  - a. Hot and cold running water, under pressure, shall be available in all parts of the plant and in conformity with the requirements of the Arizona Department of Health Services. The hot water used for sterilizing equipment, floors, and walls that may be contaminated by the dressing procedure or handling of diseased carcasses, viscera, and other animal parts, shall be at least 180° F. A thermometer shall be installed to verify the temperature of the water at the point of use. A cleanup hose shall be available for use.

- b. One or more wash basins shall be located in the slaughtering department. The wash basins shall be equipped with hot and cold running water, delivered through a combination mixing faucet with an outlet at least 12 inches above the rim of the bowl. The water delivery shall be foot-pedal operated, and the drainage outlet shall lead directly into the sewage lines. Soap and disposable towels shall be convenient to the wash basins.
  - c. The tool sterilizer shall be maintained at 180° F and be in operation at all times during slaughter activities.
7. Protection against flies, rodents, or other vermin.
    - a. Establishments shall be free of flies, rats, mice, roaches, and other pests or vermin. The establishment shall be constructed and maintained to prevent entrance of pests to the premises and to eliminate breeding places from the surrounding area and in the establishment.
    - b. Animal handling facilities such as stock pens and runways shall be clean and manure or other waste materials removed shall not accumulate at or near the establishment.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 1593, effective May 5, 1999 (Supp. 99-2).

**ARTICLE 3. FEEDING OF ANIMALS****R3-2-301. Repealed****Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-301 renumbered from Section R3-9-301 (Supp. 91-4). Amended by final rulemaking at 8 A.A.R. 4043, effective November 9, 2002 (Supp. 02-3). Section repealed by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-302. Permit to Feed Garbage to Swine; Requirements**

A swine garbage feeding permit holder or applicant for a permit to feed garbage to swine shall comply with the following requirements:

1. An approved cooker is installed, is in operating condition on the premises, and fenced off from all swine.
2. A concrete slab, trough, or other easily cleanable area, and equipment for feeding garbage is provided.
3. Premises utilized for swine garbage feeding are reasonably clean, free of litter, adequately drained, and provide for removal of animal excrement and garbage not consumed.
4. Individually operated swine garbage feeding premises are separated from other swine premises by a minimum distance of 200 feet in all directions and constructed to prevent the escape of any swine.
5. In addition, all swine garbage feeding permit holders shall follow all federal garbage feeding regulations as outlined in 9 CFR Part 166 as revised on January 1, 2018.

**Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-302 renumbered from Section R3-9-302 (Supp. 91-4). Amended by final rulemaking at 8 A.A.R. 4043, effective November 9, 2002 (Supp. 02-3). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

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**ARTICLE 4. ANIMAL DISEASE PREVENTION AND CONTROL****R3-2-401. Definitions**

The following terms apply to this Article:

“Biologics” means medical preparations made from living organisms and their products, including serums, vaccines, antigens, and antitoxins.

“Foreign Animal Disease” means a transboundary animal disease or pest, or an aquatic animal disease or pest, not known to exist in the United States.

**Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-401 renumbered from Section R3-9-401 (Supp. 91-4). Former Section R3-2-401 renumbered to R3-2-402; new Section R3-2-401 adopted by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1). Amended by final rulemaking at 8 A.A.R. 4043, effective November 9, 2002 (Supp. 02-3). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-402. Mandatory Disease Reporting by Veterinarians and Veterinary Laboratories**

A. All veterinarians and laboratories performing diagnostic services on animals shall:

B. Notify the State Veterinarian at (602) 542-4293 and [diseasereporting@azda.gov](mailto:diseasereporting@azda.gov), within four hours of diagnosing or suspecting any disease or clinical signs of disease listed below:

1. African horse sickness
2. African swine fever
3. African trypanosomiasis
4. Anthrax
5. Avian influenza
6. Bovine Babesiosis
7. Bovine spongiform encephalopathy
8. Classical Swine Fever
9. Contagious agalactia
10. Contagious bovine pleuropneumonia
11. Contagious caprine pleuropneumonia
12. Crimean Congo Hemorrhagic Disease
13. Dourine
14. Enterovirus encephalomyelitis
15. Equine infectious anaemia
16. Equine Neurologic Diseases (Eastern, Western, Venezuelan, West Nile Virus, Equine Herpesvirus-1/ Equine Herpesvirus Myeloencephalopathy)
17. Foot and Mouth Disease
18. Glanders
19. Heartwater (*Ehrlichia ruminantium*)
20. Hemorrhagic septicemia (*Pasteurella multocida*)
21. Hendra virus (Equine morbillivirus)
22. Infectious haematopoietic necrosis of fish
23. Japanese encephalitis
24. Lumpy skin disease
25. Malignant catarrhal fever
26. Melioidosis (*Burkholderia pseudomallei*)
27. Nairobi sheep disease
28. Newcastle Disease
29. Nipah
30. Peste des Petits Ruminants
31. Rabies
32. Rabbit Hemorrhagic Disease
33. Rift Valley Fever

34. Rinderpest
35. Schmallenberg virus/ Akabane
36. Senecavirus A
37. Screwworm myiasis
38. Sheep and goat pox
39. Surra (*Trypanosoma evansi*)
40. Swine Vesicular Disease
41. Theileriosis (*T. parva* or *T. annulata*)
42. Tuberculosis (*Mycobacterium bovis*)
43. Tularemia
44. Turkey rhinotracheitis (Avian metapneumovirus)
45. Trypanosomiasis
46. Viral hemorrhagic septicemia of fish
47. Vesicular exanthema of swine virus
48. Vesicular stomatitis

B. Notify the State Veterinarian at (602) 542-4293 and [diseasereporting@azda.gov](mailto:diseasereporting@azda.gov), within 24 hours of diagnosing or suspecting any disease or clinical signs of disease listed below:

1. Brucellosis (*Brucella* spp.)
2. Chronic Wasting Disease in Cervids
3. Contagious Equine Metritis
4. Epizootic Lymphangitis
5. Equine Piroplasmiasis
6. Equine Viral Arteritis
7. Fowl typhoid (*Salmonella gallinarum*)
8. Ornithosis (*Psittacosis*, Avian Chlamydiosis, Chlamydophila psittaci)
9. Pigeon Fever (*Corynebacterium pseudotuberculosis*)
10. Pseudorabies (Aujeszky's disease)
11. Q fever
12. Pullorum disease (*Salmonella pullorum*)
13. Scrapie
14. Sheep scabies
15. Strangles (*Strep equi* spp. *equi*)
16. Swine enteric coronavirus diseases
17. Trichomoniasis (*Trichomonas foetus*)

**Aquatic Diseases**

1. Crayfish plague
2. Epizootic hematopoietic necrosis disease
3. Epizootic ulcerative syndrome
4. Gyrodactylosis
5. Abalone Viral Ganglioneuritis
6. Bonamiosis (*B. exitiosa*/ *ostreae*)
7. Marteiliiosis (*M. refringens*)
8. Perkinsiosis (*P. marinus* / *olseni*)
9. Salmonid alphavirus infection
10. Infection with *Xenohaliotis californiensis*
11. Infectious hematopoietic necrosis
12. Infectious hypodermal and haematopoietic necrosis
13. Infectious myonecrosis
14. Infectious salmon anemia
15. Koi herpesvirus disease
16. Necrotizing hepatopancreatitis
17. Red sea bream iridoviral disease
18. Spring viremia of carp
19. Taura syndrome
20. Tilapia Lake Virus (TiLV)
21. Viral hemorrhagic septicemia
22. Viral nervous necrosis (VNN)
23. White spot disease
24. White tail disease
25. Yellowhead

C. Notify the State Veterinarian by email at [diseasereporting@azda.gov](mailto:diseasereporting@azda.gov) or facsimile at (602) 542-4290 within 30 days after diagnosing any of the diseases listed below:

1. Anaplasmosis

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2. Avian infectious bronchitis
3. Avian infectious laryngotracheitis
4. Bluetongue
5. Bovine cysticercosis
6. Bovine genital campylobacteriosis
7. Bovine viral diarrhea
8. Camelpox
9. Caprine arthritis/encephalitis
10. Duck viral hepatitis
11. Echinococcosis/hydatidosis
12. Enzootic abortion of ewes
13. Enzootic bovine leukosis (BLV)
14. Epizootic hemorrhagic disease
15. Equine Herpesvirus - 4
16. Equine influenza
17. Infectious bovine rhinotracheitis
18. Infectious bursal disease
19. Johne's disease
20. Leishmaniasis
21. Leptospirosis
22. Maedi-visna (OPP)
23. Marek's disease
24. Mycoplasma Gallisepticum
25. Mycoplasma Synoviae
26. Myxomatosis in rabbits
27. Porcine cysticercosis
28. Porcine Reproductive and Respiratory Syndrome
29. Paratyphoid abortion in Ewes (Salmonella abortusovis)
30. Swine influenza
31. Trichinellosis (Trichinella spiralis)

**Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-402 renumbered from Section R3-9-402 (Supp. 91-4). Former Section R3-2-402 renumbered to R3-2-403; new Section R3-2-402 renumbered from R3-2-401 and amended by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-403. Quarantine for Diseased Animals**

- A. A quarantine order shall be issued by the Director or his designee when the presence of a Foreign Animal Disease is suspected or diagnosed.
- B. A quarantine order may be issued by the Director or his designee on the advice of the State Veterinarian when the presence of a disease is suspected or diagnosed.
- C. The quarantine order may isolate specific animals, premises, counties, districts, or sections of the state and shall restrict the movement of animals.

**Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-403 renumbered from Section R3-9-403 (Supp. 91-4). Former Section R3-2-403 repealed; new Section R3-2-403 renumbered from Section R3-2-402 and amended by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 135, effective December 15, 2016 (Supp. 16-4). New Section made by final rulemaking at

26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-404. Importation, Manufacture, Sale, and Distribution of Biologics**

- A. Any person importing, manufacturing, selling, or distributing any biologic intended for diagnostic or therapeutic treatment of animals shall request, in writing, permission from the State Veterinarian.
- B. The State Veterinarian shall not approve the importation, manufacture, sale, or distribution of any biologic that will interfere with the state's animal disease control programs.

**Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-404 renumbered from Section R3-9-404 (Supp. 91-4). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-405. Depopulation of Animals Infected with a Foreign Animal Disease**

When a Foreign Animal Disease is diagnosed, the State Veterinarian may order the owner, agent, or feedlot operator to immediately depopulate and dispose of all infected and exposed animals on the premises if necessary to prevent the spread of the disease among animals.

**Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-405 renumbered from Section R3-9-405 (Supp. 91-4). Amended by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1). Amended by emergency rulemaking at 22 A.A.R. 1750, effective immediately upon filing, June 22, 2016, as determined by the attorney general, for 180 days at 22 A.A.R. 1750 (Supp. 16-2). Emergency expired December 19, 2016 (Supp. 16-4). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-406. Disease Control; Designated Feedlots**

- A. Designated feedlots are subject to the following restrictions:
- B. A designated feedlot shall have a restricted feeding pen. A restricted feeding pen shall:
  1. Be isolated from all other pens,
  2. Have separate loading and unloading chutes, alleys, and handling facilities from all other pens,
  3. Not share water or feeding facilities accessible to other areas,
  4. Be posted at all corners with permanently affixed signs stating "Restricted Feeding Area,"
  5. Have a minimum of eight feet between restricted and other pens and facilities, and
  6. Have no common fences or gates with other pens.
- C. An operator may place diseased cattle or bison that are under state quarantine into a restricted feeding pen as follows:
  1. All cattle or bison, except steers and spayed heifers, shall be branded with an "F" at least two inches in height, adjacent to the tailhead before entering the pen; and
    - a. Imported cattle or bison, of any age and from any area shall be transported under seal and shall be accompanied by an entry permit number and a Cer-

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tificate of Veterinary Inspection or federal restricted movement document; or

- b. Native Arizona cattle or bison shall be accompanied by an Arizona livestock inspection certificate, as approved by the State Veterinarian or designee.

- D. An operator may move cattle or bison from a restricted feeding pen to slaughter or to another designated feedlot only by prior written approval of the State Veterinarian or APHIS veterinarian.

**Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-406 renumbered from Section R3-9-406 (Supp. 91-4). Amended by final rulemaking at 8 A.A.R. 4043, effective November 9, 2002 (Supp. 02-3). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-407. Disease Control; Equine Infectious Anemia**

- A. The Arizona official test for EIA is either the agar-gel immunodiffusion test, known as the Coggins Test, or the Competitive Enzyme-Linked Immunosorbent Assay test, known as the CELISA test. The test shall be performed in a laboratory approved by APHIS, and required samples shall be drawn by an accredited veterinarian, the State Veterinarian, the State Veterinarian's designee, or an APHIS veterinarian.
- B. Disposal of equine testing positive.
  - 1. When an Arizona equine tests positive to EIA, the testing laboratory shall notify the State Veterinarian by telephone at (602) 542-4293 and email at [diseasereporting@azda.gov](mailto:diseasereporting@azda.gov), within four hours.
  - 2. The EIA-positive equine shall be quarantined at its current location, segregated from other equine, and shall not be moved unless authorized by the State Veterinarian. The equine shall be retested by the State Veterinarian, the State Veterinarian's designee, or an APHIS veterinarian within two weeks of the notification.
  - 3. Within 14 days of being notified by the testing laboratory of a positive test conducted under subsection (B)(2), the State Veterinarian or the State Veterinarian's designee shall brand the equine on the left side of its neck with "86A" not less than two inches in height.
  - 4. Within 10 days after being branded, the EIA-positive equine shall be:
    - a. Humanely destroyed,
    - b. Confined to a screened stall marked "EIA Quarantine" that is at least 200 yards from other equine, or
    - c. Consigned to slaughter at a slaughtering establishment. If consigned to slaughter, the equine shall be accompanied by a Permit for Movement of Restricted Animals, VS 1-27, issued by the State Veterinarian, the State Veterinarian's designee, or an APHIS veterinarian.
  - 5. Offspring of mares testing EIA-positive shall be quarantined, segregated from other equine, and tested for EIA at six months of age. Offspring testing positive shall be handled as prescribed in subsections (B)(3) and (B)(4).
  - 6. If an EIA-positive equine is located on premises other than those of the owner at the time a quarantine under this Section, the State Veterinarian may authorize movement of the EIA-positive equine to the owner's premises if requested by the owner. Movement shall be under the direct supervision of the State Veterinarian or the State Veterinarian's designee. If the owner lives in another state, the owner may move the equine to that state with the permission of the chief livestock health official of the state and APHIS.

- C. The State Veterinarian shall require testing of any equine located in the same facility as the EIA-positive equine or any equine considered exposed to the EIA-positive equine. The owner of the equine tested shall pay the expenses for the testing.
- D. The owner of any equine found to be EIA-positive shall not be indemnified by the state for any loss caused by the destruction or loss of value of the equine.

**Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-407 renumbered from Section R3-9-407 (Supp. 91-4). Amended effective February 4, 1998 (Supp. 98-1). Amended by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1). Amended by final rulemaking at 8 A.A.R. 4043, effective November 9, 2002 (Supp. 02-3). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-408. Disposition of Livestock Exposed to Rabies**

Livestock bitten by a known or suspected rabid animal shall be handled using the methods prescribed in the National Association of State Public Health Veterinarians' Compendium of Animal Rabies Control, 2016 Part I, Section B. This material is incorporated by reference, does not include any later amendments or editions of the incorporated matter, and is on file with the Department.

**Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-408 renumbered from Section R3-9-408 (Supp. 91-4). Amended by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-409. Rabies Vaccines for Animals**

All animals in Arizona vaccinated against rabies shall be vaccinated as prescribed in the National Association of State Public Health Veterinarians' Compendium of Animal Rabies Control, 2016 Part I Section A. This material is incorporated by reference, does not include any later amendments or editions of the incorporated matter, and is on file with the Department.

**Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Amended effective October 16, 1986 (Supp. 86-5). Amended effective January 6, 1989 (Supp. 89-1). Section R3-2-409 renumbered from Section R3-9-409 (Supp. 91-4). Amended by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-410. Trichomonas Testing Requirements**

- A. Definitions. For purposes of this Section, the following definitions shall apply.
  - "Accredited Veterinarian" means an individual who is currently licensed to practice veterinary medicine in the State of Arizona and is an Accredited Level II by the

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United States Department of Agriculture, Animal Plant Health Inspection Service.

“Approved Laboratory” means any laboratory designated and approved by the State Veterinarian for examining *T. foetus* samples and reporting all results to the State Veterinarian.

“Bull” means an intact male bovine 12 months of age and older and is not confined to a drylot dairy.

“Change of Ownership” means when a bull is sold, leased, gifted, or exchanged and changes premises for breeding purposes in Arizona.

“Commingle” means cattle of opposite sex in the same enclosure or pasture with a reasonable opportunity for sexual contact.

“Direct to Slaughter” means transporting an animal from site of testing to a sale yard or directly to a slaughter plant without unloading or commingling prior to arrival.

“Official *T. foetus* bull test” means the sampling of a bull by a licensed, accredited veterinarian. Such test must be conducted after at least seven days separation from all female bovine. The bull and sample must be officially and individually identified and documented for laboratory submission. The official laboratory test shall be a polymerase chain reaction (PCR), or other technologies as approved by the State Veterinarian and adopted through a Director’s Administrative Order. The test is not considered official until results are reported by the testing laboratory.

“Official *T. foetus* laboratory testing” means the laboratory procedures that shall be approved by the State Veterinarian for identification of *T. foetus*.

“Positive *T. foetus* bull” means a bull that has had a positive official *T. foetus* bull test.

“Trichomonas foetus” OR “*T. foetus*” means a protozoan parasite that is the causative agent to the contagious venereal disease Trichomoniasis.

**B. Testing requirements for Official *T. foetus*.**

1. All Arizona origin bulls sold, leased, gifted, exchanged or otherwise changing possession for breeding purposes in Arizona shall be tested for *T. foetus* via Official *T. foetus* bull test prior to sale or change of ownership in the state, unless going to direct slaughter. *T. foetus* testing shall be performed on bulls prior to change of ownership of that bull.
2. The Official *T. foetus* test shall be collected by an Accredited Veterinarian and performed through an Approved Laboratory.
3. Pooled testing is not an official test.
4. The *T. foetus* negative test is valid for 60 days after the test is performed, providing the bull is kept separated from all female bovine.

**C. Positive bull identification.**

1. When a positive *T. foetus* bull is identified, the Accredited Veterinarian shall notify the producer upon receipt of the positive test results.
2. Regardless of R3-2-402, the Accredited Veterinarian and Approved Laboratory shall notify the State Veterinarian of a positive *T. foetus* bull within 24 hours of receiving the results. The State Veterinarian’s Office, working in coordination with the regional livestock inspection staff, shall to the best of their ability notify the regional bovine

producers about the positive test within 14 days upon notification of positive test. The State Veterinarian and/or livestock inspection staff is not required to reveal any details of the test just that there is a positive test in the region.

3. The Accredited Veterinarian that performed the test shall return to place of testing to verify the Official Identification of the positive bull.
4. The Accredited Veterinarian, or a person under direct supervision of the Veterinarian, shall brand the bull with an official “S” brand adjacent to the tailhead on the right hip.
5. If the bull testing positive is not at the premises where the *T. foetus* testing occurred, the Accredited Veterinarian will immediately notify the State Veterinarian’s Office.
6. If an Accredited Veterinarian is unable to return to the premises in a time that is reasonable for sale of the bull, the producer shall take the positive *T. foetus* bull directly to the regional livestock sale yard.
  - a. The producer shall immediately notify the sale yard of the positive *T. foetus* bull. Failure to notify the sale yard of the positive *T. foetus* bull will result in a violation of this Section and the producer shall be subject to the penalties of A.R.S. § 3-1205(D).
  - b. Prior to sale at the sale yard, a Livestock Officer shall verify the official identification of the positive *T. foetus* test bull.
  - c. After the official identification is verified, the bull shall be branded with an official “S” brand adjacent to the tailhead on the right hip. The branding shall be done under direct supervision of a Livestock Officer or Livestock Inspector.
7. If a bull arrives at a livestock auction without an Official *T. foetus* bull test, the bull shall be quarantined at the auction and tested at the expense of the owner or shall be branded with an “S” brand and be sold only for slaughter.

**D. Disposal of bull testing positive.**

1. A bull testing positive for *T. foetus* or branded with the official “S” brand shall go direct to slaughter or shall be placed under State Quarantine and fed in a restricted feeding pen within a designated feedlot according to R3-2-406.
2. The *T. foetus* positive bull shall not be commingled with any other female bovine. The bull shall go from the testing premises to direct slaughter or to the restricted feeding pen within 30 days of the positive *T. foetus* test.
3. All remaining herd bulls shall be under a Trichomonas Herd Management Program overseen by the Herd Veterinarian until two negative *T. foetus* tests are performed and documented.
4. “S” branded bulls purchased at a sale yard shall go direct to a slaughter plant without unloading or commingling prior to arrival.

**E. Trespassing or Stray Bulls.**

1. In the event of a trespassing or stray bull, the herd owner who locates the bull, may request an Official *T. foetus* bull test for that bull. In the event of a positive Official *T. foetus* bull test, subsections (B) and (C) shall apply.
2. The cost of the veterinary services and Official *T. foetus* bull test shall be the responsibility of the herd owner. In the event of a stray bull, the animal will be subject to A.R.S. §§ 3-1401 et seq.

**Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in



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the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1). Repealed by final rulemaking at 26 A.A.R. 781, effective June 8, 2020; new Section made by final rulemaking at 26 A.A.R. 812, effective June 8, 2020 (Supp. 20-2).

**R3-2-411. Repealed****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). Amended by final rulemaking at 6 A.A.R. 4812, effective December 7, 2000 (Supp. 00-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1). Amended by exempt rulemaking under Laws 2016, Ch. 160, § 9 at 22 A.A.R. 2400, effective August 6, 2016 (Supp. 16-3). Repealed by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-412. Repealed****Historical Note**

New Section made by final rulemaking at 8 A.A.R. 3628, effective August 7, 2002 (Supp. 02-3). Repealed by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-413. Sheep and Goats; Intrastate Movement**

- A. Before intrastate movement of a sheep more than 18 months of age, or a sheep or goat of any age not in a slaughter channel, the producer shall identify the animal to the flock of birth using official identification before leaving the flock of birth. A sheep or goat not in a slaughter channel includes an animal not for sale, transfer, or movement to:
  1. A slaughter facility,
  2. Custom slaughter, or
  3. A feeding operation before movement to slaughter.
- B. Subsection (A) does not apply if the first point of commingling with animals other than those in the flock of birth is an Arizona auction market that is an approved tagging site.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 3628, effective January 1, 2003 (Supp. 02-3). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**ARTICLE 5. STATE-FEDERAL COOPERATIVE DISEASE CONTROL PROGRAM****R3-2-501. Tuberculosis Control and Eradication Procedures**

- A. Procedures for tuberculosis control and eradication in cattle, bison, and goats shall be as prescribed in 9 CFR Part 77 as revised on January 1, 2018. This material is incorporated by reference, does not include any later amendments or editions of the incorporated matter, and is on file with the Office of the Secretary of State.
- B. Procedures for tuberculosis control and eradication in cervidae not listed as restricted live wildlife in A.A.C. R12-4-406 shall be as prescribed in 9 CFR 77 Subpart C as revised on January 1, 2018. This material is incorporated by reference, does not include any later amendments or editions of the incorporated matter, and is on file with the Office of the Secretary of State.

**Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Amended subsection (A) effective October 16, 1986 (Supp. 86-5). Section R3-2-501 renumbered from Section R3-9-501 (Supp. 91-4). Amended effective March 5,

1997 (Supp. 97-1). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-502. Repealed****Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-502 renumbered from Section R3-9-502 (Supp. 91-4). Amended effective March 5, 1997 (Supp. 97-1). Section repealed by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1).

**R3-2-503. Brucellosis Control and Eradication Procedures**

- A. Procedures for brucellosis control and eradication in cattle and bison shall be as prescribed in 9 CFR 78 as revised on January 1, 2018. This material is incorporated by reference, does not include any later amendments or editions of the incorporated matter, and is on file with the Department.
- B. Procedures for brucellosis control and eradication in swine shall be as prescribed in 9 CFR 78 Subpart D as revised on January 1, 2018. This material is incorporated by reference, does not include any later amendments or editions of the incorporated matter, and is on file with the Department.
- C. Procedures for brucellosis control and eradication in animals not listed as restricted live wildlife in A.A.C. R12-4-406, shall be as prescribed in the USDA publication, Brucellosis in Cervidae: Uniform Methods and Rules, effective September 30, 2003. This material is incorporated by reference, does not include any later amendments or editions of the incorporated matter, and is on file with the Department.

**Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Amended effective October 16, 1986 (Supp. 86-5). Amended effective January 6, 1989 (Supp. 89-1). Section R3-2-503 renumbered from Section R3-9-503 (Supp. 91-4). Amended March 5, 1997 (Supp. 97-1). Amended by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-504. Pseudorabies Procedures for Eradication**

Procedures for pseudorabies control and eradication in swine shall be as prescribed in 9 CFR 85 as revised on January 1, 2018. This material is incorporated by reference, does not include any later amendments or editions of the incorporated matter, and is on file with the Department.

**Historical Note**

Adopted effective March 5, 1997 (Supp. 97-1). Amended by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-505. Scrapie Procedures for Eradication**

The Department controls and eradicates scrapie using the procedures outlined in 9 CFR 79 as revised on January 1, 2018. This material is incorporated by reference, does not include any later amendments or editions, and is on file with the Department.

**Historical Note**

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New Section made by final rulemaking at 8 A.A.R. 3628, effective August 7, 2002 (Supp. 02-3). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

# ARTICLE 6. HEALTH REQUIREMENTS GOVERNING ADMISSION OF ANIMALS

## R3-2-601. Repealed

### Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-601 renumbered from Section R3-9-601 (Supp. 91-4). Amended effective March 5, 1997 (Supp. 97-1). Amended by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1). Amended by final rulemaking at 8 A.A.R. 4043, effective November 9, 2002 (Supp. 02-3). Amended by final rulemaking at 14 A.A.R. 876, effective May 3, 2008 (Supp. 08-1). Amended by emergency rulemaking at 22 A.A.R. 1750, effective immediately upon filing, June 22, 2016, as determined by the attorney general, for 180 days at 22 A.A.R. 1750 (Supp. 16-2). Emergency expired December 19, 2016 (Supp. 16-4). Repealed by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

## R3-2-602. Importation Requirements

- A. All animals transported or moved into the state of Arizona, shall be accompanied by a valid, official Certificate of Veterinary Inspection from the state of origin, or a VS 9-3 form for National Poultry Improvement Plan flocks. All animals shall be imported in accordance with this Section and the species-specific Section in this Article. Any violation of this Article is subject to a hold order pursuant to R3-2-605.
- B. Livestock may not enter the state of Arizona unless accompanied by an Arizona entry permit number documented on the Certificate of Veterinary Inspection. This requirement applies regardless of the species, breed, sex, class, age, point of origin, place of destination, or purpose of the movement of the livestock entering the state, except:
  1. Equine;
  2. Livestock consigned directly to slaughter at a state or federally licensed slaughter establishment; or
  3. Livestock being transported through the state.
- C. An animal affected with or recently exposed to any infectious, contagious, or communicable disease, or which originates in a state or federal quarantine area, shall not be transported or moved into the state of Arizona unless a permit for the entry is first obtained from the Arizona State Veterinarian's Office. All conditions for the movement of animals from a quarantined area established by the quarantining authority or APHIS shall be met. Animals imported from a quarantine area may be subject to additional import requirements by the State Veterinarian prior to entry into Arizona.
- D. The owner or owner's agent shall obtain prior permission from the State Veterinarian to ship or move into the state of Arizona any animal from a lot or herd from which an animal shows clinical signs of disease or positive reaction to a test required for admission to Arizona.
- E. The Director may enter into an agreement to allow New Mexico livestock consigned directly to an Arizona livestock auction to enter the state on a New Mexico brand inspection certificate in place of a Certificate of Veterinary Inspection. If the agreement is entered, it shall be posted on the Arizona Department of Agriculture's website. In the event the agree-

ment is terminated or expires, the Department shall put notice of the termination on the website. The livestock owner or owner's agent is responsible for ensuring that the agreement is current prior to shipping the livestock. This process is subject to the restrictions included in the agreement.

### Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-602 renumbered from Section R3-9-602 (Supp. 91-4). Amended by final rulemaking at 8 A.A.R. 4043, effective November 9, 2002 (Supp. 02-3). Amended by emergency rulemaking at 22 A.A.R. 1750, effective immediately upon filing, June 22, 2016, as determined by the attorney general, for 180 days at 22 A.A.R. 1750 (Supp. 16-2). Emergency expired December 19, 2016 (Supp. 16-4). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

## R3-2-603. Repealed

### Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-603 renumbered from Section R3-9-603 (Supp. 91-4). Amended by final rulemaking at 8 A.A.R. 4043, effective November 9, 2002 (Supp. 02-3). Amended by emergency rulemaking at 22 A.A.R. 1750, effective immediately upon filing, June 22, 2016, as determined by the attorney general, for 180 days at 22 A.A.R. 1750 (Supp. 16-2). Emergency expired December 19, 2016 (Supp. 16-4). Repealed by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

## R3-2-604. Repealed

### Historical Note

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-604 renumbered from Section R3-9-604 (Supp. 91-4). Amended by final rulemaking at 8 A.A.R. 4043, effective November 9, 2002 (Supp. 02-3). Repealed by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

## R3-2-605. Hold Order for Animals Entering Illegally

- A. Animals entering the state in violation of any Section under this Article, may be placed under a hold order at the risk and expense of the owner until released by an authorized representative of the State Veterinarian. Animals placed under a hold order for noncompliance with this Article may be released only after the State Veterinarian is satisfied by testing, dipping, or observation over time, that the animals are not a threat to the livestock industry.
- B. The State Veterinarian may order that an imported animal failing to meet entry requirements be returned to the state of origin, consigned directly to slaughter, confined to a designated feedlot, or consigned to a feedlot in another state within two weeks of the request. Any extension to this time-frame must be approved in writing by the State Veterinarian.
- C. If the owner or owner's agent fails to comply with an order to return an animal to the state of origin within the time-frame required in subsection (B), the Department shall require that the animal be immediately gathered and tested at the owner's risk and expense to avoid exposure of Arizona animals to disease. The owner shall pay the expenses no later than five days after receipt of the bill. Failure to do so will result in an auction of sufficient livestock to pay the expenses which shall be held within 10 days at public auction. If additional expenses occur due to lack of cooperation by the owner or the owner's agent, the Director shall order the further sale of livestock.

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**Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Former Section R3-9-605 renumbered to R3-2-605 (Supp. 91-4). Amended by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1). Amended by emergency rulemaking at 22 A.A.R. 1750, effective immediately upon filing, June 22, 2016, as determined by the attorney general, for 180 days at 22 A.A.R. 1750 (Supp. 16-2). Emergency expired December 19, 2016 (Supp. 16-4). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-606. Certificate of Veterinary Inspection**

- A.** A Certificate of Veterinary Inspection is valid for not more than 30 days after the date of issue, except where otherwise noted in this Article, and shall contain:
  1. The name and address of the Consignor and Consignee;
  2. The physical address of the origin of the animal;
  3. The physical address of the animal's final destination;
    - a. Entry permit number if applicable;
    - b. Official identification if applicable; and
    - c. Certificate of Veterinary Inspection individual certificate number.
    - d. Qualifying required tests with completion dates.
- B.** The Certificate of Veterinary Inspection shall be forwarded to the State Veterinarian in Arizona within 14 days of issue.
- C.** A VS form 17-30 is deemed a valid international CVI if the following conditions are met:
  1. Accompanied by a valid brand inspection certificate from a southern border state with an entry permit number; and
  2. Official identification as documented on the VS form 17-30.
- D.** Official Certificates of Veterinary Inspection may be used in electronic or paper form.
- E.** Additions, deletions, and unauthorized or uncertified changes inserted or applied to a Certificate of Veterinary Inspection renders the certificate void and may be subject to state or federal penalties.
- F.** The veterinarian issuing a Certificate of Veterinary Inspection shall certify that the animals shown on the Certificate of Veterinary Inspection are free from evidence of any infectious, contagious, or communicable disease or known exposure.
- G.** An accredited veterinarian shall inspect animals for entry into the state.
- H.** The Director may limit the period for which a Certificate of Veterinary Inspection is valid to less than 30 days if advised by the State Veterinarian of the occurrence of a disease that constitutes a threat to the livestock industry.

**Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-606 renumbered from Section R3-9-606 (Supp. 91-4). Amended by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1). Amended by final rulemaking at 8 A.A.R. 3628, effective August 7, 2002 (Supp. 02-3). Amended by final rulemaking at 14 A.A.R. 884, effective May 3, 2008 (Supp. 08-1). Amended by final rulemaking at 14 A.A.R. 876, effective May 3, 2008 (Supp. 08-1). Amended by emergency rulemaking at 22 A.A.R. 1750, effective immediately upon filing, June 22, 2016, as determined by the attorney general, for 180 days

at 22 A.A.R. 1750 (Supp. 16-2). Emergency expired December 19, 2016 (Supp. 16-4). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-607. Entry Permit Number**

- A.** An entry permit number for interstate movement may be obtained from the Office of the State Veterinarian, by calling (602) 542-4293 during the hours of 8 a.m. to 5 p.m. Monday through Friday, excluding state holidays. Any person applying for an entry permit number shall provide the following information:
  1. The name and address of the Consignor and Consignee;
  2. The number and kind of animals;
  3. The physical address of the origin of shipment;
  4. The physical address of the shipment's final destination;
  5. The method of transportation; and
  6. Any other information required by the State Veterinarian.
- B.** An entry permit number is valid for a maximum of 30 calendar days from the date of issuance unless otherwise indicated on the CVI.
- C.** An entry permit number shall be issued if the animals listed on the Certificate of Veterinary Inspection are in compliance with this Article. To cope with changing disease conditions, the State Veterinarian may refuse to issue an entry permit number or may require additional conditions not specifically established in this Article if necessary to protect animal health in Arizona.
- D.** The entry permit number issued shall be affixed or written on the Certificate of Veterinary Inspection, brand inspection certificate, and any other official documents as follows: "Arizona Permit No. \_\_\_\_\_" followed by the serialized number.
- E.** The State Veterinarian shall refuse to grant an entry permit number to any person who repeatedly commits the following:
  1. Giving false information concerning an entry permit number for transportation of animals,
  2. Failing to fulfill the conditions of an entry permit number, or
  3. Failing to obtain an entry permit number.

**Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-607 renumbered from Section R3-9-607 (Supp. 91-4). Amended by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-608. Repealed****Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-608 renumbered from Section R3-9-608 (Supp. 91-4). Amended by final rulemaking at 8 A.A.R. 4043, effective November 9, 2002 (Supp. 02-3). Amended by emergency rulemaking at 22 A.A.R. 1750, effective immediately upon filing, June 22, 2016, as determined by the attorney general, for 180 days at 22 A.A.R. 1750 (Supp. 16-2). Emergency expired December 19, 2016 (Supp. 16-4). Repealed by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-609. Diversion; Prohibitions**

A person consigning, transporting, or receiving an animal into the state of Arizona shall not authorize, order, or carry out diversion of

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the animal to a destination or consignee other than as set forth on the Certificate of Veterinary Inspection and entry permit, if required, without first obtaining permission from the State Veterinarian.

**Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-609 renumbered from Section R3-9-609 (Supp. 91-4). Amended by final rulemaking at 8 A.A.R. 4043, effective November 9, 2002 (Supp. 02-3). Amended by emergency rulemaking at 22 A.A.R. 1750, effective immediately upon filing, June 22, 2016, as determined by the attorney general, for 180 days at 22 A.A.R. 1750 (Supp. 16-2). Emergency expired December 19, 2016 (Supp. 16-4). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-610. Tests; Official Confirmation**

A state or federal animal diagnostic laboratory or APHIS-approved laboratory shall perform or confirm any animal testing required by a state or federal authority as a condition for entry into Arizona.

**Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-610 renumbered from Section R3-9-610 (Supp. 91-4). Amended by final rulemaking at 8 A.A.R. 4043, effective November 9, 2002 (Supp. 02-3). Amended by emergency rulemaking at 22 A.A.R. 1750, effective immediately upon filing, June 22, 2016, as determined by the attorney general, for 180 days at 22 A.A.R. 1750 (Supp. 16-2). Emergency expired December 19, 2016 (Supp. 16-4).

**R3-2-611. Transporter Duties**

- A. All owners and operators of railroads, trucks, airplanes, or other conveyances transporting animals into or through the state shall possess all of the importation documents required by this Article. These documents shall be attached to the waybill, or be in the possession of the vehicle driver, or person in charge of the animals. When a single Certificate of Veterinary Inspection and entry permit number is issued for animals being moved in more than one vehicle, the driver of each vehicle shall possess the original or a copy of the Certificate of Veterinary Inspection containing the entry permit number, if required.
- B. The owner or operator of a railroad car, truck, airplane, or other conveyance used to transport animals into or through the state shall maintain the conveyance in a clean and sanitary condition.
- C. The owners and operators of railroads, trucks, airplanes, or other conveyances who transport animals into the state in violation of this Section shall clean and disinfect the conveyance in which the animals were illegally brought into the state before using the conveyance for transporting more animals. The cleaning and disinfection shall be performed under the supervision of an authorized representative of the State Veterinarian or the USDA.
- D. The owners or operators of railroads, trucks, airplanes, or other conveyances shall follow the USDA requirements and Arizona Department of Agriculture rules and statutes, in the humane transport of animals into, within, or through the state.

**Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-611 renumbered from Section R3-9-611 (Supp. 91-4). Amended by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is

January 1, 2000 (Supp. 01-1). Amended by emergency rulemaking at 22 A.A.R. 1750, effective immediately upon filing, June 22, 2016, as determined by the attorney general, for 180 days at 22 A.A.R. 1750 (Supp. 16-2). Emergency expired December 19, 2016 (Supp. 16-4). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-612. Importation of Cattle and Bison**

- A. The Certificate of Veterinary Inspection for cattle and bison shall include:
  1. A valid entry permit number.
  2. The number of cattle and bison covered by the Certificate of Veterinary Inspection, an accurate description and official identification, if applicable except for "F" branded heifers consigned to a designated feedlot identified by brand.
  3. The health status of the cattle and bison including:
    - a. The date of the inspection;
    - b. The dipping date, if applicable;
    - c. The date of negative results for required testing under this Article; and
    - d. The vaccination status as required by this Article.
  4. The method of transportation; and
  5. For bulls subject to testing under R3-2-612(I), a statement that the bulls:
    - a. Tested negative for *Tritrichomonas foetus* within 30 days prior to shipment using a polymerase chain reaction test; and
    - b. Have had no breeding activity during the interval between the collection of the samples and the date of shipment.
- B. The owner of cattle and bison entering Arizona or the owner's agent shall comply with the requirements in this Article. Failure to comply with entry requirements will incur the following conditions:
  1. Pay the expenses incurred by a hold order to test and retest the imported cattle or bison or return them to the state of origin.
  2. For imported beef breeding cattle, breeding bison, and dairy cattle, ensure that an accredited veterinarian applies official identification to each bovine or bison.
- C. Arizona shall not accept:
  1. Cattle or bison from brucellosis infected, exposed, or quarantined herds regardless of their vaccination or test status, or both, except:
    - a. Steers and spayed females, and
    - b. Cattle or bison shipped directly for immediate slaughter to an official state or federal slaughter establishment;
  2. Cattle or bison of unknown brucellosis exposure status, unless consigned for feeding purposes to a designated feedlot;
  3. Dairy cattle from a state or region within a foreign country without brucellosis status comparable to a Class-Free State, or without tuberculosis status comparable to an Accredited-Free State;
  4. Dairy and dairy cross steers, and dairy and dairy cross spayed heifers from Mexico;
  5. Beef breeding cattle or breeding bison from a state or region within a foreign country without brucellosis status comparable to a Class A State, or without tuberculosis status comparable to a Modified Accredited State.
- D. Brucellosis testing requirements for beef breeding cattle, breeding bison, and dairy cattle imported into Arizona from other states.

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1. Brucellosis testing is not required in dairy and beef cattle from a brucellosis Class-Free State that does not have free-ranging brucellosis infected bison or wildlife.
  2. Brucellosis not required for any cattle or bison consigned to a designated feedlot that are branded with an "F" adjacent to the tail head as long as the State Veterinarian grants permission to apply the "F" brand upon arrival. All "F" branded cattle or bison that leave the designated feedlot shall be shipped directly to:
    - a. An official state or federal slaughter establishment for immediate slaughter,
    - b. Another designated feedlot, or
    - c. Another state if shipping is permitted by the State Veterinarian in the state of destination.
  3. All female dairy cattle four months of age or older, imported into Arizona, shall be official calfhood vaccinates, officially identified, certified, and legibly tattooed except for the following:
    - a. Show cattle for exhibition,
    - b. Cattle consigned directly to an official state or federal slaughter establishment for immediate slaughter, and
    - c. Cattle consigned for feeding purposes to a designated feedlot with an entry permit number.
  4. For beef breeding cattle, breeding bison, and dairy breeding cattle from a Class A state the owner or owner's agent:
    - a. Shall ensure that the cattle remain under quarantine and isolation until the cattle test negative for brucellosis. The test shall be performed no earlier than 45 days and no later than 120 days after entry.
    - b. Shall retest dairy cattle if the State Veterinarian determines there is a potential risk of the introduction of brucellosis in the state.
    - c. Is not required to quarantine or test for brucellosis official calfhood vaccinates less than 18 months of age, if permission is granted by the State Veterinarian.
  5. The owner or owner's agent:
    - a. Shall notify the State Veterinarian within seven days of moving cattle or bison that are under quarantine from the destination listed on the import permit and Certificate of Veterinary Inspection.
    - b. Shall notify the State Veterinarian at the time animals are retested for brucellosis, if the animals are under quarantine and are not moved from the destination listed on the import permit and Certificate of Veterinary Inspection.
    - c. Is not required to notify the State Veterinarian if the cattle or bison are shipped directly to an official state or federal slaughter establishment for immediate slaughter.
- E.** Tuberculosis testing requirements for beef breeding cattle, breeding bison, and dairy cattle imported into Arizona from other states.
1. No tuberculosis test is required for:
    - a. Beef breeding cattle or breeding bison, from a tuberculosis accredited Free State if the state accredited status is documented on the Certificate of Veterinary Inspection and entry permit; or
    - b. Steers and spayed heifers.
  2. Beef breeding cattle and breeding bison from a Tuberculosis Modified Accredited State or Tuberculosis Class Free State with a Tuberculosis Quarantine in effect, shall test negative for Bovine Tuberculosis within 60 days prior to entry into Arizona.
  3. All dairy breeding cattle greater than 120 days of age shall test negative for Bovine Tuberculosis within 60 days prior to entry into Arizona.
- F.** Brucellosis testing requirements for beef breeding cattle, breeding bison, and dairy cattle imported into Arizona from Mexico.
1. Prior to entry into Arizona, beef breeding cattle, breeding bison, or dairy cattle from Mexico shall meet the requirements of 9 CFR 93.424 through 93.427, as revised on January 1, 2018. This material is incorporated by reference, does not include any later amendments or editions of the incorporated matter, and is on file with the Department at 1688 W. Adams St., Phoenix, AZ 85007.
  2. The owner or owner's agent shall ensure that beef breeding cattle, breeding bison, and dairy cattle from Mexico remain under import quarantine and isolation until tested negative for brucellosis. The test shall not be performed earlier than 60 days nor later than 120 days after entry into Arizona. All cattle or bison consigned to a designated feedlot shall be branded with an "F" adjacent to the tail head before entry into Arizona unless the State Veterinarian grants permission to apply the "F" brand on arrival. Unless neutered, all beef breeding cattle, breeding bison, and dairy cattle leaving the designated feedlot shall go directly to an official state or federal slaughter establishment for immediate slaughter or to another designated feedlot. The owner of the designated feedlot shall ensure that official identification records are kept on all incoming consignments and then submit the records monthly to the State Veterinarian. An accredited veterinarian shall identify, on a form approved by the State Veterinarian, all cattle and bison leaving the designated feedlot. A copy of the form shall accompany the cattle or bison to slaughter and a copy shall be submitted to the State Veterinarian.
  3. Dairy cattle from Mexico shall test for brucellosis again 30 days after calving, unless the dairy cattle were consigned directly to a feedlot.
- G.** Tuberculosis testing requirements for cattle and bison imported into Arizona from Mexico.
1. Prior to entry into Arizona, cattle and bison from Mexico shall meet the requirements of 9 CFR 93.424 through 93.427 as revised on January 1, 2018, incorporated by reference in subsection (F)(1).
  2. Steers and spayed heifers from states or regions in Mexico shall not enter the state if they have not been determined by the State Veterinarian to have fully implemented the Control, Eradication, or Free Phase of the bovine tuberculosis eradication program of Mexico.
  3. Steers and spayed heifers from states or regions in Mexico determined by the State Veterinarian to have fully implemented the Control Phase of the bovine tuberculosis eradication program of Mexico shall not be imported into Arizona without permission of the State Veterinarian.
  4. Steers and spayed heifers from states or regions in Mexico determined by the State Veterinarian to have fully implemented the Eradication Phase of the bovine tuberculosis eradication program of Mexico may be imported into Arizona, if they have either:
    - a. Tested negative for tuberculosis in accordance with procedures equivalent to the 9 CFR Part 77 as amended on January 9, 2013 within 60 days before entry into the United States, or
    - b. Originated from a herd that is equivalent to an accredited herd in the United States and are moved directly from the herd of origin across the border as

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a single group and not commingled with other cattle or bison before arriving at the border.

5. Steers and spayed heifers from states or regions in Mexico determined by the State Veterinarian to have achieved the Free Phase of the bovine tuberculosis eradication program of Mexico may move directly into Arizona without testing or further restrictions if they are moved as a single group and not commingled with other cattle before arriving at the border.
  6. Beef breeding cattle and breeding bison from states or regions in Mexico may be imported into Arizona if the State Veterinarian determines the Eradication or Free Phase of the bovine tuberculosis eradication program of Mexico has been fully implemented and the breeding cattle and breeding bison remain under quarantine and isolation until retested negative for tuberculosis in accordance 9 CFR Part 77 as revised on January 1, 2018. The test shall be performed not earlier than 60 days but not later than 120 days after entry unless consigned to a designated feedlot for feeding purposes only. Unless neutered, all beef breeding cattle or breeding bison consigned to a designated feedlot shall be branded with an "F" adjacent to the tail head before entry into Arizona, unless permission is granted by the State Veterinarian to apply the "F" brand on arrival. All beef breeding cattle or breeding bison leaving the designated feedlot shall go directly to an official state or federal slaughter establishment for immediate slaughter or to another designated feedlot. The owner of the designated feedlot shall ensure that official identification records are kept on all incoming consignments and submit the records monthly to the State Veterinarian. An accredited veterinarian shall identify, on a form approved by the State Veterinarian, all beef breeding cattle and breeding bison leaving the designated feedlot. A copy of the form shall accompany the cattle and bison to slaughter and a copy shall be submitted to the State Veterinarian.
- H. Bovine scabies requirements.**
1. The owner or owner's agent shall ensure that no cattle or bison affected with or exposed to scabies is shipped, trailed, driven, or otherwise transported or moved into Arizona except cattle or bison identified and moving under a VS Form 1-27 and seal for immediate slaughter at an official state or federal slaughter establishment.
  2. The owner or owner's agent of cattle or bison from an official state or federal scabies quarantined area shall comply with the requirements of 9 CFR 73, Scabies in Cattle, as revised on January 1, 2018, before moving the cattle or bison into Arizona. This material is incorporated by reference, does not include any later amendments or editions of the incorporated matter, and is on file with the Department.
  3. The State Veterinarian may require that breeding and feeding cattle and bison from known scabies infected areas and states be dipped or treated even if the animals are not known to be exposed. The State Veterinarian shall require that dairy cattle be dipped only if the animals are known to be exposed; otherwise an accredited veterinarian's examination and certification shall be sufficient.
- I. Trichomoniasis requirements for bulls imported into Arizona from other states.**
1. The owner or owner's agent shall ensure bulls:
    - a. Test negative for *Tritrichomonas foetus* within 30 days prior to shipment using a polymerase chain reaction test or a diagnostic test approved by the state veterinarian, except for bulls:
      - i. Less than 12 months of age,
      - ii. Consigned directly to a state or federal licensed slaughter facility,
      - iii. Consigned directly to a dairy,
      - iv. Consigned directly to an exhibition or rodeo,
      - v. Consigned directly to a licensed feedlot for castration on arrival,
      - vi. Branded with an "F" adjacent to the tailhead and consigned directly to a designated feedlot for feeding and later movement directly to slaughter, and
    - b. Have no breeding activity during the interval between the collection of a sample and the date of shipment.
    - c. The following statements documented on the CVI in reference to R3-2-612(A)(5):
      - i. Test negative for *Tritrichomonas foetus* within 30 days prior to shipment using a polymerase chain reaction test; and
      - ii. Have had no breeding activity during the interval between the collection of the samples and the date of shipment.
  2. An accredited veterinarian approved to collect samples for *Tritrichomonas foetus* testing by the state animal health official in the state of origin shall collect the *Tritrichomonas foetus* test samples.
  3. A laboratory approved to conduct tests for *Tritrichomonas foetus* by the state animal health official in the state of origin shall perform the test for *Tritrichomonas foetus*.
- J. For purposes of this Section beef breeding cattle means intact beef cattle.**

**Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-612 renumbered from Section R3-9-612 (Supp. 91-4). Amended effective March 5, 1997 (Supp. 97-1). Amended effective February 4, 1998 (Supp. 98-1). Amended by final rulemaking at 14 A.A.R. 884, effective May 3, 2008 (Supp. 08-1). Amended by final rulemaking at 14 A.A.R. 876, effective May 3, 2008 (Supp. 08-1). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-613. Importation of Swine**

- A.** A Certificate of Veterinary Inspection for swine shall include:
1. A valid entry permit number;
  2. The following statements recorded on the CVI:
    - a. The swine listed on this CVI have never been fed garbage; and
    - b. The swine listed on this CVI have not been vaccinated for pseudorabies;
  3. Official Identification; and
  4. If applicable, the validated brucellosis-free herd number and last test date for swine originating from a validated brucellosis-free herd.
- B.** Brucellosis test requirements. Swine imported into Arizona from other states shall:
1. Originate from a validated swine brucellosis-free herd or from a swine brucellosis-free state; or
  2. Test negative for brucellosis within 30 days before entry.
- C.** For purposes of this Section, breeding swine means intact swine that have had breeding activity.
- D.** It is unlawful for any person to import into the state of Arizona live feral swine. Any person or corporation owning or possessing a live feral swine in this state shall at all times keep such feral swine in a safe and suitable enclosure so that it may not

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run at large or damage the person or property of others. For purposes of this Section, feral swine means a hog, boar, or pig that appear to be untamed, undomesticated, or in a wild state; or appear to be contained for commercial hunting or trapping.

**Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Amended effective June 29, 1984 (Supp. 84-3). Section R3-2-613 renumbered from Section R3-9-613 (Supp. 91-4). Amended by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). Amended by final rulemaking at 6 A.A.R. 4812, effective December 7, 2000 (Supp. 00-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-614. Importation of Sheep and Goats**

- A. A Certificate of Veterinary Inspection for sheep and goats shall include:
1. A valid entry permit number; and
  2. A statement that:
    - a. The sheep or goats are not infected with bluetongue, or exposed to scrapie, and do not originate from a scrapie-infected or source flock; and
    - b. The sheep or goats test negative for *Brucella ovis* if a test is required by subsection (B); and if applicable
    - c. Breeding rams have been individually examined and are free of gross lesions of ram epididymitis.
- B. A breeding ram six months of age or older shall test negative for *Brucella ovis* within 30 days of entry or originate from a certified brucellosis-free flock. An exhibition ram that returns to the out-of-state flock of origin within five days of the conclusion of the exhibit is exempt from the testing requirement of this subsection.
- C. Arizona native commercial flocks participating in a *Brucella ovis* control program through testing performed by an accredited and licensed veterinarian may return to Arizona from another state without testing, provided the flock has not commingled with other flocks.

**Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-614 renumbered from Section R3-9-614 (Supp. 91-4). Amended by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1). Amended by final rulemaking at 8 A.A.R. 3628, effective August 7, 2002 (Supp. 02-3). Amended by final rulemaking at 14 A.A.R. 876, effective May 3, 2008 (Supp. 08-1). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-615. Importation of Equine**

- A. A Certificate of Veterinary Inspection for equine shall include:
1. An accurate identification for each equine including age, sex, breed, color, name, brand, tattoo, scars, microchip if any, and distinctive markings; and
  2. A statement that the equine has a negative test for EIA, including:
    - a. The date and results of the test;
    - b. The name of the testing laboratory; and
    - c. The laboratory accession number.
- B. Equine entering the state are not required to obtain an entry permit number.

- C. All equine six months of age or older shall, using a test established in R3-2-407(A), test negative for EIA within 12 months before entry. Testing expenses shall be paid by the owner.
- D. Extended Equine Certificates of Veterinary Inspection (EECVI) are valid for the life of the certificate (up to 6 months) in the state of Arizona. The equine listed on the EECVI shall be officially identified with a microchip.

**Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-615 renumbered from Section R3-9-615 (Supp. 91-4). Amended effective February 4, 1998 (Supp. 98-1). Amended by final rulemaking at 8 A.A.R. 3628, effective August 7, 2002 (Supp. 02-3). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-616. Importation of Cats and Dogs**

A dog or cat shall be accompanied by a Certificate of Veterinary Inspection that documents the animal is currently vaccinated against rabies if older than three months of age according to the requirements of the National Association of State Public Health Veterinarians' Compendium of Animals Rabies Control, incorporated by reference in R3-2-409.

**Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-616 renumbered from Section R3-9-616 (Supp. 91-4). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1). Amended by final rulemaking at 14 A.A.R. 876, effective May 3, 2008 (Supp. 08-1). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-617. Importation of Poultry**

Poultry entering the state shall appear healthy, not originate from a poultry quarantine area, comply with all interstate requirements of APHIS, and be accompanied by a Certificate of Veterinary Inspection or Form 9-3 from the National Poultry Improvement Program.

**Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-617 renumbered from Section R3-9-617 (Supp. 91-4). Amended by final rulemaking at 8 A.A.R. 4043, effective November 9, 2002 (Supp. 02-3). Amended by final rulemaking at 14 A.A.R. 876, effective May 3, 2008 (Supp. 08-1). Repealed by emergency rulemaking at 22 A.A.R. 1750, effective immediately upon filing, June 22, 2016, as determined by the attorney general, for 180 days at 22 A.A.R. 1750 (Supp. 16-2). Emergency expired December 19, 2016 (Supp. 16-4). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-618. Importation of Psittacine Birds**

- A. The owner or the owner's agent of a psittacine bird entering Arizona shall obtain a Certificate of Veterinary Inspection issued by a veterinarian within 30 days of entry, certifying:
1. The bird is not infected with the agent that causes avian chlamydiosis, and
  2. The bird was not exposed to birds known to be infected with avian chlamydiosis within the past 30 days.
- B. The Certificate of Veterinary Inspection shall accompany the psittacine bird at the time of entry into Arizona.

**Historical Note**

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Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-618 renumbered from Section R3-9-618 (Supp. 91-4). Amended by final rulemaking at 8 A.A.R. 4043, effective November 9, 2002 (Supp. 02-3). Amended by final rulemaking at 14 A.A.R. 876, effective May 3, 2008 (Supp. 08-1). Repealed by emergency rulemaking at 22 A.A.R. 1750, effective immediately upon filing, June 22, 2016, as determined by the attorney general, for 180 days at 22 A.A.R. 1750 (Supp. 16-2). Emergency expired December 19, 2016 (Supp. 16-4). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-619. Repealed****Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-619 renumbered from Section R3-9-619 (Supp. 91-4). Section repealed by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1).

**R3-2-620. Importation of Zoo Animals**

- A. An owner or owner's agent may transport or move zoo animals into the state of Arizona if the animals are accompanied by an official Certificate of Veterinary Inspection, and consigned to a zoo or in the charge of a circus or show.
- B. The owner, or owner's agent, of livestock except swine and equine in a "Petting Zoo" shall have the livestock tested for tuberculosis within 12 months before importation. A negative test result is required for entry into Arizona.
- C. A business that transports or exhibits zoo animals shall be licensed by the Arizona Game and Fish Department.

**Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-620 renumbered from Section R3-9-620 (Supp. 91-4). Amended by final rulemaking at 8 A.A.R. 4043, effective November 9, 2002 (Supp. 02-3). Amended by final rulemaking at 14 A.A.R. 876, effective May 3, 2008 (Supp. 08-1). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-621. Expired****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1). Amended by final rulemaking at 14 A.A.R. 876, effective May 3, 2008 (Supp. 08-1). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 135, effective December 15, 2016 (Supp. 16-4).

**R3-2-622. Expired****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 25, effective December 8, 1999 (Supp. 99-4). December 8, 1999 effective date corrected to reflect what is on file in the Office of the Secretary of State; correct effective date is January 1, 2000 (Supp. 01-1). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 135, effective December 15, 2016 (Supp. 16-4).

**ARTICLE 7. LIVESTOCK INSPECTION****R3-2-701. Department Livestock Inspection**

- A. A Division employee shall inspect range cattle, as defined in R3-2-702(A), at a ranch if the owner or agent of livestock is:
  - 1. Moving cattle out-of-state,
  - 2. Transferring cattle ownership, or
  - 3. Shipping cattle for custom slaughter.
- B. An owner or agent of cattle cannot be issued both non-range and range self-inspection certificates.
- C. With prior approval from a Division employee, livestock can be moved to a licensed custom slaughter facility using the livestock owner's or agent's or feedlot operator's self-inspection certificate. A Division employee must validate the self-inspection certificate prior to slaughter.
- D. The Department shall not issue a self-inspection certificate to an owner or agent of livestock or feedlot operator if that individual has been convicted of a felony under A.R.S. Title 3 within the three-year period before the date on the self-inspection application. The Department may deny self-inspection to an applicant if within the five-year period before the date on the self-inspection application, the applicant was convicted of any A.R.S. Title 3 offense or an A.R.S. Title 13 offense related to livestock. A Division employee shall inspect livestock if an applicant is denied self-inspection authority.
- E. During fiscal year 2022, livestock officers and inspectors shall collect from the person in charge of cattle, dairy cattle, or sheep inspected a service charge of \$10 plus the per head inspection fee set out in A.R.S. § 3-1337 for making inspections for the transfer of ownership, sale, slaughter or transportation of the animals.

**Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-701 renumbered from Section R3-9-701 (Supp. 91-4). Section R3-2-701 repealed; new Section R3-2-701 adopted effective February 4, 1998 (Supp. 98-1). Error in subsection (A)(3) corrected under R1-1-109, filed with the Office of the Secretary of State October 18, 2001 (Supp. 01-3). Amended by final rulemaking at 9 A.A.R. 513, effective April 6, 2003 (Supp. 03-1). Amended by exempt rulemaking at 16 A.A.R. 1331, effective June 29, 2010 (Supp. 10-2). Amended by exempt rulemaking at 17 A.A.R. 1756, effective July 20, 2011 (Supp. 11-3). Amended by exempt rulemaking at 18 A.A.R. 2060, effective August 2, 2012 (Supp. 12-3). Amended by exempt rulemaking at 19 A.A.R. 3127, effective September 14, 2013 (Supp. 13-3). Amended by exempt rulemaking at 20 A.A.R. 2449, effective July 24, 2014 (Supp. 14-3). Amended by exempt rulemaking pursuant to Laws 2015, Ch. 10, § 14, at 21 A.A.R. 2404, effective July 3, 2015 (Supp. 15-3). Amended by final exempt rulemaking at 23 A.A.R. 1937, effective August 9, 2017 (Supp. 17-2). Amended by final exempt rulemaking at 24 A.A.R. 2219, effective August 3, 2018 (Supp. 18-3). Amended by final exempt rulemaking at 25 A.A.R. 2081, effective August 27, 2019 (Supp. 19-3). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2). Amended by final exempt rulemaking at 26 A.A.R. 1471, effective August 25, 2020 (Supp. 20-3). Amended by final exempt rulemaking at 27 A.A.R. 1264, effective September 29, 2021 (Supp. 21-3).

**R3-2-702. Livestock Self-inspection**

- A. Definitions.
 

"Dairy" means an owner or agent of a place or premise where one or more lactating animals are kept for milking purposes and from which a part or all of the milk is provided, sold, or



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offered for sale that meets both of the following conditions: the livestock is not permitted to range and the dairy is permitted by the Department. If these conditions are met, then a Division employee may grant the applicant dairy status.

“Description” means sex, breed, color, and markings, as applicable to the type of livestock.

“Exhibition” means an event including a fair, show, or field day that has as its primary purpose the opportunity for a member of a livestock organization, including 4-H and FFA, to display an animal raised by the individual in a judged competition.

“Feedlot” means an operator of a beef cattle feedlot or feed yard in which the livestock is not permitted to range and that is licensed by the Department. If these conditions are met, then a Division employee may grant the applicant feedlot status.

“Livestock” means cattle, sheep, goats, and swine.

“Livestock broker” means an owner or agent who engages in the business of buying and selling livestock and has immediate possession of the livestock for 10 days or less in which the livestock is not permitted to range. If these conditions are met, then a Division employee may grant the applicant livestock broker status.

“Non-range” means any owner or agent of an enclosed property that is 100 acres or less that meets all of the following conditions: the fence enclosing the livestock is well maintained, the livestock is not permitted to range, and the owner or agent of the livestock lives where the livestock are kept. If these conditions are met, then a Division employee may grant the applicant non-range status.

*“Range” means every character of lands, enclosed or unenclosed, outside of cities and towns, upon which livestock is permitted by custom, license or permit to roam and feed.* A.R.S. § 3-1201(7)

*“Range cattle” means cattle customarily permitted to roam upon the ranges of the state, whether public domain or in private control, and not in the immediate actual possession or control of the owner although occasionally placed in enclosures for temporary purposes.* A.R.S. § 3-1201(8)

## B. Application.

1. Owners or agents of livestock or feedlot operators shall request a book of self-inspection certificates from the Department. The applicant shall submit a written application form obtained from the Department and provide the following information:
  - a. Name, mailing address, physical address, telephone number, and email address;
  - b. Name of business and type of livestock operation;
  - c. Whether the applicant has been convicted of a violation of A.R.S. Title 3, or a violation of A.R.S. Title 13 related to livestock within the past five years, and if so, the case number, court, charge, and sentence;
  - d. Recorded brand number;
  - e. Individual or individuals designated to sign self-inspection certificates, if applicable; and
  - f. Signature and date.
2. The holder of a self-inspection book shall advise the Department within 30 days of any change to the information provided on an application form.
3. The holder of a self-inspection book shall renew registration with the Department every three years from the date the initial or renewal application form is signed.

4. If a holder with self-inspection privileges has been convicted of a criminal violation under A.R.S. Title 3, or a violation of Title 13 related to livestock, that holder shall notify the Department immediately and their privileges shall be revoked.
5. Prior to a Department employee issuing a book of self-inspection certificates, the owner shall submit the following payment amount and the Department shall receive the payment in full prior to issuing the book:
  - a. \$25.00 for a twenty five page feedlot or livestock broker book;
  - b. \$20.00 for a twenty page dairy book; or
  - c. \$10.00 for a ten page non-range, range, sheep, goat, or swine book.

## C. Self-inspection certificate.

1. An owner or agent of livestock or feedlot operator shall provide the following information, as applicable, on a self-inspection certificate whenever livestock subject to self-inspection are moved or ownership is transferred:
  - a. Name, address, and signature, of the owner or agent of livestock or feedlot operator;
  - b. Date of the shipment or transfer of ownership;
  - c. If moved, location from which and to which the livestock are moved, including the name of the auction, feedlot, arena, slaughter establishment, pasture, or other premises, and physical location;
  - d. Name of transporter;
  - e. Number and description of livestock;
  - f. Official identification of each dairy cattle and sexually intact cattle over 18 months of age shipped out of state and back tag numbers of culled dairy cattle;
  - g. Brand number, expiration date, and location;
  - h. Name and address of buyer;
  - i. Number of head of cattle sold for which Beef Council fees are payable under A.R.S. §§ 3-1236 and 3-1238.
2. The owner or agent of livestock or feedlot operator shall complete a self-inspection certificate, except when livestock are subject to inspection by a Division employee under R3-2-701, and distribute copies of the certificate as follows:
  - a. One copy and any fees that are owed under subsection (C)(1)(i) shall be sent to the Department within 10 days after the end of the month in which it was used;
  - b. If the livestock are shipped, the original certificate shall accompany the livestock whenever they are in transit and one copy shall be retained by the person transporting the livestock; or
  - c. If ownership of the livestock is transferred without shipment, two copies shall be provided to the new owner or agent of livestock, or feedlot operator; and one copy shall be retained by the seller.
3. A certificate may be used once to either transfer livestock ownership or to move livestock to a specific destination. If the livestock are diverted to a destination other than that stated on the self-inspection certificate, the certificate is void. The owner or agent of livestock, or feedlot operator shall complete a new certificate and send both the voided and new certificates to the Department within 10 days after the end of the month in which the certificates are used or voided.
4. An owner or agent of livestock or feedlot operator shall use a self-inspection certificate only with a shipment of livestock matching the description for which the certificate is issued and only for the self-inspection issued date.

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If any of the information on the self-inspection certificate changes, the certificate is void and the owner or agent of livestock or feedlot operator shall complete a new certificate.

5. An altered, erased, completed but unused, or defaced self-inspection certificate is void. A voided certificate shall be returned to the Department within 10 days after the end of the month in which it is voided.
  6. Upon request, certificates shall be returned to the Department by the owner or agent of livestock or feedlot operator. If an operation licensed for self-inspection is sold, leased, transferred, or otherwise disposed of, the owner or agent of livestock or feedlot operator shall notify the Department and return all self-inspection certificates to the Department within 30 days of the transaction.
  7. If the owner or agent of livestock or feedlot operator cannot find an unused or used certificate, they must sign an affidavit provided by the Department verifying the certificate is lost and cannot be found. New certificates will not be issued until the signed affidavit has been received by the Department.
- D. Sale of livestock.** A seller shall document a sale by completing a self-inspection certificate as prescribed in subsection (C) and providing a bill of sale to the purchaser as required under A.R.S. § 3-1291.
- E. Feedlot receiving form.**
1. The operator of a feedlot shall document receipt of incoming cattle on a form obtained from the Department. The operator shall include the following information on the form:
    - a. Name of feedlot and location;
    - b. Month and year for which report is made;
    - c. Number of cattle received, date received, and name and address of owner;
    - d. Description of the cattle;
    - e. If not Arizona native cattle, the import permit and Certificate of Veterinary Inspection numbers;
    - f. If native Arizona cattle, self-inspection certificate number or Department inspection certificate number; and
    - g. Pen number to which cattle are initially assigned.
  2. The operator shall return the completed form within 10 days after the end of the month of the reporting period.
- F. Quarantine.** Livestock under quarantine by the Department shall not be shipped or sold by use of a self-inspection certificate.
- G. Violations.** The Department shall process violations of this Section as prescribed under A.R.S. § 3-1203(D).

**Historical Note**

Adopted effective August 19, 1983 (Supp. 83-4). Section R3-2-702 renumbered from Section R3-9-702 (Supp. 91-4). Section R3-2-702 repealed; new Section R3-2-702 adopted effective February 4, 1998 (Supp. 98-1). Amended by final rulemaking at 9 A.A.R. 513, effective April 6, 2003 (Supp. 03-1). Amended by exempt rulemaking under Laws 2016, Ch. 160, § 9 at 22 A.A.R. 2400, effective August 6, 2016 (Supp. 16-3). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-703. Seasonal Self-inspection Certificate**

Exhibition cattle, sheep, goats, and swine.

1. An applicant for a seasonal self-inspection certificate prescribed under A.R.S. § 3-1346 shall request a seasonal self-inspection certificate from the Department. The

applicant shall provide the following information, as applicable:

- a. Name, mailing address, physical address if different from mailing address, telephone number, and email address;
  - b. Name of 4-H or FFA group, and group leader;
  - c. Physical description of livestock;
  - d. Official identification of livestock, except for native cattle born and raised in Arizona;
  - e. Permit number and Certificate of Veterinary Inspection number for livestock imported from another state;
  - f. Name of seller and self-inspection certificate number or Department inspection certificate number for livestock purchased from an Arizona seller; and
  - g. Signature and date of signature of the owner or lessee. If the owner or lessee is under 18 years of age, a signature of the parent or guardian and date of signature are required.
2. The Department employee who records the information required in subsection (1) shall advise the applicant of the required fee prescribed under A.R.S. § 3-1346(A). The Department shall issue a seasonal self-inspection certificate upon receipt of the fee.
  3. An exhibitor shall provide the following information, as applicable, on a seasonal self-inspection certificate whenever livestock subject to seasonal self-inspection is moved or ownership is transferred:
    - a. Name, address, telephone number, email address, and signature;
    - b. Date of movement;
    - c. Name of exhibition and location;
    - d. Final disposition of the livestock (sale, death, or retention) and date of occurrence; and
    - e. If the livestock is sold, name, address, and phone number of purchaser (person or slaughter plant).
  4. The holder of a seasonal self-inspection certificate shall return the certificate to the Department within two weeks of the sale or slaughter of the livestock or at the end of the show season if the livestock is retained.

**Historical Note**

Adopted effective November 27, 1987 (Supp. 87-4). Section R3-2-703 renumbered from Section R3-9-703 (Supp. 91-4). Section R3-2-703 repealed; new Section R3-2-703 adopted effective February 4, 1998 (Supp. 98-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 513, effective April 6, 2003 (Supp. 03-1). Amended by exempt rulemaking under Laws 2016, Ch. 160, § 9 at 22 A.A.R. 2400, effective August 6, 2016 (Supp. 16-3). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-704. Emergency Expired****Historical Note**

Adopted effective February 4, 1998 (Supp. 98-1). Section repealed by final rulemaking at 9 A.A.R. 513, effective April 6, 2003 (Supp. 03-1). Section made by emergency rulemaking at 24 A.A.R. 3589, with an immediate effective date of December 13, 2018, valid for 180 days (Supp. 18-4). Emergency expired (Supp. 20-2).

**R3-2-705. Repealed****Historical Note**

Adopted effective February 4, 1998 (Supp. 98-1). Amended by final rulemaking at 8 A.A.R. 3628, effective August 7, 2002 (Supp. 02-3). Section repealed by final

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rulemaking at 9 A.A.R. 513, effective April 6, 2003 (Supp. 03-1).

**R3-2-706. Repealed****Historical Note**

Adopted effective February 4, 1998 (Supp. 98-1). Section repealed by final rulemaking at 9 A.A.R. 513, effective April 6, 2003 (Supp. 03-1).

**R3-2-707. Ownership and Hauling Certificate for Equines; Fees**

The fee for a new, transferred, or replacement Ownership and Hauling Certificate for Equines as prescribed under A.R.S. §§ 3-1344(B) and 3-1345(B) is \$10 per certificate.

**Historical Note**

New Section made by exempt rulemaking at 8 A.A.R. 3932, effective August 22, 2002 (Supp. 02-3).

**R3-2-708. Equine Rescue Facility Registration**

- A. "Arizona Equine Rescue Standards" means the American Association of Equine Practitioners Care Guidelines for Equine Rescue and Retirement Facilities, 2004 Edition. This material, which includes the Veterinary Checklist for Rescue/Retirement Facilities, is incorporated by reference, does not include any later amendments or editions, and is available for inspection at the Department of Agriculture, 1688 W. Adams St., Phoenix, Arizona 85007. A copy of this material may also be obtained from the American Association of Equine Practitioners web site at [http://www.aaep.org/pdfs/rescue\\_retirement\\_guidelines.pdf](http://www.aaep.org/pdfs/rescue_retirement_guidelines.pdf). The American Association of Equine Practitioners is located at 4033 Iron Works Parkway, Lexington, Kentucky 40511.
- B. An equine rescue facility shall pay the annual registration fee and file the following documents with the Department's Animal Services Division for the facility to be included on the Department's registry of equine rescue facilities:
  1. An application form containing the facility's name, physical and mailing address, and contact person and the contact person's phone number and email address.
  2. A copy of documents filed with the Arizona Corporation Commission demonstrating the facility's current status as a nonprofit corporation in good standing in this state.
  3. A letter from a licensed veterinarian, dated within 15 days of filing, certifying that the facility is not inadequate with respect to any of the Arizona Equine Rescue Standards and attaching a signed copy of the completed Arizona Equine Rescue Standards' veterinary checklist.
- C. Registration is valid for one year. Registration may be renewed annually by complying with subsection (B).
- D. The annual registration fee is \$75.
- E. A nonprofit corporation owning multiple equine rescue facilities must file the letter and checklist described in subsection (B)(3) and pay the annual registration fee for each location it wants included on the registry.
- F. The Department shall remove a facility from the registry if it determines that the facility is not presently incorporated as a nonprofit corporation in this state or is inadequate with respect to any of the Arizona Equine Rescue Standards.

**Historical Note**

New Section made by final rulemaking at 16 A.A.R. 876, effective July 3, 2010 (Supp. 10-2). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**ARTICLE 8. DAIRY AND DAIRY PRODUCTS CONTROL****R3-2-801. Definitions**

In addition to the definitions in A.R.S. §§ 3-601 and 3-661, the following terms apply to this Article:

"3-A Sanitary Standards" and "3-A Accepted Practices," as published by the International Association for Food Protection, effective on or before October 15, 2017, means the criteria for design, materials, construction and use of dairy processing equipment. This material is incorporated by reference, does not include any later amendments or editions, and is on file with the Department at 1688 W. Adams St., Phoenix, AZ 85007 and is also available at <http://www.3-A.org>.

"C-I-P" means a procedure by which equipment, pipelines, and other facilities are cleaned-in-place as prescribed in the 3-A Accepted Practices.

"Converted" means the process by which a frozen dessert is changed from a frozen to semi-frozen form without any change in the ingredients.

"Fluid milk" means milk and any other product made by the addition of a substance to milk or to a liquid form of milk product if the milk or other product is produced, processed, distributed, sold or offered or exposed for sale for human consumption.

"Fluid trade product" means any trade product as defined in A.R.S. § 3-661(5) that resembles or imitates any fluid milk product.

"Food establishment" means any establishment, except a private residence, that prepares or serves food for human consumption, regardless of whether the food is consumed on the premises.

"Frozen desserts mix" or "mix" means any frozen dessert before being frozen.

"Grade A raw milk" means raw milk produced on a dairy farm that conforms to Section 7 of the PMO and the requirements of R3-2-805.

"Parlor" and "milk room" mean the facilities used for the production of Grade A raw milk for pasteurization or Grade A raw milk.

"Plant" means any place, premise, or establishment, or any part, including specific areas in retail stores, stands, hotels, restaurants, and other establishments where frozen desserts are manufactured, processed, assembled, stored, frozen, or converted for distribution or sale, or both. A plant may consist of rooms or space where utensils or equipment is stored, washed, or sanitized and where ingredients used in manufacturing frozen desserts are stored. Plant includes:

"Manufacturing plant" means a location where frozen desserts are manufactured, processed, pasteurized, and converted.

"Handling plant" means a location that is not equipped or used to manufacture, process, pasteurize, or convert frozen desserts, but where frozen desserts are sold or offered for sale other than at retail.

"PMO" means the Grade A Pasteurized Milk Ordinance, 2017 Revision. This material is incorporated by reference, does not include any later amendments or editions, and is on file with the Department at 1688 W. Adams St., Phoenix, AZ 85007. A copy of the incorporated material may also be viewed at <http://agriculture.az.gov>.

"Retail food store" means any establishment offering packaged or bulk goods for human consumption for retail sale.

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**Historical Note**

Former Regulations 1-11. Section R3-2-801 renumbered from R3-5-01 (Supp. 91-4). R3-2-801 renumbered to R3-2-803; new Section R3-2-801 adopted effective December 2, 1998 (Supp. 98-4). Amended by final rulemaking at 7 A.A.R. 2215, effective May 9, 2001 (Supp. 01-2). Amended by final rulemaking at 9 A.A.R. 2089, effective August 2, 2003 (Supp. 03-2). Amended by final rulemaking at 12 A.A.R. 3030, effective September 30, 2006 (Supp. 06-3). Amended by final rulemaking at 14 A.A.R. 889, effective May 3, 2008 (Supp. 08-1). Amended by emergency rulemaking at 20 A.A.R. 1134, effective May 2, 2014, for 180 days (Supp. 14-2). Emergency expired. Amended by exempt rulemaking at 21 A.A.R. 2407, effective September 22, 2015 (Supp. 15-3). Amended by final rulemaking at 22 A.A.R. 2169, effective October 2, 2016 (Supp. 16-3). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-802. Milk and Milk Products Standards**

Unless specifically mentioned in A.R.S. Title 3, Chapter 4, Article 1, or in this Article, all milk and milk products, except frozen desserts, sold or distributed for human consumption shall meet the PMO standards for production, processing, storing, handling, and transportation.

**Historical Note**

Former Regulations 1, 2. Section R3-2-802 renumbered from R3-5-02 (Supp. 91-4). Section repealed; new Section adopted effective December 2, 1998 (Supp. 98-4).

**R3-2-803. Milk and Milk Products Labeling**

- A. The manufacturer or processor shall ensure that milk and milk products listed in A.R.S. § 3-601(10), and Sections 1 and 2 of the PMO are designated by the name of the product and shall conform to its definition.
- B. The manufacturer or processor of milk and milk products shall conform with the labeling requirements in A.R.S. §§ 3-601.01 and 3-627, Section 4 of the PMO, and 21 CFR 101, 131, and 133, amended April 1, 2017. This CFR material is incorporated by reference, does not include any later amendments or editions, and is on file with the Department.
- C. The name of the manufacturer or processor shall be on all cartons or closures where it can be easily seen. A manufacturer or processor that has plants in other states shall use a code number or letter to designate the state in which a carton or closure is manufactured or processed. If a manufacturer or processor has a plant within Arizona, the Dairy Supervisor shall issue a code number or letter for each plant and shall keep a record of the number or letter issued. Manufacturers and processors shall include the Arizona code, 04, with the plant code assigned by the Dairy Supervisor.
- D. If milk or milk products are manufactured or processed and packaged at a plant for other retailers and the container or closure is not labeled the same as the manufacturer's or processor's like product, the manufacturer or processor shall include the statement "Manufactured or Processed at (name and address of plant or code number or letter)" on the carton or closure. The carton or closure may also contain the statement, "Distributed by: (name of person or firm)."
- E. Any person planning to use a new or modified label on a container shall submit the proposed label to the Dairy Supervisor for review.
  1. If the proposed label does not meet labeling standards specified in subsection (B), the Dairy Supervisor shall note the required changes on the proposed label, and sign and return the proposed label to the applicant.

2. A person who requests additional time to use the inventory amounts of slow moving cartons or closures before using a modified label shall submit a written request to the Dairy Supervisor. The Dairy Supervisor may approve continued use of the existing cartons and closures if:
  - a. The use does not present a public health issue, and
  - b. The information on the cartons and closures is not misleading.

**Historical Note**

Former Regulations 1 - 21; Amended effective August 4, 1978 (Supp. 78-4). Section R3-2-803 renumbered from R3-5-03 (Supp. 91-4). R3-2-803 renumbered to R3-2-804; new Section R3-2-803 renumbered from R3-2-801 and amended effective December 2, 1998 (Supp. 98-4). Amended by final rulemaking at 9 A.A.R. 2089, effective August 2, 2003 (Supp. 03-2). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-804. Trade Products**

- A. Any fluid trade product containing milk solids shall be regulated as a fluid milk product.
- B. Advertising, display, and sale:
  1. Any retail food store may submit its methods and techniques for the advertising, display, and sale of trade products and real products to the Dairy Supervisor to determine compliance with this Section.
  2. No food establishment shall sell or provide any patron or employee, for use as food, any trade product or food whose main ingredient is a trade product, unless one of the following disclosures is posted for each trade product, in a prominent place on the premises, or is plainly visible on each menu where other food items are described:
    - a. "\_\_\_\_\_ served here  
(brand or common name of trade product)  
instead of \_\_\_\_\_,"  
(common name of dairy product)
    - b. "Nondairy products served here."
  3. No food establishment shall advertise or otherwise represent to the public that it serves, or uses in the preparation of a food, a real product when it actually serves or uses a trade product.
- C. Labeling: Except as follows, all labels shall comply with the PMO and 21 CFR 101, 131, and 133.
  1. The Dairy Supervisor shall approve a new or modified trade product label before the label is used. The applicant shall file a written request with duplicate copies of the proposed label and any supporting materials necessary to establish the truthfulness, reasonableness, relevancy, and completeness of the label.
  2. Unless each ingredient of a trade product is homogenized or pasteurized, the whole product shall not be labeled or advertised as an homogenized or pasteurized product. Individual ingredients that are homogenized or pasteurized may be identified as homogenized or pasteurized in the listing of ingredients.
  3. Except for combined ingredients constituting less than 1% of the whole product or unless each ingredient of a trade product qualifies as grade A, the whole product shall not be labeled or advertised as a grade A product. Ingredients that qualify as grade A may be identified as grade A in the listing of ingredients.
  4. Any trade product produced outside the state and labeled as prescribed in R3-2-802 and R3-2-803, may be sold within the state provided that the product meets the requirements of A.R.S. §§ 3-663 and 3-665.

**Historical Note**

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Former Regulations 1 - 8; Amended effective December 7, 1976 (Supp. 76-5). Correction, subsection (A)(2) through (H) omitted, Supp. 76-5 (Supp. 79-4). Section R3-2-804 renumbered from R3-5-04 (Supp. 91-4). R3-2-804 renumbered to R3-2-805; new Section R3-2-804 renumbered from R3-2-803 and amended effective December 2, 1998 (Supp. 98-4). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-805. Grade A Raw Milk For Consumption**

- A. All cattle and other dairy animals from which Grade A raw milk is produced shall be tested and found free of tuberculosis before any milk is sold. All herds shall be tested for tuberculosis at least every 12 months. All cattle and other dairy animals from which Grade A raw milk is produced shall be tested and found free of brucellosis before any milk is sold, and shall be tested every 12 months or have negative brucellosis ring tests of the milk at least once each month, or both, as determined by the State Veterinarian.
- B. Grade A raw milk shall be cooled immediately after completion of milking to 45° F or less and shall be maintained at that temperature until delivery.
- C. Grade A raw milk shall be bottled on the farm where it is produced. Raw milk products authorized under A.R.S. § 3-606, except for hard cheeses aged 60 days or more as defined in 7 CFR 58.439, shall be processed, manufactured and packaged on the farm where the milk is produced. Bottling and capping shall be done in a sanitary manner on approved equipment. Hand-capping is prohibited. Caps and cap stock shall be kept in sanitary containers until used.
- D. All vehicles used for the distribution of Grade A raw milk shall prominently display the distributor's name.
- E. Grade A raw milk shall be labeled as prescribed in R3-2-803 and A.R.S. § 3-606.

**Historical Note**

Former Regulations 1, 2. Section R3-2-805 renumbered from R3-5-05 (Supp. 91-4). Section R3-2-805 repealed; new Section R3-2-805 renumbered from R3-2-804 and amended effective December 2, 1998 (Supp. 98-4). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-806. Parlors and Milk Rooms**

- A. Construction Plans.
  1. Any person constructing or extensively altering a parlor or milk room shall submit the plans and specifications to the Dairy Supervisor for written approval before work begins. The Dairy Supervisor shall approve or deny the plans within 10 business days.
  2. Plans shall consist of a scaled plot design with elevations and pertinent dimensions.
  3. Any deviations from the requirements in this Section and from approved plans and specifications may be made only after written approval of the Dairy Supervisor.
- B. Site.
  1. The parlor and milk room shall be located in a place free from contaminated surroundings.
  2. Feed racks, calf pens, bull pens, hog pens, poultry pens, horse stables, horse corrals, and shelter sheds shall not be closer than 100 feet to the milk room or closer than 50 feet to the parlor.
- C. Surroundings.
  1. Dirt or unpaved corrals and unpaved lanes shall not be closer than 25 feet to the parlor or closer than 50 feet to the milk room; corrals shall be constructed to remove runoff from the lowest point of the grade.
2. A paved (concrete or equivalent) ramp or corral shall be provided to allow the animals to enter and leave the parlor. This paved area shall be curbed sufficiently high enough to contain waste material and water used to clean this area.
- D. Drains and waste disposal systems shall be adequate to drain the volume of water used in rinsing and cleaning, as well as the waste created by animals in the parlor. Instead of natural drainage, automatic pumps or other means shall be provided for drainage disposal.
- E. Milk room.
  1. The milk room shall consist of one or more rooms for the handling of the milk and the cleaning, sanitization, and storage of the milk-handling equipment. Hot and cold running water outlets shall be provided as needed for sanitation. There shall be a minimum of five feet between a farm milk tank at the widest point and the milk room wall where the wash vats are installed. Except for currently installed milk tanks, there shall be at least three feet between any farm tank or farm tank appurtenance and the milk room walls.
  2. Passageway. The passageway between the milk room and parlor shall have at least a 3-foot clearance for ingress and egress. Equipment such as milk receivers, dump tanks, or coolers that are part of an enclosed milk line system may be installed in the passageway if:
    - a. A 3-foot clearance is allowed for the walkway;
    - b. Space is provided between walls and equipment to permit the disassembly of equipment for cleaning or inspection;
    - c. The passageway between the parlor and the milk room may be closed at one end. The parlor may be separated from the passageway by a pipe rail fence if the slope of the parlor floor is away from the passageway. If the slope of the parlor floor is toward the passageway, a concrete wall between the passageway and parlor floor of at least 12 inches in height shall be provided.
    - d. Rustless pipe sleeves with tight-fitting flanges and protective closures shall be installed where the milk lines, hoses for tankers, and wash lines go through the walls of the passageway.
  3. Floors.
    - a. The floors of the milk room, and passageway, if provided, shall be constructed of four-inch thick concrete, or other impervious material troweled smooth. The milk room floor shall slope at least 1/4 inch per 12 inches to a vented trapped drain. The passageway floor shall slope at least one inch per 10 feet toward a drain or gutter. All floor and wall junctions shall have at least a two-inch radius cove.
    - b. Drainage from the milk room may be independent from or connected to the parlor drainage. Floor drains shall be vented, have a water trap, and a clean-out plug. All floor drains and pipes under the milk room and parlor floor shall meet all applicable plumbing codes.
  4. Walls and ceilings.
    - a. All walls and ceilings shall be constructed of a light colored, impervious material with a smooth finish. If concrete block or masonry construction is used, all voids below the floor line shall be filled with concrete.
    - b. The main ceiling height shall allow sufficient room for access to, and sampling from, the bulk milk storage tank.

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5. Doors and windows.
    - a. All opening windows shall have at least 16-inch mesh screen.
    - b. Exterior doors of the milk room shall open outward, be solid, self-closing, and tight fitting. Any door from the passageway shall be a solid door, metal covered on both sides of the bottom half. Wooden door jambs or frames shall terminate six inches above the floor, and the concrete floor cove shall extend to the jambs or frames.
    - c. All working areas in the milk room shall contain at least 30 foot-candles of natural and/or artificial lighting.
  6. Ventilation. The milk room shall provide adequate ventilation to minimize condensation on ceilings, walls and equipment. Vents shall be protected from the penetration of insects, dust and other contaminants. The milk room shall contain one or more ceiling vents. Ceiling vents shall not be installed directly above bulk milk storage tanks.
  7. Tanker loading area. A tanker-loading area, at least 10 feet by 12 feet, paved, curbed, and sloped to drain, shall be provided adjacent to the milk room where milk is transferred from a farm tank to a milk tanker. If a tanker is used instead of a farm tank, a tanker shelter shall be provided that complies with the construction, light, drainage, and general maintenance requirements of the milk room.
  8. Farm tank installations. All farm tanks for the cooling and storing of milk shall be installed in the milk room. Bulk milk tanks equipped with agitator shaft opening seals may, if approved by the Dairy Supervisor, be bulk-headed through a wall.
- F. Parlor.**
1. Floors.
    - a. The floors shall be constructed of four-inch thick concrete or other, light-colored, impervious material, finished smooth. The floors, alleys, gutters, mangers, and curbs shall slope lengthwise toward a drain or gutter. The cow standing platform in the elevated stall parlor shall slope sufficiently to provide for adequate drainage and cleaning.
    - b. Floor and wall junctions shall have at least a two-inch radius cove and shall be an integral part of the floor.
    - c. The cow standing platform, litter alley, holding corral and concrete lane shall be treated to prevent slipping.
  2. Walls. All walls shall be constructed of a light-colored, impervious material. If necessary, means shall be provided to prevent the entrance of swine, fowl and other prohibited animals. All walls shall be finished smooth on the inside with the top ledge rounded on open walls. If a parlor wall forms a part of the holding corral or an entrance or exit lane, it shall be finished smooth on the outside. If a concrete block or masonry construction is used, all voids below the floor line shall be filled with concrete. In elevated stall parlors, the wall under the cow standing platform adjacent to the milking area shall be finished smooth and designed to prevent leakage.
  3. Stalls. A tandem stall and a herringbone stall shall have a smooth, flat, non-absorbent splash panel behind each cow.
  4. Light. Natural and/or artificial light shall be at least 30 foot-candles at the floor level and located to minimize shadows in the milking area.
  5. Gutters.
    - a. All parlors shall have gutters to catch the defecation of cows while in the stall and for any water used for rinsing.
    - b. Pipe used for parlor gutter drainage shall be at least four inches in diameter and meet applicable plumbing codes.
  6. Curbs.
    - a. In elevated stall parlors, the cow standing platform shall be curbed on the side next to the milking alley and the curb shall be at least six inches in height with the top rounded to retain the elevated stall floor washings. This curb may be lowered to not less than two inches at the area where the milking machines are applied. Metal curbs shall be free of voids and sealed to stall and floor or wall.
    - b. Floor level parlors shall contain a curb under the stanchion line at least six inches wide, 12 inches high from the stall floor, except if metal mangers are used the top of this curb shall be rounded.
  7. Stanchions.
    - a. The stanchion shall be metal or other impervious, easily cleanable material.
    - b. Mangers and feed boxes in all types of parlors shall be constructed of impervious materials, finished smooth, and provided with drainage outlets at low points.
  8. Ventilation. Adequate ventilation shall be provided in the parlor, holding corral, and wash area, if roofed.
- G.** Roof drainage from parlors and milk rooms shall not drain into a corral unless the corral is paved and properly drained.
- H.** If animals are fed in the parlor, feed storage facilities shall be provided. Feed storage rooms, when installed, shall be partitioned from the parlor and shall be fly and rodent proof. The feed discharge area of the bulk feed storage shall be concrete or other impervious material that is curbed and drained. Bulk feed may discharge directly into the parlor. A bulk feed tank located opposite the passageway shall be at least six feet from the milk room. Overhead feed storage is permissible if it is fly, rodent, and dust tight. Feed shall be conveyed to the manger or feed box in a tightly closed dust-free system. Overhead metal feed tanks may be used.
- I.** Facilities to store dairy supplies shall be provided. Only supplies that come in contact with the milk or milk contact surface of the milk-handling equipment may be stored in the milk room and shall be protected from toxic materials, vectors, and dust.
- Historical Note**
- Former Regulations 1 - 11. Section R3-2-806 renumbered from R3-5-06 (Supp. 91-4). Section amended effective December 2, 1998 (Supp. 98-4). Amended by final rulemaking at 22 A.A.R. 2169, effective October 2, 2016 (Supp. 16-3).
- R3-2-807. Frozen Dessert Plant and Processing Standards**
- A.** Plant and Processing Standards.
1. The plant area shall be clean, orderly and free from refuse, rubbish, smoke, dust, air pollution and strong or foul odors originating on the premises. A drainage system shall be provided for the rapid drainage of water away from the building. If unsatisfactory conditions occur in the plant area, with respect to smoke, dust, air pollution, or odors, provision shall be made to protect the frozen desserts and ingredients from contamination.
  2. Sewage and industrial waste shall be disposed in accordance with the provisions of the state or county environ-

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mental laws. Refuse, unless in appropriate containers, shall not accumulate on the premises.

3. Roads, driveways, yards, and parking areas adjacent to the plant shall be paved or treated to prevent dust and shall be smooth and well drained to prevent accumulation of stagnant liquid.
4. Buildings.
  - a. The building exterior and interior shall be kept clean and in good repair.
  - b. In processing and packaging areas, outside doors, windows, skylights, transoms, or other openings shall be protected and operated to preclude the entrance of dust, insects, vermin, rodents, and other animals. Outside doors shall be self-closing wherever practical. Window sills on new construction shall slope inward at least 45-degrees. Outside conveyor openings and other outside openings shall be protected by doors, screens, flaps, fans, or tunnels. Pipes shall be sealed where they extend through exterior walls. Outside pipe openings shall be covered when not in use.
  - c. Rooms. All rooms, compartments, coolers, freezers, and dry storage space in which any raw material, packaging or ingredient supplies, or finished products are handled, processed, manufactured, packaged, or stored shall be constructed to ensure clean and orderly operations.
    - i. Boiler and tool rooms shall be separate from rooms where milk products are received, where processing and packaging is done, or where equipment, facilities, and containers are washed and stored.
    - ii. Toilets and dressing rooms shall be conveniently located and toilets shall not open directly into any room where milk products, ingredients, or frozen desserts are handled, processed, packaged, or stored. Toilet and dressing room doors shall be self-closing. Toilets and dressing rooms shall be well vented to the outer air, and contain hand-washing facilities, hot and cold running water, soap, single-service towels or air dryers. Hand-washing signs shall be posted. Fixtures shall be kept clean and in good repair.
    - iii. Rooms for receiving milk and other raw ingredients and materials shall be separated from the processing area to avoid contamination of frozen desserts in the processing operations, except that products in cans or other closed containers may be received and transferred to a cooler or other storage without being received in a separate room.
    - iv. If tank truck deliveries of milk, milk products, or frozen desserts mix are made, other than occasional deliveries, a tank truck room large enough to accommodate the entire truck shall be provided with equipment for cleaning. A covered outside unloading pad may be used for truck tankers with filter dome vents, if washing and sanitizing facilities are provided. If a tank truck room is not located on the premises of an existing plant, facilities for washing and sanitizing tank trucks shall be provided at another location where the washing and sanitizing facility is free from dust and extreme weather conditions.
  - v. Except for existing processing and packaging rooms, there shall be at least three feet clearance between installations and the wall to prevent overcrowding and to facilitate cleaning. Existing facilities not meeting this requirement shall be permitted if cleaning can be accomplished and permission is obtained from the Dairy Supervisor or the Dairy Supervisor's designee. All processing and packaging rooms shall be equipped with hand-washing facilities including hot and cold running water, soap, single-service towels, or air-dryer.
  - vi. Refrigeration rooms and units shall be constructed of impervious material and shall be kept clean and sanitary.
  - vii. Separate rooms shall be provided so that the manufacturing, processing, and packaging are separate from the cleaning and sterilizing of utensils and containers.
  - viii. No person shall reside or sleep in a frozen desserts plant or in any room connected with it. No animal shall be kept or permitted in a frozen desserts plant.
- d. Walls and ceilings shall be constructed of smooth, washable, impervious material. They shall be light-colored, kept clean and sanitary, and refinished when discolored. A darker color material may be used to a height not exceeding 60 inches from the floor.
- e. Floors shall be an impervious, smooth-surfaced material that may be flushed clean with water. Except for hardening rooms, floors shall slope 3/16 to 1/4 inch per foot to one or more trapped outlets. No open channel drainage is permitted in new construction or in extensive remodeling of existing plants. Floor drains are not required in freezers used for storing frozen desserts or frozen ingredients. However, the floors shall be sloped to drain to at least one exit and shall be kept clean. Floors in new construction or extensive remodeling shall be joined and coved with the walls to form water-tight joints. Smooth wood floors may only be permitted in rooms where there will be no spillage of product or ingredients, such as rooms where wrapped or packaged frozen products are packed in multiple-pack containers. Toilets and dressing rooms shall have impervious floors and smooth walls.
- f. Plumbing shall be installed to prevent back-up of sewage or odors into the plant.
- g. All rooms and compartments, including storage space for materials, ingredients, and packages, and toilets and dressing rooms, shall be ventilated to maintain sanitary conditions, and to minimize or eliminate condensation and odors.
- h. Lighting, whether natural or artificial, shall be well distributed in all rooms and compartments. Light bulbs and fluorescent tubes shall be protected so that broken glass cannot fall into any product or equipment.
- i. Rooms where frozen desserts are handled, processed, manufactured, or packaged, or where equipment or utensils are washed, shall have at least 30 footcandles of light on all working surfaces;

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- ii. Areas where dairy products are examined for condition and quality shall have at least 50 footcandles of light; and
  - iii. All other rooms shall have at least 20 footcandles of light 30 inches above the floor.
- i. Containers for collecting and holding waste other than dry waste paper and other dry packaging material shall be constructed of metal or other impervious material, covered with tight-fitting lids or covers, and emptied or disposed of daily or at least once during the shift. Clothing, tools, equipment, and other material not used with the frozen desserts operations shall not accumulate in the work areas or in the storage rooms.
- j. A room or other space separate from any room or space where milk products or frozen desserts are received, handled, processed, packaged, or stored, shall be provided where employees may change and store clothing. This area shall contain hand-washing facilities, with hot and cold running water, soap or other detergents, and single-service towels or air dryers. Self-closing containers shall be provided for used towels and other wastes.
- k. Approval of plans. Plans shall be submitted to the Dairy Supervisor, for any new or remodeled frozen dessert manufacturer, to be reviewed for compliance with this Section. The Dairy Supervisor may allow variances to the requirements in this Section, if protection from contamination is provided for all products handled.
- 5. Water and steam.
  - a. Potable hot and cold water shall be available in sufficient quantity for all plant operations and facilities. Non-potable water may be used for boiler feed and condenser water, if the water lines are separated from the water lines carrying the potable water supply and the equipment is constructed to preclude contamination of any product or product contact surface. If water for washing frozen desserts equipment and utensils and for use in rehydration or as an ingredient in any frozen desserts is obtained from other than a regulated municipal supply, a bacteriological examination shall be made of the water supply at least once every six months by a laboratory acceptable to the Dairy regulatory program to determine potability. If the examination indicates contamination of the water supply, a device shall be installed to eliminate the contamination.
  - b. If steam is used, it shall be provided in sufficient volume and pressure for the operation of equipment or for sterilization, or both. Steam that comes in contact with frozen desserts, ingredients, or with the product contact surface, shall be steam of culinary quality as prescribed in Appendix H, Part III, Culinary Steam – Milk and Milk Products, of the PMO.
- 6. Equipment and utensils.
  - a. New equipment shall meet applicable 3-A Sanitary Standards. All equipment, including connections, coming in contact with frozen desserts or ingredients during processing, manufacturing, handling, or packaging, shall be made of stainless steel. No equipment shall be permitted that is rusted, corroded, or in any other condition that may result in contamination of the frozen desserts. Non-metallic parts with product contact surfaces shall consist of material that meets 3-A Sanitary Standards for Plastic or Rubber and Rubber-like Materials or shall be of plastic approved by the United States Food and Drug Administration. Equipment, apparatus, and piping shall be easily accessible for cleaning and shall be kept in good repair and free from cracks and corroded surfaces. Stationary equipment, including welded sanitary lines and apparatus that permit in-place-cleaning, may be used if prior approval from the Dairy Supervisor has been obtained. C-I-P piping and welded sanitary pipeline systems shall be permitted if engineered and installed according to 3-A Accepted Practices for Permanently Installed Sanitary Product and Solution Pipelines and Cleaning Systems. If rigid pipelines are not practical, plastic pipelines listed in the 3-A Accepted Practices may be used. Product pumps shall be sanitary and easily dismantled for cleaning or shall be constructed to allow C-I-P procedures. All parts of interior surfaces of equipment, pipes (except C-I-P piping), or fittings, including valves and connections shall be accessible for inspection. The Dairy Supervisor may require other equipment, apparatus or piping if stationary equipment, apparatus or piping cannot or is not being effectively cleaned-in-place.
  - b. Equipment for storage and distribution of liquid sweetening agents shall be constructed of metals, alloys, or other material that will withstand corrosive action by the ingredient. The equipment and the ingredients shall be protected from contamination.
  - c. Pasteurizing equipment shall meet the standards prescribed in the PMO and 3-A Accepted Practices for Sanitary Construction, Installation, Testing and Operation of High-Temperature-Short-Time Pasteurizers and 3-A Sanitary Standards for Non-Coiled Type Batch Pasteurizers. Batch-type pasteurizers shall be provided with close-coupled outlet valves protected against leakage and shall be equipped with thermometers that record the information of each day's operation on separate charts. Air space thermometers and indicating thermometers shall be provided to check the recording thermometers. The recording thermometer chart shall contain the date, the identity of the pasteurizing number, the batch and product name, and the signature of the employee responsible for this information. The record shall be kept on file at the plant for at least six months. The accuracy of the recording thermometer shall be checked daily using the indicating thermometer and the time and temperature shall be documented on the recording chart. Chart recorders and thermometers for batch pasteurizers shall be tested and sealed by the Dairy Supervisor or the Supervisor's designee after testing and seals shall not be removed without immediately notifying the Dairy Supervisor or the Supervisor's designee.
  - d. Every plant shall contain hardening rooms, refrigerating rooms, or refrigerated cabinets with space for storage of frozen desserts and perishable ingredients.
  - e. All utensils used in the receiving, storing, processing, manufacturing, packaging, and handling of frozen desserts or any ingredients shall be of smooth, stainless steel, or plastic listed in the 3-A Accepted Practices and shall have flush seams. Utensils that are badly worn, rusted, or corroded or that cannot be rendered clean and sanitary by washing shall not be



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- used. Lead solder shall not come in contact with milk or milk products or frozen desserts.
7. Cleaning and sanitizing.
    - a. Cleaning and sanitizing. Equipment, sanitary piping and utensils used in receiving, storing, processing, manufacturing, packaging, and handling frozen desserts and ingredients, and all product contact surfaces of homogenizers, high pressure pumps, packing glands on agitators, pumps and vats, and lines shall be kept clean. Before use, all equipment coming in contact with milk products or frozen desserts shall have a bactericidal or sanitizing treatment. Equipment not designed for C-I-P cleaning shall be disassembled, thoroughly cleaned and sanitized. Biodegradable dairy cleaners, wetting agents, detergents, sanitizing agents, or other similar material that does not adversely affect or contaminate the frozen desserts or ingredients may be used. Steel wool or metal sponges shall not be used to clean any equipment or utensils with product contact surfaces. C-I-P cleaning shall be used only on equipment and pipeline systems designed, engineered, and installed for that type of cleaning. Other equipment and areas in the plant shall be thoroughly cleaned with appropriate methods that prevent potential contamination of ingredients, packaging and frozen desserts. Exhaust stacks, elevators and elevator pits, conveyors and similar facilities shall be inspected and cleaned regularly.
    - b. Equipment shall be sanitized by using one of the following methods:
      - i. Using 180° F water for at least two minutes.
      - ii. Using steam under pressure for at least two minutes or until all parts of the equipment being sanitized have reached 180° F, or the condensate off the equipment remains at 180° F for at least two minutes.
      - iii. Using chlorine with a residual of at least 50 ppm after one minute contact with equipment, or if sprayed, with a residual of at least 100 ppm after five minutes.
      - iv. Using any other sanitizing substance prescribed in Appendix F of the PMO.
  8. Pasteurization and cooling.
    - a. All frozen desserts mix, except for flavoring agents used in frozen desserts, shall be pasteurized.
    - b. Frozen desserts mix shall be pasteurized by heating every particle as described in Table 1.
    - c. Continuous flow pasteurizers, high-temperature-short-time and higher-heat-shorter-time, shall have all public health controls sealed against access and alteration. The seals shall be applied by the Dairy Supervisor or the Supervisor's designee after testing and shall not be removed without immediately notifying the Dairy Supervisor or the Supervisor's designee. The system shall be designed to meet the requirements of the PMO.
    - d. After pasteurization all mix shall be cooled immediately to 45° F or less and shall be maintained at that temperature until frozen. Milk, cream, and other fluid milk products other than sterilized, evaporated or sweetened condensed milk in hermetically sealed containers shall be stored at 45° F or less.
      - i. Refrigerated vehicles or approved insulated containers shall be used when transporting frozen desserts mix from the manufacturing or other plant to a retail manufacturer, and
      - ii. Mix shall be moved from coolers or refrigeration units in a manufacturing plant to freezers by using pipes, tubing, or other means listed in the Permanently Installed Product and Solution Pipelines and Cleaning Systems Used in Milk and Milk Product Processing Plants section of the 3-A Accepted Practices.
  9. Storage.
    - a. Utensils and equipment. Utensils and portable equipment used in processing, handling, or packaging of frozen desserts shall be stored above the floor in clean, dry locations and in a self-draining position on racks constructed of impervious, corrosion-resistant material.
    - b. Supplies and containers. Whenever possible, supplies shall be kept in a room separate from the processing, handling, and packaging of frozen desserts and under conditions that result in keeping the materials clean and free from dust, moisture, insects, rodents, or other possible contamination. Supplies shall be arranged to permit cleaning of the area and easy inspection and access. Insecticides and rodenticides shall be plainly labeled, segregated, and stored in a separate room or cabinet away from the edible material or packaging supplies. Caps, parchment papers, wrappers, liners, gaskets, and single-service sticks, spoons, covers, and containers for frozen desserts or ingredients shall be stored only in sanitary tubes, wrappings, or cartons and kept in a clean, dry place until used and shall be handled in a sanitary manner.
    - c. Raw milk products. Raw products for use in frozen desserts that are conducive to bacterial growth shall be handled and stored to minimize bacterial growth. When stored, raw products shall be maintained at 45° F or lower until processing commences.
    - d. Non-refrigerated products. Products such as non-fat dry milk and other frozen desserts ingredients that do not require refrigeration for proper storing shall be placed in dry storage to be easily accessible for inspection and removal, and for adequate cleaning of the room. Dunnage, pallets or other similar method of elevation shall be used. Frozen desserts or ingredients shall not be stored with any product that would damage them or impair their quality. Opened containers of ingredients shall be protected from contamination.
    - e. Refrigerated products. All products that require refrigeration shall, except as otherwise specified, be stored under conditions of temperature and humidity that best maintain quality and condition. Products shall not be stored directly on wet floors or be exposed to foreign odors or conditions such as dripping or condensation that may cause package or product damage.
  10. Notification of change in products to be manufactured. Any person manufacturing only frozen desserts with butterfat, or only frozen desserts with fats other than butterfat, and uses the other type of fat shall first notify the Dairy Supervisor.
  11. Clearing lines and equipment. If the same equipment is used for processing, pasteurizing, and packaging frozen desserts made with dairy products and frozen desserts made with vegetable fats, oils, or proteins, any remaining

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product shall be completely removed from the lines and equipment and sanitized before introducing another product into the lines and equipment. All equipment and lines shall be sanitized either at the end or beginning of each day's operations.

## 12. Packaging and containers.

- a. Frozen desserts shall be packaged in commercial containers using packaging material that protects the product from contamination. The packaging, cutting, molding, dispensing, and other handling or preparation of frozen desserts and their ingredients shall be in a sanitary manner. Frozen dessert containers shall be filled at the place of pasteurization using approved mechanical equipment. Existing manual processes may be permitted if done in a manner that prevents all contact surface contamination and is approved by the Dairy Supervisor.
- b. Multi-use containers for frozen desserts shall be kept clean and dry. If used for transporting frozen desserts, the containers shall be:
  - i. Rinsed immediately after emptying,
  - ii. Cleaned upon return to the plant, and
  - iii. Protected from contamination during storage.
- c. Metal cans and containers shall be free from rust and corrosion.
- d. Paper and plastic containers, liners, covers, or other materials coming in contact with frozen desserts shall be free from contamination.
- e. Single-service containers shall not be reused.

## B. Personnel.

1. Plant employees shall wash their hands before beginning work and upon returning to work after using toilet facilities, eating, smoking, or otherwise soiling their hands. Employees shall keep their hands clean and follow good hygienic practices while on duty. Expectorating or using tobacco in rooms or compartments where frozen desserts or ingredients are exposed is prohibited. Clean, white, or light-colored, washable outer garments shall be worn by all employees engaged in handling dairy products, mix or frozen desserts. Hair coverings for head and facial hair shall be worn by all employees engaged in the processing, pasteurizing, packaging, handling, and storage of frozen desserts, product containers, and utensils.
2. Frozen desserts shall be handled so that there is no direct contact between an employee's hands and the product.
3. A person who has a discharging or infected wound, sore or lesion on hands, arms or other exposed portions of the body shall not work in any plant processing or packaging room or in any capacity resulting in contact with milk products or frozen desserts or equipment used in the processing or handling of milk products or frozen desserts. An employee returning to work following illness from a communicable disease shall provide a certificate from a physician attesting to the employee's complete recovery before processing or handling milk products or frozen desserts.

## C. Quality standards.

1. Milk products used in the manufacture of frozen desserts shall meet the following standards:

Product	Standard Plate Count Not to Exceed
Raw Milk	500,000 per ml.
Pasteurized Milk	50,000 per ml.
Raw Cream	500,000 per ml.
Pasteurized Cream	100,000 per ml.

2. Butter, 80% cream, plastic cream, mixtures of butterfat, sugar or sweetening agent, moisture and flavoring, condensed milk, mixes and all other similar products shall meet the following standards:

Bacterial Standards	Not to Exceed
Standard Plate Count	50,000 per gram
Coliform Count	20 per gram
Yeast Count	50 per gram
Mold Count	50 per gram

3. Powdered non-fat dry milk, dry whey, and dry buttermilk shall meet the PMO standards.
4. Fats and oils other than from milk shall meet the standards of the United States Food, Drug and Cosmetic Act as amended, or those of any applicable state regulation for fats and oils of food grade standards.
5. Frozen desserts in broken or opened containers or in containers from which the product has been partially used may be returned to the plant for examination but shall not be used or sold for making frozen desserts.
6. All reconstituted frozen desserts shall be pasteurized before packaging.

## D. Labeling.

1. All packages of frozen desserts, including cans or other containers of frozen desserts mix but not including frozen desserts packaged in accordance with a customer's request and in the presence of the customer, shall be labeled as prescribed in the federal Food, Drug and Cosmetic Act, as amended.
2. Each frozen dessert package shall contain:
  - a. The code number assigned by the Dairy Supervisor, identifying the specific manufacturing plant; or
  - b. The name and address of the frozen dessert manufacturer.

- E. License suspension. The Dairy Supervisor may suspend the license of a frozen dessert plant whenever the bacteria count, coliform determination, yeast or mold count exceeds the quality standards for frozen desserts in three out of the last five samples taken on separate days. In addition, the Dairy Supervisor may suspend the permit of a frozen dessert plant for failure to comply with any of the provisions of this Section.

## Historical Note

Adopted effective December 7, 1976 (Supp. 76-5).  
 Amended effective December 5, 1977 (Supp. 77-6). Section R3-2-807 renumbered from R3-5-07 (Supp. 91-4).  
 Amended effective December 2, 1998 (Supp. 98-4).  
 Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

Table 1. Pasteurization

Batch (Vat) Pasteurization	
Temperature	Time
69°C (155°F)	30 minutes
Continuous Flow (HTST) Pasteurization	
Temperature	Time
80°C (175°F)	25 seconds
83°C (180°F)	15 seconds
Continuous Flow (HHST) Pasteurization	
89°C (191°F)	1.0 seconds
90°C (194°F)	0.5 seconds
94°C (201°F)	0.10 seconds
96°C (204°F)	0.05 seconds

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100°C (212°F)	0.01 seconds
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**Historical Note**

Table 1 made by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2). Table 1 heading added for clarity (Supp. 21-3).

**R3-2-808. Frozen Desserts Reconstituted from Powdered Mixes**

Except for R3-2-807(A)(8), retail establishments that reconstitute frozen desserts from powdered mixes and dispense the desserts on the premises shall comply with the requirements prescribed in R3-2-807 and the following standards:

1. All equipment, containers, and utensils shall be washed and air-dried after each use and shall be sanitized before each use, in accordance with the sanitation standards established in subsection R3-2-807(A)(7)(b).
2. When not in use, all equipment, utensils, and containers shall be stored above the floor in a clean, dry location free from dust, moisture, insects, rodents, or other possible sources of contamination.
3. Excess quantities of the reconstituted frozen dessert shall not be made from the powdered mix in advance and stored outside the dispensing machine.
4. Frozen desserts shall be reconstituted according to the directions provided by the powdered mix manufacturer.

**Historical Note**

Adopted effective May 11, 1977 (Supp. 77-3). Section R3-2-808 renumbered from R3-5-08 (Supp. 91-4). Section R3-2-808 renumbered to Section R3-2-809; new Section R3-2-808 adopted effective December 2, 1998 (Supp. 98-4). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-809. Medicinal, Chemical, and Radioactive Residues in Milk**

A. All dairies shall comply with the following procedures to exclude medicinal, chemical, and radioactive residues from milk intended for human consumption:

1. Identify all cows that have been treated with or have consumed medicinal, chemical, and radioactive agents capable of being secreted in milk;
2. Maintain a written record of the date of treatment, type, and quantity of the medicine or chemical administered to each cow;
3. Milk all treated cows last, or with separate equipment to prevent contamination of the wholesome milk supply;
4. Clean and sanitize all equipment, utensils, and containers used in the handling of milk from the treated cows before the equipment is used in the handling of any milk intended for human consumption; and
5. Discard all milk from the treated cows for the period of time recommended by the attending veterinarian or as indicated on the package or label of the medicine used in the treatment of the cow.

**B. Enforcement.**

1. When the residue of a chemical, medicinal, or radioactive agent is found in the milk of a dairy and the Dairy Supervisor determines that the residue may be deleterious to human health, the Director shall immediately suspend the dairy from further selling, offering for sale, or distributing milk for human consumption until:
  - a. The Dairy Supervisor determines that the practice causing the contamination of the milk has been corrected and the dairy is in compliance with the procedures established in subsection (A);

- b. Any milk that has not been excluded from human consumption as required by subsection (A) is appropriately discarded; and
- c. The first milk shipment following suspension indicates negative test results for medicinal, chemical, or radioactive residues.

2. If the Dairy Supervisor determines that a dairy is not in compliance with the procedures established in subsection (A), the Dairy Supervisor may suspend the dairy until the prescribed procedures are observed.

**Historical Note**

Section R3-2-809 renumbered from R3-2-808 and amended effective December 2, 1998 (Supp. 98-4).

**R3-2-810. License Fees**

During fiscal year 2022, an applicant shall pay the following fee to obtain or renew a dairy license:

1. For a license to operate a milk distributing plant or business: \$300 plus \$2,500 per pasteurizer.
2. For a license to operate a manufacturing milk processing plant: \$100.
3. For a license to engage in the business of producer-distributor as an interstate milk shipper listed facility: \$150 plus \$2,500 per pasteurizer.
4. For a license to engage in the business of producer-distributor: \$150.
5. For a license to engage in the business of producer-manufacturer: \$25.
6. For a license to engage in the manufacture of trade products: \$100.
7. For a license to engage in the business of selling at wholesale milk or dairy products, or both: \$100.
8. For a license to sample milk or cream: an initial fee of \$50 and a renewal fee of \$30.

**Historical Note**

New Section made by exempt rulemaking at 16 A.A.R. 1331, effective June 29, 2010 (Supp. 10-2). Amended by exempt rulemaking at 17 A.A.R. 1756, effective July 20, 2011 (Supp. 11-3). Amended by exempt rulemaking at 18 A.A.R. 2060, effective August 2, 2012 (Supp. 12-3). Amended by exempt rulemaking at 18 A.A.R. 2060, effective August 2, 2012 (Supp. 12-3). Amended by exempt rulemaking at 19 A.A.R. 3127, effective September 14, 2013 (Supp. 13-3). Amended by exempt rulemaking at 20 A.A.R. 2449, effective July 24, 2014 (Supp. 14-3). Amended by exempt rulemaking pursuant to Laws 2015, Ch. 10, § 14, at 21 A.A.R. 2404, effective July 3, 2015 (Supp. 15-3). Amended by final exempt rulemaking at 23 A.A.R. 1937, effective August 9, 2017 (Supp. 17-2). Amended by final exempt rulemaking at 24 A.A.R. 2219, effective August 3, 2018 (Supp. 18-3). Amended by final exempt rulemaking at 25 A.A.R. 2081, effective August 27, 2019 (Supp. 19-3). Amended by final exempt rulemaking at 26 A.A.R. 1471, effective August 25, 2020 (Supp. 20-3). Amended by final exempt rulemaking at 27 A.A.R. 1264, effective September 29, 2021 (Supp. 21-3).

**R3-2-811. Dairy Farm Permit**

A. A dairy farm, as defined in the PMO, may apply for a PMO milk producer permit by submitting the following information about the dairy farm on a form provided by the Department:

1. Legal name,
2. Physical and mailing address,
3. Telephone number,
4. Owner's name,
5. Herd size,

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6. Daily milk production,
  7. Water source,
  8. Waste water disposal system,
  9. Number of bulk storage tanks, and
  10. Certification that the dairy farm facilities comply with Grade A requirements.
- B.** An applicant for a dairy farm permit shall demonstrate compliance with the minimum standards set out in the PMO by a Department inspection.
- C.** A permittee shall maintain compliance with the minimum standards set out in the PMO and shall be subject to inspection by the Department in accordance with the PMO.
- D.** The Department may suspend a permit for a permittee's failure to comply with the minimum standards and may revoke a permit if the permittee fails to correct deficiencies within a reasonable time.
- E.** Dairy farm permits are not transferable.

**Historical Note**

New Section made by emergency rulemaking at 20 A.A.R. 1134, effective May 2, 2014, for 180 days (Supp. 14-2). Emergency expired; new Section made by exempt rulemaking at 21 A.A.R. 2407, effective September 22, 2015 (Supp. 15-3).

**ARTICLE 9. EGG AND EGG PRODUCTS CONTROL****R3-2-901. Definitions**

In addition to the definitions provided in A.R.S. §§ 3-701, 3-703 and 3-704, the following shall apply to this Article:

"Check" means an individual egg that has a broken shell or crack in the shell but with its shell membranes intact and its contents do not leak. A "check" is considered to be lower in quality than a "dirty."

"Dirty" means a shell that is unbroken and that has dirt or foreign material adhering to its surface, which has prominent stains, or moderate stains covering more than 1/32 of the shell surface if localized, or 1/16 of the shell surface if scattered.

"Leaker" means an individual egg that has a crack or break in the shell and shell membranes to the extent that the egg contents are exuding or free to exude through the shell.

"Lot" means any quantity of two or more eggs.

"Lot Consolidation" means the removal of damaged eggs from cartons labeled by a producer or producer dealer and replacement of the damaged eggs with eggs of the same grade, size, brand, expiration date and source.

"Pasteurized in-shell eggs" means eggs that have been pasteurized with the shell intact by any method approved by the Federal Food and Drug Administration or the Department.

"Repacking" means changing the identity of a lot of eggs by removing them from the original container labeled by a packer and placing them into another container not labeled by the packer at the point of origin with the same grade, size, lot number, source and/or brand.

"Spot-check" sample means any sample less than a representative sample described in the chart in R3-2-903(B).

"Ultimate consumer" means a person consuming eggs or egg products and a restaurant using eggs in the preparation of a meal.

"United Egg Producers Animal Husbandry Guidelines" means the United Egg Producers Animal Husbandry Guidelines for U.S. Egg Laying Flocks, 2017 Edition. This material is incorporated by reference, does not include any later amendments

or editions, and is available for inspection at the Department of Agriculture, 1688 W. Adams St., Phoenix, AZ 85007, or the United Egg Producers at 1720 Windward Concourse, Ste. 230, Alpharetta, GA 30005.

"United Egg Producers Certified" means a company that has achieved United Egg Producers Certified status pursuant to the requirements prescribed by the United Egg Producers Animal Husbandry Guidelines.

"United Egg Producers Certified logo" means the official symbol and accompanying language used to identify eggs produced by United Egg Producers Certified companies.

**Historical Note**

Former Rule 1; Amended as an emergency effective November 18, 1981, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 81-6). Former Section R3-6-01 amended as an emergency now adopted and amended as a permanent rule effective February 19, 1982. Section renumbered as R3-2-901 (Supp. 82-1). Section R3-6-101 renumbered to R3-2-901 (Supp. 91-4). Section repealed, new Section adopted effective July 13, 1995 (Supp. 95-3). Amended by final rulemaking at 15 A.A.R. 863, effective October 1, 2009 (Supp. 09-2). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-902. Standards, Grades, and Weight Classes for Eggs; Pasteurized In-Shell Eggs**

- A.** Standards for Eggs. All standards, grades, and weight classes of quality for chicken eggs in the shell shall meet the grades for eggs as prescribed in AMS 56, United States Standards, Grades, and Weight Classes for Shell Eggs, revised as of July 20, 2000. This material is incorporated by reference, does not include any later amendments or editions, and is on file with the Department at 1688 W. Adams St., Phoenix, AZ 85007 and the United States Department of Agriculture, Agricultural Marketing Service, Poultry Programs, STOP 0259, Room 3944-South, 1400 Independence Ave., S.W., Washington, DC 20250-0259, or online at [www.ams.usda.gov/grades-standards/eggs](http://www.ams.usda.gov/grades-standards/eggs). "AMS" means Agricultural Marketing Service, United States Department of Agriculture.
- B.** Standards for Pasteurized In-Shell Eggs. It is unlawful for a producer, producer dealer, dealer, or retailer to sell, offer for sale, or expose for sale pasteurized in-shell eggs that are packed for human consumption unless both of the following conditions are met:
1. Quality and weight classes:
    - a. The eggs used to produce pasteurized in-shell eggs shall meet Consumer Grades A or AA and Weight Classes for Eggs of subsection (A).
    - b. At destination:
      - i. Pasteurized in-shell eggs shall contain no more than 7 percent (9 percent for Jumbo size) Checks and not more than 1 percent Leakers, Dirties, or Loss (due to meat or blood spots) in any combination, except that such Loss may not exceed 0.30 percent. Other types of Loss are not permitted.
      - ii. In lots of two or more cases, no individual case may exceed 10 percent Checks.
    - c. Pasteurized in-shell eggs shall meet the weight classes as indicated in Table I. Weight Classes for Pasteurized In-Shell Eggs.
  2. Labeling requirements. Except as provided in subsection (B)(2)(j), it is unlawful for an egg producer, producer dealer, dealer or retailer to sell, offer for sale, or expose

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for sale pasteurized in-shell eggs that are packed for human consumption unless each container intended for sale to the ultimate consumer is labeled on one outside top, side, or end with all of the following:

- a. The consumer container is conspicuously labeled "KEEP REFRIGERATED" or with words of similar meaning as approved by the Department. Consumer container labeling that complies with the safe handling instructions required by Section 101.17 of Title 21 of the Code of Federal Regulations shall be deemed to comply with this subsection.
- b. The consumer container is conspicuously labeled "produced from" in conjunction with the appropriate consumer grade in letters no smaller than 1/2 size of the labeled consumer grade. The use of the consumer grade without the qualifier "produced from" is not permitted.
- c. The words "Best By", or "Use by" immediately followed by the month and day in bold type. Months shall be abbreviated Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov or Dec. The "Use by," or "Best before" date shall not exceed 75 days from the date on which the pasteurized in-shell eggs were pasteurized, excluding the date of pasteurization. Processors of in-shell eggs that subject the eggs to the pasteurization process shall establish a sell-by date by completion of an appropriate shelf stability study that includes public health and safety criteria. The processor shall retain the study on file at the processing plant and make it available to the Department upon request.

- d. If the pasteurized in-shell eggs are repacked, the original "Best By" or "Use by" date shall apply.
- e. A Julian pack date which is the consecutive day of the year on which the pasteurized in-shell eggs were pasteurized.
- f. The identification number of the plant of origin.
- g. A conspicuous identification of the eggs as "pasteurized."
- h. All state and federal labeling requirements.
- i. This Section does not apply to pasteurized in-shell eggs that are packaged for export.
- j. Subsection (B) does not apply to pasteurized in-shell eggs that are packaged for interstate commerce or pasteurized in-shell eggs that are packaged for military sales if exported to a state or federal agency that requires a different format for the sell-by or best-if-used-by date on pasteurized in-shell eggs, and the processor is utilizing that format.

**Historical Note**

Former Rule 2; Amended as an emergency effective November 18, 1981, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 81-6). Former Section R3-6-02 amended as an emergency now adopted and amended as a permanent rule effective February 19, 1982. Section renumbered as R3-2-902 (Supp. 82-1). Section R3-6-102 renumbered to R3-2-902 (Supp. 91-4). Section repealed, new Section adopted effective July 13, 1995 (Supp. 95-3). Amended by final rulemaking at 9 A.A.R. 2089, effective August 2, 2003 (Supp. 03-2). Amended by final rulemaking at 14 A.A.R. 892, effective May 3, 2008 (Supp. 08-1). Amended by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**Table I. Weight Classes for Pasteurized In-Shell Eggs**

Weight Classes for Pasteurized In-Shell Eggs			
Size or weight class	Minimum net weight per dozen (ounces)	Minimum net weight 30 per dozen (pounds)	Minimum net weight for individual eggs at rate per dozen (ounces)
Jumbo	30	56	29
Extra large	27	50 1/2	26
Large	24	45	23
Medium	21	39 1/2	20
*A lot average tolerance of 3.3 percent for individual eggs in the next lower weight class is permitted as long as no individual case within the lot exceeds 5 percent.			

**Historical Note**

Table I. Weight Classes for Pasteurized In-Shell Eggs made by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-903. Sampling: Schedule and Methods for Evidence**

- A. An inspector may conduct random spot-check sampling of a lot of eggs to determine whether the lot meets minimum quality and weight standards and is in compliance with R3-2-907(B).
- B. Representative egg sampling, under A.R.S. § 3-710(G), shall be based on Table II. A lot that does not meet minimum quality or weight standards or is not in compliance with R3-2-907(B) shall receive a warning notice hold tag.
  1. An inspector may draw additional samples to determine whether the lot meets the minimum requirements.
  2. When loose eggs are out of the case, the sample shall be based on a carton.
  3. Eggs shall be sampled on a 30-dozen-case basis. When eggs are packed in other lot quantities, an inspector shall

convert the quantity of eggs to the equivalent 30-dozen-case basis to establish the official sample size.

**Historical Note**

Former Rule 3; Amended effective March 17, 1976 (Supp. 76-2). Amended as an emergency effective November 18, 1981, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 81-6). Former Section R3-6-03 amended as an emergency now adopted and amended as a permanent rule effective February 19, 1982. Section renumbered as R3-2-903 (Supp. 82-1). Section R3-6-103 renumbered to R3-2-903 (Supp. 91-4). Section repealed, new Section R3-2-903 renumbered from R3-2-906 and amended effective July 13, 1995 (Supp. 95-3). Amended by final rulemaking at 9 A.A.R. 2089, effective August 2, 2003 (Supp. 03-2). Amended by final rulemaking at 15 A.A.R. 863, effective October 1, 2009 (Supp. 09-2).

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**Table II. Minimum Number of Cases and Cartons Comprising a Representative Sample**

Lot size of cartons	Minimum eggs for inspection	Lot size of 30 doz. per case	Minimum cases for inspection <sup>1</sup>
1 - 4 cartons	All	1 case	1 case
5 - 30 cartons inclusive	50	2 - 10 cases inclusive	2 cases
31 - 120 cartons inclusive	100	11 - 25 cases inclusive	3 cases
120 - 210 cartons inclusive	200	26 - 50 cases inclusive	4 cases
211 - 315 cartons inclusive	300	51 - 100 cases inclusive	5 cases
		101 - 200 cases inclusive	8 cases
		201 - 300 cases inclusive	11 cases
		301 - 400 cases inclusive	13 cases
		401 - 500 cases inclusive	14 cases
		501 - 600 cases inclusive	16 cases
		For each additional 50 cases or fraction of a case in excess of 600 cases	1 case

<sup>1</sup>An inspector shall take 100 eggs from each case for inspection.

**Historical Note**

Table II was made under new Section R3-2-903 renumbered from R3-2-906 and amended effective July 13, 1995 (Supp. 95-3); it was last amended by final rulemaking at 9 A.A.R. 2089, effective August 2, 2003 (Supp. 03-2). The table and historical notes were moved out of R3-2-903 to maintain the numbering codification scheme of tables made at 26 A.A.R. 781 (Supp. 20-2).

**R3-2-904. Quarterly Report Periods**

Quarterly reports are due as prescribed in A.R.S. § 3-716(D). The quarterly report periods for inspection fees are:

1. July 1 to September 30,
2. October 1 to December 31,
3. January 1 to March 31, and
4. April 1 to June 30.

**Historical Note**

Former Rule 4; Amended effective March 17, 1976 (Supp. 76-2). Amended as an emergency effective November 18, 1981, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 81-6). Former Section R3-6-04 amended as an emergency now adopted and amended as a permanent rule effective February 19, 1982. Section renumbered as R3-2-904 (Supp. 82-1). Section R3-6-104 renumbered to R3-2-904 (Supp. 91-4). Section repealed, new Section R3-2-904 renumbered from R3-2-907 and amended effective July 13, 1995 (Supp. 95-3).

**R3-2-905. Inspection Fee Rate**

- A. All dealers, producer-dealers, manufacturers, and producers shall pay an inspection fee at the rate of 3.0 mills (.00300) per dozen on all shell eggs sold as prescribed in A.R.S. § 3-716(A).
- B. All dealers, producer-dealers, manufacturers, and producers shall pay an inspection fee at the rate of 3.0 mills (.00300) per pound on all egg products sold as prescribed in A.R.S. § 3-716(A).

**Historical Note**

Former Rule 5; Former Section R3-6-05 renumbered as Section R3-2-905 (Supp. 82-1). Section R3-6-105 renumbered to R3-2-905 (Supp. 91-4). Section repealed, new Section R3-2-905 renumbered from R3-2-908 and amended effective July 13, 1995 (Supp. 95-3). Amended by emergency rulemaking at 12 A.A.R. 4063, effective October 1, 2006 for 180 days (Supp. 06-4). Emergency renewed at 13 A.A.R. 1509, effective April 9, 2007 for 180 days (Supp. 07-2). Amended by final rulemaking at

13 A.A.R. 1639, effective June 30, 2007 (Supp. 07-2).

**R3-2-906. Violations and Penalties**

- A. A dealer, producer-dealer, manufacturer, producer, or retailer, at each individual location, is subject to the penalties in subsection (B) for any of the following violations:

1. Category A:

- a. Making a false or misleading statement relating to advertising or selling eggs and egg products;
- b. Acting as a dealer, producer-dealer, producer, or manufacturer without a valid license;
- c. Selling shell eggs with an incorrect or incomplete expiration date, or without an expiration date;
- d. Selling grade AA or grade A eggs after the expiration date on the carton, case, or container. Selling pasteurized in-shell eggs without or past the "Best By" or "Use by" date;
- e. Failing to maintain records and reports required by this Article;
- f. Failing to label a carton, case, or container with one size, one grade, one brand name, or, if applicable under R3-2-907(B), the United Egg Producer Certified logo;
- g. Moving eggs or an egg case, carton, or container with a warning tag or notice, or removing a warning tag or notice without permission from the Director;
- h. Refusing to submit egg or egg product, an egg case, carton, container, subcontainer, lot, load, or display of eggs to inspection; or
- i. Refusing to stop, at the request of an authorized representative of the Department, any vehicle transporting eggs or egg products;
- j. Selling eggs that have not been produced in accordance with the standards prescribed under R3-2-907(B);
- k. Failing to raise egg-laying hens in this state in accordance with the standards prescribed under R3-2-907(A).

2. Category B:

- a. Extending the expiration date of shell eggs as defined in A.R.S. § 3-701(13); or

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- b. Advertising, representing, or selling out-of-state eggs as local eggs.
- 3. Category C:
  - a. Failing to ensure that shell eggs for human consumption are kept refrigerated at an ambient temperature not higher than 45° F;
  - b. Failing to ensure that frozen egg products for human consumption, labeled for storage at 0° F or below, are kept under refrigeration at a temperature of 0° F or lower;
  - c. Failing to ensure that liquid egg products for human consumption are kept refrigerated at a temperature not higher than 40° F; or
  - d. Failing to meet the sanitary standards egg processing of R3-2-908.
- B. Any violation of this Article or of A.R.S. Title 3, Chapter 5, Article 1 not listed in subsection (A) is subject to a Category A civil penalty.
- C. Under A.R.S. § 3-739, the civil penalty for a violation of subsection (A) is in Table III.

**Historical Note**

Former Rule 6; Amended effective February 19, 1982.  
 Former Section R3-6-06 renumbered as Section R3-2-906 (Supp. 82-1). Section R3-6-106 renumbered to R3-2-906 (Supp. 91-4). Former Section R3-2-906 renumbered to R3-2-903, new Section adopted effective July 13, 1995 (Supp. 95-3). Amended by final rulemaking at 5 A.A.R. 4058, effective October 7, 1999 (Supp. 99-4). Amended by final rulemaking at 9 A.A.R. 2089, effective August 2, 2003 (Supp. 03-2). Amended by final rulemaking at 15 A.A.R. 863, effective October 1, 2009 (Supp. 09-2).  
 Amended by made by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**Table III. Violations and Penalties**

Number of Violations	Category A	Category B	Category C
1	Warning	Warning	Warning
2	\$50	\$50	\$100
3	\$100	\$100	\$200
4		\$150	\$400
5		\$200	\$500
6		\$250	
7		\$300	

**Historical Note**

Table III made by made by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2). Heading added for clarity (Supp. 21-3).

**R3-2-907. Poultry Husbandry; Standards for Production of Eggs and Biosecurity Requirements**

- A. All egg-laying hens in this state shall be raised according to United Egg Producers Animal Husbandry Guidelines.
- B. All eggs sold in this state produced by hens shall be from hens raised according to the United Egg Producers Animal Husbandry Guidelines. All eggs shall display the United Egg Producers Certified logo on their cases, cartons, and containers, or the egg dealer shall annually provide the Department with a copy of a current independent third-party audit that demonstrates that the eggs were produced by hens raised according to UEP Animal Husbandry Guidelines.
- C. Subsections (A) and (B) do not apply to egg producers operating or controlling the operation of one or more egg ranches

each having fewer than 20,000 egg-laying hens producing eggs. Subsections (A) and (B) also do not apply to any hens that are raised cage-free or any eggs produced by hens that are raised cage-free.

- D. All producers and producer dealers with operations within the state shall have a written biosecurity plan in place. At a minimum each producer and producer dealer shall:
  - 1. Restrict access to all areas where poultry are housed or kept.
  - 2. Take steps to ensure that contaminated material is not transported into any poultry barns.
  - 3. Cover and secure feed in a manner that prevents wild bird, rodents or other animals from accessing the feed.
  - 4. Cover and properly contain poultry carcasses, used litter, or other disease-containing organic materials that prevents wild birds, rodents or other animals from accessing the material and movement of the materials by the wind.
  - 5. Keep houses in good repair and all areas to which the birds have access should be kept free of materials hazardous to the birds.
- E. The biosecurity plan shall contain the following:
  - 1. Methods for the disposal and handling of poultry manure.
  - 2. Procedures for prevention, control and eradication of vectors for poultry diseases.
  - 3. Procedures for the detection, control and treatment of poultry diseases.
  - 4. Methods for the disposal and handling of culled birds and entire flocks under normal cyclic operations and following emergency depletion as a result of disease.
  - 5. A facility poultry disease control and prevention plan which includes standard operating procedures with respect to specific measures to control and prevent disease including but not limited to structural and operational disease control and prevention provisions.
  - 6. Procedures to prevent cross contamination between nest run and in line eggs.
  - 7. Procedures to prevent the introduction and transmittal of diseases by vehicles and any other forms of transportation.
  - 8. Signed agreements with all employees containing biosecurity procedures regarding contact with outside poultry and wild birds.
- F. A producer and producer dealer shall allow the Department to enter the premises during normal working hours to inspect the biosecurity plan documents and the biosecurity that is implemented.

**Historical Note**

Former Rule 7; Former Section R3-6-07 renumbered as Section R3-2-907 (Supp. 82-1). Section R3-6-107 renumbered to R3-2-907 (Supp. 91-4). Section R3-2-907 renumbered to R3-2-904 effective July 13, 1995 (Supp. 95-3). New Section made by final rulemaking at 15 A.A.R. 863, effective October 1, 2009 (Supp. 09-2). Amended by made by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-908. Sanitary Standards; Egg Processing**

- A. All egg producers and retail locations where lot consolidation is conducted in this state shall meet the facility and sanitary operation requirements prescribed by the Regulations Governing the Voluntary Grading of Shell Eggs, 7 CFR 56, effective March 30, 2008. This material is incorporated by reference, does not include any later editions, and is available for inspection at the Department of Agriculture, 1688 W. Adams St., Phoenix, AZ 85007.

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- B. No person other than a producer or producer dealer shall repack eggs. All eggs sold to the ultimate consumer must be pre-packaged with all required labeling requirements of this Article and A.R.S. Title 3 Chapter 5. A producer, producer dealer shall not pack or repack eggs that have been in retail distribution channels.
- C. A retailer may lot consolidate eggs labeled for the ultimate consumer by a packer. A daily log with lot information is required and shall include volume consolidated, grade, size, brand, lot and source.

**Historical Note**

Former Rule 8; Amended effective October 1, 1979 (Supp. 79-5). Former Section R3-6-08 renumbered as Section R3-2-908 (Supp. 82-1). Amended effective January 1, 1985 (Supp. 84-6). Amended effective December 30, 1987 (Supp. 87-4). Amended effective March 23, 1990 (Supp. 90-1). Section R3-6-108 renumbered to R3-2-908 (Supp. 91-4). Section R3-2-908 renumbered to R3-2-905 effective July 13, 1995 (Supp. 95-3). New Section made by final rulemaking at 15 A.A.R. 863, effective October 1, 2009 (Supp. 09-2). Amended by made by final rulemaking at 26 A.A.R. 781, effective June 8, 2020 (Supp. 20-2).

**R3-2-909. Repealed****Historical Note**

Former Rule 9; Former Section R3-6-09 renumbered as Section R3-2-909 (Supp. 82-1). Section R3-6-109 renumbered to R3-2-909 (Supp. 91-4). Section repealed effective July 13, 1995 (Supp. 95-3).

**ARTICLE 10. AQUACULTURE****R3-2-1001. Definitions**

In addition to the definitions provided in A.R.S. § 3-2901, the following shall apply unless the context otherwise requires:

1. "Certificate of Aquatic Health" is an official document from an issuing state or an equivalent form published by the United States Fish and Wildlife Service or the United States Department of Agriculture attesting that the live aquatic animals described thereon have been inspected and are free of the diseases and causative agents set forth in R3-2-1009.
2. "Department" means the Arizona Department of Agriculture.

**Historical Note**

Adopted effective May 3, 1993 (Supp. 93-2).

**R3-2-1002. Fees for Licenses; Inspection Authorization and Fees**

- A. License fees are established as follows:
1. Aquaculture facility: \$100 annually.
  2. Fee fishing facility: \$100 annually.
  3. Aquaculture processor: \$100 annually.
  4. Aquaculture transporter: \$100 annually.
  5. Special licenses: \$10 annually.
- B. An expired license may be renewed within 90 days after expiration by payment of a \$50 late fee.
- C. Upon request of the licensee, the Department shall assess the licensed facility and, if applicable, certify the facility is free from infectious diseases and causative agents listed in R3-2-1009 before issuing a Certificate of Aquatic Health. All expenses properly incurred in the certification procedure of the inspection, including time, travel, and laboratory expenses, shall be paid to the Department by the licensee requesting certification.

**Historical Note**

Adopted effective May 3, 1993 (Supp. 93-2). Amended by final rulemaking at 8 A.A.R. 4043, effective November 9, 2002 (Supp. 02-3).

**R3-2-1003. General Licensing Provisions**

- A. An applicant for a license to operate an aquaculture facility or a fee fishing facility, or to operate as an aquaculture processor or aquaculture transporter shall provide the following information on a form furnished by the Department:
1. Whether the applicant is an individual, corporation, partnership, cooperative, association, or other type of organization;
  2. The name and address of the applicant;
  3. A corporation shall specify the date and state of incorporation;
  4. The principal name of the business, and all other business names that may be used;
  5. The name, mailing address, and telephone number of the applicant's authorized agent;
  6. The street address or legal description of the location of the facility to be licensed; and
  7. The signature of the person designated in subsection (A)(5), and the date the application is completed for submission to the Department.
- B. The Department shall grant a license when all conditions are met and assign a Department establishment number to each facility.
- C. All licenses expire on December 31 for the year issued.
- D. A licensee shall advise the Department in writing of any change in the information provided on the application during the license year. This information shall be provided within 30 calendar days of the change.
- E. To prevent the spread of diseases and causative agents listed in R3-2-1009, the Department may inspect and take samples from any facility or shipment being transported. A licensee shall notify the Department within 72 hours of becoming aware of the presence of any disease or causative agent listed in R3-2-1009. Aquatic animals found to be infected with a disease or causative agent listed in R3-2-1009 are prohibited from interstate or intrastate movement without prior written Department approval.
- F. The Department shall quarantine or seize aquatic animals, alive or dead, plants, or products for examination or diagnostic study when there is a potential for spread of a disease or causative agent listed in R3-2-1009, or any other disease or causative agent that could constitute a threat to aquatic animals or plants of the state. The Department shall issue a written notice to the licensee specifying:
1. The reason for the Department's action; and
  2. The licensee's right to request a hearing as prescribed in A.R.S. § 3-2906.
- G. A licensee shall conspicuously mark all quarantined aquatic products and quarantined areas in a manner specified by the Department.
- H. A licensee shall pay all diagnostic, quarantine, and destruction costs.

**Historical Note**

Adopted effective May 3, 1993 (Supp. 93-2). Amended by final rulemaking at 8 A.A.R. 4043, effective November 9, 2002 (Supp. 02-3).

**R3-2-1004. Specific Licensing Provisions; Aquaculture Facility; Fee Fishing Facility; Special License Facility**

- A. In addition to the application requirements in R3-2-1003, an applicant for a license to operate an aquaculture facility, a fee fishing facility, or a special license facility under A.R.S. § 3-



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2908(A) shall provide the following information on a form provided by the Department:

1. Water sources, transmission, and conveyances;
  2. Method used to dispose of tailing waters and solid wastes;
  3. Number and size of ponds, raceways, and tanks, if applicable;
  4. Whether hatchery facilities are included;
  5. A list of all animals and plants to be authorized under the license by genus, species, and common name.
- B.** An application to culture or possess an aquatic animal or plant that has not previously occurred in the drainage where the facility is located shall be accompanied by a written proposal. The applicant's proposal shall include:
1. Anticipated benefits from introducing the species;
  2. Anticipated adverse effects from introducing the species, as it may affect indigenous or game fish, including hybridization;
  3. Anticipated diseases inherent to introducing the species;
  4. Suggestions for post-introduction evaluation of status and impacts of the introduced species; and
  5. Structural and operational methods implemented to prevent escape of the species, if applicable.
- C.** Each body of water serving a facility shall be contained within the boundaries of the land owned or leased by the licensee.
- D.** A facility using public waters having natural or artificial inlets, rivers, creeks, washes, or canals shall provide mechanical screening approved by the Department to prevent live aquatic animals and plants, including eggs and fry, from escaping beyond the aquaculture facility boundaries or into public bodies of water.
- E.** An applicant for a special license under A.R.S. § 3-2908(A) shall also provide the following information to the Department at the time of application:
1. A written narrative describing the project in detail, the project purpose, the hypothesis, and the project duration; and
  2. The proposed disposition of the aquatic animals or plants upon completion of the project.
- F.** The Department shall consider the recommendations of the Arizona Game and Fish Department, under A.R.S. § 3-2903, when determining whether to issue a license or an import permit under R3-2-1010. The Department may issue a license excluding some of the aquatic animal or plant species listed in the application.

**Historical Note**

Adopted effective May 3, 1993 (Supp. 93-2). Amended by final rulemaking at 10 A.A.R. 673, effective April 3, 2004 (Supp. 04-1).

**R3-2-1005. Fee Fishing Facility**

A licensee shall not allow an aquatic animal to be removed from a fee fishing facility unless:

1. The aquatic animal is dead, and
2. The licensee provides the person removing the aquatic animal with written proof of sale identifying the:
  - a. Facility, by name, address, and Department establishment number issued under R3-2-1003(B);
  - b. Date of harvest; and
  - c. Number and species of aquatic animals transported from the facility.

**Historical Note**

Adopted effective May 3, 1993 (Supp. 93-2). Amended by final rulemaking at 10 A.A.R. 673, effective April 3,

2004 (Supp. 04-1).

**R3-2-1006. Processor License**

- A.** In addition to complying with the application requirements of R3-2-1003, applicants for a license to operate as an aquaculture processor as defined in A.R.S. § 3-2901(12) shall provide the following information on a form furnished by the Department:
1. Water sources, transmission, conveyances, and annual consumption in gallons or acre feet;
  2. Method used to dispose of tailing waters and solid wastes;
- B.** A processing facility shall operate in a clean and sanitary condition during all periods of operation. The following are the minimum requirements for such establishments.
1. Each establishment shall have sanitary floors and walls impervious to water.
  2. All outside windows and doors shall be screened.
  3. There shall be a supply of potable water.
  4. There shall be a sewage disposal system of such a type as not to be a breeding place for insects and not to constitute a hazard or to endanger public health.

**Historical Note**

Adopted effective May 3, 1993 (Supp. 93-2).

**R3-2-1007. Transporter License; Transport; Delivery**

- A.** In addition to the application requirements in R3-2-1003, an applicant for a license to operate as an aquaculture transporter of live aquatic animals as defined in A.R.S. § 3-2901(15) shall, on a form provided by the Department:
1. Designate whether the license is for interstate or intrastate transport, or both;
  2. List aquatic transporting equipment to be used, including tanks and vehicles, and vehicle license number; and
  3. State prior year volume or anticipated annual tonnage of live aquatic animals transported.
- B.** A transporter shall ensure that the aquatic transporting equipment has adequate water and oxygen at a temperature and in a quantity normal for the health of the live aquatic animals and shall be clearly marked, "Live Fish."
- C.** In addition to a copy of the Certificate of Aquatic Health, a transporter shall transport each container of live aquatic animals within the state with a document identifying:
1. Consignor's name, address, and telephone number;
  2. Consignee's name, address, and telephone number;
  3. Quantity and size of the aquatic animal being transported;
  4. Genus, species, and common name of the aquatic animal being transported;
  5. Date of shipment; and
  6. Department establishment number.
- D.** A transporter shall deliver live aquatic animals only to a retail outlet, as prescribed at A.R.S. § 3-2907(J) or to a person listed in R3-2-1010(B).

**Historical Note**

Adopted effective May 3, 1993 (Supp. 93-2). Amended by final rulemaking at 10 A.A.R. 673, effective April 3, 2004 (Supp. 04-1).

**R3-2-1008. Repealed****Historical Note**

Adopted effective May 3, 1993 (Supp. 93-2). Section repealed by final rulemaking at 10 A.A.R. 673, effective April 3, 2004 (Supp. 04-1).

**R3-2-1009. Disease Certification**

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- A. A licensee requesting and receiving a Certificate of Aquatic Health shall have their facility inspected and all live aquatic animals, fertilized eggs and milt shall be found free of, but not limited to, the following diseases and causative agents:
1. Causative agent: Egtved Virus. Disease: VHS, Viral Hemorrhagic Septicemia of Salmonids.
  2. Causative agent: Infectious Hematopoietic Necrosis Virus. Disease: IHN, Infectious Hematopoietic Necrosis of Salmonids.
  3. Causative agent: Infectious Pancreatic Necrosis Virus. Disease: IPN, Infectious Pancreatic Necrosis of Salmonids.
  4. Causative agent: *Ceratomyxa shasta*. Disease: Ceratomyxosis of Salmonids.
  5. Causative agent: *Rhabdovirus carpio*. Disease: Spring Viremia of carp. Certification is required in this case only when the original origin of the shipment is from outside the United States.
  6. Causative agent: *Renibacterium salmoninarum*. Disease: BKD, Bacterial Kidney Disease of Salmonids.
  7. Causative agent: *Aeromonas salmonicida*. Disease: Furunculosis.
  8. Causative agent: *Myxobolus cerebralis*. Disease: Whirling Disease of Salmonids.
- B. The Department may require inspection for any disease or causative agent not listed in subsection (A) when there is evidence that the disease or causative agent may constitute a threat to aquatic animals or plants, aquatic wildlife or the aquaculture industry. The Department shall send written notice to all licensees pursuant to this Chapter when implementing this subsection, naming the disease or causative agent of concern. Action to quarantine or seize aquatic animals or plants pursuant to this subsection shall not be subject to delay pending such written notice.

**Historical Note**

Adopted effective May 3, 1993 (Supp. 93-2).

**R3-2-1010. Importation of Aquatic Animals**

- A. The owner, or owner's agent, importing live aquatic animals into the state shall ensure the animals are accompanied by the following:
1. A Certificate of Aquatic Health as defined in R3-2-1001, based upon an inspection of the originating facility within the 12 months preceding the shipment;
  2. A transporter license issued under R3-2-1007; and
  3. An import permit number issued by the Department under this Section, legibly written or typed on the certificate of aquatic health.
- B. The owner, or owner's agent, of live aquatic animals, except those imported by a retail outlet as prescribed in A.R.S. § 3-2907(J), shall ensure that the animals are consigned to or in the care of:
1. An Arizona resident;
  2. An aquaculture facility, fee fishing facility, or special license holder licensed by the Department;
  3. A holder of an aquatic wildlife stocking permit issued by the Arizona Game and Fish Department; or
  4. A holder of any aquatic animal license issued by the Arizona Game and Fish Department.
- C. The owner, or owner's agent, may obtain an import permit number from the Department, Office of the State Veterinarian, by providing the following information:
1. Consignor's name, address, and telephone number;
  2. Consignee's name, address, and telephone number;
  3. Consignee's Department establishment number issued by the Department or a copy of an aquatic wildlife stocking

permit or the license issued by the Arizona Game and Fish Department;

4. Origin of the shipment;
  5. Genus, species, and common name of aquatic animals to be imported; and
  6. Quantity and size classification of aquatic animals to be imported.
- D. An import permit number remains valid for 15 calendar days from the date of issuance by the Department.
- E. The Department shall refuse entry to any shipment that does not comply with this rule.
- F. The Department shall quarantine and require destruction of any shipment, after its arrival, that it determines is infected with or was previously exposed to any causative agent or disease listed in R3-2-1009.

**Historical Note**

Adopted effective May 3, 1993 (Supp. 93-2). Amended by final rulemaking at 8 A.A.R. 4043, effective November 9, 2002 (Supp. 02-3).

**ARTICLE 11. VOLUNTARY EGG GRADING PROGRAM****R3-2-1101. Definitions**

For the purpose of this Article, unless the context otherwise requires, the terms in this Section shall have the following meaning:

"Acceptable" means suitable for the purpose intended.

"Administrator" means the supervisor as defined in A.R.S. § 3-701.

"Ambient temperature" means the air temperature maintained in an egg storage facility or transport vehicle.

"AMS" means Agricultural Marketing Service, United States Department of Agriculture.

"Applicant" means any person or entity who requests any grading service.

"Appeal grading" means a re-grading requested by a recipient who is dissatisfied with an initial grading decision.

"Associate Director" means the associate director of the animal service division.

"Auditing services" means the act of providing independent verification of written quality assurance and value added standards for production, processing and distribution of eggs. Auditing services are performed by graders authorized by the Administrator to perform such audits and the service provided will be in accordance with the provisions of this Article for grading services, as appropriate.

"Cage mark" means any stain-type mark caused by an egg coming in contact with a material that imparts a rusty or blackish appearance to the shell.

"Case" means, when referring to containers, an egg case, as used in commercial practice in the United States, holding 30 dozens of eggs.

"Class" means any subdivision of a product based on essential physical characteristics that differentiate between major groups of the same size, kind, species, or method of processing.

"Chick papers" means the papers in which chicks are delivered.

"Condition" means any condition (including, but not being limited to, the state of preservation, cleanliness, soundness,

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wholesomeness, or fitness for human food) of any product which affects its merchantability.

“Consumer grades” means U.S. Grade AA, A, and B.

“Controlling person” means a person at least 21 years of age legally accountable for operations and management of the egg production plant.

“Department” or “AZDA” means the Arizona Department of Agriculture.

“Director” means the Director of the Arizona Department of Agriculture.

“Egg grading service” means the personnel who are actively engaged in the administration, application, and direction of egg grading programs and services pursuant to this Article.

“Eggs” means eggs of domesticated chickens.

“Eggs of current production” means eggs that are no more than 21 days old.

“Grademark” means the official identification symbol used to identify eggs officially graded by AZDA in accordance with this Article.

“Grader” means any employee assigned by AZDA to investigate and certify in accordance with this Article, the class, quality, quantity, or condition of products.

“Grading or grading service” means the determination by a grader that a product meets the standards of this Article regarding the class, quality, quantity, or condition of the product for the purpose of issuing a grade or grading certificate. Such determination may be performed by examining all product units or representative samples drawn by the grader; may be performed as a temporary, resident or non-resident grading service; and includes regrading performed in response to an appeal of a previous grading decision.

“Grading certificate” means a statement, either written or printed, issued by a grader pursuant to this Article, relative to the class, quantity, quality, or condition of products.

“Holiday or legal holiday” means the legal public holidays specified by State of Arizona Accounting Manual (SAAM).

“Identify” means to apply a grademark to products or the containers thereof.

“Interested party” means any person financially interested in a transaction involving any grading, appeal grading, or regrading of any product.

“Office of grading” means the office of any resident grader at the plant.

“Official AZDA certificate” means any form of certification, either written or printed, used under this Article to certify with respect to the sampling, class, grade, quality, size, quantity, or condition of products (including the compliance of products with applicable specifications).

“Official AZDA memorandum” means any initial record of findings made by an authorized person in the process of grading or sampling pursuant to this Article, any processing or plant-operation report made by an authorized person in connection with grading or sampling under this Article, and any report made by an authorized person of services performed pursuant to this Article.

“Official AZDA mark” means the grademark and any other mark, or any variations in such marks approved by the Admin-

istrator and authorized to be affixed to any product, or affixed to or printed on the packaging material of any product, stating that the product was graded, or indicating the appropriate U.S. grade or condition of the product, or for the purpose of maintaining the identity of products graded under this Article, including but not limited to, those set forth in R3-2-1111.

“Official identification” means any AZDA standard designation of class, grade, quality, size, quantity, or condition specified in this Article or any symbol, stamp, label, logo, or seal indicating that the product has been officially AZDA graded and/or indicating the class, grade, quality, size, quantity, or condition of the product approved by the Supervisor and authorized to be affixed to any product, or affixed to or printed on the packaging material of any product.

“Official plant” means the facilities used for a shell egg operation that has been approved by AZDA for grading purposes.

“Origin grading” means a grading made on a lot of eggs at a plant where the eggs are graded and packed.

“Packaging” means the primary or immediate container in which eggs are packaged and which serves to protect, preserve, and maintain the condition of the eggs.

“Packing” means the secondary container in which the primary or immediate container is placed to protect, preserve, and maintain the condition of the eggs during transit or storage.

“Person” means any individual, partnership, association, business trust, corporation, or any organized group of persons, whether incorporated or not.

“Plant” means the facilities used for a shell egg operation.

“Potable water” means water that has been approved by the State health authority or agency or laboratory acceptable to the Administrator as safe for drinking and suitable for food processing.

“Product or products” means eggs of the domesticated chicken.

“Quality” means the inherent properties of any product which determine its relative degree of excellence.

“Quality assurance inspector” means any designated company employee other than the plant owner, manager, foreman, or supervisor, authorized by the State supervisor to examine product and to supervise the labeling, dating, and lotting of officially graded eggs and to assure that such product is packaged under sanitary conditions, graded by authorized personnel, and maintained under proper inventory control until released by an employee of the Department.

“Recipient” means the individual or entity whose application for grading services has been approved by the Department.

“Resident grading service” means continuous supervision, in an official plant, of the handling or packaging of any product.

“Sampling” means the act of taking samples of any product for grading or certification.

“SE” means *Salmonella* Enteritidis.

“Shell protected” means eggs which have had a protective covering such as oil applied to the shell surface. The product used shall be acceptable to the Food and Drug Administration.

“Shipped for retail sale” means eggs that are forwarded from the processing facility for distribution to the ultimate consumer.

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“State supervisor” means the immediate supervisor of a Grader.

“Washed ungraded eggs” means eggs which have been washed and that are either sized or unsized, but not segregated for quality.

**Historical Note**

Section R3-2-1101 recodified from R3-2-101 (Supp. 97-1). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 3755, effective May 10, 2002 (Supp. 02-3). New Section made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

**R3-2-1102. General Provisions**

- A.** Administration. The Administrator shall perform such duties as the Associate Director may require in the enforcement or administration of the provisions of this Article. The Administrator is authorized to waive for limited periods any particular provisions of this Article to permit experimentation so that new procedures, equipment, and processing techniques may be tested to facilitate definite improvements and at the same time to determine full compliance with the spirit and intent of this Article. The AZDA and its officers and employees shall not be liable in damages through acts of commission or omission in the administration of this Article.
- B.** Basis of grading service.
  1. Grading service with respect to the determination of the quality of products shall be on the basis of the United States Standards, Grades, and Weight Classes for shell eggs. However, grading service may be rendered with respect to products which are bought and sold on the basis of institutional contract specifications or specifications of the recipient; and such service, when approved by the Administrator, shall be rendered on the basis of such specifications. The supervision of packaging shall be in accordance with such instructions as may be approved or issued by the Administrator.
  2. Whenever grading service is performed on a representative sample basis, such sample shall be drawn and consist of not less than the minimum number of cases as indicated in:
    - a. R3-2-903 for stationary lots; or
    - b. QAD 700 Shell Egg Graders Handbook Section 8 on-line sampling of Shell Eggs (8-30-2016).
  3. Accessibility of product. Each product for which grading service is requested shall be so conditioned and placed as to permit a proper determination of the class, quality, quantity, or condition of such product.
- C.** Prerequisites to grading. Grading of products shall be rendered pursuant to this Article and under such conditions and in accordance with such methods as may be prescribed or approved by the Administrator.
- D.** Supervision. All plant grading service shall be subject to supervision at all times by an AZDA grader. Such service shall be rendered in accordance with instructions issued by the Administrator where the facilities and conditions are satisfactory for the conduct of the service and the requisite graders are available.
- E.** Other applicable regulations. Compliance with this Article shall not excuse failure to comply with any other applicable Federal, State, or local laws or regulations.

**Historical Note**

Section R3-2-1102 recodified from R3-2-102 (Supp. 97-1). Amended effective October 8, 1998 (Supp. 98-4). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R.

3755, effective May 10, 2002 (Supp. 02-3). Section made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

**R3-2-1103. Equipment and Facilities for Graders**

Equipment and facilities to be furnished by the recipient for use of graders in performing service on a resident basis shall include, but not be limited to, the following:

- A.** An accurate metal stem thermometer.
- B.** An accurate means to determine pH level of wash water.
- C.** Test kits for checking the concentration level of the solution used for sanitizing eggs and monitoring the concentration level of potable water treatment compounds in plants having chlorinators. The kit must be designed for testing the compound being used.
- D.** Protective equipment including, general purpose gloves and safety glasses to all egg graders who are monitoring the strength of potable water treatment compounds and egg sanitizing solutions, unless plant employees are trained to perform the testing under the direct supervision of the grader.
- E.** Electronic digital-display scales graduated in increments of 1/10-ounce or less for weighing individual eggs and test weights for calibrating such scales. Plants packing product based on metric weight must provide scales graduated in increments of one gram or less.
- F.** Electronic digital-display scales graduated in increments of 1/4-ounce or less for weighing the lightest and heaviest consumer packages packed in the plant and test weights for calibrating such scales.
- G.** Scales graduated in increments of 1/4-pound or less for weighing shipping containers and test weights for calibrating such scales.
- H.** Test weights sufficient in size to verify the accuracy of the lightest and heaviest unit of measurement weighed on any given scale located in the plant.
- I.** Two candling lights that provide a sufficient combined illumination through both the aperture and downward through the bottom to facilitate accurate interior and exterior quality determinations.
- J.** A candling booth adequately darkened and located in close proximity to the work area that is reasonably free of excessive noise. The booth must be sufficient in size to accommodate two graders, two candling lights, and other necessary grading equipment.
- K.** If deemed necessary by the supervisor, a cart or method of conveyance for the transportation of samples to and from the candling booth.
- L.** Furnished office space, suitable wireless internet connection, a desk and file or storage cabinets (equipped with a satisfactory locking device), suitable for the security and storage of official supplies, and other facilities and equipment as may otherwise be required. Such space and equipment must meet the approval of the Administrator.

**Historical Note**

Section R3-2-1103 recodified from R3-2-103 (Supp. 97-1). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 3755, effective May 10, 2002 (Supp. 02-3). Section made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

**R3-2-1104. Schedule of Operation of Official Plants**

Grading operating schedules for services performed pursuant to this Article shall be requested in writing and be approved by the Administrator. Normal operating schedules for a full week consist of a continuous eight-hour period per day (excluding not to exceed one hour for lunch), five consecutive days per week, within the admin-

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istrative workweek, Saturday through Friday, for each shift required. Less than eight-hour schedules may be requested and will be approved if a grader is available. Clock hours of daily operations need not be specified in the request, although as a condition of continued approval, the hours of operation shall be reasonably uniform from day to day. Graders are to be notified by management one day in advance of any change in the hours grading service is requested.

**Historical Note**

Section R3-2-1104 recodified from R3-2-104 (Supp. 97-1). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 3755, effective May 10, 2002 (Supp. 02-3). Section made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

**R3-2-1105. Application for Grading Service**

- A.** An application for AZDA grading service may be made by egg producer or a producer dealer with operations located in Arizona.
- B.** Form of application. Each application for grading or sampling a specified lot of any product shall include such information as may be required by the Administrator in regard to the product and the premises where such product is to be graded or sampled. The applicant shall designate the employees of the applicant who will be authorized to provide information to the AZDA grader or graders as may be necessary for the performance of the grading service.
- C.** Application for grading service in official plants; approval. Any person desiring to process and pack products in a plant under grading service must receive approval of such plant and facilities as an official plant prior to the rendition of such service. When a signed application for service has been received, the State supervisor or the supervisor's assistant shall complete a plant survey pursuant to this Article. An application for grading service shall be approved when the application has been filed for grading service; a successful plant survey is completed; and all required facility or equipment modifications are completed.
- D.** Denial of service. An application for grading service may be denied by the Administrator when:
  1. The applicant fails to meet the requirements of this Article prescribing the conditions under which the service is made available.
  2. The product is owned by or located on the premises of a person currently denied the benefits of this Article.
  3. Any individual holding office or a responsible position with or having a substantial financial interest or share in the applicant is currently denied the benefits of the Act or was responsible in whole or in part for the current denial of the benefits of this Article to any person or entity.
  4. The Administrator determines that the application is an attempt on the part of a person currently denied the benefits of this Article to obtain grading services.
  5. The applicant, after an initial survey has been made in accordance with this Article, fails to bring the grading facilities and equipment into compliance with this Article within a reasonable period of time.
  6. Notwithstanding any prior approval whenever, before initiation of service, the applicant fails to fulfill commitments concerning the initiation of the service.
  7. It appears that performing the services specified in this Article would not be in the best interests of the public welfare or of the Government.
  8. It appears to the Administrator, in his sole discretion, that prior commitments of the Department or lack of resources necessitate denial of service.
- E.** Debarment. An applicant may be permanently debarred for the following reasons:
  1. The giving or offering, directly or indirectly, of a bribe, or any money, loan, gift, or anything of value to an employee of the Department to obtain any benefit or special treatment;
  2. Taking any action that falsely brings the Department in disrepute or that creates the appearance of impropriety;
  3. Knowingly making a false or misleading statement of a material fact to the Department;
  4. Using any official identification, grademark, stamp, symbol, label, seal, or identification without authority from the Department;
  5. Forging, counterfeiting, or falsely simulating any grading certificate, symbol, stamp, label, seal, or identification authorized pursuant to this Article;
  6. Use of an official grademark, certificate, symbol, stamp, label, seal, or identification without authority;
  7. Failure to make an official plant or product accessible for grading service;
  8. Interference with the performance of duty of an AZDA grader, licensee, contractor, or employee.
  9. Failure to pay a Department invoice within 30 days after issuance of the invoice; or
  10. Any other violation of any provision of the statutes, rules and regulations of the Department that threatens the health, safety, or welfare of the public.
- F.** Notification. An applicant shall be promptly notified of the reasons for a denial of service. A written petition for reconsideration of such denial may be filed by the applicant with the Administrator if postmarked or delivered within 10 days after the receipt of notice of the denial. Such petition shall state specifically the errors alleged to have been made by the Administrator in denying the application. Within 20 days following the receipt of such a petition for reconsideration, the Administrator shall approve the application or notify the applicant of the reasons for the denial thereof. Service of notice may be accomplished by regular mail and/or email.
- G.** Withdrawal of application. An application for grading service may be withdrawn by the applicant at any time before the service is performed, provided that the applicant pays all expenses incurred by the AZDA in connection with such application.

**Historical Note**

Section R3-2-1105 recodified from R3-2-105 (Supp. 97-1). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 3755, effective May 10, 2002 (Supp. 02-3). Section made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

**R3-2-1106. Authority of Applicant**

- A.** Proof that an authorized controlling person is applying for any grading service may be required at the discretion of the Administrator. Such proof may include, but is not limited to:
  1. Documentation, as specified under A.R.S. § 41-1080(A), of the applicant's lawful presence in the U.S.
  2. Proof of business entity structure of the plant.
  3. Proof of ownership interest or position held in the plant.
  4. Documentation of designated authority from the business entity under which the plant operates.
- B.** The approved recipient of grading services must notify the Department of a change of control or ownership of the official plant within 15 days after such change is effective.

**Historical Note**

Section R3-2-1106 recodified from R3-2-106 (Supp. 97-

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1). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 3755, effective May 10, 2002 (Supp. 02-3). Section made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

**R3-2-1107. Order of Service**

AZDA grading service shall be performed, insofar as practicable and subject to the availability of qualified graders, on a first-come, first-served basis, except that precedence may be given to an application for an appeal grading.

**Historical Note**

Section R3-2-1107 recodified from R3-2-107 (Supp. 97-1). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 3755, effective May 10, 2002 (Supp. 02-3). Section made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

**R3-2-1108. Types of Grading Service**

- A. Scheduled continuous grading service on a resident basis and continuous grading service on a nonresident basis. Service on a resident basis has a scheduled tour of duty, while service on a nonresident basis has a nonscheduled tour of duty, but is of a reoccurring nature. Both of these services are performed when an applicant requests that an AZDA/inspector grader be stationed in the applicant's processing plant and grade eggs in accordance with U.S. Standards. The applicant agrees to comply with the facility, operating, and sanitary requirements of resident service. The charges for resident grading services are based on the hours of the regular tour of duty. Eggs graded under AZDA resident grading service are only eligible to be identified with the official grademarks shown in R3-2-1111 when processed and graded under the supervision of a grader/inspector, or quality assurance inspector as provided in R3-2-1114.
- B. Unscheduled temporary grading service. Temporary grading service is performed when an applicant requests resident grading on a fee basis. The applicant must meet all of the facility, operating, and sanitary requirements of resident service. Charges or fees are based on the time and expenses needed to perform the work. Eggs graded under temporary grading service are only eligible to be identified with the official AZDA grademarks when they are processed and graded under the supervision of a grader or quality assurance inspector as provided in R3-2-1114.
- C. Auditing service. Auditing service is performed when an applicant requests independent verification of written quality assurance and value added standards for production, processing, and distribution of eggs. Charges or fees are based on time, travel, and expenses needed to perform the work.
- D. The Department shall determine the number of graders needed to perform grading services. Recipients shall not ask AZDA graders to assume plant managerial responsibilities.

**Historical Note**

Section R3-2-1108 recodified from R3-2-108 (Supp. 97-1). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 3755, effective May 10, 2002 (Supp. 02-3). Section made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

**R3-2-1109. Suspension of Grading Service or Plant Approval for Correctable Cause**

- A. Provision of grading services is a privilege and not a right. Any plant approval of grading services given pursuant to this Article may be suspended by the Administrator for:
  - 1. Failure to maintain grading facilities and equipment in a satisfactory state of repair, sanitation, or cleanliness.
  - 2. The use of operating procedures which are not in accordance with this Article;
  - 3. Alterations of grading facilities or equipment which have not been approved in accordance with this Article; or
  - 4. Any reasons listed under R3-2-1105(D) "Denial of Service," or required by any other need to protect public health, safety, or welfare.
- B. Suspension may occur prior to the right to have a hearing in cases in which immediate suspension is required to protect public health, safety, or welfare. Whenever it is feasible to do so, written notice in advance of such suspension of plant approval shall be given to the person concerned and shall specify a reasonable period of time in which corrective action must be taken. If advance written notice is not given, the action shall be promptly confirmed in writing after the suspension and the reasons therefor shall be stated, except in instances where the person has already corrected the deficiency. During such period of suspension, grading service shall not be rendered. After appropriate corrective action is taken, grading service will be restored immediately, or as soon thereafter as a grader can be made available.
- C. If the grading facilities or methods of operation are not brought into compliance within a reasonable period of time as specified by the Administrator, the Administrator shall send formal notice of the suspension pursuant to A.R.S. Title 41, Chapter 6, Article 10. Any suspension shall continue in effect pending the outcome of a hearing unless otherwise ordered by the Administrator.
- D. Upon suspension of grading service, all grademarks (labels, seals, tags, or packaging material bearing other official identification), shall, under the supervision of a person designated by the AZDA, be destroyed, obliterated, or sequestered in a manner acceptable to the AZDA.
- E. In any case where grading service is suspended under this Section, the person concerned may thereafter apply for grading service once the conditions giving rise to the suspension or withdrawal have been remediated.

**Historical Note**

Section R3-2-1109 recodified from R3-2-109 (Supp. 97-1). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 3755, effective May 10, 2002 (Supp. 02-3). Section made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

**R3-2-1110. Authority to Use Official Insignia**

- A. Authority to use official AZDA grademarks. Authority to use an AZDA grademark on products is granted only to recipients who utilize the services of a grader or quality assurance inspector in accordance with this Article. Packaging materials bearing official identification marks shall be approved pursuant to R3-2-1110 to R3-2-1111, inclusive, and shall be used only for the purpose for which approved and prescribed by the Administrator. Any unauthorized use or disposition of approved labels or packaging materials which bear any official AZDA identification may result in cancellation of grading service, denial of the permission to use of labels or packaging materials bearing official identification, or denial of other benefits of the Act pursuant to the provisions of R3-2-1105 D.
- B. Approval of official identification. No label, container, or packaging material which bears official identification may

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contain any statement that is false or misleading. No label, container, or packaging material bearing official identification may be printed or prepared for use until the printers' or other final proof has been approved by the Administrator in accordance with this Article. It is the recipient's responsibility to ensure label compliance with the Federal Food, Drug, and Cosmetic Act, the Fair Packaging and Labeling Act, and the regulations promulgated under this Article. The use of finished labels must be approved as prescribed by the Administrator. A grader may apply official identification stamps to shipping containers if they do not bear any statement that is false or misleading. If the label is printed or otherwise applied directly to the container, the principal display panels of such container shall for this purpose be considered as the label. The label shall contain the name, address, and ZIP Code of the packer or distributor of the product, the name of the product, a statement of the net contents of the container, and the AZDA grademark.

- C. Nutritional labeling. Nutrition information must be included on the labeling of each unit container of consumer packaged eggs in accordance with the General Regulations for the Enforcement of the Federal Food, Drug, and Cosmetic Act and the Fair Packaging and Labeling Act, located at 21 CFR §§ 101.1 to 101.108. The nutrition information included on labels is subject to review by the Food and Drug Administration prior to approval by the Department.
- D. Refrigeration labeling. All containers bearing official AZDA "Grade AA" or "Grade A" identification shall be labeled to indicate that refrigeration is required, for example, "Keep refrigerated," or words of similar meaning.

**Historical Note**

Section made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

**R3-2-1111. Form of AZDA Grademark and Information Required**

- A. Form of official identification symbol and grademark. The logo set forth in Illustration 1 shall be the official identification symbol for purposes of this Article and when used, imitated, or simulated in any manner in connection with eggs, shall be *prima facie* evidence that the product has been officially graded in compliance with this Article.
- B. Eggs with consumer grades. Except as otherwise authorized, the AZDA grademark used to officially identify AZDA consumer-graded eggs shall be of the form and design indicated in Illustrations 2 through 4. The logo shall be of sufficient size so that the printing and other information contained therein is legible and in approximately the same proportion as shown in these figures. No variation may be used for the color scheme of Illustration 4.
- C. The "Produced From" AZDA grademark. The Illustration 5 grademark may be used to identify products for which there are no official U.S. grade standards (for example, pasteurized shell eggs, and/or hard boiled eggs), provided that these products are approved by the Department and are prepared from AZDA compliant Consumer Grade AA or A eggs. The Illustration 5 grademark may utilize any one of the designs shown in Illustrations 2 through 4. The "Produced From" text outside the symbol shall be conspicuous, legible, and in approximately the same proportion and close proximity to the symbol as shown in Illustration 5.
- D. Information required on AZDA grademark. Except as otherwise authorized by the Administrator, each AZDA grademark shall include the letters "AZDA" and the U.S. grade of the product it identifies, such as "Grade AA," as shown in Illustration 2. Such information shall be printed with the symbol and

the wording within the symbol in contrasting colors in a manner such that the design is legible and conspicuous on the material upon which it is printed.

- E. Product class. The size or weight class of the product, such as "Large," may appear within the grademark as shown in Illustration 3. If the size or weight class is omitted from the grademark, it must appear prominently on the main panel of the carton.
- F. Plant number. The plant number of the official plant preceded by the letter "P" must be shown on each carton or packaging material.

**Historical Note**

Section made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

**Illustration 1. AZDA****Historical Note**

Illustration 1 made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

**Illustration 2. AZDA Grade AA****Historical Note**

Illustration 2 made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

**Illustration 3. AZDA Grade AA Large****Historical Note**

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Illustration 3 made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

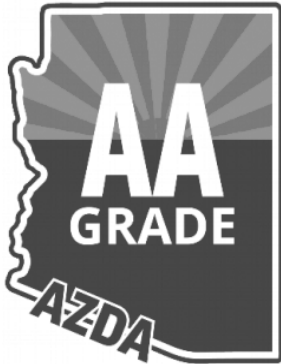
**Illustration 4. AZDA AA Grade****Historical Note**

Illustration 4 made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

**Illustration 5. AZDA Grade AA Produced From Shell Eggs Produced From****Historical Note**

Illustration 5 made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

**R3-4-1112. Lot Marking of Officially Identified Eggs**

Each carton identified with the AZDA grademarks shown in R3-2-1111 shall be legibly lot-numbered on the consumer package and the carton, and may also be shown on the individual egg. The lot number shall be the consecutive day of the year (Julian date) on which the eggs were packed (for example, 132), except other lot-numbering systems may be used when submitted in writing and approved by the Administrator.

**Historical Note**

Section made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

**R3-2-1113. Retention Directives**

A grader may use retention tags or other devices and methods as approved by the Administrator for the identification and control of eggs which are not in compliance with this Article or are held for further examination, and for any equipment, utensils, rooms or

compartments which are found unclean or otherwise in violation of this Article. Any such item shall not be released until in compliance with this Article and retention identification shall not be removed by anyone other than a grader.

**Historical Note**

Section made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

**R3-2-1114. Prerequisites to Packaging Eggs Identified with Grademarks**

Quality assurance inspector required. The official grademark identification of any product as provided in this Article shall be done only under the supervision of a grader or quality assurance inspector. The grader or quality assurance inspector shall have supervision over the use and handling of all material bearing any official grademark identification.

**Historical Note**

Section made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

**R3-2-1115. Grading Requirements of Eggs Identified with AZDA Grademarks**

- A. Eggs to be identified with the AZDA grademarks illustrated in R3-2-1111 must be individually graded by a grader.
- B. In order to be officially identified with an AZDA consumer grademark, eggs shall:
  1. Be of current production;
  2. Be produced and processed within the borders of Arizona;
  3. Not possess any undesirable odors or flavors;
  4. Not have previously been shipped for retail sale;
  5. Meet consumer Grade A or Grade AA, as prescribed in AMS 56, United States Standards, Grades, and Weight Classes for Shell Eggs, revised as of July 20, 2000, which is incorporated by reference, does not include any later amendments or editions of the incorporated matter, is on file with the Department at 1688 W. Adams St., Phoenix, AZ 85007, and can be found online at [https://www.ams.usda.gov/sites/default/files/media/Shell\\_Egg\\_Standard%5B1%5D.pdf](https://www.ams.usda.gov/sites/default/files/media/Shell_Egg_Standard%5B1%5D.pdf);
  6. Be produced and packaged in a facility in accordance with the Food and Drug Administration, Department of Health and Human Services' requirements for the Production, Storage, and transportation of Shell Eggs as specified in 21 CFR §§ 118.1 to 118.12, revised as of April 1, 2011, which is incorporated by reference, does not include any later amendments or editions of the incorporated matter, and is on file with the Department at 1688 W. Adams St., Phoenix, AZ 85007;
  7. Be produced and packaged in a facility that meets the Regulations Governing the Inspection of Eggs under the Egg Products Inspection Act (EPIA), as specified in 7 CFR §§ 57.1 to 57.970, revised as of April 12, 2006, which is incorporated by reference, does not include any later amendments or editions of the incorporated matter, and is on file with the Department at 1688 W. Adams St., Phoenix, AZ 85007;
  8. Be produced in a facility that has implemented a SE environmental monitoring program which includes testing for SE in chick papers and in the house environment when the pullets are 14-16 weeks of age, 40-45 weeks of age, four to six weeks post-molt, and pre-depopulation.
  9. Be produced in a facility that has implemented and maintained a vaccination program to protect against SE infec-



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tion, which includes a minimum of two attenuated live vaccinations and one killed or inactivated vaccination, or an alternative vaccination program that has been approved by the Department after having been demonstrated in the Department's estimation to be equally effective.

- C. Management at an official plant is responsible for notifying the AZDA grader whenever contaminated or adulterated eggs are present in the official plant. Any eggs identified as contaminated or adulterated must be properly labeled and controlled by plant management. This includes eggs originating from a layer house with an SE-positive environment or eggs testing positive for the presence of SE. Failure to control, detain and/or notify the grader of the presence of contaminated or adulterated eggs in the official plant will constitute a violation of this Article. Department employees are authorized to inspect lay houses and review plant documents to determine compliance with this Article.

**Historical Note**

Section made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

**R3-2-1116. Payment of Fees and Charges**

- A. Fees and charges for any grading service shall be paid by the recipient by check, draft, or money order payable to the "Arizona Department of Agriculture Egg Program." AZDA may require that fees and charges shall be paid in advance, and shall include travel, per diem, or other expenses incurred by the Department in connection with providing grading services.
- B. The cost of an appeal grading or review of a grader's decision shall be borne by the appellant on a unscheduled temporary basis at rates set forth in R3-2-1117, plus travel, per diem, or other expenses. If the appeal grading or review of a grader's decision discloses that a material error was made in the original determination, no fee or expenses will be charged for the regrading.
- C. Invoices for services previously rendered will be issued no later than the 10th day following the end of the period in which the service was rendered and are payable in full upon receipt.

**Historical Note**

Section made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

**R3-2-1117. Charges for Grading Service**

- A. Scheduled continuous grading service. The following rates apply to continuous grading service on a resident basis and continuous grading service on a nonresident basis per grader:
1. Regular rate: \$38.00/hour
  2. Overtime rate: \$57.00/hour
  3. Holiday rate: \$58.00/hour
- B. Plant survey, unscheduled temporary, auditing and appeal grading services. The following rates apply to temporary and auditing service per grader:
1. Regular rate: \$57.00/hour
  2. Overtime rate: \$85.00/hour
  3. Holiday rate: \$87.00/hour
- C. Reapplication after termination of service by recipient. If a recipient causes termination under R3-2-1105(D), and reapplies within 12 months from the date of termination, there will be an additional re-application fee of \$300 in addition to the above fees.
- D. Extra charges. The following extra charges shall be assessed:
1. All hours worked by an assigned grader or another grader in excess of the approved tour of duty, worked on a non-

scheduled workday, or worked on a State holiday outside of the approved tour of duty, will be considered as overtime, at the rate of time and one-half.

2. For all hours of work performed in a plant without an approved tour of duty, the charge will be the temporary grading service.
- E. No charges. No charges will be assessed:
1. Solely because of a change in name or ownership of the official plant, unless the recipient of services fails to notify the Department within the time limit specified in R3-2-1105, in which case the above charges will apply.
  2. When the assigned grader is temporarily reassigned by AZDA to perform grading service for another service recipient.

**Historical Note**

Section made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

**R3-2-1118. Termination by Recipient**

Grading services under this Article shall be unilaterally terminated by the recipient of such service when:

- A. Service is not installed within six months from the date the application is filed due to inaction by the applicant or recipient on Department requirements.
- B. Service remains inactive for a period of more than six months due to a recipient's request for removal of a grader and the recipient does not accept reassignment of another grader by the Department.
- C. The recipient is terminated for cause based on violations listed in R3-2-1105(D).

**Historical Note**

Section made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

**R3-2-1119. Mutual Termination**

- A. The Department and the recipient of service may mutually agree to termination of the service, under the following terms:
- B. Previously paid fees will not be returned to the service recipient.
- C. Pending charges will be paid in full for completed work of the Department.
- D. A pending application will be considered terminated, but a new application may be filed at any time, without penalty.
- E. Termination shall not take effect until the end of a 30-days' notice period, unless the parties agree otherwise.
- F. The mutual decision to terminate and any related agreements are documented in writing.

**Historical Note**

Section made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

**R3-2-1120. Appeals**

- A. Appeal grading. An appeal grading may be requested by any recipient or authorized designee or other interested party ("appellant") who is dissatisfied with the determination by a grader of the class, quality, quantity, or condition of any product as evidenced by the AZDA grademark and accompanying label, or as stated on a grading certificate.
1. The appeal shall be filed with the original grader's immediate supervisor.
  2. Initial review of the appeal shall be made by the original grader's immediate supervisor, or by one or more

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licensed graders assigned by the immediate supervisor to review the appeal.

2. An appeal may be made orally or in writing. If made orally, written confirmation is required. The appellant shall clearly state the reasons for requesting the appeal grading and a description of the product, or the decision which is questioned. If such appeal request is based on the results stated on an official certificate, the original and all available copies of the certificate shall be provided to the grader assigned to perform the appeal grading.
3. The appellant's request for the appeal grading may be refused when it appears to the reviewer that the reasons given in the request are frivolous or not substantial, the quality or condition of the product has undergone a material change since the original grading, the original lot has changed in some manner, or the appellant has not materially complied with the requirements of this Article. In such case, the appellant shall be promptly notified of the reason or reasons for such refusal.
4. If an appeal grading is granted, it shall be performed by a grader other than the original grader. Whenever practical, an appeal grading shall be conducted jointly by two independent graders.
5. The following procedures shall be used for appeal grading:
  - a. The appeal sample shall consist of product taken from the original sample container plus an equal number of samples selected at random.
  - b. When the original samples are not available or have been altered, such as the removal of undergrades, the appeal sample size for the lot shall consist of double the samples required in R3-2-1102.
  - c. Eggs shall not have been moved from the original place of grading and must have been maintained under adequate refrigeration.
6. Immediately after an appeal grading is completed, an appeal certificate shall be issued to show that the original grading was upheld, modified, or rejected. Such certificate shall supersede any previously issued certificate for the product involved and shall clearly identify the number and date of the superseded certificate. The issuance of the appeal certificate may be withheld until any previously issued certificate and all copies have been returned when such action is deemed necessary to protect the interest of the Department. When the appeal grader assigns a different grade to the lot, the existing AZDA grademark shall be changed or obliterated as necessary. When the appeal grader assigns a different class or quantity designation to the lot, the labeling shall be corrected.
- B. Appeal for suspension, termination or denial of service or debarment. Any person whose grading service is suspended, terminated, denied service, or debarred, may request a hearing before an administrative law judge pursuant to A.R.S. Title 41, Chapter 6, Article 10. The decision of the administrative law judge is subject to review by the Director as provided by A.R.S. Title 41, Chapter 6, Article 10.

**Historical Note**

Section made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

**R3-2-1121. AZDA Grading Certificates**

- A. Forms. AZDA grading certificates and sampling report forms (including appeal grading certificates and regrading certificates) shall be issued on forms approved by the Administrator.
- B. Issuance.

1. Resident grading basis. Certificates will be issued only upon request therefor by the applicant or AZDA. When requested, a grader shall issue a certificate covering product graded by such grader. In addition, a grader may issue a grading certificate covering product graded in whole or in part by another grader when the grader has knowledge that the product is eligible for certification based on personal examination of the product or official grading records.
2. Other than resident grading. Each grader shall, in person or by the grader's authorized agent, issue a grading certificate covering each product graded by such grader. A grader's name may be signed on a grading certificate by a person other than the grader, if such person has been designated as the authorized agent of such grader by the Administrator, provided that:
  - a. The certificate is prepared from an official memorandum of grading signed by the grader; and
  - b. A notarized power of attorney authorizing such signature has been issued to such person by the grader and is on file in the office of grading. In such case, the authorized agent shall sign both the agent's name and the grader's name, for example, "John Doe by Mary Roe."
- C. Disposition. The original and required or requested copies of the grading certificate, immediately upon issuance, shall be delivered, mailed, or electronically submitted to the recipient or the recipient's designee. One copy is required to be sent and the recipient may request additional copies. Other copies shall be filed and retained in accordance with the disposition schedule for grading program records.

**Historical Note**

Section made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

**R3-2-1122. Minimum Facility and Operating Requirements for Egg Grading and Packing Plants**

- A. For grading services that are provided on a resident or temporary basis, QAD 700 Shell Egg Graders Handbook Section 02 through Section 08, revised as of August 30, 2016. This material is incorporated by reference, does not include any later amendments or editions of the incorporate matter, and is on file with the Department at 1688 W. Adams St., Phoenix, AZ 85007; and the following minimum facility and operating conditions will be required:
- B. Applicants must comply with all applicable Federal, State and local government occupational safety and health regulations.
- C. Processing facilities are required to have a documented and implemented Quality Management System that meets Title 21, Part 117 of the U.S. Code of Federal Regulations "Current Good Manufacturing Practice, Hazard Analysis, and Risk-based Preventive Controls for Human Foods," revised as of April 1, 2018. This material is incorporated by reference, does not include any later amendments or editions of the incorporate matter, and is on file with the Department at 1688 W. Adams St., Phoenix, AZ 85007.
- D. General requirements for premises, buildings and plant facilities.
  1. The outside premises shall be free from refuse, rubbish, waste, unused equipment, and other materials and conditions which constitute a source of odors or a harbor for insects, rodents, and other vermin.
  2. The outside premises adjacent to grading, packing, cooler, and storage rooms must be constructed to provide

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proper drainage to prevent conditions that may constitute a source of odors or propagate insects or rodents.

3. Buildings shall be of sound construction so as to prevent, insofar as practicable, the entrance or harboring of vermin.
4. Grading and packing rooms shall be of sufficient size to permit installation of necessary equipment and conduct grading and packing in a sanitary manner. These rooms shall be kept reasonably clean during grading and packing operations and shall be thoroughly cleaned at the end of each operating day.
5. The floors, walls, ceilings, partitions, and other parts of the grading and packing rooms including benches and platforms shall be constructed of materials that are readily cleanable, maintained in a sanitary condition, and impervious to moisture in areas exposed to cleaning solutions or moist conditions. The floors shall be constructed as to provide proper drainage.
6. Adequate toilet accommodations that are conveniently located and separated from the grading and packing rooms are to be provided. Handwashing facilities shall be provided with hot and cold running water, an acceptable handwashing detergent, and a sanitary method for drying hands. Toilet rooms shall be ventilated to the outside of the building and be maintained in a clean and sanitary condition. Signs shall be posted in the toilet rooms instructing employees to wash their hands before returning to work. In new or remodeled construction, toilet rooms shall be located in areas that do not open directly into processing rooms.
7. A separate refuse room or a designated area for the accumulation of trash must be provided in plants which do not have a system for the daily removal or destruction of such trash.
8. Adequate packing and packaging storage areas are to be provided that protect packaging materials and are dry and maintained in a clean and sanitary condition.

**E. Grading and packing room requirements.**

1. The egg grading or candling area shall be capable of adequate darkening to make possible the accurate quality determination of the candled appearance of eggs. There shall be no light source or reflection of light that interferes with, or prohibits the accurate quality determination of eggs in the grading or candling areas.
2. The grading and candling equipment shall provide adequate light to facilitate quality determinations. When needed, other light sources and equipment or facilities shall be provided to permit the detection and removal of stained and dirty eggs or other undergrade eggs.
3. The grading and candling equipment must be sanitarily designed and constructed to facilitate cleaning. Such equipment shall be kept reasonably clean during grading and packing operations and be thoroughly cleaned at the end of each operating day.
4. Egg weighing equipment shall be constructed of materials to permit cleaning; operated in a clean, sanitary manner; and shall be capable of ready adjustment.
5. Adequate ventilation, heating, and cooling shall be provided where needed.

**F. Cooler room requirements.**

1. Cooler rooms holding eggs that are identified with a consumer grade shall be refrigerated and capable of maintaining an ambient temperature no greater than 45 °F (7.2 °C).
2. Accurate thermometers shall be provided for monitoring cooler room temperatures.

3. Cooler rooms shall be free from objectionable odors and from mold, and shall be maintained in a sanitary condition.

**G. Egg protecting operations.**

1. Egg protecting (oil application) operations shall be conducted in a manner to avoid contamination of the product and maximize conservation of its quality.
2. Component equipment within the egg protecting system, including holding tanks and containers, must be sanitarily designed and maintained in a clean and sanitary manner, and the application equipment must provide an adequate amount of oil for shell coverage of the volume of eggs processed.
3. Eggs with excess moisture on the shell shall not be shell protected.
4. Oil having any off odor, or that is obviously contaminated, shall not be used in egg protection operations. Oil is to be filtered prior to application.
5. The component equipment of the application system shall be washed, rinsed, and treated with a bactericidal agent each time the oil is removed.
6. Adequate coverage and protection against dust and dirt shall be provided when the equipment is not in use.

**H. Egg cleaning operations.**

1. Egg washing equipment must be sanitarily designed, maintained in a clean and sanitary manner, and thoroughly cleaned at the end of each operating day.
2. Egg drying equipment must be sanitarily designed and maintained in a clean and sanitary manner. Air used for drying purposes must be filtered. These filters shall be cleaned or replaced as needed to maintain a sanitary process.
3. The temperature of the wash water shall be maintained at 90 °F (32.2 °C) or higher, and shall be at least 20 °F (6.7 °C) warmer than the internal temperature of the eggs to be washed. These temperatures shall be maintained throughout the cleaning cycle. Accurate thermometers shall be provided for monitoring wash water temperatures.
4. Approved cleaning compounds shall be used in the wash water.
5. Wash water shall be maintained at a measurable pH level of 11 or higher. Accurate testing equipment shall be provided and accessible to the grader. If continuous monitoring of pH is not possible, the applicant should devise a monitoring system for documenting pH with a frequency that has been validated.
6. Wash water shall be changed approximately every four hours or more often if needed to maintain sanitary conditions, and at the end of each shift. Remedial measures shall be taken to prevent excess foaming during the egg washing operation.
7. Replacement water shall be added continuously to the wash water of washers. Chlorine or quaternary sanitizing rinse water may be used as part of the replacement water, provided, they are compatible with the washing compound. Iodine sanitizing rinse water may not be used as part of the replacement water.
8. Only potable water may be used to wash eggs. Each official plant shall submit certification to the office of grading stating that their water supply is potable. An analysis of the iron content of the water supply, stated in parts per million, is also required. When the iron content exceeds two parts per million, equipment shall be provided to reduce the iron content below the maximum allowed level. Frequency of testing for potability and iron content

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shall be determined by the Administrator. When the water source is changed, new tests are required.

9. Waste water from the egg washing operation shall be piped directly to drains.
  10. The washing, rinsing, and drying operations shall be continuous and shall be completed as rapidly as possible to maximize conservation of the egg's quality and to prevent sweating of eggs. Eggs shall not be allowed to stand or soak in water. Immersion-type washers shall not be used.
  11. Prewetting eggs prior to washing may be accomplished by spraying a continuous flow of water over the eggs in a manner which permits the water to drain away or other methods which may be approved by the Administrator. The temperature of the water shall be the same as prescribed in this Section.
  12. Washed eggs shall be spray-rinsed with water having a temperature equal to, or warmer than, the temperature of the wash water. The spray-rinse water shall contain a sanitizer that has been determined acceptable for the intended use by the supervisor and of not less than 100 PPM nor more than 200 PPM of available chlorine or its equivalent. Alternate procedures, in lieu of a sanitizer rinse, may be approved by the Administrator.
  13. Test kits shall be provided and used to determine the strength of the sanitizing solution.
  14. During non-processing periods, eggs shall be removed from the washing and rinsing area of the egg washer and from the scanning area whenever there is a buildup of heat that may diminish the quality of the egg.
  15. Washed eggs shall be reasonably dry before packaging and packing.
  16. Steam, vapors, or odors originating from the washing and rinsing operation shall be continuously and directly exhausted to the outside of the building.
- I. Requirements for eggs officially identified with a grademark.**
1. Eggs that are officially identified with an AZDA grademark shall be placed under refrigeration at an ambient temperature no greater than 45 °F (7.2 °C) promptly after packaging.
  2. Eggs that are to be officially identified with the AZDA grademark shall be packed only in new packaging materials that are clean, free of mold, mustiness and off odors, or clean and sanitized packaging material designed to be reused, and must be of sufficient strength and durability to adequately protect the eggs during normal distribution. When packed in other than fiber packing material, the containers must be of sound construction and maintained in a reasonably clean manner.
- J. Use of approved chemicals and compounds.**
1. All egg washing and equipment cleaning compounds, defoamers, destainers, sanitizers, inks, oils, lubricants, or any other compound that comes into contact with the eggs shall be approved by the national supervisor for their specified use and handled in accordance with the manufacturer's instructions.
  2. All pesticides, insecticides, and rodenticides shall be approved for their specified use and handled in accordance with the manufacturer's instructions.
- K. Marking individual eggs.** The marking of individual eggs may be requested by processors as part of a specification requirement or for other marketing purposes.
1. Stamping eggs. Recognizing the difficulty in clearly stamping the rounded surface of an egg, a lot average tolerance of 10-percent for individual eggs with partial, illegible, or no marks in any combination is permitted with no individual case exceeding 20-percent. These tol-

erances may be applied as a moving average when performing online sampling or as a lot average while performing stationary lot gradings. If more than 50% of the image or letter or letters is missing, the symbol is illegible. Stamped eggs are not classified as stains or dirty. They are to be graded without regard to marking. An official grade cannot be assigned to a mixed lot of eggs that contains individually marked and unmarked eggs. If requested, the lot may be graded for all factors except ink stains. Lot averages may be shown on the certificate. The section "Official Grade and Size" shall state "No AZDA Grade." The following statement shall also be placed in the "Remarks" section: "Lot contains marked and unmarked eggs. Eggs graded for all factors except ink stains." Individual eggs with ink blotches or smears from dating devices are to be classified as stains or dirty, depending on the intensity and/or area of the stain [guidance not clear]. Inks used in marking individual eggs which will be officially graded are to be approved by the Administrator prior to their use. The request for approval should be accompanied with a copy of the ink formula, the name of the product, and the name and address of the manufacturer.

2. Laser etching (marking eggs). The use of a laser etching system to mark information is subject to joint review by the Food and Drug Administration (food safety impact evaluation) and AZDA (quality impact evaluation). Only approved laser etching systems may be used to identify eggs to be officially graded and identified with an AZDA grademark. The amount of the shell surface available for laser etching and the information etched on the shell is subject to review by the resident grader and the supervisor. The information etched on the shell must not interfere with the graders ability to evaluate the quality attributes of the egg.
3. When an individual egg is marked, whether an applied ink or laser etched, the information must be consistent with the information on the label, for example, any marketing claims, production code, or packer identity. If this information is not consistent throughout the lot, the eggs are not eligible to be identified with an AZDA grademark.

**Historical Note**

Section made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

**R3-2-1123. Health and Hygiene of Personnel**

- A.** No person known to be affected by a communicable or infectious disease shall be permitted to come in contact with the product.
- B.** Plant personnel coming into contact with the product shall wear clean clothing.

**Historical Note**

Section made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

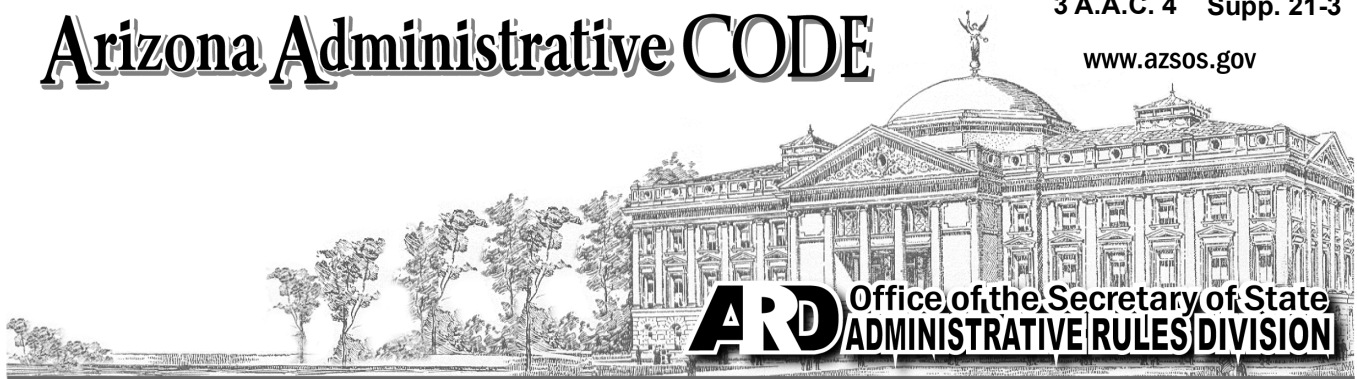
**R3-2-1124. Use of the "Produced From" Labeling**

- A.** Use of the wording "Produced From" in conjunction with the AZDA grademark, is limited to products derived from AZDA Grade AA or Grade A eggs for which there are no U.S. grade standards (for example, pasteurized eggs or hard-cooked eggs). The following guidelines are to be used when monitoring the official grade identification of these types of products.

## CHAPTER 2. DEPARTMENT OF AGRICULTURE - ANIMAL SERVICES DIVISION

1. Approval. Applicants interested in utilizing the “Produced From” labeling must submit a written proposal to the Administrator. The proposal is to include the type or types of product to be labeled and the applicant’s plan for controlling the use and labeling of officially identified product. After review by the supervisor, the supervisor is to forward the request to the Administrator for final review and approval. Upon approval, the supervisor is to reconfirm all of the requirements with the applicant prior to any actual grade identification.
  2. Verification visits. To assure that only officially graded eggs are being used, the processing, packing, and packaging must be closely monitored. Each verification visit shall include a review of records, product inventory, processing procedures, packing, packaging, storage, and shipping practices to confirm that the applicant is following the protocol outlined in their approved plan. In plants with resident service, the supervisor or Administrator is to be present during the initial production period to monitor the process and verify compliance. The grader will conduct all subsequent monitoring and verification activities with oversight from the supervisor. In temporary or fee locations, plant management must notify the supervisor each time the “produced from” labeling will be used or, alternatively, provide the supervisor with a projected production schedule. At these locations, compliance will be based on the applicant’s established history of compliance as outlined in the following schedule:
    - a. Level 1 - The supervisor or administrator is to monitor and verify the process on the initial day of production. The supervisor or a grader will conduct subsequent visits. At least one additional verification visit is to be conducted during the next 10 production days. If no discrepancies are noted, one visit is to be conducted for each 30 days of production until three consecutive satisfactory visits have been completed. Once this verification period has ended without any noted program non-conformance, monitoring may proceed to Level 2.
    - b. Level 2 - Supervisor or a grader is to conduct quarterly verification visits provided the applicant continues to meet all program requirements. If any nonconformance is noted during these visits, monitoring reverts back to Level 1. Misuse of the labeling will result in cancellation of the approval.
  - B. Recordkeeping. Recipients shall maintain, and make available for review, all invoices or applicable Grading Certificates covering product received, produced, and shipped. At a minimum, these records must include the name and address of original packer, amount received, quantity produced, brand names, lot numbers, quantity shipped and name and address of receivers. Records must be maintained for two years.
  - C. Cost. There will be no additional charge to resident plants when graders monitor product labeling during their normal grading activities. When graded product is shipped from official plants to other processing locations for re-packaging that are not under continuous AZDA supervision, time and expenses associated in conducting the verification visits will be charged to the recipient at the current Temporary grading and auditing service rate.
- Historical Note**  
Section made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).
- R3-2-1125. Specification Grading**
- A. Applicants may request for additional specifications to be certified that exceed the standards of this Chapter. The requested specifications must be submitted in writing to the administrator for approval. The approving official will review the information for approval or advise the applicant of the reason or reasons for disapproval. If the specification is approved, a letter enclosing a copy of the approved application and specification will be returned to the applicant with a request to provide copies of the specification to each supplier and applicable AZDA grader. Each page of the approved specification will have an approval stamp bearing the date of approval and the signature of the approving official. Additionally, each page will be sequentially numbered such as page 1 of 5, page 2 of 5, etc.
  - B. Plant management is responsible for advising graders when they are preparing to pack eggs in accordance with an approved specification. However, each grader must be familiar with the approved specification list and, to the extent practically possible, be aware when products with approved specifications are being packed at the duty location. When a plant packs product requiring compliance with an approved specification, the grader shall obtain a copy of the specification from plant management and assure that all provisions of the specification are met. As applicable, product that meets specification requirements will be identified in accordance with procedures outlined in the approved specification. When the specification requires the issuance of a grading certificate, the following statement is to be placed in the remarks section of the certificate: “Product covered by this certificate meets specification requirements for \_\_\_\_\_.”
- Historical Note**  
Section made by final exempt rulemaking at 26 A.A.R. 916, with an immediate effective date of April 9, 2020 (Supp. 20-2).

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## TITLE 3. AGRICULTURE

### CHAPTER 4. DEPARTMENT OF AGRICULTURE - PLANT SERVICES DIVISION

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

This Chapter contains rules that were filed to be codified in the *Arizona Administrative Code* between the dates of  
July 1, 2021 through September 30, 2021

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#### Questions about these rules? Contact:

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**The release of this Chapter in Supp. 21-3 replaces Supp. 20-4, 1-50 pages**

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

## PREFACE

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

Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

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### RULES

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

### THE ADMINISTRATIVE CODE

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

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

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

First Quarter: January 1 - March 31

Second Quarter: April 1 - June 30

Third Quarter: July 1 - September 30

Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2021 is cited as Supp. 21-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. This is why the Office lists only updated codified Sections on the previous page.

### AUTHENTICATION OF PDF CODE CHAPTERS

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

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

### HOW TO USE THE CODE

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

### ARIZONA REVISED STATUTE REFERENCES

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

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

### SESSION LAW REFERENCES

Arizona Session Law references in a Chapter can be found at the Secretary of State’s website, [www.azsos.gov](http://www.azsos.gov) under Services-> Legislative Filings.

### EXEMPTIONS FROM THE APA

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

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

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

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

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

### EXEMPTIONS AND PAPER COLOR

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

### PERSONAL USE/COMMERCIAL USE

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





## Administrative Rules Division

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

**TITLE 3. AGRICULTURE****CHAPTER 4. DEPARTMENT OF AGRICULTURE - PLANT SERVICES DIVISION**

Authority: A.R.S. §§ 3-107, 3-201 et seq., 3-441 et seq., and 3-481 et seq.

**Supp. 21-3**

*Title 3, Chapter 4, Article 1, Sections R3-4-101 through R3-4-109 renumbered from Title 3, Chapter 1, Article 1, Sections R3-1-01 through R3-1-09; Title 3, Chapter 4, Article 2, Sections R3-4-201 through R3-4-248 renumbered from Title 3, Chapter 1, Article 2, Sections R3-1-50 through R3-1-77; Title 3, Chapter 4, Article 3, Sections R3-4-301 through R3-4-307 renumbered from Title 3, Chapter 1, Article 3, Sections R3-1-301 through R3-1-307; Title 3, Chapter 4, Article 4, Sections R3-4-401 through R3-4-408 renumbered from Title 3, Chapter 1, Article 4, Sections R3-1-401 through R3-1-408; Title 3, Chapter 4, Article 5, Sections R3-4-501 through R3-4-504 renumbered from Title 3, Chapter 1, Article 5, Sections R3-1-501 through R3-1-504; Title 3, Chapter 4, Article 6, Sections R3-4-601 through R3-4-633 and Appendix 1 renumbered from Title 3, Chapter 1, Article 6, Sections R3-1-601 through R3-1-633 and Appendix 1; Title 3, Chapter 4, Article 7, Sections R3-4-701 through R3-4-708 renumbered from Title 3, Chapter 7, Article 1, Sections R3-7-101 through R3-7-108; Title 3, Chapter 4, Article 8, Sections R3-4-801 through R3-4-807 renumbered from Title 3, Chapter 7, Article 2, Sections R3-7-201 through R3-7-207 (Supp. 91-4).*

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*Article 4 consisting of Sections R3-4-110 through R3-4-117 renumbered without change as Article 4, Sections R3-4-401 through R3-4-408 (Supp. 89-1).*

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*Article 5, consisting of Sections R3-4-501 through R3-4-506, repealed by summary action with an interim effective date of February 10, 1995; interim effective date of February 10, 1995 now the permanent date (Supp. 96-3).*

*Article 5, consisting of Sections R3-4-501 through R3-4-505 adopted effective October 15, 1993 (Supp. 93-4).*

*Article 5, consisting of Sections R3-4-501 through R3-4-504 repealed effective October 15, 1993 (Supp. 93-4).*

*Title 3, Chapter 4, Article 5, Sections R3-4-501 through R3-4-504 renumbered from Title 3, Chapter 1, Article 5, Sections R3-1-501 through R3-1-504 (Supp. 91-4).*

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*Article 6, consisting of Sections R3-4-601 through R3-4-618 and Appendix A, adopted effective July 6, 1993 (Supp. 93-3).*

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## ARTICLE 1. GENERAL PROVISIONS

**R3-4-101. Definitions**

In addition to the definitions provided in A.R.S. §§ 3-201, 3-231, 3-441, and 3-481, the following terms apply to this Chapter:

“Appliance” means any box, tray, container, ladder, tent, vehicle, implement, or any article or thing that is or may be used in growing, harvesting, handling, packing, or transporting any agricultural commodity.

“Carrier” means any plant or thing that can transport or harbor a plant pest.

“Certificate” means an original document issued by the Department, the United States Department of Agriculture, or authorized officer of the state of origin, stating name, quantity, and nature of the regulated commodity, and the compliance information required by a specific regulation.

“Commodity” means any plant, produce, soil, material, or thing that may be subject to federal and state laws and rules.

“Container” means any box, crate, lug, chest, basket, carton, barrel, keg, drum, can, sack, or other receptacle for a commodity.

“Cotton” means all parts of *Gossypium* spp., except manufactured cotton products.

“Equipment” means any vehicle, device, implement, ladder, tent, or any article or thing that is or may be used in growing, harvesting, handling, packing, or transporting any agricultural commodity.

“Gin trash” means organic waste or materials resulting from ginning cotton.

“Host” means a plant on or in which a pest can live or reproduce, or both.

“Husk” means the membranous outer envelope of many seeds and fruit, such as an ear of corn or a nut.

“Infested” means:

- (i) Any plant or other material on or in which a pest is found, or
- (ii) A geographical area where a pest is known to occur.

“Inspector” means an employee of the Department or other governmental agency who enforces any law or rule of the Department.

“Lot” means any one group of plants or things, whether or not containerized that is set apart or is separate from any other group.

“Nursery” means real property or other premises on or in which nursery stock is propagated, grown, or cultivated or from which source nursery stock is offered for distribution or sale. (A.R.S. § 3-201(5))

“Permit” means an official document authorizing the movement of a host plant and carrier.

“Person” means an individual, partnership, corporation, association, governmental subdivision or unit of a governmental subdivision, a public or private organization of any character, or another agency.

“Pests” includes all noxious weeds, insects, diseases, mites, spiders, nematodes and other animal or plant organisms found injurious, or likely to become injurious, to any domesticated,

cultivated, native or wild plant, or to the product of any such plant. (A.R.S. § 3-201(7))

“Phytosanitary certificate” means a certificate issued by a plant regulatory official for the purpose of certifying a commodity or appliance as pest free.

“Plant” or “crop” includes every kind of vegetation, wild or domesticated, and any part thereof, as well as seed, fruit or other natural product of such vegetation. (A.R.S. § 3-201(8))

“Processed product” means any fruit, vegetable, or other food product covered under the regulations in this part which has been preserved by any recognized commercial process, including, but not limited to canning, freezing, dehydrating, drying, the addition of chemical substances, or by fermentation. (7 CFR § 52.2)

“Sell” means to exchange for money or its equivalent including to offer, expose, or possess a commodity for sale or to otherwise exchange, barter, or trade.

“Soil” means any non-liquid combination of organic, or organic and inorganic material in which plants can grow.

“Subcontainer” means any container being used within another container.

“Transport” means moving an article from one point to another.

“Treatment” means an application of a substance as either a spray, mist, dust, granule, or fumigant; or a process in which a substance or procedure is used to control or eradicate a plant pest.

“Vector” means an organism (usually an insect) that may carry a pathogen from one host plant to another.

“Vehicle” means an automotive device, such as a car, bus, truck, or private or recreational vehicle.

**Historical Note**

Former Rule 1; Amended effective June 16, 1977 (Supp. 77-3). Section R3-1-01 renumbered to R3-4-101 (Supp. 91-4). Repealed effective April 11, 1994 (Supp. 94-2). New Section R3-4-101 renumbered from R3-4-102 without change, effective October 8, 1998 (Supp. 98-4). Amended by final rulemaking at 5 A.A.R. 2521, effective July 15, 1999 (Supp. 99-3). Amended by final rulemaking at 19 A.A.R. 3860, effective January 4, 2014 (Supp. 13-4). Amended by final rulemaking at 25 A.A.R. 3357, effective January 4, 2020 (Supp. 19-4).

**R3-4-102. Licensing Time-frames**

A. Overall time-frame. The Department shall issue or deny a license within the overall time-frames listed in Table 1 after receipt of the complete application. The overall time-frame is the total of the number of days provided for the administrative completeness review and the substantive review.

B. Administrative completeness review.

1. The administrative completeness review time-frame established in Table 1 begins on the date the Department receives the application. The Department shall notify the applicant in writing within the administrative completeness review time-frame whether the application or request is incomplete. The notice shall specify what information is missing. If the Department does not provide notice to the applicant within the administrative completeness review time-frame, the Department considers the application complete.

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2. An applicant with an incomplete license application shall supply the missing information within the completion request period established in Table 1. The administrative completeness review time-frame is suspended from the date the Department mails the notice of missing information to the applicant until the date the Department receives the information.
  3. If the applicant fails to submit the missing information before the expiration of the completion request period, the Department shall close the file, unless the applicant requests an extension. An applicant whose file has been closed may obtain a license by submitting a new application.
- C. Substantive review. The substantive review time-frame established in Table 1 shall begin after the application is administratively complete.
1. If the Department makes a comprehensive written request for additional information, the applicant shall submit the additional information identified by the request within the additional information period provided in Table 1. The substantive review time-frame is suspended from the date of the Department request until the information is received by the Department. If the applicant fails to provide the information identified in the written request within the additional information period, the Department shall deny the license.
  2. The Department shall issue a written notice granting or denying a license within the substantive review time-frame. If the application is denied, the Department shall send the applicant written notice explaining the reason for the denial with citations to supporting statutes or rules, the applicant's right to seek a fair hearing, and the time period in which the applicant may appeal the denial.

**Historical Note**

Former Rule 2; Amended effective June 19, 1978 (Supp. 78-3). Section R3-1-02 renumbered to R3-4-102 (Supp. 91-4). Section repealed, new Section adopted effective January 6, 1994 (Supp. 94-1). Section R3-4-102 renumbered to R3-4-101; new Section R3-4-102 adopted effective October 8, 1998 (Supp. 98-4).

**R3-4-103. Repealed****Historical Note**

Former Rule 3. Section R3-1-03 renumbered to R3-4-103 (Supp. 91-4). Repealed effective September 22, 1994 (Supp. 94-3).

**R3-4-104. Repealed****Historical Note**

Former Rule 4. Section R3-1-04 renumbered to R3-4-104 (Supp. 91-4). Repealed effective September 22, 1994 (Supp. 94-3).

**R3-4-105. Repealed****Historical Note**

Former Rule 5. Section R3-1-05 renumbered to R3-4-105 (Supp. 91-4). Amended effective September 22, 1994 (Supp. 94-3). Section repealed by final rulemaking at 6 A.A.R. 41, effective December 8, 1999 (Supp. 99-4).

**R3-4-106. Repealed****Historical Note**

Former Rule 6. Section R3-1-06 renumbered to R3-4-106 (Supp. 91-4). Repealed effective September 22, 1994 (Supp. 94-3).

**R3-4-107. Repealed****Historical Note**

Former Rule 7. Section R3-1-07 renumbered to R3-4-107 (Supp. 91-4). Amended effective September 22, 1994 (Supp. 94-3). Section repealed by final rulemaking at 19 A.A.R. 3860, effective January 4, 2014 (Supp. 13-4).

**R3-4-108. Repealed****Historical Note**

Former Rule 8. Section R3-1-08 renumbered to R3-4-108 (Supp. 91-4). Repealed effective September 22, 1994 (Supp. 94-3).

**R3-4-109. Repealed****Historical Note**

Former Rule 9. Section R3-1-09 renumbered to R3-4-109 (Supp. 91-4). Repealed effective September 22, 1994 (Supp. 94-3).

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Table 1. Time-frames (Calendar Days)

License	Authority	Administrative Completeness Review	Response to Completion Request	Substantive Completeness Review	Response to Additional Information	Overall Time-frame
<b>QUARANTINE</b>						
Plant and Crop Safeguards, Inspection, and Certification	R3-4-203	14	14	30	30	44
Boll Weevil and Pink Bollworm	R3-4-204(D)	14	14	30	30	44
Small-Grain Crop Approval	R3-4-204(E)(4)(b)	14	14	30	30	44
Boll Weevil and Pink Bollworm	R3-4-218	14	14	30	30	44
Lettuce Mosaic	R3-4-233	14	14	30	30	44
Noxious Weeds	R3-4-245	14	14	30	30	44
Colored Cotton	A.R.S. § 3-205.02 R3-4-501	14	0	0	0	14
<b>NURSERY</b>						
General Nursery Stock Inspection	R3-4-301(B)	30	14	1 yr	14	1 yr, 30 days
Special Nursery Stock Inspection: Ozonium Root Rot	R3-4-301(C)					
• Method of Growing New Renewal		7 7 7	14 14 14	60 30 4 yrs	14 14 14	67 37 4 yrs, 7 days
• Indicator Crop Planted on Applicant's Property						
Special Nursery Stock Inspection: Rose Mosaic		7	14	180	14	187
Special Nursery Stock Inspection: Brown Garden Snail	R3-4-301(C)	7	14	30	14	37
Special Nursery Stock Inspection: Other	R3-4-301(C)	7	14	30	14	37
Phytosanitary Field Inspection	A.R.S. § 3-233(A)(7) R3-4-407	30	7	210	7	240
<b>STANDARDIZATION</b>						
Experimental Pack and Product for Fruit and Vegetables	A.R.S. § 3-487 R3-4-740	7	7	7	7	14
Experimental Pack and Product for Citrus Fruit	A.R.S. § 3-445 R3-4-814	7	7	7	7	14
Citrus Fruit Dealer, Packer, or Shipper License	A.R.S. § 3-449	14	14	14	14	28
Fruit and Vegetable Dealer, Packer, or Shipper License	A.R.S. § 3-492	14	14	14	14	28
<b>SEED DEALERS AND LABELERS</b>						
Seed Dealer	A.R.S. § 3-235 R3-4-408	14	14	14	14	28
Seed Labeler	A.R.S. § 3-235 R3-4-408	14	14	14	14	28

**Historical Note**

Table 1 adopted effective October 8, 1998 (Supp. 98-4). Amended by final rulemaking at 7 A.A.R. 3812, effective August 10, 2001 (Supp. 01-3). Amended by final rulemaking at 8 A.A.R. 3633, effective August 7, 2002 (Supp. 02-3). Amended by final rulemaking at 8 A.A.R. 4454, effective October 2, 2002 (Supp. 02-4). Amended Section references under Arizona Native Plants to

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correspond to recodification at 10 A.A.R. 726, effective February 6, 2004 (Supp. 04-1). Amended by final rulemaking at 10 A.A.R. 2665, effective June 8, 2004 (Supp. 04-2). Amended by final rulemaking at 19 A.A.R. 3860, effective January 4, 2014 (Supp. 13-4). Amended by final rulemaking at 25 A.A.R. 3357, effective January 4, 2020 (Supp. 19-4).

**ARTICLE 2. QUARANTINE****R3-4-201. Definitions**

In addition to the definitions provided in A.R.S. §§ 3-201, 3-231, 3-441, 3-481, and R3-4-101, the following terms apply to this Article:

“Associate Director” means the Associate Director of the Plant Services Division.

“Common carrier” means any person transporting a commodity or equipment for compensation or commercial purpose.

“Compliance agreement” means a written agreement or permit between a person and the Department for the purpose of allowing the movement or production of a regulated commodity or used equipment from a quarantined area of this state and containing demonstrated safeguarding measures to ensure compliance with the purposes of A.R.S. Title 3, Chapter 2, Article 1.

“Cotton harvesting machine” means any machine used to pick or harvest raw cotton in a field.

“Firewood” means wood that has been cut, sawn, or chopped into a shape and size commonly used for fuel, or other wood intended for fuel.

“Fumigate” means to apply a gaseous substance to a commodity or used equipment in a closed area to eradicate a pest.

“Green lumber” means freshly sawn, unseasoned wood.

“Hull” means the dry outer covering of a seed or nut.

“Infected” means any plant or other material on or in which a disease is found.

“Label” means all tags and other written, printed, or graphic representations in any form, accompanying or pertaining to a plant or other commodity.

“Limited permit” means a permit issued by the Department to a common carrier or responsible party to transport a commodity or used equipment that would otherwise be restricted.

“Master permit” means a permit issued by the Department to another state department of agriculture that gives that other state authority to certify, in accordance with the terms of the permit, that a regulated commodity or used equipment may enter Arizona without a quarantine compliance certificate.

“Origin inspection agreement” means a permit issued by the Department to a person that specifies terms to ship or transport a regulated commodity or used equipment into Arizona, which importation would otherwise be prohibited by this Article, and that the State Plant Regulatory Official agrees with.

“Package” means:

- (i) Any container, box, bag, or envelope used for the shipment of a commodity or used equipment through postal and parcel services, or
- (ii) Individual packets of seeds for planting.

“Pest free” means apparently free from all regulated plant pests, as determined by an inspection.

“Pest Management Program” means any state or federally recognized program designed for the prevention, monitoring, and control of a pest or disease. Based on a targeted management (Integrated Pest Management) or holistic approach (Total Systems Approach Program) that incorporates best management practices, monitoring, cultivation practices, cultural controls,

treatment programs and/or pest resistant plant varieties, cultivars or hybrids for the control or effective management of any live life stages of a pest or disease.

“Quarantine compliance certificate” means a certificate issued by a plant regulatory official of the originating state that establishes that a commodity or used equipment has been treated or inspected to comply with Arizona quarantine rules and orders and includes a certificate of inspection.

“Receiver” means any person or place of business listed on a bill of lading, manifest, or freight bill as a consignee or destination for a commodity or used equipment.

“Regulated plant pest” means all live life stages of an arthropod, disease, plant, nematode, or snail that is regulated or considered under quarantine by a state or federal law, rule or order enforced by the Department.

“Responsible party” means a common carrier, person, or place of business that is legally responsible for the possession of a commodity or used equipment.

“Stub or soca cotton” means cotton stalks of a previous crop that begin to show signs of growth.

“Treatment Manual” means the USDA-APHIS-PPQ Treatment Manual, T301—Cotton and Cotton Products, revised May 2017. The Treatment Manual is incorporated by reference, does not include any later amendments or editions, and is available from the Department and online at [http://www.aphis.usda.gov/import\\_export/plants/manuals/ports/downloads/treatment.pdf](http://www.aphis.usda.gov/import_export/plants/manuals/ports/downloads/treatment.pdf).

**Historical Note**

Former Rule, Quarantine Regulation 2; Amended effective July 1, 1975 (Supp. 75-1). Former Section R3-4-50 repealed, new Section R3-4-50 adopted effective October 23, 1978 (Supp. 78-5). Section R3-1-50 renumbered to R3-4-201 (Supp. 91-4). Section repealed; new Section adopted by final rulemaking at 5 A.A.R. 2521, effective July 15, 1999 (Supp. 99-3). Amended by final rulemaking at 19 A.A.R. 3860, effective January 4, 2014 (Supp. 13-4). Amended by final rulemaking at 25 A.A.R. 3357, effective January 4, 2020 (Supp. 19-4).

**R3-4-202. Domestic Importation**

- A. Any commodity shipped or transported into the state shall be made available for inspection if required to determine whether the commodity is free of all live pests subject to federal and state laws and rules.
- B. Restrictions.
  - 1. Prior to or upon delivery, a shipper, consignor, or broker of a commodity, regulated or otherwise, (excluding processed products) which is shipped into the state must provide the receiver with a bill of lading, manifest, or other similar documentation that indicates:
    - a. The contact information of the consignor and consignee;
    - b. The contents of the shipment; and
    - c. The origin of the commodity.
  - 2. A shipper, consignor, or broker must provide common carriers documentation prior to shipment containing the following additional information for any commodity that is shipped or transported into the state that is regulated by this Article or other state or federal law, rule or order enforced by the Department:

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- a. The name and physical address of the shipper and receiver;
  - b. A certificate of inspection for nursery stock, if applicable;
  - c. The botanical or common name of the commodity, if applicable;
  - d. The trade or descriptive name of the used container or used equipment, if applicable;
  - e. The quantity of each type of commodity;
  - f. The county and state or foreign country where each commodity originated;
  - g. Any other certificate or permit required by this Article or other state or federal law, rule or order enforced by the Department.
3. Common carriers shall provide the receiver of a commodity regulated by this Article or other state or federal law, rule or order enforced by the Department, with the documentation required under subsection (B)(2) at the time the regulated commodity is delivered to the receiver.
  4. Certificate of Release. Any person receiving a regulated commodity from a post office, package transportation and delivery terminal, or any carrier without a Certificate of Release shall immediately notify the Department and request an inspection.
- E.** Disposition of commodity. When a common carrier is in possession of, or responsible for, a commodity that has been inspected by an inspector and found in violation of this Article or other state or federal law, rule or order enforced by the Department, and elects to ship the commodity out-of-state, A.R.S. § 3-210:
1. The inspector shall notify the shipper, consignor or broker that the commodity is being shipped out-of-state.
  2. The common carrier shall follow the directions provided by the inspector on moving the commodity out-of-state.
- Historical Note**
- Former Rule, Quarantine Regulation 3. Section R3-1-51 renumbered to R3-4-202 (Supp. 91-4). Section repealed by final rulemaking at 5 A.A.R. 2521, effective July 15, 1999 (Supp. 99-3). New Section R3-4-202 renumbered from R3-4-201 and amended by final rulemaking at 19 A.A.R. 3860, effective January 4, 2014 (Supp. 13-4). Amended by final rulemaking at 25 A.A.R. 3357, effective January 4, 2020 (Supp. 19-4).
- R3-4-203. Plant and Crop Safeguards, Inspection, and Certification**
- A.** Definitions. In addition to the definitions provided in A.R.S. § 3-201, R3-4-101 and R3-4-201, the following terms apply to this Section:
1. "Actionable arthropod pest" means any arthropod pest that the Associate Director has determined to be an imminent threat to agriculture and horticulture within the state. Table 2, Actionable Arthropod Pests includes, but is not limited to, arthropod pests that would require immediate action and are prohibited from entry into the state.
  2. "Actionable nematode pest" means any nematode pest that the Associate Director has determined to be an imminent threat to agriculture and horticulture within the state. Table 3, Actionable Nematode Pests includes, but is not limited to, nematode pests that would require immediate action and are prohibited from entry into the state.
  3. "Pest Management Program" means any state or federally recognized program designed for the prevention, monitoring, and control of an actionable arthropod pest or actionable nematode pest. Based on a targeted management (Integrated Pest Management) or holistic approach (Total Systems Approach Program) that incorporates best management practices, monitoring, cultivation practices, cultural controls, treatment programs and/or pest resistant plant varieties, cultivars or hybrids for the control of any live life stages of an actionable arthropod pest or actionable nematode pest associated with the commodity, with a zero pest presence tolerance.
- B.** Regulated area. Unless otherwise indicated, all states, districts, and territories of the United States.
- C.** Commodities covered.
1. All plants and plant products for propagation, including nursery stock (bareroot or potted), budwood, seed for planting, cuttings, stolons, and tissue culture shipped or transported into the state that is a known host for an actionable arthropod pest or actionable nematode pest from the place of origin. Additionally, all agricultural, ornamental, and vegetable seed shall comply with the laws and regulations in Article 4 and any other law, order or federal regulation enforced by the Department.
  2. All commercially harvested bulk shipments of a plant or crop, excluding processed products, which are shipped or transported into the state that may harbor an actionable arthropod pest.
  3. All domestic soil shipped or transported into the state that is:
    - a. Not authorized under a permit or compliance agreement issued by the U.S. Department of Agriculture;
    - b. Not sterilized and not packaged for retail sale;
    - c. Attached to a plant for the purpose of propagation; or
    - d. Used for the purpose of landscaping or grading.
  4. All firewood and green lumber with attached bark.
  5. All used equipment utilized for the propagation, harvesting, transport, and/or maintenance of a commodity listed in subsections (C)(1), (2), (3), or (4).
- D.** Restrictions.
1. For commodities listed in subsection (C) that are not accompanied by proof of compliance with this Section as indicated in the remainder of subsection (D); or are found infested with, or exposed to, an actionable arthropod pest or actionable nematode pest may be placed under quarantine until a disposition is determined by an inspector, A.R.S. § 3-203.
  2. In addition to the requirements under any other Section in this Article, law, order, or federal law enforced by the Department, the commodities listed in subsection (C)(1), are authorized for shipment or transport into the state provided a plant regulatory official at the place of origin issues a certificate of origin and statement of compliance with this Section by one of the following:
    - a. For an actionable arthropod pest known to occur at origin:
      - i. The commodities in the shipment or shipments are inspected and a plant regulatory official provides a certificate attesting that the commodity is apparently free of any live life stages of an actionable arthropod pest;
      - ii. The Associate Director and State Plant Regulatory Official of the origin state has placed the producer under a compliance agreement, authorizing a Pest Management Program for actionable arthropod pests, and has provided certification of compliance to the producer if all provisions of a Pest Management Program are met; or



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- iii. A certificate attesting to treatment for actionable arthropod pests known to occur in the origin location is issued by a plant regulatory official.
    - b. For an actionable nematode pest known to occur at origin:
      - i. The origin state determined through an annual survey conducted within the 12-month period immediately before shipment that the actionable nematode pests do not exist on the property or in the facility used to grow the commodity.
      - ii. The commodity in the shipment was sampled two weeks before shipment, and found free of actionable nematode pests.
      - iii. The commodity was protected from infestation of the actionable nematode pests by implementing all of the following steps:
        - (1) Propagated from clean seed or from cuttings taken 12 inches or higher above ground level;
        - (2) Planted in sterilized soil or other media prepared or treated to ensure freedom from actionable nematode pests;
        - (3) Retained in a sterilized container or bed;
        - (4) Placed on a sterilized bench or sterilized support 18 inches or higher from the ground or floor level; and
        - (5) Found pest-free using a sampling method approved by the Associate Director.
  - 3. In addition to the requirements under any other Section in this Article, law, order, or federal law enforced by the Department, the commodities listed in subsection (C)(2), are authorized for shipment or transport into the state provided a plant regulatory official at the place of origin issues a certificate of origin and statement of compliance with this Section by one of the following:
    - a. Authorize and validate compliance for an area-wide control program for actionable arthropod pests known to occur at the origin location;
    - b. Inspect bulk shipments of commodities by standard risk-based sampling rates to achieve a 95% confidence level that the shipment is apparently free of any live life stages of an actionable arthropod pest known to occur at origin; or
    - c. Require treatment for actionable arthropod pests known to occur in the origin location by a method known to control the pest and verify effectiveness of treatment.
  - 4. In addition to the requirements under any other Section in this Article, law, order, or federal law enforced by the Department, the commodities listed in subsection (C)(3), are authorized for shipment or transport into the state provided a plant regulatory official at the place of origin issues a certificate of origin and statement of compliance with this Section by one of the following:
    - a. Authorize and validate a Pest Management Program or an area-wide control program for actionable arthropod pests; or
    - b. Require treatment for actionable arthropod pests known to occur in the origin location by a method known to control the pest.
  - 5. In addition to the requirements under any other Section in this Article, law, order, or federal law enforced by the Department, the commodities listed in subsection (C)(4), are authorized for shipment or transport into the state provided a plant regulatory official at the place of origin issues a certificate of origin and statement of compliance with this Section by one of the following:
    - a. Heat treatment as indicated in the USDA Treatment Manual, Heat Treatment Schedule: T314-a; and accompanied by a treatment certificate issued by a certified heat-treatment facility, or a state or federal regulatory official; or
    - b. Any other method approved by the Associate Director that eliminates all live life stages of an actionable arthropod pest.
  - 6. In addition to the requirements under any other Section in this Article, law, order, or federal law enforced by the Department, a plant regulatory official shall ensure that the commodity listed in subsection (C)(5) is accompanied by a certificate issued by the origin state attesting that the commodity is reasonably free of all soil and extraneous plant material that could harbor a live life stage of an actionable arthropod pest.
- E. Exemptions.**
- 1. The Associate Director may issue an exemption to a restriction in this Section at the request of a State Plant Regulatory Official on an area-wide or county-wide basis, under the following conditions:
    - a. For an area-wide or county-wide exemption of a commodity (Master Permit):
      - i. The State Plant Regulatory Official agrees to comply with the conditions of a Master Permit that indicates the necessary safeguarding measures including monitoring, inspection, treatment, alternate treatment, and/or certification of the commodity.
      - ii. The Department may suspend or revoke a Master Permit if one or more shipments of a commodity are not in compliance with the conditions of the authorized Master Permit or live life stages of an actionable arthropod pest or actionable nematode pest are found.
    - b. For an exemption provided to a shipper of a commodity (Origin Inspection Agreement):
      - i. The State Plant Regulatory Official and the shipper agree to comply with the conditions of an Origin Inspection Agreement that indicates the necessary safeguarding measures including monitoring, inspection, treatment, alternate treatment, and/or certification of the commodity.
      - ii. The Department may suspend or revoke an Origin Inspection Agreement if one or more shipments of a commodity are not in compliance with the conditions of the Origin Inspection Agreement or live life stages of an actionable arthropod or actionable nematode pest are found.
  - 2. Notwithstanding any other restriction, the Associate Director may declare a state, or an area within a state, exempt to a condition in this Section if it is demonstrated by a State Plant Regulatory Official that an actionable arthropod pest or actionable nematode pest is known not to occur in the origin state and that the actionable arthropod pest or actionable nematode pest is part of a state or federal authorized pest monitoring program that justifies the "free from" status.
- F. Violations.** Any shipper of a commodity listed in subsection (C) that is not in compliance with the restrictions indicated in subsection (D), or an actionable arthropod pest or actionable

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nematode pest are found on the shipment, the shipper may be temporarily suspended from shipping or transporting commodities listed in subsection (C) into the state under the following guidelines:

- a. The shipper will be notified of the violations and corrective measures will be provided;
- b. The origin State Plant Regulatory Official will be notified of the violation and suspension;
- c. The shipper will be required to contact the origin State Plant Regulatory Official to confirm completion of corrective measures;
- d. The origin State Plant Regulatory Official will contact the Department to request approval to retract the suspension upon successful completion of the corrective measures; and
- e. The Associate Director may retract the suspension upon satisfactory completion of the corrective measures.

**Historical Note**

Former Rule, Quarantine Regulation 4. Repealed effective October 23, 1978 (Supp. 78-5). Section R3-1-52 renumbered to R3-4-203 (Supp. 91-4). New Section made by final rulemaking at 25 A.A.R. 3357, effective January 4, 2020 (Supp. 19-4).

**R3-4-204. Cotton Pest Management: Interior****A. Definitions.** The following terms apply to this Section:

1. "Crop remnant" means the stalks, leaves, bolls, lint, pods, and seeds of cotton.
2. "Stub cotton" means cotton stalks of a previous crop that begin to show signs of growth.
3. "Volunteer cotton" means a sprout from seed of a previous crop.

**B. Regulated commodities and appliances.** Cotton, all parts.**C. Cultural practices.**

1. Arizona's cultural zones are:
  - a. Zone "A" -- Yuma County west of a line extended directly north and directly south of Avenue 58E.
  - b. Zone "B" -- Cochise County, Graham County, and Greenlee County.
  - c. Zone "C" -- Mohave County and La Paz County, except for the following: T6N, R11W, 12W, 13W; T5N, R12W, 13W; T4N, R12W, 14W, 15W; T3N, R10W, 11W; and T2N, R11W.
  - d. Zone "D" -- Pima County; the following portions of Pinal County: T10S, R10E, sections 34-36; T10S, R11E, section 31; T7S, R16E; T6S, R16E; T5S, R15E; T5S, R16E and T4S, R14E; and the following portions of the Aguila area: T6N, R8W; T7N, R8W, 9W, 10W; T7N, R11W, other than sections 24, 25 and 36; and T8N, R9W, sections 31-36.
  - e. Zone "E" -- All portions of the state not included in zones "A", "B", "C", and "D."
2. No stub or volunteer cotton shall be grown in or allowed to grow in the state. The landowner or grower shall be responsible for eliminating stub or volunteer cotton.
3. Tillage deadline. Except as provided in subsection (C)(4), a grower shall ensure that a crop remnant of a host plant remaining in the field after harvest is shredded and the land tilled to destroy the host plant and its root system so no stalks remain attached to the soil before the following dates or before planting another crop, whichever occurs earlier: Zone "A", January 15; Zone "B", March 1; Zone "C", February 15; Zone "D", March 1; Zone "E", February 15.
4. Rotational crop following cotton harvest.

- a. If a grower elects to plant a small-grain crop following a cotton harvest, the grower may, after the host plant is shredded, irrigate and plant with wheat, barley, or oats (or other similar small-grain crops approved in writing by the Associate Director before planting) instead of tilling as prescribed in subsection (C)(3). The small-grain crop shall be planted before the tillage deadline for the zone.
- b. The Associate Director shall approve small-grain crops other than wheat, barley, and oats, if the planting, growth, and harvest cycles of the small-grain crop prevents the maturation of stub or volunteer cotton. A grower shall submit a written request for approval of a small-grain crop, other than wheat, barley, or oats, at least 15 days before the tillage deadline for the zone. The written request shall include the scientific and common name of the proposed small-grain crop and the estimated date of harvest.
- c. If a grower elects to plant a crop other than an approved small-grain crop following a cotton harvest, the requirements specified in subsection (C)(3) apply.
5. Planting dates.
  - a. A grower who meets the tillage deadline specified in subsection (C)(3) for the preceding cotton crop year shall not plant cotton earlier than 15 days after the tillage deadline for the zone.
  - b. A grower who does not meet the tillage deadline specified in subsection (C)(3) for the preceding cotton crop year shall not plant cotton on a farm until 15 days after the grower ensures that all crop remnants of a host plant remaining in the fields after harvest are shredded and the land tilled to destroy the host plant and its root system so no stalks remain attached to the soil.
6. Dry planting. Any grower who meets the tillage deadline for the zone may dry plant cotton five days after the tillage deadline for that zone, but shall not water until 15 days after the tillage deadline for that zone.
7. An inspector shall give written notice to any owner or person in charge or control of the nuisance found in violation of subsection (C). The processes established in subsections (C)(3) and (C)(4) shall be repeated, as necessary, to destroy the pests.

**Historical Note**

Former Rule, Quarantine Regulation 5. Amended effective January 24, 1978 (Supp. 78-1). Former Section R3-4-53 repealed, new Section R3-4-53 adopted effective December 2, 1982. See also R3-4-53.01 through R3-4-53.07 (Supp. 82-6). Section R3-1-53 renumbered to R3-4-204 (Supp. 91-4). Section repealed, new Section adopted effective May 7, 1993 (Supp. 93-2). Amended effective September 22, 1994 (Supp. 94-3). Amended effective July 10, 1995 (Supp. 95-3). Amended effective November 7, 1996 (Supp. 96-4). Amended by final rulemaking at 5 A.A.R. 2521, effective July 15, 1999 (Supp. 99-3). Amended by final rulemaking at 6 A.A.R. 2082, effective May 15, 2000 (Supp. 00-2). Amended by final rulemaking at 19 A.A.R. 3860, effective January 4, 2014 (Supp. 13-4). Amended by final rulemaking at 25 A.A.R. 3357, effective January 4, 2020 (Supp. 19-4).

**R3-4-205. Renumbered**

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**Historical Note**

Adopted effective December 2, 1982. See also R3-4-53 and R3-4-53.02 through R3-4-53.07 (Supp. 82-6). Section R3-1-53.01 renumbered to R3-4-205 (Supp. 91-4). Repealed effective May 7, 1993 (Supp. 93-2). New Section adopted effective December 20, 1994 (Supp. 94-4). Section R3-4-205 renumbered to R3-4-501 and amended, effective April 9, 1998 (Supp. 98-2).

**R3-4-206. Repealed****Historical Note**

Adopted effective December 2, 1982. See also R3-4-53, R3-4-53.01 and R3-4-53.03 through R3-4-53.07 (Supp. 82-6). Section R3-1-53.02 renumbered to R3-4-206 (Supp. 91-4). Repealed effective May 7, 1993 (Supp. 93-2).

**R3-4-207. Repealed****Historical Note**

Adopted effective December 2, 1982. See also R3-4-53, R3-4-53.01, R3-4-53.02 and R3-4-53.04 through R3-4-53.07 (Supp. 82-6). Section R3-1-53.03 renumbered to R3-4-207 (Supp. 91-4). Repealed effective May 7, 1993 (Supp. 93-2).

**R3-4-208. Repealed****Historical Note**

Adopted effective December 2, 1982. See also R3-4-53, R3-4-53.01 through R3-4-53.03 and R3-4-53.05 through R3-4-53.07 (Supp. 82-6). Section R3-1-53.04 renumbered to R3-4-208 (Supp. 91-4). Repealed effective May 7, 1993 (Supp. 93-2).

**R3-4-209. Repealed****Historical Note**

Adopted effective December 2, 1982. See also R3-4-53, R3-4-53.01 through R3-4-53.04, R3-4-53.06, and R3-4-53.07 (Supp. 82-6). Amended effective October 21, 1983 (Supp. 83-5). Amended effective July 24, 1985 (Supp. 85-4). Amended effective May 5, 1986 (Supp. 86-3). Amended effective May 10, 1988 (Supp. 88-2). Amended subsection (B) effective December 27, 1988 (Supp. 88-4). Amended effective December 22, 1989 (Supp. 89-4). Section R3-1-53.06 renumbered to R3-4-209 (Supp. 91-4). Repealed effective May 7, 1993 (Supp. 93-2).

**R3-4-210. Repealed****Historical Note**

Adopted effective December 2, 1982. See also R3-4-53, R3-4-53.01 through R3-4-53.05 and R3-4-53.07 (Supp. 82-6). Section R3-1-53.06 renumbered to R3-4-210 (Supp. 91-4). Repealed effective May 7, 1993 (Supp. 93-2).

**R3-4-211. Repealed****Historical Note**

Adopted effective December 2, 1982. See also R3-4-53, R3-4-53.01 through R3-4-53.06 (Supp. 82-6). Section R3-1-53.07 renumbered to R3-4-211 (Supp. 91-4). Repealed effective May 7, 1993 (Supp. 93-2).

**R3-4-212. Repealed****Historical Note**

Former Rule, Quarantine Regulation 6. Amended effective July 1, 1975 (Supp. 75-1). Amended effective April 26, 1976 (Supp. 76-2). Amended effective June 16, 1977

(Supp. 77-3). Repealed effective June 19, 1978 (Supp. 78-3). Adopted as an emergency effective October 21, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-5). Adopted as an emergency effective January 19, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-1). Emergency expired. Former Section R3-4-54 adopted as an emergency now adopted without change effective May 15, 1984. See also R3-4-54.01 thru R3-4-54.05 (Supp. 84-3). Section R3-1-54 renumbered to R3-4-212 (Supp. 91-4). Repealed effective April 3, 1997 (Supp. 97-2).

**R3-4-213. Repealed****Historical Note**

Adopted as an emergency effective October 21, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-5). Adopted as an emergency effective January 19, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-1). Emergency expired. Former Section R3-4-54.01 adopted as an emergency now adopted and amended effective May 15, 1984. See also R3-4-54, R3-4-54.02 thru R3-4-54.05 (Supp. 84-3). Section R3-1-54.01 renumbered to R3-4-213 (Supp. 91-4). Repealed effective April 3, 1997 (Supp. 97-2).

**R3-4-214. Repealed****Historical Note**

Adopted as an emergency effective October 21, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-5). Adopted as an emergency effective January 19, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-1). Emergency expired. Former Section R3-4-54.02 adopted as an emergency now adopted and amended effective May 15, 1984. See also R3-4-54, R3-4-54.01, R3-4-54.03 thru R3-4-54.05 (Supp. 84-3). Section R3-1-54.02 renumbered to R3-4-214 (Supp. 91-4). Repealed effective April 3, 1997 (Supp. 97-2).

**R3-4-215. Repealed****Historical Note**

Adopted as an emergency effective October 21, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-5). Adopted as an emergency effective January 19, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-1). Emergency expired. Former Section R3-4-54.03 adopted as an emergency now adopted and amended effective May 15, 1984. See also R3-4-54, R3-4-54.01, R3-4-54.02, R3-4-54.04 and R3-4-54.05 (Supp. 84-3). Section R3-1-54.03 renumbered to R3-4-215 (Supp. 91-4). Repealed effective April 3, 1997 (Supp. 97-2).

**R3-4-216. Repealed****Historical Note**

Adopted as an emergency effective October 21, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-5). Adopted as an emergency effective January 19, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-1). Emergency expired. Former Section R3-4-54.04 adopted as an emergency now adopted and amended effective May 15, 1984. See also R3-4-54, R3-4-54.01 thru R3-4-54.03, and R3-4-54.05 (Supp. 84-3). Section R3-1-54.04 renumbered to R3-4-216 (Supp. 91-4). Repealed effective April 3, 1997 (Supp. 97-2).

**R3-4-217. Repealed**

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**Historical Note**

Adopted effective May 15, 1984. See also R3-4-54, R3-4-54.01 thru R3-4-54.04 (Supp. 84-3). Section R3-1-54.05 renumbered to R3-4-217 (Supp. 91-4). Repealed effective April 3, 1997 (Supp. 97-2).

**R3-4-218. Boll Weevil Pest: Exterior Quarantine**

A. Definitions. In addition to the definitions provided in A.R.S. § 3-201, R3-4-101 and R3-4-201, the following terms apply to this Section:

1. "Cotton appliance" means a container used in handling cotton, including sacks, bags, tarps, boxes, crates, and machinery used in planting, harvesting and transporting cotton.
2. "Cotton lint" means the remnant produced when cottonseed is processed in a gin.
3. "Cottonseed" means a seed derived from cotton plants which is destined for propagation or other use.
4. "Fumigation certificate" means a quarantine compliance certificate that specifies the fumigation chemical used, the treatment schedule, and the commodity treated.
5. "Hibiscus" means all parts of *Hibiscus* spp.
6. "Pest" means the following, notwithstanding the definition in A.R.S. § 3-201: Boll weevil, *Anthonomus grandis* (Boheman).
7. "Spanish moss" means all parts of *Tillandsia usneoides*.

B. Area under quarantine. In the state of Texas, the following counties: Anderson, Angelina, Aransas, Atascosa, Austin, Bastrop, Bee, Bell, Bexar, Blanco, Bosque, Bowie, Brazoria, Brazos, Brooks, Burleson, Burnett, Caldwell, Calhoun, Cameron, Camp, Cass, Chambers, Cherokee, Collin, Colorado, Comal, Cooke, Coryell, Dallas, Delta, Denton, De Witt, Dimmit, Duval, Ellis, Falls, Fannin, Fayette, Fort Bend, Franklin, Freestone, Frio, Galveston, Gillespie, Goliad, Gonzales, Grayson, Gregg, Grimes, Guadalupe, Hamilton, Hardin, Harris, Harrison, Hays, Henderson, Hidalgo, Hill, Hood, Hopkins, Houston, Hunt, Jack, Jackson, Jasper, Jefferson, Jim Hogg, Jim Wells, Johnson, Karnes, Kaufman, Kendall, Kenedy, Kinney, Kleberg, Lamar, Lampasas, La Salle, Lavaca, Lee, Leon, Liberty, Limestone, Live Oak, Llano, Madison, Marion, Matagorda, Maverick, McLennan, McMullen, Medina, Milam, Mills, Montague, Montgomery, Morris, Nacogdoches, Navarro, Newton, Nueces, Orange, Panola, Parker, Polk, Rains, Red River, Refugio, Robertson, Rockwall, Rusk, Sabine, San Augustine, San Jacinto, San Patricio, San Saba, Shelby, Smith, Somervell, Starr, Tarrant, Titus, Travis, Trinity, Tyler, Upshur, Uvalde, Van Zandt, Victoria, Walker, Waller, Washington, Webb, Wharton, Willacy, Williamson, Wilson, Wise, Wood, Zapata, and Zavala.

C. Regulated commodities.

1. Gin trash,
2. Cotton lint,
3. Cottonseed,
4. Used cotton appliances or equipment that have any cotton plants attached or contained therein,
5. Cotton plants,
6. Spanish moss, and
7. Hibiscus plants.

D. Restrictions. A person shall not ship or transport into Arizona from an area under quarantine:

1. Gin trash, cotton lint, cottonseed, or used cotton appliances or equipment that have any cotton plants attached or contained therein unless the commodity or appliance is accompanied by an original fumigation certificate attesting the commodity or appliance has been fumigated as prescribed in the Treatment Manual.

2. Cotton plants or hibiscus plants unless the commodity is accompanied by an original quarantine compliance certificate attesting the commodity was treated with a chemical to kill the pest and was visually inspected and found free of all live life stages of the pest within five days of shipment.
3. Spanish moss, unless the commodity is accompanied by an original quarantine compliance certificate attesting the commodity was treated by one of the following methods:
  - a. Commercial drying; or
  - b. Chemical treatment using a pesticide registered and labeled for use on the commodity to kill all live life stages of the pest.

**Historical Note**

Former Rule, Quarantine Regulation 7. Section R3-4-55 repealed, new Section adopted effective August 16, 1990 (Supp. 90-3). Section R3-1-55 renumbered to R3-4-218 (Supp. 91-4). Appendix to R3-4-218 removed; R3-4-218 amended by final rulemaking effective January 4, 2014 (Supp. 13-4). Amended by final rulemaking at 25 A.A.R. 3357, effective January 4, 2020 (Supp. 19-4).

**R3-4-219. Repealed****Historical Note**

Former Rule, Quarantine Regulation 8. Repealed effective December 19, 1980 (Supp. 80-6). Adopted as an emergency effective April 11, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-2). Emergency adoption expired. Permanent rule adopted effective November 15, 1984 (Supp. 84-6). Former Section R3-4-56 repealed, former Sections R3-4-56.01 through R3-4-56.04 renumbered and amended as Section R3-4-56 effective June 20, 1986 (Supp. 86-3). Repealed June 29, 1990 (Supp. 90-2). New Section adopted effective April 11, 1991 (Supp. 91-2). Section R3-1-56 renumbered to R3-4-219 (Supp. 91-4). Amended by final rulemaking at 10 A.A.R. 3380, effective October 2, 2004 (Supp. 04-3). Repealed by final rulemaking at 25 A.A.R. 3357, effective January 4, 2020 (Supp. 19-4).

**R3-4-220. Citrus Nursery Stock Pests**

A. Definitions. In addition to the definitions provided in A.R.S. § 3-201, R3-4-101 and R3-4-201, the following terms apply to this Section:

1. "Diseases" means any of the following diseases, notwithstanding the definition in A.R.S. § 3-201:
  - a. Citrus Cachexia (CCaVd),
  - b. Citrus Exocortis Virus (CEVd),
  - c. Citrus Psorosis Virus (CPsV),
  - d. Citrus Tristeza Virus (CTV), or
  - e. Citrus greening disease (HLB), *Candidatus Liberibacter asiaticus*.
2. "Shoot-tip-grafting" means a treatment method that employs micro-grafting to eliminate the chances of transmitting a disease.
3. "Thermotherapy" means a treatment method for propagative material that employs high temperatures to eliminate the presence of a disease.

B. Area under quarantine. All states, territories, and districts of the United States, except the state of Arizona.

C. Regulated commodities. Citrus nursery stock. All plants or plant parts, except seed or attached green fruit, of all species, varieties, or hybrids of the genera *Citrus*, *Eremocitrus*, *Fortunella*, *Poncirus*, and *Microcitrus*.

D. Restrictions.

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1. The commodity listed in subsection (C) is prohibited from entry into the state from the area under quarantine unless one of the following conditions are met prior to shipment:
    - a. The regulated commodity is permitted under a USDA-APHIS approved program for the interstate movement of citrus nursery stock;
    - b. A regulated commodity that is not subject to the restrictions for the interstate movement of citrus nursery stock may be certified under an origin state department of agriculture authorized program or National Clean Plant Network program that ensures the regulated commodity is foundation or source material, or has been propagated from a foundation or source tree that has been:
      - i. Tested and found free of the diseases listed in subsections (A)(1)(a),(b),(c), and (d) within the previous 36 months;
      - ii. Tested and found free of the disease listed in subsection (A)(1)(e) within the previous 12 months;
      - iii. Treated by thermotherapy or shoot-tip-grafting;
      - iv. Assigned and tagged with an index number; and
      - v. Released from the origin state or federal quarantine.
    - c. The regulated commodity is safeguarded and certified by an alternative method approved by the Associate Director.
  2. A person shipping a regulated commodity into Arizona shall attach a single tag or label to each plant or plant part, or to each individual container containing a plant or plant part, that is intended for resale by an Arizona receiver. The tag or label shall contain the following information separately provided for each scion variety grafted to a single rootstock:
    - a. Name and address of the nursery that propagated the plant,
    - b. Scion variety name,
    - c. Scion variety registration number, and
    - d. Rootstock variety name.
- E. Disposition of regulated commodity not in compliance. A regulated commodity shipped into Arizona in violation of this Section shall be destroyed, treated, or transported out-of-state (A.R.S. § 3-210).

**Historical Note**

Former Rule, Quarantine Regulation 9. Amended effective July 1, 1975 (Supp. 75-1). Former Section R3-4-57 amended and renumbered as R3-4-57 through R3-4-57.05 effective February 16, 1982 (Supp. 82-1). Section repealed, new Section adopted effective June 14, 1990 (Supp. 90-2). Section R3-1-57 renumbered to R3-4-220 (Supp. 91-4). Amended by final rulemaking at 10 A.A.R. 3380, effective October 2, 2004 (Supp. 04-3). Amended by final rulemaking at 12 A.A.R. 4065, effective December 4, 2006 (Supp. 06-4). Amended by final rulemaking at 25 A.A.R. 3357, effective January 4, 2020 (Supp. 19-4).

**R3-4-221. Repealed****Historical Note**

Former Section R3-4-57 amended and renumbered as R3-4-57 through R3-4-57.05 effective February 16, 1982 (Supp. 82-1). Repealed effective June 14, 1990 (Supp. 90-2). Section R3-1-57.01 renumbered to R3-4-221 (Supp. 91-4).

90-2). Section R3-1-57.01 renumbered to R3-4-221 (Supp. 91-4).

**R3-4-222. Repealed****Historical Note**

Former Section R3-4-57 amended and renumbered as R3-4-57 through R3-4-57.05 effective February 16, 1982 (Supp. 82-1). Repealed effective June 14, 1990 (Supp. 90-2). Section R3-1-57.02 renumbered to R3-4-222 (Supp. 91-4).

**R3-4-223. Repealed****Historical Note**

Former Section R3-4-57 amended and renumbered as R3-4-57 through R3-4-57.05 effective February 16, 1982 (Supp. 82-1). Repealed effective June 14, 1990 (Supp. 90-2). Section R3-1-57.03 renumbered to R3-4-223 (Supp. 91-4).

**R3-4-224. Repealed****Historical Note**

Former Section R3-4-57 amended and renumbered as R3-4-57 through R3-4-57.05 effective February 16, 1982 (Supp. 82-1). Repealed effective June 14, 1990 (Supp. 90-2). Section R3-1-57.04 renumbered to R3-4-224 (Supp. 91-4).

**R3-4-225. Repealed****Historical Note**

Former Section R3-4-57 amended and renumbered as R3-4-57 through R3-4-57.05 effective February 16, 1982 (Supp. 82-1). Repealed effective June 14, 1990 (Supp. 90-2). Section R3-1-57.05 renumbered to R3-4-225 (Supp. 91-4).

**R3-4-226. Repealed****Historical Note**

Former Rule, Quarantine Regulation 10; Amended effective August 31, 1981 (Supp. 81-4). Former Section R3-4-58 repealed, new Section R3-4-58 adopted effective July 13, 1989 (Supp. 89-3). Section R3-1-58 renumbered to R3-4-226 (Supp. 91-4). Amended by final rulemaking at 10 A.A.R. 3380, effective October 2, 2004 (Supp. 04-3). Amended by final rulemaking at 12 A.A.R. 4065, effective December 4, 2006 (Supp. 06-4). Repealed by final rulemaking at 25 A.A.R. 3357, effective January 4, 2020 (Supp. 19-4).

**R3-4-227. Repealed****Historical Note**

Former Rule, Quarantine Regulation 11. Section R3-1-59 renumbered to R3-4-227 (Supp. 91-4). Repealed effective April 3, 1997 (Supp. 97-2).

**R3-4-228. Repealed****Historical Note**

Former Rule, Quarantine Regulation 12. Amended effective July 1, 1975 (Supp. 75-1). Amended effective June 19, 1978 (Supp. 78-3). Amended subsection (C) effective January 21, 1981 (Supp. 81-1). Amended effective August 11, 1987 (Supp. 87-3). Section R3-1-60 renumbered to R3-4-228 (Supp. 91-4). Amended by final rulemaking at 10 A.A.R. 3374, effective October 2, 2004 (Supp. 04-3).

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(Supp. 04-3). Repealed by final rulemaking at 25 A.A.R. 3357, effective January 4, 2020 (Supp. 19-4).

**R3-4-229. Nut Tree Pests**

**A.** Definitions. In addition to the definitions provided in A.R.S. § 3-201, R3-4-101 and R3-4-201, the following terms apply to this Section:

1. "Brooming" means a phytoplasma disease that drastically reduces nut production and sometimes causes death of the host tree.
2. "Pest" means any of the following, notwithstanding the definition in A.R.S. § 3-201:
  - a. Pecan leaf casebearer, *Acrobasis juglandis*;
  - b. Pecan nut casebearer, *Acrobasis nuxvorella*;
  - c. Pecan phylloxera, *Phylloxera notabilis*; and
  - d. The phytoplasma disease that causes brooming disease of walnut.

**B.** Area under quarantine: All states, districts, and territories of the United States except California.

**C.** Infested area.

1. For the pests in subsections (A)(2)(a) and (b): All states and districts east of and including the states of Montana, Wyoming, Colorado, and New Mexico.
2. For the pest in subsection (A)(2)(c): Alabama, Arkansas, Louisiana, Mississippi, Oklahoma, and Texas.
3. For the pest in subsection (A)(2)(d): All states and districts east of and including Montana, Wyoming, Colorado, and New Mexico.

**D.** Commodities covered:

1. All species and varieties of the following trees and all plant parts capable of propagation, except the nuts. Plant parts include buds, scions, and rootstocks:
  - a. Hickory and pecan (*Carya* spp.);
  - b. Walnut and butternut (*Juglans* spp.);
2. All by-products of pruning, harvesting and/or processing, including firewood of a commodity listed in subsection (D)(1).
3. Any used equipment used during the growing, harvesting, care, or maintenance of a commodity listed in subsection (D)(1);
4. Any used container, used in the handling, storage, or transport of a commodity listed in subsection (D)(1).

**E.** Restrictions:

1. The commodities listed in subsection (D)(1), that are potted in any growing media shall be prohibited from the area under quarantine, unless otherwise exempted by the Associate Director.
2. The commodities listed in subsection (D)(1), that are not potted in any growing media, shall be admitted into Arizona:
  - a. From the infested area prescribed in subsections (C)(1) and (C)(2) if treated at origin and each lot or shipment is accompanied by a certificate issued by a plant regulatory official affirming the commodity has been treated in accordance with a selected method prescribed in subsections (F)(1), (2), or (5);
  - b. From an area under quarantine outside the infested area, if each lot or shipment is accompanied by a certificate issued by a plant regulatory official affirming that the commodities originated in a county not known to be infested with the pests listed in subsections (A)(2)(a), (b), and (c).
3. The commodities listed in subsection (D)(1)(b) shall be:
  - a. Prohibited from entering Arizona from the infested area prescribed in subsection (C)(3);
  - b. Admitted into Arizona from an area under quarantine outside the infested area prescribed in subsection (C)(3), if each lot or shipment is accompanied by a certificate issued by a plant regulatory official affirming the pest listed in subsection (A)(2)(d) is unknown in the origin county.

4. The commodities listed in subsection (D)(2) are prohibited from entering the state unless treated by a method prescribed in subsections (F)(1), (3), or (5).
5. The commodities listed in subsections (D)(3) and (4) are prohibited from entering the state unless treated by a method indicated in subsections (F)(1),(4) or (5).

**F.** Treatments:

1. Methyl bromide fumigation at manufacturers recommended rates.
2. A hot-water dip at 140° F or more for a minimum of 30 continuous seconds.
3. Heat treated to an internal temperature of 160° F at the center of the commodity for at least 75 minutes.
4. Used equipment and containers.
  - a. Steam-cleaned, inspected, and certified free from debris by the origin state, or
  - b. Cold treatment in a cold storage chamber at or below 0° F for at least seven consecutive days (168 hours).
5. Any other treatment approved by the Associate Director.

**Historical Note**

Former Rule, Quarantine Regulation 13. Amended subsections (C), (E) and (G) effective May 5, 1986 (Supp. 86-3). Section R3-1-61 renumbered to R3-4-229 (Supp. 91-4). Amended effective January 16, 1996 (Supp. 96-1). Amended by final rulemaking at 6 A.A.R. 41, effective December 8, 1999 (Supp. 99-4). Subsection citation in subsection (E)(1)(b) amended to correct manifest typographical error (Supp. 03-2). Amended by final rulemaking at 25 A.A.R. 3357, effective January 4, 2020 (Supp. 19-4).

**R3-4-230. Repealed****Historical Note**

Former Rule, Quarantine Regulation 14. Section R3-1-62 renumbered to R3-4-230 (Supp. 91-4). Section repealed by final rulemaking at 10 A.A.R. 3380, effective October 2, 2004 (Supp. 04-3).

**R3-4-231. Nut Pests**

**A.** Definitions. In addition to the definitions provided in A.R.S. § 3-201 and R3-4-101 and R3-4-201, the following terms apply to this Section:

"Pest" means any of the following, notwithstanding the definition in A.R.S. § 3-201:

1. Pecan weevil, *Curculio caryae*;
2. Butternut curculio, *Conotrachelus juglandis*;
3. Black walnut curculio, *Conotrachelus retentus*;
4. Hickory shuckworm, *Cydia caryana*.

"Sticktight" means the remnant husks and/or debris that remain on an in-shell nut after the cleaning process.

**B.** Area under quarantine:

1. For the pest under subsection (A)(1): The New Mexico counties of Chaves, Curry, Eddy, and Lea and all other states and districts of the United States except California.
2. For the pest under subsection (A)(2): The New Mexico counties of Lea, Eddy, and Dona Ana, and all other states and districts of the United States except California.
3. For the pests under subsections (A)(3) and (4): All states and districts of the United States except California.

**C.** Commodities covered:

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1. Nuts of all species and varieties of hickory, pecan (*Carya spp.*), walnut and butternut (*Juglans spp.*), except extracted nut meats.
  2. Any used equipment used during growing, harvesting, care, or maintenance of a commodity listed in subsection (C)(1).
  3. Any used container, used in the handling, storage, or transport of a commodity listed in subsection (C)(1).
- D. Restrictions:**
1. A commodity listed in subsection (C)(1), originating in or shipped from the area under quarantine, shall be admitted into Arizona if the commodity has been cleaned of husks, hulls, debris, and sticktights and each lot or shipment is accompanied by a certificate issued by a plant regulatory official affirming the commodity has been treated by a method prescribed in subsections (E)(1), (2), (3), or (5).
  2. A commodity listed in subsections (C)(2) and (3) shall be admitted into Arizona if the commodity has been treated by a method prescribed in subsections (E)(3), (4), or (5).
- E. Treatment:**
1. Cold treatment: The commodities shall be held in a cold storage chamber at or below 0° F for at least seven consecutive days (168 hours). The treatment shall not start until the entire content of the lot of nuts has reached 0° F.
  2. A hot-water bath treatment at 140° F for a minimum of five continuous minutes. Water temperature shall be maintained at or above 140° F during the entire treatment period.
  3. Methyl bromide fumigation at manufacturers recommended rates.
  4. Used equipment and containers.
    - a. Steam-cleaned, inspected, and certified free from debris by the origin state,
    - b. Cold treatment in a cold storage chamber at or below 0° F for at least seven consecutive days (168 hours).
  5. Any other treatment approved by the Associate Director.
- Historical Note**
- Former Rule, Quarantine Regulation 15. Amended effective July 13, 1989 (Supp. 89-3). Section R3-1-63 renumbered to R3-4-231 (Supp. 91-4). Amended by final rulemaking at 6 A.A.R. 41, effective December 8, 1999 (Supp. 99-4). Amended by final rulemaking at 25 A.A.R. 3357, effective January 4, 2020 (Supp. 19-4).
- R3-4-232. Repealed**
- Historical Note**
- Former Rule, Quarantine Regulation 16. Repealed effective February 16, 1979 (Supp. 79-1). Section R3-1-64, "Repealed" renumbered to R3-4-232, "Repealed" (Supp. 91-4).
- R3-4-233. Lettuce Mosaic Virus**
- A. Definitions.** In addition to the definitions provided in R3-4-101, the following terms apply to this Section:
1. "Breeder seed" means unindexed lettuce seed that a lettuce breeder or researcher controls, and that is not available for commercial sale or propagation.
  2. "Breeder trial" means breeder seed grown to develop a new variety of lettuce.
  3. "Mosaic-indexed" means that a laboratory tested at least 30,000 lettuce seeds from a seed lot and found that all sampled seeds were determined to be free from lettuce mosaic virus.
  4. "Pest" means lettuce mosaic virus.
  5. "Unindexed lettuce seed" means lettuce seed that is not mosaic-indexed.
- B. Area Under Quarantine:** All states, districts, and territories of the United States.
- C. Regulated Commodities:** Plants and plant parts, including seeds, of all varieties of lettuce, *Lactuca sativa*.
- D. Restrictions.**
1. A person shall not import into, transport within, plant, or sell in Arizona unindexed lettuce seed unless the unindexed lettuce seed is exempted under subsection (E) or the person obtains a permit as prescribed in subsection (G).
  2. Each container or subcontainer of mosaic-indexed seed shall bear a label with the statement "Zero infected seeds per 30,000 tested (0 in 30,000)" as well as the name of the certified or accredited laboratory that tested the seed under subsection (D)(5).
  3. A person shall not import into, transport within, plant, or sell in Arizona lettuce transplants unless the transplants are exempted under subsection (E), or unless an original certificate, issued by the origin state, accompanies the shipment. The certificate shall declare:
    - a. The name of the exporter,
    - b. The variety name and lot number of the seed from which the transplants were grown, and
    - c. Verification that the seeds from which the transplants were grown were mosaic-indexed.
  4. A grower shall disk or otherwise destroy all lettuce fields within 10 days after the last day of commercial harvest or abandonment, unless prevented by documented weather conditions or circumstances beyond the control of the grower.
  5. Laboratories that index lettuce seed that is shipped to Arizona shall be certified by the agricultural department of the laboratory's state of origin or by the Arizona Department of Agriculture, in accordance with A.R.S. § 3-145, or shall be accredited by the National Seed Health System. Laboratories shall provide a copy of their certificate or accreditation letter to the Arizona Department of Agriculture by January 1 of the year that shipping will take place.
- E. Exemptions.** The requirements of subsection (D) do not apply to:
1. Lettuce seed sold in retail packages of 1 oz. or less to the homeowner for noncommercial planting,
  2. Shipments of lettuce transplants consisting of five flats or less per receiver for noncommercial planting,
  3. Breeder trials for a plot of 1/20 of an acre or less, or
  4. Breeder trials for a plot of greater than 1/20 of an acre but no more than 1.25 acres provided the breeder or researcher:
    - a. Places a flag, marked with a trial identification number, at each corner of a breeder trial plot;
    - b. Provides the following written information to the Department within 10 business days of planting breeder seed:
      - i. GPS coordinates for each breeder trial plot using NAD 83 decimal degrees;
      - ii. A detailed map showing the location of each breeder trial plot;
      - iii. An identification number for each breeder trial plot; and
      - iv. The name, address, telephone number, and e-mail address for the breeder or researcher;
    - c. Monitors the lettuce for pest symptoms, and notifies the Department, by telephone, by the end of the first business day following the detection of pest symptoms;

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- d. Removes and destroys all plants exhibiting pest symptoms from the breeder trial plot and places them in a sealed container for disposal in a landfill;
  - e. Labels bills of lading or invoices accompanying breeder seed into Arizona with the statement "LET-TUCE SEED FOR BREEDER TRIALS ONLY"; and
  - f. Destroys lettuce plants remaining in a breeder trial plot within 10 days after the completion of breeding trials unless prevented by documented weather conditions or circumstances beyond the control of the researcher or breeder.
- F. A breeder or researcher may conduct multiple breeder trials in Arizona under the provisions of subsection (E)(3) and (4).
- G. Permits.
- 1. A person may apply for a permit to import unindexed lettuce seed for temporary storage in Arizona if the person:
    - a. Maintains the identity of the seed while in Arizona;
    - b. Does not sell or distribute the seed for use in the state;
    - c. Does not transfer the seed to any other facility in the state; and
    - d. Reships the seed from the state within seven days or the period of time specified on the permit, whichever is longer.
  - 2. A person may apply for a permit to transport unindexed lettuce seed into Arizona to be mosaic-indexed.
- H. Disposition of Violation.
- 1. Any infected shipment of lettuce seed or transplants arriving in or found within the state, in violation of this Section, shall be immediately destroyed. The owner or the owner's agent shall bear the cost of the destruction.
  - 2. Any shipment of unindexed lettuce seed or transplants arriving in or found within the state in violation of this Section shall be immediately sent out-of-state or destroyed at the option of the owner or the owner's agent. The owner or the owner's agent shall bear the cost of the destruction or of sending the lettuce seed or transplants out-of-state.
  - 3. Any Arizona lettuce fields in violation of this Section shall be abated as established in A.R.S. §§ 3-204 and 3-205. The owner or person in charge may be assessed a civil penalty established in A.R.S. § 3-215.01.
  - 4. Violation of any provision of a permit issued under subsection (G) may result in suspension or revocation of the permit.

**Historical Note**

Former Rule, Quarantine Regulation 17. Amended effective July 1, 1975 (Supp. 75-1). Section R3-1-65 renumbered to R3-4-233 (Supp. 91-4). Section repealed; new Section adopted effective December 2, 1998 (Supp. 98-4). Amended effective December 2, 1998 (Supp. 98-4). Amended by final rulemaking at 14 A.A.R. 4091, effective December 6, 2008 (Supp. 08-4).

**R3-4-234. Repealed****Historical Note**

Former Rule, Quarantine Regulation 18. Amended effective April 26, 1976 (Supp. 76-2). Repealed effective December 19, 1980 (Supp. 80-6). Adopted effective August 1, 1985 (Supp. 85-2). Section R3-1-66 renumbered to R3-4-234 (Supp. 91-4). Section repealed; new Section made by final rulemaking at 7 A.A.R. 4434, effective September 24, 2001 (Supp. 01-3). Repealed by

final rulemaking at 25 A.A.R. 3357, effective January 4, 2020 (Supp. 19-4).

**R3-4-235. Repealed****Historical Note**

Adopted effective August 1, 1985 (Supp. 85-2). Section R3-1-66.01 renumbered to R3-4-235 (Supp. 91-4). Section repealed by final rulemaking at 7 A.A.R. 4434, effective September 24, 2001 (Supp. 01-3).

**R3-4-236. Repealed****Historical Note**

Adopted effective August 1, 1985 (Supp. 85-2). Section R3-1-66.02 renumbered to R3-4-236 (Supp. 91-4). Section repealed by final rulemaking at 7 A.A.R. 4434, effective September 24, 2001 (Supp. 01-3).

**R3-4-237. Repealed****Historical Note**

Adopted effective August 1, 1985 (Supp. 85-2). Section R3-1-66.03 renumbered to R3-4-237 (Supp. 91-4). Section repealed by final rulemaking at 7 A.A.R. 4434, effective September 24, 2001 (Supp. 01-3).

**R3-4-238. Repealed****Historical Note**

Former Rule, Quarantine Regulation 19. Amended effective April 26, 1976 (Supp. 76-2). Amended effective August 15, 1989 (Supp. 89-3). Section R3-1-67 renumbered to R3-4-238 (Supp. 91-4). Amended by final rulemaking at 5 A.A.R. 2521, effective July 15, 1999 (Supp. 99-3). Amended by final rulemaking at 12 A.A.R. 4065, effective December 4, 2006 (Supp. 06-4). Repealed by final rulemaking at 25 A.A.R. 3357, effective January 4, 2020 (Supp. 19-4).

**R3-4-239. Imported Fire Ants**

- A. Definitions. "Pest" means any species of imported fire ants, including *Solenopsis invicta* and *Solenopsis richteri*, notwithstanding the definition in A.R.S. § 3-201.
- B. Area under quarantine. A state or portion of a state listed in 7 CFR 301.81-3, 57 FR 57327, December 4, 1992, Federal Domestic Order DA-2018-11, April 17, 2018, and any area a state declares infested. This material is incorporated by reference, on file with the Department and the Office of the Secretary State, and does not include any later amendments or editions.
- C. Regulated commodities.
  - 1. Soil, separately or with other articles, except potting soil shipped in an original container in which the potting soil is packaged after commercial preparation; and
  - 2. All plants associated with soil, except:
    - a. Plants that are maintained indoors year-round, and are not for sale; and
    - b. Plants shipped bare-root and free of soil.
- D. Restrictions.
  - 1. An Arizona receiver of a regulated commodity shall establish a Department-approved quarantine holding area that meets the following specifications:
    - a. The floor is of a permeable surface, such as sand or soil, and free from debris, grass, or weeds;
    - b. The area is isolated from public access, surrounded by a fence or other barrier;
    - c. The integrity and security of the area is maintained at all times; and



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- d. If outdoors, the area is at least 15 feet from any masonry wall, property boundary, or non-quarantine plant.
  2. A shipper or receiver shall unload a regulated commodity at destination into an approved quarantine holding area as prescribed in subsection (D)(1). The Department may inspect the regulated commodity as follows:
    - a. A regulated commodity from an area under quarantine in subsection (B) shall be held at least three consecutive days, unless otherwise released by an inspector.
    - b. A regulated commodity may be inspected to determine compliance with this Section.
    - c. A disposition shall be provided by an inspector upon completion of an inspection.
    - d. If an inspection to determine compliance with this Section is not conducted, an inspector shall release the regulated commodity.
  3. A receiver shall only apply a pesticide or other chemical to a regulated commodity located in a quarantine holding area as authorized by the Associate Director.
  - E. Exemptions. Soil samples of no more than 15 pounds that comply with the interstate movement requirements of 7 CFR §§ 301.81 et seq., 75 FR 4240, January 26, 2010, Federal Domestic Order DA-2018-11, April 17, 2018, are exempt from the requirements of this Section.
  - F. Disposition of commodity not in compliance. A regulated commodity shipped into Arizona in violation of this Section may be treated, destroyed, or transported out-of-state by the owner and at the owner's expense as authorized by the Associate Director.
2. *Candidatus* Phytoplasma 16SrIV-D (Texas Phoenix palm decline);
  3. *Fusarium oxysporum* f. sp. *palmarum* (Fusarium wilt of queen and Mexican fan palm); or
  4. *Myndus crudus*, a planthopper that vectors the pest defined in subsections (A)(1) and (2).
- B. Area under quarantine. For the pest in subsection (A)(1):
    1. In the state of Florida, the following counties: Broward, Collier, Hendry, Lee, Martin, Miami-Dade, Monroe, and Palm Beach.
    2. In the state of Texas, the following counties: Cameron, Hidalgo, and Willacy.
    3. For the pest in subsection (A)(2):
      - a. In the state of Florida, the following counties: Alachua, Desoto, Duval, Hardee, Highlands, Hillsborough, Indian River, Lake, Manatee, Miami-Dade, Orange, Polk, Sarasota, and Volusia.
      - b. In the state of Louisiana, the following parish: Orleans.
      - c. In the state of Texas, the following counties: Bexar, Cameron, Hidalgo, Kleberg, Nueces, Tarrant, and Willacy.
    4. For the pest in subsection (A)(3):
      - a. The state of Florida.
      - b. In Texas, the following county: Houston.
    5. For the pest in subsection (A)(4):
      - a. The state of Florida.
      - b. In Texas, the following counties: Houston.
  - C. Regulated commodities. All propagative parts of the following plants, except seed:
    1. *Aiphanes lindeniana*,
    2. *Allagoptera arendria*,
    3. *Andropogon virginicus* (Broomsedge),
    4. *Arenga engleri*,
    5. *Borassus flabellifer* (Palmyra Palm),
    6. *Caryota mitis* (Cluster Fishtail Palm),
    7. *Caryota rumphiana* (Giant Fishtail Palm),
    8. *Chelyocarpus chuco*,
    9. *Chrysalidocarpus cabadae*, syn. *Dypsis cabadae* (Cabada Palm),
    10. *Cocos nucifera* (Coconut Palm),
    11. *Corypha elata* (Buri Palm),
    12. *Cynodon dactylon* (Bermuda Grass),
    13. *Cyperus* spp. (Sedges),
    14. *Dictyosperma album* (Princess Palm),
    15. *Eremochloa ophiuroides* (Centipede Grass),
    16. *Gaussia attenuata* (Puerto Rican Palm),
    17. *Howea belmoreana* (Belmore Sentry Palm),
    18. *Latania* spp. (Latan Palm),
    19. *Livistona chinensis* (Chinese Fan Palm),
    20. *Livistona rotundifolia* (Javanese Fan Palm),
    21. *Mascarena verschaffeltii* (Spindle Palm),
    22. *Nannorrhops ritchiana* (Mazari Palm),
    23. *Neodypsis decaryi*, syn. *Dypsis decaryi* (Triangle Palm),
    24. *Pandanus utilis* (Screw Pine),
    25. *Panicum purpurascens* (Para Grass),
    26. *Panicum bartowense*,
    27. *Paspalum notatum* (Bahia Grass),
    28. *Phoenix canariensis* (Canary Island Date Palm),
    29. *Phoenix dactylifera* (Date Palm),
    30. *Phoenix reclinata* (Sengal Date Palm),
    31. *Phoenix roebelenii* (Pigmy Date Palm),
    32. *Phoenix rupicola* (Cliff Date Palm),
    33. *Phoenix sylvestris* (Wild Date Palm),
    34. *Phoenix zeylanica* (Ceylon Date Palm),
    35. *Polyandrococos caudescens*,

**Historical Note**

Former Rule, Quarantine Regulation 20. Amended effective July 1, 1975 (Supp. 75-1). Amended effective April 26, 1976 (Supp. 76-2). Correction amendment effective April 26, 1976 included deletion of Arkansas (see subsection (C)) (Supp. 77-1). Amended effective June 16, 1977 (Supp. 77-3). Repealed effective June 19, 1978 (Supp. 78-3). New Section adopted effective December 22, 1989 (Supp. 89-4). Section R3-1-68 renumbered to R3-4-239 (Supp. 91-4). Amended by final rulemaking at 5 A.A.R. 2521, effective July 15, 1999 (Supp. 99-3). Amended by final rulemaking at 9 A.A.R. 2095, effective August 2, 2003 (Supp. 03-2). Amended by final rulemaking at 25 A.A.R. 3357, effective January 4, 2020 (Supp. 19-4).

**R3-4-240. Repealed****Historical Note**

Former Rule, Quarantine Regulation 21. Amended effective December 5, 1974 (Supp. 75-1). Amended effective June 16, 1977 (Supp. 77-3). Section repealed, new Section adopted effective June 14, 1990 (Supp. 90-2). Section R3-1-69 renumbered to R3-4-240 (Supp. 91-4). Amended by final rulemaking at 9 A.A.R. 1046, effective May 5, 2003 (Supp. 03-1). Repealed by final rulemaking at 25 A.A.R. 3357, effective January 4, 2020 (Supp. 19-4).

**R3-4-241. Palm Pests**

- A. Definitions. In addition to the definitions provided in A.R.S. § 3-201, R3-4-101 and R3-4-01, the following term applies to this Section:
 

"Pest" means, notwithstanding the definition in A.R.S. § 3-201:

  1. *Candidatus* Phytoplasma palmarum subgroup 16SrIV, strain A (Lethal yellowing);

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36. *Pritchardia* spp.,
37. *Pseudopheoenix sargentii* (Florida Cherry Palm),
38. *Ravenia hildebrandtii*,
39. *Sabal mexicana* (Rio Grande Palmetto),
40. *Sabal palmetto* (Cabbage Palmetto),
41. *Stenotaphrum secundatum* (St. Augustine Grass),
42. *Sygarus romanzoffiana* (Queen palm),
43. *Syagrus schizophylla*
44. *Thrinax radiata* (Florida Thatch Palm),
45. *Trachycarpus fortunei* (Windmill Palm),
46. *Veitchia* spp.,
47. *Washingtonia robusta* (Mexican Fan Palm), and
48. *Zoysia* spp. (*Zoysia* Grass).

**D. Restrictions.** The commodities in subsection (C) are prohibited from the area under quarantine unless the following conditions are met prior to shipment:

1. The plant regulatory official issues a certificate or certifies an ongoing Pest Management Program attesting that the conditions in subsections (D)(2), (3), (4), and (5) were met prior to shipment;
2. No field grown plants are included in the shipment;
3. The commodity was inspected prior to shipment and no symptoms of any pest in subsections (A)(1), (2), or (3) were observed;
4. The commodity was treated with a labeled product to eliminate all live life stages of the pest (A)(4); and
5. The commodity originates from an outdoor facility no closer than one-half mile from a known infested area of a pest indicated in subsections (A)(1), (2), or (3).

**E. Disposition of commodity not in compliance.** A regulated commodity shipped into Arizona in violation of this Section shall be destroyed or transported out-of-state by the owner and at the owner's expense.

**Historical Note**

Former Rule, Quarantine Regulation 22. Repealed effective April 25, 1977 (Supp. 77-2). New Section adopted effective December 22, 1989 (Supp. 89-4). Section R3-1-70 renumbered to R3-4-241 (Supp. 91-4). Amended by final rulemaking at 9 A.A.R. 1046, effective May 5, 2003 (Supp. 03-1). Amended by final rulemaking at 25 A.A.R. 3357, effective January 4, 2020 (Supp. 19-4).

**R3-4-242. Repealed**

**Historical Note**

Former Rule, Quarantine Regulation 23. Amended effective July 1, 1975 (Supp. 75-1). Correction (Supp. 76-5). Repealed effective April 25, 1977 (Supp. 77-2). Section R3-1-71 renumbered to R3-4-242 (Supp. 91-4). New Section adopted by final rulemaking at 5 A.A.R. 2521, effective July 15, 1999 (Supp. 99-3). Repealed by final rulemaking at 25 A.A.R. 3357, effective January 4, 2020 (Supp. 19-4).

**R3-4-243. Repealed**

**Historical Note**

Former Rule, Quarantine Regulation 24. Repealed effective April 25, 1977 (Supp. 77-2). Section R3-1-72 renumbered to R3-4-243 (Supp. 91-4).

**R3-4-244. Repealed**

**Historical Note**

Former Rule, Quarantine Regulation 25. Repealed effective June 19, 1978 (Supp. 78-3). Section R3-1-73 renumbered to R3-4-244 (Supp. 91-4). New Section adopted effective July 10, 1995 (Supp. 95-3). Amended effective

June 4, 1998 (Supp. 98-2). Amended by final rulemaking at 5 A.A.R. 2521, effective July 15, 1999 (Supp. 99-3). Amended by final rulemaking at 6 A.A.R. 2082, effective May 15, 2000 (Supp. 00-2). Amended by final rulemaking at 11 A.A.R. 5315, effective February 4, 2006 (Supp. 05-4). Repealed by final rulemaking at 25 A.A.R. 3357, effective January 4, 2020 (Supp. 19-4).

**R3-4-245. Noxious Weeds**

**A. Definitions.** In addition to the definitions provided in A.R.S. § 3-201, R3-4-101 and R3-4-201, the following apply to this Section:

1. "Class A Noxious Weed" is categorized as a species of plant that is not known to exist or of limited distribution in the state and is a high priority pest for quarantine, control, or mitigation, Class A noxious weeds are listed in Table 4, Class A Noxious Weeds.
2. "Class B Noxious Weed" is categorized as a species of plant that is known to occur, but of limited distribution in the state and may be a high priority pest for quarantine, control or mitigation if a significant threat to a crop, commodity, or habitat is known to exist. Class B noxious weeds are listed in Table 5, Class B Noxious Weeds.
3. "Class C Noxious Weed" is categorized as a species of plant that is widespread but may be recommended for active control based on risk assessment. Class C noxious weeds are listed in Table 6, Class C Noxious Weeds.

**B. Restrictions:**

1. No Class A, B, or C Noxious Weed, or commodity infested or contaminated with a Class A, B, or C Noxious Weed, shall be admitted into the state unless otherwise authorized by the Associate Director.
2. The Department may quarantine and abate an area infested or contaminated with a Class A or Class B Noxious Weed if it has been determined by the Associate Director that an imminent threat to agriculture or horticulture exists.

**Historical Note**

Former Rule, Quarantine Regulation 26. Amended effective June 19, 1978 (Supp. 78-3). Amended subsection (B) effective May 2, 1986 (Supp. 86-3). Section R3-1-74 renumbered to R3-4-245 (Supp. 91-4). Section repealed, new Section adopted effective July 10, 1995 (Supp. 95-3). Amended effective June 4, 1998 (Supp. 98-2). Amended by final rulemaking at 6 A.A.R. 2082, effective May 15, 2000 (Supp. 00-2). Amended by final rulemaking at 11 A.A.R. 5315, effective February 4, 2006 (Supp. 05-4). Amended by final rulemaking at 25 A.A.R. 3357, effective January 4, 2020 (Supp. 19-4).

**R3-4-246. Repealed**

**Historical Note**

Adopted effective July 1, 1975 (Supp. 75-1). Correction (Supp. 76-1). Amended effective May 10, 1988 (Supp. 88-2). Section R3-1-75 renumbered to R3-4-246 (Supp. 91-4). Amended by final rulemaking at 9 A.A.R. 2098, effective August 2, 2003 (Supp. 03-2). Repealed by final rulemaking at 25 A.A.R. 3357, effective January 4, 2020 (Supp. 19-4).

**R3-4-247. Repealed**

**Historical Note**

Amended effective April 26, 1976 (Supp. 76-2). Amended effective June 16, 1977 (Supp. 77-3). Repealed

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effective June 19, 1978 (Supp. 78-3). Section R3-1-76  
renumbered to R3-4-247 (Supp. 91-4).

**R3-4-248. Japanese beetle**

**A.** Definitions. In addition to the definitions provided in A.R.S. § 3-201, R3-4-101 and R3-4-201, the following apply to this Section:

1. "Host commodities" means the commodities listed in the JBHP, Appendix 6.
2. "JBHP" means the U.S. Domestic Japanese Beetle Harmonization Plan, adopted by the National Plant Board on August 19, 1998, and revised June 20, 2016.
3. "Pest" means the Japanese beetle, *Popillia japonica*, notwithstanding the definition in A.R.S. § 3-201.

**B.** Area under quarantine: All Category 2 and 3 areas listed in the JBHP, which is incorporated by reference, does not include any later amendments or editions, and is on file with the Department, the Office of the Secretary of State, and the National Plant Board at <http://nationalplantboard.org/japanese-beetle-harmonization-plan/>.

**C.** Host commodities covered. All commodities, except grass sod, listed in the JBHP, Appendix 12.

**D.** An out-of-state grower who imports a host commodity into Arizona shall comply with the JBHP, except as provided under subsection (E).

**E.** Restrictions on importation.

1. An out-of-state grower shall not import into Arizona a host commodity under subsection (C) from an area under quarantine unless the commodity is accompanied by a certificate issued by a plant regulatory official of the origin state ensuring compliance with the requirements of the JBHP, Appendix 1.
2. Notwithstanding the requirements of the JBHP, Appendix 1, the Associate Director may admit grass sod from an out-of-state grower for shipment to Arizona if:
  - a. The out-of-state grower requests an exception agreement from the Department;
  - b. The out-of-state grower, the State Plant Regulatory Official of the origin state, and the Associate Director sign an agreement that includes the following terms:
    - i. The out-of-state grower shall ship sod grown only in a Japanese beetle-free county;
    - ii. The State Plant Regulatory Official or designee shall place and monitor Japanese beetle traps on the grass sod farm during the agreement period. At least one trap shall be placed on each 10 acres of land. A buffer zone of a one-mile radius shall be established around the grass sod farm, and two traps per square mile shall be placed in the buffer zone. The Department shall revoke the agreement if the origin state documents that one or more Japanese beetles are detected in any trap;
    - iii. The State Plant Regulatory Official or designee shall inspect sod before shipment to ensure it is free of the pest; and
    - iv. The out-of-state grower shall notify the Associate Director or their designee of sod shipments destined to Arizona prior to shipment.
  - c. Both the out-of-state grower and the State Plant Regulatory Official shall perform any other requirement established by the Associate Director to ensure the grass sod is free from all life stages of Japanese beetle.
3. An out-of-state grower shall not import into Arizona a host commodity from a Category 4 state unless certified

by the State Plant Regulatory Official or designee attesting that the host commodity is apparently free of Japanese beetle and has been treated by an approved method to eliminate all life stages of the pest.

**4.** Exemptions from importation ban:

- a. Privately-owned houseplants grown indoors; and
- b. Commodities that have been treated by an alternate method approved by the Associate Director and certified by a plant regulatory official of the state of origin.

**Historical Note**

Adopted effective June 16, 1977 (Supp. 77-3). Section R3-1-77 renumbered to R3-4-248 (Supp. 91-4). Amended by final rulemaking at 7 A.A.R. 5345, effective November 8, 2001 (Supp. 01-4). Amended by final rulemaking at 25 A.A.R. 3357, effective January 4, 2020 (Supp. 19-4).

**Table 2. Actionable Arthropod Pests**

Common Name	Scientific Name
Alfalfa plant bug	<i>Adelphocoris lineolatus</i>
Allium (Onion) Leafminer	<i>Phytomyza gymnostoma</i>
American palm cixid	<i>Myndus crudus</i>
Apple maggot	<i>Rhagoletis pomonella</i>
Apple mealybug	<i>Phenacoccus aceris</i>
Apple skinworm	<i>Tortrix franciscana</i>
Asian Longhorned beetle	<i>Anoplophora glabripennis</i>
Asiatic garden beetle	<i>Maladera castanea</i>
Asparagus beetle	<i>Crioceris asparagi</i>
Avocado whitefly	<i>Trialeurodes floridensis</i>
Bagworm	<i>Thyridopteryx ephemeraeformis</i>
Bean leaf beetle	<i>Cerotoma trifurcata</i>
Bifasciulate scale	<i>Chrysomphalus bifasciculatus</i>
Black cherry fruit fly	<i>Rhagoletis fausta</i>
Black orangeworm	<i>Holcocera iceryaeella</i>
Black thread scale	<i>Ischnaspis longirostris</i>
Black walnut curculio	<i>Conotrachelus retentus</i>
Blueberry maggot	<i>Rhagoletis mendax</i>
Boxwood leafminer	<i>Monarthropalpus buxi</i>
Brown citrus aphid	<i>Toxoptera citricida</i>
Brown Marmorated Stink Bug	<i>Halyomorpha halys</i>
Browntail moth	<i>Nygma phaeorrhoea</i>
Butternut curculio	<i>Conotrachelus juglandis</i>
Cactus moth	<i>Cactoblastis cactorum</i>
Cactus weevil	<i>Gerstaeckeria nobilis</i>
California red scale	<i>Aonidiella aurantii</i>
Camphor scale	<i>Pseudaonidia duplex</i>
Caribbean fruit fly	<i>Anastrepha suspensa</i>
Carob moth	<i>Ectomyelois ceratoniae</i>
Cereal leaf beetle	<i>Oulema melanopus</i>
Chaff scale	<i>Parlatoria pergandii</i>
Chestnut moth	<i>Cydia splendana</i>
Chilli thrips	<i>Scirtothrips dorsalis</i>
Chinch bug	<i>Blissus leucopterus</i>
Citrus blackfly	<i>Aleurocanthus woglumi</i>

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Citrus snow scale	<i>Unaspis citri</i>
Citrus whitefly	<i>Dialeurodes citri</i>
Cloudy-winged whitefly	<i>Singhiella citrifolii</i>
Clover root borer	<i>Hylastinus obscurus</i>
Coconut scale	<i>Aspidiotus destructor</i>
Coffee bean weevil	<i>Araecerus fasciculatus</i>
Comstock mealybug	<i>Pseudococcus comstocki</i>
Conifer Auger Beetle	<i>Sinoxylon unidentatum</i>
Corn stem weevil	<i>Hyperodes humilis</i>
Cottony grape scale	<i>Pulvinaria vitis</i>
Cowpea curculio	<i>Chalcodermus aeneus</i>
Croton soft scale	<i>Phalacroccoccus howertoni</i>
Cycad aulacaspis scale	<i>Aulacaspis yasumatsui</i>
Date palm mite	<i>Oligonychus afrasiaticus</i>
Dogwood borer	<i>Synanthedon scitula</i>
Eggplant pinworm	<i>Keiferia penicula</i>
Emerald ash borer	<i>Agilus plannipennis</i>
Euonymus scale	<i>Unaspis euonymi</i>
European chafer	<i>Amphimallon majalis</i>
European corn borer	<i>Ostrinia nubilalis</i>
European crane fly	<i>Tipula paludosa</i>
European peach scale	<i>Parthenolecanium persicae</i>
European pine shoot moth	<i>Rhyacionia bouliana</i>
Eyespotted bud moth	<i>Spilonota ocellana</i>
False parlatoria scale	<i>Pseudoparlatoria parlatorioides</i>
Florida carpenter ant	<i>Camponotus floridanus</i>
Florida red scale	<i>Chrysomphalus aonidum</i>
Florida wax scale	<i>Ceroplastes floridensis</i>
Glacial whitefly	<i>Trialetrodes glacialis</i>
Glover scale	<i>Lepidosaphes gloverii</i>
Grape thrips	<i>Drepanothrips reuteri</i>
Gray sugarcane mealybug	<i>Dysmicoccus boninsis</i>
Green cloverworm	<i>Plathypena scabra</i>
Ground mealybug	<i>Ripersiella hibisci</i>
Hessian fly	<i>Mayetiola destructor</i>
Holly leafminer	<i>Phytomyza ilicis</i>
Indian wax scale	<i>Ceroplastes ceriferus</i>
Jack Beardsley mealybug	<i>Pseudococcus jackbeardsleyi</i>
Juniper scale	<i>Carulaspis juniperi</i>
Kirkaldy whitefly	<i>Dialeurodes kirkaldyi</i>
Kondo ground mealybug	<i>Ripersiella kondonis</i>
Lantana mealybug	<i>Phenacoccus parvus</i>
Lesser clover leaf weevil	<i>Hypera nigrirostris</i>
Lesser snow scale	<i>Pinnaspis strachani</i>
Light brown apple moth	<i>Epiphyas postvittana</i>
Little fire ant	<i>Wasmannia auropunctata</i>
Lobate lac scale	<i>Paratachardina pseudolobata</i>
Maskell scale	<i>Lepidosaphes pallida</i>
Mealybug	<i>Delottococcus confusus</i>
Mealybug	<i>Hypogeococcus pungens</i>
Melon worm	<i>Diaphania hyalinata</i>

Mimosa webworm	<i>Homadaula anisocentra</i>
Mining scale	<i>Howardia biclavis</i>
Minute cypress scale	<i>Carulaspis minima</i>
Myrmicine ant	<i>Monomorium destructor</i>
Myrmicine ant	<i>Monomorium floricola</i>
Northern citrus root weevil	<i>Pachnaeus opalus</i>
Obscure scale	<i>Melanaspis obscura</i>
Old house borer	<i>Hylotrupes bajulus</i>
Oleander pit scale	<i>Russellaspis pustulans</i>
Oriental fruit moth	<i>Grapholita molesta</i>
Oriental scale	<i>Aonidiella orientalis</i>
Palm fiorinia scale	<i>Fiorinia fiorinae</i>
Palm thrips	<i>Thrips palmi</i>
Papaya fruit fly	<i>Toxotrypana curvicauda</i>
Pepper flower bud moth	<i>Gnorimoschema gudmannella</i>
Pepper maggot	<i>Zonosemata electa</i>
Pepper tree psyllid	<i>Calophya schini</i>
Persimmon borer	<i>Sannina uroceriformis</i>
Pickleworm	<i>Diaphania nitidalis</i>
Pink hibiscus mealybug	<i>Maconellicoccus hirsutus</i>
Pitmaking pittosporum scale	<i>Planchonia arabidis</i>
Plum curculio	<i>Conotrachelus nenuphar</i>
Plum fruit moth	<i>Cydia funebrana</i>
Plumeria whitefly	<i>Paraleyrodes perseae</i>
Potato stalk borer	<i>Trichobaris trinotata</i>
Proteus scale	<i>Parlatoria proteus</i>
Purple scale	<i>Lepidosaphes beckii</i>
Pyriform scale	<i>Protopulvinaria pyrifomis</i>
Red palm mite	<i>Raoiella indica</i>
Red-banded thrips	<i>Selenothrips rubrocinctus</i>
Rednecked cane borer	<i>Agilus ruficollis</i>
Rose chafer	<i>Macroductylus subspinosus</i>
Royal palm bug	<i>Xylastodoris luteolus</i>
Rufous scale	<i>Selenaspis articulatus</i>
Saddleback caterpillar	<i>Acharia stimulea</i>
Satin moth	<i>Leucoma salicis</i>
Sirex woodboring wasp	<i>Sirex noctilo</i>
South African pit scale	<i>Planchonia stentae</i>
South American fruit fly	<i>Anastrepha fraterculus</i>
South American palm weevil	<i>Rhynchophorus palmarum</i>
Southeastern Boll Weevil	<i>Anthonomus grandis</i>
Biotype	
Southern chinch bug	<i>Blissus insularis</i>
Southern citrus root weevil	<i>Pachnaeus litus</i>
Southern green stink bug	<i>Nezara viridula</i>
Spotted Lanternfly	<i>Lycorma delicatula</i>
Stalk borer	<i>Papaipema nebris</i>
Strawberry root weevil	<i>Otiiorhynchus ovatus</i>
Subtropical pine tip moth	<i>Rhyacionia subtropica</i>
Sugarcane root borer	<i>Diaprepes abbreviatus</i>
Sweetpotato weevil	<i>Cylas formicarius</i>

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Tawny mole cricket	<i>Neoscapteriscus vicinus</i>
Tea parlatoria scale	<i>Parlatoria theae</i>
Tea scale	<i>Fiorinia theae</i>
Tropical fire ant	<i>Solenopsis geminata</i>
Tropical palm scale	<i>Hemiberlesia palmae</i>
Weevil	<i>Artipus floridanus</i>
West Indian Sweet potato weevil	<i>Euscepes postfaciatus</i>
Wheat strawworm	<i>Harmolita grandis</i>
White peach scale	<i>Pseudaulacaspis pentagona</i>
White waxy scale	<i>Ceroplastes destructor</i>
White-footed ant	<i>Technomyrmex difficilis</i>
Yellow scale	<i>Aonidiella citrina</i>
Yellow margined leaf beetle	<i>Microtheca ochroloma</i>

**Historical Note**

New Table 2, Actionable Arthropod Pests made by final rulemaking at 25 A.A.R. 3357, effective January 4, 2020 (Supp. 19-4).

**Table 3. Actionable Nematode Pests**

Common Name	Scientific Name
Burrowing nematode	<i>Radopholus similis</i>
Golden nematode	<i>Globodera rostochiensis</i>
Oat cyst nematode	<i>Heterodera avenae</i>
Reniform nematode	<i>Rotylenchulus reniformis</i>
Sheath nematode	<i>Hemicycliophora arenaria</i>
Soybean cyst nematode	<i>Heterodera glycines</i>
Sting nematode	<i>Belonolaimus longicaudatus</i>
White cyst potato nematode	<i>Globodera pallida</i>

**Historical Note**

New Table 3, Actionable Nematode Pests made by final rulemaking at 25 A.A.R. 3357, effective January 4, 2020 (Supp. 19-4).

**Table 4. Class A Noxious Weeds**

Common name	Scientific name
African rue	<i>Peganum harmala</i>
Canada thistle	<i>Cirsium arvense</i>
Dudaim melon	<i>Cucumis melo</i> v. <i>Dudaim Naudin</i>
Dyer's woad	<i>Isatis tinctoria</i>
Floating water hyacinth	<i>Eichhornia crassipes</i>
Giant salvinia	<i>Salvinia molesta</i>
Globe-podded hoary cress	<i>Cardaria draba</i>
Hydrilla	<i>Hydrilla verticillata</i>
Leafy spurge	<i>Euphorbia esula</i>
Plumeless thistle	<i>Carduus acanthoides</i>
Purple loosestrife	<i>Lythrum salicaria</i>
Purple starthistle	<i>Centaurea calcitrapa</i>
Quackgrass	<i>Elymus repens</i> ( <i>Elytrigia repens</i> )
Rush skeletonweed	<i>Chondrilla juncea</i>
Southern sandbur	<i>Cenchrus echinatus</i>
Spotted knapweed	<i>Centaurea stoebe</i> ssp. <i>micranthos</i>
Sweet resinbush	<i>Euryops subcarnosus</i>
Ward's weed	<i>Carrichtera annua</i>

Wild mustard	<i>Sinapis arvensis</i>
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**Historical Note**

New Table 4, Class A Noxious Weeds made by final rulemaking at 25 A.A.R. 3357, effective January 4, 2020 (Supp. 19-4).

**Table 5. Class B Noxious Weeds**

Common name	Scientific name
Black mustard	<i>Brassica nigra</i>
Branched broomrape	<i>Orobanche ramosa</i>
Bull thistle	<i>Cirsium vulgare</i>
Camelthorn	<i>Alhagi maurorum</i> ( <i>A. pseudalhagi</i> )
Dalmatian toadflax	<i>Linaria dalmatica</i> ( <i>L. genistifolia</i> v. <i>dalmatica</i> )
Diffuse knapweed	<i>Centaurea diffusa</i>
Field sandbur	<i>Cenchrus spinifex</i> (synonym: <i>C. incertus</i> )
Giant reed	<i>Arundo donax</i>
Halogeton	<i>Halogeton glomeratus</i>
Jointed goatgrass	<i>Aegilops cylindrica</i>
Malta starthistle	<i>Centaurea melitensis</i>
Musk thistle	<i>Carduus nutans</i>
Natal grass	<i>Melinis repens</i>
Onionweed	<i>Asphodelus fistulosus</i>
Russian knapweed	<i>Acroptilon repens</i>
Russian olive	<i>Elaeagnus angustifolia</i>
Saharan mustard	<i>Brassica tournefortii</i>
Stinknet (Globe chamomile)	<i>Oncosiphon piluliferum</i>
Scotch thistle	<i>Onopordum acanthium</i>
Yellow bluestem	<i>Bothriochloa ischaemum</i>
Yellow starthistle	<i>Centaurea solstitialis</i>

**Historical Note**

New Table 5, Class B Noxious Weeds made by final rulemaking at 25 A.A.R. 3357, effective January 4, 2020 (Supp. 19-4).

**Table 6. Class C Noxious Weeds**

Common name	Scientific name
Buffelgrass	<i>Cenchrus ciliaris</i> ( <i>Pennisetum ciliare</i> )
Field bindweed	<i>Convolvulus arvensis</i>
Fountain grass	<i>Pennisetum setaceum</i>
Garden or common morning glory	<i>Ipomoea purpurea</i>
Grannyvine	<i>Ipomoea tricolor</i>
Ivy-leaf morning glory	<i>Ipomoea hederacea</i>
Johnsongrass	<i>Sorghum halepense</i>
Kochia	<i>Kochia scoparia</i>
Morning glory	<i>Ipomoea triloba</i>
Morning glory	<i>Ipomoea x leucantha</i>
Puncturevine	<i>Tribulus terrestris</i>
Salt cedar	<i>Tamarix ramosissima</i>
Tree of heaven	<i>Ailanthus altissima</i>

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**Historical Note**

New Table 6, Class C Noxious Weeds made by final rulemaking at 25 A.A.R. 3357, effective January 4, 2020 (Supp. 19-4).

**ARTICLE 3. NURSERY CERTIFICATION PROGRAM****R3-4-301. Nursery Certification****A. Definitions.** The following terms apply to this Section.

“Associate Director” means the Associate Director of the Arizona Department of Agriculture’s Plant Services Division.

“Certificate” means a document issued by the Director, Associate Director or by a Department inspector stating that the nursery stock has been inspected and complies with the criteria set forth by an agricultural agency of any state, county, or commonwealth.

“Certificate holder” means a person who holds a certificate issued in accordance with this Section.

“Collected nursery stock” means nursery stock that has been dug or gathered from any site other than a nursery location.

“Commercially clean” means nursery stock offered for sale is in a healthy condition and, though common pests may be present, they exist at levels that pose little or no risk.

“Common pest” means a pest, weed, or disease that is not under a state or federal quarantine or eradication program and is of general distribution within the state.

“Director” means the Director of the Arizona Department of Agriculture.

“General nursery stock inspection certification” means an inspection carried out at the request of a person for the purpose of meeting the general nursery inspection requirements of another state.

“Nursery location” means real property with one physical address, upon which nursery stock is propagated, grown, sold, distributed, or offered for sale.

“Quarantine pest” means an economically important pest that does not occur in the state or that occurs in the state but is not widely distributed or is being officially eradicated.

“Single shipment nursery stock inspection certification” means a visit to a single location by a Department inspector to certify one or more shipments of nursery stock for compliance with the quarantine requirements of the receiving state, county, or commonwealth.

**B. General nursery stock inspection certification.** A person may apply for general nursery stock inspection certification by submitting to the Department the application described in subsection (E) for each nursery location. The applicant shall submit a \$50 inspection fee to the Department at the time of inspection for each nursery location. Each nursery location shall be inspected and certified separately. An application for initial certification may be submitted at any time. A certificate will be valid for one year, and may be renewed. A renewal application shall be submitted each year by February 15.**1.** The Department shall issue a general nursery stock inspection certificate to the applicant if, following a Department inspection, the nursery stock is found free of quarantine pests, and commercially clean of common pests that are adversely affecting the nursery stock.**a.** The Department shall only certify nursery stock that is found free of quarantine pests. The applicant shall not remove from the nursery any nursery stock that

is found infested with a quarantine pest until a Department inspector determines that the pest has been eliminated.

**b.** The Department shall restrict the movement of any nursery stock found infested with a common pest that a Department inspector determines is adversely affecting the nursery stock. The applicant shall establish a treatment program to control the pest and shall not remove the infested nursery stock from the nursery until a Department inspector determines that the pest has been controlled.**2.** A certificate holder shall ensure that a nursery with a general nursery stock inspection certificate remains free of quarantine pests and commercially clean of common pests that are adversely affecting the nursery stock throughout the period that the certificate is valid.**3.** A certificate holder shall not distribute, transport, or sell nursery stock interstate if it is infested with a quarantine pest or a common pest that is adversely affecting the nursery stock.**4.** A certificate holder may reproduce a general nursery stock inspection certificate without the Department’s permission for nursery use.**5.** A certificate holder shall ensure that the nursery’s general nursery stock inspection certificate accompanies each shipment of nursery stock that is moved out of the state.**6.** A certificate holder shall maintain all invoices or other shipping documents for shipments received by and shipped from the nursery for up to one year. The certificate holder shall make the documents available to the Department upon request, as authorized by A.R.S. § 3-201.01(A)(6).**7.** The Department shall inspect a nursery with a general nursery stock inspection certificate at any time during the certificate period to verify compliance with this Section.**8.** A general nursery stock inspection certificate expires on December 31 of each year unless renewed, suspended, or revoked as provided in this Section.**9.** A person with a general nursery stock inspection certificate may also need to obtain a special nursery stock inspection certificate to meet a specific quarantine entry requirement of another state, as prescribed in subsection (C).**C. Special nursery stock inspection certification.** A person may apply for special nursery stock inspection certification to meet specific quarantine entry requirements of another state that are not addressed by the general nursery stock inspection certificate described in subsection (B). The applicant shall submit to the Department the application described in subsection (E) and a \$50 inspection fee for each nursery location.**1.** An applicant shall ensure that the applicant’s nursery stock is free of quarantine pests as required by the receiving state and commercially clean of common pests that are adversely affecting the nursery stock. The Department shall not certify nursery stock that is infested with a quarantine pest until a Department inspector determines that the pest has been eliminated. The Department shall not certify nursery stock that is infested with a common pest that a Department inspector determines is adversely affecting the nursery stock.**2.** A certificate holder shall not reproduce or duplicate a special nursery stock inspection certificate without written permission from the Department.**3.** A special nursery stock inspection certificate is valid for one year from the issue date unless the receiving state requires a shorter certification period.

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- D.** Single shipment nursery stock inspection certification. A person may apply for a single shipment nursery stock inspection certification to meet the entry requirements of another state by submitting to the Department the application described in subsection (E) with a \$50 inspection fee.
1. An applicant for a single shipment nursery stock inspection certificate shall ensure that the nursery stock in each shipment is free from quarantine pests, as required by the receiving state, and commercially clean of common pests that are adversely affecting the nursery stock. The Department shall not certify nursery stock that is infested with a quarantine pest until a Department inspector determines that the pest has been eliminated. The Department shall not certify nursery stock that is infested with a common pest that a Department inspector determines is adversely affecting the nursery stock until the pest has been controlled.
  2. A single shipment nursery stock inspection certificate is valid for seven calendar days following the inspection date. A certificate holder may apply for a new certificate if the original certificate expires before the shipment leaves Arizona.
  3. A certificate holder shall not reproduce or duplicate a single shipment nursery stock inspection certificate.
  4. A person who has obtained a single shipment nursery stock inspection certificate for collected nursery stock shall retain a record, for at least one year from the shipment date, of the street address from which each plant in a shipment was collected. The person shall provide the collected nursery stock record to the Department upon request.
- E.** Application. A person applying for a certificate under this Section shall provide the following information on a form obtained from the Department:
1. Applicant's name, nursery name, mailing address, telephone and fax numbers, and e-mail address, as applicable;
  2. Location at which inspection is to be made, by legal description or physical address;
  3. Number of acres, structures, or vehicles to be inspected, as applicable;
  4. For shipping, the state, county, or commonwealth of planned destination, the category of inspection, and the nursery stock to be certified;
  5. Applicant's Social Security number or tax identification number; and
  6. Applicant's signature and date of signature.
- F.** Based upon the circumstances of each case, the Associate Director may:
1. Refuse to issue a certificate if, after inspection, the Associate Director determines that an applicant has not met a requirement for certification.
  2. Revoke a certificate for a violation of a condition of the certificate.
  3. Suspend, for a period of up to 90 days, a certificate for misuse or misrepresentation related to the certificate.
  4. Refuse to issue or suspend a certificate issued under this Section if the applicant or certificate holder refuses to provide the Department with documents that demonstrate the ownership, origin, or destination of nursery stock presented for certification.
- G.** Notwithstanding subsections (B) through (D), during fiscal year 2022, an applicant for nursery stock inspection certification shall pay the following fee:
1. For general certification, \$250.
  2. For single shipment certification, \$50 for the first lot plus \$10 for each additional lot per Department site trip.

**Historical Note**

Adopted effective January 17, 1989 (Supp. 89-1). Section R3-4-301 renumbered from R3-1-301 (Supp. 91-4). Section repealed; new Section made by final rulemaking at 12 A.A.R. 1378, effective June 4, 2006 (Supp. 06-2). Amended by exempt rulemaking at 16 A.A.R. 1336, effective June 29, 2010 (Supp. 10-2). Amended by exempt rulemaking at 17 A.A.R. 1761, effective July 20, 2011 (Supp. 11-3). Amended by exempt rulemaking at 18 A.A.R. 2063, effective August 2, 2012 (Supp. 12-3). Amended by exempt rulemaking at 19 A.A.R. 3143, effective September 14, 2013 (Supp. 13-3). Amended by exempt rulemaking at 20 A.A.R. 2454, effective July 24, 2014 (Supp. 14-3). Amended by exempt rulemaking at 21 A.A.R. 2410, effective July 3, 2015 (Supp. 15-3). Amended by final exempt rulemaking at 23 A.A.R. 1941, effective August 8, 2017 (Supp. 17-2). Amended by final exempt rulemaking at 24 A.A.R. 2223, effective August 3, 2018 (Supp. 18-2). Amended by final exempt rulemaking at 25 A.A.R. 2085, effective August 27, 2019 (Supp. 19-3). Amended by final exempt rulemaking at 26 A.A.R. 1473, effective August 25, 2020 (Supp. 20-3). Amended by final exempt rulemaking at 27 A.A.R. 1266, effective September 29, 2021 (Supp. 21-3).

**R3-4-302. Repealed****Historical Note**

Adopted effective January 17, 1989 (Supp. 89-1). Section R3-4-302 renumbered from R3-1-301 (Supp. 91-4). Section repealed by final rulemaking at 12 A.A.R. 1378, effective June 4, 2006 (Supp. 06-2).

**R3-4-303. Repealed****Historical Note**

Adopted effective January 17, 1989 (Supp. 89-1). Section R3-4-303 renumbered from R3-1-303 (Supp. 91-4). Section repealed by final rulemaking at 12 A.A.R. 1378, effective June 4, 2006 (Supp. 06-2).

**R3-4-304. Repealed****Historical Note**

Adopted effective January 17, 1989 (Supp. 89-1). Section R3-4-304 renumbered from R3-1-304 (Supp. 91-4). Section repealed by final rulemaking at 12 A.A.R. 1378, effective June 4, 2006 (Supp. 06-2).

**R3-4-305. Repealed****Historical Note**

Adopted effective January 17, 1989 (Supp. 89-1). Section R3-4-305 renumbered from R3-1-305 (Supp. 91-4). Section repealed by final rulemaking at 12 A.A.R. 1378, effective June 4, 2006 (Supp. 06-2).

**R3-4-306. Repealed****Historical Note**

Adopted effective January 17, 1989 (Supp. 89-1). Section R3-4-306 renumbered from R3-1-306 (Supp. 91-4). Section repealed by final rulemaking at 12 A.A.R. 1378, effective June 4, 2006 (Supp. 06-2).

**R3-4-307. Repealed**

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**Historical Note**

Adopted effective January 17, 1989 (Supp. 89-1). Section

R3-4-307 renumbered from R3-1-307 (Supp. 91-4).

Repealed effective April 11, 1994 (Supp. 94-2).

**ARTICLE 4. SEEDS****R3-4-401. Definitions**

In addition to the definitions provided in A.R.S. § 3-231, the following shall apply to this Article:

1. "Blend" means seed consisting of more than one variety of a kind, with each variety in excess of five percent by weight of the whole.
2. "Brand" means a word, name, symbol, number, or design used to identify seed of one person to distinguish it from seed of another person.
3. "Certifying agency" means:
  - a. An agency authorized under the laws of this state to officially certify seed and that has standards and procedures approved by the U.S. Secretary of Agriculture to assure the varietal purity and identity of the seed certified, or
  - b. An agency of a foreign country determined by the U.S. Secretary of Agriculture to adhere to procedures and standards for seed certification comparable to the procedures and standards adhered to generally by seed-certifying agencies under subsection (a) of this definition.
4. "Coated seed" means seed that has been covered with a substance that changes the size, shape, or weight of the original seed. Seed coated with ingredients such as rhizobia, dyes, and pesticides is not coated seed.
5. "Conditioning" or "conditioned" means drying, cleaning, scarifying, and other operations that could change the purity or germination of the seed and require the seed lot to be retested to determine the label information.
6. "Dormant" means viable seed, excluding hard seed, that fails to germinate when provided the specified germination conditions for that kind of seed.
7. "Federal Seed Act" means the federal law at 7 U.S.C. 1551-1611 and regulations promulgated under the Act: 20 CFR part 201.
8. "Flower seeds" means seeds of herbaceous plants grown for their blooms, ornamental foliage, or other ornamental parts, and commonly known and sold under the name of flower or wildflower seeds in this state.
9. "Germination" means the emergence and development from the seed embryo of those essential structures that, for the kind of seed in question, are indicative of the ability to produce a normal plant under favorable conditions.
10. "Hard seeds" means seeds that remain hard at the end of the prescribed germination test period because they have not absorbed water due to an impermeable seed coat.
11. "Inert matter" means all matter that is not seed, including broken seeds, sterile florets, chaff, fungus bodies, and stones.
12. "Mixture", "mix", or "mixed" means seed consisting of more than one kind, each in excess of five percent by weight of the whole.
13. "Mulch" means a protective covering of any suitable substance placed with seed that acts to retain sufficient moisture to support seed germination, sustain early seedling growth and aid in preventing soil moisture evaporation, control of weeds, and erosion prevention.
14. "Origin" means the state where the seed was grown, or if not grown in the United States, the country where the seed was grown.

15. "Other crop seed" means seeds of plants grown as crops other than the kind or variety included in the pure seed, as determined by methods defined in this Article.
16. "Pure live seed" means the product of the percent of germination plus hard or dormant seed multiplied by the percent of pure seed divided by 100. The result is expressed as a whole number.
17. "Pure seed" means a kind of seed excluding inert matter and all other seed not of the kind being considered.
18. "Replacement date sticker" means a sticker on a label that displays a new test date.
19. "Retail" means sales that are not intended for agricultural use and are prepared for use by a consumer in home gardens or household plantings only.
20. "Seed count" means the number of seeds per unit weight in a container.
21. "Seizure" means taking possession of seed pursuant to a court order.
22. "Wholesale" means sales of seeds that are intended for agricultural use normally in quantities for resale, as by an agricultural retail merchant and are not prepared for use in home gardening or household plantings.
23. "Working sample" means the number of seeds required under §§ 402 and 403 of the Federal Seed Act.

**Historical Note**

Former Rule, Arizona Seed Regulation 1. Amended effective August 31, 1981 (Supp. 81-4). Former Section R3-4-110 renumbered without change as Section R3-4-401 (Supp. 89-1). Section R3-4-401 renumbered from R3-1-401 (Supp. 91-4). Section repealed, new Section adopted effective July 10, 1995 (Supp. 95-3). Amended by final rulemaking at 13 A.A.R. 1464, effective June 2, 2007 (Supp. 07-2).

**R3-4-402. Labeling****A. General requirements:**

1. Blank spaces or the words "free or none" mean "0" and "0.00%" for the purpose of applying the tolerances prescribed in this Article.
2. Labeling for purity and germination shall not show higher results than actually found by test.
3. The terms "foundation seed," "registered seed," and "certified seed" are authorized for use on seed certified by a seed certifying agency under the laws of Arizona as delineated in R3-4-405.
4. Relabeling. Any person relabeling seed in its original container shall include the following information on a label or a replacement date sticker:
  - a. The calendar month and year the germination test was completed to determine the germination percentage and the sell-by date as required by subsection (C)(3)(i)(iv) or (C)(5)(c)(i),
  - b. The same lot designation as on the original labels, and
  - c. The identity of the person relabeling the seed if different from the original labeler.
5. Labeling of seed distributed to wholesalers. After seed has been conditioned, a labeler shall ensure the seed is labeled as follows:
  - a. When supplied to a retailer or consumer, each bag or bulk lot must be completely labeled.
  - b. When supplied to a wholesaler, if each bag or other container is clearly identified by a lot number permanently displayed on the container or if the seed is in bulk, the labeling of seed may be by invoice.



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- c. When supplied to a wholesaler, if each bag or container is not identified by a lot number, it must carry complete labeling.
- 6. Seeds for sprouting. All labels of seeds sold for sprouting for salad or culinary purposes shall indicate the following information:
  - a. Commonly accepted name of kind or kinds;
  - b. Lot number;
  - c. Percentage by weight of each pure seed component in excess of 5 percent of the whole, other crop seeds, inert matter, and weed seeds, if occurring;
  - d. Percentage of germination of each pure seed component;
  - e. Percentage of hard seed, if present; and
  - f. The calendar month and year the germination test was completed to determine the percentages in subsections (c), (d) and (e).
- B. Kind, variety, or type.
  - 1. All agricultural seeds sold in this state, except as stated in subsection (B)(2), shall be labeled to include the recognized variety name or type or the words "Variety not stated." A brand is not a kind and variety designation and shall not be used instead of a variety name.
  - 2. All cotton planting seed sold, offered for sale, exposed for sale, or transported for planting purposes in this state, shall have a label that includes both kind and variety.
- C. Agricultural, vegetable, or flower seeds that is sold, offered for sale, or exposed for sale within this state shall bear on each container a plainly written or printed label or tag in English. No modifications or disclaimers shall be made to the required label information in the labeling or on another label attached to the container. No misleading information shall appear on the label. The label shall include the following information:
  - 1. For agricultural, vegetable, and flower seeds that have been treated, the following is required and may appear on a separate label:
    - a. Language indicating that the seed has been treated;
    - b. The commonly-accepted chemical name of the applied substance or a description of the process used;
    - c. If a substance that is harmful to human or animals is present with the seed, a caution statement such as "Do not use for food, feed, or oil purposes." The caution for highly toxic substances shall be a poison statement and symbol; and
    - d. If the seed is treated with an inoculant, the date of expiration, which is the date beyond which the inoculant is not to be considered effective.
  - 2. For agricultural seeds, except for lawn and turf grass seed and mixtures of lawn and turf grass seed as provided in subsection (C)(3); for seed sold on a pure live seed basis as provided in subsection (C)(7); and for hybrids that contain less than 95 percent hybrid seed as provided in subsection (C)(8):
    - a. The name of the kind and variety for each agricultural seed component in excess of five percent of the whole and the percentage by weight of each. If the variety of the kinds generally labeled as a variety designated in this Article is not stated, the label shall show the name of the kind and the words, "variety not stated." Hybrid seed shall be labeled as hybrid;
    - b. Lot number or other lot identification;
    - c. Origin of alfalfa, red clover, and field corn (except hybrid corn) or if the origin is unknown, a statement that the origin is unknown;
    - d. Percentage by weight of all weed seeds;
    - e. The name and rate of occurrence per pound of each kind of restricted noxious weed seed present;
    - f. Percentage by weight of agricultural seeds other than those required to be named on the label. Agricultural seeds may be designated as "crop seeds;"
    - g. Percentage by weight of inert matter;
    - h. The sum total of weight identified in subsections (a), (d), (f), and (g) shall equal 100 percent;
    - i. For each named agricultural seed:
      - i. Percentage germination, excluding hard seed;
      - ii. Percentage of hard seeds, if present; and
      - iii. The calendar month and year the test was completed to determine the percentages. The statement "total germination and hard seed" may be included following the percentages required under subsections (i) and (ii).
    - j. Net weight of seed in the container or seed count per unit weight; and
    - k. Name and address of the labeler, or the person who sells, offers, or exposes the seed for sale within this state.
- 3. For lawn and turf grass seed and lawn and turf grass seed mixtures:
  - a. For single kinds, the name of the kind or kind and variety and the percentage by weight.
  - b. For mixtures, the word "mix," "mixed", or "mixture" or "blend" shall be stated with the name of the mixture, along with the commonly accepted name of each kind or kind and variety of each agricultural seed component in excess of five percent of the whole and the percentages by weight.
  - c. The percentage by weight of each kind of pure seed shall be listed in order of its predominance and in columnar form. The heading "pure seed" and "germination" or "germ" shall be placed consistent with generally accepted industry practices.
  - d. Percentage by weight of agricultural seed other than those required to be named on the label which shall be designated as "crop seed."
  - e. The percentage by weight of inert matter for lawn and turf grass shall not exceed ten percent, except that 15 percent inert matter is permitted in Kentucky bluegrass labeled without a variety name. Foreign material that is not common to grass seed shall not be added, other than material used for coating, as in subsection (C)(4), or combination products, as in subsection (C)(9).
  - f. Percentage by weight of all weed seeds. Weed seed content shall not exceed one-half of one percent by weight.
  - g. The sum total for subsections (a), (b), (c), (d), (e) and (f) shall equal 100 percent.
  - h. Noxious weeds that are required by this Article to be labeled shall be listed under the heading "noxious weed seeds."
  - i. For each lawn and turf seed named under subsection (a) or (b):
    - i. Percentage of germination, excluding hard seed;
    - ii. Percentage of hard seed, if present;
    - iii. Calendar month and year the germination test was completed to determine percentages in subsections (i) and (ii); and
    - iv. For seed sold for retail non-farm usage the statement "sell by (month/year)" which shall be no more than 15 months from the date of the

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- germination test excluding the month of the test.
- j. Name and address of the labeler, or the person who sells, offers or exposes the seed for sale within this state.
  4. For coated agricultural, vegetable, flower, or lawn and turf seeds that are sold by weight:
    - a. Percentage by weight of pure seeds with coating material removed;
    - b. Percentage by weight of coating material;
    - c. Percentage by weight of inert material not including coating material;
    - d. Percentage of germination determined on 400 pellets with or without seeds;
    - e. All other applicable requirements in subsections (C)(1), (2), and (3).
  5. For vegetable seeds in packets as prepared for use in home gardens or household plantings or vegetable seeds in pre-planted containers, mats, tapes, or other planting devices:
    - a. Name of kind and variety of seed;
    - b. Lot identification, such as by lot number or other means;
    - c. One of the following:
      - i. The calendar month and year the germination test was completed and the statement "Sell by (month/year)." The date indicated shall be no more than 12 months from the date of the test, excluding the month of the test;
      - ii. The calendar year for which the seed was packaged for sale as "packed for (year)" and the statement "sell by (year)"; or
      - iii. The percentage germination and the calendar month and year the test was completed to determine the percentage if the germination test was completed within 12 months, excluding the month of the test;
    - d. Name and address of the labeler, or the person who sells, offers, or exposes the seed for sale within this state;
    - e. For seeds that germinate less than the standard established under R3-4-404(A), (B) and (C)(i): percentage of germination, excluding hard seed; percentage of hard seed, if present; and the words "Below Standard" in not less than 8-point type;
    - f. For seeds placed in a germination medium, mat, tape, or other device in such a way as to make it difficult to determine the quantity of seed without removing the seeds from the medium, mat, tape or device, a statement to indicate the minimum number of seeds in the container.
  6. For vegetable seeds in containers other than packets prepared for use in home gardens, household plantings, pre-planted containers, mats, tapes, or other planting devices:
    - a. The name of each kind and variety present in excess of five percent and the percentage by weight of each in order of its predominance;
    - b. Lot number or other lot identification;
    - c. For each named vegetable seed:
      - i. Percentage germination, excluding hard seed;
      - ii. Percentage of hard seed, if present; and
      - iii. The calendar month and year the test was completed to determine the percentages; The statement "Total germination and hard seed" may be included following the percentages required under subsections (C)(6)(c)(i) and (C)(6)(c)(ii);
    - d. Name and address of the labeler, or the person who sells, offers or exposes the seed for sale within this state; and
    - e. The labeling requirements for vegetable seeds in containers of more than one pound are met if the seed is weighed from a properly labeled container in the presence of the purchaser.
  7. For agricultural seeds sold on a pure live seed basis, each container shall bear a label containing the information required by subsection (C)(2), except:
    - a. The label need not show:
      - i. The percentage by weight of each agricultural seed component as required by subsection (C)(2)(a); or
      - ii. The percentage by weight of inert matter as required by subsection (C)(2)(g); and
    - b. For each named agricultural seed, the label must show instead of the information required by subsection (C)(2)(h):
      - i. The percentage of pure live seed; and
      - ii. The calendar month and year in which the test determining the percentage of live seed was completed.
  8. For agricultural and vegetable hybrid seeds that contain less than 95 percent hybrid seed:
    - a. Kind or variety shall be labeled as "hybrid,"
    - b. The percentage that is hybrid shall be labeled parenthetically in direct association following the named variety; for example – comet (85% hybrid), and
    - c. Varieties in which the pure seed contains less than 75 percent hybrid seed shall not be labeled hybrids.
  9. For combination mulch, seed, and fertilizer products:
    - a. The word "combination" followed by the words "mulch – seed – fertilizer", as appropriate, shall appear on the upper 30 percent of the principal display panel. The word "combination" shall be the largest and most conspicuous type on the container, equal to or larger than the product name. The words "mulch – seed – fertilizer", as appropriate, shall be no smaller than one-half the size of the word "combination" and in close proximity to the word "combination."
    - b. The products shall not contain less than 70 percent mulch.
    - c. Agricultural, flower, vegetable, lawn, and turf seeds placed in a germination medium, mat, tape, or other device or mixed with mulch shall be labeled as follows:
      - i. Product name;
      - ii. Lot number;
      - iii. Percentage by weight of pure seed of each kind and variety named. The kind and variety named may be less than 5 percent of the whole;
      - iv. Percentage by weight of other crop seeds;
      - v. Percentage by weight of inert matter, which shall not be less than 70 percent;
      - vi. Percentage by weight of weed seeds;
      - vii. The total of subsections (iii), (iv), (v), and (vi) shall equal 100 percent;
      - viii. Name and number of noxious weed seeds per pound, if present;
      - ix. Hard seed percentage, if present, and percentage of germination of each kind or kind and variety named and the month and year the test was completed; and

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- x. Name and address of the labeler or the person who sells, offers or exposes the product for sale within this state.
- D. Labeling requirements: flowers.**
1. For flower seeds in packets prepared for use in home gardens or household plantings or flower seeds in pre-planted containers, mats, tapes, or other planting devices:
    - a. For all kinds of flower seeds:
      - i. The name of the kind and variety or a statement of type and performance characteristics as prescribed in subsection (D)(3); and
      - ii. Name and address of the labeler, or the person who sells, offers, or exposes the seed for sale within this state, and one of the following subsections (D)(1)(a)(iii) through (v);
      - iii. The calendar month and year the germination test was completed and the statement "Sell by (month/year)." The date indicated shall be no more than 12 months from the date of the test excluding the month of the test; or
      - iv. The calendar year for which the seed was packaged for sale as "packed for (year)" and the statement "sell by (year)"; or
      - v. The percentage germination and the calendar month and year the test was completed to determine the percentage if the germination test was completed within 12 months, excluding the month of the test.
    - b. For kinds of flower seeds for which standard testing procedures are prescribed by the Association of Official Seed Analysts and that germinate less than the germination standards prescribed under the provisions of R3-4-404(B):
      - i. Percentage of germination, excluding hard seeds;
      - ii. Percentage hard seed, if present; and
      - iii. The words "Below Standard" in not less than eight-point type.
    - c. For flower seeds placed in a germination medium, mat, tape, or other device in such a way as to make it difficult to determine the quantity of seed without removing the seeds from the medium, mat, tape, or device, a statement to indicate the minimum number of seeds in the container.
  2. For flower seeds in containers other than packets and other than pre-planted containers, mats, tapes, or other planting devices and not prepared for use in home flower gardens or household plantings:
    - a. The name of the kind and variety or a statement of type and performance characteristics as prescribed in subsection (D)(3), and for wildflowers, the genus and species and subspecies, if appropriate;
    - b. The lot number or other lot identification;
    - c. For wildflower seed with a pure seed percentage of less than 90 percent:
      - i. The percentage, by weight, of each component listed in order of the component's predominance;
      - ii. The percentage by weight of weed seed, if present; and
      - iii. The percentage by weight of inert matter;
    - d. For kinds of seed for which standard testing procedures are prescribed by the Association of Official Seed Analysts:
      - i. Percentage of germination, excluding hard or dormant seed;
      - ii. Percentage of hard or dormant seed, if present; and
      - iii. The calendar month and year that the test was completed to determine the percentages in subsections (D)(2)(d)(i) and (ii);
  - e. For those kinds of flower seed for which standard testing procedures are not prescribed by the Association of Official Seed Analysts, the year of production or collection; and
  - f. Name and address of the labeler, or the person who sells, offers, or exposes the flower seed for sale within this state.
3. Requirements to label flower seeds with kind and variety, or type and performance characteristics as prescribed in subsection (D)(1)(a)(i) and (D)(2)(a) shall be met as follows:
    - a. For seeds of plants grown primarily for their blooms:
      - i. If the seeds are of a single named variety, the kind and variety shall be stated, for example, "Marigold, Butterball";
      - ii. If the seeds are of a single type and color for which there is no specific variety name, the type of plant, if significant, and the type and color of bloom shall be indicated, for example, "Scabiosa, Tall, Large Flowered, Double, Pink";
      - iii. If the seeds consist of an assortment or mixture of colors or varieties of a single kind, the kind name, the type of plant, if significant, and the type or types of bloom shall be indicated. It shall be clearly indicated that the seed is mixed or assorted. An example of labeling such a mixture or assortment is "Marigold, Dwarf Double French, Mixed Colors";
      - iv. If the seeds consist of an assortment or mixture of kinds or kinds and varieties, it shall clearly indicate that the seed is assorted or mixed and the specific use of the assortment or mixture shall be indicated, for example, "Cut Flower Mixture", or "Rock Garden Mixture". Statements such as "General Purpose Mixture", "Wonder Mixture", or any other statement that fails to indicate the specific use of the seed shall not be considered as meeting the requirements of this subsection unless the specific use of the mixture is also stated. Containers with over three grams of seed shall list the kind or kind and variety names of each component present in excess of five percent of the whole in the order of their predominance, giving the percentage by weight of each. Components equal to or less than five percent shall be listed, but need not be listed in order of predominance. A single percentage by weight shall be given for these components that are less than five percent of the whole. If no component of a mixture exceeds five percent of the whole, the statement, "No component in excess of 5%" may be used. Containers with three grams of seed or less shall list the components without giving percentage by weight and need not be in order of predominance.
    - b. For seeds of plants grown for ornamental purposes other than their blooms, the kind and variety shall be stated, or the kind shall be stated together with a

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descriptive statement concerning the ornamental part of the plant, for example, "Ornamental Gourds, Small Fruited, Mixed."

- E. Label requirement for tree and shrub seeds. Tree or shrub seeds that is sold, offered for sale, or exposed for sale within this state shall bear on each container a plainly written or printed label or tag in English. No modifications or disclaimers shall be made to the required label information in the labeling or on another label attached to the container. Labeling of seed supplied under a contractual agreement meets this requirement if the shipment is accompanied by an invoice or by an analysis tag attached to the invoice if each bag or other container is clearly identified by a lot number permanently displayed on the container or if the seed is in bulk. Each bag or container not clearly identified by a lot number must carry complete labeling. The label shall include the following information:
1. For tree and shrub seeds that have been treated, the following may appear on a separate label:
    - a. Language indicating that the seed has been treated;
    - b. The commonly accepted chemical name of the applied substance or description of the process used;
    - c. If the substance is harmful to human or animals, a caution statement such as "do not use for food or feed or oil purposes". The caution for highly toxic substances shall be a poison statement and symbol; and
    - d. If the seed has been treated with an inoculant, the date of expiration, which is the date the inoculant is no longer considered effective;
  2. For all tree and shrub seeds subject to this Article:
    - a. Common name of the species of seed and if appropriate, the subspecies;
    - b. The scientific name of the genus and species and if appropriate, the subspecies;
    - c. Lot number or other lot identification;
    - d. Origin.
      - i. For seed collected from a predominantly indigenous stand, the area of collection given by latitude and longitude, a geographic description, or identification of a political subdivision, such as a state or county; or
      - ii. For seed collected from other than a predominantly indigenous stand, identification of the area of collection and the origin of the stand, or the statement "origin not indigenous";
    - e. The elevation or the upper and lower limits of elevations within which the seed was collected;
    - f. Purity as a percentage of pure seed by weight;
    - g. For those species listed under R3-4-404(C), the following apply except as provided in subsection (E)(2)(h):
      - i. Percentage germination excluding hard seed;
      - ii. Percentage of hard seed, if present;
      - iii. The calendar month and year the test was completed to determine the percentages in subsection (a) and (b);
    - h. Instead of complying with subsections (E)(2)(g)(i), (ii), and (iii), the seed may be labeled, "Test is in process, results will be supplied upon request";
    - i. For those species for which standard germination testing procedures have not been prescribed, the calendar year in which the seed was collected; and
    - j. Name and address of the labeler, or the person who sells, offers, or exposes the seed for sale within this state.
- F. Hermetically sealed seed shall meet the following requirements
1. The seed shall have been packaged within nine months of harvest;
  2. The container used shall not allow water vapor penetration through any wall, including the seals, greater than 0.05 grams of water per 24 hours per 100 square inches of surface at 100°F with a relative humidity on one side of 90 percent and on the other side 0 percent. Water vapor penetration (WVP) is measured in accordance with the U.S. Bureau of Standards as: gm H<sub>2</sub>O/24 hr/100 sq in/100°F /90% RHV 0% RH;
  3. The seed in the container shall not exceed the percentage of moisture, on a wet weight basis, as listed below:
    - a. Agricultural Seeds,
      - i. Beet, Field: 7.5;
      - ii. Beet, Sugar: 7.5;
      - iii. Bluegrass, Kentucky: 6.0;
      - iv. Clover, Crimson: 8.0;
      - v. Fescue, Red: 8.0;
      - vi. Ryegrass, Annual: 8.0;
      - vii. Ryegrass, Perennial: 8.0;
      - viii. All Others: 6.0; and
      - ix. Mixture of Above: 8.0;
    - b. Vegetable Seeds,
      - i. Bean, Garden: 7.0;
      - ii. Bean, Lima: 7.0;
      - iii. Beet: 7.5;
      - iv. Broccoli: 5.0;
      - v. Brussels Sprouts: 5.0;
      - vi. Cabbage: 5.0;
      - vii. Carrot: 7.0;
      - viii. Cauliflower: 5.0;
      - ix. Celeriac: 7.0;
      - x. Celery: 7.0;
      - xi. Chard, Swiss: 7.5;
      - xii. Chinese Cabbage: 5.0;
      - xiii. Chives: 6.5;
      - xiv. Collards: 5.0;
      - xv. Corn, Sweet: 8.0;
      - xvi. Cucumber: 6.0;
      - xvii. Eggplant: 6.0;
      - xviii. Kale: 5.0;
      - xix. Kohlrabi: 5.0;
      - xx. Leek: 6.5;
      - xxi. Lettuce: 5.5;
      - xxii. Muskmelon: 6.0;
      - xxiii. Mustard, India: 5.0;
      - xxiv. Onion: 6.5;
      - xxv. Onion, Welsh: 6.5;
      - xxvi. Parsley: 6.5;
      - xxvii. Parsnip: 6.0;
      - xxviii. Pea: 7.0;
      - xxix. Pepper: 4.5;
      - xxx. Pumpkin: 6.0;
      - xxxi. Radish: 5.0;
      - xxxii. Rutabaga: 5.0;
      - xxxiii. Spinach: 8.0;
      - xxxiv. Squash: 6.0;
      - xxxv. Tomato: 5.5;
      - xxxvi. Turnip: 5.0;
      - xxxvii. Watermelon: 6.5; and
      - xxxviii. All others: 6.0.
  4. The container shall be conspicuously labeled in not less than 8-point type to indicate:
    - a. That the container is hermetically sealed,

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- b. That the seed has been preconditioned as to moisture content, and
  - c. The calendar month and year in which the germination test was completed; and
5. The germination percentage of the seed at the time of packaging shall have been equal to or higher than the standards specified elsewhere in subsection R3-4-404.

**Historical Note**

Adopted effective December 21, 1981 (Supp. 81-6). Former Section R3-4-111 renumbered without change as Section R3-4-402 (Supp. 89-1). Section R3-4-402 renumbered from R3-1-402 (Supp. 91-4). Amended effective July 10, 1995 (Supp. 95-3). Amended by final rulemaking at 13 A.A.R. 1464, effective June 2, 2007 (Supp. 07-2).

**R3-4-403. Noxious Weed Seeds**

- A. A person shall not allow the following prohibited noxious weed seeds in seed regulated under this Article:

1. *Acroptilon repens* (L.) DC. – Russian knapweed;
2. *Aegilops cylindrica* Host. – Jointed goatgrass;
3. *Alhagi maurorum* – Camelthorn;
4. *Alternanthera philoxeroides* (Mart.) Griseb. – Alligator weed;
5. *Cardaria pubescens* (C.A. Mey) Jarmolenko – Hairy whitetop;
6. *Cardaria chalapensis* (L.) Hand-Maz – Lens podded hoary cress;
7. *Cardaria draba* (L.) Desv. – Globed-podded hoary cress (Whitetop);
8. *Carduus acanthoides* L. – Plumeless thistle;
9. *Cenchrus echinatus* L. – Southern sandbur;
10. *Cenchrus incertus* M.A. Curtis – Field sandbur;
11. *Centaurea calcitrapa* L. – Purple starthistle;
12. *Centaurea iberica* Trev. ex Spreng. – Iberian starthistle;
13. *Centaurea squarrosa* Willd. – Squarrose knapweed;
14. *Centaurea sulphurea* L. – Sicilian starthistle;
15. *Centaurea solstitialis* L. – Yellow starthistle (St. Barnaby's thistle);
16. *Centaurea diffusa* L. – Diffuse knapweed;
17. *Centaurea maculosa* L. – Spotted knapweed;
18. *Chondrilla juncea* L. – Rush skeletonweed;
19. *Cirsium arvense* L. Scop. – Canada thistle;
20. *Convolvulus arvensis* L. – Field bindweed;
21. *Coronopus squamatus* (Forsk.) Ascherson – Creeping wartcress (Coronopus);
22. *Cucumis melo* L. var. *Dudaim* Naudin – Dudaim melon (Queen Anne's melon);
23. *Cuscuta* spp. – Dodder;
24. *Cyperus rotundus* – Purple Nutgrass or Nutsedge;
25. *Cyperus esculentus* – Yellow Nutgrass or Nutsedge;
26. *Drymaria arenarioides* H.B.K. – Alfombrilla (Lightningweed);
27. *Eichhornia azurea* (SW) Kunth. – Anchored Waterhyacinth;
28. *Elymus repens* – Quackgrass;
29. *Euphorbia esula* L. – Leafy spurge;
30. *Halogeton glomeratus* (M. Bieb.) C.A. Mey – Halogeton;
31. *Helianthus ciliaris* DC. – Texas Blueweed;
32. *Hydrilla verticillata* (L.f.) Royle – Hydrilla (Florida-clo-dea);
33. *Ipomoea* spp. – Morning glory. All species except *Ipomoea carnea*, Mexican bush morning glory; *Ipomoea triloba*, three-lobed morning glory (which is considered a restricted pest); *Ipomoea aborescens*, morning glory tree; *Ipomoea batatas* – sweetpotato; *Ipomoea quamoclit*,

Cypress Vine; *Ipomoea noctiflora*, Moonflower – Morning Glories, Cardinal Climber, Hearts and Honey Vine;

34. *Isatis tinctoria* L. – Dyers woad;
  35. *Linaria genistifolia* var. *dalmatica* – Dalmation toadflax;
  36. *Lythrum salicaria* L. – Purple loosestrife;
  37. *Medicago polymorpha* L. – Burclover;
  38. *Nassella trichotoma* (Nees.) Hack. – Serrated tussock;
  39. *Onopordum acanthium* L. – Scotch thistle;
  40. *Orobancha ramosa* L. – Branched broomrape;
  41. *Panicum repens* L. – Torpedo grass;
  42. *Peganum harmala* L. – African rue (Syrian rue);
  43. *Portulaca oleracea* L. – Common purslane;
  44. *Rorippa austriaca* (Crantz.) Bess. – Austrian fieldcress;
  45. *Salvinia molesta* – Giant Salvinia;
  46. *Senecio jacobaea* L. – Tansy ragwort;
  47. *Solanum carolinense* – Carolina horsenettle;
  48. *Solanum elaeagnifolium* – Silverleaf Nightshade;
  49. *Sonchus arvensis* L. – Perennial sowthistle;
  50. *Solanum viarum* Dunal – Tropical Soda Apple;
  51. *Sorghum* species, perennial (*Sorghum halepense*, *Johnson grass*, *Sorghum alnum*, and perennial sweet sudan-grass);
  52. *Stipa brachychaeta* Godr. – Puna grass;
  53. *Striga* spp. – Witchweed;
  54. *Trapa natans* L. – Water-chestnut;
  55. *Tribulus terrestris* L. – Puncturevine.
- B. A person shall not allow more than the number shown of the following restricted noxious weed seeds in a working sample of seed regulated by this Article; or, any more than 50 of any combination of the following restricted noxious weed seeds per working sample.
1. *Avena fatua* – Wild oat: 5;
  2. *Brassica campestris* – Bird rape: 30;
  3. *Brassica juncea* – Indian mustard: 30;
  4. *Brassica niger* – Black mustard: 30;
  5. *Brassica rapa* – Field mustard: 30;
  6. *Cenchrus pauciflorus* – Sandbur: 10;
  7. *Eichhornia crassipes* (Mart.) Solms – Floating waterhyacinth: 10;
  8. *Euryops sunbcarnosus* subsp. *vulgaris* – Sweet resin-bush: 10;
  9. *Ipomoea triloba* L. – Three-lobed morning glory: 10;
  10. *Rumex crispus* – Curly dock: 30;
  11. *Salsola kali* var. *tenuifolia* – Russian thistle: 30;
  12. *Sinapis arvensis* – Charlock or Wild mustard: 30; and
  13. *Sida hederacea* – Alkali mallow: 30.

**Historical Note**

Adopted effective December 21, 1981 (Supp. 81-6). Former Section R3-4-112 renumbered without change as Section R3-4-403 (Supp. 89-1). Section R3-4-403 renumbered from R3-1-403 (Supp. 91-4). Section R3-4-403 repealed, new Section R3-4-403 renumbered from R3-4-405 and amended effective July 10, 1995 (Supp. 95-3). Amended by final rulemaking at 13 A.A.R. 1464, effective June 2, 2007 (Supp. 07-2).

**R3-4-404. Germination Standards**

- A. Vegetable seed shall have the following minimum percent germination or the minimum percent germination as found in the Federal Seed Act, 20 CFR 201.31 (as amended January 1, 2002), which is incorporated by reference, not including future editions or amendments. The material is on file with the Department and available for purchase from the U. S. Government Bookstore (<http://bookstore.gpo.gov/>) or at the U.S. Government Printing Office, 732 N. Capitol St., NW, Washington, DC 20401 or it can be found online at <http://ecfr.gpo->

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access.gov/cgi/t/text/text-idx?c=ecfr&sid=42bcf6d966081e2f2cf9d03315fb999f&rgn=div8&view=text&node=7:3.1.1.7.28.0.317.38&idno=7.

1. Artichoke: 60;
  2. Asparagus: 70;
  3. Asparagusbean: 75;
  4. Bean, garden: 70;
  5. Bean, Lima: 70;
  6. Bean, runner: 75;
  7. Beet: 65;
  8. Broadbean: 75;
  9. Broccoli: 75;
  10. Brussels sprouts: 70;
  11. Burdock, great: 60;
  12. Cabbage: 75;
  13. Cabbage, troncchuda: 70;
  14. Cardoon: 60;
  15. Carrot: 55;
  16. Cauliflower: 75;
  17. Celeriac: 55;
  18. Celery: 55;
  19. Chard, Swiss: 65;
  20. Chicory: 65;
  21. Chinese cabbage: 75;
  22. Chives: 50;
  23. Citron: 65;
  24. Collards: 80;
  25. Corn, sweet: 75;
  26. Cornsalad: 70;
  27. Cowpea: 75;
  28. Cress, garden: 75;
  29. Cress, upland: 60;
  30. Cress, water: 40;
  31. Cucumber: 80;
  32. Dandelion: 60;
  33. Dill: 60;
  34. Eggplant: 60;
  35. Endive: 70;
  36. Kale: 75;
  37. Kale, Chinese: 75;
  38. Kale, Siberian: 75;
  39. Kohlrabi: 75;
  40. Leek: 60;
  41. Lettuce: 80;
  42. Melon: 75;
  43. Mustard, India: 75;
  44. Mustard, spinach: 75;
  45. Okra: 50;
  46. Onion: 70;
  47. Onion, Welsh: 70;
  48. Pak-choi: 75;
  49. Parsley: 60;
  50. Parsnip: 60;
  51. Pea: 80;
  52. Pepper: 55;
  53. Pumpkin: 75;
  54. Radish: 75;
  55. Rhubarb: 60;
  56. Rutabaga: 75;
  57. Sage: 60;
  58. Salsify: 75;
  59. Savory, summer: 55;
  60. Sorrel: 65;
  61. Soybean: 75;
  62. Spinach: 60;
  63. Spinach, New Zealand: 40;
  64. Squash: 75;
  65. Tomato: 75;
  66. Tomato, husk: 50;
  67. Turnip: 80;
  68. Watermelon: 70; and
  69. All Others: The germination standard for all other vegetable and herb seed for which a standard has not been established shall be 50 percent.
- B.** Flower seed shall meet the following minimum percent germination standards. For the kinds marked with an asterisk, the percentage listed is the sum total of the percentage germination and percentage of hard seed. A mixture of kinds does not meet the germination standard if the germination of any kind or combination of kinds constituting 25 percent or more of the mixture by number of seed is below the germination standard for the kind or kinds involved.
1. Archillea (The Pearl) – *Achillea ptarmica*: 50;
  2. African Daisy – *Dimorphotheca aurantiaca*: 55;
  3. African Violet – *Saintpaulia* spp: 30;
  4. Ageratum – *Ageratum mexicanum*: 60;
  5. Agrostemma (rose campion) – *Agrostemma coronaria*: 65;
  6. Alyssum – *Alyssum compactum*, *A. maritimum*, *A. procumbens*, *A. saxatile*: 60;
  7. Amaranthus – *Amaranthus* spp: 65;
  8. Anagalis (primpernel) – *Anagalis arvensis*, *Anagalis coerulea*, *Anagalis grandiflora*: 60;
  9. Anemone – *Anemone coronaria*, *A. pulsatilla*: 55;
  10. Angel's Trumpet – *Datura arborea*: 60;
  11. Arabis – *Arabis alpine*: 60;
  12. Arctotis (African lilac daisy) – *Arctotis grandis*: 45;
  13. Armeria – *Armeria formosa*: 55;
  14. Asparagus, fern – *Asparagus plumosus*: 50;
  15. Asparagus, sprenger, *Asparagus sprenger*: 55;
  16. Aster, China – *Callistephus chinensis*; except Pompon, Powderpuff, and Princess types: 55;
  17. Aster, China – *Callistephus chinensis*; Pompon, Powderpuff, and Princess types: 50;
  18. Aubretia – *Aubretia deltoidea*: 45;
  19. Baby Smilax – *Aparagus asparagoides*: 25;
  20. Balsam – *Impatiens balsamina*: 70;
  21. Begonia – (*Begonia fibrous rooted*): 60;
  22. Begonia – (*Begonia tuberous rooted*): 50;
  23. Bells of Ireland – *Molucella laevis*: 60;
  24. Brachycome (swan river daisy) – *Brachycome iberidifolia*: 60;
  25. Browallia – *Browallia elata* and *B. speciosa*: 65;
  26. Bupthalam (sunwheel) – *Bupthalam salicifolium*: 60;
  27. Calceolaria – *Calceolaria* spp: 60;
  28. Calendula – *Calendula officinalis*: 65;
  29. California Poppy – *Eschscholtzia californica*: 60;
  30. Calliopsis – *Coreopsis bicolor*, *C. drummondii*, *C. elegans*: 65;
  31. Campanula:
    - a. Canterbury Bells – *Campanula medium*: 60;
    - b. Cup and Saucer Bellflower – *Campanula medium calycanthema*: 60;
    - c. Carpathian Bellflower – *Campanula carpatica*: 50;
    - d. Peach Bellflower – *Campanula persicifolia*: 50;
  32. Candytuft, Annual – *Iberis amara*, *I. umbellata*: 65;
  33. Candytuft, Perennial – *Iberis gibraltarica*, *I. sempervirens*: 55;
  34. Castor Bean – *Ricinus communis*: 60;
  35. Cathedral Bells – *Cobaea scandens*: 65;
  36. Celosia argentea: 65;

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37. Centaurea: Basket Flower – *Centaurea americana*, Cornflower – *C. cyanus*, Dusty Miller – *C. candidissima*, Royal Centaurea – *C. imperialis*, Sweet Sultan – *C. moschata*, Velvet Centaurea – *C. gymnocarpa*: 60;
38. Snow-in-Summer *Cerastium biebersteini* and *C. tomentosum*: 65;
39. Chinese Forget-me-not – *Cynoglossum amabile*: 55;
40. Chrysanthemum, Annual – *Chrysanthemum carinatum*, *C. coronarium*, *C. Cineraria* – *Senecio cruentus*: 60;
41. Clarkia – *Clarkia elegans*: 65;
42. Cleome – *Cleome gigantea*: 65;
43. Coleus – *Coleus blumei*: 65;
44. Columbine – *Aquilegia* spp.: 50;
45. Coral Bells – *Heuchera sanguinea*: 55;
46. Coreopsis, Perennial – *Coreopsis lanceolata*: 40;
47. Corn, ornamental – *Zea mays*: 75;
48. Cosmos: Sensation, Mammoth and Crested types – *Cosmos bipinnatus*; Klondyke type – *C. sulphureus*: 65;
49. Crossandra – (*Crossandra infundibuliformis*): 50;
50. Dahlia – *Dahlia* spp: 55;
51. Daylily – *Heemerocallis* spp: 45;
52. Delphinium, Perennial – *Belladonna* and *Bellamosum* types; Cardinal Larkspur – *Delphinium cardinale*; *Chinensis* types; Pacific Giant, Gold Medal and other hybrids of *D. elatum*: 55;
53. Dianthus:
  - a. Carnation – *Dianthus caryophyllus*: 60;
  - b. China Pinks – *Dianthus chinensis*, *heddewigi*, *heddensis*: 70;
  - c. Grass Pinks – *Dianthus plumarius*: 60;
  - d. Maiden Pinks – *Dianthus deltoids*: 60;
  - e. Sweet William – *Dianthus barbatus*: 70;
  - f. Sweet Wivelsfield – *Dianthus allwoodi*: 60;
54. Didiscus – (blue lace flower) – *Didiscus coerulea*: 65;
55. Doronicum (leopard's bane) – *Doronicum caucasicum*: 60;
56. Dracaena – *Dracaena indivisa*: 55;
57. Dragon Tree – *Dracaena draco*: 40;
58. English Daisy – *Bellis perennis*: 55;
59. Flax – Golden flax (*Linum flavum*); Flowering flax *L. randiflorum*; Perennial flax, *L. perenne*: 60;
60. Flowering Maple – *Abutilon* spp: 35;
61. Foxglove – *Digitalis* spp: 60;
62. Gaillardia, Annual – *Gaillardia pulchella*; *G. picta*; Perennial – *G. grandiflora*: 45;
63. Gerbera (transvaal daisy) – *Gerbera jamesoni*: 60;
64. Geum – *Geum* spp: 55;
65. Gilia – *Gilia* spp: 65;
66. Glosiosa daisy (*rudbeckia*) – *Echinacea purpurea* and *Rudbeckia Hirta*: 60;
67. Gloxinia – (*Sinningia speciosa*): 40;
68. Godetia – *Godetia amoena*, *G. grandiflora*: 65;
69. Gourds: Yellow Flowered – *Cucurbita pepo*; White Flowered – *Lagenaria siceraria*; Dishcloth – *Luffa cylindrica*: 70;
70. Gypsophila: Annual Baby's Breath – *Gypsophila elegans*; Perennial Baby's Breath – *G. paniculata*, *G. pacifica* *G. repens*: 70;
71. Helenium – *Helenium autumnale*: 40;
72. Helichrysum – *Helichrysum monstrosum*: 60;
73. Heliopsis – *Heliopsis scabra*: 55;
74. Heliotrope – *Heliotropium* spp: 35;
75. Helipterum (Acroclinium) – *Helipterum roseum*: 60;
76. Hesperis (sweet rocket) – *Hesperis matronalis*: 65;
77. \*Hollyhock – *Althea rosea*: 65;
78. Hunnemanian (mexican tulip poppy) – *Hunnemanian fuma-riaefolia*: 60;
79. Hyacinth bean – *Dolichos lablab*: 70;
80. Impatiens – *Impatiens hostii*, *I. sultani*: 55;
81. \**Ipomoea* – Cypress Vine – *Ipomoea quamoclit*; Moonflower – *I. noctiflora*; Morning Glories, Cardinal Climber, Hearts and Honey Vine – *Ipomoea* spp: 75;
82. Jerusalem cross (maltese cross) – *Lychnis chalconica*: 70;
83. Job's Tears – *Coix lacrymajobi*: 70;
84. Kochia – *Kochia childsii*: 55;
85. Larkspur, Annual – *Delphinium ajacis*: 60;
86. Lantana – *Lantana camara*, *L. hybrida*: 35;
87. Lilium (regal lily) – *Lilium regale*: 50;
88. Linaria – *Linaria* spp: 65, exception: *Linaria genistifolia* var. *dalmatica* – Dalmation toadflax which is a prohibited noxious weed;
89. Lobelia, Annual – *Lobelia erinus*: 65;
90. Lunaria, Annual – *Lunaria annua*: 65;
91. \*Lupine – *Lupinus* spp: 65;
92. Marigold – *Tagetes* spp: 65;
93. Marvel of Peru – *Mirabilis jalapa*: 60;
94. Matricaria (feverfew) – *Matricaria* spp: 60;
95. Mignonette – *Reseda odorata*: 55;
96. Myosotis – *Myosotis alpestris*, *M. oblongata*, *M. palustris*: 50;
97. Nasturtium – *Tropaeolum* spp: 60;
98. Nemesis – *Nemesis* spp: 65;
99. Nemophila – *Nemophila insignis*: 70;
100. Nemophila, spotted – *Nemophila maculate*: 60;
101. Nicotiana – *Nicotiana affinis*, *N. sanderae*, *N. sylvestris*: 65;
102. Nierembergia – *Nierembergia* spp: 55;
103. Nigella – *Nigella damascena*: 55;
104. Pansy – *Viola tricolor*: 60;
105. Penstemon – *Penstemon barbatus*, *P. grandiflorus*, *P. laevigatus*, *P. pubescens*: 60;
106. Petunia – *Petunia* spp: 45;
107. Phacelia – *Phacelia campanularia*, *P. minor*, *P. tanacetifolia*: 65;
108. Phlox, Annual – *Phlox drummondii* all types and varieties: 55;
109. Physalis – *Physalis* spp: 60;
110. Platycodon (balloon flower) – *Platycodon grandiflorum*: 60;
111. Plumbago, cape – *Plumbago capensis*: 50;
112. Ponytail – *Beaucarnea recurvata*: 40;
113. Poppy: Shirley Poppy – *Papaver rhoeas*; Iceland Poppy – *P. nudicaule*; Oriental Poppy – *P. orientale*; Tulip Poppy – *P. glaucum*: 60;
114. Portulaca – *Portulaca grandiflora*: 55;
115. Primula (primrose) – *Primula* spp: 50;
116. Pyrethrum (painted daisy) – *Pyrethrum coccineum*: 60;
117. Salpiglossis – *Salpiglossis gloxinaeflora*, *S. sinuata*: 60;
118. Salvia – Scarlet Sage – *Salvia splendens*; Mealycup Sage (Blue bedder) – *Salvia farinacea*: 50;
119. Saponaria – *Saponaria ocyroides*, *S. vaccaria*: 60;
120. Scabiosa, Annual – *Scabiosa atropurpurea*: 50;
121. Scabiosa, Perennial – *Scabiosa caucasica*: 40;
122. Schizanthus – *Schizanthus* spp: 60;
123. \*Sensitive plant (mimosa) – *Mimosa pudica*: 65;
124. Shasta Daisy – *Chrysanthemum maximum* *C. leucanthemum*: 65;
125. Silk Oak – *Grevillea robusta*: 25;
126. Snapdragon – *Antirrhinum* spp: 55;

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127. *Solanum* – *Solanum* spp: 60, exceptions; *Solanum carolinense* – Carolina horsenettle and *Solanum elaeagnifolium* – Silverleaf Nightshade which are prohibited noxious weeds;
  128. *Statice* – *Statice sinuata*, *S. suworonii* (flower heads): 50;
  129. Stocks: Common – *Mathiola incana*; Evening Scented – *Mathiola bicornis*: 65;
  130. Sunflower – *Helianthus* spp: 70, exception; *Helianthus ciliaris* DC. – Texas blueweed which is a prohibited noxious weed;
  131. Sunrose – *Helianthemum* spp: 30;
  132. \*Sweet Pea, Annual and Perennial other than dwarf bush – *Lathyrus odoratus*, *L. latifolius*: 75;
  133. \*Sweet Pea, Dwarf Bush – *Lathyrus odoratus*: 65;
  134. Tahoka Daisy – *Machaeanthera tanacetifolia*: 60;
  135. Thunbergia – *Thunbergia alata*: 60;
  136. Torcn Flower – *Tithonia speciosa*: 70;
  137. Torenia (Wishbone Flower) – *Torenia fournieri*: 70;
  138. *Tritoma kniphofia* Spp: 65;
  139. Verbena, Annual – *Verbena hybrida*: 35;
  140. Vinca – *Vinca rosea*: 60;
  141. Viola – *Viola cornuta*: 55;
  142. Virginian Stocks – *Malcolmia maritima*: 65;
  143. Wallflower – *Cheiranthus allioni*: 65;
  144. Yucca (Adam's Needle) – *Yucca filamentosa*: 50;
  145. Zinnia (Except Linearis and Creeping) – *Zinnia angustifolia*, *Z. elegans*, *Z. grandiflora*, *Z. gracillima*, *Z. haegeana*, *Z. multiflora*, *Z. pumila*: 65;
  146. Zinnia, Linearis and Creeping – *Zinnia linearis*, *Sanvitalia procumbens*: 50;
  147. All Other Kinds: 50.
- C. The germination labeling provisions of R3-4-402(E) apply to the following tree and shrub species:
1. *Abies amabilis* (Dougl.) Forbes – Pacific Silver Fir;
  2. *Abies balsamea* (L.) Mill. – Balsam Fir;
  3. *Abies concolor* (Gord. Glend.) Lindl. – White Fir;
  4. *Abies fraseri* (Pursh.) Poir – Fraser Fir;
  5. *Abies grandis* (Dougl.) Lindl. – Grand Fir;
  6. *Abies homolepis* Sieb Zucc. – Nikko Fir;
  7. *Abies lasiocarpa* (Hook) Nutt. – Subalpine Fir;
  8. *Abies magnifica* A. Murr. – California Red Fir;
  9. *Abies magnifica* var. *shastensis* Lemm. – Shasta Red Fir;
  10. *Abies procera* Rehd. – Nobel Fir;
  11. *Abies veitchii* (Lindl.) – Veitch Fir;
  12. *Acer ginnala* Maxim. – Amur Maple;
  13. *Acer macrophyllum* Pursh. – Bigleaf Maple;
  14. *Acer negundo* L. – Boxelder;
  15. *Acer pensylvanicum* L. – Striped Maple;
  16. *Acer platanoides* L. – Norway Maple;
  17. *Acer pseudoplatanus* L. – Sycamore Maple;
  18. *Acer rubrum* L. – Red Maple;
  19. *Acer saccharinum* L. – Silver Maple;
  20. *Acer saccharum* Marsh. – Sugar Maple;
  21. *Acer spicatum* Lam. – Mountain Maple;
  22. *Aesculus pavia* L. – Red Buckeye;
  23. *Ailanthus altissima* (Mill.) Swingle – Tree of Heaven, Ailanthus;
  24. *Berberis thunbergii* DC. – Japanese Barberry;
  25. *Berberis vulgaris* L. European Barberry;
  26. *Betula lenta* L. – Sweet Birch;
  27. *Betula alleghaniensis* Britton – Yellow Birch;
  28. *Betula nigra* L. – River Birch;
  29. *Betula papyrifera* Marsh. – Paper Birch;
  30. *Betula pendula* Roth. – European White Birch;
  31. *Betula populifolia* Marsh. – Gray Birch;
  32. *Carya illinoensis* (Wang.) K. Koch – Pecan;
  33. *Carya ovata* (Mill) K. Koch – Shagbark Hickory;
  34. *Casuarina* spp. – Beefwood;
  35. *Catalpa bignonioides* Walt. – Southern Catalpa;
  36. *Catalpa speciosa* Warder. – Northern Catalpa;
  37. *Cedrus atlantica* Manetti – Atlas Cedar;
  38. *Cedrus deodara* (Roxb.) Loud. – Deodar Cedar;
  39. *Cedrus libani* (Loud.) – Cedar of Lebanon;
  40. *Clastrus scandens* L. – American Bittersweet;
  41. *Celastrus orbiculata* Thunb. – Oriental Bittersweet;
  42. *Chamaecyparis lawsoniana* (A. Murr.) Parl – Port Oxford Cedar;
  43. *Chamaecyparis nootkatensis* (D. Don.) Spach. – Alaska Cedar;
  44. *Cornus florida* L. – Flowering Dogwood;
  45. *Cornus stolonifera* Michx. – Red-osier Dogwood;
  46. *Crataegus mollis* – Downy Hawthorn;
  47. *Cupressus arizonica* Greene – Arizona Cypress;
  48. *Eucalyptus deglupta*;
  49. *Eucalyptus gradis*;
  50. *Fraxinus americana* L. – White Ash;
  51. *Fraxinus excelsior* L. – European Ash;
  52. *Fraxinus latifolia* Benth. – Oregon Ash;
  53. *Fraxinus nigra* Marsh. – Black Ash;
  54. *Fraxinus pensylvanica* Marsh. – Green Ash;
  55. *Fraxinus pensylvanica* var. *lanceolata* (Borkh.) Sarg. – Green Ash;
  56. *Gleditsia triacanthos* L. – Honey Locust;
  57. *Grevillea robusta* – Silk-oak;
  58. *Larix decidua* Mill. – European Larch;
  59. *Larix eurolepis* Henry – Dunkfeld Larch;
  60. *Larix leptolepis* (Sieb. Zucc.) Gord. – Japanese Larch;
  61. *Larix occidentalis* Nutt. – Western Larch;
  62. *Larix sibirica* Ledeb. – Siberian Larch;
  63. *Libocedrus decurrens* – Incense-Cedar;
  64. *Liquidambar styraciflua* L. – Sweetgum;
  65. *Liriodendron tulipifera* L. – Yellow-Poplar;
  66. *Magnolia grandiflora* – Southern Magnolia;
  67. *Malus* spp. – Apple;
  68. *Malus* spp. – Crabapple;
  69. *Nyssa aquatica* L. – Water Tupelo;
  70. *Nyssa sylvatica* var. *sylvatica* – Black Tupelo;
  71. *Picea abies* (L.) Karst. – Norway Spruce;
  72. *Picea engelmanni* Parry – Engelmann Spruce;
  73. *Picea glauca* (Moench.) Voss – White Spruce;
  74. *Picea glauca* var. *albertiana* (S. Brown) Sarg. – Western White Spruce, Alberta White Spruce;
  75. *Picea glehnii* (Fr. Schmidt) Mast. – Sakhalin Spruce;
  76. *Picea jezoensis* (Sieb. Zucc.) Carr – Yeddo Spruce;
  77. *Picea koyamai* Shiras. – Koyama Spruce;
  78. *Picea mariana* (Mill.) B.S.P. – Black Spruce;
  79. *Picea omorika* (Pancic.) Purkyne – Serbian Spruce;
  80. *Picea orientalis* (L.) Link. – Oriental Spruce;
  81. *Picea polita* (Sieb. Zucc.) Carr – Tigertail Spruce;
  82. *Picea pungens* Engelm. – Blue Spruce, Colorado Spruce;
  83. *Picea pungens* var. *glauca* Reg. – Colorado Blue Spruce;
  84. *Picea rubens* Sarg. – Red Spruce;
  85. *Picea sitchensis* (Bong.) Carr – Sitka Spruce;
  86. *Pinus albicaulis* Engelm. – Whitebark Pine;
  87. *Pinus aristata* Engelm. – Bristlecone Pine;
  88. *Pinus banksiana* Lamb. – Jack Pine;
  89. *Pinus canariensis* C. Smith – Canary Pine;
  90. *Pinus caribaea* – Caribbean Pine;
  91. *Pinus cembroides* Zucc. – Mexican Pinyon Pine;
  92. *Pinus clausa* – Sand Pine;
  93. *Pinus conorta* Dougl. – Lodgepole Pine;
  94. *Pinus contorta* var. *latifolia* Engelm. – Lodgepole Pine;



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95. *Pinus coulteri* D. Don. – Coulter Pine, Bigcone Pine;
  96. *Pinus densiflora* Sieb. Zucc. – Japanese Red Pine;
  97. *Pinus echinata* Mill. – Shortleaf Pine;
  98. *Pinus elliottii* Engelm. – Slash Pine;
  99. *Pinus flexilis* James – Limber Pine;
  100. *Pinus glabra* Walt. – Spruce Pine;
  101. *Pinus griffithii* McClelland – Himalayan Pine;
  102. *Pinus halepensis* Mill. – Aleppo Pine;
  103. *Pinus jeffreyi* Grev. Balf. – Jeffrey Pine;
  104. *Pinus khasya* Royle – Khasia Pine;
  105. *Pinus lambertiana* Dougl. – Sugar Pine;
  106. *Pinus heldreichii* var. *leucodermis* (Ant.) Markgraf ex Fitschen – Balkan Pine, Bosnian Pine;
  107. *Pinus markusii* DeVries – Markus Pine;
  108. *Pinus monticola* Dougl. – Western White Pine;
  109. *Pinus mugo* Turra. – Mountain Pine;
  110. *Pinus mugo* var. *mughus* (Scop.) Zenari – Mugo Swiss Mountain Pine;
  111. *Pinus muricata* D. Don. – Bishop pine;
  112. *Pinus nigra* Arnold – Austrian Pine;
  113. *Pinus nigra* poiretiana (Ant.) Aschers Graebn. – Corsican Pine;
  114. *Pinus palustris* Mill. – Longleaf Pine;
  115. *Pinus parviflora* Sieb. Zucc. – Japanese White Pine;
  116. *Pinus patula* Schl. Cham. – Jelecote Pine;
  117. *Pinus pinaster* Sol. – Cluster Pine;
  118. *Pinus pinea* L. – Italian Stone Pine;
  119. *Pinus ponderosa* Laws. – Ponderosa Pine, Western Yellow Pine;
  120. *Pinus radiata* D. Don. – Monterey Pine;
  121. *Pinus resinosa* Ait. – Red Pine, Norway Pine;
  122. *Pinus rigida* Mill. – Pitch Pine;
  123. *Pinus serotina* Michx. – Pond Pine;
  124. *Pinus strobus* L. – Eastern White Pine;
  125. *Pinus sylvestris* L. – Scots Pine;
  126. *Pinus taeda* L. – Loblolly Pine;
  127. *Pinus taiwanensis* Hayata – Formosa Pine;
  128. *Pinus thunbergii* Parl. – Japanese Black Pine;
  129. *Pinus virginiana* Mill. – Virginia Pine, Scrub Pine;
  130. *Platanus occidentalis* L. – American Sycamore;
  131. *Populus* spp. – Poplars;
  132. *Prunus armeriaca* L. – Apricot;
  133. *Prunus avium* L. – Cherry;
  134. *Prunus domestica* L. – Plum, Prune;
  135. *Prunus persica* Batsch. – Peach;
  136. *Pseudotsuga menziesii* var. *glauca* (Beissn.) Franco – Blue Douglas Fir;
  137. *Pseudotsuga menziesii* var. *caesia* (Beissn.) Franco – Gray Douglas Fir;
  138. *Pseudotsuga menziesii* var. *viridis* – Green Douglas Fir;
  139. *Pyrus communis* L. – Pear;
  140. *Quercus* spp. – (Red or Black Oak group);
  141. *Quercus alba* L. – White Oak;
  142. *Quercus muehlenbergii* Engelm. – Chinkapin Oak;
  143. *Quercus virginiana* Mill. – Live Oak;
  144. *Rhododendron* spp. – Rhododendron;
  145. *Robinia pseudoacacia* L. – Black Locust;
  146. *Rosa multiflora* Thunb. – Japanese Rose;
  147. *Sequoia gigantea* (Lindl.) Decne. – Giant Sequoia;
  148. *Sequoia sempervirens* (D. Don.) Engl. – Redwood;
  149. *Syringa vulgaris* L. – Common Lilac;
  150. *Thuja occidentalis* L. – Northern White Cedar, Eastern Arborvitae;
  151. *Thuja orientalis* L. – Oriental Arborvitae, Chinese Arborvitae;
  152. *Thuja plicata* Donn. – Western Red Cedar – Giant Arborvitae;
  153. *Tsuga canadensis* (L.) Carr. – Eastern Hemlock, Canada Hemlock;
  154. *Tsuga heterophylla* (Raf.) Sarg. – Western Hemlock, Pacific Hemlock;
  155. *Ulmus americana* L. – American Elm;
  156. *Ulmus parvifolia* Jacq. – Chinese Elm;
  157. *Ulmus pumila* L. – Siberian Elm; and
  158. *Vitis vulpina* L. – Riverbank Grape.
- D.** A person shall not indicate a quality of seed higher than the actual quality as found through germination test.
- E.** The labeler or the person who sells, offers, or exposes for sale within this state seeds in hermetically-sealed containers more than 36 months after the last day of the month in which the seeds were tested prior to packaging, shall retest the seeds within nine months, excluding of the calendar month in which the retest was completed, immediately prior to sale, exposure for sale, or offering for sale or transportation.
- Historical Note**
- Adopted effective December 21, 1981 (Supp. 81-6). Former Section R3-4-113 renumbered without change as Section R3-4-404 (Supp. 89-1). Section R3-4-404 renumbered from R3-1-404 (Supp. 91-4). Section repealed, new Section R3-4-404 renumbered from R3-4-406 and amended effective July 10, 1995 (Supp. 95-3). Amended by final rulemaking at 13 A.A.R. 1464, effective June 2, 2007 (Supp. 07-2).
- R3-4-405. Seed-certifying Agencies**
- A.** Any agency seeking to obtain designation as a seed-certifying agency in Arizona shall meet the following requirements.
1. The agency shall be qualified by USDA to certify agricultural or vegetable planting seed as to variety, strain, and genetic purity.
  2. The agency shall have a written seed certification protocol which includes standards, rules, and procedures for the certification of planting seed.
  3. The agency shall have procedures for accepting crops and varieties into a certification program.
  4. The agency shall be a member in good standing of a USDA-recognized association of official seed-certifying agencies such as the Association of Official Seed Certifying Agencies.
- B.** The Director or the Director's designee shall meet each calendar year with the director of the seed-certifying agency to review the agency's standards, rules, and procedures.
- C.** The Director may, after consulting with the Director of the Arizona Agricultural Experiment Station, revoke the agency's designation as the state seed-certifying agency after written 30 days' notice if the organization:
1. Fails to maintain qualifications, protocols, procedures, and membership as set forth in subsection (A); or
  2. Fails to follow federal and state standards, rules, and procedures.
- Historical Note**
- Adopted effective December 21, 1981 (Supp. 81-6). Former Section R3-4-114 renumbered without change as Section R3-4-405 (Supp. 89-1). Section R3-4-405 renumbered from R3-1-405 (Supp. 91-4). Section R3-4-405 renumbered to R3-4-403, new Section R3-4-405 renumbered from R3-4-407 and amended effective July 10, 1995 (Supp. 95-3).
- R3-4-406. Sampling and Analyzing Seed**

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- A. A person shall follow the methods of taking, handling, analyzing, and testing samples of seed and the tolerances and methods of determination as prescribed in the Federal Seed Act Regulations, 7 CFR 201.39 through 201.65, amended January 1, 2002, and in the Rules for Testing Seeds, 2006, published by the Association of Official Seed Analysts. This material is incorporated by reference and is on file with the Department. The materials incorporated by reference do not include any later amendments or editions. The Rules for Testing Seeds are also available through the web site: <http://www.aosaseed.com>. The CFR may be ordered from the Superintendent of Documents, P.O. Box 371954, Pittsburgh, PA, 15250-7954 and the Rules for Testing Seeds may be ordered from the AOSA Management Office, Mail Boxes Etc. #285, 601 S. Washington, Stillwater, OK 74074-4539. If there is a conflict between the two documents, the requirements in CFR will prevail.
- B. A labeler offering a seed for sale shall pay the cost of original germination and purity tests on each lot of seed offered for sale, and a dealer or labeler shall pay the cost of any subsequent germination test required by A.R.S. § 3-237. The Department shall pay the cost of testing seed samples drawn by a seed inspector from lots bearing valid labels. The dealer or labeler shall reimburse the Department for the cost of the test if the dealer or labeler chooses to use the Department's germination and purity results in subsequent re-labeling.

**Historical Note**

Adopted effective December 21, 1981 (Supp. 81-6). Former Section R3-4-115 renumbered without change as Section R3-4-406 (Supp. 89-1). Section R3-4-406 renumbered from R3-1-406 (Supp. 91-4). Section R3-4-406 renumbered to R3-4-404, new Section R3-4-406 renumbered from R3-4-408 and amended effective July 10, 1995 (Supp. 95-3). Amended by final rulemaking at 9 A.A.R. 1286, effective May 31, 2003 (Supp. 03-2). Amended by final rulemaking at 13 A.A.R. 1464, effective June 2, 2007 (Supp. 07-2).

**R3-4-407. Phytosanitary Field Inspection; Fee**

- A. Applicants seeking phytosanitary certification for interstate and international exportation of agriculture, vegetable, and ornamental planting seed shall submit a \$20.00 inspection fee and provide the following information on a form furnished by the Department:
1. The company name and address of the applicant;
  2. The kind, variety, and lot number of the seed;
  3. The number of acres on which the seed will be grown;
  4. The name of the grower;
  5. The county and field location;
  6. The date of the application;
  7. The countries of export;
  8. The seed treatment, if applicable;
  9. The amount of treatment, if applicable;
  10. The approximate planting date;
  11. The approximate harvest date; and
  12. The export requirements.
- B. The Department may contract with the state-certifying agency for field inspection at 20¢ per acre for any first or single required inspection and 10¢ per acre for each subsequent required inspection which shall be performed in conjunction with the seed certification program.
- C. Field inspections conducted by the Department shall be based upon the following fee schedule and shall not exceed the maximum fee prescribed by A.R.S. § 3-233(A)(7):
1. Cotton: 80¢ per acre;
  2. Small grain: 20¢ per acre for the first inspection and 80¢ for the second inspection;

3. Vegetable and all other crops: 20¢ for the first inspection and 80¢ for the second inspection.

- D. If both the field inspection fee and the application fee exceeds the maximum fee per acre prescribed by A.R.S. § 3-233(A)(7), the application fee shall be voided and the maximum cost per acre shall be assessed.

**Historical Note**

Adopted effective December 21, 1981 (Supp. 81-6). Former Section R3-4-116 renumbered without change as Section R3-4-407 (Supp. 89-1). Section R3-4-407 renumbered from R3-1-407 (Supp. 91-4). Section R3-4-407 renumbered to R3-4-405, new Section adopted effective July 10, 1995 (Supp. 95-3).

**R3-4-408. Licenses: Seed Dealer and Seed Labeler; Fees**

- A. An applicant for a seed dealer or seed labeler license shall provide the following to the Department:
1. The year for which the applicant wishes to be licensed;
  2. The applicant's name, company name, telephone number, fax number and e-mail address, as applicable;
  3. Verification of previous seed dealer or labeler license, if applicable;
  4. The mailing and physical address of each business location being licensed;
  5. Company Tax ID number or if not a legally-recognized business entity, the applicant's Social Security number;
  6. The date of the application; and
  7. The signature of the applicant.
- B. Seed dealer and seed labeler licenses are not transferable, expire on June 30, and are valid for no more than one year, or period thereof, unless otherwise revoked, suspended, denied or otherwise acted upon by the Department as provided in A.R.S. § 3-233(A)(6).
- C. An applicant shall submit a completed application to the Department accompanied by the following fee, which is non-refundable unless A.R.S. § 41-1077 applies.
1. Seed dealers, \$50.00 per location; and
  2. Seed labelers, \$100.00.
- D. During fiscal year 2011 and fiscal year 2012, notwithstanding subsection (C), there is no fee to obtain a seed dealer or seed labeler license.

**Historical Note**

Adopted effective December 21, 1981 (Supp. 81-6). Former Section R3-4-117 renumbered without change as Section R3-4-408 (Supp. 89-1). Section R3-4-408 renumbered from R3-1-408 (Supp. 91-4). Section R3-4-408 renumbered to R3-4-406, new Section adopted effective July 10, 1995 (Supp. 95-3). Amended by final rulemaking at 13 A.A.R. 1464, effective June 2, 2007 (Supp. 07-2). Amended by exempt rulemaking at 16 A.A.R. 2029, effective September 21, 2010 (Supp. 10-3). Amended by exempt rulemaking at 17 A.A.R. 1763, effective July 20, 2011 (Supp. 11-3).

**R3-4-409. Violations and Penalties**

- A. The Department may assess the following penalties against a dealer or labeler for each customer affected by a violation listed below: \$50 for the first offense, \$150 for the second offense, and \$300 for each subsequent offense within a three-year period:
1. Failure to complete the germination requirements on agricultural, vegetable, or flower seed intended for wholesale or commercial use within nine months prior to sale, exposing for sale, or offering for sale within the state, excluding the month in which the test was completed.

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This penalty does not apply to a violation under subsections (A)(2), or (3);

2. Failure to complete the germination requirements for agricultural, ornamental, or vegetable seed intended for retail purchase within the 15 months prior to the sale, exposing for sale, or offering for sale within the state, excluding the month in which the test was completed; and
3. Failure to obtain any license required by this Article;
- B. The Department may assess the following penalties against any person committing the following acts: up to \$500 for the first offense, up to \$1250 for the second offense, and up to \$2500 for each subsequent offense within a three-year period.
  1. To label, advertise, or represent seed subject to this Article to be certified seed or any class of certified seed unless:
    - a. It has been determined by a certifying agency that the seed conforms to standards of purity and identification as to kind, species and subspecies, if appropriate, or variety; and
    - b. The seed bears an official label issued for the seed by a certifying agency certifying that the seed is of a specified class and a specified kind, species and subspecies, if appropriate, and variety;
  2. To disseminate in any manner or by any means, any false or misleading advertisements concerning seeds subject to this Article;
  3. To hinder or obstruct in any way, any authorized agent of the Department in the performance of the person's duties under this Article;
  4. To fail to comply with a cease and desist order or to move or otherwise handle or dispose of any lot of seed held under a cease and desist order or tags attached to the order, except with express permission of the enforcing officer, and for a purpose specified by the officer;
  5. To label or sell seed that has been treated without proper labeling;
  6. To provide false information to any authorized person in the performance of the person's duties under this Article; or
  7. To label or sell seed that has false or misleading labeling, including:
    - a. Labeling or selling seed with a label containing the word "trace" or the phrase "contains 01%" as a substitute for any statement that is required by this Article;
    - b. Altering or falsifying any seed label, seed test, laboratory report, record, or other document to create a misleading impression as to kind, variety, history, quality or origin of seed;
    - c. Labeling as hermetically sealed containers of agricultural or vegetable seeds that have not had completed the germination requirements with 36 months prior to sale, excluding the month in which the test was completed;
    - d. Failure to label in accordance with the provisions of this Article;
    - e. If applicable, failing to label as containing prohibited noxious weed seeds, subject to recognized tolerances;
    - f. If applicable, failing to label as containing restricted noxious weed seeds in excess of the number prescribed in R3-4-403 on the label attached to the container of the seed or associated with seed;
    - g. If applicable, failing to label as containing more than two and one-half percent by weight of all weed seeds;

- h. Detaching, altering, defacing, or destroying any label provided for in this Article, or altering or substituting seed in a manner that may defeat the purpose of this Article;
- i. Using relabeling stickers without having both the calendar month and year the germination test was completed, the sell by date if appropriate, and the lot number that matches the existing, original lot number; and
- j. Selling, exposing for sale, or offering for sale within the state vegetable seed intended for retail purchase that has labeling containing germination information that has not been completed within the 12 months prior to selling, exposing for sale, or offering for sale.

**Historical Note**

New Section made by final rulemaking at 13 A.A.R. 1464, effective June 2, 2007 (Supp. 07-2).

**ARTICLE 5. COLORED COTTON****R3-4-501. Colored Cotton Production and Processing**

- A. Definitions. In addition to the definitions provided in A.R.S. § 3-101 and R3-4-101 and R3-4-201, the following terms apply to this Section:
  1. "Certified" means having been inspected with a written certificate of inspection issued by an inspector of the Department.
  2. "Colored cotton" means any variety of cotton plants of the Genus *Gossypium* that produces fiber that is naturally any color other than white.
  3. "Cottonseed" means processed seed cotton used for propagation, animal feed, crushed or composted fertilizer, or oil.
  4. "Composting" means a process that creates conditions that facilitate the controlled decomposition of organic matter into a more stable and easily handled soil amendment or fertilizer, usually by piling, aerating and moistening; or the product of such a process.
  5. "Delinting" means the process of using acid, flame, or mechanical means to remove fiber that remains on cottonseed after ginning.
  6. "Planting seed" means seed of a known variety produced for planting subsequent generations.
  7. "Seed cotton" means raw cotton containing seed and lint that has been harvested from a field, but has not been ginned.
  8. "White cotton" means any variety of the Genus *Gossypium* that produces white fiber as established in 7 C.F.R. §§ 28.401 through 28.407; and the U.S. Department of Agriculture, Agriculture Marketing Service: Cotton Classification, revised April, 2005. This material is incorporated by reference, does not include any later amendments or editions of the incorporated matter, and is on file with the Office of the Secretary of State.
- B. Production requirements.
  1. A producer who intends to grow colored cotton shall register in writing with the Department. The registration form shall be received at least 30 days before the cotton planting date for the applicable cultural cotton zone established in R3-4-204(E). Any colored cotton not registered with the Department shall be abated as established in A.R.S. §§ 3-204 and 3-205, and the producer may be assessed a civil penalty as established in A.R.S. § 3-205.02. The registration shall include:
    - a. The name, address, telephone number, and signature of the producer;

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- b. The name, address, telephone number, and signature of the property owner;
    - c. The name, address, and telephone number of the organization or company contracting for the production of colored cotton or to whom the colored cotton will be sold, if known;
    - d. The total number of acres to be planted;
    - e. The geographical location of the proposed fields by county, section, township and range; and
    - f. The name of the property owners, if known, adjacent to the field where colored cotton will be grown.
  - 2. Separation of white and colored cotton.
    - a. A colored cotton producer shall ensure that all colored cotton is planted no less than 500 feet from any white cotton field.
    - b. All producers of white cotton saved for planting seed shall comply with the Field Standards in the Arizona Crop Improvement Association's Cotton Seed Certification Standards, revised July 1995. This material is incorporated by reference, does not include any later amendments or editions of the incorporated matter, and is on file with the Office of the Secretary of State.
  - 3. A producer shall not plant white cotton on land on which colored cotton has been grown until one or more irrigated non-cotton crops have been produced on that land. If the non-cotton crop is not grown during a traditional cotton growing season, as established by R3-4-204(E), the field shall be irrigated before planting a white cotton crop.
  - 4. The Department shall notify all cotton producers of the colored cotton plant-back restrictions and of the availability of location and acreage records of colored cotton crops.
  - 5. The Department shall notify the Arizona Crop Improvement Association of the colored cotton geographical locations at least 25 days before the cotton planting date for each cultural cotton zone established in R3-4-204(E).
- C. Cotton appliances.**
- 1. No cotton producer, contractor, or ginner shall use a cotton appliance or gin to produce, transport, or handle white cotton after the gin or appliance has been used in the production, transportation, or handling of colored cotton until the Department inspects the cotton appliance or gin and finds it free of colored cottonseed, seed cotton, fiber, and gin trash. A cotton producer, contractor, or ginner shall notify the Department at least 48 hours, excluding Sundays and legal holidays, before an inspection is needed.
  - 2. Colored seed cotton, cottonseed, fiber, and gin trash cleaned from cotton equipment, shall be composted or disposed of by the producer or ginner:
    - a. On land where gin trash has previously been disposed and the land is managed as specified in subsection (B)(3); or
    - b. In a landfill approved by the Department.
  - 3. The Department shall legibly mark cotton appliances designated for exclusive use on colored cotton crops.
- D. Transportation.** Except in gin yards, colored cottonseed or colored seed cotton transported over public roads shall be totally enclosed or covered.
- E. Gin requirements.**
- 1. A gin owner or manager planning to process colored cotton shall notify the Department, in writing, no less than 30 days before processing the colored cotton.
  - 2. The Department shall notify the Arizona Crop Improvement Association of a gin owner's or manager's intention to process colored cotton within 10 days from the receipt of the notification from the gin.
- 3. A gin owner or manager processing colored cotton shall not process white cotton until the gin has been cleaned, and inspected by the Department. The gin shall be free of cottonseed, seed cotton, and loose lint as established in subsection (C)(1).
  - 4. If a gin processes colored seed cotton and white seed cotton during the same season, and the white cottonseed is not retained by the plant breeder for research purposes, the producer shall market the white cottonseed as:
    - a. Animal feed,
    - b. Crushed or composted fertilizer, or
    - c. Oil.
  - 5. The ginner shall legibly mark colored seed cotton kept in the gin yard or gin buildings and shall:
    - a. Isolate the seed cotton at least 500 feet from white seed cotton, or
    - b. Enclose it with two foot high chicken wire or chain link fencing.
  - 6. Gin trash not disposed as established in subsection (C)(2) shall be shipped out-of-state, subject to the requirements of the receiving state and 7 CFR §§ 301.52 et. seq., amended June 7, 2005. This material is incorporated by reference, does not include any later amendments or editions of the incorporated matter, and is on file with the Office of the Secretary of State.
  - 7. The ginner shall bale or bag colored cotton fiber and mark the bale or bag as colored cotton.
- F. Seed Requirements.**
- 1. A producer or contracting organization, set forth in subsection (B)(1), saving colored cottonseed for propagative purposes shall legibly label the colored planting seed container and notify the Department of:
    - a. The quantity,
    - b. The variety or color,
    - c. The location where the colored planting seed is held or stored, and
    - d. Whether any seed will be shipped out-of-state.
  - 2. If the cotton seed is being delinted in Arizona, the delinting facility shall follow the requirements in Harvesting, Handling and Tagging that are included in the Cotton Seed Certification Standards and have been incorporated by reference in subsection (B)(2)(b).
  - 3. The producer shall render non-viable non-delinted (fuzzy) colored cottonseed not used for propagative purposes by crushing or composting. Whole or cracked colored cottonseed shall not be used as animal feed in Arizona but may be shipped out-of-state, subject to the requirements of the receiving state and 7 CFR §§ 301.52 et. seq., amended June 7, 2005.
  - 4. Cotton producers shall not transport unbagged white cotton planting seed using vehicles or other equipment previously used to transport whole or cracked colored cottonseed until the Department has certified that these vehicles and equipment are free of colored cottonseed.
- G. Advisory committee.** The Director, as necessary, shall appoint an advisory committee composed of the nominated representatives of the Arizona Cotton Growers Association and the Arizona Cotton Research and Protection Council and such other individuals as may be necessary to make recommendations to the Department on amendments to this Section.

**Historical Note**

Former Rule, Apiary Regulation 1. Amended effective June 19, 1978 (Supp. 78-3). Former Section R3-4-120 renumbered without change as Section R3-4-501 (Supp.

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89-1). Former Section repealed, new Section adopted effective December 22, 1989 (Supp. 89-4). Section R3-4-501 renumbered from R3-1-501 (Supp. 91-4). Former Section R3-4-501 repealed, new Section R3-4-501 adopted effective October 15, 1993 (Supp. 93-4). R3-4-501 repealed by summary action with an interim effective date of February 10, 1995; filed in the Office of the Secretary of State January 20, 1995. Adopted summary rules filed in the Office of the Secretary of State May 17, 1995; interim effective date of February 10, 1995 now the permanent effective date (Supp. 96-3). New Section R3-4-501 renumbered from R3-4-205 and amended April 9, 1998 (Supp. 98-2). Amended by final rulemaking at 25 A.A.R. 3357, effective January 4, 2020 (Supp. 19-4).

**R3-4-502. Repealed****Historical Note**

Adopted effective December 22, 1989 (Supp. 89-4) Section R3-4-502 renumbered from R3-1-502 (Supp. 91-4). Former Section R3-4-502 repealed, new Section R3-4-502 adopted effective October 15, 1993 (Supp. 93-4). R3-4-502 repealed by summary action with an interim effective date of February 10, 1995; filed in the Office of the Secretary of State January 20, 1995. Adopted summary rules filed in the Office of the Secretary of State May 17, 1995; interim effective date of February 10, 1995, now the permanent effective date (Supp. 96-3).

**R3-4-503. Repealed****Historical Note**

Adopted as an emergency effective December 31, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-6). Emergency expired. Adopted as a permanent rule effective April 4, 1985 (Supp. 85-2). Former Sections R3-4-121.01, R3-4-121.02, R3-4-121.03, and R3-4-121.04 added to Section R3-4-121 and amended effective October 8, 1987 (Supp. 87-4). Former Section R3-4-121 renumbered without change as Section R3-4-502 (Supp. 89-1). Former Section R3-4-502 renumbered without change as Section R3-4-503 (Supp. 89-4). Repealed effective August 16, 1990 (Supp. 90-3). Section R3-4-503 renumbered from R3-1-503 (Supp. 91-4). New Section R3-4-503 adopted effective October 15, 1993 (Supp. 93-4). R3-4-503 repealed by summary action with an interim effective date of February 10, 1995; filed in the Office of the Secretary of State January 20, 1995. Adopted summary rules filed in the Office of the Secretary of State May 17, 1995; interim effective date of February 10, 1995, now the permanent effective date (Supp. 96-3).

**R3-4-504. Repealed****Historical Note**

Adopted as an emergency effective September 27, 1985, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 85-5). Emergency expired. Former Sections R3-4-122.01 through R3-4-122.03, emergency expired. New Section R3-4-122 adopted effective March 6, 1987 (Supp. 87-1). Former Section R3-4-122 renumbered without change as Section R3-4-503 (Supp. 89-1). Former Section R3-4-503 renumbered without change as Section R3-4-504 (Supp. 89-4). Section R3-4-504 renumbered from R3-1-504 (Supp. 91-4). Former Section R3-4-504 repealed, new Section R3-4-504 adopted effective October 15, 1993 (Supp. 93-4). R3-4-504 repealed by summary action with an interim effective date of Febru-

ary 10, 1995; filed in the Office of the Secretary of State January 20, 1995. Adopted summary rules filed in the Office of the Secretary of State May 17, 1995; interim effective date of February 10, 1995, now the permanent effective date (Supp. 96-3).

**R3-4-505. Repealed****Historical Note**

Adopted effective October 15, 1993 (Supp. 93-4). R3-4-505 repealed by summary action with an interim effective date of February 10, 1995; filed in the Office of the Secretary of State January 20, 1995. Adopted summary rules filed in the Office of the Secretary of State May 17, 1995; interim effective date of February 10, 1995, now the permanent effective date (Supp. 96-3).

**R3-4-506. Repealed****Historical Note**

Adopted effective October 15, 1993 (Supp. 93-4). R3-4-501 repealed by summary action with an interim effective date of February 10, 1995; filed in the Office of the Secretary of State January 20, 1995. Adopted summary rules filed in the Office of the Secretary of State May 17, 1995; interim effective date of February 10, 1995, now the permanent effective date (Supp. 96-3).

**ARTICLE 6. RECODIFIED**

*Article 6, consisting of Sections R3-4-601 through R3-4-611 and Appendix A, recodified to 3 A.A.C. 3, Article 11 at 10 A.A.R. 726, effective February 6, 2004 (Supp. 04-1).*

**R3-4-601. Recodified****Historical Note**

Former Rule, Native Plant Regulation 1. Amended effective June 19, 1978 (Supp. 78-3). Amended by adding subsection (E) effective January 21, 1981 (Supp. 81-1). Former Section R3-4-130 amended and renumbered as R3-4-130 through R3-4-140 effective April 30, 1982 (Supp. 82-2). Former Section R3-4-130 renumbered without change as Section R3-4-601 (Supp. 89-1). Amended effective December 28, 1990 (Supp. 90-4). Section R3-4-601 renumbered from R3-1-601 (Supp. 91-4). Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). Amended by final rulemaking at 5 A.A.R. 2521, effective July 15, 1999 (Supp. 99-3). Section recodified to R3-3-1101 at 10 A.A.R. 726, effective February 6, 2004 (Supp. 04-1).

**R3-4-602. Recodified****Historical Note**

Former Section R3-4-130 amended and renumbered as R3-4-130 through R3-4-140 effective April 30, 1982 (Supp. 82-2). Former Section R3-4-131 renumbered without change as Section R3-4-602 (Supp. 89-1). Amended effective December 28, 1990 (Supp. 90-4). Section R3-4-602 renumbered from R3-1-602 (Supp. 91-4). Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). Section repealed; new Section adopted by final rulemaking at 5 A.A.R. 2521, effective July 15, 1999 (Supp. 99-3). Section recodified to R3-3-1102 at 10 A.A.R. 726, effective February 6, 2004 (Supp. 04-1).

**R3-4-603. Recodified**

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**Historical Note**

Former Section R3-4-130 amended and renumbered as R3-4-130 through R3-4-140 effective April 30, 1982 (Supp. 82-2). Amended effective May 15, 1984 (Supp. 84-3). Correction, amendment effective May 15, 1984 deleted samples of forms (Supp. 86-1). Former Section R3-4-132 renumbered without change as Section R3-4-603 (Supp. 89-1). Amended effective December 28, 1990 (Supp. 90-4). Section R3-4-603 renumbered from R3-1-603 (Supp. 91-4). Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). Section repealed; new Section R3-4-603 renumbered from R3-4-605 and amended by final rulemaking at 5 A.A.R. 2521, effective July 15, 1999 (Supp. 99-3). Section recodified to R3-3-1103 at 10 A.A.R. 726, effective February 6, 2004 (Supp. 04-1).

**R3-4-604. Recodified****Historical Note**

Former Section R3-4-130 amended and renumbered as R3-4-130 through R3-4-140 effective April 30, 1982 (Supp. 82-2). Amended effective May 15, 1984 (Supp. 84-3). Former Section R3-4-133 renumbered without change as Section R3-4-604 (Supp. 89-1). Amended effective December 28, 1990 (Supp. 90-4). Section R3-4-604 renumbered from R3-1-604 (Supp. 91-4). Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). Section repealed; new Section adopted by final rulemaking at 5 A.A.R. 2521, effective July 15, 1999 (Supp. 99-3). Section recodified to R3-3-1104 at 10 A.A.R. 726, effective February 6, 2004 (Supp. 04-1).

**R3-4-605. Recodified****Historical Note**

Former Section R3-4-130 amended and renumbered as R3-4-130 through R3-4-140 effective April 30, 1982 (Supp. 82-2). Former Section R3-4-134 renumbered without change as Section R3-4-605 (Supp. 89-1). Amended effective December 28, 1990 (Supp. 90-4). Section R3-4-605 renumbered from R3-1-605 (Supp. 91-4). Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). Former Section R3-4-605 renumbered to R3-4-603; new Section R3-4-605 adopted by final rulemaking at 5 A.A.R. 2521, effective July 15, 1999 (Supp. 99-3). Section recodified to R3-3-1105 at 10 A.A.R. 726, effective February 6, 2004 (Supp. 04-1).

**R3-4-606. Recodified****Historical Note**

Former Section R3-4-130 amended and renumbered as R3-4-130 through R3-4-140 effective April 30, 1982 (Supp. 82-2). Former Section R3-4-135 renumbered without change as Section R3-4-606 (Supp. 89-1). Repealed effective December 28, 1990 (Supp. 90-4). Section R3-4-606 renumbered from R3-1-606 (Supp. 91-4). New Section adopted effective July 6, 1993 (Supp. 93-3). Amended effective December 20, 1994 (Supp. 94-4). Amended by final rulemaking at 5 A.A.R. 2521, effective July 15, 1999 (Supp. 99-3). Section recodified to R3-3-1106 at 10 A.A.R. 726, effective February 6, 2004 (Supp. 04-1).

**R3-4-607. Recodified****Historical Note**

Former Section R3-4-130 amended and renumbered as R3-4-130 through R3-4-140 effective April 30, 1982

(Supp. 82-2). Former Section R3-4-137 renumbered without change as Section R3-4-608 (Supp. 89-1). Former Section R3-4-607 repealed, new Section R3-4-607 renumbered from R3-4-608 and amended effective December 28, 1990 (Supp. 90-4). Section R3-4-607 renumbered from R3-1-607 (Supp. 91-4). Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). Former Section R3-4-607 repealed; new Section R3-4-607 renumbered from R3-4-616 and amended at 5 A.A.R. 2521, effective July 15, 1999 (Supp. 99-3). Section recodified to R3-3-1107 at 10 A.A.R. 726, effective February 6, 2004 (Supp. 04-1).

**R3-4-608. Recodified****Historical Note**

Former Section R3-4-130 amended and renumbered as R3-4-130 through R3-4-140 effective April 30, 1982 (Supp. 82-2). Former Section R3-4-138 renumbered without change as Section R3-4-609 (Supp. 89-1). Former Section R3-4-608 renumbered to R3-4-607, new Section R3-4-608 adopted effective December 28, 1990 (Supp. 90-4). Section R3-4-608 renumbered from R3-1-608 (Supp. 91-4). Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). Section repealed; new Section adopted at 5 A.A.R. 2521, effective July 15, 1999 (Supp. 99-3). Section recodified to R3-3-1108 at 10 A.A.R. 726, effective February 6, 2004 (Supp. 04-1).

**R3-4-609. Recodified****Historical Note**

Former Section R3-4-130 amended and renumbered as R3-4-130 through R3-4-140 effective April 30, 1982 (Supp. 82-2). Former Section R3-4-139 renumbered without change as Section R3-4-610 (Supp. 89-1). Former Section R3-4-609 repealed, new Section R3-4-609 renumbered from R3-4-610 and amended effective December 28, 1990 (Supp. 90-4). Section R3-4-609 renumbered from R3-1-609 (Supp. 91-4). Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). Section repealed; new Section adopted by final rulemaking at 5 A.A.R. 2521, effective July 15, 1999 (Supp. 99-3). Section recodified to R3-3-1109 at 10 A.A.R. 726, effective February 6, 2004 (Supp. 04-1).

**R3-4-610. Recodified****Historical Note**

Former Section R3-4-130 amended and renumbered as R3-4-130 through R3-4-140 effective April 30, 1982 (Supp. 82-2). Former Section R3-4-140 renumbered without change as Section R3-4-611 (Supp. 89-1). Former Section R3-4-610 renumbered to R3-4-609, new Section R3-4-610 renumbered from R3-4-611 and amended effective December 28, 1990 (Supp. 90-4). Section R3-4-610 renumbered from R3-1-610 (Supp. 91-4). Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). Amended effective December 20, 1994 (Supp. 94-4). Section repealed; new Section adopted by final rulemaking at 5 A.A.R. 2521, effective July 15, 1999 (Supp. 99-3). Section recodified to R3-3-1110 at 10 A.A.R. 726, effective February 6, 2004 (Supp. 04-1).

**R3-4-611. Recodified****Historical Note**

Renumbered to R3-4-610 effective December 28, 1990 (Supp. 90-4). Section R3-4-611 renumbered from R3-1-

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611 (Supp. 91-4). New Section adopted effective July 6, 1993 (Supp. 93-3). Former Section R3-4-611 repealed; new Section R3-4-611 renumbered from R3-4-618 and amended by final rulemaking at 5 A.A.R. 2521, effective July 15, 1999 (Supp. 99-3). Section recodified to R3-3-1111 at 10 A.A.R. 726, effective February 6, 2004 (Supp. 04-1).

**R3-4-612. Repealed****Historical Note**

Adopted effective April 30, 1982 (Supp. 82-2). Former Section R3-4-141 renumbered without change as Section R3-4-612 (Supp. 89-1). Repealed effective December 28, 1990 (Supp. 90-4). Section R3-4-612 renumbered from R3-1-612 (Supp. 91-4). New Section adopted effective July 6, 1993 (Supp. 93-3). Section repealed by final rulemaking at 5 A.A.R. 2521, effective July 15, 1999 (Supp. 99-3).

**R3-4-613. Repealed****Historical Note**

Adopted effective February 5, 1986 (Supp. 86-1). Former Section R3-4-144 repealed, new Section R3-4-615 adopted effective January 17, 1989 (see also R3-4-616) (Supp. 89-1). Repealed effective December 28, 1990 (Supp. 90-4). Section R3-4-615 renumbered from R3-1-615 (Supp. 91-4). New Section adopted effective July 6, 1993 (Supp. 93-3). Amended effective September 11, 1997 (Supp. 97-3). Section repealed by final rulemaking at 5 A.A.R. 2521, effective July 15, 1999 (Supp. 99-3).

**R3-4-614. Repealed****Historical Note**

Adopted effective February 5, 1986 (Supp. 86-1). Former Section R3-4-144 repealed, new Section R3-4-615 adopted effective January 17, 1989 (see also R3-4-616) (Supp. 89-1). Repealed effective December 28, 1990 (Supp. 90-4). Section R3-4-615 renumbered from R3-1-615 (Supp. 91-4). New Section adopted effective July 6, 1993 (Supp. 93-3). Amended effective September 11, 1997 (Supp. 97-3). Section repealed by final rulemaking at 5 A.A.R. 2521, effective July 15, 1999 (Supp. 99-3).

**R3-4-615. Repealed****Historical Note**

Adopted effective February 5, 1986 (Supp. 86-1). Former Section R3-4-144 repealed, new Section R3-4-615 adopted effective January 17, 1989 (see also R3-4-616) (Supp. 89-1). Repealed effective December 28, 1990 (Supp. 90-4). Section R3-4-615 renumbered from R3-1-615 (Supp. 91-4). New Section adopted effective July 6, 1993 (Supp. 93-3). Amended effective December 20, 1994 (Supp. 94-4). Section repealed by final rulemaking at 5 A.A.R. 2521, effective July 15, 1999 (Supp. 99-3).

**R3-4-616. Renumbered****Historical Note**

Adopted effective February 5, 1986 (Supp. 86-1). Former Section R3-4-144 repealed, new Section R3-4-616 adopted effective January 17, 1989 (see also R3-4-615) (Supp. 89-1). Repealed effective December 28, 1990 (Supp. 90-4). Section R3-4-616 renumbered from R3-1-616 (Supp. 91-4). New Section adopted effective July 6, 1993 (Supp. 93-3). Amended effective December 20, 1994 (Supp. 94-4). Amended effective September 11, 1997 (Supp. 97-3). Section R3-4-616 renumbered to R3-

4-607 by final rulemaking at 5 A.A.R. 2521, effective July 15, 1999 (Supp. 99-3).

**R3-4-617. Repealed****Historical Note**

Adopted effective December 28, 1990 (Supp. 90-4). Section R3-4-617 renumbered from R3-1-617 (Supp. 91-4). Section R3-4-617 renumbered from R3-1-617 (Supp. 91-4). Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). Section repealed by final rulemaking at 5 A.A.R. 2521, effective July 15, 1999 (Supp. 99-3).

**R3-4-618. Renumbered****Historical Note**

Adopted effective December 28, 1990 (Supp. 90-4). Section R3-4-618 renumbered from R3-1-618 (Supp. 91-4). Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). Section R3-4-618 renumbered to R3-4-611 by final rulemaking at 5 A.A.R. 2521, effective July 15, 1999 (Supp. 99-3).

**R3-4-619. Repealed****Historical Note**

Adopted effective December 28, 1990 (Supp. 90-4). Section R3-4-619 renumbered from R3-1-619 (Supp. 91-4). Section repealed effective July 6, 1993 (Supp. 93-3).

**R3-4-620. Repealed****Historical Note**

Adopted effective December 28, 1990 (Supp. 90-4). Section R3-4-620 renumbered from R3-1-620 (Supp. 91-4). Section repealed effective July 6, 1993 (Supp. 93-3).

**R3-4-621. Repealed****Historical Note**

Adopted effective December 28, 1990 (Supp. 90-4). Section R3-4-621 renumbered from R3-1-621 (Supp. 91-4). Section repealed effective July 6, 1993 (Supp. 93-3).

**R3-4-622. Repealed****Historical Note**

Adopted effective December 28, 1990 (Supp. 90-4). Section R3-4-622 renumbered from R3-1-622 (Supp. 91-4). Section repealed effective July 6, 1993 (Supp. 93-3).

**R3-4-623. Repealed****Historical Note**

Adopted effective December 28, 1990 (Supp. 90-4). Section R3-4-623 renumbered from R3-1-623 (Supp. 91-4). Section repealed effective July 6, 1993 (Supp. 93-3).

**R3-4-624. Repealed****Historical Note**

Adopted effective December 28, 1990 (Supp. 90-4). Section R3-4-624 renumbered from R3-1-624 (Supp. 91-4). Section repealed effective July 6, 1993 (Supp. 93-3).

**R3-4-625. Repealed****Historical Note**

Adopted effective December 28, 1990 (Supp. 90-4). Section R3-4-625 renumbered from R3-1-625 (Supp. 91-4). Section repealed effective July 6, 1993 (Supp. 93-3).

**R3-4-626. Repealed**

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**Historical Note**

Adopted effective December 28, 1990 (Supp. 90-4). Section R3-4-626 renumbered from R3-1-626 (Supp. 91-4). Section repealed effective July 6, 1993 (Supp. 93-3).

**R3-4-627. Repealed****Historical Note**

Adopted effective December 28, 1990 (Supp. 90-4). Section R3-4-627 renumbered from R3-1-627 (Supp. 91-4). Section repealed effective July 6, 1993 (Supp. 93-3).

**R3-4-628. Repealed****Historical Note**

Adopted effective December 28, 1990 (Supp. 90-4). Section R3-4-628 renumbered from R3-1-628 (Supp. 91-4). Section repealed effective July 6, 1993 (Supp. 93-3).

**R3-4-629. Repealed****Historical Note**

Adopted effective December 28, 1990 (Supp. 90-4). Section R3-4-629 renumbered from R3-1-629 (Supp. 91-4). Section repealed effective July 6, 1993 (Supp. 93-3).

**R3-4-630. Repealed****Historical Note**

Adopted effective December 28, 1990 (Supp. 90-4). Section R3-4-630 renumbered from R3-1-630 (Supp. 91-4). Section repealed effective July 6, 1993 (Supp. 93-3).

**R3-4-631. Repealed****Historical Note**

Adopted effective December 28, 1990 (Supp. 90-4). Section R3-4-631 renumbered from R3-1-631 (Supp. 91-4). Section repealed effective July 6, 1993 (Supp. 93-3).

**R3-4-632. Repealed****Historical Note**

Adopted effective December 28, 1990 (Supp. 90-4). Section R3-4-632 renumbered from R3-1-632 (Supp. 91-4). Section repealed effective July 6, 1993 (Supp. 93-3).

**R3-4-633. Repealed****Historical Note**

Adopted effective December 28, 1990 (Supp. 90-4). Section R3-4-633 renumbered from R3-1-633 (Supp. 91-4). Section repealed effective July 6, 1993 (Supp. 93-3).

**Appendix A. Recodified****Historical Note**

Adopted effective December 28, 1990 (Supp. 90-4). Section R3-4-633, Appendix A renumbered from R3-1-633, Appendix A (Supp. 91-4). Appendix A repealed, New Appendix A adopted effective July 6, 1993 (Supp. 93-3). Amended effective December 20, 1994 (Supp. 94-4). Amended effective September 11, 1997 (Supp. 97-3). Appendix recodified to 3 A.A.C. 3, Article 11 at 10 A.A.R. 726, effective February 6, 2004 (Supp. 04-1).

**ARTICLE 7. FRUIT AND VEGETABLE STANDARDIZATION****R3-4-701. Expired****Historical Note**

Section R3-4-701 renumbered from R3-7-101 (Supp. 91-4). Section repealed, new Section adopted effective January 6, 1994 (Supp. 94-1). Amended by final rulemaking at 9 A.A.R. 4628, effective December 6, 2003 (Supp. 03-

4). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

**R3-4-702. Expired****Historical Note**

Former Rule 100. Section R3-4-702 renumbered from R3-7-102 (Supp. 91-4). Section repealed, new Section adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

**R3-4-703. Expired****Historical Note**

Former Rule 101. Section R3-4-703 renumbered from R3-7-103 (Supp. 91-4). Section repealed, new Section adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

**R3-4-703. Expired****Historical Note**

Former Rule 102; Amended paragraph (7) effective June 11, 1986 (Supp. 86-3). Section R3-4-704 renumbered from R3-7-104 (Supp. 91-4). Section repealed, new Section adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

**R3-4-705. Expired****Historical Note**

Former Rule 103. Section R3-4-705 renumbered from R3-7-105 (Supp. 91-4). Former Section R3-4-705 renumbered to R3-4-736, new Section R3-4-705 adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

**R3-4-706. Expired****Historical Note**

Former Rule 104. Section R3-4-706 renumbered from R3-7-106 (Supp. 91-4). Former Section R3-4-706 renumbered to R3-4-737, new Section R3-4-706 adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

**R3-4-707. Expired****Historical Note**

Former Rule 105; Amended effective March 5, 1982 (Supp. 82-2). Section R3-4-707 renumbered from R3-7-107 (Supp. 91-4). Former Section R3-4-707 repealed, new Section R3-4-707 adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

**R3-4-708. Expired****Historical Note**

Former Section R3-4-708 renumbered to R3-4-740, new Section R3-4-708 adopted effective January 6, 1994 (Supp. 94-1). Amended by final rulemaking at 5 A.A.R. 569, effective February 3, 1999 (Supp. 99-1). Amended by final rulemaking at 8 A.A.R. 4454, effective October 2, 2002 (Supp. 02-4). Amended by final rulemaking at 10 A.A.R. 677, effective February 3, 2004 (Supp. 04-1).



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Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

**R3-4-709. Expired****Historical Note**

Adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

**R3-4-710. Expired****Historical Note**

Adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

**R3-4-711. Expired****Historical Note**

Adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

**R3-4-712. Expired****Historical Note**

Adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

**R3-4-713. Expired****Historical Note**

Adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

**R3-4-714. Expired****Historical Note**

Adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

**R3-4-715. Expired****Historical Note**

Adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

**R3-4-716. Expired****Historical Note**

Adopted effective January 6, 1994 (Supp. 94-1). Amended by final rulemaking at 6 A.A.R. 4582, effective November 13, 2000 (Supp. 00-4). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

**R3-4-717. Expired****Historical Note**

Adopted effective January 6, 1994 (Supp. 94-1). Amended by final rulemaking at 5 A.A.R. 569, effective February 3, 1999 (Supp. 99-1). Amended by final rulemaking at 10 A.A.R. 677, effective February 3, 2004 (Supp. 04-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

**R3-4-718. Expired****Historical Note**

Adopted effective January 6, 1994 (Supp. 94-1). Amended by final rulemaking at 10 A.A.R. 677, effective February 3, 2004 (Supp. 04-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

**R3-4-719. Expired****Historical Note**

Adopted effective January 6, 1994 (Supp. 94-1). Amended by final rulemaking at 10 A.A.R. 677, effective February 3, 2004 (Supp. 04-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

**R3-4-720. Expired****Historical Note**

Adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

**R3-4-721. Expired****Historical Note**

Adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

**R3-4-722. Expired****Historical Note**

Adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

**R3-4-723. Expired****Historical Note**

Adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

**R3-4-724. Expired****Historical Note**

Adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

**R3-4-725. Expired****Historical Note**

Adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

**R3-4-726. Expired****Historical Note**

Adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

**R3-4-727. Expired****Historical Note**

Adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

**R3-4-728. Expired**

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**Historical Note**

Adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

**R3-4-729. Expired****Historical Note**

Adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

**R3-4-730. Expired****Historical Note**

Adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

**R3-4-731. Expired****Historical Note**

Adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

**R3-4-732. Expired****Historical Note**

Adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

**R3-4-733. Expired****Historical Note**

Adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

**R3-4-734. Expired****Historical Note**

Adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

**R3-4-735. Expired****Historical Note**

Adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

**R3-4-736. Expired****Historical Note**

Section R3-4-736 renumbered from R3-7-705 and amended effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

**R3-4-737. Expired****Historical Note**

Section R3-4-737 renumbered from R3-7-706 and amended effective January 6, 1994 (Supp. 94-1). Amended by final rulemaking at 5 A.A.R. 569, effective February 3, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 143, effective December 8, 1999 (Supp. 99-4). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

**R3-4-738. Expired****Historical Note**

Adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

**R3-4-739. Expired****Historical Note**

Adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

**R3-4-740. Expired****Historical Note**

Section R3-4-740 renumbered from R3-4-708 and amended effective January 6, 1994 (Supp. 94-1). Amended by final rulemaking at 8 A.A.R. 4454, effective October 2, 2002 (Supp. 02-4). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

**R3-4-741. Expired****Historical Note**

Adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

**R3-4-742. Expired****Historical Note**

Adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

**R3-4-743. Recordkeeping and Reporting Requirements for Fruit and Vegetable Shippers**

- A. Every shipper shall keep a correct record of each shipment of each assessed commodity shipped, showing:
  1. The name and address of each producer;
  2. The shipment totals, by producer.
- B. The shipper shall retain the original or a copy of records covering each shipment or transaction with respect to each assessed commodity shipped for a period of two years from the date thereof, which shall at all times be open to the confidential inspection of the supervisor or the authorized representative. The burden of proof shall be upon the shipper to prove the correctness of the shipper's accounting of any transaction which may be questioned.

**Historical Note**

Adopted effective January 6, 1994 (Supp. 94-1).

**ARTICLE 8. CITRUS FRUIT STANDARDIZATION****R3-4-801. Expired****Historical Note**

Section R3-4-801 renumbered from R3-7-201 (Supp. 91-4). Section repealed, new Section adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

**R3-4-802. Expired****Historical Note**

Former Rule 1. Section R3-4-802 renumbered from R3-7-202 (Supp. 91-4). Section R3-4-802 repealed, new Section R3-4-802 renumbered from R3-4-806 and heading amended effective January 6, 1994 (Supp. 94-1). Section

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expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

**R3-4-803. Expired****Historical Note**

Former Rule 2. Amended effective January 10, 1977 (Supp. 77-1). Amended effective November 3, 1983 (Supp. 83-6). Section R3-4-803 renumbered from R3-7-203 (Supp. 91-4). Former Section R3-4-803 renumbered to R3-4-809, new Section R3-4-803 adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

**R3-4-804. Expired****Historical Note**

Former Rule 3. Section R3-4-804 renumbered from R3-7-204 (Supp. 91-4). Former Section R3-4-804 renumbered to R3-4-807, new Section R3-4-804 adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

**R3-4-805. Expired****Historical Note**

Former Rule 4. Section R3-4-805 renumbered from R3-7-205 (Supp. 91-4). Section repealed, new Section adopted effective January 6, 1994 (Supp. 94-1). Amended by final rulemaking at 7 A.A.R. 5342, effective November 8, 2001 (Supp. 01-4). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

**R3-4-806. Expired****Historical Note**

Former Rule 5. Section R3-4-806 renumbered from R3-7-206 (Supp. 91-4). Former Section R3-4-806 renumbered to R3-4-802, new Section R3-4-806 adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

**R3-4-806. Expired****Historical Note**

Former Rule 6. Section R3-4-807 renumbered from R3-7-207 (Supp. 91-4). Section repealed, new Section R3-4-807 renumbered from R3-4-804 and amended effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

**R3-4-808. Expired****Historical Note**

Adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

**R3-4-809. Expired****Historical Note**

Adopted effective January 6, 1994 (Supp. 94-1). Amended by final rulemaking at 8 A.A.R. 3633, effective August 7, 2002 (Supp. 02-3). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

**R3-4-810. Expired****Historical Note**

Adopted effective January 6, 1994 (Supp. 94-1). Amended by final rulemaking at 8 A.A.R. 3633, effective August 7, 2002 (Supp. 02-3). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

**R3-4-811. Expired****Historical Note**

Adopted effective January 6, 1994 (Supp. 94-1). Amended by final rulemaking at 6 A.A.R. 143, effective December 8, 1999 (Supp. 99-4). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

**R3-4-812. Expired****Historical Note**

Adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

**R3-4-813. Expired****Historical Note**

Adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

**R3-4-814. Expired****Historical Note**

Adopted effective January 6, 1994 (Supp. 94-1). Amended by final rulemaking at 8 A.A.R. 3633, effective August 7, 2002 (Supp. 02-3). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

**R3-4-815. Expired****Historical Note**

Adopted effective January 6, 1994 (Supp. 94-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2935, effective July 29, 2014 (Supp. 14-4).

**R3-4-816. Recordkeeping and Reporting Requirements for Citrus Fruit Shippers**

- A. Every shipper shall keep a correct record of each shipment of each assessed citrus commodity shipped, showing:
  1. The name and address of the producer;
  2. The shipment totals, by producer.
- B. The shipper shall retain the original or a copy of records covering each shipment or transaction with respect to each assessed citrus commodity shipped for a period of two years from the date thereof, which shall at all times be open to the confidential inspection of the supervisor or the authorized representative. The burden of proof shall be upon the shipper to prove the correctness of the shipper's accounting of any transaction which may be questioned.

**Historical Note**

Adopted effective January 6, 1994 (Supp. 94-1).

**ARTICLE 9. BIOTECHNOLOGY****R3-4-901. Genetically Engineered Organisms and Products**

- A. Definitions. In addition to the definitions provided in A.R.S. § 3-101, the following shall apply:
  1. "Associate Director" means the Associate Director of the Plant Services Division of the Arizona Department of Agriculture.

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2. "Genetically engineered" means the genetic modification of organisms by recombinant DNA techniques, including genetic combinations resulting in novel organisms or genetic combinations that would not naturally occur.
  3. "Organisms" means any active, infective, or dormant stage or life form of any entity characterized as living, including vertebrate and invertebrate animals, plants, bacteria, fungi, mycoplasmas, mycoplasma-like organisms, as well as entities such as viroid, viruses, or any entity characterized as living related to the foregoing.
  4. "Permit" means an application which has been approved by USDA and the Department.
  5. "Permit application" means an application filed with USDA, which may be supplemented with requirements from the Department, for the introduction of genetically engineered organisms and products, as provided by 7 CFR 340, revised June 16, 1987. The material incorporated herein by reference is on file with the Office of the Secretary of State and does not include any later amendments or editions of the incorporated matter.
  6. "Product" means plant reproductive parts including pollen, seeds, and fruit, spores, or eggs.
  7. "USDA" means the United States Department of Agriculture, Animal and Plant Health Inspection Service, Plant Protection and Quarantine (USDA, APHIS, PPQ).
- B. Permit applications.** A genetically engineered organism or product shall not be introduced into Arizona, sold, offered for sale, or distributed for release into Arizona's environment unless a permit issued pursuant to the application has been issued by USDA, or the Department has been notified by the USDA that the genetically engineered organisms or product is eligible under the notification procedure, as prescribed by 7 CFR § 340.3, revised August 6, 2007, or it has been determined by the USDA to be of nonregulated status, as prescribed by 7 CFR 340.6, revised May 1997. The material incorporated herein by reference is on file with the Office of the Secretary of State and does not include any later amendments or editions of the incorporated matter.
1. Applicants for the release or use of genetically engineered organisms or products shall follow all permit application procedures required by USDA.
  2. In addition to USDA's requirements, permit applications shall demonstrate to the Department that:
    - a. Genetically engineered organisms or products shall be handled in such a manner so that no genetically engineered organism or product accidentally escapes into Arizona's environment.
    - b. All permit applicants shall comply with Arizona quarantine rules regulating the plants, pests, or organisms being introduced into Arizona.
  3. The Department may, if it deems necessary to protect agriculture, public health, or the environment from potential adverse effects from the introduction of a specific genetically engineered organism or product:
    - a. Place restrictions on the number and location of organisms or products released, method of release, training of persons involved with the release of organisms or products, disposal of organisms or products, and other conditions of use;
    - b. Require measures to limit dispersal of released organisms or spread of inserted genes or gene products;
    - c. Require monitoring of the abundance and dispersal of the released organism or inserted genes or gene products;
    - d. Request the USDA to deny, suspend, modify, or revoke the permit for failure to comply with this rule.
    - e. Request the USDA to suspend the permit if it is determined that an adverse effect is occurring or is likely to occur because of a release authorized by such permit.
  4. To the extent possible, the Department shall accept for review and base its decision on the data submitted with the federal application. However, the Department may request additional information from the applicant to assess the risks to animals and plants, including risks of vector transmissions of genetically engineered organisms or products.
  5. The Associate Director shall review the application recommendations with the Director who shall, within the time period prescribed on each USDA application, approve, conditionally approve, or deny the permit.
  6. The Director shall return the completed application with the resolution to USDA for final action.

**Historical Note**

Adopted effective November 22, 1993 (Supp. 93-4).  
Amended by final rulemaking at 25 A.A.R. 3357, effective January 4, 2020 (Supp. 19-4).

**ARTICLE 10. INDUSTRIAL HEMP****R3-4-1001. Definitions**

In addition to the definitions provided in A.R.S. §§ 3-201, 3-311, and R3-4-101, the following terms apply to this Article.

"0.300%" shall have the same meaning as three-tenths percent.

"Applicant" means a key participant who seeks a license or certification as a grower, nursery, harvester, transporter, or processor under this Article.

"Associate Director" means the Associate Director of the Division.

"Authorized sampling agent" means an inspector of the Department or independent party that has been trained by an authorized representative of the Department to collect samples of industrial hemp crops to determine compliance with applicable hemp laws.

"Biomass" means the homogenized pieces and parts, including but not limited to stems, leaves and floral parts of hemp.

"Certified laboratory" means the State Agriculture Laboratory or any laboratory certified by the State Agriculture Laboratory to perform compliance analysis of industrial hemp.

"Corrective action plan" means a plan utilizing the methods outlined in R3-4-1013(D)(2) for correcting a negligent violation or noncompliance with applicable hemp laws, which is either proposed by a licensed hemp producer and approved by the Associate Director, or issued by the Associate Director.

"Decarboxylated" means the completion of the chemical reaction that converts THCA into delta-9 THC, the intoxicating component of *Cannabis*. The decarboxylated value is also calculated using a molecular mass conversion ratio that sums delta-9 THC and 87.7% of THCA ((delta-9 THC) + (0.877 \* THCA)).

"Decarboxylation" means the removal or elimination of carboxyl group from a molecule or organic compound.

"Delta-9 tetrahydrocannabinol" means the primary psychoactive component of *Cannabis*. For the purposes of this Article, delta-9 THC and THC are interchangeable.

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“Department” means the Arizona Department of Agriculture.

“Director” means the Director of the Department.

“Disposal” means an activity that transitions the non-compliant product into a non-retrievable or non-ingestible form. Such activities include plowing, tilling, or disking plant material into the soil; mulching, composting, chopping, or bush mowing plant material into green manure; burning plant material; or burying plant material into the earth and covering with soil.

“Division” means the Plant Services Division of the Department.

“Entity” means a corporation, joint stock company, association, limited partnership, limited liability partnership, limited liability company, irrevocable trust, estate, charitable organization, or other similar organization, including any such organization participating in the hemp production as a partner in a general partnership, a participant in a joint venture, or a participant in a similar organization.

“Geospatial location” means a location designated through a global system of navigational satellites used to determine the precise ground position of a place or object.

“Harvest Lot” means a contiguous area in a field, greenhouse, or indoor growing structure containing the same variety or strain of *Cannabis* throughout the area.

“Hemp” has the same meaning as industrial hemp.

“Hemp laws” mean, unless otherwise specified herein, A.R.S. Title 3, Chapter 2 and rules adopted thereunder in Article 4.1, A.A.C. R3-4-1001, et seq.; 7 U.S.C. § 5940 (agricultural act of 2014 PL 113-79; 128 Stat. 656, eff. January 5, 2015, <https://www.congress.gov/bill/113th-congress/house-bill/2642/text>); 7 U.S.C. § 1639o et seq. (agricultural improvement act of 2018, PL 115-334; 132 Stat. 4908, eff. December 20, 2018, <https://www.congress.gov/bill/115th-congress/house-bill/2/text>); and 7 C.F.R. part 990, (86 FR 5596, eff. March 22, 2021, [https://www.ecfr.gov/cgi-bin/text-idx?node=se7.8.990\\_11&rgn=div8](https://www.ecfr.gov/cgi-bin/text-idx?node=se7.8.990_11&rgn=div8)). The rule does not include any later amendments or editions of the incorporated matter.

“Intentionally” means the state of mind defined in A.R.S. § 13-105(10)(a) or any successor statute.

“Key participant” means a sole proprietor, a partner in partnership, or a person with executive managerial control in a corporation. A person with executive managerial control includes persons such as a chief executive officer, chief operating officer, and chief financial officer. This definition does not include non-executive managers such as farm, field, or shift managers.

“Knowingly” means the state of mind defined in A.R.S. § 13-105(10)(a) or any successor statute.

“Licensing Agreement” means a contract between the Department and an applicant that indicates the terms and conditions required for a license issued pursuant to this Article.

“Lot” means the same as harvest lot.

“Manmade causes” means the influence to an industrial hemp crop created by a person, including but not limited to, irrigation, fertilization, chemical application, or physical interference.

“Measurement of Uncertainty (MU)” means the parameter, associated with the result of a measurement that characterizes the dispersion of the values that could reasonably be attributed to the particular quantity subject to measurement.

“Natural causes” means the influence to an industrial hemp crop created by elements of nature including, but not limited to, temperature, wind, rain, hail, or flood.

“Performance based sampling” means a sampling method established in substantive policy and posted on the Department’s website that ensures, within a 95% confidence level, a harvest lot is compliant with this Article by not having a total delta-9 THC level above the acceptable limit.

“Program” means the Industrial Hemp Program.

“Propagative material” means any industrial hemp seedlings, explants, transplants, propagules, or other rooted material that is grown in a soilless media.

“Remediation” means the process for achieving compliance of non-compliant *Cannabis*. Remediation can occur by removing and destroying flower material, while retaining stalk, stems, leaf material, and seeds. Remediation can also occur by shredding the entire plant into a biomass like material, then re-testing the shredded biomass material for compliance.

“Responsible party” means an individual that has signing authority of a partnership, limited liability company, association, company or corporation.

“THC” means Tetrahydrocannabinol.

“THCA” means Tetrahydrocannabinolic Acid.

“Total THC or total delta-9 THC” means the value determined after the process of decarboxylation, or the application of a conversion factor if the testing methodology does not include decarboxylation that expresses the potential total delta-9 tetrahydrocannabinol content derived from the sum of the THC and THCA content and reported on a dry weight basis. This post-decarboxylation value of THC can be calculated by using a chromatograph technique using heat, such as gas chromatography, through which THCA is converted from its acid form to its neutral form, THC which calculates the total potential THC in a given sample. The total THC can also be calculated by using a liquid chromatograph technique, which keeps the THCA intact. This technique requires the use of the following conversion: [Total THC = (0.877 x THCA) + THC] which calculates the potential total THC in a given sample.

#### Historical Note

New Section made by exempt rulemaking at 25 A.A.R. 1447, effective May 31, 2019 (Supp. 19-2). Amended by final rulemaking at 27 A.A.R. 1570, with an immediate effective date of September 16, 2021 (Supp. 21-3).

#### R3-4-1002. Program Eligibility

A. Eligibility requirements. Unless otherwise determined to be ineligible under this Article and notwithstanding any other law, a person or responsible party that applies for a program license shall:

1. Possess a valid fingerprint clearance card issued by the Arizona Department of Public Safety pursuant to A.R.S. § 41-1758.07.
  - a. Applicants who have had a felony narcotics conviction within 10 years of the date of application shall not be granted a good cause exception under A.R.S. § 41-1758.07.
  - b. Applicants who have had a felony narcotics conviction prior to December 11, 2018; and that participated in an agricultural pilot program for the purpose of research into the growth, cultivation and marketing of industrial hemp as authorized by 7 U.S.C. § 5940 (agricultural act of 2014 PL 113-79;

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128 Stat. 656, eff. January 5, 2015, <https://www.congress.gov/bill/113th-congress/house-bill/2642/text>) may petition the state for an exception to the eligibility exclusion in subsection (A)(1)(a). The rule does not include any later amendments or editions of the incorporated matter.

2. Be a citizen of the United States or a legal resident alien. An individual who applies for a program license and is enrolled in an academic program at an accredited college or university, but who does not meet the criteria in this Section may be sponsored by an academic member of that college or university who meets the eligibility criteria in this Section and provides proof of eligibility as required in subsection (B)(2).
  3. Be 18 years of age or older at the time of application.
- B. Proof of eligibility.**
1. Unless otherwise allowed by an exception to the requirements of this Section, the applicant shall provide the Department a legible photo copy, paper or electronic, of the applicant's fingerprint clearance card described in subsection (A)(1), which the Department will validate to ensure the applicant meets the eligibility requirements of this Section.
  2. The Department shall accept the documents listed in A.R.S. § 41-1080(A) as evidence of age and United States Citizenship or legal residency.

**Historical Note**

New Section made by exempt rulemaking at 25 A.A.R. 1447, effective May 31, 2019 (Supp. 19-2). Amended by final rulemaking at 27 A.A.R. 1570, with an immediate effective date of September 16, 2021 (Supp. 21-3).

**R3-4-1003. Licenses; Applications; Renewals; Withdrawal**

- A.** Any person that grows, harvests, transports, or processes industrial hemp in any of the following categories shall obtain the appropriate license from the Department and shall abide by the terms and conditions set forth in the licensing agreement with the Department. Types of licenses include:
1. **Grower** - An authorized grower license shall allow the licensee to obtain seed or propagative materials pursuant to this Article for planting, possess authorized seed and propagative materials for planting, cultivate the crop, harvest plant parts, possess and store harvested plant parts, and transport plant parts for processing.
  2. **Nursery** - An authorized nursery license shall allow the licensee to propagate eligible seed and propagative materials for planting for a licensed grower. A licensed nursery shall not grow industrial hemp for harvesting purposes, unless also licensed with the Department as a grower.
  3. **Harvester** - An authorized harvester license shall allow the licensee to engage in the activity of harvesting an eligible industrial hemp crop for a licensed grower.
  4. **Transporter** - An authorized transporter license shall allow the licensee to engage in the transport of a harvested industrial hemp crop for a licensed grower.
  5. **Processor** - An authorized processor license shall allow the licensee to engage in the processing, handling, and storage of industrial hemp or hemp seed at one or more authorized locations in the state. The licensee may sell, distribute, transfer, or gift any products processed from harvested hemp that is not restricted in R3-4-1012.
- B.** At a minimum, applications for a license shall contain the information required in subsections R3-4-1003(B)(1) through (6), plus any additional information that may be required by the Department. Location information shall be retained by the Department for not less than three years. Licensing fees required under R3-4-1005 are due at the time of application.
1. All applicants must provide:
    - a. Full name, mailing address, telephone number and email address;
    - b. Fingerprint clearance card identification number of the applicant;
    - c. If the applicant represents a business entity, the full name of the business, the principal Arizona business location address, the full name, title, and email address of the of the responsible party;
    - d. Tax ID or Social Security Number; and
    - e. Disclosure and explanation of any instance in which the applicant has been denied, debarred, suspended, revoked, or otherwise prohibited from participating in any public procurement or licensing activity.
  2. Applicants for a grower's license must also provide:
    - a. Registered planting site or sites: street address or major crossroads, legal description, and geospatial location for each field, greenhouse, building or site where industrial hemp will be grown, updated annually, or within 30 calendar days following a change;
    - b. Estimated acreage for each outdoor location and square footage for indoor or each greenhouse locations intended for planting;
    - c. Maps or aerial photos depicting each site where industrial hemp will be grown, handled, and stored, with appropriate designations for entrances, field boundaries, and specific locations corresponding to the geospatial location information;
    - d. Geospatial location information of all storage locations for seed or propagative materials, and harvested plants and plant parts; and
    - e. Maps or aerial photos depicting each site where industrial hemp seed and propagative materials will be stored and labeled with the corresponding geospatial location information.
  3. Applicants for a nursery license must also provide:
    - a. Geospatial location information of all storage locations for seed or propagative materials;
    - b. Geospatial location information of all propagation areas; and
    - c. Labeled maps or aerial photos depicting storage and propagation areas.
  4. Applicants for a harvester license must also provide the legal description and geospatial location information for each location of the harvesting equipment, together with corresponding labeled maps or aerial photos of the location or locations.
  5. Applicants for a transporter license must also provide: legal description, and geospatial location information for each location the transporting vehicles and equipment, together with corresponding labeled maps or aerial photos of the location or locations.
  6. Applicants for a processor license must also provide:
    - a. Identification of the part of a harvested hemp crop or plant to be received for processing, in the following categories:
      - i. Floral and leaf material, or biomass;
      - ii. Seed for oil or grain;
      - iii. Stalks for fiber or hurds; and
      - iv. Seed or propagative materials for planting;
    - b. Processing site or sites information that includes: street address or major crossroads, legal description, and geospatial location information for each building or site where hemp will be processed or stored;

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- or where mobile processing equipment will be primarily based, together with labeled maps or aerial photos depicting the processing site information.
- C. Application submission dates. Applications may be submitted at any time during the year, but the expiration date of the license shall be on December 31 annually, or biennially for a two-year renewal as authorized in subsection (D). An expired license may be reinstated up to three years after the expiration date, provided the applicant's business information has not changed.
  - D. Application for one or two-year renewals. At a licensee's discretion, a person that has been licensed by the Department under the industrial hemp program may apply for a one or two year renewal provided:
    1. The person was licensed in the industrial hemp program within the previous calendar year;
    2. The license of the person was in good standing at the time of renewal;
    3. There is no change in the person or responsible party licensed;
    4. There is no change in the physical location of the industrial hemp site;
    5. The licensee does not owe any civil penalties, fees, or late charges to the Department; and
    6. The person submits the associated fee for a one or two-year renewal.
  - E. Licensing agreements. All approved applicants for a license shall complete a licensing agreement issued by the Department prior to receiving a license. The licensing agreement may include additional terms and conditions as needed to ensure compliance with this Article, applicable state and federal laws, and rules and orders of the Director, but, at a minimum the applicant will agree to:
    1. Provide access, for authorized Department inspectors, at any time, to all hemp and hemp seed, planted or stored, and all records to determine compliance with this Article and any state or federal law, rule or order regulating *Cannabis* as an agricultural crop;
    2. Maintain all records, as stated in R3-4-1008;
    3. Pay all fees required indicated in Table 1;
    4. Comply with all pesticide use restrictions;
    5. Comply with all seed laws of the state;
    6. Defend, indemnify, and hold harmless the Department from liability for the destruction of any crop or harvested plant in violation of this Article;
    7. Be solely responsible for all financial or other losses;
    8. Be solely responsible for all land use restrictions, applicable city and county zoning, building, and fire codes and ordinances; and
    9. Follow all regulatory, notification and reporting requirements.
  - F. Withdrawals.
    1. When a licensee withdraws from the industrial hemp program, any licensing and inspection fees paid or invoiced prior to any notice of withdrawal are not eligible for refund. In order for a licensee to withdraw from the industrial hemp program, the following requirements must be met:
      - a. Unless otherwise authorized by the Associate Director, the licensee shall complete and submit a withdrawal notice at least ten business days prior to the withdrawal of the Program; and
      - b. Any industrial hemp or hemp seed, planted, harvested, or stored must be inspected by the Department prior to transport off of the property, disposal, or transfer to a new or existing licensee.
    2. Withdrawal after submittal of an application but prior to issuance of a license will be prohibited unless the Department determines, in its sole discretion, that such withdrawal is appropriate.
  - G. Site modification. Anytime a licensed grower, processor or nursery modifies the registered site by changing the location of an existing site or by adding additional sites under the license, or removing a registered site from the licensee's record, the licensee shall submit a site modification application and associated site modification fee listed in Table 1. There is no site modification fee for the request to remove a registered site from the licensee's record or when modifying or adding a site during the licensee's renewal process.
  - H. License transfer. The transfer of an industrial hemp license is authorized only if the licensee and eligible program applicant completes and submits a notarized Department issued transfer application and submits any applicable transfer fees listed in Table 1. The receiver of a transferred license shall complete a licensing application, and execute a licensing agreement as required by this Article, and all duties and responsibilities of the licensee shall be transferred to and acknowledged by the receiver in a written agreement between the licensee and receiver. Any license or other fees paid by the licensee shall be credited to the benefit of the receiver.
  - I. Change in business information. Licensees must complete and submit a Change in Business Information form within ten business days if there is any change in business information including business name, address, or other contact information.

**Historical Note**

New Section made by exempt rulemaking at 25 A.A.R. 1447, effective May 31, 2019 (Supp. 19-2). Amended by final rulemaking at 27 A.A.R. 1570, with an immediate effective date of September 16, 2021 (Supp. 21-3).

**R3-4-1004. Industrial Hemp Research**

- A. A person, company, college or university that conducts research into the growth, harvesting techniques, transportation methods, or processing of industrial hemp is required to obtain a license pursuant to this Article.
- B. A person, company, college or university conducting not-for-profit research may be exempted from the licensing fee or fees provided that:
  1. The applicant submits to the Department a request for an exemption of the licensing fee;
  2. The applicant provides a summary of the research to be conducted;
  3. The applicant provides a summary of the benefit to the agricultural community that will be gained;
  4. The applicant signs into an agreement with the Department that as a result of the research conducted the applicant will not gain any monetary profit;
  5. The research will be conducted in compliance with this Article or any other law, rule, or order governing the production of industrial hemp; and
  6. The results or summary of the research will be published or made publicly available.
- C. Intellectual property. The Department holds no rights to any intellectual property resulting from industrial hemp research.
- D. Restrictions.
  1. A licensee shall not change not-for-profit research to for-profit research without notifying the Department and paying the required licensing fee.
  2. Hemp and hemp products produced under a hemp research exemption, excluding hemp seed, are not eligible to enter the commercial stream of commerce.

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**Historical Note**

New Section made by exempt rulemaking at 25 A.A.R. 1447, effective May 31, 2019 (Supp. 19-2). Amended by final rulemaking at 27 A.A.R. 1570, with an immediate effective date of September 16, 2021 (Supp. 21-3).

**R3-4-1005. Fees**

- A. All licensing fees are due at the time of application.
- B. A grower applicant or licensee is not required to pay separate harvester or transporter licensing fees, unless providing harvesting or transport services for other licensed growers.
- C. Inspection and assessment fees are invoiced by the Department and are due within 30 calendar days of the invoice date.
- D. Site modification fees. The appropriate fee shall be submitted at the time an applicant submits a site modification application as provided in R3-4-1003(G).
- E. Processor assessment fees are based on tonnage reports, shipping manifests or scale receipts of unprocessed hemp plants or plant parts received.

- F. All outstanding inspection and assessment fees invoiced prior to November 15, shall be paid in full prior to the Department's processing of a licensee's renewal application.
- G. THC sample analysis fees. Beyond the initial pre-harvest sample collected to determine regulatory compliance of a harvest lot of hemp, a licensee will be required to pay for any analytical fees before results are released. These include:
  1. Any pre-harvest re-tests for crops that indicated a result above the threshold for compliance;
  2. Post-harvest samples that have been determined to be a regulatory concern by the Department; or
  3. By request from the grower that requires official analysis for commerce.

**Historical Note**

New Section made by exempt rulemaking at 25 A.A.R. 1447, effective May 31, 2019 (Supp. 19-2). Amended by final rulemaking at 27 A.A.R. 1570, with an immediate effective date of September 16, 2021 (Supp. 21-3).

**Table 1. Fee Schedule**

License	Licensing Fee	Inspection/Assessment Fee
Grower	\$1,000 per license	\$25 per one or less than one outdoor acre up to 100 acres \$5 acre for each additional acre \$75 per indoor facility up to 3 acres \$25 per acre for facilities over 3 acres \$150 per THC sample analysis (G)
Nursery	\$650 per license	NA
Harvester	\$100 per license	N/A
Transporter	\$100 per license	N/A
Processor	\$2,000 per license	\$5 ton Oil Seed/Grain \$100 ton floral material \$150 per THC sample analysis (G)
All	Site modification fee: \$300	N/A

**Historical Note**

New Table 1. Fee Schedule made by exempt rulemaking at 25 A.A.R. 1447, effective May 31, 2019 (Supp. 19-2). Table 1. Fee Schedule amended by emergency rulemaking at 27 A.A.R. 39, with an immediate effective date of December 17, 2020 (Supp. 20-4). Emergency expired. Table 1. Fee Schedule amended by final rulemaking at 27 A.A.R. 1570, with an immediate effective date of September 16, 2021 (Supp. 21-3).

**R3-4-1006. Authorized Seed and Propagative Material**

- A. Authorized seeds and propagative material. Seeds and propagative materials authorized for use by a licensee is not a guarantee a crop will produce a total delta-9 THC concentration of not greater than 0.300%. Seeds and propagative material that are used to produce an industrial hemp crop or plant shall:
  1. Be produced from an industrial hemp crop or plant; and
  2. Originate from either:
    - a. A person, business, college or university licensed or certified in a state or federal program authorized to produce industrial hemp; or
    - b. A foreign source that is authorized by the country of origin to export industrial hemp seed or propagative material to produce an industrial hemp crop.
- B. Each licensed grower or nursery is responsible for the acquisition of seed or propagative materials used for the growth of industrial hemp. The licensee shall keep and maintain the following information:
  1. A copy of the seed or propagative material producer's certificate, license or equivalent documentation authorizing the production of industrial hemp;
  2. An official analysis of the crop or plant that produced the seed or propagative material that indicates the crop or plant contained a total delta-9 THC concentration of not greater than 0.300% on a dry weight basis; and
3. Phytosanitary certificates or nursery certificates issued by a plant regulatory official for any propagative materials to ensure compliance with A.R.S. § 3-211 and Article 2.
- C. Labeling requirements. All Industrial Hemp seed or propagative material sold within or into Arizona must be labeled as to variety/strain or hybrid name, and origin.
  1. For purposes of labeling, the number or other designations of hybrid industrial hemp shall be used as a variety name.
  2. All Industrial Hemp seed for planting purposes sold within or into Arizona is subject to the Arizona seed laws under A.R.S. §§ 3-231 et seq. and Article 4.
- D. Shipment of hemp plants for planting purposes.
  1. Hemp plants for planting purposes produced by a licensed nursery for intrastate or interstate shipment shall:
    - a. Have been produced from authorized hemp material as indicated in R3-4-1006(A);
    - b. Have been produced in compliance with the laws, rules and order of the Director for the production of industrial hemp;



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- c. Be transported with a copy of the nursery producer license; a copy of the receiving grower license; and a manifest or bill of lading indicating the amount in the shipment and physical destination of the shipment; and
  - d. Only be sold or distributed to an entity or individual licensed to produce hemp.
- 2. Hemp plants produced by a licensed nursery for the interstate shipment of hemp plants for planting purposes shall, in addition to the requirements in R3-4-1006(D)(1):
  - a. Be accompanied by a certificate issued by the Department that attests the material was produced in compliance with laws, rules and orders of the Director regulating the production of industrial hemp in the state; and
  - b. Ensure compliance with all plant quarantine requirements of the destination state and certification as indicated in R3-4-301 as applicable.
- E. Restrictions.
  - 1. A person that receives seed or propagative materials that does not comply with this Article or any other phytosanitary, seed or labeling law of the state shall immediately notify the Department and hold the seed or propagative material until a disposition is provided by the Department.
  - 2. The Department may direct a licensee to place a shipment of seed or propagative material on hold to ensure compliance with this Article and any other law or regulation that may apply to the shipment of agricultural seed and plants for planting purposes.

**Historical Note**

New Section made by exempt rulemaking at 25 A.A.R. 1447, effective May 31, 2019 (Supp. 19-2). Amended by final rulemaking at 27 A.A.R. 1570, with an immediate effective date of September 16, 2021 (Supp. 21-3).

**R3-4-1007. Location Requirements; Signage**

- A. Location requirements.
  - 1. A Licensed grower or processor shall not grow, process, or store industrial hemp in any residential dwelling.
  - 2. A Licensee is responsible for maintaining compliance with all applicable city and county land use restrictions, zoning laws, building, and fire codes and ordinances.
  - 3. A registered location shall be made available for inspection at the request of an inspector during normal business hours.
  - 4. A licensed grower or processor shall not grow, process, or store any forms of *Cannabis* that are not classified as industrial hemp within a single structure at the registered location.
- B. Signage. The use of the Arizona Department of Agriculture logo or likeness is not permitted on signage. A licensed grower or processor shall conspicuously post signage at the perimeter of the registered location that includes the following information:
  - 1. The statement, "Arizona Department of Agriculture Industrial Hemp Program - No Trespassing Allowed";
  - 2. Licensee's name or company name and license number; and
  - 3. The Arizona Department of Agriculture, Industrial Hemp Program phone number.

**Historical Note**

New Section made by exempt rulemaking at 25 A.A.R. 1447, effective May 31, 2019 (Supp. 19-2). Amended by

final rulemaking at 27 A.A.R. 1570, with an immediate effective date of September 16, 2021 (Supp. 21-3).

**R3-4-1008. Compliance; Recordkeeping; Audits**

- A. General compliance requirements.
  - 1. All licensees are subject to audits to ensure compliance with the recordkeeping requirements in subsection (B);
  - 2. An authorized Department inspector shall be allowed access to all growing, storage, and processing locations of a licensee's industrial hemp crop, hemp seed, propagative material, harvested material, handling and processing equipment to conduct a visual inspection and determine if a violation of this Article may exist.
- B. Recordkeeping. All licensees may be audited to ensure compliance with all recordkeeping requirements. A licensee shall comply with the recordkeeping requirements in this subsection at a minimum. Additional recordkeeping requirements may be established as set by policy and updated annually.
  - 1. All records documenting the geospatial location, growth, propagation, harvesting, storage, agronomic data, shipping, receiving, transportation, distribution, processing, sale, purchase, third party analysis or research of all plants, seeds and materials shall be kept within the state of Arizona and made available for inspection on request.
  - 2. An in-state agent must be maintained for receipt and storage of records.
  - 3. All records shall be maintained for not less than five years.
- C. Sampling and testing. All licensees are subject to the collection of a representative sample of any *Cannabis* plant, hemp crop or harvested hemp in possession of the licensee or licensee's agent to determine the total concentration of delta-9 THC as reported by a certified laboratory to ensure compliance with this Article and any state or federal law, rule or order regulating *Cannabis* as an agricultural commodity. Unless otherwise specified in an alternative performance-based sampling policy, crops shall be sampled within 30 days prior to the intended date of harvest and samples must be collected from mature flowering plants. All sampling agents must have undergone official sampling training by an authorized representative of the Department for the collection of *Cannabis* samples for determination of compliance with the program. A licensed grower shall not harvest an industrial hemp crop prior to the collection of an official sample for compliance purposes.
  - 1. Sampling method. The Department shall publish a policy on the procedures used by the Department to sample a *Cannabis* plant or crop; and may publish a policy or policies for alternative, performance-based methods that have the potential to ensure, at a 95% level of confidence, that the *Cannabis* plant or crop will not test above the acceptable hemp total delta-9 THC level, such policy or policies may be updated annually as dictated by changing circumstances.
  - 2. Only an authorized Department inspector, or other authorized sampling agent, may collect an official sample to determine compliance with this Article.
  - 3. When collecting an official sample, an authorized Department inspector, or other authorized sampling agent, shall:
    - a. Ensure the licensee or authorized representative of the licensee is present during the collection of the official sample;
    - b. Collect a representative sample of the crop, plants or harvested crop;
    - c. Split the official sample as follows:
      - i. One-third for retention by the Department or to provide to a certified laboratory for compliance with this Article;

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- ii. One-third for confirmation of analytical results if required; and
    - iii. One-third that is provided to the licensee for retention or to utilize for additional analysis by a third party laboratory. Any results provided to the licensee by a third party laboratory do not supersede official results.
  - d. Label all official samples with an official sample number, sample date, collector name, location ID, and grower license ID number;
  - e. Apply official custody seals to all official samples; and
  - f. Complete an official chain of custody form that is signed and dated by the inspector and licensee or the licensee's representative.
4. Sample transport and submission. The Department shall not be liable for samples that are detained by any federal, state or local law enforcement agency.
- a. If a certified laboratory receives a sample with a broken custody seal or incomplete or missing chain of custody, that sample shall be null and void;
  - b. All official samples retained by the Department are the property of the Department; and
  - c. The Department is not liable to reimburse the licensee for official samples collected.
5. Laboratory Standards. Certified laboratories conducting testing of hemp must conduct analytical testing for purposes of detecting the total calculable amount of delta-9 THC and shall meet the following standards:
- a. Laboratory quality assurance must ensure the validity and reliability of test results;
  - b. Analytical method selection, validation, and verification must ensure that the testing method used is appropriate and that the laboratory can successfully perform the testing;
  - c. The demonstration of testing validity must ensure consistent and accurate analytical performance; and
  - d. Method performance specifications must ensure analytical tests are sufficiently sensitive for the purposes of the detectability requirements of this Article.
  - e. At a minimum, analytical testing of samples for total calculable amount of delta-9 THC levels must use post-decarboxylation or other similarly reliable methods approved by the U.S. Secretary of Agriculture. The testing methodology must consider the potential conversion of delta-9 tetrahydrocannabinolic acid (THCA) in hemp into delta-9 tetrahydrocannabinol (THC). The test result must reflect the total calculable amount of delta-9 THC. Testing methodologies meeting these requirements include, but are not limited to, gas chromatography and high-performance liquid chromatography.
  - f. The total delta-9 tetrahydrocannabinol concentration level shall be determined and reported on a dry weight basis.
  - g. Certified laboratories must report the measurement of uncertainty (MU) of the methodology, in reference to the U.S. Department of Agriculture's Laboratory Testing Guidelines, U.S. Hemp Production Program, published on January 15, 2021, or its successor document in reference to the AOAC International (Association of Official Agricultural Chemists), Standard Method Performance Requirements (SMPRs®) for Quantitation of Cannabinoids in Plant Materials of Hemp (Low THC Varieties *Cannabis* sp.) SMPR 2019.003 found at the website: <https://www.aoac.org/resources/smpr-2019003/>. Certified laboratories must also report the MU as a ± value and report the total delta-9 value in the same unit of measure used to report the MU.
- h. Any sample test result showing with at least 95% confidence that the total delta 9 THC content of the sample is higher than the acceptable hemp THC level shall be conclusive evidence that the lot represented by the sample is not in compliance with this Article.
6. DEA Registration. Certified laboratories must also be registered with DEA to handle controlled substances under the Controlled Substances Act (CSA), 21 CFR part 1301.13 no later than December 31, 2022.
7. Sample results. A copy of any result produced by a certified laboratory shall be provided to the licensee, but such result is the property of the state.
- D. Crop compliance.**
- 1. Compliant crops. When a crop is found to be compliant with the regulations governing the production of industrial hemp, a grower will be provided documentation authorizing the movement of the harvest lot. Upon receiving authorization from the Department the licensed grower shall not comingle the harvest lot with any other compliant or non-compliant harvest lot. The grower shall:
    - a. Harvest the compliant harvest lot within 30 business days;
    - b. Notify the Department if there is a delay in the 30 business day harvest window due to inclement weather or other natural causes; and
    - c. Notify the Department prior to shipping or transporting the harvest lot as provided in R3-4-1011(D).
  - 2. Non-compliant crops. Non-compliant crops with a total delta-9 THC concentration greater than 0.3% shall not be allowed into the stream of commerce. When a crop is found to be non-compliant with the regulations governing the production of industrial hemp, a grower will be required, within 15 business days of notification of non-compliance, to either voluntarily dispose of the crop by a method prescribed in R3-4-1013(F) and submit a notice of destruction under R3-4-1011(E), together with supporting evidence of disposal. Alternatively the grower may submit a corrective action plan under R3-4-1013(D) to remediate the crop to achieve compliance with the regulations governing the production of industrial hemp. A corrective action plan may be issued by the Department, or if submitted by the grower, must be approved by the Department. A corrective action plan will only be approved if the total delta-9 THC concentration is greater than 0.3% and less than 1.0%. Failure to dispose of the crop or comply with approved corrective action plan may result in a notice of violation under R3-4-1012. Upon receiving a notification of noncompliance from the Department, the licensed grower shall not move or transport the non-compliant crop from the hemp site, unless otherwise permitted by the Department to remediate the crop. Non-compliant crops shall not be comingled with any other compliant or non-compliant harvest lot. Harvest lots with a total delta-9 THC concentration greater than 1.0% constitutes a violation and must be disposed of by method indicated in R3-4-1013(F).
- E. Volunteer hemp plants.** It shall be the responsibility of the licensee to monitor and destroy volunteer hemp plants.

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**Historical Note**

New Section made by exempt rulemaking at 25 A.A.R. 1447, effective May 31, 2019 (Supp. 19-2). Amended by final rulemaking at 27 A.A.R. 1570, with an immediate effective date of September 16, 2021 (Supp. 21-3).

**R3-4-1009. Reserved****Historical Note**

Section reserved at 25 A.A.R. 1447 (Supp. 19-2).

**R3-4-1010. Reserved****Historical Note**

Section reserved at 25 A.A.R. 1447 (Supp. 19-2).

**R3-4-1011. Notifications; Reports**

- A.** All notifications and reports for licensees shall be made on forms provided by the Department unless otherwise indicated in this Section or as directed by the Associate Director.
  - B.** Planting Report. Within five business days after planting a harvest lot of hemp, a grower must complete and submit a planting report that includes, at a minimum the following:
    1. The contact information of the licensee, including license number;
    2. A unique harvest lot identification number assigned by the grower or nursery;
    3. The geospatial location information where a harvest lot was planted (the "site");
    4. The variety name of the harvest lot;
    5. The actual area planted with each lot; and
    6. The estimated date of harvest or transplanting.
  - C.** Grower Notice of Intent to Harvest. Within 30 calendar days prior to harvest, a grower must complete and submit a Notice of Intent to Harvest form for each harvest lot to be sampled that includes, at a minimum the following:
    1. The contact information of the grower, including license number;
    2. The unique harvest lot identification number assigned by the grower as initially indicated on the planting report;
    3. The geospatial location or locations information of the harvest lot to be sampled (the "site");
    4. The variety name of the harvest lot;
    5. The size of the area to be harvested; and
    6. The intended date of harvest.
  - D.** Notice of Intent to Transport. Within three business days prior to transporting a lot of harvested hemp for processing, a grower must complete and submit a Notice of Intent to Transport form for each harvest lot transported to a processor that includes, at a minimum the following:
    1. The contact information of the grower, including license number;
    2. The unique harvest lot identification number assigned by the grower as initially indicated on the planting report;
    3. The geospatial location or locations information of the harvest lot to be transported;
    4. The variety name of the harvest lot;
    5. The amount of harvested hemp to be transported;
    6. The intended date of transport; and
    7. The contact information of the receiver.
  - E.** Notice of Destruction. Within three calendar days after a grower has found a harvest lot significantly damaged, completely destroyed, or has disposed of a harvest lot, a grower must complete and submit a Notice of Destruction form that includes, at a minimum the following:
    1. The contact information of the grower, including license number;
  2. The unique harvest lot identification number assigned by the grower as initially indicated on the planting report;
  3. The geospatial location or locations information of the harvest lot subject to damage, destruction, or disposal (the "site");
  4. The variety name of the harvest lot;
  5. The size of the area that was subject to damage, destruction, or disposal; and
  6. The date the damage or destruction was discovered, or date of disposal.
- F.** Grower and nursery annual reports. By December 31 of each year, a grower or nursery shall provide the Department a report of the following:
1. The sale or distribution of any industrial hemp grown under the grower's license;
  2. The name and address of the person or entity receiving the industrial hemp; and
  3. The amount of the industrial hemp sold or distributed.
- G.** Processor notifications. All shipments of industrial hemp received into a processing facility must be reported to the Department.
1. For the importation of hemp material for processing, a licensed processor shall notify the Department of the shipment, within three business days of receipt of the shipment. The notification shall include the following information:
    - a. A copy of the shipping manifest that indicates the name, physical address, and phone number of the shipper, and the total weight of the hemp commodity in the shipment;
    - b. A copy of the documentation issued by a regulatory official that attests the hemp commodity was produced with an acceptable concentration of total delta-9 THC;
    - c. A copy of the industrial hemp grower's certificate, license or equivalent documentation authorizing the production of industrial hemp in that state; and
    - d. A phytosanitary certificate, if required, a certificate of inspection, or certificate of origin issued by a plant regulatory official.
  2. For the invoicing of processor assessment fees listed in Table 1, a notification shall be filed with the Department within 30 calendar days of receipt of the shipment or shipments that contain the following information:
    - a. The grower's license number;
    - b. The harvest lot number issued by the Department or an authorizing state;
    - c. The amount of material in the shipment; and
    - d. The date the shipment was received.
- F.** Other notifications. A licensee shall notify the Department within three business days from receipt of results of any third party analysis that determined a hemp crop or plant sample contained a total delta-9 THC concentration greater than 1.0%.

**Historical Note**

New Section made by exempt rulemaking at 25 A.A.R. 1447, effective May 31, 2019 (Supp. 19-2). Amended by final rulemaking at 27 A.A.R. 1570, with an immediate effective date of September 16, 2021 (Supp. 21-3).

**R3-4-1012. Unauthorized Activity; Violations**

- A.** A licensee commits a violation of this Article by:
1. Failing to provide a legal description of land on which a licensee grows, processes, stores or researches industrial hemp or hemp seed;
  2. Failing to obtain the proper license with the Department;

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3. Producing or distributing *Cannabis sativa*, with a total delta-9 THC concentration greater than 1.0% on a dry weight basis, unless otherwise permitted by state or federal law, rule or order;
  4. Violating a term or condition of the signed licensing agreement or corrective action plan; or
  5. Violating any law, rule, or order in the regulation of industrial hemp.
- B.** False Statement. Any person who materially falsifies any information contained in an application to participate in the program established under this Article shall be ineligible to participate in the program.
- C.** No unauthorized person shall:
1. Grow, cultivate, handle, store, harvest, transport, import or process industrial hemp;
  2. Trespass on a property registered as an industrial hemp site;
  3. Disturb, damage or destroy an industrial hemp plant or crop on a registered location; or
  4. Tamper, damage or destroy posted signage as required under R3-4-1007(B).
- D.** No authorized program licensee shall:
1. Offer for sale, trade, transfer possession of, gift, or otherwise relinquish possession of industrial hemp plants, plant parts, or hemp seed that is capable of germination to an unauthorized person;
  2. Destroy an industrial hemp crop, stored industrial hemp or hemp seed without prior notification to the Department; or
  3. Import or export industrial hemp plants or plant parts for processing, or seed or propagative material for planting purposes, without notifying the Department and complying with all import or export regulatory requirements.
- E.** Intentional, Knowing, or Negligent Violations. Any violation of state or federal law rule or order that is determined to be committed intentionally or knowingly ("culpable mental state greater than negligence") shall be reported to the state Attorney General, the U.S. Attorney General and any relevant state and local law enforcement agencies. Negligent violations are not subject to federal, state, tribal, or local government criminal enforcement action.
- Historical Note**  
New Section made by exempt rulemaking at 25 A.A.R. 1447, effective May 31, 2019 (Supp. 19-2). Amended by final rulemaking at 27 A.A.R. 1570, with an immediate effective date of September 16, 2021 (Supp. 21-3).
- R3-4-1013. Corrective Actions**
- A.** In addition to being subject to possible license suspension, license revocation, and monetary civil penalty procedures under R3-4-1014, a person who is found by the Department to have violated any law, rule or Director's Order governing that person's participation in the program may be subject to a corrective action plan.
- B.** The Associate Director may request that the licensee submit a corrective action plan, or may impose a written and dated corrective action plan for a negligent violation or non-compliance of any law, rule or Director's Order governing a person's participation in the hemp program.
- C.** Corrective action plans shall include, at a minimum, the following information:
1. The requirements a person must fulfill to correct a violation or non-compliance of this Article as indicated in subsection (D);
  2. A reasonable date by which the person shall complete violation or non-compliance corrections; and
3. For violations pursued under A.R.S. § 3-319, a requirement for periodic reports from the violator to the Department about the violator's compliance with the corrective action plan, laws, rules or Director's Orders for a period of not less than two years from the date of the violation.
- D.** Corrective Action Plan.
1. Hemp crops or harvested hemp shall not be removed from the licensee's registered hemp site if found non-compliant by having a total delta-9 THC concentration of greater than 0.300%, but less than 1.0% on a dry weight basis, unless granted authorization by the Associate Director to complete the measures in an approved corrective action plan.
  2. In addition to one or more of the components listed in A.R.S. § 3-317, the Department may prescribe one or more of the following actions as part of a corrective action plan:
    - a. Stripping stalks and disposal of floral material;
    - b. Sterilization of seed and disposal of floral material;
    - c. THC remediation of leaf and floral material as prescribed by the Associate Director;
    - d. Blending and milling of the entire plant/crop to a homogenized state, then resampled for compliance;
    - e. Education and training; and
    - f. Other corrective measures prescribed by the Associate Director.
  3. Failure to complete the prescribed corrective measure within the timeframe indicated in the corrective action plan or to complete any component of a corrective action plan shall constitute a second violation of this Article.
  4. The cost of implementing a corrective action plan is the burden of the licensee.
- E.** Repeat negligent violations. A person that violates this Article, the laws governing the production of industrial hemp, or any order issued by the Associate Director three times in a five-year period shall be ineligible for an industrial hemp license for a period of five years beginning on the date of the third violation. All negligent violations within one year counts as one negligent violation.
- F.** Methods of disposal. Disposal of any industrial hemp crop or plant, whether such disposal is pursuant to voluntarily action by the licensee or pursuant to a Department order of disposal, shall be accomplished by one or more of the following methods:
1. Plowing under;
  2. Mulching or composting;
  3. Disking;
  4. Bush Mower or chopper;
  5. Deep burial; and
  6. Burning or incinerating.
- Historical Note**  
New Section made by exempt rulemaking at 25 A.A.R. 1447, effective May 31, 2019 (Supp. 19-2). Amended by final rulemaking at 27 A.A.R. 1570, with an immediate effective date of September 16, 2021 (Supp. 21-3).
- R3-4-1014. Penalties**
- A.** Civil penalties. Civil penalties shall be imposed under A.R.S. § 3-319.
- B.** License suspension. A person that violates this Article, a licensing requirement, a licensing term or condition, or any other rule or order of the Department may have their licensing privileges suspended until completion of any corrective actions prescribed in R3-4-1013.
- C.** License revocation. A person that intentionally violates this Article, a licensing requirement, a licensing term or condition,

## CHAPTER 4. DEPARTMENT OF AGRICULTURE - PLANT SERVICES DIVISION

or any other rule or order of the Department, or who commits a third negligent offense within a five year period may be subject to one or more of the following penalties:

1. Revocation of all licenses issued under this Article;
2. Seizure and destruction of all hemp crops, seed, and harvested industrial hemp of the licensee, at the cost of the licensee; and
3. Ineligibility for a license under this Article for a period not less than five years.

- D.** Intentional or knowing violations committed by unlicensed individuals shall be punished according to A.R.S. §§ 3-319 and 13-3405.

Historical Note

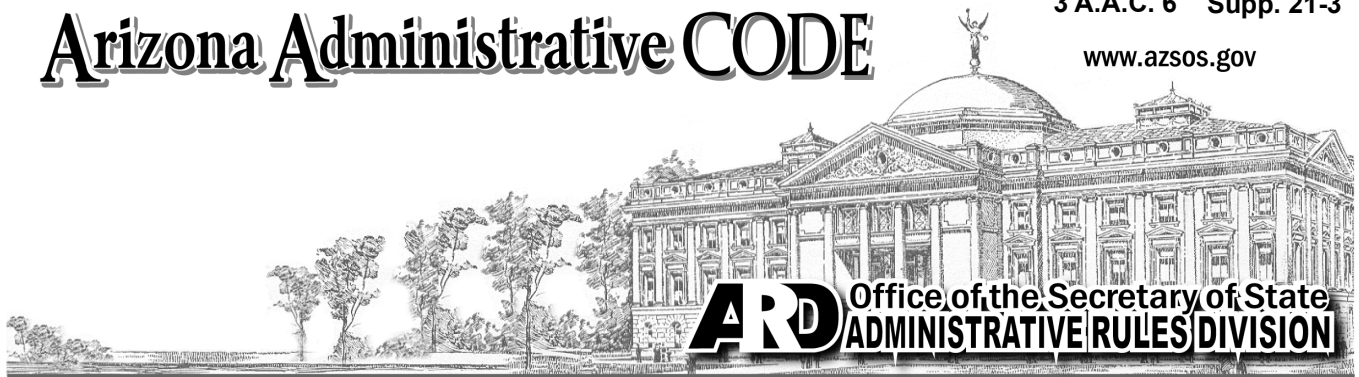
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# Arizona Administrative CODE

3 A.A.C. 6 Supp. 21-3

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## TITLE 3. AGRICULTURE

### CHAPTER 6. DEPARTMENT OF AGRICULTURE - OFFICE OF COMMODITY DEVELOPMENT AND PROMOTION

The table of contents on page one contains links to the referenced page numbers in this Chapter.  
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July 1, 2021 through September 30, 2021

[R3-6-102.](#)     [Phytosanitary Certification](#) ..... [2](#)

#### Questions about these rules? Contact:

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Fax: (602) 542-0922  
E-mail: [jpeterson@azda.gov](mailto:jpeterson@azda.gov)

#### The release of this Chapter in Supp. 21-3 replaces Supp. 20-3 1-2 pages

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

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Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

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





Administrative Rules Division  
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### TITLE 3. AGRICULTURE

## CHAPTER 6. DEPARTMENT OF AGRICULTURE - OFFICE OF COMMODITY DEVELOPMENT AND PROMOTION

Authority: A.R.S. §§ 3-107(A)(1) and (B)(3)

### Supp. 21-3

*Title 3, Chapter 6, consisting of Section R3-6-101, adopted by final rulemaking at 6 A.A.R. 45, effective December 8, 1999 (Supp. 99-4).*

*Former Title 3, Chapter 6, Article 1, Sections R3-6-101 through R3-6-109, renumbered to Title 3, Chapter 2, Article 9, Sections R3-2-901 through R3-2-909 (Supp. 91-4).*

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#### ARTICLE 2. JOINT-VENTURES

*Article 2, consisting of Sections R3-6-201 through R3-6-204, expired under A.R.S. § 41-1056(E) at 11 A.A.R. 867, effective December 31, 2004 (05-1).*

*Article 2, consisting of Sections R3-6-201 through R3-6-204, adopted by final rulemaking at 6 A.A.R. 1573, effective April 5, 2000 (Supp. 00-2).*

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## CHAPTER 6. DEPARTMENT OF AGRICULTURE - OFFICE OF COMMODITY DEVELOPMENT AND PROMOTION

**ARTICLE 1. MARKETING****R3-6-101. Certificate of Free Sale**

- A.** Any person manufacturing or distributing a consumable product in Arizona and who wants to sell it domestically or abroad, may apply to the Department for a Certificate of Free Sale. If an applicant is a subsidiary of a corporation, the application will be accepted only from the parent company. The application shall contain:
1. The name, address, telephone, and facsimile number of the company;
  2. The name of the contact person;
  3. A list of the consumable products manufactured, distributed, or sold in Arizona;
  4. The printed name, signature, and social security number of the responsible party;
  5. The country of export, if applicable;
  6. The fee prescribed in subsection (B);
  7. Copies of 3 different invoices or bills-of-lading from the 3 months preceding the application; and
  8. The purchaser's telephone number cited on each invoice or bill-of-lading.
- B. Fees.**
1. Certificate of Free Sale: \$25 for each 100 products, plus the cost of postage;
  2. Duplicate certificates, if requested within 3 months of the original certificate issue: \$1 per page, plus the cost of postage.

**Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 45, effective December 8, 1999 (Supp. 99-4).

**R3-6-102. Phytosanitary Certification**

- A.** During fiscal year 2022, a person who applies to the Department for phytosanitary certification shall pay the following fee:
1. For state certification, \$50 for the first lot plus \$10 for each additional lot per Department site trip.
  2. For federal certification, \$50 plus the federal administrative user fee set out in 7 CFR 354.3(g)(3)(i), revised January 1, 2016, which is incorporated by reference and does not include any later amendments or editions. A copy of the incorporated material is available for inspection at the Department, 1688 W. Adams St., Phoenix, Arizona 85007 or may also be viewed at <http://www.gpo.gov/fdsys/>.
- B.** This Section does not apply to phytosanitary certification under A.A.C. R3-4-301.

**Historical Note**

New Section made by exempt rulemaking at 16 A.A.R. 1339, effective June 29, 2010 (Supp. 10-2). Amended by exempt rulemaking at 17 A.A.R. 1765, effective July 20, 2011 (Supp. 11-3). Amended by exempt rulemaking at 18 A.A.R. 2066, effective August 2, 2012 (Supp. 12-3). Amended by exempt rulemaking at 19 A.A.R. 3146, effective September 14, 2013 (Supp. 13-3). Amended by exempt rulemaking at 20 A.A.R. 2457, effective July 24, 2014 (Supp. 14-3). Amended by exempt rulemaking pursuant to Laws 2015, Ch. 10, § 14, at 21 A.A.R. 2412, effective July 3, 2015 (Supp. 15-3). Amended by final exempt rulemaking at 23 A.A.R. 1943, effective August 9, 2017 (Supp. 17-2). Amended by final exempt rulemaking at 24 A.A.R. 2226, effective August 3, 2018 (Supp. 18-3). Amended by final exempt rulemaking at 25 A.A.R. 2088, effective August 27, 2019 (Supp. 19-3). Amended by final exempt rulemaking at 26 A.A.R. 1475, effective August 25, 2020 (Supp. 20-3). Amended by final exempt rulemaking at 27 A.A.R. 1269, effective September 29, 2021 (Supp. 21-3).

**ARTICLE 2. JOINT-VENTURES****R3-6-201. Expired****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 1573, effective April 5, 2000 (Supp. 00-2). Section expired under A.R.S. 41-1056(E) at 11 A.A.R. 867, effective December 31, 2004 (05-1).

**R3-6-202. Expired****Historical Note**

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**R3-6-203. Expired****Historical Note**

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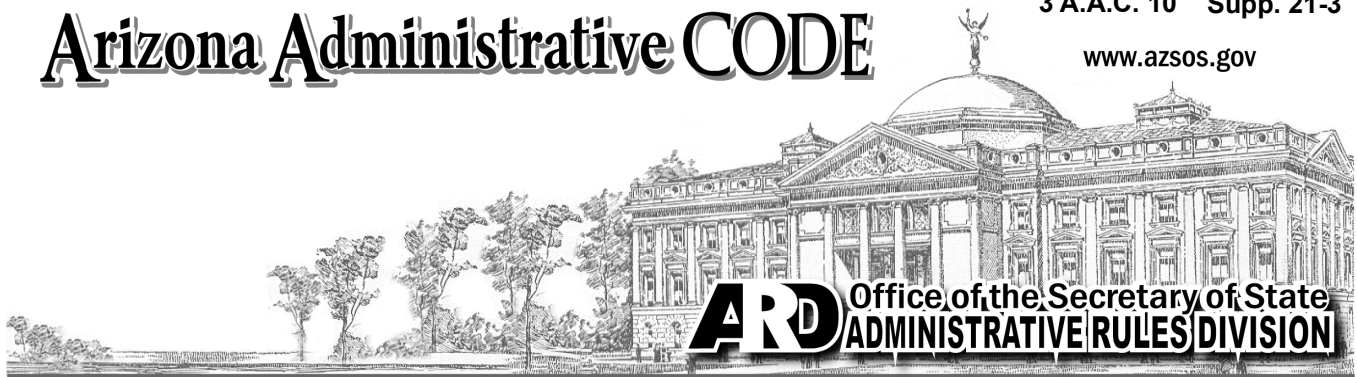
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## TITLE 3. AGRICULTURE

### CHAPTER 10. DEPARTMENT OF AGRICULTURE - CITRUS FRUIT AND VEGETABLE DIVISION

The table of contents on page one contains links to the referenced page numbers in this Chapter.  
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<a href="#">R3-10-101.</a>	<a href="#">Citrus Fruit Dealer or Shipper Licensing Fee.....4</a>	<a href="#">R3-10-102.</a>	<a href="#">Fruit and Vegetable Dealer or Shipper Licensing Fee4 .....4</a>
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#### Questions about these rules? Contact:

Department: Arizona Department of Agriculture  
Address: 1688 W. Adams  
Phoenix, AZ 85007  
Website: <https://agriculture.az.gov/>  
Name: Ed Foster, Associate Director  
Telephone: (602) 542-0947  
Fax: (602) 542-0898  
E-mail: [efoster@azda.gov](mailto:efoster@azda.gov)

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**TITLE 3. AGRICULTURE****CHAPTER 10. DEPARTMENT OF AGRICULTURE - CITRUS FRUIT AND VEGETABLE DIVISION**

Authority: A.R.S. §§ 3-107(A)(1)

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*August 19, 2019 (Supp. 20-1).*

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*Article 8, consisting of new Sections R3-10-801 through R3-10-807, and Tables 1 and 2, made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019 (Supp. 20-1).*

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## ARTICLE 1. LICENSING FEES

**R3-10-101. Citrus Fruit Dealer or Shipper Licensing Fee**

A person may not transact business as a citrus fruit dealer or shipper without first obtaining a license as provided in Arizona Revised Statutes, Title 3, Chapter 3, Article 2. For fiscal year 2022, license fee shall be determined according to the annual gross sales based on the dealer's or shipper's previous fiscal year as follows:

1. If the annual gross sales are \$500,000 or more, the annual fee is \$112.50.
2. If the annual gross sales are between \$200,000 and \$500,000, the annual fee is \$75.
3. If the annual gross sales are \$200,000 or less, the annual fee is \$37.50.
4. If the person was not in business the previous fiscal year, the annual fee is \$37.50.

**Historical Note**

New Section made by final exempt rulemaking at 24

A.A.R. 2227, effective July 1, 2018 (Supp. 18-3).

Amended by final exempt rulemaking at 25 A.A.R. 2089,

effective July 1, 2019 (Supp. 19-3). Amended by final

exempt rulemaking at 26 A.A.R. 1477, effective July 1,

2020 (Supp. 20-3). Amended by final exempt rulemaking

at 27 A.A.R. 1270, effective July 31, 2021 (Supp. 21-3).

**R3-10-102. Fruit and Vegetable Dealer or Shipper Licensing Fee**

A person shall not act as a fruit or vegetable dealer or shipper without first obtaining a license as provided in Arizona Revised Statutes, Title 3, Chapter 3, Article 4. For fiscal year 2022, application for the license shall be filed with the supervisor and accompanied by a license fee determined according to the annual gross sales based on the dealer's or shipper's previous fiscal year as follows:

1. If the annual gross sales are \$500,000 or more, the annual fee is \$125.
2. If the annual gross sales are \$200,000 and \$500,000, the annual fee is \$87.50.
3. If the annual gross sales are \$200,000 or less, the annual fee is \$50.
4. If the person was not in business the previous fiscal year, the annual fee is \$50.

**Historical Note**

New Section made by final exempt rulemaking at 24

A.A.R. 2227, effective July 1, 2018 (Supp. 18-3).

Amended by final exempt rulemaking at 25 A.A.R. 2089,

effective July 1, 2019 (Supp. 19-3). Amended by final

exempt rulemaking at 26 A.A.R. 1477, effective July 1,

2020 (Supp. 20-3). Amended by final exempt rulemaking

at 27 A.A.R. 1270, effective July 31, 2021 (Supp. 21-3).

## ARTICLE 2. PRODUCE SAFETY

**R3-10-201. Definitions**

In addition to the terms defined under A.R.S. §§ 3-481 and 3-525, these words and phrases are defined for use in Articles 2 through 17, unless the context otherwise requires:

1. "Adequate" means that which is needed to accomplish the intended purpose in keeping with good public health practice.
2. "Adequately reduce undesirable microorganisms of public health significance" means reduce the presence of such undesirable microorganisms to an extent sufficient to prevent illness.
3. "Agricultural water" means water used in either:
  - a. Covered activities on covered produce where water is intended to, or is likely to, contact covered produce or food contact surfaces, including water used

in all growing activities, such as irrigation water applied using direct water agricultural methods, water used for preparing crop sprays, and water used for growing sprouts; or

- b. Harvesting, packing and holding activities, such as water used for washing or cooling harvested produce and water used for preventing dehydration of covered produce.
4. "Animal excreta" means solid or liquid animal waste.
5. "Applicable health condition" includes but is not limited to:
  - a. A communicable illness that presents a public health risk in the context of normal work duties,
  - b. An infection,
  - c. An open lesion,
  - d. Vomiting, or
  - e. Diarrhea.
6. "Covered activity" means:
  - a. Growing, harvesting, packing, or holding covered produce on a farm, including manufacturing or processing of covered produce on a farm, but only to the extent that these activities are performed on raw agricultural commodities and only to the extent that these activities are within the meaning of "farm" as defined in this Chapter, and providing, acting consistently with, and documenting actions taken in compliance with written assurances as described in R3-10-303; and
  - b. Does not apply to activities of a facility that are subject to 21 CFR 1(B)(110) relating to preventive controls for human food and current good manufacturing practice in manufacturing, packing or holding human food.
7. "Covered produce" means:
  - a. Produce that is subject to the requirements of Articles 3 through 17 in accordance with R3-10-303 and R3-10-304, and
  - b. Refers to the harvestable or harvested part of the crop.
8. "Department" means the Arizona Department of Agriculture.
9. "Designated representative" means the individual who is responsible for the farm's compliance with the requirements of Articles 3 through 17 that are applicable to the farm and who is selected by the owner, operator, lessee or agent. A designated representative may include an owner, operator, lessee, farm manager, produce safety expert, food safety professional, or agent of the farm.
10. "Direct water application method" means using agricultural water in a manner whereby the water is intended to, or is likely to, contact covered produce or food contact surfaces during use of the water.
11. "Farm" means:
  - a. Primary Production Farm. A primary production farm is an operation under one management in one general, but not necessarily contiguous, physical location devoted to growing crops, harvesting crops, raising animals, including seafood, or any combination of these activities. The term "farm" includes operations that, in addition to the above activities, also includes:
    - i. Packing or holding raw agricultural commodities;
    - ii. Packing or holding processed food, provided that all processed food used in such activities is either consumed on that farm or another farm



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- under the same management or is processed food identified in subsection (11)(a)(iii)(2)(a) of this definition; and
- iii. Manufacturing or processing food, provided that either:
    - (1) All food used in such activities is consumed on that farm or another farm under the same management;
    - (2) Any manufacturing or processing of food that is not consumed on that farm or another farm under the same management consists only of:
      - (a) Drying or dehydrating raw agricultural commodities to create a distinct commodity, such as drying or dehydrating grapes to produce raisins, and packaging and labeling such commodities, without additional manufacturing or processing;
      - (b) Treatment to manipulate the ripening of raw agricultural commodities, such as by treating produce with ethylene gas, and packaging and labeling treated raw agricultural commodities, without additional manufacturing or processing; and
      - (c) Packaging and labeling raw agricultural commodities, when these activities do not involve additional manufacturing or processing, such as irradiation; or
  - b. Secondary Activities Farm. A secondary activities farm is an operation, not located on a primary production farm, devoted to harvesting, such as hulling or shelling, packing, or holding of raw agricultural commodities, provided that the primary production farm that grows, harvests, or raises the majority of the raw agricultural commodities harvested, packed, or held by the secondary activities farm owns, or jointly owns, a majority interest in the secondary activities farm. A secondary activities farm may also conduct those additional activities allowed on a primary production farm in subsections (11)(a)(i) and (ii) of this definition.
12. "FDA" means U.S. Food and Drug Administration.
  13. "Food contact surfaces" means:
    - a. Those surfaces that contact human food and those surfaces from which drainage, or other transfer, onto the food or onto surfaces that contact the food ordinarily occurs during the normal course of operations; and
    - b. Includes food contact surfaces of equipment and tools used during harvest, packing and holding.
  14. "Food grains" means:
    - a. The small hard fruits or seeds of arable crops, or the crops bearing these fruits or seeds;
    - b. Are primarily grown and processed for use as meal, flour, baked goods, cereals and oils rather than for direct consumption as small, hard fruits or seeds; and
    - c. Includes barley, dent- or flint-corn, sorghum, oats, rice, rye, wheat, amaranth, quinoa, buckwheat, and oilseeds, such as cottonseed, flax seed, rapeseed, soybean, and sunflower seed.
  15. "Harvesting" means:
    - a. Activities on farms and farm mixed type facilities that are traditionally performed on farms for the purpose of removing raw agricultural commodities from the place they were grown or raised and preparing them for use as food;
    - b. Is limited to activities performed on raw agricultural commodities, or on processed foods created by drying or dehydrating a raw agricultural commodity without additional manufacturing or processing, on a farm;
    - c. Does not include activities that transform a raw agricultural commodity into a processed food as defined in Section 201 (gg) of the Federal Food, Drug, and Cosmetic Act; and
    - d. Includes:
      - i. Cutting or otherwise separating the edible portion of the raw agricultural commodity from the crop plant and removing or trimming part of the raw agricultural commodity, such as foliage, husks, roots or stems.
      - ii. Cooling, field coring, filtering, gathering, hulling, shelling, sifting, threshing, trimming outer leaves, and washing raw agricultural commodities grown on a farm.
  16. "Holding" means:
    - a. Storage of food and activities performed incidental to storage of a food [Holding facilities could include warehouses, cold storage facilities, storage silos, grain elevators, and liquid storage tanks];
    - b. Includes activities performed as a practical necessity for distribution of that food, such as blending of the same raw commodity and breaking down pallets;
    - c. Examples include activities performed for the safe or effective storage of that food, such as fumigating food during storage, and drying or dehydrating raw agricultural commodities, when drying or dehydrating does not create a distinct commodity, such as drying or dehydrating hay or alfalfa; and
    - d. Does not include activities that transform a raw agricultural commodity into a processed food as defined in Section 201 (gg) of the Federal Food, Drug and Cosmetic Act.
  17. "Known or reasonably foreseeable hazard" means a biological agent that is known, is recognized, or has the potential to cause illness or injury in the absence of its control.
  18. "Lot" means a definite quantity of seed identified by a lot number or other mark, every portion or bag of which is uniform within recognized tolerances for the factors that appear in the labeling.
  19. "Manufacturing or processing" means:
    - a. Making food from one or more ingredients, or synthesizing, preparing, treating, modifying or manipulating food, including food crops or ingredients;
    - b. Examples include baking, boiling, bottling, canning, cooking, cooling, cutting, distilling, drying or dehydrating raw agricultural commodities to create a distinct commodity, such as drying or dehydrating grapes to produce raisins, evaporating, eviscerating, extracting juice, formulating, freezing, grinding, homogenizing, labeling, milling, mixing, packaging, including modified atmosphere packaging, pasteurizing, peeling, rendering, treating to manipulate ripening, trimming, washing, or waxing; and

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- c. Does not include, for farms and mixed-type facilities, activities that are part of harvesting, packing, or holding.
- 20. "Manure" means animal excreta, alone or in combination with litter, such as straw and feathers used for animal bedding, for use as a soil amendment.
- 21. "Monitor" means to conduct a planned sequence of observations or measurements to assess whether a process, point or procedure is under control and, when required, to produce an accurate record of the observation or measurement.
- 22. "Packing" means:
  - a. Placing food into a container and also includes re-packing and activities performed incidental to packing or re-packing a food;
  - b. Includes activities performed for the safe or effective packing or re-packing of that food, such as sorting, culling, grading, and weighing or conveying incidental to packing or re-packing; and
  - c. Does not include activities that transform a raw agricultural commodity into a processed food as defined in Section 201(gg) of the Federal Food, Drug, and Cosmetic Act.
- 23. "Pest" means any objectionable animals or insects, including birds, rodents, flies, and larvae.
- 24. "Produce" means:
  - a. Any fruit as defined in Article 3 or vegetable as defined in this Section;
  - b. Includes mixes of intact fruits and vegetables as well as mushrooms, sprouts, irrespective of seed source, peanuts, tree nuts and herbs; and
  - c. Does not include food grains as defined in this Section.
- 25. "Sanitize" means to adequately treat cleaned surfaces by a process that is effective in destroying vegetative cells of undesirable microorganisms of public health significance, and in substantially reducing numbers of other undesirable microorganisms, but without adversely affecting the product or its safety for the consumer.
- 26. "Undesirable microorganisms" means yeasts, molds, bacteria, viruses, protozoa, and microscopic parasites and includes species having public health significance.
- 27. "Vegetable" means:
  - a. The edible part of an herbaceous plant, such as cabbage or potato, or fleshy fruiting body of a fungus, such as white button or shitake, grown for an edible part;
  - b. Means the harvestable or harvested part of any plant or fungus whose fruit, fleshy fruiting bodies, seeds, roots, tubers, bulbs, stems, leaves, or flower parts are used as food; and
  - c. Includes mushrooms, sprouts, and herbs, such as basil or cilantro.
- 28. "Visitor" means any person, other than personnel, who enters a covered farm with permission.
- 29. "Water distribution system" means a system to carry water from its primary source to its point of use, including pipes, sprinklers, irrigation canals, pumps, valves, storage tanks, reservoirs, meters, and fittings.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

**ARTICLE 3. PRODUCE SAFETY GENERAL PROVISIONS****R3-10-301. Definitions**

These words are defined for use in this Article, unless the context otherwise requires:

- 1. "Fruit" means:
  - a. The edible reproductive body of a seed plant or tree nut and the harvestable or harvested part of a plant developed from a flower; and
  - b. Includes apples, oranges and almonds.
- 2. "Mixed-type facility" means an establishment that engages in both activities that are exempt from registration under Section 415 of the Federal Food, Drug, and Cosmetic Act and activities that require the establishment to be registered.
- 3. "Raw agricultural commodity" means any food in its raw or natural state, including all fruits that are washed, colored, or otherwise treated in their unpeeled natural form prior to marketing.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

**R3-10-302. Applicability**

- A. Articles 2 through 17 apply to primary production farms and secondary activities and require appropriate measures to minimize the risk of serious adverse health consequences or death from the use of, or exposure to, covered produce, including those measures reasonably necessary to prevent the introduction of known or reasonably foreseeable hazards into covered produce, and to provide reasonable assurances that the produce is not adulterated under Section 402 of the Federal Food, Drug and Cosmetic Act on account of such hazards.
- B. The goal of Articles 2 through 17 is to achieve compliance through education, training and alternative enforcement approaches in order to address present violations and prevent future violations.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

**R3-10-303. Food Safety; Covered Produce**

- A. Unless specifically excluded by R3-10-304, the following is subject to the requirements of Articles 2 through 17:
  - 1. Food that is covered produce;
  - 2. A produce raw agricultural commodity that is grown domestically; and
  - 3. A produce raw agricultural commodity that will be imported or offered for import in any state or territory of the United States, the District of Columbia or the Commonwealth of Puerto Rico.
- B. Covered produce includes, but is not limited to, the following:
  - 1. Fruits and vegetables such as almonds, apples, apricots, apriums, Artichokes-globe-type, Asian pears, avocados, babacos, bananas, Belgian endive, blackberries, blueberries, boysenberries, Brazil nuts, broad beans, broccoli, Brussels sprouts, burdock, cabbages, Chinese cabbages (Bok Choy, mustard, and Napa), cantaloupes, carambolas, carrots, cauliflower, celeriac, celery, chayote fruit, cherries (sweet), chestnuts, chicory (roots and tops), citrus (such as clementine, grapefruit, lemons, limes, mandarin, oranges, tangerines, tangors, and unqi fruit), cowpea beans, cress-garden, cucumbers, curly endive, currants, dandelion leaves, fennel-Florence, garlic, genip, gooseberries, grapes, green beans, guavas, herbs (such as basil, chives, cilantro, oregano, and parsley), honeysuckle, huckleberries, Jerusalem artichokes, kale, kiwifruit, kohl-

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rabi, kumquats, leek, lettuce, lychees, macadamia nuts, mangos, other melons (such as Canary, Crenshaw and Persian), mulberries, mushrooms, mustard greens, nectarines, onions, papayas, parsnips, passion fruit, peaches, pears, peas, peas-pigeon, peppers (such as bell and hot), pine nuts, pineapples, plantains, plums, plumcots, quince, radishes, raspberries, rhubarb, rutabagas, scallions, shallots, snow peas, soursop, spinach, sprouts (such as alfalfa and mung bean), strawberries, summer squash (such as patty pan, yellow and zucchini), sweetsop, Swiss chard, taro, tomatoes, turmeric, turnips (roots and tops), walnuts, watercress, watermelons, and yams; and

2. Mixes of intact fruits and vegetables, such as fruit baskets.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

**R3-10-304. Food Safety; Covered Produce; Exclusions**

- A.** The following produce is not covered by Articles 2 through 17:
1. Produce that is rarely consumed raw, specifically: asparagus, beans (such as black, great Northern, kidney, lima, navy, pinto), sugar beets (including garden roots and tops), cashew, sour cherries, chickpeas, cocoa beans, coffee beans, collards, sweet corn, cranberries, dates, dill seeds and weed, eggplants, figs, ginger, hazelnuts, horseradish, lentils, okra, peanuts, pecans, peppermint, potatoes, pumpkins, winter squash, sweet potatoes, and water chestnuts;
  2. Produce that is produced by an individual for personal consumption or produced for consumption on the farm or another farm under the same management; and
  3. Produce that is not a raw agricultural commodity.
- B.** In addition to the exclusions provided in subsection (A), produce is eligible for exclusion if all of the following conditions are met:
1. The produce receives commercial processing that adequately reduces the presence of undesirable microorganisms of public health significance including those used for all of the following:
    - a. Processing in accordance with the requirements of 21 CFR 113, 114, or 120;
    - b. Treating with a validated process to eliminate spore-forming undesirable microorganisms, such as processing to produce tomato paste or shelf-stable tomatoes; and
    - c. Processing such as refining, distilling, or otherwise manufacturing or processing produce into products such as sugar, oil, spirits, wine, beer or similar products.
  2. The farm discloses in documents accompanying the produce, in accordance with the practice of the trade, that the food is “not processed to adequately reduce the presence of undesirable microorganisms of public health significance.”
  3. The farm either:
    - a. Annually obtains written assurance, subject to the requirements of this subsection, from the customer that performs the commercial processing that the customer has established and is following procedures identified in the written assurance that adequately reduce the presence of undesirable microorganisms of public health significance;

- b. Annually obtains written assurance, subject to the requirements of this subsection, from the customer that an entity in the distribution chain subsequent to the customer will perform that commercial processing and that the customer will both:
    - i. Disclose in documents accompanying the food, in accordance with the practice of the trade, that the food is specifically “not processed to adequately reduce the presence of undesirable microorganisms of public health significance;” and
    - ii. Only sell to another entity that agrees, in writing, it will either:
      - (1) Follow procedures identified, in a written assurance that adequately reduce the presence of undesirable microorganisms of public health significance;
      - (2) Obtain a similar written assurance from its customer that the above produce will receive commercial processing described in subsection (B)(3)(b)(i), and that there will be disclosure in documents accompanying the food, in accordance with the practice of the trade, that the food is specifically “not processed to adequately reduce the presence of undesirable microorganisms of public health significance.”
4. The farm shall establish and maintain documentation of compliance with applicable requirements in subsections (B)(2) and (3) in accordance with the requirements of Article 14, including both:
    - a. Documents containing disclosures required under subsection (B)(2); and
    - b. Annual written assurances obtained from customers required under subsection (B)(3).
  5. The requirements of this Article and Article 4 apply to such produce; and
  6. An entity that provides a written assurance under subsection (B)(3) shall act consistently with the assurance and document its actions taken to satisfy the written assurance.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

**R3-10-305. Designated Representative; Notice Requirements to the Department**

- A.** The owner, operator, lessee or agent in charge of a farm shall notify the Department of the name, email address and telephone number of the farm’s designated representative.
- B.** The farm may notify the Department of an alternate designated representative that can be contacted if the farm’s designated representative is unavailable.
- C.** If the designated representative terminates employment or no longer functions as the designated representative of the farm, the owner, operator, lessee or agent in charge of the farm shall select another designated representative within 30 days and notify the Department of the replacement.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

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**ARTICLE 4. PRODUCE SAFETY COVERED FARM AND QUALIFIED EXEMPTION****R3-10-401. Definitions**

These words are defined for use in this Article, unless the context otherwise requires:

1. "Food sales" include sale of produce, processed food, hay, and commodities such as food grains, dairy and live-stock.
2. "Qualified end-user," with respect to a food, means the consumer of the food, where the term "consumer" does not include a business; or a restaurant or retail food establishment, as those terms are defined in 21 CFR 1.227 that is located either:
  - a. In the same state or the same Indian reservation as the farm that produced the food; or
  - b. Not more than 275 miles from the farm that produced the food.
3. "Services" include activities related to covered produce such as harvesting, packing, holding or cooling.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

**R3-10-402. Inventory of Farms; Form; Electronic Submission**

- A. An owner, operator, lessee or designated representative of a farm subject to Articles 2 through 17 shall annually submit the following information on a form obtained from the Department:
  1. Farm or business name, physical address, mailing address, email address and telephone number;
  2. The name, email address and telephone number or numbers of the farm's designated representative and alternate designated representative, if applicable;
  3. Type or types of business of the farm, such as grower, grower-shipper, harvester, packer, holder or cooler;
  4. Types of crops grown, harvested, packed, held or cooled, such as leafy greens, citrus, melons, tree fruit, or vegetables;
  5. Whether crops are grown, harvested, packed, held or cooled on a seasonal basis or year-round;
  6. The average annual produce sales or income derived from services rendered during the last three years, including whether the amount was less than \$25,000, \$25,000 to \$250,000, \$250,000 to \$500,000, or greater than \$500,000;
  7. Whether all produce sales are directly to consumers, restaurants, or retail food establishments that are within 275 miles of the farm or all sales are within the State of Arizona;
  8. Whether during the previous three-year period the average food sales from the farm, such as processed food, hay, dairy, livestock or food grains, were less than \$500,000; and
  9. Whether the operation participates in any other food safety program, such as the Arizona Leafy Greens Marketing Agreement, Good Agricultural Practices and Good Handling Practices, Good Manufacturing Practices, Harmonized Good Agricultural Practices, Safe Quality Food certification or other recognized food safety programs.
- B. The information required in subsection (A) shall be submitted annually to the Associate Director not later than October 1 of each year. If there is a material change to the information required in subsection (A), the owner, operator lessee or design-

nated representative of the farm shall notify the Department within 60 days after the change.

- C. The information required in subsection A may be submitted to the Department electronically.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

**R3-10-403. Covered Farm; Exclusion**

A farm or mixed-type facility with an average annual monetary value of produce, as "produce" is defined in Section R3-10-201, sold during the previous three-year period, of more than \$25,000 on a rolling basis, adjusted for inflation using 2011 as the baseline year for calculating the adjustment, is a "covered farm" subject to Articles 2 through 17. A covered farm subject to Articles 2 through 17 shall comply with all applicable requirements when conducting a covered activity on covered produce.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

**R3-10-404. Covered Farm; Qualified Exemption; Modifications**

- A. A farm is eligible for a qualified exemption and associated modified requirements in a calendar year if both of the following apply:
  1. During the three-year period preceding the applicable calendar year, the average annual monetary value of the food the farm sold directly to qualified end-users during such period exceeded the average annual monetary value of the food the farm sold to all other buyers during that period; and
  2. The average annual monetary value of all food that the farm sold during the three-year period preceding the applicable calendar year was less than \$500,000, adjusted for inflation.
- B. For the purpose of determining whether the average annual monetary value of all food sold during the three-year period preceding the applicable calendar year was less than \$500,000, adjusted for inflation, the baseline year for calculating the adjustment for inflation is 2011.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

**R3-10-405. Qualified Exemption; Eligibility; Modification Requirements**

- A. If a farm is eligible for a qualified exemption in accordance with R3-10-404, the farm is subject to this Article and Articles 2, 3, 14, 16 and 17.
- B. In addition, the farm is subject to the following modified requirements:
  1. When a food packaging label is required on food that would otherwise be covered produce under the Federal Food, Drug, and Cosmetic Act or its implementing regulations, the farm shall include prominently and conspicuously on the food packaging label the name and the complete business address of the farm where the produce was grown;
  2. When a food packaging label is not required on food that would otherwise be covered produce under the Federal Food, Drug, and Cosmetic Act, the farm shall prominently and conspicuously display, at the point of pur-

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chase, the name and complete business address of the farm where the produce was grown, on a label, poster, sign, placard, or documents delivered contemporaneously with the produce in the normal course of business, or, in the case of internet sales, in an electronic notice; and

3. The complete business address to be included in accordance with the requirements of subsections (B)(1) and (2) shall include the street address or post office box, city, state, and zip code for domestic farms, and comparable full address information for foreign farms.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

**R3-10-406. Qualified Exemption; Maintenance of Records**

If the farm is eligible for a qualified exemption in accordance with R3-10-404:

1. The farm shall establish and keep records required under this Article in accordance with the requirements of Article 14, except that the requirement in R3-10-1402(A)(4), for a signature or initial of the person performing the activity is not required for sales receipts kept in the normal course of business. The receipts shall be dated as required under R3-10-1402(A)(4).
2. The farm shall establish and keep adequate records necessary to demonstrate that the farm satisfies the criteria for a qualified exemption that are described in R3-10-404, including a written record reflecting that an annual review and verification of the farm's continued eligibility for the qualified exemption has been performed.
3. The farm shall establish and keep adequate records necessary to demonstrate that the farm satisfies the criteria for a qualified exemption that are described in R3-10-504, Article 7, R3-10-807 and R3-10-1115.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

**R3-10-407. Compliance Dates; Covered Farms; Agricultural Water**

- A. The compliance date for covered farms subject to the requirements of Articles 2 through 17 is calculated on a rolling basis during the previous three-year period, determined by the average annual monetary value of food sales and services rendered, as follows:
  1. By January 26, 2018, all farms that sold more than \$500,000;
  2. By January 28, 2019, small farms that sold more than \$250,000 but not more than \$500,000; and
  3. By January 27, 2020, very small farms that sold not more than \$250,000.
- B. The compliance date for covered farms subject to agricultural water requirements pursuant to Article 7 is calculated on a rolling basis during the previous three-year period, determined by the average annual monetary value of food sales and services rendered, as follows:
  1. By January 26, 2022, all farms that sold more than \$500,000;
  2. By January 26, 2023, small farms that sold more than \$250,000 but not more than \$500,000; and

3. By January 26, 2024, very small farms that sold not more than \$250,000.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

**ARTICLE 5. PRODUCE SAFETY PERSONNEL QUALIFICATIONS AND TRAINING****R3-10-501. Qualifications and Training for Personnel**

All of the following requirements apply regarding qualifications and training for personnel who handle or contact covered produce or food contact surfaces:

1. All personnel, including temporary, part time, seasonal, and contracted personnel who handle or contact covered produce or food contact surfaces, or who are engaged in the supervision of those personnel shall receive adequate training, as appropriate to the person's duties. Training shall be required prior to personnel handling or contacting covered produce or food contact surfaces, and periodically thereafter, at least once annually;
2. All personnel, including temporary, part time, seasonal, and contracted personnel, who handle covered produce or food contact surfaces, or who are engaged in the supervision of those personnel, shall have a combination of education, training, and experience necessary to perform the person's assigned duties in a manner that ensures compliance with Articles 2 through 17;
3. Training shall be conducted in a manner that is easily understood by personnel being trained; and
4. Training shall be repeated as necessary and appropriate in light of observations or information indicating that personnel are not meeting standards established in this Article and Articles 6 through 14.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

**R3-10-502. Training; Covered Activity; Minimum Requirements**

- A. At a minimum, all personnel who handle or contact covered produce or food contact surfaces during covered activities or who supervise the conduct of the activities shall receive training that includes all of the following:
  1. Principles of food hygiene and food safety;
  2. The importance of health and personal hygiene for all personnel and visitors, including recognizing symptoms of a health condition that is reasonably likely to result in contamination of covered produce or food contact surfaces with undesirable microorganisms of public health significance; and
  3. The standards established in this Article and Articles 6 through 14 that are applicable to the employee's job responsibilities.
- B. Persons who conduct harvest activities for covered produce shall also receive training that includes all of the following:
  1. Recognizing covered produce that shall not be harvested, including covered produce that may be contaminated with known or reasonably foreseeable hazards;
  2. Inspecting harvest containers and equipment to ensure that they are functioning properly, clean, and maintained so as not to become a source of contamination of covered produce with known or reasonably foreseeable hazards; and

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3. Correcting problems with harvest containers or equipment, or reporting those problems to the supervisor, or other designated representative, as appropriate to the person's job responsibilities.
- C. At least one supervisor or designated representative for the farm shall have successfully completed food safety training at least equivalent to that received under standardized curriculum recognized as adequate by the FDA.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

**R3-10-503. Supervision; Identified Personnel**

The farm shall assign or identify a person or persons to be responsible for its operations to ensure compliance with the requirements of Articles 2 through 17.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

**R3-10-504. Required Training; Recordkeeping**

- A. The farm shall establish and keep records required under this Article in accordance with the requirements of Article 14.
- B. The farm shall establish and keep records of training that document the required training of personnel, including the date of training, topics covered, and the persons trained.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

**ARTICLE 6. PRODUCE SAFETY HEALTH AND HYGIENE****R3-10-601. Prevention Measures; Ill or Infected Persons**

- A. The farm shall take measures to prevent contamination of covered produce and food contact surfaces with undesirable microorganisms of public health significance from any person with an applicable health condition.
- B. The farm shall take all of the following measures to satisfy the requirements of subsection (A):
  1. Excluding any person from working in any operations that may result in contamination of covered produce or food contact surfaces with undesirable microorganisms of public health significance when the person, by medical examination, the person's acknowledgement, or observation, is shown to have, or appears to have, an applicable health condition;
  2. Instructing personnel to notify their supervisor or a responsible party if they have, or if there is a reasonable possibility that they have an applicable health condition; and
  3. The person may return to work when the person's health condition no longer presents a risk to public health.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

**R3-10-602. Covered Personnel; Hygienic Practices**

- A. Personnel who work in an operation in which covered produce or food contact surfaces are at risk of contamination with known or reasonably foreseeable hazards shall use hygienic practices while on duty to the extent necessary to protect against contamination.

- B. The hygienic practices that personnel use to satisfy the requirements of subsection (A) when handling or contacting covered produce or food contact surfaces during a covered activity shall include all of the following:

1. Maintaining adequate personal cleanliness to protect against contamination of covered produce and food contact surfaces;
2. Avoiding contact with animals other than working animals, and taking appropriate steps to minimize the likelihood of contamination of covered produce when in direct contact with working animals;
3. Washing hands thoroughly, including scrubbing with soap or other surfactant, as appropriate, and water that is either from a municipal water source or is running water that has no detectable generic *Escherichia coli* (E. coli) in 100 milliliters (mL) of agricultural water used to wash hands (the use of untreated surface water is prohibited), and drying hands thoroughly using single-service towels, sanitary towel service, electric hand dryers, or other adequate hand drying devices on all of the following occasions:
  - a. Before starting work;
  - b. Before putting on gloves;
  - c. After using the toilet;
  - d. Upon return to the work station after any break or other absence from the work station;
  - e. As soon as practical after touching animals, including livestock and working animals, or any waste of animal origin; and
  - f. At any other time when the hands may have become contaminated in a manner that is reasonably likely to lead to contamination of covered produce with known or reasonably foreseeable hazards.
4. If gloves are used in handling covered produce or food contact surfaces, gloves shall be maintained in an intact and sanitary condition and shall be replaced when the gloves are no longer in an intact and sanitary condition;
5. Removing or covering hand jewelry that cannot be adequately cleaned and sanitized during periods in which covered produce is manipulated by hand; and
6. Not eating, chewing gum, or using tobacco products in an area used for a covered activity. Drinking beverages is permitted in designated areas as determined by the farm.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

**R3-10-603. Contamination Prevention; Visitors**

- A. The farm shall make visitors aware of policies and procedures to protect covered produce and food contact surfaces from contamination by people and take all steps reasonably necessary to ensure that visitors comply with the farm's policies and procedures.
- B. The farm shall make toilet and hand-washing facilities accessible to visitors.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

**ARTICLE 7. PRODUCE SAFETY AGRICULTURAL WATER****R3-10-701. Agricultural Water; Incorporation of Federal Regulations**

- A. The Department incorporates by reference 21 CFR 112, Subpart E, as adopted in 80 FR 74353 on November 27, 2015,

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amended in 84 FR 9706 on March 18, 2019, and no later amendments or editions.

- B. These sections establish standards for agricultural water quality used by farms and as amended, provide delayed compliance dates for farms based on their size. The incorporated material is on file with the Arizona Department of Agriculture at 1688 W. Adams Street, Phoenix, AZ 85007.
- C. The incorporated material, developed by the U.S. Food and Drug Administration, Department of Health and Human Services, is available from the U.S. Government Publishing Office, 732 North Capitol Street, NW, Washington, DC 20401-001. The incorporated material can be ordered online by visiting the U.S. Government Online Bookstore at <https://bookstore.gpo.gov> or is available free of charge at <http://gpo.gov> (electronic Code of Federal Regulations).

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

**ARTICLE 8. PRODUCE SAFETY BIOLOGICAL SOIL AMENDMENTS OF ANIMAL ORIGIN AND HUMAN WASTE****R3-10-801. Definitions**

These words are defined for use in this Article, unless the context otherwise requires:

1. "Agricultural tea" means:
  - a. A water extract of biological materials, excluding any form of human waste, produced to transfer microbial biomass, fine particulate organic matter and soluble chemical components into an aqueous phase;
  - b. Includes stabilized compost, manure, non-fecal animal byproducts, peat moss, pre-consumer vegetative waste, table waste, and yard trimmings;
  - c. Is held for longer than one hour before application; and
  - d. Is a soil amendment for purposes of this Article.
2. "Agricultural tea additive" means a nutrient source, such as molasses, yeast extract, or algal powder, added to agricultural tea to increase microbial biomass.
3. "Application interval" means the time interval between application of an agricultural input, such as a biological soil amendment of animal origin, to a growing area and harvest of covered produce from the growing area where the agricultural input was applied.
4. "Biological soil amendment" means any soil amendment containing biological materials such as stabilized compost, manure, non-fecal animal byproducts, peat moss, pre-consumer vegetative waste, sewage sludge biosolids, table waste, agricultural tea, or yard trimmings, alone or in combination.
5. "Biological soil amendment of animal origin" means a biological soil amendment which consists, in whole or in part, of materials of animal origin, such as manure or non-fecal animal byproducts including animal mortalities, or table waste, alone or in combination. The term "biological soil amendment of animal origin" does not include any form of human waste.
6. "Composting" means a process to produce stabilized compost in which organic material is decomposed by the actions of undesirable microorganisms under thermophilic conditions for a designated period of time at a designated temperature, followed by a curing stage under cooler conditions.
7. "Curing" means the final stage of composting, which is conducted after much of the readily metabolized biological material has been decomposed, at cooler temperatures than those in the thermophilic phase of composting, to further reduce pathogens, promote further decomposition of cellulose and lignin, and stabilize composition. Curing may or may not involve insulation, depending on environmental conditions.
8. "Growth media" means material that acts as a substrate during the growth of covered produce, such as mushrooms and some sprouts, that contains, may contain, or consists of components that may include any animal waste, such as stabilized compost, manure, non-fecal animal byproducts or table waste.
9. "Non-fecal animal byproduct" means solid waste, other than manure, that is animal in origin, such as meat, fat, dairy products, eggs, carcasses, blood meal, bone meal, fish meal, shellfish waste, such as crab, shrimp, and lobster waste, fish emulsions, and offal, and is generated by commercial, institutional, or agricultural operations.
10. "Pre-consumer vegetative waste" means:
  - a. Solid waste that is purely vegetative in origin, not considered yard trash, and derived from commercial, institutional or agricultural operations without coming into contact with animal products, byproducts or manure or with a consumer end user;
  - b. Includes material generated by farms, packing houses, canning operations, wholesale distribution centers and grocery stores, products that have been removed from their packaging, such as out-of-date juice, vegetables, condiments and breads, and associated packaging that is vegetative in origin, such as paper or corn-starch based products; and
  - c. Does not include table waste, packaging that has come in contact with materials, such as meat, that are not vegetative in origin, or any waste generated by restaurants.
11. "Sewage sludge biosolids" means the solid or semi-solid residue generated during the treatment of domestic sewage in a treatment works within the meaning of the definition of "sewage sludge" in 40 CFR 503.9(w).
12. "Soil amendment" means:
  - a. Any chemical, biological, or physical material, such as elemental fertilizers, stabilized compost, manure, non-fecal animal byproducts, peat moss, perlite, pre-consumer vegetative waste, sewage sludge biosolids, table waste, agricultural tea and yard trimmings, intentionally added to the soil to improve the chemical or physical condition of soil in relation to plant growth or to improve the capacity of the soil to hold water; and
  - b. Includes growth media that serve as the entire substrate during the growth of covered produce, such as mushrooms and some sprouts.
13. "Stabilized compost" means a stabilized finished biological soil amendment produced through a controlled composting process.
14. "Static composting" means a process to produce stabilized compost in which air is introduced into biological material, in a pile or row that may or may not be covered with insulating material, or in an enclosed vessel, by a mechanism that does not include turning. Examples of structural features for introducing air include embedded perforated pipes and a constructed permanent base that includes aeration slots. Examples of mechanisms for introducing air include passive diffusion and mechanical means, such as blowers that suction air from the compost-

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ing material or blow air into the composting material using positive pressure.

15. "Surface water" means all water open to the atmosphere, such as rivers, lakes, reservoirs, streams, impoundments, seas, estuaries, and all springs, wells, or other collectors that are directly influenced by surface water.
16. "Table waste" means any post-consumer food waste, irrespective of whether the source material is animal or vegetative in origin, derived from individuals, institutions, restaurants, retail operations, or other sources where the food has been served to a consumer.
17. "Turned composting" means a process to produce stabilized compost in which air is introduced into biological material, in a pile, row, or enclosed vessel, by turning on a regular basis.
18. "Turning" means the process of mechanically mixing biological material that is undergoing a composting process with the specific intention of moving the outer, cooler sections of the material being composted to the inner, hotter sections.
19. "Yard trimmings" means purely vegetative matter resulting from landscaping maintenance or land clearing operations, including materials such as tree and shrub trimmings, grass clippings, palm fronds, trees, tree stumps, untreated lumber, untreated wooden pallets, and associated rocks and soils.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

**R3-10-802. Status of Biological Soil Amendments of Animal Origin; Requirements**

- A. A biological soil amendment of animal origin is treated if it has been processed to completion to adequately reduce undesirable microorganisms of public health significance in accordance with the requirements of R3-10-805, or, in the case of an agricultural tea, the biological materials of animal origin used to make the tea have been so processed, the water used to make the tea is not untreated surface water, and the water used to make the tea has no detectable generic *Escherichia coli* (*E. coli*) in 100 milliliters (mL) of water.
- B. A biological soil amendment of animal origin is untreated if it either:
  1. Has not been processed to completion in accordance with the requirements of R3-10-805, or in the case of an agricultural tea, the biological materials of animal origin used to make the tea have not been so processed, or the water used to make the tea is untreated surface water, or the water used to make the tea has detectable generic *E. coli* in 100 mL of water;
  2. Has become contaminated after treatment;
  3. Has been recombined with an untreated biological soil amendment of animal origin;
  4. Is or contains a component that is untreated waste that the designated representative knows or has reason to believe is contaminated with a hazard or has been associated with foodborne illness; or
  5. Is an agricultural tea made with biological materials of animal origin that contains an agricultural tea additive.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

**R3-10-803. Handling, Conveying and Storing Biological Soil****Amendments of Animal Origin**

- A. Any biological soil amendment of animal origin shall be handled, conveyed and stored in a manner and location so that it does not become a potential source of contamination to covered produce, food contact surfaces, areas used for a covered activity, water sources, water distribution systems, and other soil amendments. Agricultural teas that are biological soil amendments of animal origin may be used in water distribution systems provided that all other requirements of this rule are met.
- B. Any treated biological soil amendment of animal origin shall be handled, conveyed and stored in a manner and location that minimizes the risk of it becoming contaminated by an untreated or in-process biological soil amendment of animal origin.
- C. If a person knows or has reason to believe that any biological soil amendment of animal origin may have become contaminated, it shall be handled, conveyed and stored as if it was untreated.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

**R3-10-804. Prohibition of Application of Human Waste**

The farm may not use human waste for growing covered produce, except sewage sludge biosolids used in accordance with the requirements of 40 CFR part 503(D), or equivalent regulatory requirements.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

**R3-10-805. Biological Soil Amendment of Animal Origin; Acceptable Treatment Processes; Microbial Standards**

- A. Each of the following treatment processes are acceptable for a biological soil amendment of animal origin that the farm applies in the growing of covered produce, provided that the resulting biological soil amendments are applied in accordance with the applicable requirements of Section R3-10-806:
  1. A scientifically valid controlled physical process, chemical process, biological process, or a combination of scientifically valid controlled physical, chemical, or biological processes that has been validated to satisfy the microbial standard in subsection (B), for *Listeria monocytogenes* (*L. monocytogenes*), *Salmonella* species, and *E. coli* O157:H7; or
  2. A scientifically valid controlled physical, chemical, or biological process, or a combination of scientifically valid controlled physical, chemical, or biological processes, that has been validated to satisfy the microbial standard in subsection (C), for *salmonella* species and fecal coliforms. Examples of scientifically valid controlled biological processes that meet the microbial standard in subsection (C), include both:
    - a. Static composting that maintains aerobic conditions at a minimum of 131° F (55° C) for three consecutive days and is followed by adequate curing; and
    - b. Turned composting that maintains aerobic conditions at a minimum of 131° F (55° C) for 15 days, which do not have to be consecutive, with a minimum of five turnings, and is followed by adequate curing.



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- B. The microbial standards for *L. monocytogenes*, *Salmonella* species, and *E. coli* O157:H7 in Table 1 apply to the treatment processes in subsection (A):
- C. *Salmonella* species are not detected using a method that can detect three MPN *Salmonella* species per 4 grams (or milliliter, if liquid is being sampled) of total solids, and less than 1,000 MPN fecal coliforms per gram (or milliliter, if liquid is being sampled) of total solids.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

**Table 1.**

For the microorganism	The microbial standard is
1. <i>L. monocytogenes</i>	Not detected using a method that can detect one colony forming unit (CFU) per 5 grams (or milliliter, if liquid is being sampled) analytical portion.
2. <i>Salmonella</i> species	Not detected using a method that can detect three most probable numbers (MPN) per 4 grams (or milliliter, if liquid is being sampled) of total solids.
3. <i>E. coli</i> O157:H7	Not detected using a method that can detect 0.3 MPN per 1 gram (or milliliter, if liquid is being sampled) analytical portion.

**Historical Note**

New Table 1 made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

**R3-10-806. Application Requirements; Minimum Application Intervals**

The farm shall apply the biological soil amendments of animal origin specified in the first column of Table 2 in accordance with the application requirements specified in the second column of Table 2

and the minimum application intervals specified in the third column of Table 2.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

**Table 2.**

If the biological soil amendment of animal origin is	Then the biological soil amendment of animal origin must be applied	And then the minimum application interval is
1.a. Untreated	In a manner that does not contact covered produce during application and minimizes the potential for contact with covered produce after application	[Reserved].
1.b. Untreated	In a manner that does not contact covered produce during or after application	0 days.
2. Treated by a scientifically valid controlled physical, chemical, or biological process, or combination of scientifically valid controlled physical, chemical, or biological processes, in accordance with the requirements of Section R3-10-805(A)(2), to meet the microbial standard in Section R3-10-805(C).	In a manner that minimizes the potential for contact with covered produce during and after application	0 days.
3. Treated by a scientifically valid controlled physical, chemical, or biological process, or combination of scientifically valid controlled physical, chemical, or biological processes, in accordance with the requirements of R3-10-805(A)(1) to meet the microbial standard in R3-10-805(B).	In any manner with no restrictions	0 days.

**Historical Note**

New Table 2 made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

**R3-10-807. Biological Soil Amendment; Recordkeeping**

- A. The farm shall establish and keep records required under this Article in accordance with the requirements of Article 14.
- B. For any biological soil amendment of animal origin the farm uses, it shall establish and keep the following records:
1. For a treated biological soil amendment of animal origin the farm receives from a third party, documentation, such as a certificate of conformance, at the time of delivery that both:
    - a. The process used to treat the biological soil amendment of animal origin is a scientifically valid process that has been carried out with appropriate process monitoring; and
    - b. The biological soil amendment of animal origin has been handled, conveyed and stored in a manner and location to minimize the risk of contamination by an untreated or in process biological soil amendment of animal origin.
  2. For a treated biological soil amendment of animal origin the farm produces for its own farm or farms, documentation that process controls, which may include time, temperature, and turning, were achieved.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

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**ARTICLE 9. PRODUCE SAFETY DOMESTICATED AND WILD ANIMALS****R3-10-901. Domesticated and Wild Animals; Inclusion; Exclusion**

- A. The requirements of this Article apply when a covered activity takes place in an outdoor area or a partially-enclosed building and when, under the circumstances, there is a reasonable probability that animals will contaminate covered produce.
- B. The requirements of this Article do not apply either:
1. When a covered activity takes place in a fully-enclosed building; or
  2. To fish used in aquaculture operations.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

**R3-10-902. Grazing and Working Animals; Animal Intrusion; Requirements**

- A. The farm shall take the steps set forth in subsection (B) if, under the circumstances, there is a reasonable probability that grazing animals, working animals, or animal intrusion will contaminate covered produce.
- B. The farm shall both:
1. Assess the relevant areas used for a covered activity for evidence of potential contamination of covered produce as needed during the growing season, based on the covered produce, practices and conditions, and observations and experience; and
  2. If significant evidence of potential contamination is found, the designated representative shall evaluate whether the covered produce can be harvested in accordance with the requirements of R3-10-1002 and take measures reasonably necessary during growing to assist the farm later during harvest when it shall identify, and not harvest, covered produce that is reasonably likely to be contaminated with a known or reasonably foreseeable hazard.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

**R3-10-903. Covered Farms; Taking of Threatened or Endangered Species; Managing Outdoor Growing Areas**

- A. Nothing in this Chapter authorizes the “taking” of or attempting to take threatened or endangered species as that term is defined by the federal Endangered Species Act.
- B. Articles 2 through 17 do not require covered farms to take measures to exclude animals from outdoor growing areas, or to destroy animal habitat or otherwise clear farm borders around outdoor growing areas or drainages.
- C. For purposes of this Section, “taking” includes harassing, harming, pursuing, hunting, shooting, wounding, killing, trapping, capturing, or collecting threatened or endangered species.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

**ARTICLE 10. PRODUCE SAFETY GROWING, HARVESTING, PACKING AND HOLDING ACTIVITIES****R3-10-1001. Growing, Harvesting and Packing of Covered and Excluded Produce**

If the farm grows, harvests, packs or holds produce that is not covered in Articles 2 through 17 and also conducts any of those activities on covered produce, and the excluded produce is not grown, harvested, packed or held in accordance with Articles 2 through 17, the farm shall take measures during these covered activities, as applicable, to both:

1. Keep covered produce separate from excluded produce, except when covered produce and excluded produce are placed in the same container for distribution; and
2. Adequately clean and sanitize, as necessary, any food contact surfaces that contact excluded produce before using those food contact surfaces for covered activities on covered produce.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

**R3-10-1002. Required Measures Prior to Harvest**

The farm shall take all measures reasonably necessary to identify, and not harvest, covered produce that is reasonably likely to be contaminated with a known or reasonably foreseeable hazard, including steps to identify and not harvest covered produce that is visibly contaminated with animal excreta. At a minimum, identifying and not harvesting covered produce that is reasonably likely to be contaminated with animal excreta or that is visibly contaminated with animal excreta requires a visual assessment of the growing area and all covered produce to be harvested, regardless of the harvest method used.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

**R3-10-1003. Handling Covered Produce During Covered Activities**

The farm shall handle harvested covered produce during covered activities in a manner that protects against contamination with known or reasonably foreseeable hazards, for example, by avoiding, to the degree practicable, contact of cut surfaces of harvested produce with soil.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

**R3-10-1004. Dropped Covered Produce; Requirements**

- A. The farm shall not distribute dropped covered produce.
- B. For purposes of this Section, “dropped covered produce” means covered produce that drops to the ground before harvest and does not include:
1. Root crops that grow underground, such as carrots;
  2. Crops that grow on the ground, such as cantaloupe; or
  3. Produce that is intentionally dropped to the ground as part of harvesting, such as almonds.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

**R3-10-1005. Food Packing and Packaging; Requirements**

- A. The farm shall use food-packing material that is adequate for its intended use, which includes being both:
1. Cleanable or designed for single use.
  2. Unlikely to support growth or transfer of bacteria.

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- B. If the farm reuses food-packing material, it shall take adequate steps to ensure that food contact surfaces are clean, such as by cleaning food-packing containers or using a clean liner.
- C. The farm shall package covered produce in a manner that prevents the formation of *Clostridium botulinum* toxin if that toxin is a known or reasonably foreseeable hazard, such as for mushrooms.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

**ARTICLE 11. PRODUCE SAFETY EQUIPMENT, TOOLS, BUILDINGS AND SANITATION****R3-10-1101. Equipment and Tools; Inclusion; Requirements**

- A. Equipment and tools subject to the requirements of this Article:
  1. Are those that are intended to, or likely to, contact covered produce; and
  2. Are those instruments or controls used to measure, regulate, or record conditions to control or prevent the growth of undesirable microorganisms of public health significance.
- B. Examples include knives, implements, mechanical harvesters, waxing machinery, grading belts, sizing equipment, palletizing equipment, cooling equipment such as hydrocoolers, and equipment used to store or convey harvested covered produce, such as containers, bins, food-packing material, dump tanks, flumes, and vehicles or other equipment used for transport that are intended to, or likely to, contact covered produce.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

**R3-10-1102. Buildings; Specific Inclusions**

Buildings subject to the requirements of this Article include:

1. Any fully- or partially-enclosed building used for covered activities, including minimal structures that have a roof but do not have any walls; and
2. Storage sheds, buildings, or other structures used to store food contact surfaces, such as harvest containers and food-packing materials.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

**R3-10-1103. Equipment and Tools; Cleaning and Maintenance**

- A. The farm shall use equipment and tools that are of adequate design, construction, and workmanship to enable them to be adequately cleaned and properly maintained.
- B. Equipment and tools shall be:
  1. Installed and maintained as to facilitate cleaning of the equipment and of all adjacent spaces;
  2. Stored and maintained to protect covered produce from being contaminated with known or reasonably foreseeable hazards; and
  3. Stored and maintained to prevent the equipment and tools from attracting and harboring pests.
- C. Seams on food contact surfaces of equipment and tools shall be either smoothly bonded, or maintained to minimize accumulation of dirt, filth, food particles, and organic material and thus minimize the opportunity for harborage or growth of undesirable microorganisms.

- D. The farm shall inspect, maintain, and clean and, when necessary and appropriate, sanitize all food contact surfaces of equipment and tools used in covered activities as frequently as reasonably necessary to protect against contamination of covered produce.
- E. The farm shall maintain and clean all non-food-contact surfaces of equipment and tools subject to this Article used during harvesting, packing, and holding as frequently as reasonably necessary to protect against contamination of covered produce.
- F. If the farm uses equipment such as pallets, forklifts, tractors, and vehicles in a manner that the equipment is intended to, or likely to, contact covered produce, it shall do so in a manner that minimizes the potential for contamination with known or reasonably foreseeable hazards of covered produce or food contact surfaces.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

**R3-10-1104. Maintenance of Instruments and Controls**

Instruments or controls the farm uses to measure, regulate, or record temperatures, hydrogen-ion concentration (pH), sanitizer efficacy or other conditions, in order to control or prevent the growth of undesirable microorganisms of public health significance, shall be:

1. Accurate and precise as necessary and appropriate in keeping with their purpose;
2. Adequately maintained; and
3. Adequate in number for their designated uses.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

**R3-10-1105. Maintenance of Equipment Used for Transport of Covered Produce**

Equipment that is subject to this Article that the farm uses to transport covered produce shall be both:

1. Adequately clean before use in transporting covered produce; and
2. Adequate for use in transporting covered produce.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

**R3-10-1106. Buildings; Suitability; Drainage**

- A. Buildings shall be suitable in size, construction, and design to facilitate maintenance and sanitary operations for covered activities to reduce the potential for contamination with known or reasonably foreseeable hazards of covered produce or food contact surfaces. Buildings shall:
  1. Provide sufficient space for placement of equipment and storage of materials;
  2. Permit proper precautions to be taken to reduce the potential for contamination with known or reasonably foreseeable hazards of covered produce, food contact surfaces, or packing materials; and
  3. Be designed to reduce the potential for contamination, including separating operations in which contamination is likely to occur by location, time, partition, enclosed systems or other methods.

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- B. The farm shall provide adequate drainage in all areas where normal operations release or discharge water or other liquid waste on the ground or floor of the building.
- C. The farm shall implement measures to prevent contamination of its covered produce and food contact surfaces, as appropriate, in its buildings, considering the potential for contamination through both:
  1. Floors, walls, ceilings, fixtures, ducts, or pipes; and
  2. Drip or condensate.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

**R3-10-1107. Buildings; Domesticated Animals**

- A. The farm shall take reasonable precautions to prevent contamination with known or reasonably foreseeable hazards of covered produce, food contact surfaces, and food-packing materials in fully-enclosed buildings from domesticated animals by either:
  1. Excluding domesticated animals from fully-enclosed buildings where covered produce, food contact surfaces, or food-packing material is exposed; or
  2. Separating domesticated animals in a fully enclosed building from an area where a covered activity is conducted on covered produce by location, time, or partition.
- B. Guard or guide dogs may be allowed in some areas of a fully enclosed building if the presence of the dogs is unlikely to result in contamination of produce, food contact surfaces, or food-packing materials.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

**R3-10-1108. Buildings; Pest Control; Routine Monitoring**

- A. The farm shall take those measures reasonably necessary to protect covered produce, food contact surfaces, and food-packing materials from contamination by pests in buildings, including routine monitoring for pests as necessary and appropriate.
- B. For fully-enclosed buildings, the farm shall take measures to exclude pests from its buildings.
- C. For partially-enclosed buildings, the farm shall take measures to prevent pests from becoming established in its buildings, such as by use of screens or by monitoring for the presence of pests and removing them when present.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

**R3-10-1109. Toilet Facilities; Adequacy; Accessibility**

- A. The farm shall provide personnel with adequate, readily accessible toilet facilities, including toilet facilities readily accessible to growing areas during harvesting activities.
- B. The farm's toilet facilities shall be designed, located, and maintained to:
  1. Prevent contamination with human waste of covered produce, food contact surfaces, areas used for a covered activity, water sources, and water distribution systems;
  2. Be directly accessible for servicing, be serviced and cleaned at a frequency sufficient to ensure suitability of use, and be kept supplied with toilet paper; and
  3. Provide for the sanitary disposal of waste and toilet paper.

- C. During growing activities that take place in a fully-enclosed building, and during covered harvesting, packing, or holding activities, the farm shall provide a hand-washing station that meets the requirements of R3-10-1110 and is in sufficiently close proximity to toilet facilities to make it practical for persons who use the toilet facility to wash their hands.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

**R3-10-1110. Hand-Washing Facilities; Appropriate Disposal of Waste**

- A. The farm shall provide personnel with adequate, readily accessible hand-washing facilities during growing activities that take place in a fully-enclosed building, and during covered harvest, packing, or holding activities.
- B. The farm's hand-washing facilities shall be furnished with all of the following:
  1. Soap (or other surfactant, as appropriate);
  2. Running water:
    - a. From a municipal water provider; or
    - b. That has no detectable generic *Escherichia coli* (*E. coli*) in 100 milliliters (mL) of agricultural water used to wash hands. The use of untreated surface water is prohibited.
  3. Adequate drying devices, such as single service towels, sanitary towel service, or electric hand dryers.
- C. The farm shall both:
  1. Provide for appropriate disposal of waste, such as waste water and used single-service towels, associated with a hand-washing facility; and
  2. Take appropriate measures to prevent waste water from a hand-washing facility from contaminating with known or reasonably foreseeable hazards, covered produce, food contact surfaces, areas used for a covered activity, agricultural water sources, and agricultural water distribution systems.
- D. The farm shall not use antiseptic hand rubs as a substitute for soap, or other surfactant, as appropriate, and water.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

**R3-10-1111. Sewage; Control and Disposal; Significant Events**

- A. The farm shall dispose of sewage into an adequate sewage or septic system or through other adequate means.
- B. The farm shall maintain sewage and septic systems in a manner that prevents contamination by known or reasonably foreseeable hazards that would impact covered produce, food contact surfaces, areas used for a covered activity, agricultural water sources, and agricultural water distribution systems.
- C. The farm shall manage and dispose of leakages or spills of human waste in a manner that:
  1. Prevents contamination of covered produce; and
  2. Prevents or minimizes contamination of any of the following:
    - a. Food contact surfaces,
    - b. Areas used for a covered activity,
    - c. Agricultural water sources, or
    - d. Agricultural water distribution systems.
- D. After a significant event, such as flooding or an earthquake, that could negatively impact a sewage or septic system, the farm shall take appropriate steps to ensure that sewage and septic systems continue to operate in a manner that does not

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contaminate covered produce, food contact surfaces, areas used for a covered activity, agricultural water sources, or agricultural water distribution systems.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

**R3-10-1112. Trash, Litter and Waste; Conveyance, Storage and Disposal**

- A.** The farm shall convey, store, and dispose of trash, litter, and waste in order to both:
1. Minimize the potential for trash, litter, or waste to attract or harbor pests; and
  2. Protect against contamination by known or reasonably foreseeable hazards that would impact covered produce, food contact surfaces, areas used for a covered activity, agricultural water sources, and agricultural water distribution systems.
- B.** The farm shall adequately operate systems for waste treatment and disposal so that they do not constitute a potential source of contamination in areas used for a covered activity.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

**R3-10-1113. Plumbing; Adequacy of Size and Design**

A farm's plumbing shall be of an adequate size and design and be adequately installed and maintained to:

1. Distribute water under pressure as needed, in sufficient quantities, in all areas where used for covered activities, for sanitary operations, or for hand-washing and toilet facilities;
2. Properly convey sewage and liquid disposable waste;
3. Avoid being a source of contamination to covered produce, food contact surfaces, areas used for a covered activity, or agricultural water sources; and
4. Prevent backflow from, or cross connection between, piping systems that discharge waste water or sewage and piping systems that carry water used for a covered activity, for sanitary operations, or for use in hand-washing facilities.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

**R3-10-1114. Control of Animal Excreta from Domesticated Animals**

If the farm has domesticated animals, to prevent contamination with animal waste, of covered produce, food contact surfaces, areas used for a covered activity, agricultural water sources, or agricultural water distribution systems, the farm shall both:

1. Adequately control their excreta and litter, and
2. Maintain a system for control of animal excreta and litter.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

**R3-10-1115. Equipment, Tools, Buildings and Sanitation; Recordkeeping**

- A.** The farm shall establish and keep records required under this Article in accordance with the requirements of Article 14.

- B.** The farm shall establish and keep documentation of the date and method of cleaning and sanitizing of equipment subject to this Article used in both:

1. Growing operations for sprouts; and
2. Covered harvesting, packing, or holding activities.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

**ARTICLE 12. PRODUCE SAFETY SPROUTS****R3-10-1201. Sprouts; Incorporation of Federal Regulations**

- A.** The Department incorporates by reference 21 CFR 112, Subpart M, as published in 80 FR 74353 on November 27, 2015, and no later amendments or editions.
- B.** These sections apply to growing, harvesting, packing and holding of all sprouts, except soil- or substrate-grown sprouts harvested without their roots. The incorporated material is on file with the Arizona Department of Agriculture at 1688 W. Adams Street, Phoenix, AZ 85007.
- C.** The incorporated material, developed by the U.S. Food and Drug Administration, Department of Health and Human Services, is available from the U.S. Government Publishing Office, 732 North Capitol Street, NW, Washington, DC 20401-001. The incorporated material can be ordered online by visiting the U.S. Government Online Bookstore at <https://bookstore.gpo.gov> or is available free of charge at <http://gpo.gov> (electronic Code of Federal Regulations).

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

**ARTICLE 13. PRODUCE SAFETY ANALYTICAL METHODS****R3-10-1301. Analytical Methods; Incorporation of Federal Regulations**

- A.** The Department incorporates by reference 21 CFR 112, Subpart N, as published in 80 FR 74353 on November 27, 2015, and no later amendments or editions.
- B.** These sections apply to methods to test agricultural water for specific microbial quality to ensure the water is consistently safe and of adequate sanitary quality for its intended use. The incorporated material is on file with the Arizona Department of Agriculture at 1688 W. Adams Street, Phoenix, AZ 85007.
- C.** The incorporated material, developed by the U.S. Food and Drug Administration, Department of Health and Human Services, is available from the U.S. Government Publishing Office, 732 North Capitol Street, NW, Washington, DC 20401-001. The incorporated material can be ordered online by visiting the U.S. Government Online Bookstore at <https://bookstore.gpo.gov> or is available free of charge at <http://gpo.gov> (electronic Code of Federal Regulations).

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

**ARTICLE 14. PRODUCE SAFETY RECORDS****R3-10-1401. Definition**

Unless the context otherwise requires, "electronic record" means any combination of text, graphics, data, audio, pictorial, or other information representation in digital form that is created, modified,

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maintained, archived, retrieved, or distributed by a computer system.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

**R3-10-1402. Recordkeeping; Signature by Responsible Party**

- A. Except as otherwise specified, all records required under Articles 2 through 17 shall:
1. Include, as applicable, all of the following:
    - a. The name and location of the farm;
    - b. Actual values and observations obtained during monitoring;
    - c. An adequate description, such as the commodity name, or the specific variety or brand name of a commodity, and, when available, any lot number or other identifier, of covered produce applicable to the record;
    - d. The location of a growing area or other area, such as a specific packing shed, applicable to the record; and
    - e. The date and time of the activity documented.
  2. Be created at the time an activity is performed or observed;
  3. Be accurate, legible, and indelible; and
  4. Be dated and signed or initialed by the person who performed the activity documented.
- B. Records required under Sections R3-10-406, R3-10-504, Article 7, R3-10-807 and R3-10-1115 shall be reviewed, dated, and signed, within a reasonable time after the records are made, by a supervisor or designated representative, unless the farm's designated representative signed or initialed as the person performing the activity.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

**R3-10-1403. Records; Off-Site Storage and Electronic Records**

- A. Offsite storage of records is permitted if the records can be retrieved and provided onsite within 24 hours of request for official review.
- B. Electronic records are considered to be onsite at a farm if they are accessible from an onsite location at the farm.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

**R3-10-1404. Existing Records; Duplication; Supplementation**

- A. Existing records that are kept to comply with other federal, state, or local laws, or for any other reason, do not need to be duplicated if they contain all of the required information and satisfy the requirements of Articles 2 through 17. Existing records may be supplemented as necessary to include all of the required information and satisfy the requirements of Articles 2 through 17.
- B. The information required by Articles 2 through 17 does not need to be kept in one set of records. If existing records contain some of the required information, any new information

required by Articles 2 through 17 may be kept either separately or combined with the existing records.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

**R3-10-1405. Period for Maintenance of Records**

- A. A farm shall keep records required by this Article for at least two years past the date the record was created.
- B. Farms that have a qualified exemption shall retain records that the farm relies on during the three-year period preceding the applicable calendar year to satisfy the criteria for a qualified exemption, in accordance with R3-10-403 and R3-10-405. Records supporting a qualified exemption shall be retained as long as necessary to support the farm's status during the applicable calendar year.
- C. Records that relate to the general adequacy of the equipment or processes or records that relate to analyses, sampling, or action plans being used by a farm, including the results of scientific studies, tests, and evaluations, shall be retained at the farm for at least two years after the use of that equipment or processes, or records related to analyses, sampling, or action plans, is discontinued.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

**R3-10-1406. Records; Acceptable Formats**

A farm shall keep records as either:

1. Original records;
2. True copies, such as photocopies, pictures, scanned copies or other accurate reproductions of the original records; or
3. Electronic records.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

**R3-10-1407. Availability and Accessibility of Records to Department**

- A. A farm shall have all records required under this Article readily available and accessible during the retention period for inspection and copying by an authorized employee or agent of the Department upon oral or written request, except that the farm shall have 24 hours to obtain records it keeps offsite and make them available and accessible to an authorized employee or agent of the Department for inspection and copying.
- B. If the farm uses electronic techniques to keep records, or to keep true copies of records, or if the farm uses reduction techniques to keep true copies of records, it shall provide the records to an authorized employee or agent of the Department in a format in which the records are accessible and legible.
- C. If the farm is closed for a prolonged period, the records may be transferred to some other reasonably accessible location but shall be returned to the farm within 24 hours for official review upon request.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

**R3-10-1408. Disclosure of Records to Outside Parties**

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Records obtained by an authorized employee or agent of the Department are subject to disclosure pursuant to A.R.S. § 3-525.06.

**A.** *Documents, data and records received by the department and employees and agents of the department from a farm under this Article are public records and are subject to disclosure as provided by law, except for:*

1. *Trade secrets, the disclosure of which would give an unfair advantage to competitors or would otherwise cause substantial harm to the farm's competitive position.*
2. *Financial information.*
3. *Documents, data and records derived from inspections and investigations under this Article.*

**B.** *Any documents, data and records may be disclosed on a confidential basis to agencies or instrumentalities of any of the following that have data sharing agreements or data sharing credentials with the department or the United States food and drug administration:*

1. *The United States.*
2. *This state.*
3. *Political subdivisions of this state with which the director has a memorandum of understanding for the purposes of this subsection.*
4. *Indian tribal governments in this state.*
5. *Any other state:*
  - a. *From which produce was transported into this state.*
  - b. *Into which produce is transported from this state.*

**C.** *Any documents, data and records may be disclosed pursuant to:*

1. *The order of a court of competent jurisdiction.*
2. *A signed and notarized release by a farm authorizing the disclosure of specific information to a specific person or persons for a specific reason or reasons.*

**D.** *Aggregate statistical data derived from confidential information may be disclosed if the data does not identify, or enable the identification of, and is not attributable to, any individual farm. Information may not be disclosed pursuant to this subsection if a farm demonstrates that disclosure would give an unfair advantage to competitors or would otherwise cause substantial harm to the farm's competitive position.*

**E.** *A person, including a former employee or agent of the department or a person previously having an administrative duty for the department, who receives confidential information while an employee or agent of the department or while performing an administrative or enforcement duty for the department may not disclose that information except as provided in this Article.*

#### Historical Note

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

### ARTICLE 15. PRODUCE SAFETY VARIANCES

#### R3-10-1501. Request for Variance; Method of Request; Required Information

**A.** An entity located or conducting business in this state that is subject to regulation under Articles 2 through 17 may request a variance from one or more requirements by submitting an application to the Department demonstrating that both of the following apply:

1. The variance is necessary in light of local growing conditions; and
2. The procedures, processes, and practices to be followed under the variance are reasonably likely to ensure that the produce is not adulterated under Section 402 of the Federal Food, Drug, and Cosmetic Act and provide the same level of public health protection as the requirements of Articles 2 through 17.

**B.** The application shall include all of the following:

1. A statement that the variance is necessary in light of local growing conditions and that the procedures, processes, and practices to be followed under the variance are reasonably likely to ensure that the produce is not adulterated under Section 402 of the Federal Food, Drug and Cosmetic Act and provide the same level of public health protection as the requirements of Articles 2 through 17;
2. A description of the variance requested, including the farms to which the variance would apply and the provision(s) of Articles 2 through 17 to which the variance would apply; and
3. Information demonstrating that the procedures, processes, and practices to be followed under the variance both:
  - a. Are reasonably likely to ensure that the produce is not adulterated under Section 402 of the Federal Food, Drug, and Cosmetic Act; and
  - b. Will provide the same level of public health protection as the requirements of Articles 2 through 17.

**C.** The Department shall review the application and, after review, may submit the application to FDA for consideration as prescribed by 21 CFR Part 112(P). The Department shall provide a response to the applicant indicating its decision on whether to submit the application to the FDA.

#### Historical Note

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

### ARTICLE 16. PRODUCE SAFETY INSPECTIONS, VIOLATIONS AND ENFORCEMENT

#### R3-10-1601. Definitions

These words are defined for use in this Article, unless the context otherwise requires:

1. "Egregious violation" means a practice, condition, or situation on a farm that is substantially likely to lead to serious adverse health consequences or death from the consumption of or exposure to covered produce.
2. "Grower-shipper" means a person who is engaged in this state in the business of packing, shipping, transporting or selling covered produce of which the person is a grower, producer or owner.
3. "Imminent public health hazard violation" means a practice, condition or situation on a farm or in a packing house that, if corrective action is not taken immediately, is substantially likely to lead to a potential source of contamination that may cause serious adverse health consequences or death from the consumption of or exposure to covered produce.
4. "Major violation" means a practice, condition or situation on a farm or in a packing house that, if corrective action is not taken, may increase the risk of contamination to covered produce.
5. "Minor violation" means a practice, condition or situation on a farm or in a packing house that will not increase the risk of contamination to covered produce.
6. "Regulated person" means a grower, grower-shipper, harvester, packer, cooler or holder that is a farm, as defined in R3-10-201 and is subject to any of the requirements of Articles 2 through 17.
7. "Significant violation" means a practice, condition or situation on a farm or in a packing house that, if corrective

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action is not taken, is reasonably likely to increase the risk of contamination to covered produce.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

**R3-10-1602. Inspection; Procedure; Conduct**

- A. The Department shall conduct inspections pursuant to the procedure outlined in A.R.S. § 41-1009.
- B. The designated representative of the farm shall provide information at the time of the inspection regarding known entities associated with the farm that are subject to inspection.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

**R3-10-1603. Initial Inspection**

- A. For an initial inspection, if the inspector observes a condition indicating the regulated person is not in compliance, and the condition is not egregious or an imminent health hazard, the inspector may provide outreach and education resources as appropriate for:
  - 1. Training;
  - 2. Guidance documents;
  - 3. Technical assistance network; and
  - 4. On-farm direct technical assistance.
- B. During an initial inspection, if the inspector observes a condition that likely has caused an imminent public health hazard and the covered produce is still under the control of the regulated person, the inspector may take immediate action as follows:
  - 1. Discuss observed conditions with the designated representative;
  - 2. Document findings on the inspection form;
  - 3. Determine a timeline for corrective actions and preventative measures;
  - 4. Evaluate the covered produce for embargo and disposal in conjunction with the Associate Director;
  - 5. Schedule a reinspection within 3 to 10 days; and
  - 6. Forward the findings to the Associate Director to determine if any other enforcement action is necessary. The Associate Director may also communicate findings to FDA, Arizona Department of Health Services, county departments of health or other agencies as appropriate.
- C. During an initial inspection, if the inspector observes conditions indicating an egregious situation and the covered produce has left the control of the regulated person, the inspector may immediately take any of the following actions:
  - 1. Discuss observed conditions with the designated representative;
  - 2. Document findings on the inspection form;
  - 3. Determine a timeline for corrective actions and preventative measures;
  - 4. Initiate a recall, embargo or stop sale in conjunction with the Associate Director;
  - 5. Schedule a reinspection within 3 to 10 days; or
  - 6. Forward the findings to the Associate Director to determine if any other enforcement action is necessary. The Associate Director may also communicate findings to FDA, Arizona Department of Health Services, county departments of health or other agencies as appropriate.
- D. In order to address any condition described in subsections (B) and (C), the regulated person or anyone controlling the covered produce may take immediate corrective action and stop

the harvest or institute a voluntary withdrawal of the affected covered produce as appropriate.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

**R3-10-1604. Routine Inspection, Reinspection, or for Cause Inspection**

- A. For a routine inspection, reinspection or for cause inspection, if the inspector observes conditions that will not cause produce contamination, but require corrective action, the inspector may take any of the following actions:
  - 1. Discuss observed conditions with the designated representative;
  - 2. Document findings on the inspection form;
  - 3. Agree on a timeline for corrective actions and preventative measures; or
  - 4. Determine if any further training, guidance documents or technical assistance is necessary.
- B. During a routine inspection, reinspection or for cause inspection, if the inspector observes conditions that may cause produce contamination, the inspector may take any of the following actions:
  - 1. Discuss observed conditions with the designated representative;
  - 2. Document findings on the inspection form;
  - 3. Determine if any covered produce has left the control of the regulated person;
  - 4. Determine a timeline for corrective actions and preventative measures;
  - 5. Schedule a reinspection within 3 to 10 days or a time appropriate to the growing season; or
  - 6. Forward the findings to the Associate Director to determine if any other enforcement action is necessary. The Associate Director may also communicate findings to FDA, Arizona Department of Health Services, county departments of health or other agencies as appropriate.
- C. During a routine inspection, reinspection or for cause inspection, if the inspector observes conditions that indicate an imminent public health hazard and the covered produce is still under the control of the regulated person, the inspector may immediately take any of the following actions:
  - 1. Discuss observed conditions with the designated representative;
  - 2. Document findings on the inspection form;
  - 3. Determine a timeline for corrective actions and preventative measures;
  - 4. Evaluate the covered produce for embargo and disposal in conjunction with the Associate Director;
  - 5. Schedule a reinspection within 3 to 10 days; or
  - 6. Forward the findings to the Associate Director to determine if any other enforcement action is necessary. The Associate Director may also communicate findings to FDA, Arizona Department of Health Services, county departments of health or other agencies as appropriate.
- D. During a routine inspection, reinspection or for cause inspection, if the inspector observes conditions indicating an egregious situation and the covered produce has left the control of the regulated person, the inspector may immediately take any of the following actions:
  - 1. Discuss observed conditions with the designated representative;
  - 2. Document findings on the inspection form;
  - 3. Determine a timeline for corrective actions and preventative measures;



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4. Initiate a recall, embargo or stop sale in conjunction with the Associate Director;
  5. Schedule a reinspection within 3 to 10 days; or
  6. Forward the findings to the Associate Director to determine if any other enforcement action is necessary. The Associate Director may also communicate findings to FDA, Arizona Department of Health Services, county departments of health or other agencies as appropriate.
- E. In order to address any condition described in subsection (C) and (D), the regulated person or anyone controlling the covered produce may take immediate corrective action and stop the harvest or institute a voluntary withdrawal of the affected covered produce as appropriate.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

**R3-10-1605. Egregious Violation**

The following is a nonexclusive list of practices, conditions or situations on a farm that is substantially likely to lead to serious adverse health consequences or death from the consumption of or exposure to covered produce. A regulated person shall not:

1. Allow the harvest, packing or distribution of covered produce that is visibly contaminated with animal or human excreta;
2. Allow the harvest, packing or distribution of covered produce that is visibly contaminated with sewage, or the contents of a septic system or toilet facilities; or
3. Allow the harvest, packing or distribution of covered produce that has had raw manure in direct contact with the edible portion of the plant.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

**R3-10-1606. Imminent Public Health Hazard Violation**

The following is a nonexclusive list of practices, conditions or situations on a farm that, if corrective action is not taken immediately, are substantially likely to lead to a potential source of contamination that may cause serious adverse health consequences or death from the consumption of or exposure to covered produce. A regulated person shall not:

1. Allow the harvest, packing or distribution of covered produce that is substantially likely to be contaminated with animal or human excreta;
2. Allow the harvest, packing or distribution of covered produce that is reasonably likely to be contaminated with sewage, or the contents of a septic system or toilet facilities; or
3. Allow the harvest, packing or distribution of covered produce that has had raw manure in direct contact with the edible portion of the plant.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

**R3-10-1607. Significant Violation**

The following is a nonexclusive list of practices, conditions or situations on a farm that, if corrective action is not taken, are reasonably likely to increase the risk of contamination to covered produce. A regulated person shall not:

1. Use measures that fail to prevent contamination of covered produce and food contact surfaces with undesirable

- microorganisms of public health significance from a person with an applicable health condition;
2. Allow the use of improper hygienic practices by personnel who handle or contact covered produce or food contact surfaces;
3. Use untreated, improperly treated or contaminated biological soil amendments of animal origin;
4. Allow the harvest of covered produce that is reasonably likely to be contaminated with known or reasonably foreseeable hazards as the result of an animal intrusion;
5. Clean equipment and tools in a manner that fails to protect covered produce from being contaminated with known or reasonably foreseeable hazards;
6. Dispose of waste from toilet facilities, in a manner that fails to protect covered produce, food contact surfaces, agricultural water sources, or agricultural water distribution systems from being contaminated with known or reasonably foreseeable hazards;
7. Improperly manage grazing animals, working animals and domestic animals on areas where covered activities occur; or
8. Improperly dispose of sewage or improperly control sewage in a manner that fails to protect covered produce, food contact surfaces, agricultural water sources, or agricultural water distribution systems from being contaminated with known or reasonably foreseeable hazards.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

**R3-10-1608. Major Violation**

The following is a nonexclusive list of practices, conditions or situations on a farm that, if corrective action is not taken, may increase the risk of contamination to covered produce. A regulated person shall not:

1. Store or maintain packaging materials in a manner that fails to protect covered produce from being contaminated by known or reasonably foreseeable hazards;
2. Store or maintain equipment and tools in a manner that fails to protect covered produce from being contaminated by known or reasonably foreseeable hazards;
3. Allow personnel to perform assigned duties without adequate or appropriate training;
4. Allow personnel to perform assigned duties without proper food safety apparel or hair restraints;
5. Allow visitors to contaminate covered produce or food contact surfaces by known or reasonably foreseeable hazards;
6. Allow a person with an applicable health condition to handle or contact covered produce or food contact surfaces;
7. Allow a person who has not properly used toilet or hand washing facilities to handle or contact covered produce or food contact surfaces;
8. Dispose of trash from hand washing facilities in a manner that fails to protect covered produce, food contact surfaces, agricultural water sources, or agricultural water distribution systems from being contaminated with known or reasonably foreseeable hazards;
9. Improperly control or improperly dispose of trash, litter and waste in areas used for covered activities;
10. Improperly control or improperly dispose of trash from toilet and hand washing facilities in areas not used for covered activities, but in areas that are part of the farm;

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11. Improperly maintain and service toilet facilities to ensure suitability of use;
12. Improperly maintain and service hand washing facilities to ensure suitability of use;
13. Improperly control pests in buildings in a manner that fails to protect covered produce from being contaminated by known or reasonably foreseeable hazards; or
14. Complete records prior to the documented activity being performed.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

**R3-10-1609. Minor Violation**

The following is a nonexclusive list of practices, conditions or situations on a farm that will not increase the risk of contamination to covered produce. A regulated person shall:

1. Store and maintain complete records for the proper time period as required by Articles 4 through 14; and
2. Control and properly dispose of litter in areas not used for covered activities but in areas that are part of the farm.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

**R3-10-1610. Unlisted Violation; Classification**

The Department shall classify a violation of Articles 4 through 14 or of A.R.S. Title 3, Chapter 3, Article 4.1, not specifically listed as egregious, imminent health hazard, significant, major or minor violation, according to the nature and urgency of the violation and the risk to public health and safety.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

**R3-10-1611. Violation; Reclassification; Factors**

A significant, major or minor violation may be classified as a higher or lower violation based on the nature and urgency of the violation and the risk to public health and safety.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

**R3-10-1612. Aggravating and Mitigating Circumstances; Factors**

- A. Depending on any aggravating circumstances surrounding a significant, major or minor violation, such as intentional conduct or inaction that results in failure to maintain standards, the violation may be classified as a higher violation.
- B. A violation may be classified as a lower violation, or in the case of a minor violation, be classified as no violation, depending on any mitigating circumstances surrounding a significant, major or minor violation. Mitigating circumstances may include: correcting a violation at the time of inspection; immediately addressing or providing a remedy for the violation;

conducting immediate onsite retraining; or implementing additional measures or practices.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

**R3-10-1613. Repeat Violations; Penalty**

- A. During a routine inspection, reinspection or for cause inspection, if the inspector observes conditions indicating the regulated person has been previously notified of the same or similar violation, the inspector may take any of the following actions:
  1. Discuss observed conditions with the regulated person;
  2. Document findings on the inspection form;
  3. Determine a timeline for corrective actions and preventative measures; or
  4. Forward the findings to the Associate Director to determine if any other enforcement action is necessary.
- B. The Department may assess a penalty for a repeat significant or major violation within three years from the date the first same or similar violation occurred. The amount of the penalty shall be progressively graduated and shall be based on the nature and urgency of the violation and the risk to public health and safety as follows:
  1. For a first repeat significant violation, up to \$100;
  2. For a second repeat significant violation, up to \$200;
  3. For a subsequent repeat significant violation, up to \$400;
  4. For a second repeat major violation, up to \$50; and
  5. For a subsequent repeat major violation, up to \$100.
- C. The Department may assess a penalty for a third or subsequent repeat minor violation of the same or similar type within three years from the date the first same or similar violation occurred as follows:
  1. For a third repeat minor violation, up to \$25; and
  2. For a subsequent repeat minor violation, up to \$50.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

**R3-10-1614. Civil Penalties**

- A. The Director may assess a civil penalty of up to:
  1. \$1,000 for each egregious violation; and
  2. \$750 for each imminent public health hazard violation.
- B. The amount of the civil penalty shall be progressively graduated according to the nature and urgency of the violation and the risk to public health and safety.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

**R3-10-1615. Violation; Appeal**

A person who violates Articles 2 through 17 of this Article or rules adopted pursuant to Articles 2 through 17 of this Article may request a hearing before an administrative law judge pursuant to A.R.S. Title 41, Chapter 6, Article 10. The decision of the administrative law judge is subject to review by the Director as provided by A.R.S. Title 41, Chapter 6, Article 10.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

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**ARTICLE 17. PRODUCE SAFETY WITHDRAWAL OF QUALIFIED EXEMPTION****R3-10-1701. Withdrawal of Qualified Exemption; Incorporation of Federal Regulations**

- A. The Department incorporates by reference 21 CFR 112(R), as published in 80 FR 74353 on November 27, 2015, and no later amendments or editions.
- B. These sections apply to the process for the FDA to withdraw a qualified exemption. A qualified exemption may be granted to a farm based on average annual monetary value of all food sold and direct farm marketing. A qualified exemption may be withdrawn based on specific circumstances outlined in 21 CFR 112, Subpart R. The incorporated material is on file with the Arizona Department of Agriculture at 1688 W. Adams Street, Phoenix, AZ 85007.
- C. The incorporated material, developed by the U.S. Food and Drug Administration, Department of Health and Human Services, is available from the U.S. Government Publishing Office, 732 North Capitol Street, NW, Washington, DC 20401-001. The incorporated material can be ordered online by visiting the U.S. Government Online Bookstore at <https://bookstore.gpo.gov> or is available free of charge at <http://gpo.gov> (electronic Code of Federal Regulations).

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

**R3-10-1702. Withdrawal of Qualified Exemption; FDA**

- A. The FDA may withdraw a farm's qualified exemption pursuant to 21 CFR 112(R). For example, an exemption may be withdrawn by FDA:
  1. In the event of an active investigation of a foodborne illness outbreak that is directly linked to the farm.
  2. If FDA determines that it is necessary to protect the public health and prevent or mitigate a foodborne illness outbreak based on conduct or conditions associated with the qualified farm that are material to the safety of the food that would otherwise be covered produce grown, harvested, packed or held at the farm.
- B. Requirements regarding notice, appeals, hearings, timeframes, decisions, revocation and reinstatement for an exemption withdrawn by FDA are governed by 21 CFR 112(R).

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

**R3-10-1703. Withdrawal of Qualified Exemption; Department**

The Department may withdraw a farm's qualified exemption for noncompliance as follows:

1. Failure to satisfy the requirements, terms and conditions prescribed by R3-10-403;
2. Failure to satisfy the requirements regarding food packaging labels as required by R3-10-404;
3. Failure to maintain adequate records necessary to demonstrate that the farm satisfies the criteria for a qualified exemption as prescribed by R3-10-405;

4. Failure to apply for the exemption on a form issued by the Associate Director;
5. Failure to receive approval for the exemption; or
6. Failure to maintain and demonstrate compliance with the requirements pursuant to A.R.S. § 3-525.03 and administrative rules adopted pursuant to A.R.S. § 3-525.08.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

**R3-10-1704. Change in Eligibility**

If a farm's eligibility for a qualified exemption changes, or if its qualified exemption is withdrawn by either the Department, pursuant to A.R.S. § 3-525.03 or by the FDA as outlined in 21 CFR 112(R), the farm will be considered "covered" and will be subject to all requirements of 21 CFR 112 and Articles 2 through 17.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

**R3-10-1705. Withdrawal of Qualified Exemption; Department; Orders**

The Director shall issue an order to withdraw the exemption to the owner, operator, or agent in charge of the farm. The order shall:

1. Be in writing, signed and dated by the Director;
2. Include specific information related to the reason for the withdrawal;
3. Outline requirements regarding compliance with the order; and
4. Outline opportunities for appeal.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

**R3-10-1706. Administrative Hearing Procedures; Appeals**

The owner, operator, or agent in charge of a farm that receives an order to withdraw a qualified exemption applicable to that farm shall either comply with the requirements of the order or appeal the order pursuant to Arizona administrative hearing procedures outlined in A.R.S. Title 41, Chapter 6, Article 10.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

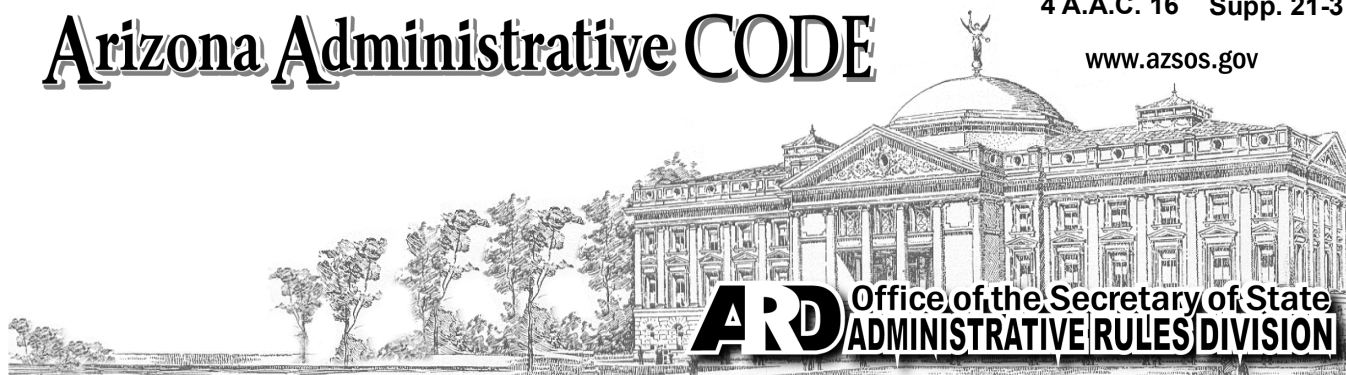
**R3-10-1707. Qualified Exemption; Reinstatement**

If the Director determines that a farm has adequately resolved any problems or conditions that resulted in withdrawal of the exemption, and that continued withdrawal of the exemption is not necessary to protect the public health or prevent or mitigate a food borne illness or outbreak, the Director may, on the Director's own initiative or at the request of the farm, reinstate the qualified exemption.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 681, effective August 19, 2019; filed in the Office March 27, 2020 (Supp. 20-1).

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## TITLE 4. PROFESSIONS AND OCCUPATIONS

### CHAPTER 16. ARIZONA MEDICAL BOARD

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

This Chapter contains rules that were filed to be codified in the *Arizona Administrative Code* between the dates of  
July 1, 2021 through September 30, 2021

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#### Questions about these rules? Contact:

Board: Arizona Medical Board  
Address: 1740 W. Adams St., Suite 4000  
Phoenix, AZ 85007  
Website: [www.azmd.gov](http://www.azmd.gov)  
Name: Patricia McSorley, Executive Director  
Telephone: (480) 551-2700  
Fax: (480) 551-2704  
E-mail: [patricia.mcsorley@azmd.gov](mailto:patricia.mcsorley@azmd.gov)

#### The release of this Chapter in Supp. 21-3 replaces Supp. 19-4, 1-17 pages

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

## PREFACE

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

Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

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### RULES

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

### THE ADMINISTRATIVE CODE

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

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

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

First Quarter: January 1 - March 31

Second Quarter: April 1 - June 30

Third Quarter: July 1 - September 30

Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2021 is cited as Supp. 21-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. This is why the Office lists only updated codified Sections on the previous page.

### AUTHENTICATION OF PDF CODE CHAPTERS

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

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

### HOW TO USE THE CODE

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

### ARIZONA REVISED STATUTE REFERENCES

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

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

### SESSION LAW REFERENCES

Arizona Session Law references in a Chapter can be found at the Secretary of State’s website, [www.azsos.gov](http://www.azsos.gov) under Services-> Legislative Filings.

### EXEMPTIONS FROM THE APA

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

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

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

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

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

### EXEMPTIONS AND PAPER COLOR

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

### PERSONAL USE/COMMERCIAL USE

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



## Administrative Rules Division

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

**TITLE 4. PROFESSIONS AND OCCUPATIONS****CHAPTER 16. ARIZONA MEDICAL BOARD**

Authority: A.R.S. § 32-1401 et seq.

**Supp. 21-3**

*Editor's Note: Supp. 16-1 has rules amended as final exempt rules. The proposed exempt rules were published on the Board's website for 30 days and the end which no additional public comments were received (Supp. 16-1).*

*Editor's Note: Supp. 15-4 has rules that were submitted as final exempt rules. Pursuant to Laws 2015, Chapter 251, Section 3, the Board was required to provide public notice and an opportunity for the public to comment on its proposed exempt rules. Three public meetings were conducted. Even though the proposed exempt rules were not published in the Register, the Office of the Secretary of State makes a distinction between exempt rulemakings and final exempt rulemakings. Exempt rulemakings are those that are submitted to the Office of the Secretary of State without receiving public comment (Supp. 15-4).*

*Editor's Note: The name of the Allopathic Board of Medical Examiners was changed to the Arizona Medical Board by Laws 2002, Ch. 254, § 9, effective August 22, 2002 (Supp. 03-2).*

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## ARTICLE 1. GENERAL PROVISIONS

**R4-16-101. Definitions**

Unless the context otherwise requires, definitions prescribed under A.R.S. § 32-1401 and the following apply to this Chapter:

1. "ACLS" means advanced cardiac life support performed according to certification standards of the American Heart Association.
2. "Agent" means an item or element that causes an effect.
3. "Approved medical assistant training program" means a program accredited by one of the following:
  - a. The Commission on Accreditation of Allied Health Education Programs; or
  - b. The Accrediting Bureau of Health Education Schools.
4. "BLS" means basic life support performed according to certification standards of the American Heart Association.
5. "Capnography" means monitoring the concentration of exhaled carbon dioxide of a sedated patient to determine the adequacy of the patient's ventilatory function.
6. "Case" means a file opened by a member of the Board's investigative staff in which to maintain documents and evidence relating to an allegation of unprofessional conduct made against an applicant or licensee.
7. "Deep sedation" means a drug-induced depression of consciousness during which a patient:
  - a. Cannot be easily aroused, but
  - b. Responds purposefully following repeated or painful stimulation, and
  - c. May partially lose the ability to maintain ventilatory function.
8. "Discharge" means a written or electronic documented termination of office-based surgery to a patient.
9. "Drug" means the same as in A.R.S. § 32-1901.
10. "Emergency" means an immediate threat to the life or health of a patient.
11. "Emergency drug" means a drug that is administered to a patient in an emergency.
12. "General Anesthesia" means a drug-induced loss of consciousness during which a patient:
  - a. Cannot be roused even with painful stimulus; and
  - b. May partially or completely lose the ability to maintain ventilatory, neuromuscular, or cardiovascular function or airway.
13. "Health care professional" means a registered nurse defined in A.R.S. § 32-1601, registered nurse practitioner defined in A.R.S. § 32-1601, physician assistant defined in A.R.S. § 32-2501, and any individual authorized to perform surgery according to A.R.S. Title 32 who participates in office-based surgery using sedation at a physician's office.
14. "Informed consent" means advising a patient of the:
  - a. Purpose for and alternatives to office-based surgery using sedation,
  - b. Associated risks of office-based surgery using sedation, and
  - c. Possible benefits and complications from the office-based surgery using sedation.
15. "Inpatient" has the same meaning as in A.A.C. R9-10-201.
16. "Investigative staff" means Board staff employed to gather documents and evidence regarding an allegation of unprofessional conduct made against an applicant or licensee.
17. "Investigation supervisor" means the manager of the Board's investigations department or the manager's designee.
18. "Lead board member" means the Board chair or the Board chair's designee.
19. "Malignant hyperthermia" means a life-threatening condition in an individual who has a genetic sensitivity to inhalant anesthetics or depolarizing neuromuscular blocking drugs that occurs during or after the administration of an inhalant anesthetic or depolarizing neuromuscular blocking drug.
20. "Minimal Sedation" means a drug-induced state during which:
  - a. A patient responds to verbal commands,
  - b. Cognitive function and coordination may be impaired, and
  - c. A patient's ventilatory and cardiovascular functions are unaffected.
21. "Moderate Sedation" means a drug-induced depression of consciousness during which:
  - a. A patient responds to verbal commands or light tactile stimulation, and
  - b. No interventions are required to maintain ventilatory or cardiovascular function.
22. "Monitor" means to assess the condition of a patient.
23. "*Office-based surgery*" means a medical procedure conducted in a physician's office or other outpatient setting that is not part of a licensed hospital or licensed ambulatory surgical center. (A.R.S. § 32-1401(20)).
24. "PALS" means pediatric life support performed according to certification standards of the American Academy of Pediatrics or the American Heart Association.
25. "Patient" means an individual receiving office-based surgery using sedation.
26. "Physician" has the same meaning as doctor of medicine as defined in A.R.S. § 32-1401.
27. "Rescue" means to correct adverse physiologic consequences of a level of sedation that is deeper than intended and return the patient to the intended level of sedation.
28. "Sedation" means minimum sedation, moderate sedation, or deep sedation.
29. "Staff member" means an individual who:
  - a. Is not a health care professional, and
  - b. Assists with office-based surgery using sedation under the supervision of the physician performing the office-based surgery using sedation.
30. "Supervising medical consultant" means the Chief Medical Consultant employed by the Board or the Chief Medical Consultant's designee.
31. "Transfer" means to physically move a patient from a physician's office to a licensed health care institution.

**Historical Note**

Former Rule 12. Former Section R4-16-01 repealed, new Section R4-16-101 adopted effective June 1, 1984 (Supp. 84-3). Section repealed, new Section renumbered from R4-16-103 effective September 22, 1995 (Supp. 95-3). Amended by final rulemaking at 8 A.A.R. 830, February 7, 2002 (Supp. 02-1). Amended by final rulemaking at 8 A.A.R. 4270, effective November 18, 2002 (Supp. 02-3). Former Section R4-16-101 recodified to R4-16-102 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1). New Section made by final rulemaking at 12 A.A.R. 823, effective February 23, 2006 (Supp. 06-1). Amended by final rulemaking at 14 A.A.R. 380, effective January 8, 2008 (Supp. 08-1). Amended by final rulemaking at 25 A.A.R. 145, effective March 9, 2019 (Supp. 19-1).

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Amended by final rulemaking at 25 A.A.R. 3705, effective February 1, 2020 (Supp. 19-4).

**R4-16-102. Continuing Medical Education**

- A.** A physician holding an active license to practice medicine in this state shall complete 40 credit hours of the continuing medical education required by A.R.S. § 32-1434 during the two calendar years preceding biennial registration.
1. A physician who is authorized to prescribe schedule II controlled substances and holds a valid U.S. Drug Enforcement Administration registration number shall complete at least three hours of opioid-related, substance-use-disorder-related, or addiction-related continuing medical education during each renewal cycle;
  2. One hour of credit is allowed for each clock hour of participation in continuing medical education activities, unless otherwise designated in subsection (B); and
  3. The physician may not carry excess hours of continuing medical education over to another two-year cycle.
- B.** A physician may claim continuing medical education for the following:
1. Participating in an internship, residency, or fellowship at a teaching institution approved by the American Medical Association, the Association of American Medical Colleges, or the American Osteopathic Association. A physician may claim one credit hour of continuing medical education for each one day of training in a full-time approved program, or for a less than full-time training on a pro rata basis. In this subsection teaching institutions define “full-time.”
  2. Participating in an education program for an advanced degree in a medical or medically-related field in a teaching institution approved by the American Medical Association, the Association of American Medical Colleges, or the American Osteopathic Association. A physician may claim one credit hour of continuing medical education for each one day of full-time study or less than a full-time study on a pro rata basis. In this subsection teaching institutions define “full-time”.
  3. Participating in full-time research in a teaching institution approved by the American Medical Association, the Association of American Medical Colleges, or the American Osteopathic Association. A physician may claim one credit hour of continuing medical education for each one day of full-time research, or less than full-time research on a pro rata basis. In this subsection teaching institutions define “full-time”.
  4. Participating in an education program certified as Category 1 by an organization accredited by the Accreditation Council for Continuing Medical Education, 515 North State Street, Suite 2150, Chicago, Illinois 60610.
  5. Participating in a medical education program designed to provide understanding of current developments, skills, procedures, or treatments related to the practice of medicine, that is provided by an organization or institution accredited by the Accreditation Council for Continuing Medical Education.
  6. Serving as an instructor of medical students, house staff, other physicians, or allied health professionals from a hospital or other health care institution with a formal training program, if the instructional activities provide the instructor with understanding of current developments, skills, procedures, or treatments related to the practice of allopathic medicine.
  7. Publishing or presenting a paper, report, or book that deals with current developments, skills, procedures, or treatments related to the practice of allopathic medicine.

The physician may claim one credit hour for each hour preparing, writing, and presenting materials:

- a. Actually published or presented; and
  - b. After the date of publication or presentation.
- 8.** A credit hour may be earned for any of the following activities that provide an understanding of current developments, skills, procedures, or treatments related to the practice of allopathic medicine:
- a. Completing a medical education program based on self-instruction that uses videotapes, audiotapes, films, filmstrips, slides, radio broadcasts, or computers;
  - b. Reading scientific journals and books;
  - c. Preparing for specialty board certification or recertification examinations;
  - d. Participating on a staff or quality of care committee, or utilization review committee in a hospital, health care institution, or government agency.
- C.** If a physician holding an active license to practice medicine in this state fails to meet the continuing medical education requirements under subsection (A) because of illness, military service, medical or religious missionary activity, or residence in a foreign country, upon written application, the Board shall grant an extension of time to complete the continuing medical education.
- D.** The Board shall mail to each physician a license renewal form that includes a section regarding continuing medical education compliance. The physician shall sign and return the form certified under penalty of perjury that the continuing medical education requirements under subsection (A) are satisfied for the two-calendar-year period preceding biennial renewal. Failure to receive the license renewal form under subsection (A) shall not relieve the physician of the requirements of subsection (A). The Board may randomly audit a physician to verify compliance with the continuing medical education requirements under subsection (A).

**Historical Note**

Former Rule 16. Former Section R4-16-02 repealed, new Section R4-16-102 adopted effective June 1, 1984 (Supp. 84-3). Section repealed, new Section renumbered from R4-16-106 effective September 22, 1995 (Supp. 95-3). Amended by final rulemaking at 6 A.A.R. 1881, effective May 3, 2000 (Supp. 00-2). Former Section R4-16-102 recodified to R4-16-103; New Section R4-16-102 recodified from R4-16-101 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1). Amended by final rulemaking at 24 A.A.R. 182, effective March 10, 2018 (Supp. 18-1). Amended by final rulemaking at 25 A.A.R. 145, effective March 9, 2019 (Supp. 19-1).

**R4-16-103. Rehearing or Review of Board Decision**

- A.** In a contested case or appealable agency action, a party aggrieved by an order of the Board may file a written motion for rehearing or review with the Board under A.R.S. Title 41, Chapter 6, Article 10, specifying the grounds for rehearing or review.
1. A motion for rehearing or review shall be filed with the Board and served no later than 30 days after the decision of the Board.
  2. For purposes of this Section, “service” has the same meaning as in A.R.S. § 41-1092.09.
  3. For purposes of this Section, a document is deemed filed when the Board receives the document.
  4. For purposes of this Section, “party” has the same meaning as in A.R.S. § 41-1001.

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- B.** Except as provided in subsection (H), a party is required to file a motion for rehearing or review of a Board decision to exhaust the party's administrative remedies.
- C.** A party may amend a motion for rehearing or review at any time before the Board rules on the motion.
- D.** The Board may grant a rehearing or review for any of the following reasons materially affecting a party's rights:
1. Irregularity in the proceedings or an order or abuse of discretion, that deprives the moving party of a fair hearing;
  2. Misconduct of the Board, its staff, administrative law judge, or the prevailing party;
  3. Accident or surprise that could have not been prevented by ordinary prudence;
  4. Newly discovered material evidence that could not, with reasonable diligence, have been discovered and produced at the hearing;
  5. Excessive penalty;
  6. Error in the admission or rejection of evidence or other errors of law occurring at the hearing or during the progress of the proceedings;
  7. The decision is the result of a passion or prejudice; or
  8. The findings of fact or decision is not justified by the evidence or is contrary to law.
- E.** The Board may grant a rehearing or review to all or any of the parties and on all or part of the issues for any of the reasons in subsection (D). The Board may take additional testimony, amend findings of fact and conclusions of law, or make new findings and conclusions, and affirm, modify, or reverse the original decision. The Board shall specify the particular grounds for any order modifying a decision or granting a rehearing. If a rehearing or review is granted, the rehearing or review shall cover only the matters specified in the order.
- F.** Not later than 15 days after a decision is issued, the Board on its own initiative may order a rehearing or review for any reason that it might have granted a rehearing or review on motion of a party. After giving the parties notice and an opportunity to be heard on the matter, the Board may grant a timely-served motion for a rehearing or review for a reason not stated in the motion. In either case, the Board shall specify in the order the grounds for the rehearing or review.
- G.** If a motion for rehearing or review is based upon affidavits, they shall be served with the motion. An opposing party may, within 15 days after service, serve opposing affidavits. The Board may extend this period for a maximum of 20 days either for good cause or upon written stipulation by the parties. The Board may permit reply affidavits.
- H.** If, in a particular decision, the Board makes a specific finding that the immediate effectiveness of the decision is necessary for the preservation of the public health, safety, or welfare, the decision may be issued as a final decision without an opportunity for rehearing or review.
- I.** A party that has exhausted the party's administrative remedies may appeal a final order of the Board under A.R.S. Title 12, Chapter 7, Article 6.
- J.** A person that files a complaint with the Board against a licensee:
1. Is not a party to:
    - a. A Board administrative action, decision, or proceeding; or
    - b. A court proceeding for judicial review of a Board decision under A.R.S. §§ 12-901 through 12-914; and
  2. Is not entitled to seek rehearing or review of a Board action or decision under this Section.

**Historical Note**

Former Rule 17; Amended effective August 19, 1977 (Supp. 77-4). Former Section R4-16-03 repealed, new Section R4-16-103 adopted effective June 1, 1984 (Supp. 84-3). Section R4-16-103 renumbered to R4-16-101 effective September 22, 1995 (Supp. 95-3). New Section adopted effective May 20, 1997 (Supp. 97-2). Amended by final rulemaking at 8 A.A.R. 830, February 7, 2002 (Supp. 02-1). Amended by final rulemaking at 8 A.A.R. 4270, effective November 18, 2002 (Supp. 02-3). Former Section R4-16-103 recodified to R4-16-204; new Section R4-16-103 recodified from R4-16-102 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1). Amended by final rulemaking at 25 A.A.R. 145, effective March 9, 2019 (Supp. 19-1).

**R4-16-104. Recodified****Historical Note**

Former Rule 18. Former Section R4-16-04 repealed, new Section R4-16-104 adopted effective June 1, 1984 (Supp. 84-3). Section repealed effective September 22, 1995 (Supp. 95-3). New Section adopted effective January 20, 1998 (Supp. 98-1). Section recodified to R4-16-206 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1).

**R4-16-105. Recodified****Historical Note**

Former Rule 19. Former Section R4-16-05 repealed, new Section R4-16-105 adopted effective June 1, 1984 (Supp. 84-3). Section repealed effective September 22, 1995 (Supp. 95-3). New Section adopted effective January 20, 1998 (Supp. 98-1). Section recodified to R4-16-207 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1).

**R4-16-106. Recodified****Historical Note**

Former Rule 21. Former Section R4-16-06 repealed, new Section R4-16-106 adopted effective June 1, 1984 (Supp. 84-3). Section R4-16-106 renumbered to R4-16-102 effective September 22, 1995 (Supp. 95-3). New Section adopted by final rulemaking at 6 A.A.R. 1881, effective May 3, 2000 (Supp. 00-2). Section recodified to R4-16-201 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1).

**R4-16-107. Recodified****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 1881, effective May 3, 2000 (Supp. 00-2). Section recodified to R4-16-202 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1).

**R4-16-108. Recodified****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 1881, effective May 3, 2000 (Supp. 00-2). Section recodified to R4-16-203 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1).

**Table 1. Recodified****Historical Note**

Table 1 adopted effective January 20, 1998 (Supp. 98-1). Table 1 recodified to the end of Article 2 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1).

**R4-16-109. Recodified**

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**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 830, February 7, 2002 (Supp. 02-1). Amended by final rulemaking at 8 A.A.R. 4270, effective November 18, 2002 (Supp. 02-3). Section recodified to R4-16-205 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1).

**ARTICLE 2. LICENSURE****R4-16-201. Application for Licensure by Examination or Endorsement**

- A.** For purposes of this Article, unless otherwise specified:
1. "ABMS" means American Board of Medical Specialties.
  2. "ECFMG" means Educational Commission for Foreign Medical Graduates.
  3. "FCVS" means Federation Credentials Verification Service.
  4. "FLEX" means Federation Licensing Examination.
  5. "LMCC" means Licentiate of the Medical Council of Canada.
  6. "NBME" means National Board of Medical Examiners.
  7. "Primary source" means the original source or an approved agent of the original source of a specific credential that can verify the accuracy of a qualification reported by an applicant.
  8. "SPEX" means Special Purposes Examination.
  9. "USMLE" means United States Medical Licensing Examination.
- B.** An applicant for licensure to practice medicine by Step 3 of the USMLE or endorsement shall submit the following information on an application form available on request from the Board and on the Board's web site:
1. Applicant's full name, Social Security number, business and home addresses, primary e-mail address, business and home telephone numbers, and date and place of birth;
  2. Name of the school of medicine from which the applicant graduated and date of graduation;
  3. A complete list of the applicant's internship, residency, and fellowship training;
  4. List of all licensing examinations taken;
  5. Names of the states, U.S. territories, or provinces in which the applicant has applied for or been granted a license or registration to practice medicine, including license number, date issued, and current status of the license;
  6. A statement of whether the applicant:
    - a. Has had an application for medical licensure denied or rejected by another state or province licensing board, and if so, an explanation;
    - b. Has ever had any disciplinary or rehabilitative action taken against the applicant by another licensing board, including other health professions, and if so, an explanation;
    - c. Has had any disciplinary actions, restrictions, or limitations taken against the applicant while participating in any type of training program or by any health care provider, and if so, an explanation;
    - d. Has been found in violation of a statute, rule, or regulation of any domestic or foreign governmental agency, and if so, an explanation;
    - e. Is currently under investigation by any medical board or peer review body, and if so, an explanation;
    - f. Has been subject to discipline resulting in a medical license being revoked, suspended, limited, cancelled during investigation, restricted, or voluntarily surrendered, or resulting in probation or entry into a consent agreement or stipulation and if so, an explanation;
  - g. Has had hospital privileges revoked, denied, suspended, or restricted, and if so, an explanation;
  - h. Has been named as a defendant in a malpractice matter currently pending or that resulted in a settlement or judgment against the applicant, and if so, an explanation;
  - i. Has been subjected to any regulatory disciplinary action, including censure, practice restriction, suspension, sanction, or removal from practice, imposed by any agency of the federal or state government, and if so, an explanation;
  - j. Has had the authority to prescribe, dispense, or administer medications limited, restricted, modified, denied, surrendered, or revoked by a federal or state agency as a result of disciplinary or other adverse action, and if so, an explanation;
  - k. Has been found guilty or entered into a plea of no contest to a felony, a misdemeanor involving moral turpitude in any state, and if so, an explanation;
7. Whether the applicant is currently certified by any of the American Board of Medical Specialties;
  8. The applicant's intended specialty;
  9. Consistent with the Board's authority at A.R.S. § 32-1422(B), other information the Board may deem necessary to evaluate the applicant fully;
  10. Whether the applicant completed a training unit prescribed by the Board regarding the requirements of A.R.S. Title 32, Chapter 13 and this Chapter;
  11. In addition to the answers provided under subsections (B)(1) through (B)(10), the applicant shall answer the following confidential question:
    - a. Whether the applicant has received treatment within the last five years for use of alcohol or a controlled substance, prescription-only drug, or dangerous drug or narcotic or a physical, mental, emotional, or nervous disorder or condition that currently affects the applicant's ability to exercise the judgment and skills of a medical professional;
    - b. If the answer to subsection (B)(11)(a) is yes:
      - i. A detailed description of the use, disorder, or condition; and
      - ii. An explanation of whether the use, disorder, or condition is reduced or ameliorated because the applicant receives ongoing treatment and if so, the name and contact information for all current treatment providers and for all monitoring or support programs in which the applicant is currently participating; and
    - c. A copy of any public or confidential agreement or order relating to the use, disorder, or condition, issued by a licensing agency or health care institution within the last five years, if applicable; and
  12. A notarized statement, signed by the applicant, verifying the truthfulness of the information provided, and that the applicant has not engaged in any acts prohibited by Arizona law or Board rules, and authorizing release of any required records or documents to complete application review.
- C.** In addition to the application form required under subsection (B), an applicant for licensure to practice medicine by Step 3 of the USMLE or endorsement shall submit the following:
1. A notarized copy of the applicant's birth certificate or passport;

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2. Evidence of legal name change if the applicant's legal name is different from that shown on the document submitted under subsection (C)(1);
  3. Documentation listed under A.R.S. § 41-1080(A) showing that the applicant's presence in the U.S. is authorized under federal law;
  4. Complete list of all hospital affiliations and medical employment for the five years before the date of application;
  5. Verification of any medical malpractice matter currently pending or resulting in a settlement or judgment against the applicant, including a copy of the complaint and either the agreed terms of settlement or the judgment and a narrative statement specifying the nature of the occurrence resulting in the medical malpractice action. An applicant who is unable to obtain a document required under this subsection may apply under subsection (E) a waiver of the requirement;
  6. A full set of fingerprints and the processing charge specified in R4-16-205;
  7. A paper or digital headshot photograph of the applicant taken no more than 60 days before the date of application; and
  8. The fee authorized under A.R.S. § 32-1436 and specified in R4-16-205.
- D.** In addition to the requirements of subsections (B) and (C), an applicant for licensure to practice medicine by Step 3 of the USMLE or endorsement shall have the following submitted to the Board, electronically or in hard copy, by the primary source, ECFMG, Veridoc, or FCVS:
1. Official transcript or other authentication of graduation from a school of medicine;
  2. Verification of completion of postgraduate training;
  3. Verification of ECFMG certification if the applicant graduated from an unapproved school of medicine;
  4. Examination and Board history report scores for USMLE, FLEX, NBME, and SPEX;
  5. Verification of LMCC exam score or state written exam score;
  6. Verification of licensure from every state in which the applicant has ever held a medical license;
  7. Verification of all hospital affiliations during the five years before the date of application. Under A.R.S. § 32-1422(A)(11)(b), this verification is required to be on the hospital's official letterhead or the electronic equivalent; and
  8. Verification of all medical employment during the five years before the date of application. Under A.R.S. § 32-1422(A)(11)(b), this verification may be submitted by the employer.
- E.** As provided under A.R.S. § 32-1422(F), the Board may waive a documentation requirement specified under subsections (C)(5) and (D).
1. To obtain a waiver under this subsection, an applicant shall submit a written request that includes the following information:
    - a. Applicant's name;
    - b. Date of request;
    - c. Document required under subsection (C)(5) or (D) for which waiver is requested;
    - d. Detailed description of efforts made by the applicant to provide the document as required under subsection (C)(5) or (D);
    - e. Reason the applicant's inability to provide the document as required under subsection (C)(5) or (D) is due to no fault of the applicant; and
  - f. If applicable, documents that support the request for waiver.
2. The Board shall consider the request for waiver at its next regularly scheduled meeting.
  3. In determining whether to grant the request for waiver, the Board shall consider whether the applicant:
    - a. Made appropriate and sufficient effort to satisfy the requirement under subsection (C)(5) or (D); and
    - b. Demonstrated that compliance with the requirement under subsection (C)(5) or (D) is not possible because:
      - i. The entity responsible for issuing the required document no longer exists;
      - ii. The original of the required document was destroyed by accident or natural disaster;
      - iii. The entity responsible for issuing the required document is unable to provide verification because of armed conflict or political strife; or
      - iv. Another valid reason beyond the applicant's control prevents compliance with the requirement under subsection (C)(5) or (D).
  4. In determining whether to grant the request for waiver, the Board shall:
    - a. Consider whether it is possible for the Board to obtain the required document from other source; and
    - b. Request the applicant to obtain and provide additional information the Board believes will facilitate the Board's decision.
  5. If the Board determines the applicant is unable to comply with a requirement under subsection (C)(5) or (D) in spite of the applicant's best effort and for a reason beyond the applicant's control, the Board may grant the request for waiver and include the decision in the Board's official record for the applicant.
  6. The Board shall provide the applicant with written notice of its decision regarding the request for waiver. The Board's decision is not subject to review or appeal.
- F.** As provided under A.R.S. § 32-1426(B), the Board may require an applicant for licensure by endorsement who passed an examination specified in A.R.S. § 32-1426(A) more than ten years before the date of application to provide evidence the applicant is able to engage safely in the practice of medicine. The Board may consider one or more of the following to determine whether the applicant is able to engage safely in the practice of medicine:
1. If an applicant is board certified by one of the specialties recognized by the ABMS, this criteria is considered met.
  2. If an applicant obtains a passing score on a SPEX examination, this criteria is considered met.
  3. The Board may also consider any combination of the following:
    - a. The applicant's records,
    - b. The applicant's practice history,
    - c. A physical or psychological assessment of the applicant.

**Historical Note**

Adopted effective September 22, 1995 (Supp. 95-3). Amended by final rulemaking at 8 A.A.R. 2319, effective May 9, 2002 (Supp. 02-2). Former Section R4-16-201 recodified to R4-16-301; New Section R4-16-201 recodified from R4-16-106 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1). Amended by exempt rulemaking at 20 A.A.R. 1995, effective July 11, 2014 (Supp. 14-3). Amended by final exempt rulemaking at 21 A.A.R. 2678, effective October 15, 2015 (Supp. 15-4). Amended by

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final exempt rulemaking at 22 A.A.R. 778, effective January 14, 2016 (Supp. 16-1).

**R4-16-201.1. Application for Renewal of License**

- A. Under A.R.S. § 32-1430(A), an individual licensed under A.R.S. Title 32, Chapter 13, shall renew the license every other year on or before the licensee's birthday.
- B. To renew a license, a licensee shall submit the following information on an application form available on request from the Board and on the Board's web site:
  1. The licensee's full name, license number, business and home addresses, primary e-mail address, and business and home telephone numbers;
  2. Identification of changes to medical specialties and fields of practice;
  3. A statement of whether, since the time of last license issuance, the licensee:
    - a. Has had an application for medical licensure denied or rejected by another state or province licensing board and if so, an explanation;
    - b. Has had any disciplinary or rehabilitative action taken against the licensee by another licensing board, including other health professions and if so, an explanation;
    - c. Has had any disciplinary action, restriction, or limitation taken against the licensee by any program or health care provider and if so, an explanation;
    - d. Has been subject to discipline resulting in a medical license being revoked, suspended, limited, cancelled during an investigation, restricted, or voluntarily surrendered, or resulting in probation or entry into a consent agreement or stipulation and if so, an explanation;
    - e. Has had hospital privileges revoked, denied, suspended, or restricted and if so, an explanation (do not report if the licensee's hospital privileges were suspended due to failure to complete hospital records and reinstated after no more than 90 days);
    - f. Has been subjected to disciplinary action including censure, practice restriction, suspension, sanction, or removal from practice by an agency of the state or federal government and if so, an explanation;
    - g. Has had the authority to prescribe, dispense, or administer medications limited, restricted, modified, denied, surrendered, or revoked by a federal or state agency as a result of disciplinary or other adverse action and if so, an explanation;
    - h. Has been found guilty or entered into a plea of no contest to a felony, a misdemeanor involving moral turpitude, or an alcohol or drug-related offense in any state and if so, an explanation; and
    - i. Has failed the SPEX;
  4. A statement of whether the licensee understands and complies with the medical records and recordkeeping requirements in A.R.S. §§ 32-3211 and 12-2297;
  5. A statement of whether the licensee has completed at least 40 hours of CME as required under A.R.S. § 32-1434 and R4-16-102, including the hour of CME required under R4-16-102(A)(1);
  6. A statement of whether the licensee requests that the license be inactivated or cancelled; and
  7. A statement of whether the licensee completed a training unit prescribed by the Board regarding the requirements of A.R.S. Title 32, Chapter 13 and this Chapter.
- C. Additionally, the licensee shall answer the following confidential question:

1. Whether the applicant has received treatment since the last renewal for use of alcohol or a controlled substance, prescription-only drug, or dangerous drug or narcotic or a physical, mental, emotional, or nervous disorder or condition that currently affects the applicant's ability to exercise the judgment and skills of a medical professional;
2. If the answer to subsection (C)(1) is yes:
  - a. A detailed description of the use, disorder, or condition; and
  - b. An explanation of whether the use, disorder, or condition is reduced or ameliorated because the applicant receives ongoing treatment and if so, the name and contact information for all current treatment providers and for all monitoring or support programs in which the applicant is currently participating; and
3. A copy of any public or confidential agreement or order relating to the use, disorder, or condition, issued by a licensing agency or health care institution since the last renewal, if applicable.
- D. To renew a license, a licensee shall submit the following with the required application form:
  1. If the document submitted under R4-16-201(C)(3) was a limited form of work authorization issued by the federal government, evidence that the licensee's presence in the U.S. continues to be authorized under federal law;
  2. The renewal fee specified under R4-16-205 and, if applicable, the penalty fee for late renewal; and
  3. An attestation that all information submitted is correct.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 2678, effective October 15, 2015 (Supp. 15-4).  
Amended by final rulemaking at 24 A.A.R. 182, effective March 10, 2018 (Supp. 18-1).

**R4-16-202. Application and Reapplication for Pro Bono Registration**

- A. An applicant for a pro bono registration to practice medicine for a maximum of 60 days in a calendar year in Arizona shall submit the following information on an application form available on request from the Board and on the Board's web site:
  1. Applicant's full name, Social Security number, business and home addresses, primary e-mail address, and business and home telephone numbers;
  2. List of all states, U.S. territories, and provinces in which the applicant is or has been licensed to practice medicine;
  3. A statement verifying that the applicant:
    - a. Agrees to render all medical services without accepting a fee or salary; or
    - b. Agrees to perform only initial or follow-up examinations at no cost to the patient or the patient's family through a charitable organization,
- B. In addition to the application form required under subsection (A), an applicant for a pro bono registration to practice medicine shall submit documentation listed under A.R.S. § 41-1080(A) showing that the applicant's presence in the U.S. is authorized under federal law.
- C. An applicant may make application for a pro bono registration annually. A previously registered applicant may apply for a pro bono registration by submitting the following information on an application form available on request from the Board and on the Board's web site:
  1. Applicant's full name, home address and telephone number, and primary e-mail address;
  2. Number of previous pro bono registration;
  3. Name of each state, U.S. territory, and province in which the applicant holds an active medical license;

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4. A statement whether since issuance of the last pro bono registration:
  - a. Any disciplinary action has been taken against the applicant, and
  - b. Any unresolved complaints are currently pending against the applicant with any state board; and
5. If the document submitted under R4-16-202(B) was a limited form of work authorization issued by the federal government, evidence that the applicant's presence in the U.S. continues to be authorized under federal law.

**Historical Note**

Adopted effective September 22, 1995 (Supp. 95-3). Amended by final rulemaking at 8 A.A.R. 2319, effective May 9, 2002 (Supp. 02-2). Former Section R4-16-202 recodified to R4-16-302; New Section R4-16-202 recodified from R4-16-107 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1). Amended by final exempt rulemaking at 21 A.A.R. 2678, effective October 15, 2015 (Supp. 15-4).

**R4-16-203. Application for Locum Tenens Registration**

- A. An applicant for a locum tenens registration to practice medicine for a maximum of 180 consecutive days in Arizona shall submit an application form available on request from the Board and on the Board's web site that provides the information required under R4-16-201(B).
- B. In addition to the application form required under subsection (A), an applicant for a locum tenens registration to practice medicine shall have the following submitted directly to the Board, electronically or in hard copy, by the primary source, ECFMG, Veridoc, or FCVS:
  1. Official transcript or other authentication of graduation from a school of medicine;
  2. Verification of completion of postgraduate training;
  3. A statement completed by the sponsoring Arizona-licensed physician giving the reason for the request for issuance of the registration;
  4. Verification of ECFMG certification if the applicant graduated from an unapproved school of medicine; and
  5. Verification of licensure from every state in which the applicant has ever held a medical license.
- C. In addition to the application form required under subsection (A), an applicant for a locum tenens registration to practice medicine shall submit the following:
  1. Documentation listed under A.R.S. § 41-1080(A) showing that the applicant's presence in the U.S. is authorized under federal law;
  2. A full set of fingerprints and the charge specified in R4-16-205;
  3. A copy of a government-issued photo identification; and
  4. The fee specified under R4-16-205.

**Historical Note**

Adopted effective September 22, 1995 (Supp. 95-3). Amended by final rulemaking at 8 A.A.R. 2319, effective May 9, 2002 (Supp. 02-2). Former Section R4-16-203 recodified to R4-16-303; New Section R4-16-203 recodified from R4-16-108 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1). Amended by final exempt rulemaking at 21 A.A.R. 2678, effective October 15, 2015 (Supp. 15-4).

**R4-16-204. Repealed****Historical Note**

Adopted effective September 22, 1995 (Supp. 95-3). Amended by final rulemaking at 8 A.A.R. 2319, effective May 9, 2002 (Supp. 02-2). Former Section R4-16-204

recodified to R4-16-304; New Section R4-16-204 recodified from R4-16-103 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1). Repealed by final exempt rulemaking at 21 A.A.R. 2678, effective October 15, 2015 (Supp. 15-4).

**R4-16-205. Fees and Charges**

- A. As specifically authorized under A.R.S. § 32-1436(A), the Board establishes and shall collect the following fees:
  1. Application for a license through endorsement, USMLE Step 3, or Endorsement with SPX Examination, \$500;
  2. Issuance of an initial license, \$500, prorated from date of issuance to date of license renewal;
  3. Renewal of license for two years, \$500;
  4. Application to reactivate an inactive license, \$500;
  5. Locum tenens registration, \$350;
  6. Annual registration of an approved internship, residency, clinical fellowship program, or short-term residency program, \$50;
  7. Annual teaching license at an approved school of medicine or at an approved hospital internship, residency, or clinical fellowship program, \$250;
  8. Five-day teaching permit at an approved school of medicine or at an approved hospital internship, residency, or clinical fellowship program, \$100;
  9. Initial registration to dispense drugs and devices, \$200;
  10. Annual renewal to dispense drugs and devices, \$150;
  11. Penalty fee for late renewal of an active license, \$350; and
  12. Application for temporary license, \$250.
- B. Under the specific authority provided by A.R.S. § 36-3606(A)(3), the Board establishes and shall collect the following fee to register as an out-of-state health care provider of telehealth services: \$500.
- C. The fees specified in subsections (A) and (B) are nonrefundable unless A.R.S. §§ 32-1436(C) or 41-1077 applies.
- D. As specifically authorized under A.R.S. § 32-1436(B), the Board establishes the following charges for the services listed:
  1. Processing fingerprints to conduct a criminal background check, \$50;
  2. Providing a duplicate license, \$50;
  3. Verifying a license, \$10 per request;
  4. Providing a copy of records, documents, letters, minutes, applications, and files, \$1 for the first three pages and 25¢ for each additional page;
  5. Providing a copy of annual allopathic medical directory, \$30; and
  6. Providing an electronic medium containing public information about licensed physicians, \$100.

**Historical Note**

Adopted effective September 22, 1995 (Supp. 95-3). Amended by final rulemaking at 8 A.A.R. 2319, effective May 9, 2002 (Supp. 02-2). Former Section R4-16-205 recodified to R4-16-305; New Section R4-16-205 recodified from R4-16-109 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1). Amended by final rulemaking 19 A.A.R. 1300, effective July 6, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 2569, effective September 2, 2014 (Supp. 14-3). Amended by final exempt rulemaking at 21 A.A.R. 2678, effective October 15, 2015 (Supp. 15-4). Amended by final exempt rulemaking at 22 A.A.R. 778, effective January 14, 2016 (Supp. 16-1). Amended by final exempt rulemaking at 23 A.A.R. 2056, effective August 9, 2017 (Supp. 17-3). Amended by final rulemaking at 24 A.A.R. 182, effective March 10, 2018 (Supp. 18-1). Amended by final exempt

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rulemaking at 27 A.A.R. 1645, with an immediate effective date of September 22, 2021 (Supp. 21-3).

**R4-16-205.1. Mandatory Reporting Requirement**

- A. As required under A.R.S. § 32-3208, an applicant, licensee, permit holder, or registrant who is charged with a misdemeanor involving conduct that may affect patient safety or a felony shall provide written notice of the charge to the Board within 10 working days after the charge is filed.
- B. An applicant, licensee, permit holder, or registrant may obtain a list of reportable misdemeanors on request from the Board and on the Board's web site.
- C. Failure to comply with A.R.S. § 32-3208 and this Section is unprofessional conduct.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 2678, effective October 15, 2015 (Supp. 15-4).

**R4-16-206. Time Frames for Licenses, Permits, and Registrations**

- A. For each type of license, permit, or registration issued by the Board, the overall time frame under A.R.S. § 41-1072(2) is shown on Table 1.
- B. For each type of license, permit, or registration issued by the Board, the administrative completeness review time frame under A.R.S. § 41-1072(1) is shown on Table 1 and begins on the date the Board receives an application and all required documentation and information.
  - 1. If the required application is not administratively complete, the Board shall send a written deficiency notice to the applicant.
    - a. In the deficiency notice, the Board shall state each deficiency and the information required to complete the application or supporting documentation required to complete the application. In the deficiency notice, the Board shall include a written notice that the application is withdrawn if the applicant does not submit the additional required information or documentation within the time provided for response.
    - b. Within the time provided in Table 1 for response to a deficiency notice, the applicant shall submit to the Board the documentation or information specified in the notice. The time frame for the Board to finish the administrative completeness review is suspended from the date of the notice until the date the Board receives the documentation or information from the applicant.
  - 2. Within 30 days after receipt of a deficiency notice, an applicant who disagrees with the deficiency notice may submit to the Board a written request for a hearing regarding the deficiency notice.
  - 3. The Board shall schedule and conduct the applicant's deficiency hearing according to provisions prescribed under A.R.S. § 32-1427(E).
  - 4. In addition to hearing provisions prescribed under subsection (B)(3), the Board shall send the following to the applicant in writing:
    - a. A notice of the scheduled hearing at least 21 days before the hearing date; and
    - b. The Board's decision within 30 days after the hearing and notice of any applicable right of appeal.

- C. For each type of license, permit, or registration issued by the Board, the substantive review time frame under A.R.S. § 41-1072(3) is shown on Table 1.
  - 1. The Board may request make a comprehensive written request for additional information from an applicant according to provisions prescribed under A.R.S. § 41-1075 during the substantive review time frame. In any request for additional information, the Board shall include a written notice that the application is withdrawn if the applicant does not submit the additional information within the time provided for response.
  - 2. In response to a single comprehensive written request from the Board under A.R.S. § 41-1075(A), the applicant shall submit the information identified to the Board within the time to respond specified in Table 1. The time frame for the Board to finish the substantive review is suspended from the date the Board sends the comprehensive written request for additional information until the date the Board receives the additional information from the applicant.
  - 3. If the Board determines the applicant does not meet all substantive criteria for a license, permit, or registration as required under A.R.S. Title 32, Chapter 13 or this Chapter, the Board shall send written notice of denial to the applicant. The Board shall include notice of any applicable right of appeal in the denial notice.
  - 4. If the applicant meets all substantive criteria for a license, permit, or registration required under A.R.S. Title 32, Chapter 13 and this Chapter, the Board shall issue the applicable license, permit, or registration to the applicant.

- D. An applicant may receive a 30-day extension of the time provided under subsection (B)(1) or (C)(2) by providing written notice to the Board's Executive Director before the time expires.
- E. If a licensee does not apply for license renewal according to the biennial renewal requirement, the licensee's license expires according to provisions prescribed under A.R.S. § 32-1430(A) unless the licensee is under investigation according to provisions under A.R.S. § 32-3202. If a licensee makes timely application according to the biennial renewal requirement but fails to respond timely to a deficiency notice under subsection (B)(1) or a request for additional information under subsection (C)(2) and fails to request from the Executive Director an extension of time to respond, the licensee's license expires according to provisions prescribed under A.R.S. § 32-1430(A).

**Historical Note**

New Section recodified from R4-16-104 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1). Amended by final rulemaking at 11 A.A.R. 2944, effective September 10, 2005 (Supp. 05-3). Amended by final exempt rulemaking at 21 A.A.R. 2678, effective October 15, 2015 (Supp. 15-4).

**R4-16-207. Repealed****Historical Note**

New Section recodified from R4-16-105 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1). Amended by final rulemaking at 11 A.A.R. 2944, effective September 10, 2005 (Supp. 05-3). Repealed by final exempt rulemaking at 21 A.A.R. 2678, effective October 15, 2015 (Supp. 15-4).



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Table 1. Time Frames

Time Frames (in calendar days)					
Type of License	Overall Time Frame	Administrative Review Time Frame	Time to Respond to Deficiency Notice	Substantive Review Time Frame	Time to Respond to Request for Additional Information
Initial License by Examination or Endorsement	240	120	365	120	90
Biennial License Renewal	90	45	60	45	60
Locum Tenens or Pro Bono Registration	120	60	90	60	30
Teaching License	40	20	30	20	30
Educational Teaching Permit	20	10	30	10	10
Training Permit	40	20	30	20	30
Short-term Training Permit	40	20	30	20	30
One-year Training Permit	40	20	30	20	30
Annual Registration to Dispense Drugs and Devices	150	45	30	105	30
Registration as an Out-of-state Health Care Provider of Telehealth Services	40	20	30	20	30

**Historical Note**

Table 1 recodified from Article 1 to end of Article 2 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1). Amended by final rulemaking at 11 A.A.R. 2944, effective September 10, 2005 (Supp. 05-3). Amended by final exempt rulemaking at 21 A.A.R. 2678, effective October 15, 2015 (Supp. 15-4). Amended by final exempt rulemaking at 27 A.A.R. 1645, with an immediate effective date of September 22, 2021 (Supp. 21-3).

**ARTICLE 3. DISPENSING OF DRUGS****R4-16-301. Registration and Renewal**

- A. A physician who wishes to dispense a controlled substance as defined in A.R.S. § 32-1901(12), a prescription-only drug as defined in A.R.S. § 32-1901(65), or a prescription-only device as defined in A.R.S. § 32-1901(64) shall be currently licensed to practice medicine in Arizona and shall provide to the Board the following:
1. A completed registration form that includes the following information:
    - a. The physician's name, license number, and field of practice;
    - b. A list of the types of drugs and devices the physician will dispense; and
    - c. The location or locations where the physician will dispense a controlled substance, a prescription-only drug, or a prescription-only device.
  2. A copy of the physician's current Drug Enforcement Administration Certificate of Registration for each dispensing location from which the physician will dispense a controlled substance.
  3. The fees required in A.R.S. § 32-1436.
- B. A physician shall renew a registration to dispense a controlled substance, a prescription-only drug, or a prescription-only device by complying with the requirements in subsection (A) on or before June 30 of each year. If a physician has made timely and complete application for the renewal of a registration, the physician may continue to dispense until the Board approves or denies the renewal application.
- C. If the completed annual renewal form, all required documentation, and the fee are not received in the Board's office on or before June 30, the physician shall not dispense any controlled substances, prescription-only drugs, or prescription-only devices until re-registered. The physician shall re-register by filing for initial registration under subsection (A) and shall not dispense a controlled substance, a prescription-only drug, or a prescription-only device until receipt of the re-registration.

**Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 751, effective February 2, 2000 (Supp. 00-1). Former Section R4-16-301 recodified to R4-16-401; New Section R4-16-301 recodified from R4-16-201 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1).

**R4-16-302. Packaging and Inventory; Exception**

- A. A physician shall dispense all controlled substances and prescription-only drugs in prepackaged containers or in light-resistant containers with consumer safety caps, that comply with standards specified in the official compendium as defined in A.R.S. § 32-1901(49) and state and federal law, unless a patient or a patient's representative requests a non-safety cap.
- B. All controlled substances and prescription-only drugs dispensed shall be labeled with the following information:
1. The physician's name, address, and telephone number;
  2. The date the controlled substance and prescription-only drug is dispensed;
  3. The patient's name;
  4. The controlled substance and prescription-only drug name, strength, and dosage, form, name of manufacturer, the quantity dispensed, directions for use, and any cautionary statement necessary for the safe and effective use of the controlled substance and prescription-only drug; and
  5. A beyond-use-date not to exceed one year from the date of dispensing or the manufacturer's expiration date if less than one year.
- C. A physician shall secure all controlled substances in a locked cabinet or room and shall control access to the cabinet or room by a written procedure that includes, at a minimum, designation of the persons who have access to the cabinet or room and procedures for recording requests for access to the cabinet or room. This written procedure shall be made available on demand to the Board or its authorized representatives for inspection or copying. Prescription-only drugs shall be stored so as not to be accessible to patients.

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- D. Controlled substances and prescription-only drugs not requiring refrigeration shall be maintained in an area where the temperature does not exceed 85° F.
- E. A physician shall maintain an ongoing dispensing log for all controlled substances and the prescription-only drug nalbuphine hydrochloride (Nubain) dispensed by the physician. The dispensing log shall include the following:
  1. A separate inventory sheet for each controlled substance and prescription-only drug;
  2. The date the drug is dispensed;
  3. The patient's name;
  4. The dosage, controlled substance and prescription-only drug name, strength, dosage, form, and name of the manufacturer;
  5. The number of dosage units dispensed;
  6. A running total of each controlled substance and prescription-only drug dispensed; and
  7. The signature of the physician written next to each entry.
- F. A physician may use a computer to maintain the dispensing log required in subsection (E) if the log is quickly accessible through either on-screen viewing or printing of a copy.
- G. This Section does not apply to a prepackaged manufacturer sample of a controlled substance and prescription-only drug, unless otherwise provided by federal law.

**Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 751, effective February 2, 2000 (Supp. 00-1). Former Section R4-16-302 recodified to R4-16-402; New Section R4-16-302 recodified from R4-16-202 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1).

**R4-16-303. Prescribing and Dispensing Requirements**

- A. A physician shall record on the patient's medical record the name, strength, dosage, and form, of the controlled substance, prescription-only drug, or prescription-only device dispensed, the quantity or volume dispensed, the date the controlled substance, prescription-only drug, or prescription-only device is dispensed, the medical reasons for dispensing the controlled substance, prescription-only drug, or prescription-only device, and the number of refills authorized.
- B. Before dispensing a controlled substance, prescription-only drug, or prescription-only device to a patient, a physician shall review the prepared controlled substance, prescription-only drug, or prescription-only device to ensure that:
  1. The container label and contents comply with the prescription, and
  2. The patient is informed of the name of the controlled substance, prescription-only drug, or prescription-only device, directions for use, precautions, and storage requirements.
- C. A physician shall purchase all dispensed controlled substances, prescription-only drugs, or prescription-only devices from a manufacturer or distributor approved by the United States Food and Drug Administration, or a pharmacy holding a current permit from the Arizona Board of Pharmacy.
- D. The person who prepares a controlled substance, prescription-only drug, or prescription-only device for dispensing shall countersign and date the original prescription form for the controlled substance, prescription-only drug, or prescription-only device.
- E. For purposes of this Article, "dispensing" means the delivery of a controlled substance, a prescription-only drug, or a prescription-only device to a patient for use outside the physician's office.

**Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 751, effective February 2, 2000 (Supp. 00-1). Amended by final rulemaking at 6 A.A.R. 4585, effective November 14, 2000 (Supp. 00-4). Former Section R4-16-303 recodified to R4-16-403; New Section R4-16-303 recodified from R4-16-203 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1).

**R4-16-304. Recordkeeping and Reporting Shortages**

- A. A physician who dispenses a controlled substance or prescription-only drug shall ensure that an original prescription dispensed from the physician's office is dated, consecutively numbered in the order in which it is originally dispensed, and filed separately from patient medical records. A physician shall ensure that an original prescription be maintained in three separate files, as follows:
  1. Schedule II controlled substances;
  2. Schedule III, IV, and V controlled substances; and
  3. Prescription-only drugs.
- B. A physician shall ensure that purchase orders and invoices are maintained for all controlled substances and prescription-only drugs dispensed for profit and not for profit for three years from the date of the purchase order or invoice. Purchase orders and invoices shall be maintained in three separate files as follows:
  1. Schedule II controlled substances only;
  2. Schedule III, IV, and V controlled substances and nalbuphine; and
  3. All other prescription-only drugs.
- C. A physician who discovers a theft or loss of a controlled substance or a dangerous drug, as defined in A.R.S. § 13-3401, from the physician's office shall:
  1. Immediately notify the local law enforcement agency,
  2. Provide that agency with a written report, and
  3. Send a copy to the Drug Enforcement Administration and the Board within seven days of the discovery.
- D. For purposes of this Section, controlled substances are identified, defined, or listed in A.R.S. Title 36, Chapter 27.

**Historical Note**

New Section recodified from R4-16-204 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1).

**R4-16-305. Inspections; Denial and Revocation**

- A. A physician shall cooperate with and allow access to the physician's office and records for periodic inspection of dispensing practices by the Board or its authorized representative. Failure to cooperate or allow access shall be grounds for revocation of a physician's registration to dispense a controlled substance, prescription-only drug, or prescription-only device or denial of renewal of the physician's dispensing registration.
- B. Failure to comply with A.R.S. § 32-1491 or this Article constitutes grounds for denial or revocation of dispensing registration.
- C. The Board shall revoke a physician's registration to dispense a controlled substance, prescription-only drug, or prescription-only device upon occurrence of the following:
  1. Suspending, revoking, surrendering, or canceling the physician's license;
  2. Placing the physician's license on inactive status;
  3. Failing to timely renew the physician's license; or
  4. Restricting the physician's ability to prescribe or administer medication, including loss or expiration of the physician's Drug Enforcement Administration Certificate of Registration.
- D. If the Board denies a physician's dispensing registration, the physician may appeal the decision by filing a request, in writ-

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ing, with the Board, no later than 30 days after receipt of the notice denying the registration.

**Historical Note**

New Section recodified from R4-16-205 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1).

**ARTICLE 4. MEDICAL ASSISTANTS****R4-16-401. Medical Assistant Training Requirements**

- A.** After the effective date of this Section, a supervising physician or physician assistant shall ensure that before a medical assistant is employed, the medical assistant completes either:
1. An approved training program identified in R4-16-101; or
  2. An unapproved training program and successfully passes the medical assistant examination administered by a certifying organization accredited by either the National Commission for Certifying Agencies or the American National Standards Institute.
- B.** This Section does not apply to any person who:
1. Before February 2, 2000:
    - a. Completed an unapproved medical assistant training program and was employed as a medical assistant after program completion; or
    - b. Was directly supervised by the same physician, physician group, or physician assistant for a minimum of 2000 hours; or
  2. Completes a United States Armed Forces medical services training program.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 830, February 7, 2002 (Supp. 02-1). Former Section R4-16-401 recodified to R4-16-501; New Section R4-16-401 recodified from R4-16-301 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1). Former Section R4-16-401 repealed; New Section R4-16-401 renumbered from R4-16-402 and amended by final rulemaking at 12 A.A.R. 823, effective February 23, 2006 (Supp. 06-1). Amended by final rulemaking at 25 A.A.R. 145, effective March 9, 2019 (Supp. 19-1).

**R4-16-402. Authorized Procedures for Medical Assistants**

- A.** A medical assistant may perform, under the direct supervision of a physician or a physician assistant, the medical procedures listed in Appendix B, Core Curriculum for Medical Assistants, 2015 edition of Standards and Guidelines for the Accreditation of Educational Programs in Medical Assisting, published by the Commission on Accreditation of Allied Health Education Programs. This material is incorporated by reference, does not include later amendments or editions, and may be obtained from the publisher at 25400 U.S. Highway 19 N, Suite 158, Clearwater, FL 33763, [www.caahep.org](http://www.caahep.org), or the Board.
- B.** In addition to the medical procedures in subsection (A), a medical assistant may administer the following under the direct supervision of a physician or physician assistant:
1. Whirlpool treatments,
  2. Diathermy treatments,
  3. Electronic galvanation stimulation treatments,
  4. Ultrasound therapy,
  5. Massage therapy,
  6. Traction treatments,
  7. Transcutaneous Nerve Stimulation unit treatments,
  8. Hot and cold pack treatments, and
  9. Small volume nebulizer treatments.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 830, February 7, 2002 (Supp. 02-1). Amended by final rulemaking at 8 A.A.R. 4270, effective November 18, 2002 (Supp. 02-3). Former Section R4-16-402 recodified to R4-16-502; New Section R4-16-402 recodified from R4-16-302 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1). Former Section R4-16-402 renumbered to R4-16-401; New Section R4-16-402 renumbered from R4-16-403 and amended by final rulemaking at 12 A.A.R. 823, effective February 23, 2006 (Supp. 06-1). Amended by final rulemaking at 25 A.A.R. 145, effective March 9, 2019 (Supp. 19-1).

**R4-16-403. Renumbered****Historical Note**

New Section made by final rulemaking at 8 A.A.R. 830, February 7, 2002 (Supp. 02-1). Amended by final rulemaking at 8 A.A.R. 4270, effective November 18, 2002 (Supp. 02-3). Former Section R4-16-403 recodified to R4-16-503; New Section R4-16-403 recodified from R4-16-303 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1). Former Section R4-16-403 renumbered to R4-16-402 by final rulemaking at 12 A.A.R. 823, effective February 23, 2006 (Supp. 06-1).

**R4-16-404. Recodified****Historical Note**

New Section made by final rulemaking at 8 A.A.R. 830, February 7, 2002 (Supp. 02-1). Section recodified to R4-16-504 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1).

**R4-16-405. Recodified****Historical Note**

New Section made by final rulemaking at 8 A.A.R. 830, February 7, 2002 (Supp. 02-1). Section recodified to R4-16-505 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1).

**R4-16-406. Recodified****Historical Note**

New Section made by final rulemaking at 8 A.A.R. 830, February 7, 2002 (Supp. 02-1). Section recodified to R4-16-506 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1).

**R4-16-407. Recodified****Historical Note**

New Section made by final rulemaking at 8 A.A.R. 830, February 7, 2002 (Supp. 02-1). Section recodified to R4-16-507 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1).

**R4-16-408. Recodified****Historical Note**

New Section made by final rulemaking at 8 A.A.R. 830, February 7, 2002 (Supp. 02-1). Section recodified to R4-16-508 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1).

**R4-16-409. Recodified****Historical Note**

New Section made by final rulemaking at 8 A.A.R. 830, February 7, 2002 (Supp. 02-1). Amended by final rulemaking at 8 A.A.R. 4270, effective November 18,

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2002 (Supp. 02-3). Section recodified to R4-16-509 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1).

**R4-16-410. Recodified****Historical Note**

New Section made by final rulemaking at 8 A.A.R. 830, February 7, 2002 (Supp. 02-1). Amended by final rulemaking at 8 A.A.R. 4270, effective November 18, 2002 (Supp. 02-3). Section recodified to R4-16-510 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1).

**ARTICLE 5. EXECUTIVE DIRECTOR DUTIES****R4-16-501. Medical Competency Examination; Investigational Interview**

- A. The executive director may require a physician, who is under investigation by the Board, to submit to a mental, physical, oral, or written medical competency examination after the following:
1. Reviewing the allegations and investigator's summary of findings; and
  2. Consulting with and receiving the agreement of the Board's supervising medical consultant that an examination is necessary.
- B. The executive director may request a physician to attend an investigational interview to answer questions regarding a complaint against the physician. Before issuing a request for an investigational interview, the executive director shall review the allegations and facts to determine whether an interview is necessary to provide information the Board needs to adjudicate the case. The executive director shall consult with and receive the agreement of either the investigation supervisor or supervising medical consultant that an investigational interview is necessary before requesting one.
- C. The executive director shall report to the Board at each regularly scheduled Board meeting a summary of the number and type of evaluations ordered and completed since the preceding Board meeting.

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 2274, effective August 12, 2003 (Supp. 03-2). Former Section R4-16-501 recodified to R4-16-601; New Section R4-16-501 recodified from R4-16-401 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1). Amended by final rulemaking at 25 A.A.R. 3705, effective February 1, 2020 (Supp. 19-4).

**R4-16-502. Direct Referral to Formal Interview**

The executive director shall refer a case to a formal interview on a future Board meeting agenda if the investigative staff, lead Board member, and in cases involving quality of care, supervising medical consultant, concur after review of the case that a formal interview is appropriate.

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 2274, effective August 12, 2003 (Supp. 03-2). Former Section R4-16-502 recodified to R4-16-602; New Section R4-16-502 recodified from R4-16-402 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1). Amended by final rulemaking at 25 A.A.R. 3705, effective February 1, 2020 (Supp. 19-4).

*Editor's Note: At the time of publication, A.R.S. § 32-1401(26) (referenced in R4-16-503) was A.R.S. § 32-1401(24). Laws 2003, Ch. 59, § 1, effective 90 days after the close of the First Regular Session of the Forty-sixth Legislature, will change the subparagraph citation to A.R.S. § 32-1401(26) (Supp. 03-2). This Section*

*was subsequently recodified to a different Section in this Chapter. Refer to the historical notes for more information (05-1).*

**R4-16-503. Request for Inactive Status or License Cancellation**

- A. If a physician requests inactive status or license cancellation, meets the requirements of A.R.S. § 32-1431 or § 32-1433, and is not participating in the program defined under A.R.S. § 32-1452, the executive director shall grant the request.
- B. The executive director shall provide to the Board at each regularly scheduled Board meeting a list of the physicians granted inactive or cancelled license status since the preceding Board meeting.

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 2274, effective August 12, 2003 (Supp. 03-2). Former Section R4-16-503 recodified to R4-16-603; New Section R4-16-503 recodified from R4-16-403 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1). Amended by final rulemaking at 25 A.A.R. 3705, effective February 1, 2020 (Supp. 19-4).

**R4-16-504. Interim Consent Agreement**

The executive director may enter into an interim consent agreement with a physician if there is evidence that a restriction is needed to mitigate imminent danger to public health and safety and the investigative staff, supervising medical consultant, and lead Board member concur after review of the case that a consent agreement is appropriate.

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 2274, effective August 12, 2003 (Supp. 03-2). Former Section R4-16-504 recodified to R4-16-605; New Section R4-16-504 recodified from R4-16-404 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1). Amended by final rulemaking at 25 A.A.R. 3705, effective February 1, 2020 (Supp. 19-4).

**R4-16-505. Mediated Case**

- A. The executive director shall close a case resolved through mediation.
- B. The executive director shall provide to the Board at each regularly scheduled Board meeting a list of the physicians whose cases were resolved through mediation since the preceding Board meeting.

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 2274, effective August 12, 2003 (Supp. 03-2). Former Section R4-16-505 recodified to R4-16-606; New Section R4-16-505 recodified from R4-16-405 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1). Amended by final rulemaking at 25 A.A.R. 3705, effective February 1, 2020 (Supp. 19-4).

**R4-16-506. Referral to Formal Hearing**

- A. The executive director may directly refer a case to a formal hearing if the investigative staff, supervising medical consultant, and lead Board member concur after review of the physician's case that a formal hearing is appropriate.
- B. The executive director shall provide to the Board at each regularly scheduled Board meeting a list of the physicians whose cases were referred to formal hearing since the preceding Board meeting and whether the referral is for revocation or suspension or the result of an out-of-state disciplinary action or due to complexity of the case.

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**Historical Note**

New Section R4-16-506 recodified from R4-16-406 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1). Amended by final rulemaking at 25 A.A.R. 3705, effective February 1, 2020 (Supp. 19-4).

**R4-16-507. Dismissal of Complaint**

- A. The executive director, with concurrence of the investigative staff, shall dismiss a complaint if the review shows the complaint is without merit and dismissal is appropriate.
- B. The executive director shall provide to the Board at each regularly scheduled Board meeting a report that contains the information specified in A.R.S. § 32-1405(C)(21).

**Historical Note**

New Section R4-16-507 recodified from R4-16-407 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1). Amended by final rulemaking at 25 A.A.R. 3705, effective February 1, 2020 (Supp. 19-4).

**R4-16-508. Denial of License**

- A. The executive director shall deny a license to an applicant who does not meet statutory requirements for licensure if the executive director, investigative staff and supervising medical consultant concur after reviewing the application that the applicant does not meet the statutory requirements.
- B. The executive director shall provide to the Board at each regularly scheduled Board meeting a list of the physicians whose applications were denied since the preceding Board meeting.

**Historical Note**

New Section R4-16-508 recodified from R4-16-408 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1). Amended by final rulemaking at 25 A.A.R. 3705, effective February 1, 2020 (Supp. 19-4).

**R4-16-509. Non-disciplinary Consent Agreement**

The executive director may enter into a consent agreement under A.R.S. § 32-1451(F) with a physician to limit the physician's practice or rehabilitate the physician if there is evidence that a licensee is mentally or physically unable to engage safely in the practice of medicine and the investigative staff, supervising medical consultant, and lead Board member concur after review of the case that a consent agreement is appropriate.

**Historical Note**

New Section R4-16-509 recodified from R4-16-409 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1). Amended by final rulemaking at 25 A.A.R. 3705, effective February 1, 2020 (Supp. 19-4).

**R4-16-510. Appealing Executive Director Actions**

- A. Any person aggrieved by an action taken by the executive director under the authority delegated in this Article may appeal that action to the Board. The aggrieved person shall file a written request with the Board no later than:
  1. Thirty days after notification of the action, if personally served; or
  2. Thirty-five days after the date on the notification, if mailed.
- B. The aggrieved person shall provide, in the written request, evidence showing:
  1. An irregularity in the investigative process or the executive director's review deprived the party of a fair decision;
  2. Misconduct by Board staff, a Board consultant, or the executive director that deprived the party of a fair decision; or

3. Material evidence newly discovered that could have a bearing on the decision and that, with reasonable diligence, could not have been discovered and produced earlier.
- C. The fact that the aggrieved party does not agree with the executive director's action is not grounds for a review by the Board.
  - D. If an aggrieved person fails to submit a written request within the time specified in subsection (A), the Board is relieved of the requirement to review actions taken by the executive director. The executive director may, however, evaluate newly provided information that is material or substantial in content to determine whether the Board should review the case.
  - E. If a written request is submitted that meets the requirements of subsection (B):
    1. The Board shall consider the written request at its next regularly scheduled meeting.
    2. If the written request provides new material or substantial evidence that requires additional investigation, the investigation shall be conducted as expeditiously as possible and the case shall be forwarded to the Board at the first possible regularly scheduled meeting.

**Historical Note**

New Section R4-16-510 recodified from R4-16-410 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1). Amended by final rulemaking at 25 A.A.R. 3705, effective February 1, 2020 (Supp. 19-4).

**ARTICLE 6. DISCIPLINARY ACTIONS****R4-16-601. Expired****Historical Note**

New Section R4-16-601 recodified from R4-16-501 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1). Section expired under A.R.S. § 41-1056(E) at 16 A.A.R. 2062, effective September 14, 2010 (Supp. 10-3).

**R4-16-602. Expired****Historical Note**

New Section R4-16-602 recodified from R4-16-502 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1). Section expired under A.R.S. § 41-1056(E) at 16 A.A.R. 2062, effective September 14, 2010 (Supp. 10-3).

*Editor's Note: To conform with the renumbering in A.R.S., the Arizona Medical Board requested (under A.R.S. § 41-1011 et seq.) a subsection reference update in R4-16-603 [R05-85]. Please refer to the historical notes for more details (Supp. 05-1).*

**R4-16-603. Expired****Historical Note**

New Section R4-16-603 recodified from R4-16-503 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1). A.R.S. § 32-1401(26) subsection corrected to A.R.S. § 32-1401(27) under a formal written request from the Board, March 22, 2005 (Supp. 05-1). Amended by final rulemaking at 14 A.A.R. 380, effective January 8, 2008 (Supp. 08-1). Section expired under A.R.S. § 41-1056(E) at 16 A.A.R. 2062, effective September 14, 2010 (Supp. 10-3).

**R4-16-604. Aggravating Factors Considered in Disciplinary Actions**

When determining the degree of discipline, the Board may consider certain factors including, but not limited to, the following:

1. Prior disciplinary offenses;
2. Dishonest or selfish motive;

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3. Pattern of misconduct; multiple offenses;
4. Bad faith obstruction of the disciplinary proceeding by intentionally failing to comply with rules or orders of the Board;
5. Submission of false evidence, false statements, or other deceptive practices during the investigative or disciplinary process;
6. Refusal to acknowledge wrongful nature of conduct; and
7. Vulnerability of the victim.

**Historical Note**

New Section R4-16-604 recodified from R4-16-504 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1).

**R4-16-605. Mitigating Factors Considered in Disciplinary Actions**

When determining the degree of discipline, the Board may consider certain factors including, but not limited to, the following:

1. Absence of prior disciplinary record;
2. Absence of dishonest or selfish motive;
3. Timely good faith effort to rectify consequences of misconduct;
4. Interim rehabilitation;
5. Remoteness of prior offenses; and
6. How much control the physician has of processes in the specific practice setting.

**Historical Note**

New Section R4-16-605 recodified from R4-16-504 at 11 A.A.R. 1283, effective March 25, 2005 (Supp. 05-1).

**ARTICLE 7. OFFICE-BASED SURGERY USING SEDATION****R4-16-701. Health Care Institution License**

A physician who uses general anesthesia in the physician's office or other outpatient setting that is not part of a licensed hospital or licensed ambulatory surgical center when performing office-based surgery using sedation shall obtain a health care institution license as required by the Arizona Department of Health Services under A.R.S. Title 36, Chapter 4 and 9 A.A.C. 10.

**Historical Note**

New Section made by final rulemaking at 14 A.A.R. 380, effective January 8, 2008 (Supp. 08-1).

**R4-16-702. Administrative Provisions**

- A.** A physician who performs office-based surgery using sedation in the physician's office or other outpatient setting that is not part of a licensed hospital or licensed ambulatory surgical center shall:
1. Establish, document, and implement written policies and procedures that cover:
    - a. Patient's rights,
    - b. Informed consent,
    - c. Care of patients in an emergency, and
    - d. The transfer of patients;
  2. Ensure that a staff member who assists with or a health-care professional who participates in office-based surgery using sedation:
    - a. Has sufficient education, training, and experience to perform duties assigned;
    - b. If applicable, has a current license or certification to perform duties assigned; and
    - c. Performs only those acts that are within the scope of practice established in the staff member's or health care professional's governing statutes;
  3. Ensure that the office where the office-based surgery using sedation is performed has all equipment necessary:

- a. For the physician to safely perform the office-based surgery using sedation,
- b. For the physician or health care professional to safely administer the sedation,
- c. For the physician or health care professional to monitor the use of sedation, and
- d. For the physician and health care professional administering the sedation to rescue a patient after the sedation is administered to the patient and the patient enters into a deeper state of sedation than what was intended by the physician.

4. Ensure that a copy of the patient's rights policy is provided to each patient before performing office-based surgery using sedation;
5. Obtain informed consent from the patient before performing an office-based surgery using sedation that:
  - a. Authorizes the office-based surgery, and
  - b. Authorizes the office-based surgery to be performed in the physician's office; and
6. Review all policies and procedures every 12 months and update as needed.

**B.** A physician who performs office-based surgery using sedation shall comply with:

1. The local jurisdiction's fire code;
2. The local jurisdiction's building codes for construction and occupancy;
3. The biohazardous waste and hazardous waste standards in 18 A.A.C. 13, Article 14; and
4. The controlled drug administration, supply, and storage standards in 4 A.A.C. 23.

**Historical Note**

New Section made by final rulemaking at 14 A.A.R. 380, effective January 8, 2008 (Supp. 08-1).

**R4-16-703. Procedure and Patient Selection**

- A.** A physician shall ensure that each office-based surgery using sedation performed:
1. Can be safely performed with the equipment, staff members, and health care professionals at the physician's office;
  2. Is of duration and degree of complexity that allows a patient to be discharged from the physician's office within 24 hours;
  3. Is within the education, training, experience skills, and licensure of the physician; and
  4. Is within the education, training, experience, skills, and licensure of the staff members and health care professionals at the physician's office.
- B.** A physician shall not perform office-based surgery using sedation if the patient:
1. Has a medical condition or other condition that indicates the procedure should not be performed in the physician's office, or
  2. Will require inpatient services at a hospital.

**Historical Note**

New Section made by final rulemaking at 14 A.A.R. 380, effective January 8, 2008 (Supp. 08-1).

**R4-16-704. Sedation Monitoring Standards**

A physician who performs office-based surgery using sedation shall ensure from the time sedation is administered until post-sedation monitoring begins:

1. A quantitative method of assessing a patient's oxygenation, such as pulse oximetry, is used when minimal sedation is administered to the patient, and

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2. When moderate or deep sedation is administered to a patient:
  - a. A quantitative method of assessing the patient's oxygenation, such as pulse oximetry, is used;
  - b. The patient's ventilatory function is monitored by any of the following:
    - i. Direct observation,
    - ii. Auscultation, or
    - iii. Capnography;
  - c. The patient's circulatory function is monitored during the surgery by:
    - i. Having a continuously displayed electrocardiogram,
    - ii. Documenting arterial blood pressure and heart rate at least every five minutes, and
    - iii. Evaluating the patient's cardiovascular function by pulse plethysmography,
  - d. The patient's temperature is monitored if the physician expects the patient's temperature to fluctuate; and
  - e. That a licensed and qualified healthcare professional, other than the physician performing the office-based surgery, whose sole responsibility is attending to the patient, is present throughout the office-based surgery.

**Historical Note**

New Section made by final rulemaking at 14 A.A.R. 380, effective January 8, 2008 (Supp. 08-1).

**R4-16-705. Perioperative Period; Patient Discharge**

A physician performing office-based surgery using sedation shall ensure all of the following:

1. During office-based surgery using sedation, the physician is physically present in the room where office-based surgery is performed;
2. After the office-based surgery using sedation is performed, a physician is at the physician's office and sufficiently free of other duties to respond to an emergency until the patient's post-sedation monitoring is discontinued;
3. If using minimal sedation, the physician or a health care professional certified in ACLS, PALS, or BLS is at the physician's office and sufficiently free of other duties to respond to an emergency until the patient is discharged;
4. If using deep or moderate sedation, the physician or a health care professional certified in ACLS or PALS is at the physician's office and sufficiently free of other duties to respond to an emergency until the patient is discharged;
5. A discharge is documented in the patient's medical record including:
  - a. The time and date of the patient's discharge, and
  - b. A description of the patient's medical condition at the time of discharge; and
6. A patient receives discharge instructions and documents in the patient's medical record that the patient received the discharge instructions.

**Historical Note**

New Section made by final rulemaking at 14 A.A.R. 380, effective January 8, 2008 (Supp. 08-1).

**R4-16-706. Emergency Drugs; Equipment and Space Used for Office-Based Surgery Using Sedation**

- A. In addition to the requirements in R4-16-702(A)(3) and R4-16-703(A)(1), a physician who performs office-based surgery using sedation shall ensure that the physician's office has at a minimum:

1. The following:
  - a. A reliable oxygen source with a SaO<sub>2</sub> monitor;
  - b. Suction;
  - c. Resuscitation equipment, including a defibrillator;
  - d. Emergency drugs; and
  - e. A cardiac monitor;
2. The equipment for patient monitoring according to the standards in R4-16-704;
3. Space large enough to:
  - a. Allow for access to the patient during office-based surgery using sedation, recovery, and any emergency;
  - b. Accommodate all equipment necessary to perform the office-based surgery using sedation; and
  - c. Accommodate all equipment necessary for sedation monitoring;
4. A source of auxiliary electrical power available in the event of a power failure; and
5. Equipment, emergency drugs, and resuscitative capabilities required under this Section for patients less than 18 years of age, if office-based surgery using sedation is performed on these patients; and
6. Procedures to minimize the spread of infection.

- B. A physician who performs office-based surgery using sedation shall:

1. Ensure that all equipment used for office-based surgery using sedation is maintained, tested, and inspected according to manufacturer specifications, and
2. Maintain documentation of manufacturer-recommended maintenance of all equipment used in office-based surgery using sedation.

**Historical Note**

New Section made by final rulemaking at 14 A.A.R. 380, effective January 8, 2008 (Supp. 08-1).

**R4-16-707. Emergency and Transfer Provisions**

- A. A physician who performs office-based surgery using sedation shall ensure that before a health care professional participates in or staff member assists with office-based surgery using sedation, the health care professional and staff member receive instruction in the following:

1. Policy and procedure in cases of emergency,
2. Policy and procedure for office evacuation, and
3. Safe and timely patient transfer.

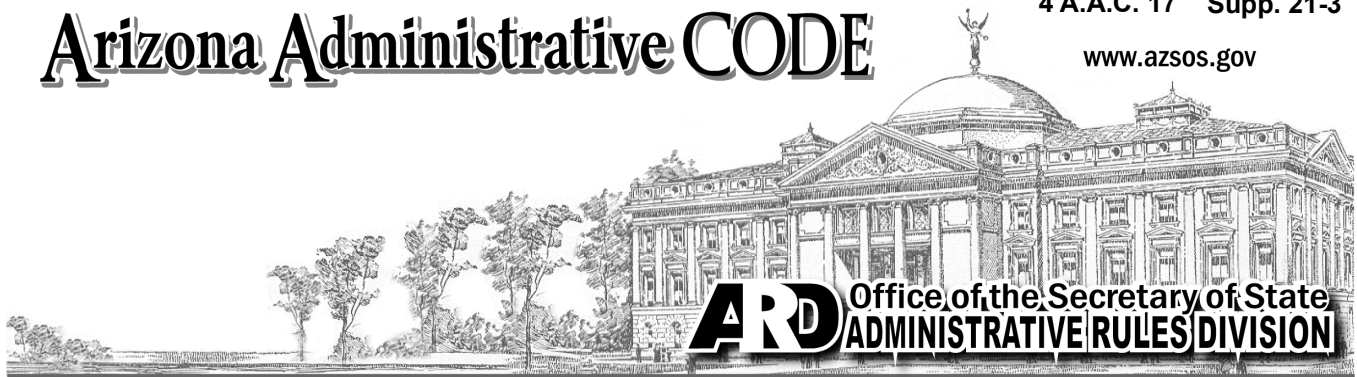
- B. When performing office-based surgery using sedation, a physician shall not use any drug or agent that trigger malignant hyperthermia.

**Historical Note**

New Section made by final rulemaking at 14 A.A.R. 380, effective January 8, 2008 (Supp. 08-1).

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## TITLE 4. PROFESSIONS AND OCCUPATIONS

### CHAPTER 17. ARIZONA REGULATORY BOARD OF PHYSICIAN ASSISTANTS

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

This Chapter contains rules that were filed to be codified in the *Arizona Administrative Code* between the dates of  
July 1, 2021 through September 30, 2021

<a href="#">Table 1.</a>	<a href="#">Time Frames (in days)</a>	<a href="#">3</a>	<a href="#">R4-17-204.</a>	<a href="#">Fees and Charges</a>	<a href="#">4</a>
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#### Questions about these rules? Contact:

Board: Arizona Medical Board  
Address: 1740 W. Adams St., Suite 4000  
Phoenix, AZ 85007  
Website: [www.azmd.gov](http://www.azmd.gov)  
Name: Patricia McSorley, Executive Director  
Telephone: (480) 551-2700  
Fax: (480) 551-2704  
E-mail: [patricia.mcsorley@azmd.gov](mailto:patricia.mcsorley@azmd.gov)

#### The release of this Chapter in Supp. 21-3 replaces Supp. 19-1, 1-7 pages

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

## PREFACE

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

Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

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### RULES

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

### THE ADMINISTRATIVE CODE

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

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

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

First Quarter: January 1 - March 31

Second Quarter: April 1 - June 30

Third Quarter: July 1 - September 30

Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2021 is cited as Supp. 21-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. This is why the Office lists only updated codified Sections on the previous page.

### AUTHENTICATION OF PDF CODE CHAPTERS

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

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

### HOW TO USE THE CODE

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

### ARIZONA REVISED STATUTE REFERENCES

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

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

### SESSION LAW REFERENCES

Arizona Session Law references in a Chapter can be found at the Secretary of State’s website, [www.azsos.gov](http://www.azsos.gov) under Services-> Legislative Filings.

### EXEMPTIONS FROM THE APA

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

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

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

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

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

### EXEMPTIONS AND PAPER COLOR

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

### PERSONAL USE/COMMERCIAL USE

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



## Administrative Rules Division

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

**TITLE 4. PROFESSIONS AND OCCUPATIONS****CHAPTER 17. ARIZONA REGULATORY BOARD OF PHYSICIAN ASSISTANTS**

Authority: A.R.S. § 32-2504

**Supp. 21-3**

**Editor's Note:** The name of the Joint Board on the Regulation of Physician's [sic] Assistants was changed to the Arizona Regulatory Board of Physician Assistants by Laws 2002, Ch. 277, § 7, effective August 22, 2002 (Supp. 03-2).

Laws 1984, Ch. 102, changed the name of the Joint Board of Medical Examiners and Osteopathic Examiners in Medicine and Surgery to Joint Board on the Regulation of Physician's Assistants.

Chapter 17 consisting of Article 1, Section R4-17-101; Article 2, Sections R4-17-201 through R4-17-204; Article 3, Sections R4-17-301 through R4-17-304; Article 4, Sections R4-17-401 and R4-17-402 adopted effective July 8, 1986.

Former Chapter 17 consisting of Article 1, Section R4-17-01; Article 2, Sections R4-17-02 through R4-17-06; Article 3, Sections R4-17-07 through R4-17-12; Article 4, Sections R4-17-13 through R4-17-17; Article 5, Sections R4-17-18 through R4-17-22; and Article 6, Section R4-17-23 repealed effective July 8, 1985.

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## CHAPTER 17. ARIZONA REGULATORY BOARD OF PHYSICIAN ASSISTANTS

**ARTICLE 1. GENERAL PROVISIONS****R4-17-101. Definitions**

For the purposes of A.R.S. Title 32, Chapter 25 and this Chapter:

1. "Ability to perform health care tasks authorized by A.R.S. § 32-2531" means:
  - a. The cognitive capacity to make clinical diagnoses and exercise medical judgments and to learn and keep abreast of medical developments through the completion of continuing medical education,
  - b. The ability to communicate medical judgments and medical information to patients and other professionals, and
  - c. The physical capability to perform the health care tasks authorized by A.R.S. § 32-2531.
2. "Applicant" means an individual seeking a regular license or renewal license.
3. "Category I" means a designation given to a continuing medical education activity provided by an institution or organization that has been accredited for continuing medical education by the:
  - a. Accreditation Council for Continuing Medical Education,
  - b. American Medical Association,
  - c. American Academy of Physician Assistants,
  - d. American Osteopathic Association,
  - e. Accreditation Council for Continuing Medical Education,
  - f. Accreditation Review Commission on Education for Physician Assistants, or
  - g. Commission on the Accreditation of Allied Health Education Programs.
4. "Controlled Substance" means the same as in A.R.S. § 32-1901.
5. "Dispense" means the same as in A.R.S. § 32-1901.
6. "Drug" means the same as in A.R.S. § 32-1901.
7. "Health care institution" means the same as in A.R.S. § 36-401.
8. "Health professional" means the same as in A.R.S. § 32-3201 or its equivalent in another state.
9. "Health profession regulatory authority" means a state or federal entity that issues and regulates health professional licenses.
10. "NCCPA" means the National Commission on the Certification of Physician Assistants.
11. "PANCE" means the Physician Assistant National Certifying Examination.
12. "PANRE" means the Physicians Assistants National Recertification Examination.
13. "Prescribe" means to issue:
  - a. A signed, written order to a pharmacist for drugs or medical devices; or
  - b. An order transmitted to a pharmacist by word of mouth, telephone, or other means of communication.
14. "Privileges" means the authority granted by a health care institution to a physician or physician assistant to practice medicine at the health care institution.
15. "Service" means personal delivery or mailing by certified mail to a physician assistant, supervising physician, or applicant affected by a decision of the Board at the physician assistant's, supervising physician's, or applicant's last known residence or place of business.
16. "State fiscal year" means from July 1 of one calendar year to June 30 of the next calendar year.
17. "Substance use disorder" means the maladaptive pattern of the use of a drug, alcohol, or chemical leading to

effects that are detrimental to an individual's physical or mental health.

**Historical Note**

Adopted effective July 8, 1986 (Supp. 86-4). Amended effective April 22, 1998 (Supp. 98-2). Amended by final rulemaking at 18 A.A.R. 2123, effective October 7, 2012 (Supp. 12-3).

**R4-17-102. Time-frames for Licenses and Approvals**

- A. The overall time-frame described in A.R.S. § 41-1072(2) for a regular license or renewal license is set forth in Table 1.
- B. The administrative completeness review time-frame described in A.R.S. § 41-1072(1) for a regular license or renewal license is set forth in Table 1 and begins on the date the Board receives an application.
  1. If the application is not administratively complete, the Board shall send a deficiency notice to the applicant.
    - a. The deficiency notice shall state each deficiency and the information needed to complete the application.
    - b. Within the time provided in Table 1 for response to the deficiency notice, the applicant shall submit to the Board the missing information specified in the deficiency notice. The time-frame for the Board to finish the administrative completeness review is suspended from the date the Board mails the deficiency notice to the applicant until the date the Board receives the missing information.
    - c. If the applicant does not submit the missing information within the time to respond to the deficiency notice set forth in Table 1, the Board shall send a written notice to the applicant informing the applicant that the application is deemed withdrawn.
  2. If the application is administratively complete, the Board shall send a written notice of administrative completeness to the applicant.
- C. The substantive review time-frame described in A.R.S. § 41-1072(3) for a regular license or renewal license is set forth in Table 1 and begins on the date the Board sends written notice of administrative completeness to the applicant.
  1. During the substantive review time-frame, the Board may make one comprehensive written request for additional information. The applicant shall submit the additional information within the time provided in Table 1 for response to a comprehensive written request for additional information. The time-frame for the Board to finish the substantive review is suspended from the date the Board mails the request until the Board receives the information.
  2. The Board shall issue a written notice informing the applicant that the application is deemed withdrawn if the applicant does not submit the requested additional information within the time-frame in Table 1.
  3. The Board shall issue a written notice of denial of a license or license renewal if the Board determines that the applicant does not meet all of the substantive criteria required by statute or this Chapter for licensure or license renewal.
  4. If the applicant meets all of the substantive criteria required by statute and this Chapter for a license or license renewal, the Board shall issue the license or license renewal to the applicant.
- D. In computing any period of time prescribed in this Section, the day of the act, event, or default shall not be included. The last day of the period shall be included unless it is Saturday, Sunday, or a state holiday, in which event the period runs until the end of the next day that is not a Saturday, Sunday, or state hol-

## CHAPTER 17. ARIZONA REGULATORY BOARD OF PHYSICIAN ASSISTANTS

iday. The computation shall include intermediate Saturdays, Sundays, and holidays. The time period for an applicant to respond to a deficiency notice or request for additional information shall commence on the date of personal service or the date of mailing.

**Historical Note**

Adopted effective April 22, 1998 (Supp. 98-2). Amended by final rulemaking at 18 A.A.R. 2123, effective October 7, 2012 (Supp. 12-3).

**Table 1. Time Frames (in days)**

Type of License	Overall Time Frame	Administrative Review Time Frame	Time to Respond to Deficiency Notice	Substantive Review Time Frame	Time to Respond to Request for Additional Information
Regular License including schedule II or schedule III controlled substances approval R4-17-203	120	30	365	90	90
License Renewal R4-17-206	75	30	60	45	60
Registration as an Out-of-state Health Care Provider of Telehealth Services A.R.S. § 36-3606(A)(3)	40	20	30	20	30

**Historical Note**

Adopted effective April 22, 1998 Amended by final exempt rulemaking at 27 A.A.R. 1647, with an immediate effective date of September 22, 2021 (Supp. 21-3). (Supp. 98-2). Amended by final rulemaking at 18 A.A.R. 2123, effective October 7, 2012 (Supp. 12-3). Amended by final rulemaking at 22 A.A.R. 3700, effective February 6, 2017 (Supp. 16-4). Amended by final exempt rulemaking at 27 A.A.R. 1647, with an immediate effective date of September 22, 2021 (Supp. 21-3).

**ARTICLE 2. PHYSICIAN ASSISTANT LICENSURE****R4-17-201. Repealed****Historical Note**

Adopted effective July 8, 1986 (Supp. 86-4). Section R4-17-201 renumbered to R4-17-202; new Section adopted effective April 22, 1998 (Supp. 98-2). Section repealed by final rulemaking at 18 A.A.R. 2123, effective October 7, 2012 (Supp. 12-3).

**R4-17-202. Examination**

An applicant for a regular license as a physician assistant shall pass the PANCE or PANRE and be certified by the NCCPA at the time of application for licensure.

**Historical Note**

Adopted effective July 8, 1986 (Supp. 86-4). Section repealed; new Section R4-17-202 renumbered from R4-17-201 and amended effective April 22, 1998 (Supp. 98-2). Amended by final rulemaking at 18 A.A.R. 2123, effective October 7, 2012 (Supp. 12-3). Amended by final rulemaking at 22 A.A.R. 3700, effective February 6, 2017 (Supp. 16-4).

**R4-17-203. Regular License Application**

A. An applicant for a regular license shall submit a completed application to the Board that includes:

1. The applicant's:
  - a. First, last, and middle name;
  - b. Every other name used by the applicant;
  - c. Social Security number;
  - d. Office, mailing, e-mail, and home addresses;
  - e. Office, mobile, and home telephone numbers; and
  - f. Birth date and state or country of birth;
2. The name and address of the approved program completed by the applicant and the date of completion;
3. The name of each state or province in which the applicant has ever been certified, registered, or licensed as a physician assistant, including the certificate, registration, or license number, and current status;
4. Whether the applicant has practiced as a physician assistant since graduation from a physician assistant program

or for 10 continuous years before the date the application was submitted to the Board and if not, an explanation;

5. A questionnaire that includes answers to the following:
  - a. Whether the applicant has had an application for a certificate, registration, or license refused or denied by any licensing authority, and if so, an explanation;
  - b. Whether the applicant has had the privilege of taking an examination for a professional license refused or denied by any entity, and if so, an explanation;
  - c. Whether the applicant has ever resigned or been requested to resign, been suspended or expelled from, been placed on probation, or been fined while enrolled in an approved program in a medical school or a postsecondary educational program, and if so, an explanation;
  - d. Whether, while attending an approved program, the applicant has ever had any action taken against the applicant by the approved program, resigned, or been asked to leave the approved program for any amount of time, and if so, an explanation;
  - e. Whether the applicant has ever surrendered a health professional license, and if so, an explanation;
  - f. Whether the applicant has ever had a health professional license suspended or revoked, or whether any other disciplinary action has ever been taken against a health professional license held by the licensee, and if so, an explanation;
  - g. Whether the applicant is currently under investigation by any health profession regulatory authority, health care association, licensed health care institution, or there are any pending complaints or disciplinary actions against the applicant, and if so, an explanation;
  - h. Whether the applicant has ever had any action taken against the applicant's privileges, including termination, resignation, or withdrawal by a health care institution or health profession regulatory authority, and if so, an explanation;
  - i. Whether the applicant has ever had a federal or state regulatory authority take any action against the applicant's authority to prescribe, dispense, or

## CHAPTER 17. ARIZONA REGULATORY BOARD OF PHYSICIAN ASSISTANTS

- administer controlled substances including revocation, suspension, or denial, or whether the applicant ever surrendered the authority in lieu of any of these actions, and if so, an explanation;
- j. Whether the applicant has ever been charged with, convicted of, pleaded guilty to, or entered into a plea of no contest to a felony or misdemeanor involving moral turpitude or has been pardoned or had a record expunged or vacated, and if so, an explanation;
  - k. Whether the applicant has ever been charged with or convicted of a violation of any federal or state drug statute, rule, or regulation, regardless of whether a sentence was or was not imposed, and if so, an explanation;
  - l. Whether the applicant has been named as a defendant in a malpractice matter currently pending or that resulted in a judgment or settlement entered against the applicant, and if so, an explanation;
  - m. Whether the applicant has ever been court-martialed or discharged other than honorably from any branch of military service, and if so, an explanation;
  - n. Whether the applicant has ever been involuntarily terminated from a health professional position, resigned, or been asked to leave the health care position, and if so, an explanation;
  - o. Whether the applicant has ever been convicted of insurance fraud or received a sanction, including limitation, suspension, or removal from practice, imposed by any state or the federal government, and if so, an explanation; and
  - p. Whether the applicant, within the three years before the date of the application, has completed 45 hours in pharmacology or clinical management of drug therapy or is certified by a national commission on the certification of physician assistants or its successor;
6. A confidential questionnaire that includes answers to the following:
    - a. Whether the applicant has received treatment within the last five years for use of alcohol or a controlled substance, prescription-only drug, or dangerous drug or narcotic or a physical, mental, emotional, or nervous disorder or condition that currently impairs the applicant's ability to exercise the judgment and skills of a medical professional;
    - b. If the answer to subsection (A)(6)(a) is yes:
      - i. A detailed description of the use, disorder, or condition; and
      - ii. An explanation of whether the use, disorder, or condition is reduced or ameliorated because the applicant receives ongoing treatment and if so, the name and contact information for all current treatment providers and for all monitoring or support programs in which the applicant is currently participating; and
    - c. A copy of any public or confidential agreement or order relating to the use, disorder, or condition, issued by a licensing agency or health care institution within the last five years, if applicable;
  7. Consistent with the Board's statutory authority, other information the Board may deem necessary to evaluate the applicant fully; and
  8. A sworn statement that complies with A.R.S. § 32-2522(C).
- B.** In addition to the requirements in subsection (A), an applicant shall submit the following to the Board:
1. Documentation of citizenship or alien status that conforms to A.R.S. § 41-1080;
  2. Documentation of a legal name change if the applicant's legal name is different from that shown on the document submitted in accordance with subsection (B)(1);
  3. A form provided by the Board and completed by the applicant that lists all current or past employment with health professionals or health care institutions within five years before the date of application or since graduation from a physician assistant program, if less than five years, including each health professional's or health care institution's name, address, and dates of employment;
  4. Verification of any medical malpractice matter currently pending or resulting in a settlement or judgment against the applicant, including a copy of the complaint and either the agreed terms of settlement or the judgment and a narrative statement specifying the nature of the occurrence resulting in the medical malpractice action. An applicant who is unable to obtain a document required under this subsection may submit a written request for a waiver of the requirement. The applicant shall include the following information in a request for waiver:
    - a. The document for which waiver is requested;
    - b. Detailed description of efforts made by the applicant to provide the required document; and
    - c. Reason the applicant's inability to provide the required document is due to no fault of the applicant; and
  5. The fee required in R4-17-204.
- C.** In addition to the requirements in subsections (A) and (B), an applicant shall have the following directly submitted to the Board:
1. A copy of the applicant's certificate of successful completion of the PANCE or PANRE and the applicant's examination score provided by the NCCPA;
  2. An approved program form provided by the Board, completed and signed by the director or administrator of the approved program that granted the applicant a physician assistant degree, that includes the:
    - a. Applicant's full name,
    - b. Type of degree earned by the applicant,
    - c. Name of the physician assistant program completed by the applicant,
    - d. Starting and ending dates, and
    - e. Date the applicant's degree was granted.
- D.** The Board's issuance of a regular license to an applicant certifies the applicant to issue, dispense, or administer schedule II or schedule III controlled substances, subject to the limits and requirements specified in A.R.S. § 32-2532. Additionally, beginning October 1, 2018, a physician assistant previously certified by the Board for 30-day prescription privileges for schedule II or schedule III controlled substances is certified for 90-day prescription privileges for schedule II or schedule III controlled substances that are not opioids or benzodiazepine.

**Historical Note**

Adopted effective July 8, 1986 (Supp. 86-4). Section repealed; new Section adopted effective April 22, 1998 (Supp. 98-2). Amended by final rulemaking at 18 A.A.R. 2123, effective October 7, 2012 (Supp. 12-3). Amended by final rulemaking at 22 A.A.R. 3700, effective February 6, 2017 (Supp. 16-4). Amended by final rulemaking at 25 A.A.R. 401, effective April 6, 2019 (Supp. 19-1).

**R4-17-204. Fees and Charges**

- A.** As expressly authorized under A.R.S. § 32-2526(A)(1) through (4), the Board shall charge the following fees:
1. License application - \$125.00;

## CHAPTER 17. ARIZONA REGULATORY BOARD OF PHYSICIAN ASSISTANTS

2. Regular license - \$370.00, prorated for each month remaining in the biennial period;
  3. Regular license renewal - \$370.00 if the renewal application is postmarked no later than the applicant's birthdate; and
  4. Penalty for late renewal - \$100.00.
- B.** Under the specific authority provided by A.R.S. § 36-3606(A)(3), the Board establishes and shall collect the following fee to register as an out-of-state health care provider of telehealth services: \$200.
- C.** The fees specified in subsections (A) and (B) are nonrefundable unless A.R.S. §§ 32-2526(B) or 41-1077 applies.
- D.** As expressly authorized under A.R.S. § 32-2526(A)(5) through (9), the Board establishes the following charges for providing the services listed:
1. Duplicate license - \$25.00;
  2. Copies of Board documents - \$1.00 for first three pages, \$.25 for each additional page;
  3. Medical Directory (CD-ROM) - \$30.00;
  4. Data Disk - \$100.00; and
  5. License verification - \$10.00.

**Historical Note**

Adopted effective July 8, 1986 (Supp. 86-4). Section repealed; new Section adopted effective April 22, 1998 (Supp. 98-2). Section repealed; new Section adopted by final rulemaking at 18 A.A.R. 2123, effective October 7, 2012 (Supp. 12-3). Amended by final rulemaking at 22 A.A.R. 3700, effective February 6, 2017 (Supp. 16-4). Amended by final exempt rulemaking at 27 A.A.R. 1647, with an immediate effective date of September 22, 2021 (Supp. 21-3).

**R4-17-205. Continuing Medical Education; Request for Extension of Time**

- A.** Under A.R.S. § 32-2523(A), renewal of a license is conditioned on the licensee completing 40 hours of category I continuing medical education during each biennial license period.
- B.** During a licensee's first biennial license period, the licensee may complete a pro-rated number of continuing medical education hours established by the Board.
- C.** A licensee who is unable to complete the required hours of continuing medical education for any of the reasons in A.R.S. § 32-2523(E) may submit a written request to the Board for an extension no later than 30 days before expiration of the license that contains:
1. The name, address, and telephone number of the licensee;
  2. The reason for the request;
  3. The number of continuing medical education hours completed during the biennial license period;
  4. The dates on which the remaining hours of continuing medical education are scheduled to be completed; and
  5. The signature of the licensee.
- D.** The Board shall send a written notice of approval of the extension within seven days from the date of receipt of the request if the Board determines:
1. The extension is needed for a reason specified in A.R.S. § 32-2523(E),
  2. The remaining hours of continuing medical education are scheduled to be completed within 30 days, and
  3. The extension is in the best interest of the state.

**Historical Note**

Adopted effective April 22, 1998 (Supp. 98-2). Amended by final rulemaking at 18 A.A.R. 2123, effective October

7, 2012 (Supp. 12-3). Amended by final rulemaking at 22 A.A.R. 3700, effective February 6, 2017 (Supp. 16-4).

**R4-17-206. License Renewal**

- A.** To renew a license, a licensee shall submit a completed application to the Board that includes:
1. An application form that contains the licensee's:
    - a. First, last, and middle names;
    - b. Arizona license number;
    - c. Office, mailing, e-mail, and home addresses;
    - d. Office, mobile, and home telephone numbers;
  2. A questionnaire that includes answers to the following since the last renewal date:
    - a. Whether the licensee has had an application for a certificate, registration, or license refused or denied by any licensing authority, and if so, an explanation;
    - b. Whether the licensee has had the privilege of taking an examination for a professional license refused or denied by any entity, and if so, an explanation;
    - c. Whether the licensee has voluntarily surrendered a health care professional license, and if so, an explanation;
    - d. Whether the licensee has had a health professional license suspended or revoked, or whether any other disciplinary action has been taken against a health professional license held by the licensee, and if so, an explanation;
    - e. Whether the licensee has had any action taken against the applicant's privileges, including termination, resignation, or withdrawal by a health care institution or health profession regulatory authority, and if so, an explanation;
    - f. Whether the licensee has had a federal or state regulatory authority take any action against the licensee's authority to prescribe, dispense, or administer controlled substances including revocation, suspension, or denial, or whether the applicant surrendered the authority in lieu of any of these actions, and if so, an explanation;
    - g. Whether the licensee has been charged with, convicted of, pleaded guilty to, or entered into a plea of no contest to a felony or misdemeanor involving moral turpitude or an alcohol- or drug-related offense in any state, or has been pardoned or had a record expunged or vacated, and if so, an explanation;
    - h. Whether the licensee has been court-martialed or discharged other than honorably from any branch of military service, and if so, an explanation;
    - i. Whether the licensee has been involuntarily terminated from a health professional position with any city, county, state, or federal government, and if so, an explanation;
    - j. Whether the licensee has been convicted of insurance fraud or a state or the federal government has sanctioned or taken any action against the licensee, such as suspension or removal from practice, and if so, an explanation;
  3. Consistent with the Board's statutory authority, other information the Board may deem necessary to evaluate the licensee fully;
  4. A dated and sworn statement by the licensee verifying that during the past biennial license period, the licensee completed at least 40 hours of Category I continuing medical education as required by A.R.S. § 32-2523;
  5. The fee required in R4-17-204;

## CHAPTER 17. ARIZONA REGULATORY BOARD OF PHYSICIAN ASSISTANTS

6. A confidential questionnaire that includes answers to the following:
  - a. Whether the applicant has received treatment since the last renewal for use of alcohol or a controlled substance, prescription-only drug, or dangerous drug or narcotic or a physical, mental, emotional, or nervous disorder or condition that currently impairs the applicant's ability to exercise the judgment and skills of a medical professional;
  - b. If the answer to subsection (A)(6)(a) is yes:
    - i. A detailed description of the use, disorder, or condition; and
    - ii. An explanation of whether the use, disorder, or condition is reduced or ameliorated because the applicant receives ongoing treatment and if so, the name and contact information for all current treatment providers and for all monitoring or support programs in which the applicant is currently participating; and
  - c. A copy of any public or confidential agreement or order relating to the use, disorder, or condition, issued by a licensing agency or health care institution since the last renewal, if applicable; and
7. If the document submitted under R4-17-203(B)(1) was a limited form of work authorization issued by the federal government, evidence that the licensee's presence in the U.S. continues to be authorized under federal law.

- B.** Under A.R.S. §32-2523(A), the Board shall randomly select at least 10 percent of renewal applications submitted by licensees who are not currently certified by a national certification organization to verify compliance with the continuing medical education requirement specified in R4-17-205(A). If selected, a licensee shall submit to the Board documents that verify compliance with the continuing medical education requirement.

**Historical Note**

Adopted effective April 22, 1998 (Supp. 98-2). Amended by final rulemaking at 18 A.A.R. 2123, effective October 7, 2012 (Supp. 12-3). Amended by final rulemaking at 22 A.A.R. 3700, effective February 6, 2017 (Supp. 16-4).

**R4-17-207. Denial of License or Extension to Complete Continuing Education**

An applicant for a license who is denied the license or a physician assistant who is denied an extension to complete continuing medical education may request a hearing to contest the matter by filing a written notice with the Board within 30 days of receipt of notice of the Board's action. A hearing shall be conducted in accordance with A.R.S. Title 41, Chapter 6, Article 6 and Article 10.

**Historical Note**

Adopted effective April 22, 1998 (Supp. 98-2). Amended by final rulemaking at 18 A.A.R. 2123, effective October 7, 2012 (Supp. 12-3).

**R4-17-208. Expired****Historical Note**

Adopted effective April 22, 1998 (Supp. 98-2). Section expired under A.R.S. § 41-1056(E) at 11 A.A.R. 1569, effective March 31, 2005 (Supp. 05-2).

**ARTICLE 3. DUTIES OF THE EXECUTIVE DIRECTOR****R4-17-301. Dismissal of Complaint**

- A.** The executive director, with concurrence of the investigative staff, shall dismiss a complaint if review shows the complaint is without merit and dismissal is appropriate.
- B.** The executive director shall provide to the Board, at each regularly scheduled Board meeting, a list of physician assistants

about whom complaints were dismissed since the preceding Board meeting.

**Historical Note**

Adopted effective July 8, 1986 (Supp. 86-4). Section R4-17-301 renumbered to R4-17-302; new Section R4-17-301 adopted effective April 22, 1998 (Supp. 98-2). Section repealed by final rulemaking at 18 A.A.R. 2123, effective October 7, 2012 (Supp. 12-3). New Section made by final rulemaking at 22 A.A.R. 3700, effective February 6, 2017 (Supp. 16-4).

**R4-17-302. Referral to Formal Hearing**

- A.** The executive director may refer a case directly to a formal hearing if the investigative staff, medical consultant, and lead Board member concur after review of the case that a formal hearing is appropriate.
- B.** The executive director shall provide to the Board, at each regularly scheduled Board meeting, a list of the physician assistants whose cases were referred to formal hearing since the preceding Board meeting and indicate whether each case was referred because it involves revocation, suspension, out-of-state disciplinary action, or complexity.

**Historical Note**

Adopted effective July 8, 1986 (Supp. 86-4). Section repealed; new Section renumbered from R4-17-301 and amended effective April 22, 1998 (Supp. 98-2). Section repealed by final rulemaking at 18 A.A.R. 2123, effective October 7, 2012 (Supp. 12-3). New Section made by final rulemaking at 22 A.A.R. 3700, effective February 6, 2017 (Supp. 16-4).

**R4-17-303. Non-disciplinary Consent Agreement**

The executive director may enter into a consent agreement under A.R.S. § 32-2505(C)(23) with a physician assistant to limit the physician assistant's practice or rehabilitate the physician assistant if there is evidence the physician assistant is mentally or physically unable to engage in the practice of medicine safely and the investigative staff, medical consultant, and lead Board member concur after review of the case that a consent agreement is appropriate.

**Historical Note**

Adopted effective July 8, 1986 (Supp. 86-4). Section renumbered to R4-17-304; new Section R4-17-303 adopted effective April 22, 1998 (Supp. 98-2). Section repealed by final rulemaking at 18 A.A.R. 2123, effective October 7, 2012 (Supp. 12-3). New Section made by final rulemaking at 22 A.A.R. 3700, effective February 6, 2017 (Supp. 16-4).

**R4-17-304. Request for Inactive Status and License Cancellation**

- A.** If a physician assistant requests inactive status or license cancellation, meets the requirements of A.R.S. §§ 32-2525 or 32-2528, and is not participating in the program defined under A.R.S. § 32-2552(E), the executive director shall grant the request.
- B.** The executive director shall provide to the Board, at each regularly scheduled Board meeting, a list of the individuals granted inactive or cancelled license status since the preceding Board meeting.

**Historical Note**

Adopted effective July 8, 1986 (Supp. 86-4). Section R4-17-304 renumbered to R4-17-305; new Section R4-17-304 renumbered from R4-17-303 and amended effective April 22, 1998 (Supp. 98-2). Section repealed by final rulemaking at 18 A.A.R. 2123, effective October 7, 2012



## CHAPTER 17. ARIZONA REGULATORY BOARD OF PHYSICIAN ASSISTANTS

(Supp. 12-3). New Section made by final rulemaking at 22 A.A.R. 3700, effective February 6, 2017 (Supp. 16-4).

**R4-17-305. Referral to Formal Interview**

The executive director shall refer a case to a formal interview on a future Board meeting agenda if the investigative staff, lead Board member, and in cases involving quality of care, the medical consultant, concur after review of the case that a formal interview is appropriate.

**Historical Note**

New Section R4-17-305 renumbered from R4-17-304 and amended effective April 22, 1998 (Supp. 98-2). Section repealed by final rulemaking at 18 A.A.R. 2123, effective October 7, 2012 (Supp. 12-3). New Section made by final rulemaking at 22 A.A.R. 3700, effective February 6, 2017 (Supp. 16-4).

**R4-17-306. Denial of License**

- A. The executive director shall deny a license to an applicant if the executive director, in consultation with the investigative staff and medical consultant concur after review of the application, that the applicant does not meet the statutory requirements for licensure.
- B. The executive director shall provide to the Board, at each regularly scheduled Board meeting, a list of the physician assistants whose applications were denied since the preceding Board meeting.

**Historical Note**

New Section made by final rulemaking at 22 A.A.R. 3700, effective February 6, 2017 (Supp. 16-4).

**ARTICLE 4. REGULATION****R4-17-401. Expired****Historical Note**

Adopted effective July 8, 1986 (Supp. 86-4). Section R4-17-401 renumbered to R4-17-402; new Section R4-17-401 adopted effective April 22, 1998 (Supp. 98-2). Section expired under A.R.S. § 41-1056(E) at 11 A.A.R. 1569, effective March 31, 2005 (Supp. 05-2).

**R4-17-402. Repealed****Historical Note**

Adopted effective July 8, 1986 (Supp. 86-4). Section R4-17-402 renumbered to R4-17-403; new Section R4-17-402 renumbered from R4-17-401 and amended effective April 22, 1998 (Supp. 98-2). Section repealed by final rulemaking at 18 A.A.R. 2123, effective October 7, 2012 (Supp. 12-3).

**R4-17-403. Rehearing or Review**

- A. Except as provided in subsection (B), a party who is aggrieved by a decision issued by the Board may file with the Board, no later than 30 days after service of the decision, a written request for rehearing or review of the decision, specifying the grounds for rehearing or review. For purposes of this Section, a decision is considered to have been served when personally delivered to the party's last known home or business address

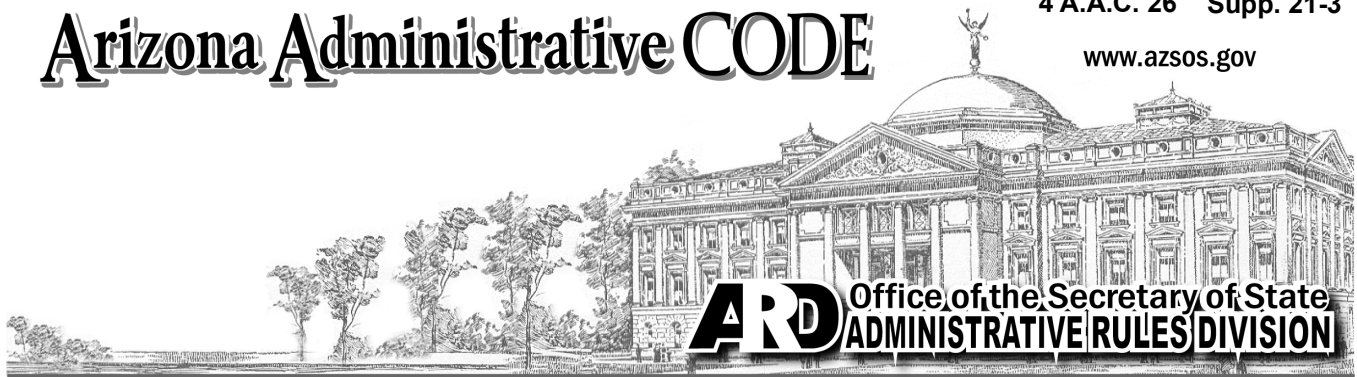
or five days after the decision is mailed by certified mail to the party or the party's attorney.

- B. If the Board makes specific findings that the immediate effectiveness of the decision is necessary for the preservation of the public health and safety and determines that a rehearing or review of the decision is impracticable, unnecessary, or contrary to the public interest, the Board may issue the decision as a final decision without an opportunity for rehearing or review. If the Board issues the decision as a final decision, without an opportunity for a rehearing or review, the aggrieved party may make an application for judicial review within the time limits permitted for an application for judicial review of the Board's final decision under A.R.S. § 12-904.
- C. A party filing a request for rehearing or review may amend the request at any time before it is ruled upon by the Board. Another party may file a response within 15 days after the date the request or amended request for rehearing is filed. The Board may require a party to file supplemental memoranda explaining the issues raised in the request or response and may permit oral argument.
- D. The Board may grant a rehearing or review of a decision for any of the following causes materially affecting the requesting party's rights:
  1. Irregularity in the Board's or administrative law judge's administrative proceedings or any order or abuse of discretion that deprived the party of a fair hearing;
  2. Misconduct of the Board, administrative law judge, or the prevailing party;
  3. Accident or surprise that could not have been prevented by ordinary prudence;
  4. Newly discovered material evidence that could not, with reasonable diligence, have been discovered and produced at the original hearing;
  5. Excessive or insufficient penalties;
  6. Error in the admission or rejection of evidence, or other errors of law that occurred at the hearing;
  7. The decision is the result of passion or prejudice; or
  8. The decision or findings of fact are not justified by the evidence or are contrary to law.
- E. The Board may affirm or modify a decision or grant rehearing or review on all or part of the issues for any of the reasons set forth in subsection (D). An order granting a rehearing or review shall specify each ground for the rehearing or review.
- F. No later than 30 days after a decision is issued by the Board, the Board on its own initiative may order a rehearing or review for any reason in subsection (D).
- G. When a request for rehearing or review is based on affidavits, a party shall serve the affidavits with the request. The opposing party may, within 10 days after service, serve opposing affidavits. The Board may extend the time for serving opposing affidavits for no more than 20 days for good cause shown or by written stipulation by the parties. The Board may permit reply affidavits.

**Historical Note**

New Section R4-17-403 renumbered from R4-17-402 and amended effective April 22, 1998 (Supp. 98-2). Amended by final rulemaking at 18 A.A.R. 2123, effective October 7, 2012 (Supp. 12-3).

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## TITLE 4. PROFESSIONS AND OCCUPATIONS

### CHAPTER 26. BOARD OF PSYCHOLOGIST EXAMINERS

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

This Chapter contains rules that were filed to be codified in the *Arizona Administrative Code* between the dates of  
July 1, 2021 through September 30, 2021

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#### Questions about these rules? Contact:

Board: Board of Psychologist Examiners  
Address: 1740 W. Adams Street, Ste. 3403  
Phoenix, AZ 85007  
Website: <http://www.psychboard.az.gov>  
Name: Heidi Herbst Paakkonen, Executive Director  
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E-mail: [heidi.paakkonen@psychboard.az.gov](mailto:heidi.paakkonen@psychboard.az.gov)

#### The release of this Chapter in Supp. 21-3 replaces Supp. 20-2, 1-27 pages

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

## PREFACE

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

Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

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### RULES

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

### THE ADMINISTRATIVE CODE

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

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

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

First Quarter: January 1 - March 31  
Second Quarter: April 1 - June 30  
Third Quarter: July 1 - September 30  
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2021 is cited as Supp. 21-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. This is why the Office lists only updated codified Sections on the previous page.

### AUTHENTICATION OF PDF CODE CHAPTERS

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

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

### HOW TO USE THE CODE

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

### ARIZONA REVISED STATUTE REFERENCES

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

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

### SESSION LAW REFERENCES

Arizona Session Law references in a Chapter can be found at the Secretary of State’s website, [www.azsos.gov](http://www.azsos.gov) under Services-> Legislative Filings.

### EXEMPTIONS FROM THE APA

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

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

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

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

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

### EXEMPTIONS AND PAPER COLOR

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

### PERSONAL USE/COMMERCIAL USE

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



## Administrative Rules Division

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

## TITLE 4. PROFESSIONS AND OCCUPATIONS

## CHAPTER 26. BOARD OF PSYCHOLOGIST EXAMINERS

Authority: A.R.S. § 32-2063(A)(9) and (12)

## Supp. 21-3

*Editor's Note: This Chapter contains amendments that were filed with the Secretary of State on March 3, 1995. At the time of filing, the original copy of the rulemaking package differed from the copy of the package filed at the same time. The Secretary of State uses the copy to prepare the Code supplement. The agency notified the Secretary of State that the wrong version was used. That led to the Secretary of State's discovery of the two versions filed in March 1995. The Secretary of State then used the original package to publish a corrected edition with Supp. 95-2. The Secretary of State has since been advised by the Attorney General that the original version as published with Supp. 95-1 was correct with the exception of one phrase in R4-26-207 that was inadvertently omitted. With this publication, this Chapter reflects the correct amendments, and the omitted phrase in R4-26-207 has now been added.*

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## CHAPTER 26. BOARD OF PSYCHOLOGIST EXAMINERS

## ARTICLE 1. GENERAL PROVISIONS

## R4-26-101. Definitions

A. The definitions in A.R.S. § 32-2061 apply to this Chapter.

B. Additionally, in this Chapter:

1. "Additional examination" means an examination administered by the Board to determine the competency of an applicant and may include questions about the applicant's knowledge and application of Arizona law, the practice of psychology, ethical conduct, and psychological assessment and treatment practices.
2. "Administrative completeness review" means the Board's process for determining that an applicant has provided all of the information and documents required by the Board to determine whether to grant a license to the applicant.
3. "Advertising" means any media used to disseminate information regarding the qualifications of a psychologist or to solicit clients or patients for psychological services, regardless of whether the psychologist pays for the advertising. Methods of advertising include a published statement or announcement, directory listing, business card, personal resume, brochure, or any electronic communication conveying the psychologist's professional qualifications or promoting use of the psychologist's professional services.
4. "Applicant" means an individual requesting licensure, renewal, or approval from the Board.
5. "Application packet" means the forms and documents the Board requires an applicant to submit to the Board.
6. "Applied psychology," as used in A.R.S. § 32-2071(A), means the practice of psychology in the area of health service delivery. The Board shall consider education and training in applied psychology as qualification for licensure only if the education and training meet the standards specified in A.R.S. § 32-2071.
7. "Case," in the context of R4-26-106 (G), means a legal cause of action instituted before an administrative tribunal or in a judicial forum that relates to a psychologist's practice of psychology.
8. "Case conference" means a meeting that includes the discussion of a particular client or patient or case that is related to the practice of psychology.
9. "Client or patient record" means "adequate records" as defined in A.R.S. § 32-2061(2), "medical records" as defined in A.R.S. § 12-2291 (6), and all records pertaining to assessment, evaluation, consultation, intervention, treatment, or the provision of psychological services in any form or by any medium.
10. "Complaint Screening Committee" means the committee of the Board established under A.R.S. § 32-2081 (H) to conduct an initial review of all complaints.
11. "Confidential record" means:
  - a. Minutes of an executive session of the Board;
  - b. A record that is classified as confidential by a statute or rule applicable to the Board;
  - c. All materials relating to an investigation by the Board, including a complaint, response, client or patient record, witness statement, investigative report, and any other information relating to a client's or patient's diagnosis, treatment, or personal or family life; and
  - d. The following regarding an applicant or licensee:
    - i. College or university transcripts;
    - ii. Home address, home telephone number, and e-mail address;
    - iii. Examination scores;
    - iv. Date of birth v. Place of birth;
- vi. Social Security number; and
- vii. Candidate identification number for the national examination required under A.R.S. § 32-2072(A).
12. "Credentialing agency" means the Association of State and Provincial Psychology Boards, the National Register of Health Service Providers in Psychology, or the American Board of Professional Psychology.
13. "Day" means a calendar day except in A.R.S. § 32-2075(A)(4), "day" means a total of eight hours in providing psychological services regardless of the number of calendar days over which the hours are accumulated.
14. "Diplomate or specialist" means a status bestowed on a person by the American Board of Professional Psychology after successful completion of the work and examinations required.
15. "Directly available," as used in A.R.S. § 32-2071 (F)(2), means immediately available in person or by telephone or electronic transmission.
16. "Disaster," as used in A.R.S. § 32-2075(A)(4), means a contingency or situation for which the governor declares a state of emergency under the authority provided at A.R.S. § 35-192. The Board acknowledges any state of emergency declared by the governor or determined by the Board.
17. "Dissertation" means a document prepared as part of a graduate doctoral program that includes, at a minimum, separate sections that:
  - a. Review the literature on the psychology topic being investigated and state each research question and hypothesis under investigation;
  - b. Describe the method or procedure used to investigate each research question or hypothesis;
  - c. Describe and summarize the findings and results of the investigation;
  - d. Discuss the findings and compare them to the relevant literature presented in the literature review section; and
  - e. List the references used in the various sections of the dissertation, a majority of which are either journals of the American Psychological Association, Psychological Abstracts, or classified as a psychology subject by the Library of Congress.
18. "Fellow" means a status bestowed on a person by a psychology association or society.
19. "Gross negligence" means an extreme departure from the ordinary standard of care.
20. "Internship training program" means the supervised professional experience required in A.R.S. § 32-2071 (F).
21. "Last client or patient activity," as used in R4-26-106, means the last date a particular client or patient received direct clinical contact from the psychologist retaining the client's or patient's record.
22. "License period" means:
  - a. For a licensee who holds an odd-numbered license, the two years between the first day of the month after the licensee's birth month of one odd-numbered year and the last day of the licensee's birth month of the next odd-numbered year; and
  - b. For a licensee who holds an even-numbered license, the two years between the first day of the month after the licensee's birth month of one even-numbered year and the last day of the licensee's birth month of the next even-numbered year.

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23. "National examination" means the Examination for Professional Practice in Psychology provided by the Association of State and Provincial Psychology Boards.
24. "Party" means the Board, an applicant, a licensee, or the state.
25. "Practice monitor," as used in R4-26-310, means a Board-approved licensed psychologist who monitors or oversees the remediation of the practice of another psychologist as part of a disciplinary process.
26. "Primarily psychological," in the context of A.R.S. § 32-2071(A)(6), means subject matter that covers the practice of psychology as defined in A.R.S. § 32-2061 (9).
27. "Psychologist on staff," as used in A.R.S. § 32-2071(F)(2), means a psychologist who is designated by the staff psychologist specified in A.R.S. § 32-2071(F)(1) to fulfill the responsibilities of a supervising psychologist in the training program.
28. "Psychometric testing" means measuring cognitive and emotional processes and learning through the administration of psychological tests.
29. "Raw test data" means test scores, client or patient responses to test questions or stimuli, and notes and recordings concerning client or patient statements and behavior during a psychologist's assessment and evaluation.
30. "Regulatory jurisdiction" means a state or territory of the U.S., the District of Columbia, or a foreign country with authority to grant or deny entry into a profession or occupation.
31. "Renewal year" means:
  - a. Each odd-numbered year for a licensee who holds an odd-numbered license, and
  - b. Each even-numbered year for a licensee who holds an even-numbered license.
32. "Retired," as used in A.R.S. § 32-2073 (G), means a psychologist has stopped practicing psychology, as defined in A.R.S. § 32-2061 (9).
33. "Stipend" means a fee paid to a supervisee that is not based on productivity or revenue generated.
34. "Substantive review" means the Board's process for determining whether an applicant meets the requirements of A.R.S. § 32-2071 through § 32-2076 and this Chapter.
35. "Successfully completing," as used in A.R.S. § 32-2071(A)(4), means receiving a passing grade in a course from an institution of higher education.
36. "Supervision," as used in R4-26-310, means review and oversight of the professional work of a psychologist by a Board-approved licensed psychologist as part of a disciplinary process.
37. "Supervise" means to control, oversee, and review the activities of an employee, intern, trainee, or resident who provides psychological services.
38. "Supervisor," as referenced in A.R.S. § 32-2071(F)(2), means an individual who is:
  - a. Licensed or registered as a psychologist at the independent level in the regulatory jurisdiction in which the supervision occurs,
  - b. On staff as a supervisor with the training program for which supervision is provided, and
  - c. Directly available to the supervisee in case of an emergency or ensures another supervisor is directly available to the supervisee.
39. "Year," as used in A.R.S. § 32-2075(A)(4) means a calendar year.

**Historical Note**

Former Rule 1; Former Section R4-26-01 repealed, new Section R4-26-01 adopted effective July 27, 1979 (Supp. 79-4). Amended effective June 17, 1981 (Supp. 81-3). Former Section R4-26-101 renumbered to R4-26-102; new Section R4-26-101 adopted effective March 3, 1995 (Supp. 95-1). Corrections made to text; agency filed different versions of text in original and copies; corrections reflect the original version (Supp. 95-2). Pursuant to the advice of the Attorney General, the text of this Section now contains the text certified by the Attorney General and filed as a copy effective March 3, 1995 (Supp. 95-3). Amended by final rulemaking at 5 A.A.R. 737, effective February 19, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 3297, effective August 7, 2000 (Supp. 00-3). Amended by final rulemaking at 9 A.A.R. 778, effective April 12, 2003 (Supp. 03-1). Amended by final rulemaking at 10 A.A.R. 4743, effective January 1, 2005 (Supp. 04-4). Amended by final rulemaking at 13 A.A.R. 1493, effective June 2, 2007 (Supp. 07-2). Amended by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4). Amended by final rulemaking at 22 A.A.R. 3083, October 4, 2016 (Supp. 16-4).

**R4-26-102. Board Officers**

- A. Under A.R.S. § 32-2063(A)(8), the Board shall annually elect a chairperson, vice chairperson, and secretary.
- B. Officers elected under subsection (A) shall take office on January 1 following election and serve until December 31.
- C. If a vacancy occurs in the office of chairperson, vice chairperson, or secretary, the Board shall elect a replacement officer at the next scheduled Board meeting.

**Historical Note**

Former Rule 2; Amended effective November 22, 1977 (Supp. 77-6). Repealed effective September 15, 1978 (Supp. 78-5). New Section R4-26-02 adopted effective July 27, 1979 (Supp. 79-4). Amended effective July 3, 1991 (Supp. 91-3). Former Section R4-26-102 renumbered to R4-26-103; new Section R4-26-102 renumbered from R4-26-101 and amended effective March 3, 1995 (Supp. 95-1). Pursuant to the advice of the Attorney General, the text of this Section now contains the text certified by the Attorney General and filed as a copy effective March 3, 1995 (Supp. 95-3). Amended by final rulemaking at 6 A.A.R. 3297, effective August 7, 2000 (Supp. 00-3). Amended by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4).

**R4-26-103. Repealed****Historical Note**

Former Rule 3; Amended effective November 22, 1977 (Supp. 77-6). Repealed effective September 15, 1978 (Supp. 78-5). New Section R4-26-03 adopted effective July 27, 1979 (Supp. 79-4). Former Section R4-26-103 renumbered to R4-26-104; new Section R4-26-103 renumbered from R4-26-102 and amended effective March 3, 1995 (Supp. 95-1). Pursuant to the advice of the Attorney General, the text of this Section now contains the text certified by the Attorney General and filed as a copy effective March 3, 1995 (Supp. 95-3). Amended by final rulemaking at 6 A.A.R. 3297, effective August 7, 2000 (Supp. 00-3). Repealed by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4).

**R4-26-104. Committees**



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- A. As permitted under A.R.S. § 32-2064(B), the Board chairperson may appoint Board committees to assist the Board to fulfill the Board's responsibilities.
- B. The Board may appoint consulting committees to conduct investigations and make recommendations to the Board concerning official actions.

**Historical Note**

Former Rule 4; Former Section R4-26-04 repealed effective November 22, 1977 (Supp. 77-6). New Section R4-26-04 adopted effective September 15, 1978 (Supp. 78-5). Former Section R4-26-04 repealed, new Section R4-26-04 adopted effective July 27, 1979 (Supp. 79-4). Amended effective June 17, 1981 (Supp. 81-3). Correction, paragraph (2), subparagraph (f) as amended effective June 17, 1981 (Supp. 84-1). Amended effective July 3, 1991 (Supp. 91-3). Former Section R4-26-104 renumbered to R4-26-105; new Section R4-26-104 renumbered from R4-26-103 and amended effective March 3, 1995 (Supp. 95-1). Pursuant to the advice of the Attorney General, the text of this Section now contains the text certified by the Attorney General and filed as a copy effective March 3, 1995 (Supp. 95-3). Amended by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4).

**R4-26-105. Board Records**

- A. A person may view public records in the Board office only during business hours, which are Monday through Friday from 8:00 a.m. to 5:00 p.m., excluding holidays.
- B. All Board records are open to public inspection and copying except confidential records as defined in R4-26-101 or as otherwise provided by law.

**Historical Note**

Former Rule 5; Former Section R4-26-05 repealed effective November 22, 1977 (Supp. 77-6). New Section R4-26-05 adopted effective September 15, 1978 (Supp. 78-5). Former Section R4-26-05 repealed effective September 15, 1978 (Supp. 78-5). Former Section R4-26-05 repealed, new Section R4-26-05 adopted effective July 27, 1979 (Supp. 79-4). Former Section R4-26-105 renumbered to R4-26-107; new Section R4-26-105 renumbered from R4-26-104 and amended effective March 3, 1995 (Supp. 95-1). Pursuant to the advice of the Attorney General, the text of this Section now contains the text certified by the Attorney General and filed as a copy effective March 3, 1995 (Supp. 95-3). Amended by final rulemaking at 6 A.A.R. 3297, effective August 7, 2000 (Supp. 00-3). Amended by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4).

**R4-26-106. Client or Patient Records**

- A. A psychologist shall not condition release of a client or patient record on payment for services by the client, patient, or a third party.
- B. Except as provided in subsection (C), a psychologist shall, with a client's or patient's written consent, provide access to or a copy of the client's or patient's record, including raw test data and other information as provided by law to the client or patient or the client's or patient's health care decision maker unless the release violates copyright or other laws or violates one of the standards incorporated by reference at R4-26-301.
- C. A psychologist may deny a request to provide access to or a copy of a client's or patient's record if the psychologist determines:

1. Access by the client or patient is reasonably likely to endanger the life or physical safety of the client or patient or another person;
  2. The record makes reference to a person other than a health professional and access by the client or patient or the client's or patient's health care decision maker is reasonably likely to cause substantial harm to that other person;
  3. Access by the client's or patient's health care decision maker is reasonably likely to cause substantial harm to the client or patient or another person;
  4. Access by the client or patient or the client's or patient's health care decision maker will reveal information obtained under a promise of confidentiality with someone other than a health professional and access is reasonably likely to reveal the source of the information; or
  5. Access by the client or patient or the client's or patient's health care decision maker may result in misuse or misrepresentation of the information and potentially harm the client or patient.
- D. Without a client's or patient's consent, a psychologist shall release the client's or patient's raw test data only to the extent required by law or under court order compelling production.
  - E. A psychologist shall retain all client or patient records under the psychologist's control, including records of a client or patient who died, for at least six years from the date of the last client or patient activity. If a client or patient is a minor, the psychologist shall retain all client or patient records for at least three years past the client's or patient's 18th birthday or six years from the date of the last client or patient activity, whichever is longer.
  - F. Audio or video tapes created primarily for training or supervisory purposes are exempt from the requirement of subsection (E).
  - G. A psychologist who is notified by the Board or municipal, state, or federal officials of an investigation or pending case shall retain all records relating to that investigation or case until the psychologist receives written notice that the investigation is completed, the case is closed, or the matter has been fully adjudicated.
  - H. The provisions of this Section apply to all psychologists including a psychologist who is on inactive status under A.R.S. § 32-2073 (G).
  - I. A psychologist may retain client or patient records in electronic form. The psychologist shall ensure that client or patient records in electronic form are legible, stored securely, and an electronic backup copy is maintained.

**Historical Note**

Former Rule 6; Repealed effective November 22, 1977 (Supp. 77-6). New Section adopted effective March 3, 1995 (Supp. 95-1). Corrections made to text; agency filed different versions of text in original and copies; corrections reflect the original version (Supp. 95-2). Pursuant to the advice of the Attorney General, the text of this Section now contains the text certified by the Attorney General and filed as a copy effective March 3, 1995 (Supp. 95-3). Amended by final rulemaking at 6 A.A.R. 3297, effective August 7, 2000 (Supp. 00-3). Amended by final rulemaking at 13 A.A.R. 1493, effective June 2, 2007 (Supp. 07-2). Amended by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4).

**R4-26-107. Change of Name, Mailing, Residential, or E-mail Address, or Telephone Number**

- A. The Board shall communicate with a psychologist using the contact information provided to the Board. To ensure timely

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communication from the Board, a psychologist shall notify the Board, in writing, within 30 days of any change of name, mailing, residential, or e-mail address (giving both the old and new addresses), or residential, business, or mobile telephone number.

- B. A psychologist who reports a name change shall submit to the Board legal documentation that substantiates the name change.
- C. A psychologist's failure to receive a renewal notice or other mail that the Board sends to the most recent address on file with the Board office does not excuse an untimely license renewal or the omission of any other action required by the psychologist.

**Historical Note**

Former Rule 7; Repealed effective September 15, 1978 (Supp. 78-5). New Section R4-26-107 renumbered from R4-26-105 and amended effective March 3, 1995 (Supp. 95-1). Pursuant to the advice of the Attorney General, the text of this Section now contains the text certified by the Attorney General and filed as a copy effective March 3, 1995 (Supp. 95-3). Amended by final rulemaking at 6 A.A.R. 3297, effective August 7, 2000 (Supp. 00-3). Amended by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4).

**R4-26-108. Fees and Charges**

- A. As specifically authorized by A.R.S. § 32-2067(A), the Board establishes and shall collect the following fees:
  1. Application for an active license to practice psychology: \$350;
  2. Application for a temporary license under A.R.S. § 32-2073(B): \$200
  3. Reapplication for an active license: \$200;
  4. Issuance of an initial active or temporary license (prorated, as applicable): \$500;
  5. Duplicate license: \$25;
  6. Biennial renewal of an active license: \$500;
  7. Biennial renewal of an inactive license: \$85;
  8. Reinstatement of an active or inactive license: \$200; and
  9. Delinquent compliance with continuing education requirements: \$200.
- B. Under the specific authority provided by A.R.S. § 36-3606(A)(3), the Board establishes and shall collect the following fee to register as an out-of-state health care provider of telehealth services: \$600.
- C. As specifically authorized by A.R.S. § 32-2067(A), the Board establishes and shall collect the following charges for the services provided:
  1. Duplicate renewal receipt: \$5;
  2. Copy of statutes and rules: \$5;
  3. Verification of a license: \$2;
  4. Audio recording of a Board or Committee meeting: \$10;
  5. Electronic medium containing the name and address of each licensee: \$.05 per name;
  6. Customized electronic medium containing the name and address of each current licensee: \$.25 per name;
  7. Customized electronic medium containing additional, non-confidential, licensee information: \$.35 per name; and
  8. Copies of Board records, documents, letters, minutes, applications, files, and policy statements: \$.25 per page.
- D. Except as provided by law, including A.R.S. § 41-1077, the fees listed in subsections (A) and (B) are not refundable.

**Historical Note**

Former Rule 8; Amended as an emergency effective June 15, 1978, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 78-3). Amended effective September 15,

1978 (Supp. 78-5). Repealed effective July 27, 1979 (Supp. 79-4). New Section R4-26-108 adopted effective March 3, 1995 (Supp. 95-1). Pursuant to the advice of the Attorney General, the text of this Section now contains the text certified by the Attorney General and filed as a copy effective March 3, 1995 (Supp. 95-3). Former Section R4-26-108 renumbered to R4-26-201 by final rulemaking at 6 A.A.R. 3297, effective August 7, 2000 (Supp. 00-3). New Section adopted by final rulemaking at 7 A.A.R. 1258, effective February 20, 2001 (Supp. 01-1). Amended by final rulemaking at 13 A.A.R. 1493, effective June 2, 2007 (Supp. 07-2). Amended by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4). Amended by final rulemaking at 22 A.A.R. 3083, October 4, 2016 (Supp. 16-4). Amended by final exempt rulemaking at 27 A.A.R. 1272, effective September 1, 2021 (Supp. 21-3).

**R4-26-109. General Provisions Regarding Telepractice**

- A. Except as otherwise provided by law, a licensee who provides psychological service or supervision by telepractice to a client or patient or supervisee located outside Arizona shall comply with not only A.R.S. Title 32, Chapter 19.1, and this Chapter but also the laws and rules of the jurisdiction in which the client or patient or supervisee is located.
- B. Before providing psychological service or supervision by telepractice, a licensee shall establish competence in use of telepractice that conforms to prevailing standards of scientific and professional knowledge.
- C. A licensee who provides psychological service or supervision by telepractice shall maintain competence in use of telepractice through continuing education, consultation, or other procedures designed to address changing technology used in telepractice.
- D. A licensee who provides psychological service or supervision by telepractice shall take all reasonable steps to ensure confidential communications stored electronically cannot be recovered or accessed by an unauthorized person when the licensee disposes of electronic equipment or data.

**Historical Note**

Former Rule 9; Repealed effective July 27, 1979 (Supp. 79-4). New Section made by final rulemaking at 22 A.A.R. 3083, October 4, 2016 (Supp. 16-4).

**R4-26-110. Providing Psychological Service by Telepractice**

- A. Before providing psychological service by telepractice, a licensee who is in compliance with R4-26-109 shall conduct a risk analysis as clinically indicated and document in the client or patient's record required under R4-26-106 whether use of telepractice:
  1. Is consistent with the client or patient's knowledge and skill regarding use of the technology involved in providing psychological service by telepractice or with ready access to assistance with use of the technology, and
  2. Is in the best interest of the client or patient.
- B. A licensee shall not provide psychological service by telepractice unless both conditions of the risk analysis conducted under subsection (A) are met.
- C. Before providing psychological service by telepractice, a licensee shall:
  1. Obtain the written informed consent of the client or patient, using language that is clear and understandable and consistent with accepted professional and legal requirements. The licensee shall ensure the written informed consent addresses the following and a copy is placed in the client or patient's record required under R4-26-106:

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- a. The manner in which the licensee will verify the identity of the client or patient before each psychological service if the telepractice does not involve video;
  - b. The manner in which the licensee will ensure the client or patient's electronic communications are received only by the licensee or supervisee;
  - c. Limitations and innovative nature of using technology to provide psychological service;
  - d. Inherent confidentiality risk resulting from use of technology;
  - e. Potential risk of technology failure that disrupts provision of psychological service and how to re-establish communication if disruption occurs;
  - f. When and how the licensee will respond to routine electronic communications;
  - g. The circumstances under which the licensee and client or patient will use an alternative means of communication;
  - h. Who is authorized to access the electronic communication between the licensee and client or patient;
  - i. The manner in which the licensee stores the electronic communication between the licensee and the client or patient; and
  - j. The type of secure electronic technology the licensee will use to communicate with the client or patient;
2. Establish a written agreement with the client or patient that specifies contact information for sources of face-to-face emergency services in the client or patient's geographical area and requires the client or patient to contact a source of face-to-face emergency services when the client or patient experiences a suicidal or homicidal crisis or other emergency. If the licensee has knowledge the client or patient is experiencing a suicidal or homicidal crisis or other emergency, the licensee shall assist the client or patient to contact a source of face-to-face emergency services. The licensee shall place a copy of the written agreement required under this subsection in the client or patient's record required under R4-26-106.
  3. Obtain the name and contact information for an emergency contact;
  4. Obtain information about an alternative means of contacting the client or patient; and
  5. Provide the client or patient with information about an alternative means of contacting the licensee.
- D.** A licensee who provides psychological service by telepractice shall repeat the risk analysis required under subsection (A) as clinically indicated.
- E.** If a licensee does not provide psychological service by telepractice to a client or patient, the provisions of this Section do not apply to electronic communications with the client or patient regarding:
1. Scheduling an appointment, billing, establishing benefits, or determining eligibility for services; and
  2. Checking the welfare of the client or patient in accord with reasonable professional judgment.

**Historical Note**

Adopted effective November 22, 1977 (Supp. 77-6).  
 Repealed and readopted as Section R4-26-57 effective July 27, 1979 (Supp. 79-4). New Section made by final rulemaking at 22 A.A.R. 3083, October 4, 2016 (Supp. 16-4).

**R4-26-111. Providing Supervision through Telepractice**

- A.** As specified under A.R.S. § 32-2071(F) and (G), a licensee who provides in-person individual supervision shall ensure that:
1. No more than 50 percent of the supervision is provided through telepractice; and
  2. Supervision provided through telepractice is conducted using secure, confidential, real-time visual telecommunication technology.
- B.** Before providing supervision by telepractice, a licensee who is in compliance with R4-26-109 shall conduct a risk analysis as clinically indicated and document whether providing supervision by telepractice:
1. Is appropriate for the issue presented by the supervisee's client or patient involved in the supervisory process,
  2. Is consistent with the supervisee's knowledge and skill regarding use of the technology involved in providing supervision by telepractice, and
  3. Is in the best interest of both the supervisee and the supervisee's client or patient involved in the supervisory process.
- C.** A licensee shall not provide supervision by telepractice unless all conditions of the risk analysis conducted under subsection (B) are met.
- D.** Before providing supervision by telepractice, a licensee shall:
1. Enter a written agreement with the supervisee, using language that is clear and understandable and consistent with accepted professional and legal requirements. The licensee shall ensure the written agreement addresses the following and a copy is provided to the supervisee:
    - a. The manner in which the licensee will identify the supervisee before each supervisory session that does not involve video;
    - b. Limitations and innovative nature of using technology to provide supervision;
    - c. Potential risk of technology failure that disrupts provision of supervision and how to re-establish communication if disruption occurs;
    - d. When and how the licensee will respond to routine electronic communications from the supervisee;
    - e. The circumstances under which the licensee and supervisee will use an alternative means of communication; and
    - f. The type of secure electronic technology the licensee will use to communicate with the supervisee;
  2. Obtain information about an alternative means of contacting the supervisee; and
  3. Provide the supervisee with information about an alternative means of contacting the licensee.

**Historical Note**

New Section made by final rulemaking at 22 A.A.R. 3083, October 4, 2016 (Supp. 16-4).

- R4-26-112. Reserved**
- R4-26-113. Reserved**
- R4-26-114. Reserved**
- R4-26-115. Reserved**
- R4-26-116. Reserved**
- R4-26-117. Reserved**
- R4-26-118. Reserved**
- R4-26-119. Reserved**
- R4-26-120. Renumbered**

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**Historical Note**

Former Section R4-26-120 renumbered to R4-26-201 effective July 27, 1979 (Supp. 79-4).

**R4-26-121. Renumbered****Historical Note**

Former Section R4-26-120 renumbered to R4-26-202 effective July 27, 1979 (Supp. 79-4).

**R4-26-122. Renumbered****Historical Note**

Former Section R4-26-120 renumbered to R4-26-203 effective July 27, 1979 (Supp. 79-4).

**R4-26-123. Renumbered****Historical Note**

Former Section R4-26-120 renumbered to R4-26-204 effective July 27, 1979 (Supp. 79-4).

**R4-26-124. Renumbered****Historical Note**

Former Section R4-26-120 renumbered to R4-26-205 effective July 27, 1979 (Supp. 79-4).

**R4-26-125. Renumbered****Historical Note**

Former Section R4-26-120 renumbered to R4-26-206 effective July 27, 1979 (Supp. 79-4).

**R4-26-126. Renumbered****Historical Note**

Former Section R4-26-120 renumbered to R4-26-207 effective July 27, 1979 (Supp. 79-4).

**R4-26-127. Renumbered****Historical Note**

Former Section R4-26-120 renumbered to R4-26-208 effective July 27, 1979 (Supp. 79-4).

**R4-26-128. Renumbered****Historical Note**

Former Section R4-26-120 renumbered to R4-26-209 effective July 27, 1979 (Supp. 79-4).

**R4-26-129. Reserved****R4-26-130. Reserved****R4-26-131. Reserved****R4-26-132. Reserved****R4-26-133. Reserved****R4-26-134. Reserved****R4-26-135. Reserved****R4-26-136. Reserved****R4-26-137. Reserved****R4-26-138. Reserved****R4-26-139. Reserved****R4-26-140. Reserved****R4-26-141. Reserved****R4-26-142. Reserved****R4-26-143. Reserved****R4-26-144. Reserved****R4-26-145. Reserved****R4-26-146. Reserved****R4-26-147. Reserved****R4-26-148. Reserved****R4-26-149. Reserved****R4-26-150. Renumbered****Historical Note**

Former Section R4-26-120 renumbered to R4-26-301 effective July 27, 1979 (Supp. 79-4).

**R4-26-151. Renumbered****Historical Note**

Former Section R4-26-120 renumbered to R4-26-302 effective July 27, 1979 (Supp. 79-4).

**R4-26-152. Renumbered****Historical Note**

Former Section R4-26-120 renumbered to R4-26-303 effective July 27, 1979 (Supp. 79-4).

**R4-26-153. Renumbered****Historical Note**

Former Section R4-26-120 renumbered to R4-26-304 effective July 27, 1979 (Supp. 79-4).

**R4-26-154. Renumbered****Historical Note**

Former Section R4-26-120 renumbered to R4-26-305 effective July 27, 1979 (Supp. 79-4).

**R4-26-155. Renumbered****Historical Note**

Former Section R4-26-120 renumbered to R4-26-306 effective July 27, 1979 (Supp. 79-4).

**R4-26-156. Renumbered****Historical Note**

Former Section R4-26-120 renumbered to R4-26-307 effective July 27, 1979 (Supp. 79-4).

**R4-26-157. Renumbered****Historical Note**

Former Section R4-26-120 renumbered to R4-26-201 effective July 27, 1979 (Supp. 79-4).

**ARTICLE 2. LICENSURE****R4-26-201. Application Deadline**

- A. The Board shall consider a license application at the Board's next scheduled meeting if an administratively complete application packet, including reference forms mailed or e-mailed from the Board office, is received by the Board office at least 18 days before the date of the meeting.
- B. The Board shall consider a license application that is received fewer than 18 days before a scheduled meeting at a subsequent meeting.

**Historical Note**

Adopted effective July 27, 1979 (Supp. 79-4). Amended subsection (A) statute reference, effective June 30, 1981

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(Supp. 81-3). Renumbered from R4-26-120 and amended effective July 3, 1991 (Supp. 91-3). Repealed effective March 3, 1995 (Supp. 95-1). Pursuant to the advice of the Attorney General, the text of this Section now contains the text certified by the Attorney General and filed as a copy effective March 3, 1995 (Supp. 95-3). New Section R4-26-201 renumbered from R4-26-108 and amended by final rulemaking at 6 A.A.R. 3297, effective August 7, 2000 (Supp. 00-3). Amended by final rulemaking at 9 A.A.R. 778, effective April 12, 2003 (Supp. 03-1). Amended by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4).

**R4-26-202. Doctorate**

- A.** The Board shall apply the following criteria to determine whether a doctoral program provided by an institution of higher education met the standards in A.R.S. § 32-2071(A)(2) at the time an applicant began the degree program:
1. The program is identified and labeled as a psychology program if there were institutional catalogues and brochures that specified the intent of the institution of higher education to educate and train psychologists;
  2. The program stands as a recognized, coherent organizational entity if there was an organized sequence of courses comprising a psychology curriculum; and
  3. The program has clearly identified entry and exit criteria within its psychology curriculum if there were specific prerequisites for entrance into the program and delineated requirements for graduation.
- B.** The Board shall verify that an applicant completed the hours in the subject areas described in A.R.S. § 32-2071(A)(4). For this purpose, the applicant shall have the institution of higher education that the applicant attended provide directly to the Board an official transcript of all courses taken and verification of the dissertation or similar project.
1. The Board may require additional documentation from the applicant or from the institution to determine whether the applicant satisfied the requirements of A.R.S. § 32-2071(A)(4).
  2. The Board shall count five quarter hours or six trimester hours as the equivalent of three semester hours, as required under A.R.S. § 32-2071(A)(4). When an academic term is other than a semester, quarter, or trimester, 15 classroom contact hours equals one semester hour.
- C.** To determine whether a comprehensive examination taken by an applicant as part of a doctoral program in psychology satisfies the requirements of A.R.S. § 32-2071(A)(4), the Board shall review documentation provided directly to the Board by the institution of higher education that granted the doctoral degree, that demonstrates how the applicant's comprehensive examination was constructed, lists criteria for passing, and provides the information used to determine that the applicant passed.
- D.** The Board shall not accept as core program hours required under A.R.S. § 32-2071(A)(4) credit:
1. For workshops, practica, undergraduate courses, life experiences, continuing education courses, or experiential or correspondence courses;
  2. Transferred from institutions that are not accredited under A.R.S. § 32-2071(A)(1); or
  3. For seminars, readings courses, or independent study unless the applicant proves that the course was an in-depth study devoted to a particular core program content area by submitting one or more of the following:
    - a. Course description in the official catalogue of the institution of higher education,
    - b. Course syllabus, or

- c. Signed statement from a dean or psychology department head affirming that the course was an in-depth study devoted to a particular core program content area.

- E.** The Board shall count a course or comprehensive examination only once to satisfy a requirement of A.R.S. § 32-2071(A)(4).
- F.** An honorary doctorate degree does not qualify an applicant for licensure as a psychologist.

**Historical Note**

Adopted effective July 27, 1979 (Supp. 79-4). Amended effective June 17, 1981 (Supp. 81-3). Renumbered from R4-26-121 and amended effective July 3, 1991 (Supp. 91-3). Amended effective March 3, 1995 (Supp. 95-1). Corrections made to text; agency filed different versions of text in original and copies; corrections reflect the original version (Supp. 95-2). Pursuant to the advice of the Attorney General, the text of this Section now contains the text certified by the Attorney General and filed as a copy effective March 3, 1995 (Supp. 95-3). Amended by final rulemaking at 6 A.A.R. 3297, effective August 7, 2000 (Supp. 00-3). Amended by final rulemaking at 9 A.A.R. 778, effective April 12, 2003 (Supp. 03-1). Amended by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4).

**R4-26-203. Application for Initial License**

- A.** An individual who wishes to be licensed as a psychologist shall submit an application packet to the Board that includes an application form approved by the Board, which is available from the Board office and on its website, with an attestation that is signed and dated by the applicant.
- B.** Additionally, an applicant shall submit:
1. An original, un-retouched, passport-quality photograph of the applicant that is no larger than 1.5 X 2 inches and taken no more than 60 days before the date of application;
  2. The results of a self-query from the National Practitioner Data Bank;
  3. As required under A.R.S. § 41-1080(A), the specified documentation of citizenship or alien status indicating the applicant's presence in the U.S. is authorized under federal law;
  4. The Board's Mandatory Confidential Information form;
  5. Name, position, and address of at least two individuals to serve as references who:
    - a. Are psychologists licensed or certified to practice psychology in a United States or Canadian regulatory jurisdiction and who are not members of the Arizona Board of Psychologist Examiners;
    - b. Are familiar with the applicant's work experience in the field of psychology or in a postdoctoral program within the three years immediately before the date of application. If more than three years have elapsed since the applicant last engaged in professional activities in the field of psychology or in a postdoctoral program, the references may pertain to the most recent three-year period in which the applicant engaged in professional activities in the field of psychology or in a postdoctoral program; and
  - c. Recommend the applicant for licensure;
  6. The fee required under R4-26-108; and
  7. Any other information authorized by statute.
- C.** In addition to the requirements in subsections (A) and (B), an applicant shall arrange to have the following directly submitted to the Board:
1. An official transcript from each university or college from which the applicant attended a graduate program or

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received a graduate degree that contains the date the degree was conferred;

2. An official document from the degree-granting institution indicating that the applicant completed a residency that satisfies the requirements of A.R.S. § 32-2071 (K);
3. For an applicant applying supervised preinternship hours toward licensure, an attestation submitted by the doctoral program training director, faculty supervisor, or other official of the doctoral-granting institution who is knowledgeable of the applicant's preinternship experience verifying that the applicant's preinternship experience meets the requirements of A.R.S. § 32-2071(D).
4. An attestation from the applicant's supervisor, if available, or a psychologist knowledgeable of the applicant's internship training program, verifying that the applicant's internship training program meets the requirements in A.R.S. § 32-2071 (F). If the supervisor or knowledgeable psychologist is not available, the Board shall accept primary source verification received from the Association of State and Provincial Psychology Boards. In this subsection, "not available" means the supervisor or knowledgeable psychologist is deceased or all reasonable efforts to locate the supervisor or knowledgeable psychologist were unsuccessful;
5. For an applicant applying supervised postdoctoral experience toward licensure, an attestation from the applicant's postdoctoral supervisor, if available, or a psychologist knowledgeable of the applicant's postdoctoral experience verifying that the applicant's postdoctoral experience meets the requirements in A.R.S. § 32-2071 (G). If the supervisor or knowledgeable psychologist is not available, the Board shall accept primary source verification received from the Association of State and Provincial Psychology Boards. In this subsection, "not available" means the supervisor or knowledgeable psychologist is deceased or all reasonable efforts to locate the supervisor or knowledgeable psychologist were unsuccessful;
6. Verification of all other psychology licenses or certificates ever held in any regulatory jurisdiction; and
7. An official notification of the applicant's score on the national examination. An applicant who passed the national examination in accordance with the standard established at A.R.S. § 32-2072(A), shall have the examination score sent directly to the Board by the Association of State and Provincial Psychology Boards or by the regulatory jurisdiction in which the applicant originally passed the examination.

#### Historical Note

Adopted effective July 27, 1979 (Supp. 79-4). Amended effective April 25, 1980 (Supp. 80-2). Amended Introductory paragraph statute reference, effective June 30, 1981 (Supp. 81-3). Renumbered from R4-26-122 and amended effective July 3, 1991 (Supp. 91-3). Former Section R4-26-203 repealed, new Section R4-26-203 renumbered from R4-26-204 and amended effective March 3, 1995 (Supp. 95-1). Corrections made to text; agency filed different versions of text in original and copies; corrections reflect the original version (Supp. 95-2). Pursuant to the advice of the Attorney General, the text of this Section now contains the text certified by the Attorney General and filed as a copy effective March 3, 1995 (Supp. 95-3). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 3297, effective August 7, 2000 (Supp. 00-3). Amended by final rulemaking at 9 A.A.R. 778, effective April 12, 2003 (Supp. 03-1). Amended by final rulemaking at 13 A.A.R. 1493, effective

June 2, 2007 (Supp. 07-2). Amended by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4). Amended by final rulemaking at 26 A.A.R. 1010, effective July 4, 2020 (Supp. 20-2).

#### R4-26-203.01. Application for Licensure by Credential

- A. An applicant for a psychologist license by credential under A.R.S. § 32-2071.01(D) shall submit an application packet to the Board that includes:
  1. An application form approved by the Board, which is available from the Board office and on its website, with an attestation that is signed and dated by the applicant;
  2. Verification sent directly to the Board by the credentialing agency that the applicant:
    - a. Holds a current Certificate of Professional Qualification in Psychology (CPQ) issued by the Association of State and Provincial Psychology Boards;
    - b. Holds a current National Register of Health Service Providers in Psychology (NRHSPP) credential and has practiced psychology independently at the doctoral level for at least five years; or
    - c. Is a diplomate or specialist of the American Board of Professional Psychology (ABPP); and
  3. Verification of all other psychology licenses or certificates ever held in any jurisdiction.
- B. An applicant for a psychologist license by credential based on a National Register of Health Service Providers in Psychology credential shall have notification that the applicant obtained a passing score on the national examination sent directly to the Board by the Association of State and Provincial Psychology Boards or by the regulatory jurisdiction in which the applicant originally passed the examination.
- C. If the Board determines an application for licensure by credential requires clarification, the Board may require an applicant submit or cause the applicant's credentialing agency to submit directly to the Board any documentation including transcripts, course descriptions, catalogues, brochures, supervised experience verifications, examination scores, application for credential, or any other information deemed necessary by the Board.

#### Historical Note

New Section made by final rulemaking at 9 A.A.R. 778, effective April 12, 2003 (Supp. 03-1). Amended by final rulemaking at 13 A.A.R. 1493, effective June 2, 2007 (Supp. 07-2). Amended by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4). Amended by final rulemaking at 26 A.A.R. 1010, effective July 4, 2020 (Supp. 20-2).

#### R4-26-203.02. Application to Take National Examination before Completing Supervised Professional Experience Required for Licensure

- A. As provided under A.R.S. § 32-2072(C), an individual who has completed the education requirements specified in A.R.S. § 32-2071(A) but has not completed the supervised professional experience requirements specified in A.R.S. § 32-2071(D) may apply to the Board for approval to take the national examination.
- B. To apply for approval under subsection (A), an individual shall submit to the Board the application form and applicable documents required under R4-26-203(A) through (C).
- C. When the Board approves an individual who makes application under subsections (A) and (B), the Board shall administratively close the applicant's application packet.
- D. An individual who is granted approval under subsection (C) to take the national examination may apply for an initial license under R4-26-203 after completing the supervised professional

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experience requirements specified in A.R.S. § 32-2071(D) as follows:

1. Within 36 months after the application was administratively closed under subsection (C), request that the Board re-open the application packet; and
2. Submit the portions of the application packet required under R4-26-203 that were not submitted under subsection (B).

**Historical Note**

New Section made by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4).

**R4-26-203.03. Reapplication for License; Applying Anew****A.** The following may reapply for a license:

1. An individual who failed the national examination required under A.R.S. § 32-2072 and R4-26-204 no more than three times, and
2. An individual whose application submitted under R4-26-203 or R4-26-203.01 was administratively closed by the Board under R4-26-208(H) less than one year before reapplication.

**B.** An individual identified in subsection (A) may ask the Board to base a licensing decision, in part, on applicable forms and documents previously submitted.**C.** An individual eligible under subsection (B) to reapply for licensure shall:

1. Submit a reapplication form, which is available from the Board office, to the Board;
2. If previously submitted references were submitted more than 12 months before the date of reapplication, provide the names, positions, and addresses of at least two individuals to serve as references who:
  - a. Are psychologists licensed or certified to practice psychology in a United States or Canadian regulatory jurisdiction and are not members of the Arizona Board of Psychologist Examiners;
  - b. Are familiar with the applicant's work experience in the field of psychology or in a postdoctoral program within the three years immediately before the date of reapplication. If more than three years have elapsed since the applicant last engaged in professional activities in the field of psychology or in a postdoctoral program, the references may pertain to the most recent three-year period in which the applicant engaged in professional activities in the field of psychology or in a postdoctoral program; and
  - c. Recommend the applicant for licensure;
3. List all professional employment since the date of the most recent application or reapplication including:
  - a. Beginning and ending dates of employment,
  - b. Number of hours worked per week,
  - c. Name and address of employer,
  - d. Position title,
  - e. Nature of work, and
  - f. Nature of supervision;
4. Submit the results of a self-query from the National Practitioner Data Bank-Healthcare Integrity and Protection Data Bank; and
5. Pay the fee required under R4-26-108(A)(2).

**D.** The following shall apply anew for a license rather than reapplying:

1. An individual whose application submitted under R4-26-203 or R4-26-203.01 was denied by the Board,
2. An individual who was permitted by the Board to withdraw an application submitted under R4-26-203 or R4-26-203.01 before the Board acted on the application,

3. An individual whose application submitted under R4-26-203 or R4-26-203.01 was administratively closed by the Board under R4-26-208(H) more than one year before another application is submitted,
4. An individual whose license was revoked under A.R.S. § 32-2081(N)(1),
5. An individual whose license expired under A.R.S. § 32-2074,
6. An individual whose license was canceled under A.R.S. 32-2074, and
7. An individual who retired under A.R.S. § 32-2073(G).

**Historical Note**

New Section made by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4). Amended by final rulemaking at 22 A.A.R. 3083, October 4, 2016 (Supp. 16-4).

**R4-26-204. Examinations****A.** General rules.

1. Under A.R.S. § 32-2072(C), an applicant who fails the national examination three times in any regulatory jurisdiction shall, before taking the national examination again, review the applicant's areas of deficiency and implement a program of study or practical experience designed to remedy the deficiencies. This remedial program may consist of any combination of course work, self-study, internship experience, and supervision.
2. An applicant required under subsection (A)(1) to implement a program of study or practical experience may apply anew for licensure. The applicant shall submit a new application packet, as described in R4-26-203, and include information about any actions proposed under subsection (A)(1).
3. Examination deadline. Unless the Board grants an extension, the Board shall administratively close the file of an applicant authorized by the Board to take an examination specified in subsection (B) or (C) who fails to take the examination within one year from the date of the Board's authorization. Upon written request to the Board's Executive Director received by the Board on or before the applicant's examination deadline, the Board shall grant the applicant one extension of up to six months to take the examination. The applicant may request additional extensions for good cause, which includes but is not limited to illness or injury of the licensee or a close family member, death of a close family member, birth or adoption of a child, military service, relocation, natural disaster, financial hardship, or residence in a foreign country for at least 12 months of the license period. The Board shall ensure that an extension is for no more than six months. This Section does not apply to an applicant approved to take the national examination under R4-26-203.02.
4. The Board shall deny a license if an applicant commits any of the following acts with respect to the examination:
  - a. Violates the confidentiality of examination materials;
  - b. Removes any examination materials from the examination room;
  - c. Reproduces any portion of a licensing examination;
  - d. Aids in the reproduction or reconstruction of any portion of a licensing examination;
  - e. Pays or uses another person to take a licensing examination for the applicant or to reconstruct any portion of the licensing examination;

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- f. Obtains examination material, either before, during, or after an examination, for the purpose of instructing or preparing applicants for examinations;
  - g. Sells, distributes, buys, receives, or has possession of any portion of a future, current, or previously administered licensing examination that is not authorized by the Board or its authorized agent for release to the public;
  - h. Communicates with any other examiner during the administration of a licensing examination;
  - i. Copies answers from another examinee or permits the copying of answers by another examinee;
  - j. Possesses during the administration of a licensing examination any books, equipment, notes, written or printed materials, or data of any kind, other than material distributed during the examination; or
  - k. Impersonates another examinee.
- B.** National examination. Under A.R.S. § 32-2072, the Board shall require that an applicant take and pass the national examination. An applicant authorized by the Board to take the national examination passes the examination if the applicant's score equals or exceeds the passing score specified in A.R.S. § 32-2072(A). After the Board receives the examination results, the Board shall notify the applicant in writing of the results.
- C.** Additional examination.
- 1. The Board shall require an applicant to pass the national examination before allowing the applicant to take an additional examination.
  - 2. Under A.R.S. § 32-2072(B), the Board may administer an additional examination to an applicant to determine the adequacy of the applicant's knowledge and application of Arizona law. The additional examination may also cover the practice of psychology, ethical conduct, and psychological assessment and treatment practices.
    - a. The Board shall review and approve the additional examination before administration.
    - b. The additional examination may be developed and administered by the Board, a committee of the Board, consultants to the Board, or independent contractors.
    - c. Applicants, examiners, and consultants to the Board shall execute a security acknowledgment form and agree to maintain examination security.

**Historical Note**

Adopted effective July 27, 1979 (Supp. 79-4). Amended Introductory paragraph statute reference, effective June 30, 1981 (Supp. 81-3). Renumbered from R4-26-123 and amended effective July 3, 1991 (Supp. 91-3). Former Section R4-26-204 renumbered to R4-26-203, new Section R4-26-204 renumbered from R4-26-205 and amended effective March 3, 1995 (Supp. 95-1). Corrections made to text; agency filed different versions of text in original and copies; corrections reflect the original version (Supp. 95-2). Pursuant to the advice of the Attorney General, the text of this Section now contains the text certified by the Attorney General and filed as a copy effective March 3, 1995 (Supp. 95-3). Amended by final rulemaking at 6 A.A.R. 3297, effective August 7, 2000 (Supp. 00-3). Amended by final rulemaking at 9 A.A.R. 778, effective April 12, 2003 (Supp. 03-1). Amended by final rulemaking at 10 A.A.R. 4743, effective January 1, 2005 (Supp. 04-4). Amended by final rulemaking at 13 A.A.R. 1493, effective June 2, 2007 (Supp. 07-2). Amended by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4).

**R4-26-203.04. Temporary License under A.R.S. § 32-2073(B)**

- A.** To be eligible to be issued a temporary license under A.R.S. § 32-2073(B), an individual shall:
- 1. Have completed the educational requirements specified in A.R.S. § 32-2071(A) through (C);
  - 2. Have completed 1,500 hours of supervised professional experience as described in A.R.S. § 32-2071(F); and
  - 3. Be participating in a supervised postdoctoral professional experience as described in A.R.S. § 32-2071(G).
- B.** An applicant seeking a temporary license under A.R.S. § 32-2073(B), shall submit an application packet to the Board that includes:
- 1. The application form required under R4-26-203 and provide all required information except that specified in R4-26-203(C)(3), (5), and (7); and
  - 2. The written training plan required under A.R.S. § 32-2071(G)(7) from the entity at which the supervised postdoctoral professional experience is occurring that includes at least the following:
    - a. Goal and content of each training experience,
    - b. Expectations regarding the nature, quality, and quantity of work to be done by the supervisee during the supervised postdoctoral professional experience,
    - c. Methods of evaluating the supervisee and the supervised postdoctoral professional experience,
    - d. Total number of hours to be accrued during the supervised postdoctoral professional experience,
    - e. Total number of face-to-face contact hours the supervisee is to have with clients or patients during the supervised postdoctoral professional experience,
    - f. Total number of hours of supervision the supervisee is to receive during the supervised postdoctoral professional experience,
    - g. Qualifications of all individuals who provide supervision during the supervised postdoctoral professional experience including documentation that each is qualified under the standards at A.R.S. § 32-2071(G), and
    - h. Acknowledgment that ethics training is included in the training experience.
- C.** An individual issued a temporary license under A.R.S. § 32-2073(B) shall practice psychology only under supervision. It is unprofessional conduct for the holder of a temporary license issued under A.R.S. § 32-2073(B) to practice psychology without supervision.
- D.** A temporary license issued under A.R.S. § 32-2073(B) is valid for 36 months and is not renewable. If the Board denies an active license under R4-26-203 to the holder of a temporary license issued under A.R.S. § 32-2073(B), the temporary license terminates at the time of license denial.
- E.** The holder of a temporary license issued under A.R.S. § 32-2073(B) shall:
- 1. Comply fully with all provisions of A.R.S. Title 32, Chapter 19.1, and this Chapter;
  - 2. Not practice psychology outside the postdoctoral experience specified in the written training plan required under subsection (B)(2) and
  - 3. Submit to the Board any modification to the written training plan required under subsection (B)(2) within 10 days after the effective date of the modification.

**Historical Note**

New Section made by final rulemaking at 22 A.A.R. 3083, October 4, 2016 (Supp. 16-4).

**Appendix A. Repealed**



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**Historical Note**

Adopted effective July 27, 1979 (Supp. 79-4). Amended subsections (A) and (B) statute references, effective June 30, 1981 (Supp. 81-3). Amended effective November 1, 1985 (Supp. 85-6). Renumbered from R4-26-124 and amended effective July 3, 1991 (Supp. 91-3). Renumbered from R4-26-205, Appendix A (Supp. 95-1). Appendix A repealed by final rulemaking at 9 A.A.R. 778, effective April 12, 2003 (Supp. 03-1).

**R4-26-205. Renewal of License**

- A. Beginning May 1, 2017, a license issued by the Board, whether active or inactive, expires on the last day of a licensee's birth month during the licensee's renewal year.
- B. The Board considers a license renewal application packet timely submitted if delivered or mailed to the Board's office and date stamped or postmarked on or before the last day of a licensee's birth month during the licensee's renewal year.
- C. To renew a license, a licensee shall submit to the Board a renewal application form approved by the Board, which is available from the Board office and on its website, with an attestation that is signed and dated by the licensee.
- D. Additionally, to renew a license, a licensee shall submit to the Board:
  1. The license renewal fee required under R4-26-108;
  2. If the documentation previously submitted under R4-26-203(B)(3) was a limited form of work authorization issued by the federal government, evidence that the work authorization has not expired;
  3. The following information about the continuing education completed during the previous license period:
    - a. Title of the continuing education;
    - b. Date completed;
    - c. Sponsoring organization, publication, or educational institution;
    - d. Number of hours in the continuing education; and
    - e. Brief description of the continuing education; and
  4. Any other information authorized by statute.
- E. If a completed application is timely submitted under subsections (C) and (D), the licensee may continue to practice psychology under the active license until notified by the Board that the application for renewal has been approved or denied. If the Board denies license renewal, the licensee may continue to practice psychology until the last day for seeking review of the Board's decision or a later date fixed by a reviewing court.
- F. Under A.R.S. § 32-2074 (C), the license of a licensee who fails to submit a renewal application, including the information about continuing education completed, on or before the last day of the licensee's birth month during the licensee's renewal year expires and the licensee shall immediately stop practicing psychology.
- G. A psychologist whose license expires under subsection (F) may have the license reinstated by submitting the following to the Board within two months after the last day of the licensee's birth month during the licensee's renewal year:
  1. The license renewal application required under subsection (C) and the documents required under subsections (D)(2) and (3); and
  2. The license renewal and reinstatement fees required under R4-26-108.
- H. A psychologist whose license expires under subsection (F) and who fails to have the license reinstated under subsection (G) may have the license reinstated by:
  1. Complying with subsection (G) within one year after the last day of the licensee's birth month during the licensee's renewal year, and

2. Paying the fee for reinstatement of an active or inactive license as specified in R4-26-108.

- I. A psychologist whose license expires under subsection (F) and who fails to have the license reinstated under subsection (G) or (H) may be licensed again only by complying with R4-26-203.
- J. If the Board audits the continuing education records of a licensee and determines that some of the hours do not conform to the standards listed in R4-26-207, the Board shall disallow the non-conforming hours. If the remaining hours are less than the number required, the Board shall deem the licensee as failing to satisfy the continuing education requirements and provide notice of the disallowance to the licensee. The licensee has 90 days from the mailing date of the Board's notification of disallowance to complete the continuing education requirements for the past reporting period and shall provide the Board with an affidavit documenting completion. If the Board does not receive an affidavit within 90 days of the mailing date of notification of disallowance or the Board deems the affidavit insufficient, the Board may take disciplinary action under A.R.S. § 32-2081.

**Historical Note**

Adopted effective July 27, 1979 (Supp. 79-4). Amended subsections (A) and (B) statute references, effective June 30, 1981 (Supp. 81-3). Amended effective November 1, 1985 (Supp. 85-6). Renumbered from R4-26-124 and amended effective July 3, 1991 (Supp. 91-3). Former Section R4-26-205 renumbered to R4-26-204; new Section R4-26-205 renumbered from R4-26-206 and amended effective March 3, 1995 (Supp. 95-1). Corrections made to text; agency filed different versions of text in original and copies; corrections reflect the original version (Supp. 95-2). Pursuant to the advice of the Attorney General, the text of this Section now contains the text certified by the Attorney General and filed as a copy effective March 3, 1995 (Supp. 95-3). Amended by final rulemaking at 6 A.A.R. 3297, effective August 7, 2000 (Supp. 00-3). Amended by final rulemaking at 10 A.A.R. 4743, effective January 1, 2005 (Supp. 04-4). Amended by final rulemaking at 13 A.A.R. 1493, effective June 2, 2007 (Supp. 07-2). Amended by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4). Amended by final rulemaking at 22 A.A.R. 3083, October 4, 2016 (Supp. 16-4). Amended by final rulemaking at 26 A.A.R. 1010, effective July 4, 2020 (Supp. 20-2).

**R4-26-206. Reinstatement of License from Inactive to Active Status; Cancellation of License**

- A. Except as provided in subsection (C), when considering reinstatement of a psychologist from inactive to active status, the Board shall presume that the psychologist has maintained and updated the psychologist's professional knowledge and capability to practice as a psychologist if the psychologist presents to the Board documentation of completion of a prorated amount of continuing education, calculated under subsection (B).
- B. A psychologist who is on inactive status for at least two years may reinstate the license to active status by presenting to the Board documentation of completion of at least 40 hours of continuing education that meets the standards in R4-26-207. A psychologist who is on inactive status for less than two years may reinstate the license to active status by presenting to the Board documentation of completion of a prorated amount of continuing education. To calculate the prorated amount of continuing education hours required, the Board shall multiply 1.67 by the number of months from the date of inactive status until the date the application for reinstatement is received by the

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Board. For every six months of inactive status, the Board shall require one hour of continuing education in:

1. Ethics, as specified under R4-26-207(B)(1); and
2. Domestic violence, intimate partner abuse, child abuse, or abuse of vulnerable adults, as specified under R4-26-207(B)(2).

- C. A psychologist may request that the Board cancel the psychologist's license if the psychologist is not under investigation by any regulatory jurisdiction. Fees paid to obtain a license are not refundable when the license is canceled. If an individual whose request for license cancellation is approved by the Board subsequently decides to practice psychology, the individual shall submit a new application under R4-26-203 and meet the requirements in A.R.S. § 32-2071.

**Historical Note**

Adopted effective July 27, 1979 (Supp. 79-4). Amended effective June 17, 1981 (Supp. 81-3). Renumbered from R4-26-125 effective July 3, 1991 (Supp. 91-3). Former Section R4-26-206 renumbered to R4-26-205; new Section R4-26-206 adopted effective March 3, 1995 (Supp. 95-1). Corrections made to text; agency filed different versions of text in original and copies; corrections reflect the original version (Supp. 95-2). Pursuant to the advice of the Attorney General, the text of this Section now contains the text certified by the Attorney General and filed as a copy effective March 3, 1995 (Supp. 95-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 2007, effective July 2, 2005 (Supp. 05-2). Amended by final rulemaking at 13 A.A.R. 1493, effective June 2, 2007 (Supp. 07-2). Amended by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4). Amended by final rulemaking at 22 A.A.R. 3083, October 4, 2016 (Supp. 16-4).

**R4-26-207. Continuing Education**

- A. A licensee shall complete at least 40 hours of continuing education during each license period. Unless specified otherwise, one clock hour of instruction, training, or making a presentation equals one hour of continuing education.
- B. A licensee shall ensure the continuing education hours obtained include at least four hours in professional ethics.
- C. During the license period in which an individual is initially licensed, the Board shall pro-rate the number of continuing education hours, including a pro-rated number of hours addressing ethics, that the new licensee must complete during the initial license period. To calculate the number of continuing education hours that a new licensee must obtain, the Board shall divide the 40 hours of continuing education required in a license period by 24 and multiply the quotient by the number of whole months from the date of initial licensure until the end of the license period. During the first license period, for every six months from the month of license issuance to the end of the license period, the Board shall require one hour of continuing education in ethics.
- D. If the standards in subsection (F) are met, the Board shall accept the following for continuing education hours.
1. Post-doctoral study sponsored by a university or college that is regionally accredited under A.R.S. § 32-2071(A)(1) and provides a graduate-level degree program;
  2. A course, seminar, workshop, or home study for which a certificate of attendance or completion is provided;
  3. A continuing education program offered by a national, international, regional, or state association, society, board, or continuing education provider;
  4. Teaching a graduate-level course in applied psychology at a university or college that is regionally accredited under A.R.S. § 32-2071(A)(1). A licensee who teaches a graduate-level course in applied psychology receives the same number of continuing education hours as number of classroom hours for those who take the graduate-level course;
  5. Organizing and presenting a continuing education activity. A licensee who organizes and presents a continuing education activity receives the same number of continuing education hours as those who attend the continuing education activity;
  6. Serving as a complaint consultant. During a license period, a licensee who serves as a Board complaint consultant to review Board complaints and provides written reports to the Board or provides expert testimony on behalf of the Board may receive continuing education hours equal to the actual number of hours served as a complaint consultant to a maximum of 20 hours. A licensee who is paid by the Board for services rendered shall not receive continuing education credit for the time or services for which payment was made;
  7. The Board shall allow a maximum of 10 continuing education hours for each of the following during a license period:
    - a. Attending a Board meeting or serving as a member of the Board. A licensee receives up to six continuing education hours in professional ethics for attending both morning and afternoon sessions of a Board meeting and three continuing education hours for attending either the morning or afternoon session or at least four hours of a Board meeting. A licensee shall complete documentation provided by the Board at the time the licensee attends a Board meeting;
    - b. Having an authored or co-authored psychology book, psychology book chapter, or article in a peer-reviewed psychology journal published. A licensee who has an authored or co-authored psychology book, psychology book chapter, or article in a peer-reviewed psychology journal published receives 10 continuing education hours in the year of publication;
    - c. Participating in a study group for professional growth and development as a psychologist. A licensee receives one hour of continuing education for each hour of participation to a maximum of 10 continuing education hours for participating in a study group. The Board shall allow continuing education hours for participating in a study group only if the licensee maintains the documentation required under subsection (G)(5);
    - d. Presenting a symposium or paper at a state, regional, national, or international psychology meeting. A licensee who presents a symposium or paper receives the same number of continuing education hours as hours of the session, as published in the agenda of the meeting, at which the symposium or paper is presented to a maximum of 10 continuing education hours;
    - e. Presenting a poster during a poster session at a state, regional, national, or international psychology meeting. A licensee who presents a poster receives an hour of continuing education for each hour the licensee is physically present with the poster during the poster session, as published in the agenda of the

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- meeting, to a maximum of 10 continuing education hours; and
- f. Serving as an elected officer of an international, national, regional, or state psychological association or society. A licensee who serves as an elected officer may receive continuing education hours equal to the actual number of hours served to a maximum of 10 continuing education hours.
- E. The Board shall not allow continuing education credit more than once in a license period for:
    1. Teaching the same graduate-level course,
    2. Organizing and presenting a continuing education activity on the same topic or content area, or
    3. Presenting the same symposium or paper at a state, regional, national, or international psychology meeting.
  - F. Standards for continuing education. To be acceptable for continuing education credit, an activity identified in subsections (D)(1) through (4) shall:
    1. Focus on the practice of psychology, as defined at A.R.S. § 32-2061, for at least 75 percent of the program hours; and
    2. Be taught by an instructor who is readily identifiable as competent in the subject of the continuing education by having an advanced degree, teaching experience, work history, published professional articles, or previously presented continuing education on the same subject.
  - G. The Board shall accept the following documents as evidence of completion of continuing education hours:
    1. A certificate of attendance or completion;
    2. Statement signed by the provider verifying participation in the activity;
    3. Copy of transcript of course completed under subsection (D)(1);
    4. Documents indicating a licensee's participation as an elected officer or appointed member as specified in subsection (D)(7)(f); or
    5. An attestation signed by all participants of a study group under subsection (D)(7)(c) that includes a description of the activity, subject covered, dates, and number of hours.
  - H. A licensee shall maintain the documents listed in subsection (G) through the license period following the license period in which the documents were obtained.
  - I. The Board may audit a licensee's compliance with continuing education requirements. The Board may deny renewal or take other disciplinary action against a licensee who fails to obtain or document required continuing education hours. The Board may discipline a licensee who commits fraud, deceit, or misrepresentation regarding continuing education hours.
  - J. A licensee who cannot meet the continuing education requirement for good cause may seek an extension of time to complete the continuing education requirement by submitting a written request to the Board with the timely submission of the renewal application required under R4-26-205.
    1. Good cause includes but is not limited to illness or injury of the licensee or a close family member, death of a close family member, birth or adoption of a child, military service, relocation, natural disaster, financial hardship, or residence in a foreign country for at least 12 months of the license period.
    2. The Board shall not grant an extension longer than one year.
    3. A licensee who cannot complete the continuing education requirement within the extension may apply to the Board for inactive license status under A.R.S. § 32-2073 (G).
  - K. No continuing education hours may be carried over to the next licensing period.
  - L. The Board shall not accept for continuing education hours a course, workshop, seminar, or symposium designed to increase income or office efficiency.

**Historical Note**

Adopted effective July 27, 1979 (Supp. 79-4). Amended effective January 23, 1981 (Supp. 81-1). Renumbered from R4-26-126 and amended effective July 3, 1991 (Supp. 91-3). Former Section R4-26-207 repealed; new Section R4-26-207 adopted effective March 3, 1995 (Supp. 95-1). Corrections made to text; agency filed different versions of text in original and copies; corrections reflect the original version (Supp. 95-2). Pursuant to the advice of the Attorney General, the text of this Section now contains the text certified by the Attorney General and filed as a copy effective March 3, 1995. Text corrected. (Supp. 95-3). Amended by final rulemaking at 6 A.A.R. 3297, effective August 7, 2000 (Supp. 00-3). Amended by final rulemaking at 9 A.A.R. 778, effective April 12, 2003 (Supp. 03-1). Amended by final rulemaking at 10 A.A.R. 4743, effective January 1, 2005 (Supp. 04-4). Amended by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4). Amended by final rulemaking at 22 A.A.R. 3083, October 4, 2016 (Supp. 16-4). Amended by final rulemaking at 26 A.A.R. 1010, effective July 4, 2020 (Supp. 20-2).

**R4-26-208. Time Frames for Processing Applications**

- A. For the purpose of A.R.S. § 41-1073, the Board establishes the time frames listed in Table 1. An applicant or a person requesting an approval from the Board and the Board's Executive Director may agree in writing to extend the substantive review and overall time frames by no more than 25 percent of the overall time frame.
- B. The administrative completeness review time frame begins when the Board receives an application packet or request for approval. During the administrative completeness review time frame, the Board shall notify the applicant or person requesting approval that the application packet or request for approval is either complete or incomplete. If the application packet or request for approval is incomplete, the Board shall specify in the notice what information is missing.
- C. If an applicant or person requesting approval receives a notice of incompleteness under subsection (B), the applicant or person requesting approval shall submit the missing information to the Board within the time to complete listed in Table 1. Both the administrative completeness review and overall time frames are suspended from the date of the Board's notice under subsection (B) until the Board receives all of the missing information.
- D. Upon receipt of all missing information, the Board shall send a written notice of administrative completeness to the applicant or person requesting approval. The Board shall not send a separate notice of completeness if the Board grants or denies a license or approval within the administrative completeness time frame listed in Table 1.
- E. The substantive review time frame listed in Table 1 begins on the date of the Board's notice of administrative completeness sent under subsection (D).
- F. If the Board determines during the substantive review that additional information is needed, the Board shall send the applicant or person requesting approval a comprehensive written request for additional information.
- G. An applicant or person requesting approval who receives a request under subsection (F) shall submit the additional information to the Board within the time for response listed in Table 1. Both the substantive review and overall time frames

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- are suspended from the date of the Board's request until the Board receives the additional information.
- H.** An applicant or person requesting approval may receive a 30-day extension of the time provided under subsection (C) or (G) by providing written notice to the Board before the time expires. If an applicant or person requesting approval fails to submit to the Board the missing or additional information within the time provided under Table 1 or the time as extended, the Board shall administratively close the applicant's or person's file.
- I.** At any time before the overall time frame provided in Table 1 expires, an applicant or person requesting approval may, with approval by the Board, withdraw the application or request.
- J.** Within the overall time frame listed in Table 1, the Board shall:
1. Grant a license or approval if the Board determines that the applicant or person requesting approval meets all criteria required by statute and this Chapter; or
  2. Deny a license or approval if the Board determines that the applicant or person requesting approval does not meet all criteria required by statute and this Chapter.
- K.** If the Board denies a license or approval, the Board shall send the applicant or person requesting approval a written notice explaining:
1. The reason for denial, with citations to supporting statutes or rules;
  2. The right to appeal the denial by filing an appeal under A.R.S. Title 41, Chapter 6, Article 10;
  3. The time for appealing the denial; and
  4. The right to request an informal settlement conference.
- L.** If the last day of a time frame falls on a Saturday, Sunday, or an official state holiday, the time frame ends on the next business day.

**Historical Note**

Adopted effective July 27, 1979 (Supp. 79-4). Amended effective January 23, 1981 (Supp. 81-1). Amended effective July 3, 1984 (Supp. 84-4). Amended effective February 24, 1988 (Supp. 88-1). Renumbered from R4-26-127 effective July 3, 1991 (Supp. 91-3). Former Section R4-26-208 repealed; new Section R4-26-208 amended effective March 3, 1995 (Supp. 95-1). Pursuant to the advice of the Attorney General, the text of this Section now contains the text certified by the Attorney General and filed as a copy effective March 3, 1995 (Supp. 95-3). Amended by final rulemaking at 5 A.A.R. 737, effective February 19, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 3297, effective August 7, 2000 (Supp. 00-3). Amended by final rulemaking at 9 A.A.R. 778, effective April 12, 2003 (Supp. 03-1). Amended by final rulemaking at 13 A.A.R. 1493, effective June 2, 2007 (Supp. 07-2). Amended by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4). Amended by final rulemaking at 22 A.A.R. 3083, October 4, 2016 (Supp. 16-4).

**Table 1. Time Frames (in days) for Processing Applications**

Type of Application or Request	Statutory or Rule Authority	Administrative Completeness Time Frame	Time to Respond to Notice of Deficiency	Substantive Review Time Frame	Time to Respond to Request for Additional Information	Overall Time Frame
Application for initial license	A.R.S. §§ 32-2071, 32-2071.01, 32-2072, and R4-26-203	30	240	90	365	120
Application for licensure by credential	A.R.S. §§ 32-2071.01, 32-2072; and R4-26-203.01	30	240	90	240	120
Application to Take National Examination before Completing Experience Required for Licensure	A.R.S. § 32-2072(C) and R4-26-203.02	30	240	90	240	120
Reapplication for Licensure	A.R.S. § 32-2067 and R4-26-203.03	30	240	90	240	120
Application for license renewal	A.R.S. § 32-2074; R4-26-205	60	N/A	90	N/A	150
Application for reinstatement of expired license	A.R.S. § 32-2074; R4-26-206	60	N/A	90	N/A	150
Request for extension of time to complete continuing education	A.R.S. § 32-2074; R4-26-207	60	N/A	90	N/A	150
Application for registration as an out-of-state health care provider of telehealth services	A.R.S. § 36-3606; R4-26-108	30	240	90	365	120

**Historical Note**

Table 1 adopted by final rulemaking at 5 A.A.R. 737, effective February 19, 1999 (Supp. 99-1). Amended by final rulemaking at 9 A.A.R. 778, effective April 12, 2003 (Supp. 03-1). Amended by final rulemaking at 10 A.A.R. 4743, effective January 1, 2005 (Supp. 04-4). Amended by final rulemaking at 13 A.A.R. 1493, effective June 2, 2007 (Supp. 07-2). Amended by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4). Amended by final rulemaking at 26 A.A.R. 1010, effective July 4, 2020 (Supp. 20-2). Amended by final exempt rulemaking at 27 A.A.R. 1272, effective September 1, 2021 (Supp. 21-3).

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**R4-26-209. General Supervision**

- A. Under A.R.S. § 32-2071(D), an applicant is required to obtain 3,000 hours of supervised professional experience.
- B. A supervising psychologist shall not supervise a member of the psychologist's immediate family or the psychologist's employer or business partner.
- C. Payment between a supervisor and supervisee.
  - 1. A supervising psychologist may pay a monetary stipend or fee to a supervisee if the amount paid by the supervisor is not based on the supervisee's productivity or revenue generated by the supervisee;
  - 2. A supervising psychologist who accepts a fee for providing the supervisory service in Arizona may be subject to disciplinary action by the Board; and
  - 3. The Board shall look to the law of the jurisdiction in which the supervision occurred to determine whether to include as part of the 3,000 hours of supervised professional experience required under A.R.S. § 32-2071(D) hours for which an applicant paid the supervisor.
- D. A psychologist who supervises the professional experience of an unlicensed individual is professionally responsible for all work done by the individual during the supervised experience.
- E. The Board shall include in the 3,000 hours of supervised professional experience required under A.R.S. § 32-2071(D), hours obtained through a training program only if the training program provides the supervision required under A.R.S. § 32-2071(F)(2).

**Historical Note**

Adopted effective January 23, 1981 (Supp. 81-1). Renumbered from R4-26-128 and amended effective July 3, 1991 (Supp. 91-3). Former Section R4-26-209 renumbered to R4-26-208; new Section R4-26-209 adopted effective March 3, 1995 (Supp. 95-1). Pursuant to the advice of the Attorney General, the text of this Section now contains the text certified by the Attorney General and filed as a copy effective March 3, 1995 (Supp. 95-3). Amended by final rulemaking at 6 A.A.R. 3297, effective August 7, 2000 (Supp. 00-3). Amended by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4).

**R4-26-210. Supervised Professional Experience**

- A. The Board shall use the following criteria to determine whether an applicant's supervised preinternship professional experience complies with A.R.S. § 32-2071 (E):
  - 1. The supervised preinternship professional experience was part of the applicant's doctoral program from an institution of higher education that meets the standards in A.R.S. § 32-2071(A);
  - 2. The applicant completed appropriate academic preparation before beginning the supervised preinternship professional experience. The Board shall not include any assessment or treatment conducted as part of the required academic preparation in the hours of supervised preinternship professional experience; and
  - 3. For each supervised preinternship professional experience training site, the applicant has a written training plan with both the training site and the institution of higher education at which the applicant is pursuing a doctoral degree that includes at least the following:
    - a. Training activities included and the amount of time allotted to each activity,
    - b. Goals and objectives of each training activity,
    - c. Methods of evaluating the supervisee and the supervised preinternship professional experiences provided,
    - d. Approval of all individuals providing supervision at sites external to the training site,
    - e. Total number of hours to be accrued during the supervised preinternship professional experience,
    - f. Total number of hours of face-to-face contact hours with clients or patients during the supervised preinternship professional experience,
    - g. Total number of hours of supervision during the supervised preinternship professional experience,
    - h. Qualifications of all individuals who provide supervision during the supervised preinternship professional experience, and
    - i. Acknowledgment that ethics training will be included in all activities.
- B. The Board shall use the following criteria to determine whether an applicant's internship or training program qualifies as supervised professional experience under A.R.S. § 32-2071 (F):
  - 1. The written statement required under A.R.S. § 32-2071 (F)(9):
    - a. Was established no later than the time the applicant entered the internship or training program; and
    - b. Corresponds to the internship or training program the applicant completed;
  - 2. A supervisor was directly available to the applicant when decisions were made regarding emergency psychological services provided to a client or patient as required under A.R.S. § 32-2071 (F)(2);
  - 3. Course work used to satisfy the requirements of A.R.S. § 32-2071(A) or dissertation time is not credited toward the face-to-face, individual supervision time required by A.R.S. § 32-2071 (F)(6);
  - 4. The two hours a week of other learning activities required under A.R.S. § 32-2071 (F)(6) include one or more of the following
    - a. Case conferences involving a case in which the applicant was actively involved,
    - b. Seminars involving clinical issues,
    - c. Co-therapy with a professional staff person including discussion,
    - d. Group supervision, or
    - e. Additional individual supervision;
  - 5. The training program had the applicant work with other doctoral level psychology trainees and included in the written statement required under A.R.S. § 32-2071 (F)(9) a description of the program policy specifying the opportunities and resources provided to the applicant for working or interacting with other doctoral level psychology trainees in the same or other sites; and
  - 6. Time spent fulfilling academic degree requirements, such as course work applied to the doctoral degree, practicum, field laboratory, dissertation, or thesis credit, is not credited toward the 1,500 hours of supervised professional experience hours required by A.R.S. § 32-2071 (F). This subsection does not restrict a student from participating in activities designed to fulfill other doctoral degree requirements. However, the Board shall not credit time spent participating in activities to fulfill academic degree requirements toward the hours required under A.R.S. § 32-2071 (F).
- C. Under A.R.S. § 32-2071(G)(5), at least 40 percent of an applicant's supervised postdoctoral experience shall involve direct client or patient contact. If an applicant's supervised postdoctoral hours applied toward licensure include less than 40 percent direct contact hours, the applicant shall work additional time to achieve the required percentage of direct contact hours.

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While additional direct contact hours may be obtained to meet this requirement, the Board shall count no more than 1,500 hours of total postdoctoral experience for the purpose of licensure.

**Historical Note**

Adopted effective March 3, 1995 (Supp. 95-1). Pursuant to the advice of the Attorney General, the text of this Section now contains the text certified by the Attorney General and filed as a copy effective March 3, 1995 (Supp. 95-3). Amended by final rulemaking at 6 A.A.R. 3297, effective August 7, 2000 (Supp. 00-3). Amended by final rulemaking at 13 A.A.R. 1493, effective June 2, 2007 (Supp. 07-2). Amended by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4). Amended by final rulemaking at 22 A.A.R. 3083, October 4, 2016 (Supp. 16-4).

**R4-26-211. Foreign Graduates**

- A. Under A.R.S. § 32-2071(B), an applicant for licensure whose application is based on graduation from an institution of higher education located outside the U.S. and its territories shall demonstrate that the applicant's formal education is equivalent to a doctoral degree in psychology from a regionally accredited educational institution as described in A.R.S. § 32-2071(A).
- B. The Board shall find that the institution of higher education from which an applicant under subsection (A) graduated is equivalent to a regionally accredited education institution only if the institution of higher education is included in one of the following:
  1. International Handbook of Universities, published for the International Association of Universities by Stockton Press, 345 Park Avenue South, 10th floor, New York, NY 10010-1708;
  2. Commonwealth Universities Yearbook, published for the Association of Commonwealth Universities by John Foster House, 36 Gordon Square, London, England, WC1H 0PF; or
  3. Another source the Board determines provides reliable information.
- C. The academic transcript of an applicant under subsection (A) who graduated from an institution included under subsection (B) shall be translated into English and evaluated by a member organization of the National Association of Credential Evaluation Services (NACES). The applicant is responsible for paying all expenses incurred to obtain a translation and review of the academic transcript. An applicant can find information about obtaining a professional credential review at [www.naces.org](http://www.naces.org).
- D. When the credential review required under subsection (C) is completed, the NACES member organization shall submit the review report to the Board. The Board shall review the report and determine whether the applicant's education meets the standard in subsection (A).
- E. Upon written request, the Board may waive the credential review required under subsection (C) for an applicant who graduated from a doctoral program that is accredited by the accreditation panel of the Canadian Psychological Association.
- F. After the Board determines that the formal education of an applicant under subsection (A) is equivalent to a doctoral degree in psychology from a regionally accredited educational institution, the applicant shall provide evidence to the Board that the applicant has met all other requirements for licensure.

**Historical Note**

Adopted effective March 3, 1995 (Supp. 95-1). Pursuant to the advice of the Attorney General, the text of this Section now contains the text certified by the Attorney General and filed as a copy effective March 3, 1995 (Supp. 95-3). Amended by final rulemaking at 6 A.A.R. 3297, effective August 7, 2000 (Supp. 00-3). Amended by final rulemaking at 10 A.A.R. 4743, effective January 1, 2005 (Supp. 04-4). Amended by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4).

**ARTICLE 3. REGULATION****R4-26-301. Rules of Professional Conduct**

- A. The Board incorporates by reference standards 1.01 through 10.10 of the "Ethical Principles of Psychologists and Code of Conduct" adopted by the American Psychological Association, effective June 1, 2003. The incorporated materials do not include any later amendments or editions. A copy of the standards is available from the American Psychological Association Order Department, 750 First Street, NE, Washington, DC 20002-4242, [www.apa.org/ethics/code](http://www.apa.org/ethics/code), or the Board office.
- B. A licensee shall practice psychology in accordance with the standards incorporated under subsection (A).

**Historical Note**

Adopted effective July 27, 1979 (Supp. 79-4). Amended effective June 17, 1981. Amended effective June 30, 1981 (Supp. 81-3). Renumbered from R4-26-150 and amended effective July 3, 1991 (Supp. 91-3). Repealed effective March 3, 1995 (Supp. 95-1). Corrections made to text; agency filed different versions of text in original and copies; corrections reflect the original version (Supp. 95-2). Pursuant to the advice of the Attorney General, the text of this Section now contains the text certified by the Attorney General and filed as a copy effective March 3, 1995 (Supp. 95-3). New Section made by final rulemaking at 13 A.A.R. 1493, effective June 2, 2007 (Supp. 07-2). Amended by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4).

**R4-26-302. Informal Interviews**

- A. When a complaint is scheduled for informal interview, the Board shall send written notice of an informal interview to the licensee who is the subject of the complaint, by personal service or certified mail, return receipt requested, at least 20 days before an informal interview.
- B. The Board shall include the following in the written notice of an informal interview:
  1. The time, date, and place of the interview;
  2. An explanation of the informal nature of the proceedings;
  3. The licensee's right to appear at the informal interview with legal counsel licensed in Arizona or without legal counsel;
  4. A statement of the allegations and issues involved;
  5. The licensee's right to a formal hearing instead of the informal interview; and
  6. Notice that the Board may take disciplinary action at the conclusion of the informal interview;
- C. The procedure used during an informal interview may include the following:
  1. Swearing in and taking testimony from the licensee, complainant, and witnesses, if any;
  2. Optional opening and closing remarks by the licensee;
  3. An opportunity for the complainant to address the Board, if requested;
  4. Board questions to the licensee, complainant, and witnesses, if any; and
  5. Deliberation and discussion by the Board.

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**Historical Note**

Renumbered from R4-26-151 effective July 3, 1991 (Supp. 91-3). New Section made by final rulemaking at 13 A.A.R. 1493, effective June 2, 2007 (Supp. 07-2). Amended by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4).

**R4-26-303. Titles**

A person shall not use a title that claims a potential or future degree or qualification such as “Ph.D. (Cand),” “Ph.D. (ABD),” “License Eligible,” “Candidate for Licensure,” or “Board Eligible.” The use of a title that claims a potential or future degree or qualification is a violation of A.R.S. § 32-2061 et seq.

**Historical Note**

Renumbered from R4-26-151 effective July 3, 1991 (Supp. 91-3). New Section adopted effective March 3, 1995 (Supp. 95-1). Pursuant to the advice of the Attorney General, the text of this Section now contains the text certified by the Attorney General and filed as a copy effective March 3, 1995 (Supp. 95-3). Amended by final rulemaking at 6 A.A.R. 3297, effective August 7, 2000 (Supp. 00-3). Amended by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4).

**R4-26-304. Representation before the Board by Attorney Not Admitted to State Bar of Arizona**

An attorney who is not a member of the State Bar of Arizona shall not represent a party before the Board unless the attorney is admitted to practice *pro hac vice* before the Board under Rule 38(a) of the Rules of the Supreme Court of Arizona.

**Historical Note**

Renumbered from R4-26-151 effective July 3, 1991 (Supp. 91-3). New Section made by final rulemaking at 13 A.A.R. 1493, effective June 2, 2007 (Supp. 07-2). Amended by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4). Amended by final rulemaking at 22 A.A.R. 3083, October 4, 2016 (Supp. 16-4).

**R4-26-305. Confidentiality of Investigative Materials**

- A. A psychologist shall not disclose a confidential record, as defined by R4-26-101, that relates to a Board investigation to any person or entity other than the psychologist’s attorney, except:
1. A redacted summary that ensures the anonymity of the client or patient;
  2. Information regarding the nature of a complaint, the processes utilized by the Board, and the outcomes of a case;
  3. As required by law;
  4. As required by a court order compelling production; or
  5. If disclosure is protected under the United States or Arizona Constitutions.
- B. A psychologist who violates this Section commits an act of unprofessional conduct.

**Historical Note**

Renumbered from R4-26-151 effective July 3, 1991 (Supp. 91-3). New Section made by final rulemaking at 13 A.A.R. 1493, effective June 2, 2007 (Supp. 07-2). Amended by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4).

**R4-26-306. Renumbered****Historical Note**

Renumbered from R4-26-151 effective July 3, 1991 (Supp. 91-3).

**R4-26-307. Renumbered****Historical Note**

Renumbered from R4-26-151 effective July 3, 1991 (Supp. 91-3).

**R4-26-308. Rehearing or Review of Decision**

- A. Except as provided in subsection (G), any party in a contested case or appealable agency action before the Board who is aggrieved by a Board order or decision may file with the Board, not later than 30 days after service of the decision, a written motion for rehearing or review of the decision specifying the particular grounds for rehearing or review. For purposes of this subsection, service is complete on personal service or five days after the date that a Board order or decision is mailed to the party’s last known address.
- B. A motion for rehearing or review may be amended at any time before it is ruled upon by the Board. A party may file a response within 15 days after service of the motion or amended motion by any other party. The Board may require written briefs regarding the issues raised in the motion and may provide for oral argument.
- C. The Board may grant rehearing or review of a Board order or decision for any of the following causes materially affecting the moving party’s rights:
1. An irregularity in the administrative proceedings of the agency, its hearing officer, or the prevailing party, or any order or abuse of discretion that caused the moving party to be deprived of a fair hearing;
  2. Misconduct of the Board, its hearing officer, or the prevailing party;
  3. An accident or surprise that could not be prevented by ordinary prudence;
  4. Newly discovered material evidence that could not with reasonable diligence be discovered and produced at the original hearing;
  5. Excessive or insufficient penalties;
  6. An error in the admission or rejection of evidence or other errors of law occurring at the administrative hearing or during the progress of the case; or
  7. The order or decision is not justified by the evidence or is contrary to law.
- D. The Board may affirm or modify a Board order or decision or grant a rehearing or review to all or any of the parties, on all or part of the issues, for any of the reasons specified in subsection (C). An order granting a rehearing or review shall specify the grounds on which the rehearing or review is granted, and the rehearing or review shall cover only the matters specified.
- E. Not later than 30 days after a Board order or decision is rendered, the Board may on its own initiative order a rehearing or review of its order or decision for any reason specified in subsection (C). After giving the parties or their counsel notice and an opportunity to be heard on the matter, the Board may grant a motion for rehearing or review for a reason not stated in the motion.
- F. When a motion for rehearing or review is based on affidavits, the party shall serve the affidavits with the motion. An opposing party may, within 15 days after service, serve opposing affidavits. The Board for good cause or by written agreement of all parties may extend the period for service of opposing affidavits to a total of 20 days. Reply affidavits are permitted.
- G. If the Board finds that the immediate effectiveness of a Board order or decision is necessary to preserve public peace, health, or safety and that a rehearing or review of the Board order or decision is impracticable, unnecessary, or contrary to the public interest, the Board order or decision may be issued as a final order or decision without an opportunity for a rehearing

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or review. If a Board order or decision is issued as a final order or decision without an opportunity for rehearing or review, any application for judicial review of the order or decision shall be made within the time permitted for final orders or decisions.

- H.** For purposes of this Section, “contested case” is defined in A.R.S. § 41-1001 and “appealable agency action” is defined in A.R.S. § 41-1092.
- I.** A person who files a complaint with the Board against a licensee:
1. Is not a party to:
    - a. A Board administrative action, decision, or proceeding; or
    - b. A court proceeding for judicial review of a Board decision under A.R.S. §§ 12-901 through 12-914; and
  2. Is not entitled to seek rehearing or review of a Board action or decision under this Section.

**Historical Note**

Former Section R4-26-10 renumbered and adopted as R4-26-57 effective July 27, 1979 (Supp. 79-4). Amended subsection (c)(4) effective June 30, 1981 (Supp. 81-3).

Renumbered from R4-26-157 effective July 3, 1991 (Supp. 91-3). Amended effective March 3, 1995 (Supp. 95-1). Pursuant to the advice of the Attorney General, the text of this Section now contains the text certified by the Attorney General and filed as a copy effective March 3, 1995 (Supp. 95-3). Amended by final rulemaking at 6 A.A.R. 3297, effective August 7, 2000 (Supp. 00-3). Amended by final rulemaking at 10 A.A.R. 4743, effective January 1, 2005 (Supp. 04-4). Amended by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4).

**R4-26-309. Complaints against Judicially Appointed Psychologists**

- A.** A.R.S. § 32-2081(B) applies when a complaint is filed against a psychologist who conducts an evaluation, treatment, or psycho-education under a court order even if the psychologist is not specifically named in the court order.
- B.** If a complaint is filed against a psychologist who conducts an evaluation, treatment, or psycho-education under a court order, the Board shall return the complaint to the complainant with instructions that the court issuing the order must find there is a substantial basis to refer the complaint for consideration by the Board.

**Historical Note**

Section made by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4).

**R4-26-310. Disciplinary Supervision; Practice Monitor**

- A.** If the Board determines, after a hearing conducted under A.R.S. Title 41, Chapter 6, Article 10, after an informal interview under A.R.S. § 32-2081(K), or through an agreement with the Board, that to protect public health and safety and ensure a licensee’s ability to engage safely in the practice of psychology, it is necessary to require that the licensee practice psychology for a specified term under another licensee who provides supervision or service as a practice monitor, the Board shall enter into an agreement with the licensee or issue an order regarding the disciplinary supervision or practice monitoring.
- B.** Payment between a licensee and supervisor or practice monitor.
1. A licensed psychologist who enters into an agreement with the Board or is ordered by the Board to practice psy-

chology under the supervision of another licensee may pay the supervising licensee for the supervisory service;

2. A licensed psychologist who provides supervisory service to a licensed psychologist who has been ordered by the Board or entered into an agreement with the Board to practice psychology under supervision may accept payment for the supervisory service;
  3. A licensed psychologist who enters into an agreement with the Board or is ordered by the Board to practice psychology under a practice monitor may pay the practice monitor for the service provided; and
  4. A licensed psychologist who provides practice monitoring to a licensed psychologist who has been ordered by the Board or entered into an agreement with the Board to practice psychology under a practice monitor may accept payment for the service provided.
- C.** A licensed psychologist who supervises or serves as a practice monitor for a licensed psychologist who has entered an agreement with the Board or been ordered by the Board to practice psychology under supervision or with a practice monitor is professionally responsible only for work specified in the agreement or order.

**Historical Note**

Section made by final rulemaking at 21 A.A.R. 3444, effective January 30, 2016 (Supp. 15-4). Amended by final rulemaking at 22 A.A.R. 3083, October 4, 2016 (Supp. 16-4).

**ARTICLE 4. BEHAVIOR ANALYSIS****R4-26-401. Definitions**

- A.** The definitions in A.R.S. § 32-2091 apply in this Article.
- B.** Additionally, in this Article:
1. “Accredited” means an institution of higher education:
    - a. In the U.S. is listed with the Council for Higher Education Accreditation,
    - b. In Canada is a member of the Universities Canada, and
    - c. Outside of the U.S. or Canada is determined by a member of the National Association of Credential Evaluation Services to have standards substantially similar to those of an institution of higher education in the U.S. or Canada.
  2. “Advertising” means any media used to disseminate information regarding the qualifications of a behavior analyst in order to solicit clients for behavior analysis services, regardless of whether the behavior analyst pays for the advertising.
  3. “Applicant” means an individual who applies to the Board for an initial or renewal license.
  4. “BACB” means the Behavior Analyst Certification Board, Inc.®.
  5. “Confidential information” means:
    - a. Minutes of an executive session of the Board except as provided under A.R.S. § 38-431.03(B);
    - b. A record that is classified as confidential by a statute or rule applicable to the Board;
    - c. Materials relating to an investigation by the Board, including a complaint, response, client record, witness statement, investigative report, and any information relating to a client’s diagnosis, treatment, or personal family life; and
    - d. The following regarding an applicant or licensee:
      - i. College or university transcripts if requested from the Board by a person other than the applicant or licensee;



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- ii. Home address, telephone number, and e-mail address;
  - iii. Test scores;
  - iv. Date of birth;
  - v. Place of birth; and
  - vi. Social Security number.
- 6. "Gross negligence" means an extreme departure from the ordinary standard of care.
- 7. "Inactive status" means a behavior analyst maintains a license as a behavior analyst but is prohibited from practicing behavior analysis or holding oneself out as practicing behavior analysis in Arizona.
- 8. "License period" means:
  - a. For a licensee who holds an odd-numbered license, the two years between the first day of the month after the licensee's birth month of one odd-numbered year and the last day of the licensee's birth month of the next odd-numbered year; and
  - b. For a licensee who holds an even-numbered license, the two years between the first day of the month after the licensee's birth month of one even-numbered year and the last day of the licensee's birth month of the next even-numbered year.
- 9. "Mitigating circumstances that prevent resolution" means factors the Board considers in reviewing allegations against an applicant or licensee of unprofessional conduct occurring in another regulatory jurisdiction when the allegations would not prohibit licensure in Arizona. The factors may include:
  - a. Nature of the alleged conduct,
  - b. Severity of the alleged conduct,
  - c. Recentness of the alleged conduct,
  - d. Actions taken by the applicant to remedy potential violations, and
  - e. Whether the alleged conduct was an isolated incident or part of a recurring pattern.
- 10. "Party" means the Board, an applicant, a licensee, or the state.
- 11. "Psychometric testing materials" means manuals, instruments, protocols, and questions or stimuli used in testing.
- 12. "Raw test data" means test scores, client responses to test questions or stimuli, and a behavior analyst's notes and recordings concerning client statements and behavior during examination.
- 13. "Regulatory jurisdiction" means a state or territory of the United States, the District of Columbia, or a foreign country with authority to grant or deny entry into a profession or occupation.
- 14. "Renewal year" means:
  - a. Each odd-numbered year for a licensee who holds an odd-numbered license, and
  - b. Each even-numbered year for a licensee who holds an even-numbered license.
- 15. "Supervised experience" means supervised independent fieldwork, practicum, or intensive practicum.

**Historical Note**

Section made by final rulemaking at 18 A.A.R. 2490, effective September 11, 2012 (Supp. 12-3). Section amended by final rulemaking at 23 A.A.R. 215, effective March 5, 2017 (Supp. 17-1). Amended by final rulemaking 26 A.A.R. 1017, effective July 4, 2020 (Supp. 20-2).

**R4-26-402. Fees and Charges**

- A. As specifically authorized by A.R.S. §§ 32-2091.01(A) and 32-2091.07(B), the Board establishes and shall collect the following fees:

- 1. Application for an active license: \$350;
  - 2. Renewal of an active license: \$500;
  - 3. Renewal of an inactive license: \$85;
  - 4. Issuance of an initial license: \$500; and
  - 5. Reinstatement of expired license: \$200.
- B. Under the specific authority provided by A.R.S. § 36-3606(A)(3), the Board establishes and shall collect the following fee to register as an out-of-state health care provider of telehealth services: \$600.
- C. As specifically authorized by A.R.S. § 32-2091.01(B), the Board establishes and shall collect the following charges for the services specified:
  - 1. Duplicate license: \$25;
  - 2. Duplicate renewal receipt: \$5;
  - 3. Copy of the Board's statutes and rules: \$5;
  - 4. Verification of a license: \$2;
  - 5. Audio recording of a Board meeting: \$10 per meeting;
  - 6. Electronic medium containing the name and address of all licensees: \$.05 per name;
  - 7. Customized electronic medium containing the name and address of all licensees: \$.25 per name;
  - 8. Customized electronic medium: \$.35 per name; and
  - 9. Copy of Board records, letters, minutes, applications, files, policy statements, and other non-confidential documents: \$.25 per page.
- D. Except as provided by law, including A.R.S. § 41-1077, the fees listed in subsections (A) and (B) are not refundable.

**Historical Note**

Section made by final rulemaking at 18 A.A.R. 2490, effective September 11, 2012 (Supp. 12-3). Amended by final exempt rulemaking at 27 A.A.R. 1272, effective September 1, 2021 (Supp. 21-3).

**R4-26-403. Application for Initial License**

- A. An individual who wishes to practice as a behavior analyst and is qualified under A.R.S. § 32-2091.02 shall complete and submit an application form, which is available from the Board office and on its website.
- B. Additionally, an applicant shall submit:
  - 1. An original, un-retouched, passport-quality photograph that is no larger than 1.5 X 2 inches in size and taken no more than 60 days before the date of application;
  - 2. The application fee required under R4-26-402;
  - 3. A written request that Board staff verify with the BACB that the applicant passed the examination referenced in R4-26-404;
  - 4. As required under A.R.S. § 41-1080(A), the specified documentation of citizenship or alien status indicating the applicant's presence in the U.S. is authorized under federal law; and
  - 5. The Board's Mandatory Confidential Information form.
- C. Additionally, an applicant shall ensure the following is submitted directly to the Board:
  - 1. Verification of supervised experience that meets the standards specified in R4-26-404.2. For the purpose of licensure, the Board shall accept the following as verification of supervised experience:
    - a. From the supervisor of the experience:
      - i. A copy of the BACB final experience verification form, signed by the supervisor, submitted by the applicant to the BACB when the applicant applied to the BACB for certification; or
      - ii. A completed Board verification form; or
    - b. From the applicant. If the applicant demonstrates to the Board that a supervisor cannot be located, or at the request of the Board, the applicant may submit a

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- copy of each BACB final experience verification form the applicant submitted to the BACB when the applicant applied to the BACB for certification; and
- c. If the Board requires additional information, the Board shall accept from the applicant or supervisor of the experience:
    - i. A copy of the plan required under R4-26-404.2(C)(6), and
    - ii. Letters or other documentation from third parties who observed the supervisory relationship;
  2. Official transcript for the graduate degree required under R4-26-404.1 submitted by the accredited institution of higher education that awarded the degree;
  3. Official transcript or other official document demonstrating the applicant completed the coursework required under R4-26-405 submitted by the accredited institution of higher education or BACB-approved program in which the coursework was completed; and
  4. Verification of licensure, certification, or registration by another regulatory jurisdiction submitted by the regulatory jurisdiction.

**Historical Note**

Section made by final rulemaking at 18 A.A.R. 2490, effective September 11, 2012 (Supp. 12-3). Section amended by final rulemaking at 23 A.A.R. 215, effective March 5, 2017 (Supp. 17-1). Amended by final rulemaking at 24 A.A.R. 3100, effective December 11, 2018 (Supp. 18-4). Amended by final rulemaking 26 A.A.R. 1017, effective July 4, 2020 (Supp. 20-2).

**R4-26-404. Examination Requirement**

To be licensed as a behavior analyst in Arizona, an individual shall take and pass the examination administered by the BACB for Board Certified Behavior Analysts as part of its certification process.

**Historical Note**

Section made by final rulemaking at 18 A.A.R. 2490, effective September 11, 2012 (Supp. 12-3). Section amended by final rulemaking at 23 A.A.R. 215, effective March 5, 2017 (Supp. 17-1).

**R4-26-404.1. Education Requirement**

- A. This Section does not apply to an applicant who was certified as a behavior analyst by the BACB before January 1, 2015.
- B. To be licensed as a behavior analyst in Arizona, an individual shall have a master's degree or higher completed:
  1. From an accredited institution of higher education and
  2. In a program that meets the requirements specified by the BACB.

**Historical Note**

New Section made by final rulemaking at 23 A.A.R. 215, effective March 5, 2017 (Supp. 17-1). Amended by final rulemaking 26 A.A.R. 1017, effective July 4, 2020 (Supp. 20-2).

**R4-26-404.2. Supervised Experience Requirement**

- A. Application of this Section:
  1. This Section does not apply to an individual who was certified by the BACB with at least 1500 hours of supervised experience before January 1, 2015; and
  2. This Section applies in part to an individual who was certified by the BACB with fewer than 1500 hours of supervised experience before January 1, 2015. To be licensed in Arizona, the individual shall complete additional hours of supervised experience to the meet the 1500-hour requirement under A.R.S. § 32-2091.03 and ensure all

hours of supervised experience obtained after December 31, 2014, meet the requirements of this Section.

- B. To be licensed as a behavior analyst in Arizona, an individual shall have completed 1500 hours of supervised experience. The Board shall accept, for the purpose of licensure, hours of supervised experience obtained on or after January 1, 2015, that meet the following standards:
  1. Supervised independent fieldwork. The supervisee shall be supervised at a frequency that meets the standards of the BACB at the time of supervision;
  2. Practicum. The supervisee shall:
    - a. Participate in a practicum in behavior analysis within a program approved by the BACB;
    - b. Achieve a passing grade in the practicum;
    - c. Obtain graduate-level academic credit for the practicum; and
    - d. Be supervised at a frequency that meets the standard of the BACB at the time of supervision;
  3. Intensive practicum. The supervisee shall:
    - a. Participate in an intensive practicum in behavior analysis within a program approved by the BACB;
    - b. Achieve a passing grade in the intensive practicum;
    - c. Obtain graduate-level academic credit for the intensive practicum; and
    - d. Be supervised at a frequency that meets the standards of the BACB at the time of supervision;
  4. Combination of experience categories. The supervisee may accrue hours of supervised experience in a single category or may combine any two or three categories listed in subsections (B)(1) through (3). However, the supervisee shall accrue supervised experience in only one category in each supervisory period; and
  5. For all categories of supervised experience, the supervisee shall accrue:
    - a. No fewer than 20 hours and no more than 130 hours, including time spent in supervision, each month; or
    - b. The number of hours that meets the standards of the BACB at the time of supervision.
- C. Standards for supervised experience.
  1. Onset of supervised experience. The Board shall not accept, for the purpose of licensure, hours of supervised experience completed before attending courses required under R4-26-405. However, the Board shall accept hours of supervised experience completed concurrent with attending courses required under R4-26-405.
  2. Appropriate activities. The Board shall accept, for the purpose of licensure, hours of supervised experience that demonstrate participation in supervised experiences with various populations, at various sites, with multiple supervisors, and including all of the following activity areas:
    - a. Conducting assessments related to behavioral intervention;
    - b. Designing, implementing, and monitoring skill-acquisition and behavior-reduction programs;
    - c. Overseeing implementation of behavior-analytic programs by others;
    - d. Training, designing behavioral systems, and managing performance; and
    - e. Performing other activities directly related to behavior analysis such as attending planning meetings regarding the behavior analytic program, researching literature related to the program, and talking with others about the program.
  3. Appropriate clients. The Board shall accept, for the purpose of licensure, hours of supervised experience with appropriate clients.

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- a. An appropriate client is one for whom behavior-analytic services are suitable.
- b. A client is not appropriate if:
  - i. The client is related to the supervisee,
  - ii. The client's primary caretaker is related to the supervisee, or
  - iii. The supervisee is the client's primary caretaker.
4. Supervisor qualifications. The Board shall accept, for the purpose of licensure, hours of supervised experience only if the supervisor:
  - a. Was licensed by the state in which the supervision occurred during the period of supervised experience; or
  - b. If licensure of behavior analysts was not available or not in effect in the state in which the supervision occurred or during the period of supervised experience, was certified as a behavior analyst by the BACB; and
  - c. Was not related to, subordinate to, or employed by the supervisee during the period of supervised experience. Employment does not include payment made to the supervisor by the supervisee for supervisory services.
5. Nature of supervision. The Board shall accept, for the purpose of licensure, hours of supervised experience that are effective in improving and maintaining the behavior-analytic, professional, and ethical skills of the supervisee.
  - a. Effective supervision includes:
    - i. Developing performance expectations for the supervisee;
    - ii. Observing the supervisee and providing performance feedback on behavior-analytic activities with clients in the natural environment. In person, on-site observation is preferred but use of web cameras, video record, videoconferencing, or a similar means that provides synchronous observation is acceptable;
    - iii. Modeling technical, professional, and ethical behavior for the supervisee;
    - iv. Guiding behavioral case conceptualization, problem solving, and decision making skills of the supervisee;
    - v. Reviewing written materials prepared by the supervisee such as behavior programs, data sheets, and reports;
    - vi. Providing oversight and evaluation of the effects of the supervisee's delivery of behavioral service; and
    - vii. Evaluating the effects of supervising the supervisee; and
  - b. Effective supervision may be conducted:
    - i. Individually for at least half of the total supervised hours in each supervisory period; and
    - ii. In groups of two to 10 supervisees for no more than half of the total supervised hours in each supervisory period.
6. Supervision plan. The Board shall accept, for the purpose of licensure, hours of supervised experience for which the supervisee and supervisor executed a written plan before starting the supervised experience, which includes the following:
  - a. States the responsibilities of both the supervisor and supervisee;
  - b. Requires the supervisor to complete eight hours of supervision training provided by BACB;
  - c. Includes a description of appropriate activities and instructional objectives;
  - d. Specifies the measurable circumstance under which the supervisor will complete the supervisee's Experience Verification Form;
  - e. Delineates the consequences if either supervisor or supervisee does not comply with the plan;
  - f. Requires the supervisee to obtain written permission from the supervisee's employer or manager when applicable; and
  - g. Requires both the supervisor and supervisee to comply with the ethical standard specified at R4-26-406.
7. Multiple supervisors or settings. The Board shall accept, for the purpose of licensure, hours of supervised experience provided by multiple supervisors or at multiple settings if all the hours of supervised experience meet the standards specified in subsections (C)(1) through (6)

**Historical Note**

New Section made by final rulemaking at 24 A.A.R. 3100, effective December 11, 2018 (Supp. 18-4).  
Amended by final rulemaking 26 A.A.R. 1017, effective July 4, 2020 (Supp. 20-2).

**R4-26-405. Coursework Requirement**

- A. This Section does not apply to an applicant who was certified as a behavior analyst by the BACB before January 1, 2015.
- B. To be licensed as a behavior analyst in Arizona, an individual shall complete, as part of or in addition to the coursework necessary to obtain the graduate degree required under R4-26-404.1, 270 classroom hours of graduate-level instruction. The individual shall ensure that the classroom hours include the following content areas:
  1. Ethical and professional conduct in behavior analysis: 45 hours;
  2. Concepts and principles of behavior analysis: 45 hours;
  3. Research methods in behavior analysis: 45 hours:
    - a. Measurement and data analysis: 25 hours; and
    - b. Experimental design: 20 hours;
  4. Applied behavior analysis: 105 hours:
    - a. Fundamental elements of behavior change and specific behavior change procedures: 45 hours;
    - b. Identification of the problem and assessment: 30 hours;
    - c. Intervention and behavior change considerations: 10 hours;
    - d. Behavior change systems: 10 hours; and
    - e. Implementation, management, and supervision: 10 hours; and
  5. Discretionary content related to behavior analysis: 30 hours.
- C. The Board shall accept classroom hours of graduate-level instruction completed at an accredited institution of higher education or in a program approved by the BACB.

**Historical Note**

Section made by final rulemaking at 18 A.A.R. 2490, effective September 11, 2012 (Supp. 12-3). Section amended by final rulemaking at 23 A.A.R. 215, effective March 5, 2017 (Supp. 17-1).

**R4-26-406. Ethical Standard**

In fulfilling its responsibilities under law, the Board shall rely on the most current version of the BACB Professional and Ethical Compliance Code for Behavior Analysts, published by the BACB and available for review at the Board office and online at [www.BACB.com](http://www.BACB.com) unless the Board determines public health and safety is not sufficiently protected by the current version of the

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BACB Professional and Ethical Compliance Code for Behavior Analysts.

**Historical Note**

Section made by final rulemaking at 18 A.A.R. 2490, effective September 11, 2012 (Supp. 12-3). Section amended by final rulemaking at 23 A.A.R. 215, effective March 5, 2017 (Supp. 17-1). Amended by final rulemaking 26 A.A.R. 1017, effective July 4, 2020 (Supp. 20-2).

**R4-26-407. Repealed****Historical Note**

Section made by final rulemaking at 18 A.A.R. 2490, effective September 11, 2012 (Supp. 12-3). Section amended by final rulemaking at 23 A.A.R. 215, effective March 5, 2017 (Supp. 17-1). Section amended by final rulemaking at 24 A.A.R. 3100, effective December 11, 2018 (Supp. 18-4). Repealed by final rulemaking 26 A.A.R. 1017, effective July 4, 2020 (Supp. 20-2).

**R4-26-408. License Renewal**

- A.** A license issued by the Board, whether active or inactive, expires on the last day of a licensee's birth month during the licensee's renewal year.
- B.** The Board shall provide a licensee with 60 days' notice of the license renewal deadline. Failure to receive the notice does not excuse failure to renew timely.
- C.** To renew a license, a licensee shall, on or before the last day of the licensee's birth month during the licensee's renewal year, submit to the Board a renewal application form, which is available from the Board office and on its website.
- D.** Additionally, to renew a license, a licensee shall submit:
  1. The license renewal fee required under R4-26-402; and
  2. If the documentation previously submitted under R4-26-404(B) was a limited form of work authorization issued by the federal government, evidence that the work authorization has not expired.
- E.** If a completed application is timely submitted under subsections (C) and (D) to renew an active license, the licensee may continue to practice behavior analysis under the active license until notified by the Board that the application for renewal has been approved or denied. If the Board denies license renewal, the licensee may continue to practice behavior analysis until the last day for seeking review of the Board's decision or a later date fixed by a reviewing court.
- F.** Under A.R.S. § 32-2091.07, the license of a licensee who fails to submit a renewal application on or before the last day of the licensee's birth month during the licensee's renewal year expires and the licensee shall immediately stop practicing as a behavior analyst in Arizona.
- G.** A behavior analyst whose license expires under subsection (F) may have the license reinstated by submitting the following to the Board within two months after last day of the licensee's birth month during the licensee's renewal year:
  1. The license renewal application required under subsection (C) and the document required under subsection (D)(2),
  2. A sworn affidavit that the applicant has not practiced as a behavior analyst in Arizona since the applicant's license expired, and
  3. The license renewal and license reinstatement fees.
- H.** A behavior analyst whose license expires under subsection (F) and who fails to have the license reinstated under subsection (G) may have the license reinstated by:
  1. Complying with subsection (G) within one year after the last day of the licensee's birth month during the licensee's renewal year, and

2. Providing proof of competency and qualifications to the Board.

- I.** A behavior analyst whose license expires under subsection (F) and who fails to have the license reinstated under subsection (G) or (H) may be licensed again only by complying with R4-26-403.

**Historical Note**

Section made by final rulemaking at 18 A.A.R. 2490, effective September 11, 2012 (Supp. 12-3). Section amended by final rulemaking at 23 A.A.R. 215, effective March 5, 2017 (Supp. 17-1). Repealed by final rulemaking 26 A.A.R. 1017, effective July 4, 2020 (Supp. 20-2).

**R4-26-409. Continuing Education Requirement**

- A.** A licensee shall complete a minimum of 30 hours of continuing education during each license period. A licensee shall ensure that at least four hours of continuing education addresses ethics.
- B.** During a licensee's first license period, the licensee shall complete a pro-rated number of continuing education hours. To determine the number of continuing education hours required during the first license period, the licensee shall multiply the number of whole months from the month of license issuance to the end of the license period by 1.25.
- C.** A licensee shall ensure that each continuing education program provides the necessary understanding of current developments, skills, or procedures related to the practice of behavior analysis. The following provide the necessary understanding of current developments, skills, or procedures related to the practice of behavior analysis:
  1. College or university graduate coursework that directly relates to behavior analysis and is provided by an accredited educational institution: 15 hours of continuing education for each semester hour completed and 10 hours of continuing education for each quarter hour completed; a course syllabus and transcript are required for documentation;
  2. Continuing education programs offered by a BACB-approved provider: One hour of continuing education for each hour of participation; a certificate or letter from the BACB-approved provider is required for documentation;
  3. Self-study or correspondence course that is directly related to behavior analysis and offered by a BACB-approved provider or approved or offered by an accredited educational institution: Hours of continuing education determined by the course provider; a certificate or letter from the BACB-approved provider or a course syllabus and transcript from the accredited educational institution are required for documentation;
  4. Online course that is directly related to behavior analysis and offered by a BACB-approved provider or approved or offered by an accredited educational institution: Hours of continuing education determined by the course provider; a certificate or letter from the BACB-approved provider or a course syllabus and transcript from the accredited educational institution are required for documentation;
  5. Teaching a continuing education program offered by a BACB-approved provider or teaching a graduate university or college course offered by an accredited educational institution: One hour of continuing education for each hour taught; for graduate courses taught, 15 hours of continuing education for each semester hour completed and 10 hours of continuing education for each quarter hour completed;

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6. Credentialing activities or events pre-approved for continuing education and initiated by the BACB: One hour of continuing education for each hour of participation; documentation from the BACB is required;
  7. Publication of a peer-reviewed article or text book on the practice of behavior analysis or serving as a reviewer or action editor of an article pertaining to behavior analysis: eight hours of continuing education for one publication and one hour of continuing education for one review; and
  8. Attending a Board meeting: Three hours for attending a morning or afternoon session of a Board meeting and six hours for attending a full-day Board meeting.
- D.** The number of hours of continuing education is limited as follows:
1. No more than 50 percent of the required hours may be obtained from teaching a continuing education program or course under subsection (C)(5). A licensee shall not obtain continuing education hours for teaching the same continuing education program or course more than once during each licensing period. A licensee shall earn no continuing education hours for participating as a member of a panel at a continuing education program or course;
  2. No more than 25 percent of the required hours may be obtained from continuing education under each of subsections (C)(3), (6) and (7).
  3. No more than six of the required hours may be obtained under subsection (C)(8). Hours obtained under subsection (C)(8) may be used to complete the ethics requirement under subsection (A).
  4. Hours obtained in excess of the minimum required during a license period shall not be carried over to a subsequent license period.
- E.** A licensee shall obtain a certificate or other evidence of attendance from the provider of each continuing education program or course attended that includes the following:
1. Name of the licensee;
  2. Title of the continuing education;
  3. Name of the continuing education provider;
  4. Date, time, and location of the continuing education; and
  5. Number of hours of continuing education obtained.
- F.** A licensee shall maintain the evidence of attendance described in subsection (E) for two licensing periods and make the evidence available to the Board upon request.
- G.** The Board may audit a licensee's compliance with the continuing education requirement. The Board may deny license renewal or take other disciplinary action against a licensee who fails to obtain or document the required continuing education hours. The Board may discipline a licensee who commits fraud, deceit, or misrepresentation regarding the continuing education hours.
- H.** A licensee who cannot comply with the continuing education requirement for good cause may seek an extension of time in which to comply by submitting a written request to the Board with the timely submission of the renewal application required under R4-26-408.
1. Good cause includes but is not limited to illness or injury of the licensee or a close family member, death of a close family member, birth or adoption of a child, military service, relocation, natural disaster, financial hardship, or residence in a foreign country for at least 12 months of the license period.
  2. The Board shall not grant an extension longer than one year.
  3. A licensee who obtains hours of continuing education during an extension of time provided by the Board shall ensure the hours are reported only for the license period extended.
4. A licensee who cannot comply with the continuing education requirement within an extension may apply to the Board for inactive license status under A.R.S. § 32-2091.06(E).

**Historical Note**

Section made by final rulemaking at 18 A.A.R. 2490, effective September 11, 2012 (Supp. 12-3). Section amended by final rulemaking at 23 A.A.R. 215, effective March 5, 2017 (Supp. 17-1). Section amended by final rulemaking at 24 A.A.R. 3100, effective December 11, 2018 (Supp. 18-4).

**R4-26-410. Voluntary Inactive Status**

- A.** A licensed behavior analyst may request that the Board place the license on inactive status for one of the following reasons:
1. The behavior analyst no longer provides behavior analysis services in Arizona,
  2. The behavior analyst is retired, or
  3. The behavior analyst is physically or mentally incapacitated or otherwise disabled.
- B.** To place a license on inactive status, a licensee shall comply with R4-26-408.
- C.** To remain licensed, a licensee on inactive status shall comply with R4-26-408 on or before the last day of the licensee's birth month during the licensee's renewal year.

**Historical Note**

Section made by final rulemaking at 18 A.A.R. 2490, effective September 11, 2012 (Supp. 12-3). Section amended by final rulemaking at 23 A.A.R. 215, effective March 5, 2017 (Supp. 17-1).

**R4-26-411. License Reinstatement**

A licensee seeking reinstatement from an inactive to an active license shall:

1. Comply with the provisions of R4-26-408(C) and (D);
2. Submit evidence of completing a pro-rated number of hours of continuing education. The licensee shall calculate the number of continuing education hours required by multiplying the number of whole months that the license was on inactive status by 1.25; and
3. Complete any other requirements the Board determines are necessary to ensure that the licensee has maintained and updated the licensee's ability to practice as a behavior analyst.

**Historical Note**

Section made by final rulemaking at 18 A.A.R. 2490, effective September 11, 2012 (Supp. 12-3).

**R4-26-412. Client Records**

- A.** A licensee shall not condition release of a client's record on payment for services by the client or a third party.
- B.** A licensee shall release a client's raw test data to another licensed behavior analyst only after obtaining the client's informed, written consent to the release. Without a client's informed, written consent, a licensee shall release the client's raw test data only to the extent required by law or under court order compelling production.
- C.** A licensee shall retain all client records under the licensee's control for at least six years from the date of the last client activity. If a client is a minor, the licensee shall retain the client's record for at least three years past the client's 18th birthday or six years from the date of the last client activity, whichever is longer.

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- D. Audio or video tapes created primarily for training or supervisory purposes are exempt from the requirement of subsection (C).
- E. A licensee who is notified by the Board or municipal, state, or federal officials of an investigation or pending case shall retain all records relating to the investigation or case until the licensee receives written notice that the investigation is complete or the case is closed.
- F. A licensee may retain client records in electronic form. The licensee shall ensure that client records in electronic form are stored securely and a backup copy is maintained.
- G. The provisions of this Section apply to all licensees including those on inactive status.

**Historical Note**

Section made by final rulemaking at 18 A.A.R. 2490, effective September 11, 2012 (Supp. 12-3).

**R4-26-413. Change of Name, Mailing Address, E-mail Address, or Telephone Number**

- A. The Board shall communicate with a licensee using the contact information provided to the Board. To ensure timely communication from the Board, a licensee shall notify the Board, in writing, within 30 days of any change of name, mailing address, e-mail address, or residential or business telephone number.
- B. A licensee who reports a name change shall submit to the Board legal documentation that explains the name change.

**Historical Note**

Section made by final rulemaking at 18 A.A.R. 2490, effective September 11, 2012 (Supp. 12-3).

**R4-26-414. Complaints and Investigations**

- A. Anyone, including the Board, may file a complaint. A complainant shall ensure that a complaint filed with the Board involves:
  - 1. An individual licensed under this Article; or
  - 2. An individual, including an applicant, believed to be engaged in the unlicensed practice of behavior analysis.
- B. Complaint requirements. A complainant shall:
  - 1. Submit the complaint to the Board in writing; and
  - 2. Provide the following information:
    - a. Name and business address of licensee or other individual who is the subject of complaint;
    - b. Name and address of complainant;
    - c. Allegations constituting unprofessional conduct;
    - d. Details of the complaint with pertinent dates and activities;
    - e. Whether the complainant has contacted any other organization regarding the complaint; and
    - f. Whether the complainant has contacted the licensee or other individual concerning the complaint and if so, the response, if any.

**Historical Note**

Section made by final rulemaking at 18 A.A.R. 2490, effective September 11, 2012 (Supp. 12-3). Section amended by final rulemaking at 23 A.A.R. 215, effective March 5, 2017 (Supp. 17-1).

**R4-26-415. Informal Interview**

- A. As authorized by A.R.S. § 32-2091.09, the Board may facilitate investigation of a complaint by conducting an informal interview. The Board shall send written notice of an informal interview to the individual who is the subject of the complaint, by personal service or certified mail, return receipt requested, at least 30 days before the informal interview.

- B. The Board shall ensure that the written notice of informal interview contains the following information:
  - 1. The time, date, and place of the informal interview;
  - 2. An explanation of the informal nature of the proceedings;
  - 3. The individual's right to appear with legal counsel who is authorized to practice law in Arizona or without legal counsel;
  - 4. A statement of the allegations and issues involved with a citation to relevant statutes and rules;
  - 5. The individual's right to a formal hearing under A.R.S. Title 41, Chapter 6, Article 10 instead of the informal interview;
  - 6. The licensee's right, as specified in A.R.S. § 32-3206, to request a copy of information the Board will consider in making its determination; and
  - 7. Notice that the Board may take disciplinary action as a result of the informal interview if it finds the individual violated A.R.S. Title 32, Chapter 19.1, Article 4, or this Article;
- C. The Board shall ensure that an informal interview proceeds as follows:
  - 1. Introduction of the respondent and, if applicable, the complainant, any other witnesses, and legal counsel for the respondent;
  - 2. Introduction of the Board members, staff, and Assistant Attorney General present;
  - 3. Swearing in of the respondent, complainant, and witnesses;
  - 4. Brief summary of the allegations and purpose of the informal interview;
  - 5. Optional opening comment by the respondent and complainant;
  - 6. Questioning of the respondent and witnesses by the Board;
  - 7. Questioning of the complainant by the respondent through the Chair;
  - 8. Optional additional comments by the respondent and complainant; and
  - 9. Deliberation by the Board.

**Historical Note**

Section made by final rulemaking at 18 A.A.R. 2490, effective September 11, 2012 (Supp. 12-3). Amended by final rulemaking 26 A.A.R. 1017, effective July 4, 2020 (Supp. 20-2).

**R4-26-416. Rehearing or Review of Decision**

- A. The Board shall provide for a rehearing and review of its decisions under A.R.S. Title 41, Chapter 6, Article 10.
- B. Except as provided in subsection (H), a party is required to file a motion for rehearing or review of a decision of the Board to exhaust the party's administrative remedies.
- C. A party may amend a motion for rehearing or review at any time before the Board rules on the motion.
- D. The Board may grant a rehearing or review for any of the following reasons materially affecting a party's rights:
  - 1. Irregularity in the proceedings of the Board or any order or abuse of discretion that deprived the moving party of a fair hearing;
  - 2. Misconduct of the Board, its staff, or an administrative law judge;
  - 3. Accident or surprise that could not have been prevented by ordinary prudence;
  - 4. Newly discovered material evidence that could not, with reasonable diligence, have been discovered and produced at the hearing;
  - 5. Excessive or insufficient penalty;

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6. Error in the admission or rejection of evidence or other errors of law occurring at the hearing or during the progress of the proceedings; and
  7. The findings of fact or a decision is not justified by the evidence or is contrary to law.
- E.** The Board may affirm or modify a decision or grant a rehearing or review to all or some of the parties on all or some of the issues for any of the reasons listed in subsection (D). An order modifying a decision or granting a rehearing or review shall specify with particularity the grounds for the order. If a rehearing or review is granted, the rehearing or review shall cover only the matters specified in the order.
- F.** Within 30 days after the date of a decision and after giving the parties notice and an opportunity to be heard, the Board may, on its own initiative, order a rehearing or review of its decision for any reason it might have granted a rehearing or review on motion of a party. The Board may grant a motion for rehearing or review, timely served, for a reason not stated in the motion. An order granting a rehearing or review shall specify with particularity the grounds on which the rehearing or review is granted.
- G.** When a motion for rehearing is based upon affidavits, they shall be served with the motion. An opposing party may, within 15 days after service, serve opposing affidavits.
- H.** If, in a particular decision, the Board makes a specific finding that the immediate effectiveness of the decision is necessary for preservation of the public health, safety, or welfare and that a rehearing or review of the decision is impracticable, unnecessary, or contrary to the public interest, the decision may be issued as a final decision without an opportunity for a rehearing or review.
- I.** An application for judicial review of any final Board decision may be made under A.R.S. § 12-901 et seq.

**Historical Note**

Section made by final rulemaking at 18 A.A.R. 2490, effective September 11, 2012 (Supp. 12-3).

**R4-26-417. Licensing Time Frames**

- A.** For the purpose of A.R.S. § 41-1073, the Board establishes the following time frames:
1. Initial license.
    - a. Overall time frame: 120 days,
    - b. Administrative completeness review time frame: 30 days, and
    - c. Substantive review time frame: 90 days;
  2. Renewal license.
    - a. Overall time frame: 150 days,
    - b. Administrative completeness review time frame: 60 days, and
    - c. Substantive review time frame: 90 days; and
  3. Initial registration as an out-of-state health care provider of telehealth services.
    - a. Overall time frame: 120 days,
    - b. Administrative completeness review time frame: 30 days, and
    - c. Substantive review time frame: 90 days.
- B.** An applicant and the Executive Director of the Board may agree in writing to extend the substantive review and overall time frames by no more than 25 percent of the overall time frame.
- C.** The administrative completeness review time frame begins when the Board receives the application materials required under R4-26-403, R4-26-408(C) and (D), or as prescribed under A.R.S. § 36-3606. During the administrative completeness review time frame, the Board shall notify the applicant that the application is either complete or incomplete. If the

application is incomplete, the Board shall specify in the notice what information is missing.

- D.** An applicant whose application is incomplete shall submit the missing information to the Board within 240 days for an initial license. Both the administrative completeness review and overall time frames are suspended from the date of the Board's notice under subsection (C) until the Board receives all of the missing information.
- E.** Upon receipt of all missing information, the Board shall notify the applicant that the application is complete. The Board shall not send a separate notice of completeness if the Board grants or denies a license within the administrative completeness review time frame listed in subsection (A)(1)(b) or (A)(2)(b).
- F.** The substantive review time frame begins on the date of the Board's notice of administrative completeness.
- G.** If the Board determines during the substantive review that additional information is needed, the Board shall send the applicant a comprehensive written request for additional information.
- H.** An applicant who receives a request under subsection (G) shall submit the additional information to the Board within 240 days. Both the substantive review and overall time frames are suspended from the date of the Board's request until the Board receives the additional information.
- I.** An applicant may receive a 30-day extension of the time provided under subsection (D) or (H) by providing written notice to the Board before the time expires. If an applicant fails to submit to the Board the missing or additional information within the time provided under subsection (D) or (H) or the time as extended, the Board shall close the applicant's file. To receive further consideration, a person whose file is closed shall re-apply.
- J.** Within the overall time frame listed in subsection (A), the Board shall:
1. Grant a license if the Board determines that the applicant meets all criteria required by statute and this Article; or
  2. Deny a license if the Board determines that the applicant does not meet all criteria required by statute and this Article.
- K.** If the Board grants a license under subsection (J)(1), the Board shall send the applicant a notice explaining that the Board shall issue the license only after the applicant pays the license issuance fee specified under R4-26-402 and pro-rated as prescribed under A.R.S. § 32-2091.07(A).
- L.** If the Board denies a license, the Board shall send the applicant a written notice explaining:
1. The reason for denial, with citations to supporting statutes or rules;
  2. The applicant's right to appeal the denial by filing an appeal under A.R.S. Title 41, Chapter 6, Article 10;
  3. The time for appealing the denial; and
  4. The applicant's right to request an informal settlement conference.
- M.** If a time frame's last day falls on a Saturday, Sunday, or official state holiday, the next business day is the time frame's last day.

**Historical Note**

Section made by final rulemaking at 18 A.A.R. 2490, effective September 11, 2012 (Supp. 12-3). Section amended by final rulemaking at 23 A.A.R. 215, effective March 5, 2017 (Supp. 17-1). Amended by final exempt rulemaking at 27 A.A.R. 1272, effective September 1, 2021; % symbol in subsection (B) changed to "percent" to maintain consistency with Chapter style (Supp. 21-3).

**R4-26-418. Mandatory Reporting Requirement**

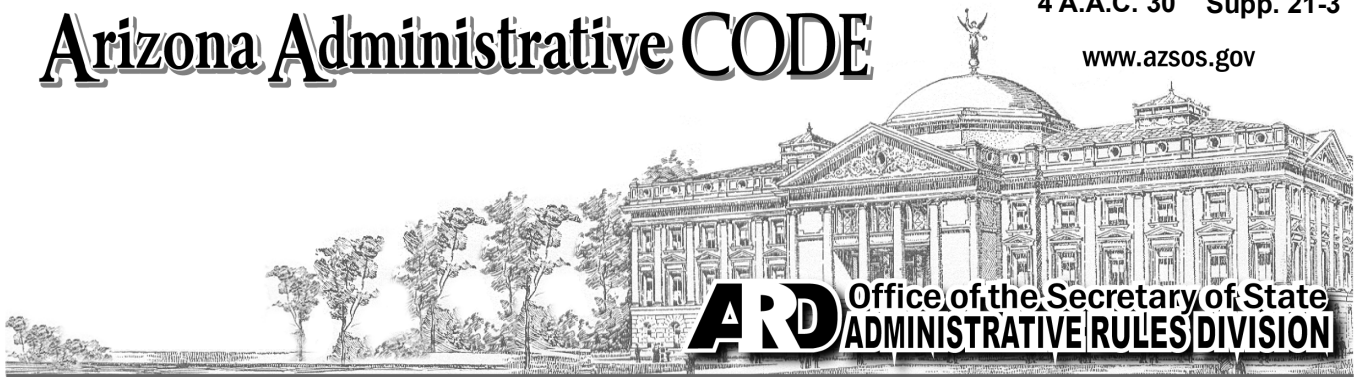
## CHAPTER 26. BOARD OF PSYCHOLOGIST EXAMINERS

- A. As required by A.R.S. § 32-3208, an applicant or licensee who is charged with a misdemeanor involving conduct that may affect client safety or a felony shall provide written notice of the charge to the Board within 10 days after the charge is filed.
- B. A list of reportable misdemeanors is available on the Board's website.

**Historical Note**

Section made by final rulemaking at 18 A.A.R. 2490, effective September 11, 2012 (Supp. 12-3).





## TITLE 4. PROFESSIONS AND OCCUPATIONS

### CHAPTER 30. BOARD OF TECHNICAL REGISTRATION

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

This Chapter contains rules that were filed to be codified in the *Arizona Administrative Code* between the dates of  
July 1, 2021 through September 30, 2021

*Due to a typographical error, the website address to the Arizona Professional Land Surveyors (APLS) referenced in R4-30-301(13) has been corrected at the request of the Board. No other changes have been made to this file since Supp. 21-1 (Supp. 21-3).*

#### Questions about these rules? Contact:

Board: Board of Technical Registration  
Address: 1110 W. Washington St., Ste. 240  
Phoenix, AZ 85007  
Website: <https://btr.az.gov>  
Name: Heather Broaddus, Deputy Directory  
Telephone: (602) 364-4933  
E-mail: [heather.broaddus@azbtr.gov](mailto:heather.broaddus@azbtr.gov)

#### The release of this Chapter in Supp. 21-3 replaces Supp. 21-1, 1-25 pages

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

## PREFACE

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

Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

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### RULES

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

### THE ADMINISTRATIVE CODE

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

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

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

First Quarter: January 1 - March 31

Second Quarter: April 1 - June 30

Third Quarter: July 1 - September 30

Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2021 is cited as Supp. 21-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. This is why the Office lists only updated codified Sections on the previous page.

### AUTHENTICATION OF PDF CODE CHAPTERS

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

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

### HOW TO USE THE CODE

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

### ARIZONA REVISED STATUTE REFERENCES

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

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

### SESSION LAW REFERENCES

Arizona Session Law references in a Chapter can be found at the Secretary of State’s website, [www.azsos.gov](http://www.azsos.gov) under Services-> Legislative Filings.

### EXEMPTIONS FROM THE APA

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

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

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

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

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

### EXEMPTIONS AND PAPER COLOR

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

### PERSONAL USE/COMMERCIAL USE

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



## Administrative Rules Division

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

**TITLE 4. PROFESSIONS AND OCCUPATIONS****CHAPTER 30. BOARD OF TECHNICAL REGISTRATION**

Authority: A.R.S. § 32-101 et seq.

**Supp. 21-3**

*Chapter 30, consisting of Sections R4-30-101 through R4-30-126, R4-30-201 through R4-30-284, and R4-30-301 through R4-30-307, adopted effective August 3, 1983.*

*Former Chapter 30, consisting of Sections R4-30-01 through R4-30-04, R4-30-13 through R4-30-19, R4-30-27 through R4-30-31, R4-30-41 through R4-30-43, R4-30-52 through R4-30-56, R4-30-66, and R4-30-76, repealed effective August 3, 1983.*

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## ARTICLE 1. GENERAL PROVISIONS

**R4-30-101. Definitions**

The following definitions apply in this Chapter unless the context otherwise requires:

1. "Act" means the Technical Registration Act, A.R.S. Title 32, Chapter 1.
2. "Active engagement" means actually practicing or providing architectural, engineering, geological, landscape architectural, or land surveying services.
3. "Bona fide employee" means:
  - a. Any person employed by a town, city, county, state, or federal agency working under the direction or supervision of a registrant;
  - b. Any person employed by a business entity and working under the direct supervision of a registrant who is also employed by the same business entity; or
  - c. Any person working under the direct supervision of a registrant who:
    - i. Receives direct wages from the registrant;
    - ii. Receives contract compensation from the registrant; or
    - iii. Receives direct wages from the project prime professional who has a contract with another registrant and whose work product is the responsibility of the latter registrant.
4. "Branch" means a specialty area within the category of engineering.
5. "Category" means the professions of architecture, geology, engineering, landscape architecture, and land surveying.
6. "De minimis violations" means violations of Board statutes or rules that do not present a threat to public welfare, health, or safety.
7. "Design team" means a group of individuals that includes one or more professional registrants collaborating with any other individuals on a specific project to develop professional documents.
8. "Detached single family dwelling" as used in the Act means a single family dwelling unit such as a house, which is structurally and physically separate from all other family dwelling units. This does not mean any single family dwelling unit which is part of a multiple dwelling unit building such as a duplex, townhouse, apartment building, condominium, or cooperative. The term "detached single family dwelling" also includes all subsidiary buildings, structures and improvements such as garage, storage areas, swimming pool, and landscaping.
9. "Direct supervision" means a registrant's critical examination and evaluation of a bona fide employee's work product, during and after the preparation, for purposes of compliance with applicable laws, codes, ordinances, and regulations pertaining to professional practice.
10. "Experience" is classified as follows:
  - a. "Subprofessional experience" means task work done under direct supervision and not falling within the definition of professional experience, including but not limited to time spent as a rodman, chainman, recorder, instrument technician, survey aide, technician, clerk of the works, or similar work.
  - b. "Professional experience" means a diversity of work calling for substantial technical knowledge, skill, and responsibility as well as a lesser degree of supervision necessary to ensure that good judgment is applied to protect the public during the course and scope of projects.
  - c. "Responsible charge experience" means work in the field or in the office, where the applicant/registrant had responsibility for the direction of the work and its successful accomplishment and where the applicant/registrant had to make professional decisions without relying on advice or instructions from or first referring the decisions for approval to a superior.
  - d. "Design experience" means professional experience, including work defined under "responsible charge experience," where the applicant/registrant must fulfill the requirements of local circumstances and conditions and yet not violate any of the requirements of the profession and ensure that the executed plan meets the purpose for which it was designed.
11. "Federal agency" means the United States or any agency or instrumentality, corporate or otherwise, of the United States.
12. "Good moral character and repute" means that the registration or certification applicant/registrant:
  - a. Has not been convicted of a felony or equivalent offense in another jurisdiction as defined in A.R.S. § 13-601.
  - b. Has not been convicted of misdemeanor or equivalent offense in another jurisdiction if the offense has a reasonable relationship to the functions of the employment or category for which the registration, certification, or designation is sought;
  - c. Has not, within five years of application for registration or certification, committed any act involving dishonesty, fraud, misrepresentation, breach of fiduciary duty, gross negligence, or incompetence reasonably related to the candidate's proposed area of practice;
  - d. Is not currently incarcerated in a penal institution;
  - e. Has not engaged in fraud or misrepresentation in connection with the application for registration, certification, or related examination;
  - f. Has not had a registration or certification revoked or suspended for cause by this state or by any other jurisdiction, or surrendered a professional license in lieu of disciplinary action;
  - g. Has not practiced without the required technical registration or certification in this state or in another jurisdiction within the two years immediately preceding the filing of the application for registration or certification; and
  - h. Has not, within five years of application for registration or certification, committed an act that would constitute unprofessional conduct, as set forth in R4-30-301 or R4-30-301.01.
13. "Gross negligence" means a substantial deviation in professional practice from the standard of professional care exercised by members of the applicant's/registrant's profession, or a substantial deviation from any technical standards issued by a nationally recognized professional organization comprised of members of the applicant's/registrant's profession, or a substantial deviation from requirements contained in state, municipal, and county laws, ordinances, and regulations pertaining to the registrant's professional practice.
14. "Incompetence" means to lack the professional qualifications, experience, or education to undertake a professional engagement or assignment.
15. "Insufficient evidence to support disciplinary action" means:

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- a. The Board determines there was no evidence to warrant disciplinary action, but believes that continuation of the actions leading to the investigation may result in future Board action against the registrant; or
  - b. The Board determines that there were de minimis violations of Board statutes or rules, but no disciplinary action should be taken against the certification or registration and that a letter of concern would be as effective a resolution as a letter of reprimand in deterring future violations of a like nature.
16. "Other misconduct" means the applicant/registrant:
- a. Has knowingly acted in violation or knowingly failed to act in compliance with any provisions of the Act, or rules of the Board or any state, municipal, or county law, code, ordinance, or regulation pertaining to the practice of the applicant's/registrant's profession; or
  - b. Has refused to respond fully to a Board inquiry relating to an applicant's/registrant's qualifying experience, or provided the Board with false information relating to an applicant's/registrant's qualifying experience.
17. "Practicing" means offering or performing professional services regulated by the Act within the state of Arizona.
18. "Prepared" means to exercise direct supervision over the preparation of professional documents.
19. "Professional documents" mean the professional work product of a registrant that requires professional judgment, design, analysis, or conclusions, including original plans, drawings, maps, plats, reports, written opinions, specifications, and calculations.
20. "Project Prime Professional" means the registrant is responsible for the coordination, continuity, and compatibility of each collaborating registrant's work (when retained by the project prime professional).
21. "Public works" project means a work or undertaking that is financed, in whole or in part, by a federal agency or by a state public body, as defined in this Article.
22. "Registrant" means a person or firm who has been granted registration or certification to practice any profession regulated pursuant to the Act.
23. "Retired from active practice" means that the registrant no longer performs professional services.
24. "State public body" means the state or a county, city, town, municipal corporation, authority, or any other subdivision, agency, or instrumentality of such an entity, corporate or otherwise.
25. "Structure" as used in the Act means any constructed or designed improvement or improvements to real property including all onsite improvements, fixed equipment, and landscaping, pursuant to an engagement or project.

**Historical Note**

Adopted effective August 3, 1983 (Supp. 83-4).  
 Amended effective December 18, 1991 (Supp. 91-4).  
 Amended effective May 1, 1995 (Supp. 95-2). Amended by final rulemaking at 6 A.A.R. 1018, effective February 25, 2000 (Supp. 00-1). Amended by emergency rulemaking at 8 A.A.R. 1102, effective February 19, 2002 for 180 days (Supp. 02-1). Emergency rulemaking renewed for an additional 180 days under A.R.S. § 41-1026(D) at 8 A.A.R. 3842, effective August 14, 2002 (Supp. 02-3). Emergency expired; original Section amended by final rulemaking at 9 A.A.R. 791, effective February 12, 2003 (Supp. 03-1). Amended by final rulemaking at 10 A.A.R. 2798, effective August 7, 2004 (Supp. 04-2). Amended by final rulemaking at 13 A.A.R. 968, effective May 5,

2007 (Supp. 07-1). Amended by final rulemaking at 24 A.A.R. 1785, effective August 5, 2018 (Supp. 18-2).

**R4-30-102. Home Inspection Definitions**

The following definitions apply to home inspection requirements in this Chapter:

1. "Parallel Inspection" means a home inspection completed by an applicant during the application process that is supervised by a certified home inspector acting as the Parallel Inspector, in the presence of no more than three other applicants. The applicant shall produce a written report for each Parallel Inspection, which the supervising certified home inspector, serving as the Parallel Inspector, shall review, analyze, correct, and return to the applicant within 10 calendar days after receiving the written report. The Parallel Inspector shall notate and instruct the applicant so that each report meets the Standards of Professional Practice for Arizona Home Inspectors. The applicant shall not perform any fee-paid Home Inspections during this Parallel Inspection period.
2. "Parallel Inspector" means an Arizona Certified Home Inspector who performs parallel inspections for a home inspector applicant so that the applicant can obtain a certification to conduct home inspections. A Parallel Inspector shall be in good standing with the Board and shall not have received any disciplinary action from the Board within the preceding three years. The Parallel Inspector shall have been continuously certified by the Board as a Home Inspector for at least three years and shall have conducted at least 250 fee-paid home inspections in the State of Arizona. The Applicant shall provide a signed Affidavit from the Parallel Inspector affirming that the Parallel Inspector has met this criteria to the Board with the application for certification.
3. "Peer Review" means a home inspection performed alongside a supervising Peer Reviewer in order to comply with the terms of Board ordered discipline. The Arizona Certified Home Inspector subject to Board ordered discipline shall, at the conclusion of each Peer Review, submit a written Home Inspection Report to the Peer Reviewer for analysis and review. The Peer Reviewer shall notate and instruct the Arizona Certified Home Inspector subject to Board ordered discipline in order for the report to meet the Standards of Professional Practice for Arizona Home Inspectors. The Arizona Certified Home Inspector subject to Board ordered discipline shall not perform any fee-paid Home Inspections during this Peer Review period.
4. "Peer Reviewer" means an Arizona Certified Home Inspector performing peer review inspections for a home inspector subject to Board ordered discipline so that inspector can fulfill the terms of the ordered discipline. A Peer Reviewer shall be in good standing with the Board and shall not have received any disciplinary action from the Board within the preceding three years. The Peer Reviewer shall have been continuously certified by the Board as a home inspector for at least five years and shall have conducted at least 250 fee-paid home inspections in the State of Arizona. The Arizona Certified Home Inspector subject to Board ordered discipline shall provide the Board with a signed Affidavit from the Peer Reviewer affirming that the Peer Reviewer has met these criterion at the conclusion of each peer review inspection.
5. "Report Checklist Supplement" a tool designed to assist home inspector applicants, parallel inspectors, peer reviewers, application reviewers, enforcement advisory evaluators and certified home inspectors when reviewing or filling out an application for home inspector certification.

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tion and a home inspection report. The “Report Checklist Supplement” is not a substitute for the current version of the “Standards of Professional Practice.”

**Historical Note**

Adopted effective August 3, 1983 (Supp. 83-4). Repealed effective December 18, 1991 (Supp. 91-4). New Section made by emergency rulemaking at 8 A.A.R. 1102, effective February 19, 2002 for 180 days (Supp. 02-1). Emergency rulemaking amended and renewed for an additional 180 days under A.R.S. § 41-1026(D) at 8 A.A.R. 3842, effective August 14, 2002 (Supp. 02-3). Emergency expired; new Section made by final rulemaking at 9 A.A.R. 791, effective February 12, 2003 (Supp. 03-1). Amended by final rulemaking at 10 A.A.R. 2798, effective August 7, 2004 (Supp. 04-2). Amended by final rulemaking at 24 A.A.R. 1785, effective August 5, 2018 (Supp. 18-2). Amended under A.R.S. § 41-1033(J) at 25 A.A.R. 3323, effective April 24, 2019 (Supp. 19-2).

**R4-30-103. Repealed****Historical Note**

Adopted effective August 3, 1983 (Supp. 83-4). Repealed effective December 18, 1991 (Supp. 91-4). New Section made by exempt rulemaking at 9 A.A.R. 1412, effective April 15, 2003 (Supp. 03-2). Amended by final rulemaking at 10 A.A.R. 2798, effective August 7, 2004 (Supp. 04-2). Amended by final rulemaking at 19 A.A.R. 1911, effective October 7, 2013 (Supp. 13-3). Repealed by final rulemaking at 24 A.A.R. 1785, effective August 5, 2018 (Supp. 18-2).

**R4-30-104. Repealed****Historical Note**

Adopted effective August 3, 1983 (Supp. 83-4). Repealed effective December 18, 1991 (Supp. 91-4).

**R4-30-105. Repealed****Historical Note**

Adopted effective August 3, 1983 (Supp. 83-4). Repealed effective December 18, 1991 (Supp. 91-4).

**R4-30-106. Fees**

- A.** The Board shall charge the following fees:
1. A computer generated list of registrants for a non-commercial purpose is \$0.25 per name, with a maximum fee of \$300.00.
  2. A computer generated list of registrants for a commercial purpose is \$0.25 per name, with a minimum fee of \$250.00.
  3. The photocopy fee is \$1.00 for up to three pages followed by a \$0.25 fee for each additional page.
  4. The replacement certificate fee for registrants and certificate holders is \$10.00 per certificate.
  5. The recording medium copy fee is \$15.00 per recording.
  6. The local examination review fee is \$30.00 per hour.
  7. The returned check fee is \$25.00 per check.
  8. The verification of registration or certification fee is \$25.00 per verification.
  9. The laminated pocket card fee is \$10.00 per card.
- B.** A person paying fees shall remit them in United States dollars in the form of cash, check, money order, or credit card. If a check is returned for insufficient funds, repayment, including payment of the returned check charge, shall be made in the form of cash, money order, or certified check.
- C.** Upon written request, the Board shall waive renewal fees for registrants whose registration is in inactive status.

- D.** Application fee refunds are not allowed after the application has been assigned an application number and processing commences.

**Historical Note**

Adopted effective August 3, 1983 (Supp. 83-4). Emergency amendments adopted effective May 7, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-2). Emergency amendments readopted without change effective August 8, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-3). Emergency expired. Emergency amendments readopted without change effective February 13, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-1). Emergency expired. Emergency amendments readopted without change effective May 31, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-2). Emergency expired. Emergency amendments readopted with changes effective October 22, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency amendments permanently adopted with changes effective December 18, 1991 (Supp. 91-4). Amended effective July 6, 1993 (Supp. 93-3). Amended effective May 1, 1995 (Supp. 95-2). Amended effective January 12, 1996 (Supp. 96-1). Amended effective January 15, 1998 (Supp. 98-1). Amended by final rulemaking at 6 A.A.R. 1018, effective February 25, 2000 (Supp. 00-1). Amended by emergency rulemaking at 8 A.A.R. 1102, effective February 19, 2002 for 180 days (Supp. 02-1). Emergency rulemaking renewed for an additional 180 days under A.R.S. § 41-1026(D) at 8 A.A.R. 3842, effective August 14, 2002 (Supp. 02-3). Emergency expired; original Section amended by final rulemaking at 9 A.A.R. 791, effective February 12, 2003 (Supp. 03-1). Amended by exempt rulemaking at 9 A.A.R. 1412, effective April 15, 2003 (Supp. 03-2). Amended by final rulemaking at 10 A.A.R. 2798, effective August 7, 2004 (Supp. 04-2). Amended by final rulemaking at 24 A.A.R. 1785, effective August 5, 2018 (Supp. 18-2).

**R4-30-107. Registration and Certification Expiration Dates**

- A.** Registrants with triennial registration have expiration dates based on the date of initial registration. The following table indicates triennial registration renewal periods:

Initial Registration Granted Date	Initial Triennial Renewal Expiration Date
Jan. 1 through Mar. 31	Three years from Mar. 31
Apr. 1 through Jun. 30	Three years from Jun. 30
Jul. 1 through Sept. 30	Three years from Sept. 30
Oct. 1 through Dec. 31	Three years from Dec. 31

- B.** Subsequent triennial renewal dates will be three years from the initial triennial renewal expiration date.
- C.** All annual registrations and certifications expire one year from the date of issuance.
- D.** Alarm business certifications expire three years from the date the certification is granted and subsequently every three years thereafter.
- E.** Alarm controlling persons and alarm agent certifications expire three years from the date the certification was granted and subsequently every three years thereafter.

**Historical Note**

Adopted effective August 3, 1983 (Supp. 83-4). Amended effective December 18, 1991 (Supp. 91-4). Amended by emergency rulemaking at 8 A.A.R. 1102, effective February 19, 2002 for 180 days (Supp. 02-1).

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Emergency rulemaking renewed for an additional 180 days under A.R.S. § 41-1026(D) at 8 A.A.R. 3842, effective August 14, 2002 (Supp. 02-3). Emergency expired; original Section amended by final rulemaking at 9 A.A.R. 791, effective February 12, 2003 (Supp. 03-1). Amended by exempt rulemaking at 9 A.A.R. 1412, effective April 15, 2003 (Supp. 03-2). Amended by final rulemaking at 10 A.A.R. 2798, effective August 7, 2004 (Supp. 04-2). Amended by final rulemaking at 24 A.A.R. 1785, effective August 5, 2018 (Supp. 18-2).

**R4-30-108. Reserved**

**R4-30-109. Reserved**

**R4-30-110. Reserved**

**R4-30-111. Reserved**

**R4-30-112. Reserved**

**R4-30-113. Reserved**

**R4-30-114. Reserved**

**R4-30-115. Reserved**

**R4-30-116. Reserved**

**R4-30-117. Reserved**

**R4-30-118. Reserved**

**R4-30-119. Reserved**

**R4-30-120. Complaint Review Process**

- A. The Board shall select a pool of volunteers who have submitted resumes and letters of interest to serve on enforcement advisory committees ("EACs"). The Executive Director shall select registrants and public members from the pool of volunteers to serve on the committees as needed. When practicable, each committee shall be comprised of one public member and a minimum of four registrants, at least one of whom is registered in the same category or branch as the respondent. The committee members shall provide technical assistance to Board staff in the evaluation and investigation of complaints. A quorum of three committee members is required for each committee meeting.
- B. During the preliminary informal investigation of a complaint, registrants named as respondents may appear before an enforcement advisory committee ("EAC") relating to the complaint. Respondents may elect to appear with or without counsel. The committee shall attempt to assess the complaint and discuss the complaint with the respondent and others, if deemed necessary, and prepare a recommendation for disposition of the complaint.
- C. Respondents are not required to participate in the enforcement advisory committee meeting and no inference shall be drawn from a respondent's decision not to attend.
- D. If a respondent chooses not to attend the enforcement advisory committee meeting, the committee may meet and review information presented by staff and others and prepare a recommendation for disposition of the complaint.
- E. The Board shall advise the respondent of the committee recommendation.
- F. After the informal investigation has been completed, if the committee recommendation supports a determination that the complaint is unfounded, the recommendation shall be forwarded to the Board for review and final disposition.
- G. In all cases where the advisory committee finds probable cause to believe that disciplinary action is warranted, the staff will attempt to resolve the complaint informally by obtaining a signed consent agreement from the respondent. The Board

shall review the committee recommendation, staff recommendation, consent agreement, and, in the event a signed consent agreement cannot be obtained, any counterproposal from the respondent.

**Historical Note**

Adopted effective December 18, 1991 (Supp. 91-4). Amended effective May 1, 1995 (Supp. 95-2). Amended by final rulemaking at 6 A.A.R. 1018, effective February 25, 2000 (Supp. 00-1). Amended by emergency rulemaking at 8 A.A.R. 1102, effective February 19, 2002 for 180 days (Supp. 02-1). Emergency rulemaking renewed for an additional 180 days under A.R.S. § 41-1026(D) at 8 A.A.R. 3842, effective August 14, 2002 (Supp. 02-3). Emergency expired; original Section amended by final rulemaking at 9 A.A.R. 791, effective February 12, 2003 (Supp. 03-1). Amended by final rulemaking at 24 A.A.R. 1785, effective August 5, 2018 (Supp. 18-2).

**R4-30-121. Investigation of Violations**

If any information concerning a possible violation of the Act or any of these rules is received or obtained by the Board or Board staff, an investigation shall be conducted prior to the initiation of formal proceedings. Investigative reports, professional assessments, enforcement advisory committee recommendations, and other documents and materials relating to an investigation shall remain confidential until the matter is closed, until the issuance of a hearing notice under A.R.S. § 32-128, or until the matter is settled by consent order; however, the Board shall inform the respondent that an investigation is being conducted and explain the general nature of the investigation. The respondent shall have access to a copy of the complaint and any assessment or EAC reports drafted during the investigation. The public may obtain information that an investigation is being conducted and an explanation of the general nature of the investigation. The Board may refer investigative information to other public agencies as appropriate under the circumstances.

**Historical Note**

Adopted effective August 3, 1983 (Supp. 83-4). Amended effective December 18, 1991 (Supp. 91-4). Amended by final rulemaking at 6 A.A.R. 1018, effective February 25, 2000 (Supp. 00-1). Amended by final rulemaking at 24 A.A.R. 1785, effective August 5, 2018 (Supp. 18-2).

**R4-30-122. Issuance of Subpoenas**

Any party desiring the Board to issue a subpoena shall make application, stating the substance of the testimony expected of the witness or the relevancy of the evidence to be produced. If the testimony or evidence appears to the Board to be material and necessary, a subpoena shall be supplied. The affixing of the seal of the Board and the signature of the Chairman, Secretary, Executive Director, shall be sufficient attestation of the same. The party applying for the subpoena shall pay for service of the subpoena. A party is considered served at the time of personal service or mailing of the document by certified mail that is addressed to the person's last known address of record on file with the Board.

**Historical Note**

Adopted effective August 3, 1983 (Supp. 83-4). Amended effective December 18, 1991 (Supp. 91-4). Amended by final rulemaking at 6 A.A.R. 1018, effective February 25, 2000 (Supp. 00-1). Amended by final rulemaking at 19 A.A.R. 128, effective March 10, 2013 (Supp. 13-1).

**R4-30-123. Informal Compliance Procedures**

- A. Upon notification of the recommendation of an enforcement advisory committee, a registrant may meet with Board staff.



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The registrant may appear with or without counsel. The purpose of the meeting is to discuss informal settlement of the investigative matter. Upon completion of the meeting, a Board enforcement officer shall make recommendations to the Board.

- B.** At any time either before or after formal disciplinary proceedings have been instituted against a registrant, the registrant may submit to the Board an offer of settlement whereby, in lieu of formal disciplinary action, the registrant agrees to accept certain sanctions such as suspension, civil penalties, enrolling in relevant professional education courses, limiting the scope of practice, submitting work product to professional peer review, or other disciplinary sanctions. If the Board determines that the proposed settlement will adequately protect the public welfare, the Board shall accept the offer and enter a decision consented to by the registrant, incorporating the proposed settlement.

**Historical Note**

Adopted effective August 3, 1983 (Supp. 83-4).

Amended effective December 18, 1991 (Supp. 91-4).

Amended effective May 1, 1995 (Supp. 95-2). Amended by final rulemaking at 6 A.A.R. 1018, effective February 25, 2000 (Supp. 00-1). Amended by final rulemaking at 9

A.A.R. 791, effective February 12, 2003 (Supp. 03-1).

Amended by final rulemaking at 24 A.A.R. 1785, effective August 5, 2018 (Supp. 18-2).

**R4-30-124. Repealed****Historical Note**

Adopted effective August 3, 1983 (Supp. 83-4).

Amended effective December 18, 1991 (Supp. 91-4).

Amended by final rulemaking at 6 A.A.R. 1018, effective February 25, 2000 (Supp. 00-1). Section repealed by final rulemaking at 9 A.A.R. 791, effective February 12, 2003 (Supp. 03-1).

**R4-30-125. Reserved****R4-30-126. Service of Board Decisions; Rehearing of Board Decisions**

- A.** Except as provided in subsection (G), any party to an appealable agency action or contested case before the Board who is aggrieved by a decision rendered in the matter may file with the Board, not later than 30 calendar days after service of the decision, a written motion for rehearing or review of the decision specifying the particular grounds for the motion. A decision shall be deemed to have been served on the date when personally delivered or mailed by certified mail to the party's last known address of record with the agency. The filing of a motion for rehearing is a condition precedent to the right of appeal provided in A.R.S. § 32-128(J).
- B.** A motion for rehearing under this rule may be amended at any time before it is ruled upon by the Board. A response may be filed within 15 calendar days after service of the motion or amended motion by any other party. The Board may require the filing of written briefs upon the issues raised in the motion and may provide for oral argument. The filing of a motion for rehearing or review suspends the operation of the Board's order and allows the registrant to practice in his or her profession pending denial or granting of the motion, and pending the decision of the Board on the rehearing or review if the motion is granted.
- C.** A rehearing or review of the decision may be granted for any of the following causes materially affecting the moving party's rights:
1. Irregularity in the administrative proceedings of the agency, members of the Board or the prevailing party, or

any order or abuse of discretion, whereby the moving party was deprived of a fair hearing;

2. Misconduct of the Board or the prevailing party;
  3. Accident or surprise which could not have been prevented by ordinary prudence;
  4. Newly discovered material evidence which could not with reasonable diligence have been discovered and produced at the original hearing;
  5. Excessive or insufficient penalties;
  6. Error in the admission or rejection of evidence or other errors of law occurring at the administrative hearing;
  7. The decision is unjustified based upon the evidence or is contrary to law.
- D.** The Board may affirm or modify the decision or grant a rehearing to all or any of the parties and on all or part of the issues for any of the reasons set forth in subsection (C). An order granting a rehearing shall specify with particularity the ground or grounds on which the rehearing is granted, and the rehearing shall cover only those matters so specified.
- E.** Not later than 30 days after a decision is rendered, the Board may on its own motion order a rehearing or review of its decision for any reason listed in subsection (C). After giving the parties or their counsel notice and an opportunity to be heard on the matter, the Board may grant a motion for rehearing for a reason not stated in the motion. In either case the order granting a rehearing shall specify the grounds for the rehearing.
- F.** When a motion for rehearing is based upon affidavits, they shall be served with the motion. An opposing party may, within ten days after service, serve opposing affidavits, which period may be extended for an additional period not exceeding 20 days by the Board for good cause shown or by written stipulation of the parties. Reply affidavits may be permitted.
- G.** If the Board makes specific findings that the immediate effectiveness of a decision is necessary for preservation of the public welfare, health or safety and that a rehearing or review of the decision is impracticable, unnecessary or contrary to the public interest, the decision may be issued as a final decision without an opportunity for a rehearing or review. If a decision is issued as a final decision without an opportunity for rehearing, any application for judicial review of the decision shall be made within the time limits permitted for applications for judicial review of the Board's final decisions.

**Historical Note**

Adopted effective August 3, 1983 (Supp. 83-4).

Amended effective December 18, 1991 (Supp. 91-4).

Amended effective May 1, 1995 (Supp. 95-2). Amended

by final rulemaking at 6 A.A.R. 1018, effective February

25, 2000 (Supp. 00-1). Amended by final rulemaking at

10 A.A.R. 2798, effective August 7, 2004 (Supp. 04-2).

Amended by final rulemaking at 24 A.A.R. 1785, effective August 5, 2018 (Supp. 18-2).

**ARTICLE 2. REGISTRATION PROVISIONS****R4-30-201. Registration as an Architect, Engineer, Geologist, Landscape Architect, or Land Surveyor**

- A.** An applicant for registration as an architect, engineer, geologist, landscape architect, or land surveyor shall submit a completed application package for professional registration that contains the following:
1. Evidence of successful completion of the current national professional examination or waiver of the examination pursuant to A.R.S. § 32-126 and R4-30-203 in the category, and branch if applicable, for which registration is sought. Applicants shall arrange to have their examination results sent directly to the Board from the applicable testing agency holding the examination results;

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2. Name, residence address, mailing address if different from residence, and telephone number, of the applicant;
  3. Date of birth and social security number of the applicant;
  4. Citizenship or legal residence of the applicant;
  5. Category, and branch of engineering if applicable, for which the applicant is seeking registration;
  6. A detailed explanatory statement and documentation, regarding:
    - a. Any disciplinary action, including suspension and revocation, taken by any state or jurisdiction on any professional or occupational registration, certification, or license held by the applicant in any state or jurisdiction;
    - b. Refusal of any professional or occupational registration, certification, or license to the applicant by any state or jurisdiction;
    - c. Any pending disciplinary action in any state or jurisdiction on any professional or occupational registration, certification, or license held by the applicant;
    - d. Any alias or other name used by the applicant; and
    - e. Any conviction of the applicant for a felony or misdemeanor, other than a minor traffic violation.
  7. State or jurisdiction in which the applicant holds any other professional or occupational registration, certification, or license, type of registration, certification or license number, year granted, how registration, certification, or license was granted (by examination, education, experience, or reciprocity);
  8. State or jurisdiction in which the applicant has pending an application for any type of professional or occupational license, registration, or certification, type of license, registration or certification being sought, and the status of the application;
  9. Name, mailing address, years attended, graduation date, major, and type of degree received from each college, university, or educational institution the applicant attended;
  10. Certified transcripts sent directly to the Board from the registrar of each college, university, or educational institution the applicant attended, unless previously provided to the Board pursuant to R4-30-204;
  11. Name, current address, and telephone number of the applicant's current and former employers (the names of companies within the last ten-year period) in the category for which registration is sought; dates of employment; applicant's title; description of the work performed; and number of hours worked per week, unless previously provided to the Board pursuant to R4-30-204;
  12. Names and addresses of immediate supervisors in past and present employment in the category for which registration is sought. An applicant who has been working in the category for which registration is sought for 10 or more years shall provide the names and address of all immediate supervisors during the most recent ten-year period. If an applicant cannot supply the names and addresses of supervisors for at least three engagements, the applicant shall provide to the Board a written, sworn statement explaining the inability to provide this information, and the names and addresses of three professional references, unrelated to the applicant, at least two of whom are registered in the category for which registration is sought, unless previously provided to the Board pursuant to R4-30-204;
  13. A release authorizing the Board to investigate the applicant's education, experience, moral character, and repute;
  14. Certificate of Experience Report from the applicant's present and past immediate supervisors. The applicant shall also provide Certificate of Experience Record from additional professional references as required by the Board. The applicant shall provide the name, address, and telephone numbers of all references. The applicant shall ensure that completed reference forms are provided to the Board, but the Board must receive them directly from the reference;
  15. Evidence of successful completion, or waiver by the Board, of the applicable fundamentals examination. An applicant for registration who has successfully completed a fundamentals examination in another jurisdiction in the category for which registration is sought equivalent to the examination for that category administered in Arizona shall submit proof of examination directly from the authority that administered the original examination. An applicant seeking professional registration as an engineer, geologist or land surveyor shall pass the applicable fundamentals examination before admission to the professional examination. An applicant seeking professional registration as a geologist may take the fundamentals examination on the same day;
  16. Certification that the information provided to the Board is accurate, true and complete; and
  17. The applicable fee.
- B.** If an applicant does not have the required education and experience for registration, the Board may, upon request of the applicant, hold the application for a period of time that does not exceed one year from the date the application is filed with the Board. All time-frames adopted pursuant to Title 41, Chapter 6, Article 7.1 are suspended during the above-referenced time.
- C.** An applicant holding a certificate of qualification issued by one of the national examination councils recognized in R4-30-203(B) shall arrange to have the record forwarded to the Board by the national registration body. If the forms provided by the national examination council contain all the information described in A.R.S. § 32-122.01 and subsection (A), the Board may accept the forms in lieu of requiring the applicant to furnish the information directly to the Board.
- D.** The Board staff shall review all applications and, if necessary, refer completed applications to an evaluator deemed qualified by the board and chosen from the pool of enforcement advisory committee members for evaluation. If the application for registration is complete and in the proper form and the Board staff or the evaluator is satisfied that all statements on the application are true and that the applicant is eligible in all other aspects to be registered in the field for which the application was filed, the Board staff or evaluator shall recommend that the Board certify the applicant as eligible for registration. If for any reason the Board staff or the evaluator is not satisfied that all of the statements on the application are true or that the applicant is eligible in all respects for registration, the Board staff shall make a further investigation of the applicant. The Board staff and evaluator shall submit recommendations to the Board for approval. The Board may also require an applicant to submit additional oral or written information if the applicant has not furnished satisfactory evidence of qualifications for registration.
- E.** The Board may accept documentation that an applicant has passed a written national examination in the area for which registration is sought from a national council of which the Board is a member.
- F.** The Board shall not accept an application for registration renewal unless the applicant has responded to the questions on

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the application relating to good moral character and other misconduct and signed the application for renewal. The Board shall return an incomplete application to the applicant which may result in assessment of a delinquent renewal fee.

- G. An applicant may withdraw an application for registration by written request to the Board. Any fee paid by the applicant is non-refundable. If an applicant withdraws an application, the Board shall close the file. An applicant whose file has been closed and who later wishes to apply for professional registration shall submit a new application package to the Board pursuant to R4-30-201 and R4-30-202.

**Historical Note**

Adopted effective August 3, 1983 (Supp. 83-4).

Amended effective December 18, 1991 (Supp. 91-4).

Amended effective November 10, 1998 (Supp. 98-4).

Amended by final rulemaking at 9 A.A.R. 791, effective February 12, 2003 (Supp. 03-1). Amended by final rulemaking at 10 A.A.R. 2798, effective August 7, 2004 (Supp. 04-2). Amended by final rulemaking at 11 A.A.R. 3294, effective October 1, 2005 (05-3). Amended by final rulemaking at 24 A.A.R. 1785, effective August 5, 2018 (Supp. 18-2).

**R4-30-202. In-training Designation**

- A. An applicant for in-training designation shall submit an original completed in-training application package that contains the following:
1. Evidence of successful completion, or waiver by the Board, of the current fundamentals examination in the category and branch, if applicable, for which in-training designation is sought;
  2. The information set forth in subsections (B)(1) through (9); and
  3. The applicable fee.
- B. An examination applicant who wants to sit for a fundamentals examination shall submit an original completed exam authorization application to the Board, and provide the following:
1. Name, residence address, mailing address if different from residence, and telephone number of the applicant;
  2. Date of birth and social security number of the applicant;
  3. Citizenship or legal residence;
  4. Category, and branch of engineering if applicable, for which the applicant is seeking an in-training designation;
  5. Information regarding any conviction for a felony or misdemeanor, other than a minor traffic violation, and any alias or other name used by the applicant;
  6. Name, mailing address, years attended, graduation date, major, and type of degree received from each college, university, or educational institution that the applicant attended;
  7. Certified transcripts sent directly to the Board from the registrar of each college, university, or educational institution the applicant attended;
  8. A release authorizing the Board to investigate the applicant's education, experience, moral character, and repute;
  9. Certification that the information provided to the Board is accurate, true, and complete.
- C. If otherwise qualified, the Board shall permit an applicant for in-training designation to take the fundamentals examination in the final year of a baccalaureate, masters, or other degree program accepted by the Board and accredited in the category for which the application is made. The applicant shall have the application form endorsed by the applicant's college dean or faculty advisor, or, if already a graduate, may arrange to have a final transcript, indicating the degree awarded, sent directly from the registrar to the Board, in lieu of the endorsement.

- D. The Board shall permit an applicant for in-training designation without an accredited college degree to take the fundamentals examination after submitting to the Board evidence of four years of satisfactory experience or education or both. The applicant shall provide the name, current address, and telephone number of all current and former employers; names of all supervisors and their titles; dates of employment; applicant's title, and a description of the work performed. The applicant shall provide Certificate of Experience Record and Reference Forms to immediate supervisors at present and past employers. The applicant shall ensure the completed reference forms are submitted to the Board. The applicant shall meet all other requirements of this Section.

**Historical Note**

New Section R4-30-202 renumbered from R4-30-203 and amended effective November 10, 1998 (Supp. 98-4). Amended by final rulemaking at 10 A.A.R. 2798, effective August 7, 2004 (Supp. 04-2). Amended by final rulemaking at 24 A.A.R. 1785, effective August 5, 2018 (Supp. 18-2).

**R4-30-202.01. Repealed****Historical Note**

New Section made by final rulemaking at 8 A.A.R. 903, effective February 14, 2002 (Supp. 02-1). Amended by final rulemaking at 10 A.A.R. 2798, effective August 7, 2004 (Supp. 04-2). Repealed by final rulemaking at 24 A.A.R. 1785, effective August 5, 2018 (Supp. 18-2).

**R4-30-203. Waiver of Examination**

- A. The Board shall grant a waiver of the professional examination requirement in A.R.S. § 32-122.01 and R4-30-201 to an applicant for professional registration who holds a valid professional or occupational registration, certification, or license in the category for which registration, certification, or licensure is sought, and is in good standing in another state or U.S. territory provided: The applicant submits verifiable documentation to the Board that the applicant has been actively engaged as a professional or occupational registrant, certificant, or licensee in another state or U.S. territory for at least 10 years in the category for which registration, certification, or licensure is sought. For purposes of this subsection, "actively engaged as a professional registrant" means that the applicant holds a valid professional or occupational registration, certification, or license in good standing, and has been practicing or offering professional services for at least 10 of the last 15 years.
- B. The Board shall grant a waiver of the professional examination requirement in A.R.S. § 32-122.01 and R4-30-201 to an applicant for professional registration who submits verifiable documentation to the Board that the applicant holds one of the following professional records, issued by a national examination council, and is registered in good standing in another state or U.S. territory and has been actively engaged in the practice of the profession for which the applicant seeks registration. The Board recognizes the following national examination council records:
1. National Council of Architectural Registration Boards' ("NCARB") Certificate Record, with design and seismic (lateral forces) qualifications;
  2. National Council of Examiners for Engineers and Surveyors Council ("NCEES") Record; or
  3. Council of Landscape Architectural Registration Boards Council ("CLARB") Record and Certification.
- C. When reviewing an engineering applicant's experience and examination information, the Board shall take into account the

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specific branch of engineering in which the applicant is seeking proficiency recognition.

- D. The Board shall waive the fundamentals examination if an applicant has successfully completed a fundamentals examination in another state or jurisdiction in the category for which registration is sought, which is equivalent to those examinations required in Arizona. The applicant shall ensure that proof of successful completion is forwarded directly from the authority that administered the original examination.
- E. The Board shall waive the fundamentals examination for an applicant who has a degree listed in R4-30-208(A) or other educational credit approved by the Board in the category, and branch if applicable, for which registration is sought, and meets all other requirements of A.R.S. § 32-126(D).
- F. All applicants who request a waiver of any examination requirement shall meet all other requirements for professional registration or in-training designation in R4-30-201 and R4-30-202. An applicant applying for a waiver under subsection (B) shall ensure that the required documentation is forwarded directly to the Board from the national examination council.

**Historical Note**

Adopted effective August 3, 1983 (Supp. 83-4).  
 Amended effective December 18, 1991 (Supp. 91-4).  
 Amended effective May 1, 1995 (Supp. 95-2). R4-30-203 renumbered to R4-30-202; new Section R4-30-203 renumbered from R4-30-207 and amended effective November 10, 1998 (Supp. 98-4). Amended by final rulemaking at 8 A.A.R. 903, effective February 14, 2002 (Supp. 02-1). Amended by final rulemaking at 10 A.A.R. 2798, effective August 7, 2004 (Supp. 04-2). Amended by final rulemaking at 24 A.A.R. 1785, effective August 5, 2018 (Supp. 18-2).

**R4-30-204. Examinations**

- A. Board Review For Authorization to Test: Applicants who wish to sit for professional examination who do not possess an educational degree recognized by the applicable national council shall submit to the Board the following information for approval:
  - 1. Name, residence address, mailing address if different from residence, and telephone number;
  - 2. Date of birth and Social Security number;
  - 3. Proof of citizenship or legal residence;
  - 4. Category, and branch of engineering if applicable;
  - 5. Name, mailing address, years attended, graduation date, major, and type of degree received from each college, university, or educational institution attended;
  - 6. Certified transcripts sent directly to the Board from the registrar of each college, university, or educational institution attended;
  - 7. Evidence of at least 60 months of required education or experience, or both, in the category for which registration is sought.
    - a. The name, current address, and telephone number of the applicant's current and former employers in the category for which registration is sought;
    - b. Dates of employment;
    - c. Applicant's title;
    - d. Description of work performed; and
    - e. Number of hours worked per week;
  - 8. Names and current addresses of applicant's current and former employers (the names of companies within the last ten year period) in the category for which registration is sought. If an applicant cannot supply the names and addresses of supervisors for at least three engagements, the applicant shall provide to the Board a written, sworn

statement explaining the inability to provide this information, and the names and addresses of three additional references, unrelated to the applicant, at least two of whom are registered in the category for which registration is sought;

- 9. A release authorizing the Board to investigate the applicant's education and experience;
- 10. Certificate of Experience Report from the applicant's present and past immediate supervisors. The applicant shall also provide Certificate of Experience Record and Reference Forms from additional professional references as required by the Board. The applicant shall provide the name, address, and telephone numbers of all references. The applicant shall ensure that the Board receives these Reports directly from the reference;
- 11. Evidence of successful completion, or waiver by the Board, of the applicable fundamentals examination. An applicant who has successfully completed a fundamentals examination in another state or jurisdiction in the category for which registration is sought equivalent to the examination for that category administered in Arizona shall submit proof of examination directly from the authority that administered the original examination. An applicant seeking professional registration as an engineer, geologist, or land surveyor shall pass the applicable fundamentals examination before admission to the professional examination. An applicant for registration as a geologist may take the in-training examination on the same date as the professional examination;
- 12. Certification that the information provided to the Board is accurate, true, and complete; and
- 13. The applicable fees.
- 14. In addition to the above requirements, an applicant who does not possess education required for direct access to the NCARB Architect Registration Examination (ARE) shall provide the Board with 60 months of a diversity of experience directly related to the practice of architecture and of a character satisfactory to the Board, in each of the following categories, in order to obtain Board authorization to sit for the required registration examination:
  - a. Practice Management. The experience obtained in this category shall demonstrate abilities to manage architectural practice, including professional ethics, fiduciary responsibilities, and the regulations governing the practice of architecture. The experience obtained shall focus on issues related to pre-contract tasks including negotiation, human resource management, and consultant development. Applicants shall demonstrate an understanding of and abilities in business structure, business development, and asset development and protection.
  - b. Project Management. The experience obtained in this category shall demonstrate abilities to manage architectural projects, including organizing principles, contract management, and consultant management. The experience shall focus on issues related to office standards, development of project teams, and overall project control of client, fee, and risk management. Experience shall demonstrate an understanding of and abilities in quality control, project team configuration, and project scheduling. In addition, the experience shall demonstrate the ability to establish and deliver project services per contractual requirements in collaboration with consultants.
  - c. Programming and Analysis. The experience obtained in this category shall demonstrate abilities

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related to the evaluation of project requirements, constraints, and opportunities. The experience shall focus on issues related to programming, site analysis, and zoning and code requirements and demonstrate an understanding of and abilities in project type analysis, the establishment of qualitative and quantitative project requirements, evaluation of project site and context, and assessment of economic issues.

- d. **Project Planning and Design.** The experience obtained in this category shall demonstrate abilities to assess objectives related to the preliminary design of sites and buildings. The experience shall focus on issues related to the generation or evaluation of design alternatives that synthesize environmental, cultural, behavioral, technical and economic issues. The experience shall demonstrate an understanding of and abilities in design concepts, sustainability/environmental design, universal design, and other forms of governing codes and regulations.
  - e. **Project Development and Documentation.** The experience obtained in this category shall demonstrate objectives related to the integration and documentation of building systems, material selection, and material assemblies into a project. The experience shall focus on issues related to the development of design concepts, evaluation of materials and technologies, selection of appropriate construction techniques, and appropriate construction documentation. The experience shall demonstrate an understanding of and abilities in integration of civil, structural, mechanical, electrical, plumbing, and specialty systems into overall project design and documentation.
  - f. **Construction and Evaluation.** The experience obtained in this category shall demonstrate objectives related to construction contract administration and post-occupancy evaluation of projects. The experience shall focus on issues related to bidding and negotiation processes, support of the construction process, and evaluation of completed projects. The experience shall demonstrate an understanding of and abilities in construction contract execution, construction support services (including construction observation and shop drawing or submittal review), payment request processing, and project closeout. In addition, candidates shall also demonstrate an understanding and abilities in project evaluation of integrated building systems and their performance.
- B.** The Board staff shall review all applications and, if necessary, refer completed applications to an evaluator who meets qualifications approved by the Board for evaluation. If the application for examination is complete and in the proper form and the Board staff or the evaluator is satisfied that all statements on the application are true and that the applicant is eligible to take the examination, the Board staff or evaluator shall recommend that the Board certify the applicant as eligible to take the examination. If for any reason the Board staff or evaluator is not satisfied that all of the statements on the application are true or that the applicant is eligible in all respects for examination, the Board staff shall make a further investigation of the applicant.
- C. National Council Examinations:**
1. Applicants for architect, landscape architect, engineer, or land surveyor registration who wish to sit for a professional examination, and who have earned an educational

degree recognized by the applicable national council, may apply directly to the applicable national council to take that exam.

2. Applicants not possessing the appropriate degree pursuant to subsection (C)(1) may apply to the Board for examination approval and after Board review, the Board may recommend them to the applicable national council for entry into the applicable national examination. Applicants shall meet all national council requirements for successful completion of applicable examinations.
  3. An applicant for professional examination in any category shall take and pass the examination or at least one division of a multi-divisional examination within one year after receiving approval. If an applicant fails to take and pass an examination within one year after receiving approval, the applicant shall submit a new application for professional examination authorization to the Board.
  4. An applicant who has failed any division of a national multi-divisional examination shall be required to meet the applicable national council's requirements for successful completion of the examination.
  5. Examinations administered by a national council of which the Board is a member, or a professional association approved by the Board, shall be given at the times and places determined by the testing agency. Once approved to sit for a non-Board-administered examination, the applicant shall communicate all questions and concerns regarding extensions, additional time, special accommodation, reexamination, exam review and refunds to the applicable testing agency. The Board shall not refund any examination fee paid to a testing agency.
  6. The Board shall close an examination authorization file for multi-divisional national examination if the applicant fails to pass all divisions of the applicable examination within five years after first passing any division of the examination unless the Board approves an extension.
- D. Board Administered Examinations:**
1. An examination administered by the Board shall be given at the times and places determined by the Board. Once the Board approves an applicant to sit for a Board-administered examination, shall take and pass the examination within one year from making the request to test unless the Board grants an extension. The applicant shall communicate all questions and concerns regarding extensions, special accommodations and refunds to the Board. The applicant shall make any request for additional time or other special examination accommodation to the Board within a reasonable time before the examination date.
  2. An applicant who fails to achieve a passing grade on any examination administered by the Board may request reexamination by notifying the Board in writing of the applicant's desire to retake the examination and paying the applicable examination fee. An applicant who retakes any examination shall advise the Board of any changes in the information provided under subsection (A) of this Section and R4-30-202(B) within 30 days from the date of the change. The Board shall close an applicant's file if the Board does not receive written confirmation from the applicant of the applicant's desire to retake and pass the Board-administered examination within one year from the request for reexamination. An applicant whose file has been closed and who later wishes to apply for examination shall submit a new examination application package to the Board.
  3. An applicant for a Board-administered examination who wishes to review the applicant's examination scores shall

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file a written request with the Board within 30 days after receiving notification of the failing grade. The applicant may review an examination by making prior arrangements with the staff and paying the applicable fee. The applicant shall complete any review within 60 days of the request for a review. In reviewing multiple choice questions, an applicant may review only those questions that were incorrect.

4. An applicant who desires a regrade of a Board administered examination shall file a written request with the Board within 30 days after receiving notification of the failing grade or within 30 days after reviewing the examination, whichever is applicable, and pay the applicable fee. The applicant shall identify the questions to be reviewed. The applicant shall state why a review of the item is justified. The applicant shall provide specific facts, data, and references to support any assertion that the solution deserves more credit. The Board shall determine whether it will regrade the examination.

**Historical Note**

Adopted effective August 3, 1983 (Supp. 83-4).  
 Amended effective December 18, 1991 (Supp. 91-4).  
 Amended effective May 1, 1995 (Supp. 95-2). Amended effective November 10, 1998 (Supp. 98-4). Amended by final rulemaking at 10 A.A.R. 2798, effective August 7, 2004 (Supp. 04-2). Amended by final rulemaking at 11 A.A.R. 3294, effective October 1, 2005 (Supp. 05-3). Amended by final rulemaking at 19 A.A.R. 128, effective March 10, 2013 (Supp. 13-1). Amended by final rulemaking at 24 A.A.R. 1785, effective August 5, 2018 (Supp. 18-2).

**R4-30-205. Reserved****R4-30-206. Repealed****Historical Note**

Adopted effective August 3, 1983 (Supp. 83-4).  
 Amended effective December 18, 1991 (Supp. 91-4).  
 Repealed effective November 10, 1998 (Supp. 98-4).

**R4-30-207. Renumbered****Historical Note**

Adopted effective August 3, 1983 (Supp. 83-4).  
 Amended effective December 18, 1991 (Supp. 91-4).  
 Amended effective May 1, 1995 (Supp. 95-2). Section R4-30-207 renumbered to R4-30-203 effective November 10, 1998 (Supp. 98-4).

**R4-30-208. Education and Work Experience****A. Education credit.**

1. The Board shall grant credit according to the following:
  - a. Architectural applicants with National Architectural Accrediting Board accredited degree (NAAB): 60 months
  - b. Architectural applicants with a four-year architectural degree: 48 months
  - c. Landscape Architectural Accrediting Board accredited degree (LAAB): 48 months
  - d. Landscape Architectural applicants with LAAB accredited master's or doctorate degree: 60 months
  - e. Engineering applicants with an Accreditation Board of Engineering and Technology (ABET) accredited bachelor's degree and a (ABET) master's or doctorate degree in the branch of engineering that registration is sought: 60 months

- f. Engineering applicants with an ABET accredited bachelor's degree or equivalent in the branch of engineering that registration is sought: 48 months
  - g. Engineering applicants with four-year ABET accredited degrees in a branch other than that in which registration is sought: 36 months
  - h. Land Surveying applicants with ABET accredited bachelor degree in land surveying: 48 months
  - i. Land Surveying applicants with a master's degree in land surveying: 60 months
  - j. Geology applicants with bachelor's degree in geology or earth sciences: 48 months
  - k. Geology applicants with a master's or doctorate degree in geology or earth sciences: 60 months
2. The Board shall grant all other education credit according to the following:
    - a. Credit shall not be granted for course work obtained in the United States or its possessions unless attained at an institution of higher education accredited by an accrediting agency recognized by the U.S. Department of Education.
    - b. Pro rata credit shall be granted for successful completion of courses substantially equivalent to the courses contained in the pertinent degree program identified in subsection (A) of this rule.
    - c. Credit shall not be given for general education courses in excess of the number of hours allowed in the pertinent program identified in subsection (A).
    - d. In determining pro rata credit, 30 semester hours or 45 quarter hours shall equal 12 months' credit.
    - e. An applicant shall be granted both education and work experience for the same period provided the total months' credit granted in a period does not exceed the number of months in that period.
    - f. Foreign education evaluation service acceptable to the Board shall be required of foreign-educated applicants and shall be provided at applicants' cost.

**B. The Board shall credit work experience as follows:**

1. One hundred and thirty hours or more of work per month is equal to one month of work experience.
2. Between 85 hours and 129 hours of work per month is equal to one-half month of work experience.
3. The Board shall not grant credit for less than 85 hours of work experience in a month.
4. Experience shall be verified by the employer before the Board grants the credit.

**Historical Note**

Adopted effective December 18, 1991 (Supp. 91-4).  
 Amended effective May 1, 1995 (Supp. 95-2). Amended by final rulemaking at 6 A.A.R. 1018, effective February 25, 2000 (Supp. 00-1). Amended by final rulemaking at 8 A.A.R. 903, effective February 14, 2002 (Supp. 02-1). Amended by final rulemaking at 24 A.A.R. 1785, effective August 5, 2018 (Supp. 18-2).

**R4-30-209. Time-frames for Professional Registration, Certification, or In-training Designation**

- A. Within 60 days of receiving the initial application package for professional registration, certification, or in-training designation, the Board shall finish an administrative completeness review.
  1. If the application package is complete, the Board shall notify the applicant that the package is complete and that the administrative completeness review is finished.
  2. If the application package is incomplete, the Board shall notify the applicant that the package is deficient and spec-

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ify the information or documentation that is missing. All time-frames are suspended from the date the notice is mailed to the applicant until the Board receives all missing information or documentation.

3. An applicant with an incomplete application package shall supply the missing information or documentation within 90 days from the date of the notice of deficiencies. If the applicant fails to supply the missing information or documentation, the Board may close the applicant's application file. Any fee paid by the applicant is Non-refundable. An applicant whose file has been closed and who later wishes to apply for professional registration, certification, or in-training designation shall submit a new application package and pay the applicable fee.
  4. If an applicant requests to sit for the professional, certification, or fundamentals examination, or requests a waiver of examination, the time-frames in R4-30-210 apply until the Board grants or denies the applicant's request.
- B.** The Board shall complete its substantive review of the application package and render a decision no later than 60 days after the date the Board mails the notice of administrative completeness to the applicant.
1. If the Board finds that the applicant meets all requirements in statute and rule, the Board shall approve the applicant for professional registration, certification, or intraining designation.
  2. If the Board finds a deficiency during the substantive review of the application package, the Board shall issue a written request, specifying the additional information or documentation to be submitted and the deadline for submission. The time-frame for substantive review of an application package is suspended from the date the written request for additional information or documentation is mailed until the date that all missing information or documentation is received or the deadline for submission passes.
  3. When the Board and applicant mutually agree in writing, the Board or its designee shall grant extensions of the substantive review time-frame totaling no more than 30 days.
  4. If the applicant fails to supply the missing information or documentation by the deadline date, the Board may close the applicant's application file. Any fee paid by the applicant is non-refundable. An applicant whose file has been closed and who later wishes to apply for professional registration, certification, or in-training designation shall submit a new application package and pay the applicable fee.
  5. If the Board finds that the applicant does not meet all requirements in statute and rule, the Board shall deny the applicant professional registration, certification, or in-training designation. The Board shall provide written notice of the denial. The notice shall include justification for the denial, references to the statutes or rules on which the denial was based, and an explanation of the applicant's right to appeal, including the number of days the applicant has to file an appeal, and the name and telephone number of a Board contact person who will answer questions regarding the appeals process.
- C.** Saturdays, Sundays, and legal holidays are not counted in calculating the number of days under this Section.
- D.** For purposes of A.R.S. § 41-1073, the Board establishes the following time-frames for a candidate applying for professional registration, certification, or in-training designation:
1. Administrative completeness review time-frame: 60 days;

2. Substantive review time-frame: 60 days; and
3. Overall time-frame: 120 days. Days during which time is suspended under subsection (A)(2) are not counted in the computation of the overall time-frame.

**Historical Note**

Adopted effective November 10, 1998 (Supp. 98-4).  
 Amended by final rulemaking at 8 A.A.R. 903, effective February 14, 2002 (Supp. 02-1). Amended by emergency rulemaking at 8 A.A.R. 1102, effective February 19, 2002 for 180 days (Supp. 02-1). Emergency rulemaking amended and renewed for an additional 180 days under A.R.S. § 41-1026(D) at 8 A.A.R. 3842, effective August 14, 2002 (Supp. 02-3). Emergency expired; original Section amended by final rulemaking at 9 A.A.R. 791, effective February 12, 2003 (Supp. 03-1). Amended by final rulemaking at 10 A.A.R. 2798, effective August 7, 2004 (Supp. 04-2). Amended by final rulemaking at 24 A.A.R. 1785, effective August 5, 2018 (Supp. 18-2).

**R4-30-210. Time-frames for Approval to Sit for, or for Waiver of, the Professional, Certification, or Fundamentals Examination**

- A.** Within 60 days of receiving the initial application package to sit for, or for waiver of, the professional, certification, or fundamentals examination, the Board shall finish an administrative completeness review.
1. If the application package is complete, the Board shall notify the applicant that the package is complete and that the administrative completeness review is finished.
  2. If the application package is incomplete, the Board shall notify the applicant that the package is deficient and specify the information or documentation that is missing. All time-frames are suspended from the date the notice is mailed to the applicant until the Board receives all missing information or documentation.
  3. An applicant with an incomplete application package shall supply the missing information or documentation within 90 days from the date of the notice of deficiencies. If the applicant fails to supply the missing information or documentation, the Board may close the applicant's application file. Any fee paid by the applicant is non-refundable. An applicant whose file has been closed and who later wishes to sit for the fundamentals, certification, or professional examination, or who requests a waiver of examination, shall submit a new application package and pay the applicable fee.
- B.** The Board shall complete its substantive review of the application package and render a decision no later than 60 days after the date the Board mails the notice of administrative completeness to the applicant.
1. If the Board finds that the applicant meets all requirements in statute and rule, the Board shall either approve the applicant to sit for the next applicable examination, or the Board shall waive the examination requirement.
  2. If the Board finds a deficiency during the substantive review of the application package, the Board shall issue a written request, specifying the additional information or documentation to be submitted and the deadline for submission. The time-frame for substantive review of an application package is suspended from the date the written request for additional information or documentation is mailed until the date that all missing information or documentation is received.
  3. If the Board and applicant mutually agree in writing, the Board or its designee shall grant extensions of the sub-

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stantive review time-frames totaling not more than 30 days.

4. If the applicant fails to supply the missing information or documentation by the deadline date, the Board may close the applicant's application file. Any fee paid by the applicant is non-refundable. An applicant whose file has been closed and who later wishes to sit for the applicable examination or request a waiver of examination shall submit a new application package and pay the applicable fee.
- C. Saturdays, Sundays, and legal holidays are not counted in calculating the number of days under this Section.
- D. For the purposes of A.R.S. § 41-1073, the Board establishes the following time-frames for an applicant wishing to sit for the applicable examination or to request a waiver of examination:
  1. Administrative completeness review time-frame: 60 days;
  2. Substantive review time-frame: 60 days; and
  3. Overall time-frame: 120 days.

**Historical Note**

Adopted effective November 10, 1998 (Supp. 98-4). Amended by final rulemaking at 8 A.A.R. 903, effective February 14, 2002 (Supp. 02-1). Amended by final rulemaking at 10 A.A.R. 2798, effective August 7, 2004 (Supp. 04-2). Amended by final rulemaking at 24 A.A.R. 1785, effective August 5, 2018 (Supp. 18-2).

**R4-30-211. Repealed****Historical Note**

Adopted effective November 10, 1998 (Supp. 98-4). Amended by final rulemaking at 8 A.A.R. 903, effective February 14, 2002 (Supp. 02-1). Section repealed by final rulemaking at 10 A.A.R. 2798, effective August 7, 2004 (Supp. 04-2). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2043, effective June 30, 2014 (Supp. 14-3).

**R4-30-212. Expired****Historical Note**

Adopted effective August 3, 1983 (Supp. 83-4). Amended effective December 18, 1991 (Supp. 91-4). Amended effective May 1, 1995 (Supp. 95-2). Amended by final rulemaking at 6 A.A.R. 1018, effective February 25, 2000 (Supp. 00-1). Amended by final rulemaking at 9 A.A.R. 791, effective February 12, 2003 (Supp. 03-1). Amended by final rulemaking at 10 A.A.R. 2798, effective August 7, 2004 (Supp. 04-2). Amended by final rulemaking at 19 A.A.R. 128, effective March 10, 2013 (Supp. 13-1). Section expired under A.R.S. § 41-1056(J) at 20 A.A.R. 2043, effective June 30, 2014 (Supp. 14-3).

**R4-30-213. Reserved****R4-30-214. Architect Registration**

An applicant for architect registration shall complete all of the following:

1. An applicant shall provide evidence of successful completion of the National Council of Architectural Registration Boards' (NCARB) professional experience requirement.
2. An applicant shall successfully complete the professional architect examination designated by the Board and provided by the National Council of Architectural Registration Boards.

**Historical Note**

Adopted effective August 3, 1983 (Supp. 83-4). Amended effective December 18, 1991 (Supp. 91-4).

Correction to subsection (B) (Supp. 96-1). Amended by final rulemaking at 6 A.A.R. 1018, effective February 25, 2000 (Supp. 00-1). Amended by final rulemaking at 9 A.A.R. 791, effective February 12, 2003 (Supp. 03-1). Amended by final rulemaking at 10 A.A.R. 2798, effective August 7, 2004 (Supp. 04-2). Amended by final rulemaking at 11 A.A.R. 3294, effective October 1, 2005 (Supp. 05-3). Amended by final rulemaking at 19 A.A.R. 128, effective March 10, 2013 (Supp. 13-1). Amended by final rulemaking at 24 A.A.R. 1785, effective August 5, 2018 (Supp. 18-2).

**R4-30-215. Reserved****R4-30-216. Reserved****R4-30-217. Reserved****R4-30-218. Reserved****R4-30-219. Reserved****R4-30-220. Reserved****R4-30-221. Engineering Branches Recognized**

- A. The Board shall recognize the branches of engineering described below for review of experience, selection of examination, definition of examination areas, and definition of demonstrated proficiency areas to be inscribed on the registrant's seal. The branches do not limit the areas of a registrant's practice of engineering. (See R4-30-301(18))
  1. Agriculture: Consultation, investigation, evaluation, planning, design, location, development, and review of construction for projects concerning agricultural machinery, drainage, irrigation, terracing, farm electricity or water pumps and wells for the maintenance of adequate potable water supplies for crops, people, animals, or industry.
  2. Architectural: Consultation, investigation, evaluation, planning, design, location, development, and review of construction for projects concerning building mechanical, acoustical, electrical, lighting, or structural systems.
  3. Chemical: Consultation, investigation, evaluation, planning, design, location, development, and review of construction for projects concerning chemical enterprises, chemical and biological processes, plant layout, production of pilot plants, water, wastewater and pollution control plants, piping and distribution systems, heat exchanges, energy production management and distribution systems, process instrumentation and control systems, biomedical equipment, mining and minerals beneficiation, corrosion retardation, heat, mass and momentum transfer systems, reaction kinetics, thermodynamics, quality assurance controls, or systems for heat transmission.
  4. Civil: Consultation, investigation, evaluation, planning, design, location, development, and review of construction for projects concerning highways, streets, transportation systems, drainage and flood control structures, surface and subsurface hydrologics, sewers, tunnels, railroads, geotechnical analysis, waterfronts, water and wastewater systems, water power and supply apparatus, wells, pumps, bridges, dams, irrigation structures, water purification apparatus, incinerators, or site fire protection systems.
  5. Control Systems: Consultation, investigation, evaluation, planning, design, location, development, and review of construction for projects concerning control systems and their constituent devices including, but not limited to, dynamic stability and the application of instrumentation



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- and feedback control principles to regulate and operate chemical plants, petroleum refineries, food processing plants, water and waste treatment plants, power plants, pollution abatement systems, transportation systems, or other dynamic processes and systems.
6. Electrical: Consultation, investigation, evaluation, planning, design, location, development, and review of construction for projects concerning power systems, electronic and transmission equipment, electric service and supply systems, lighting systems, communication service and supply systems, fire alarm and detection systems, control systems, or electrical installations.
  7. Environmental: Consultation, investigation, evaluation, planning, design, location, development, and review of construction for projects concerning water and wastewater systems, domestic and process (industrial/commercial) solid waste and hazardous materials systems, air quality systems, or health, safety, and environmental protection including, but not limited to systems relating to emergency response, risk analysis, radiation protection, noise toxicology, or industrial hygiene.
  8. Fire Protection: Consultation, investigation, evaluation, planning, design, location, development, and review of construction for projects concerning building exiting and life safety systems, fire suppression systems and devices, fire detection and alarm systems and devices, smoke exhaust and smoke management systems, fire resistance for building components and assemblies, water supplies and pumping systems for fire protection, including the hydraulic analysis of such systems, and the reduction and control of fire hazards due to processes subject to fire or explosion.
  9. Geological: Consultation, investigation, evaluation, planning, design, location, development, and review of construction for projects concerning geological studies related to surface and subsurface excavations and foundations, stability of slopes, groundwater locations, geological material age and strength determinations near surface or deep subsurface geological structures or geophysical mapping of geological formations and groundwater locations.
  10. Industrial: Consultation, investigation, evaluation, planning, design, location, development, and review of construction for projects concerning factory layouts, tools and fixtures, factory planning, time and motion study systems, rate plans, production plans, quality control systems and analysis, work simplification systems, methods studies and cost, production control, organizational, operational and labor needs, or safety analysis.
  11. Mechanical: Consultation, investigation, evaluation, planning, design, location, development, and review of construction for projects concerning air conditioning, refrigeration, ventilation, combustion, heat transfer, energy, power, fuels, propulsion, machinery, tools, manufacturing, fluids, plumbing, fire suppression systems and devices, water supplies and pumping systems for fire protection, including the hydraulic analysis of such systems.
  12. Metallurgical: Consultation, investigation, evaluation, planning, design, location, development, and review of construction for projects concerning the production of metals or metal objects, testing procedures, metal processing, failure analysis procedures, mining and mineral beneficiation, or the development of metal alloys.
  13. Mining: Consultation, investigation, evaluation, planning, design, location, development, and review of construction for projects concerning the construction of plants, shaft and bottom layouts, ventilation and hoisting systems, head frames, washery or concentration mills, mining methods and testing procedures, or metallurgical works and production procedures.
  14. Nuclear: Consultation, investigation, evaluation, planning, design, location, development, and review of construction for projects concerning nuclear waste management, alternative waste management systems, disposal criteria and risk evaluation, transportation, packaging, decontamination, handling, welding evaluation, site stabilization, recovery techniques, water and air quality control systems, waste volume management, evaporation systems, reactor safety methods, health safety systems, cycle analysis, or nuclear fuels.
  15. Petroleum: Consultation, investigation, evaluation, planning, design, location, development, and review of construction for projects concerning drilling equipment, pipelines, refinery plants, gathering systems, handling and storage systems, exploitation and selection methods, gas measurement and core analysis, phase behavior studies, reserve calculations, or the development of petroleum products.
  16. Sanitary: Consultation, investigation, evaluation, planning, design, location, development, and review of construction for projects concerning water treatment and sewage disposal plants, water systems, sewers, incinerators, distribution systems, sewage and industrial waste treatment plants, pollution reduction systems, sanitary facilities, or public health systems.
  17. Structural: Consultation, investigation, evaluation, planning, design, location, development, and review of construction for projects concerning force-resisting and load-bearing members and their connections for structures such as foundations, bridges, walls, columns, slabs, beams, trusses, or similar members used singly or as part of a larger structure.
- B.** An applicant shall submit to the Board a separate application and application fee for each branch for which application is made. An applicant who wishes to change the branch of application after notification by the Board that the application has been evaluated by the Board shall submit the request in writing and pay an additional application fee.

**Historical Note**

Adopted effective August 3, 1983 (Supp. 83-4).

Amended effective December 18, 1991 (Supp. 91-4).

Amended effective July 6, 1993 (Supp. 93-3). Amended effective May 1, 1995 (Supp. 95-2). Amended effective December 18, 1997 (Supp. 97-4). Amended by final rulemaking at 6 A.A.R. 1018, effective February 25, 2000 (Supp. 00-1). Amended by final rulemaking at 10 A.A.R. 2798, effective August 7, 2004 (Supp. 04-2). Amended by final rulemaking at 12 A.A.R. 1606, effective July 1, 2006 (Supp. 06-2).

**R4-30-222. Engineer-In-Training Designation**

- A.** To qualify for admission to the fundamentals examination solely on the basis of education, an applicant shall be a graduate of a four-year engineering degree program accredited at the time of graduation by the Accreditation Board for Engineering and Technology (ABET) or an equivalent predecessor organization.
- B.** To qualify for admission to the fundamentals examination, an applicant who is not a graduate of a four-year ABET-accredited engineering degree program shall have at least four years of education or experience or a combination of both directly related to the practice of engineering. Experience directly

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related to the practice of engineering of a character satisfactory to the Board includes but is not limited to the following in the candidate's branch of engineering:

1. Consultation: The active involvement in meetings, discussions or development of reports intended to provide information, facts or advice regarding the application of the accepted engineering principles to fulfill the client's specific requirements.
  2. Research investigation: The search, examination or study to determine the practicality or effectiveness of accepted principles for adaptation and application to novel situations or the development of new or alternative solutions to solve problems.
  3. Evaluation: The analysis, testing or study to determine or estimate the merit, effect, efficiency or practicality of approaches, methods, designs, structures or materials for use in a given situation or to achieve a specific result.
  4. Planning: The preliminary development of objectives, statements, outlines, drafts, drawings or diagrams showing the arrangement, scheme, schedule, program or procedure for determining the most effective solution to a problem.
  5. Design: Design, development and location experience.
  6. Construction review: The review or supervision of construction projects in the candidate's branch of engineering to determine conformance with contract documents and design specifications (maximum 12 months' credit).
  7. Administration: Administrative experience in the candidate's branch of engineering, including office and field administration, field or laboratory testing, quotation requests, change orders, bidding procedures, cost accounting and project closeouts maximum 12 months' credit).
  8. Surveying: The measurement, using accepted methods of surveying, of units of space, water, land or structures to determine boundaries, areas, shapes, slopes, distances, angles or other calculations (maximum 12 months' credit).
  9. Editing or writing: The editing or writing for publication of articles, books, newsletters or other written materials directly relating to the candidate's branch of engineering (maximum six months' credit).
  10. Other engineering experience: Experience of a nature set forth in this subsection but in other recognized branches of engineering (maximum six months' credit).
  11. Subprofessional experience: As defined in rule R4-30-101 (maximum six months' credit).
- C. An applicant for Engineer In-Training Designation shall successfully complete the fundamentals examination designated by the Board and provided by the National Council of Examiners for Engineers and Surveyors.

**Historical Note**

Adopted effective August 3, 1983 (Supp. 83-4).  
 Amended effective December 18, 1991 (Supp. 91-4).  
 Amended by final rulemaking at 6 A.A.R. 1018, effective February 25, 2000 (Supp. 00-1). Amended by final rulemaking at 10 A.A.R. 2798, effective August 7, 2004 (Supp. 04-2). Amended by final rulemaking at 24 A.A.R. 1785, effective August 5, 2018 (Supp. 18-2).

**R4-30-223. Reserved**

**R4-30-224. Engineer Registration**

- A. Work experience credited toward the eight-year active engagement requirement shall be directly related to the applicant's branch of engineering and of a character satisfactory to the Board and attained as described in R4-30-222, except that

work experience for specific branches of engineering as described in R4-30-221 shall be for the purpose of qualifying an applicant for registration only and shall not be construed to restrict or confine the work practices of or engineering engagements accepted by a registrant.

- B. An applicant shall successfully complete the professional engineer examinations offered in the applicant's branch of engineering designated by the Board.

**Historical Note**

Adopted effective August 3, 1983 (Supp. 83-4).  
 Amended effective December 18, 1991 (Supp. 91-4).  
 Amended effective July 6, 1993 (Supp. 93-3). Amended effective May 1, 1995 (Supp. 95-2). Amended by final rulemaking at 6 A.A.R. 1018, effective February 25, 2000 (Supp. 00-1). Amended by final rulemaking at 9 A.A.R. 791, effective February 12, 2003 (Supp. 03-1). Amended by final rulemaking at 10 A.A.R. 2798, effective August 7, 2004 (Supp. 04-2).

**R4-30-225. Reserved**

**R4-30-226. Reserved**

**R4-30-227. Reserved**

**R4-30-228. Reserved**

**R4-30-229. Reserved**

**R4-30-230. Reserved**

**R4-30-231. Reserved**

**R4-30-232. Reserved**

**R4-30-233. Reserved**

**R4-30-234. Reserved**

**R4-30-235. Reserved**

**R4-30-236. Reserved**

**R4-30-237. Reserved**

**R4-30-238. Reserved**

**R4-30-239. Reserved**

**R4-30-240. Reserved**

**R4-30-241. Reserved**

**R4-30-242. Geologist-in-training Designation**

- A. To qualify for admission to the fundamentals examination solely on the basis of education, an applicant shall be a graduate or be in the final year of a four-year degree program with a major in geology or earth science at an accredited college or university.
- B. To qualify for admission to the fundamentals examination, an applicant who is not a graduate of a four-year degree program as specified in subsection (A) shall have at least four years of education or experience or both directly related to the practice of geology. Experience directly related to the practice of geology of a character satisfactory to the Board shall include the following:
1. Consultation: The active involvement in meetings, discussions and development of reports intended to provide information, facts or advice regarding natural resources and surface and subsurface geological conditions and the preparation of geological maps for use in consultations with clients.
  2. Evaluation: The evaluation of mining and petroleum properties, groundwater resources, unconsolidated earth

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materials, mineral fuels, natural hazards and land use limitations.

3. Supervision of exploration: The supervision of the geological phases of engineering investigation, exploration for mineral and natural resources, metallic and nonmetallic ores, petroleum and groundwater resources.
  4. Administration: Administrative experience, including office and field administration, field or laboratory testing, quotation requests, change orders, cost accounting, bidding procedures and project closeouts (maximum 12 months' credit).
  5. Editing or writing: The editing or writing for publication of articles, books, newsletters or other written materials on geological subjects (maximum six months' credit).
  6. Engineering: Experience in related branches of engineering (maximum six months' credit).
  7. Subprofessional experience: As defined in rule R4-30-101 (maximum six months' credit).
- C. An applicant for geologist in-training designation shall successfully complete the fundamentals examination designated by the Board and provided by the Association of State Boards of Geology.

**Historical Note**

Adopted effective August 3, 1983 (Supp. 83-4).

Amended effective December 18, 1991 (Supp. 91-4).

Amended effective May 1, 1995 (Supp. 95-2). Amended by final rulemaking at 6 A.A.R. 1018, effective February 25, 2000 (Supp. 00-1). Amended by final rulemaking at 10 A.A.R. 2798, effective August 7, 2004 (Supp. 04-2). Amended by final rulemaking at 24 A.A.R. 1785, effective August 5, 2018 (Supp. 18-2).

**R4-30-243. Reserved****R4-30-244. Geologist Registration**

An applicant shall successfully complete the professional geologist examination designated by the Board and provided by the Association of State Boards of Geology.

**Historical Note**

Adopted effective August 3, 1983 (Supp. 83-4).

Amended effective December 18, 1991 (Supp. 91-4).

Amended effective May 1, 1995 (Supp. 95-2). Amended by final rulemaking at 6 A.A.R. 1018, effective February 25, 2000 (Supp. 00-1). Amended by final rulemaking at 10 A.A.R. 2798, effective August 7, 2004 (Supp. 04-2).

**R4-30-245. Reserved****R4-30-246. Reserved****R4-30-247. Home Inspector Certification**

- A. An applicant for certification as a home inspector shall submit an original completed application package that contains the following:
1. Evidence of successful completion, within two years before the date of application, of the National Home Inspector Examination as administered by the Examination Board of Professional Home Inspectors;
  2. The information in subsections (B) and (C);
  3. A completed fingerprint card;
  4. Applicable fees;
  5. Evidence of successful completion of 84 hours of classroom training or an equivalent course conducted by an educational facility that is licensed by the Arizona State Board for Private Postsecondary Education, or accredited by the Distance Education Accrediting Commission, or by an accrediting agency approved by the United States

Department of Education. The course of study shall encompass all of following major content areas:

- a. Structural Components,
  - b. Exterior,
  - c. Roofing,
  - d. Plumbing,
  - e. Heating,
  - f. Cooling,
  - g. Electrical,
  - h. Insulation and Ventilation,
  - i. Interiors,
  - j. Fireplaces and Solid Fuel-Burning Devices,
  - k. Swimming Pools & Spas, and
  - l. Professional Practice;
6. Evidence of completion of 30 parallel inspections. The 30 parallel inspections and home inspection report shall meet the standards in R4-30-301.01 and be retained by the applicant for at least two years from the date of application. The applicant shall conduct these inspections on separate residential dwelling units and shall list them on a log provided by the Board. The log shall include, with respect to each inspection, the address of the property, the date of the inspection, and the name and certification number of the supervising home inspector. The Board may hold the applicant's package for a period of one year based solely on the need for time to permit the applicant to complete the required parallel inspections. All timeframes promulgated under A.R.S. Title 41, Chapter 6, Article 7.1 are suspended during this period.
- B. A certified home inspector is not required to inspect a pool and/or spa as part of a home inspection. If a certified home inspector conducts a pool and/or spa inspection, it shall be conducted in accordance with the "Standards of Professional Practice for the Inspection of Swimming Pools & Spas for Arizona Home Inspectors," ("Standards") adopted and published by the Board on February 28, 2012. Copies of the Standards are available at the Board's office.
- C. The application package shall contain the following:
1. Name, residence address, mailing address if different from residence address, and telephone number;
  2. Date of birth and Social Security number of the applicant;
  3. Citizenship or legal residence;
  4. A detailed explanatory statement regarding:
    - a. Any disciplinary action, including suspension and revocation, taken by any state or jurisdiction on any professional or occupational registration, license, or certification held by the applicant in any state or jurisdiction;
    - b. Refusal of any professional or occupational registration, license, or certification by any state or jurisdiction;
    - c. Any pending disciplinary action in any state or jurisdiction on any professional or occupational registration, license, or certification held by the applicant;
    - d. Any alias or other name used by the applicant;
    - e. Any conviction for a felony or misdemeanor, other than a minor traffic violation.
  5. Documentation of absolute discharge from sentence at least five years before the date of application if an applicant has been convicted of one or more felonies; evidence of having a valid fingerprint clearance card issued pursuant to Title 41, Chapter 12, Article 3.1;
  6. State or jurisdiction in which any professional or occupational registration, license or certification is held; type of registration, license, or certification; number; year granted, and how registration, license, or certification

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was granted (that is, by examination, education, experience, or reciprocity), 4 A.A.C. 30, Supp. 18-2, released June 30, 2018, page 18;

7. The current status of any application for any type of professional or occupational registration, license, or certification pending in another state or jurisdiction;
  8. A release authorizing the Board to investigate the applicant's education, experience, and moral character and repute;
  9. Certification that the information provided to the Board is accurate, true, and complete;
  10. Copy of one home inspection report that meets the standards in R4-30-301.01 and reports on at least one immediate major repair as defined in the standards, along with the Report Checklist Supplement; and
  11. Sworn statement or statements by the supervising certified home inspector or inspectors that the parallel inspections conducted by the applicant meet the standards in R4-30-301.01.
- D.** The Board staff shall review all applications and, if necessary, refer completed applications to the Home Inspector Rules and Standards Committee or a certified home inspector evaluator for evaluation. If the application is complete and in the proper form, the Board staff, committee, or evaluator is satisfied that all statements on the application are true, and the applicant is eligible in all other aspects to be certified as a home inspector, the Board staff, committee, or evaluator shall recommend that the Board certify the applicant. If the evidence is not clear and convincing of qualification for certification, the matter shall be reviewed by the committee and the committee may request additional information regarding any issue upon which the applicant has not established qualification by clear and convincing evidence.
- E.** A certified home inspector shall notify the Board in writing within five business days of any loss of, or change in, financial assurance. The Board shall suspend the certificate holder's certification immediately and prohibit further home inspections until current proof of financial assurance is provided to the Board. The Board shall revoke a certificate if the certificate holder fails to provide proof of financial assurance within 90 days of loss of financial assurance or lapse of policy. All certified home inspectors shall provide proof of financial assurance at the time of each annual certification renewal. The Board shall not renew a home inspector certification unless the financial assurance is in full force and effect.
- F.** A home inspector who places a home inspector certificate on inactive status shall retain the proof of financial assurance for at least two years after the date that the certificate becomes inactive. A home inspector who fails to retain financial assurance for the required two years is subject to suspension and revocation of the home inspection certificate as per subsection (E). In order to reactivate an inactive home inspection certificate, a home inspector shall provide proof of financial assurance to the Board with the application for reactivation. An inactive home inspector certification shall not qualify for reactivation until proof of financial assurance has been submitted to the Board.
- G.** In order to reactivate an inactive home inspector certificate, a home inspector who has not practiced as a certified home inspector during that time in another state requiring registration for the previous five years shall take and pass the National Home Inspector Examination.

**Historical Note**

New Section made by emergency rulemaking at 8 A.A.R. 1102, effective February 19, 2002 for 180 days (Supp. 02-1). Emergency rulemaking amended and renewed for

an additional 180 days under A.R.S. § 41-1026(D) at 8 A.A.R. 3842, effective August 14, 2002 (Supp. 02-3). Emergency expired; new Section made by final rulemaking at 9 A.A.R. 791, effective February 12, 2003 (Supp. 03-1). Amended by final rulemaking at 10 A.A.R. 2798, effective August 7, 2004 (Supp. 04-2). Amended by final rulemaking at 19 A.A.R. 713 (Supp. 13-2). Amended by final rulemaking at 24 A.A.R. 1785, effective August 5, 2018 (Supp. 18-2). Amended by final rulemaking at 27 A.A.R. 93, effective March 9, 2021 (Supp. 20-1).

**R4-30-248. Reserved**

**R4-30-249. Reserved**

**R4-30-250. Reserved**

**R4-30-251. Reserved**

**R4-30-252. Repealed**

**Historical Note**

Adopted effective August 3, 1983 (Supp. 83-4).  
Amended effective December 18, 1991 (Supp. 91-4).  
Amended effective May 1, 1995 (Supp. 95-2). Amended by final rulemaking at 6 A.A.R. 1018, effective February 25, 2000 (Supp. 00-1). Amended by final rulemaking at 10 A.A.R. 2798, effective August 7, 2004 (Supp. 04-2).  
Repealed by final rulemaking at 24 A.A.R. 1785, effective August 5, 2018 (Supp. 18-2).

**R4-30-253. Reserved**

**R4-30-254. Landscape Architect Registration**

- A.** To qualify for landscape architect registration, an applicant shall provide proof to the Board of the successful completion of 96 months of landscape architecture education or experience or both. To satisfy the education requirement, an applicant must be a graduate of a four- or five-year landscape architectural degree program accredited at the time of graduation by the Landscape Architectural Accreditation Board (LAAB) or an equivalent predecessor organization.
- B.** To satisfy the experience requirement, an applicant who is a graduate of a five-year landscape architectural degree program shall demonstrate successful completion of at least three years of experience directly related to the practice of landscape architecture. An applicant who is a graduate of a four-year landscape architectural degree program shall demonstrate successful completion of at least four years of experience directly related to the practice of landscape architecture. Experience directly related to the practice of landscape architecture shall demonstrate an applicant's dedication to the protection of the public's health, safety and welfare and shall include the following:
1. Consultation: The active involvement in meetings, discussions and development of reports intended to provide information, facts or advice regarding the application of landscape architectural principles to fulfill the client's specific requirements.
  2. Investigation, reconnaissance and research: The search, examination or study to determine the practicality or effectiveness of accepted landscape architectural principles to novel situations or the development of new or alternative solutions to landscape architectural problems.
  3. Planning: The preliminary development of objectives, statements, outlines, drafts, drawings, maps or diagrams showing the arrangement, scheme, schedule, program or procedure for determining the most effective solution to a landscape architectural problem.

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4. Design: The preparation and use of sketches, plans, drawings, specifications, contracts, outlines, models or schemes to convey the use and development of land, plantings, landscapings, settings, approaches to buildings, structures or facilities, traffic patterns and drainage or erosion patterns.
  5. Supervision of development: The supervision of the development of land and incidental water areas for the preservation, enhancement or determination of proper land uses, natural land features, ground cover and planting, naturalistic and aesthetic values, settings and approaches, natural drainage and the consideration and determination of inherent problems of the land, including erosion, wear and tear, light and other hazards, including storm water quality.
  6. Administration: Administrative experience, including office and field administration, field testing, quotation requests, change orders, cost accounting, bidding procedures and project closeouts (maximum 12 months' credit).
  7. Subprofessional experience: As defined in rule R4-30-101 (maximum six months' credit).
- C. An applicant shall successfully complete the professional landscape architect examination designated by the Board and provided by the Council of Landscape Architectural Registration Boards.

**Historical Note**

Adopted effective August 3, 1983 (Supp. 83-4).  
 Amended effective December 18, 1991 (Supp. 91-4).  
 Amended effective May 1, 1995 (Supp. 95-2). Amended by final rulemaking at 6 A.A.R. 1018, effective February 25, 2000 (Supp. 00-1). Amended by final rulemaking at 10 A.A.R. 2798, effective August 7, 2004 (Supp. 04-2). Amended by final rulemaking at 24 A.A.R. 1785, effective August 5, 2018 (Supp. 18-2).

- R4-30-255. Reserved**  
**R4-30-256. Reserved**  
**R4-30-257. Reserved**  
**R4-30-258. Reserved**  
**R4-30-259. Reserved**  
**R4-30-260. Reserved**  
**R4-30-261. Reserved**  
**R4-30-262. Repealed**

**Historical Note**

Adopted effective August 3, 1983 (Supp. 83-4).  
 Amended effective December 18, 1991 (Supp. 91-4).  
 Amended by final rulemaking at 6 A.A.R. 1018, effective February 25, 2000 (Supp. 00-1). Amended by final rulemaking at 10 A.A.R. 2798, effective August 7, 2004 (Supp. 04-2). Repealed by final rulemaking at 24 A.A.R. 1785, effective August 5, 2018 (Supp. 18-2).

- R4-30-263. Reserved**  
**R4-30-264. Repealed**

**Historical Note**

Adopted effective August 3, 1983 (Supp. 83-4).  
 Amended effective December 18, 1991 (Supp. 91-4).  
 Amended by final rulemaking at 6 A.A.R. 1018, effective February 25, 2000 (Supp. 00-1). Amended by final rulemaking at 10 A.A.R. 2798, effective August 7, 2004 (Supp. 04-2). Repealed by final rulemaking at 24 A.A.R.

1785, effective August 5, 2018 (Supp. 18-2).

- R4-30-265. Reserved**  
**R4-30-266. Reserved**  
**R4-30-267. Reserved**  
**R4-30-268. Reserved**  
**R4-30-269. Reserved**  
**R4-30-270. Repealed**

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 1412, effective April 15, 2003 (Supp. 03-2). Amended by final rulemaking at 10 A.A.R. 2798, effective August 7, 2004 (Supp. 04-2). Repealed by final rulemaking at 24 A.A.R. 1785, effective August 5, 2018 (Supp. 18-2).

- R4-30-271. Repealed**

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 1412, effective April 15, 2003 (Supp. 03-2). Amended by exempt rulemaking at 9 A.A.R. 2111, effective June 2, 2003 (Supp. 03-2). Amended by exempt rulemaking at 9 A.A.R. 3514, effective July 17, 2003 (Supp. 03-3). Amended by final rulemaking at 10 A.A.R. 2798, effective August 7, 2004 (Supp. 04-2). Amended by final rulemaking at 19 A.A.R. 128, effective March 10, 2013 (Supp. 13-1). Repealed by final rulemaking at 24 A.A.R. 1785, effective August 5, 2018 (Supp. 18-2).

- R4-30-272. Repealed**

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 1412, effective April 15, 2003 (Supp. 03-2). Amended by exempt rulemaking at 9 A.A.R. 2111, effective June 2, 2003 (Supp. 03-2). Amended by exempt rulemaking at 9 A.A.R. 3514, effective July 17, 2003 (Supp. 03-3). Amended by final rulemaking at 10 A.A.R. 2798, effective August 7, 2004 (Supp. 04-2). Amended by final rulemaking at 19 A.A.R. 128, effective March 10, 2013 (Supp. 13-1). Repealed by final rulemaking at 24 A.A.R. 1785, effective August 5, 2018 (Supp. 18-2).

- R4-30-273. Reserved**  
**R4-30-274. Reserved**  
**R4-30-275. Reserved**  
**R4-30-276. Reserved**  
**R4-30-277. Reserved**  
**R4-30-278. Reserved**  
**R4-30-279. Reserved**  
**R4-30-280. Reserved**  
**R4-30-281. Reserved**

**R4-30-282. Land Surveyor-in-training Designation**

- A. To qualify for admission to the fundamentals examination solely on the basis of education, an applicant shall be a graduate of a four-year land surveying degree program accredited at the time of graduation by the Accreditation Board for Engineering and Technology (ABET) or an equivalent predecessor organization.
- B. To qualify for admission to the fundamentals examination, an applicant who is not a graduate of a four-year ABET-accred-

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ited land surveying degree program shall have at least four years of education or experience or both directly related to the practice of land surveying. Experience directly related to the practice of land surveying of a character satisfactory to the Board shall include the following:

1. The measurement of space, water, land or structures located or to be located upon or within them, to determine boundaries, areas or other necessary calculations through the use of any mechanical, physical, electric or electronic equipment or devices commonly used by registered professional land surveyors.
2. The analysis of measurement data through the use of professional knowledge or education or practical experience in the mathematical and physical sciences and in the principles of land surveying.
3. The location or relocation, establishment or re-establishment of boundaries, easements, rights-of-way, bench marks or corners.
4. Consultation with clients to determine the necessity of land surveying services and the determination of the correct type of services necessary to fulfill the client's needs and objectives.
5. The search of any source of public or private records for the purpose of performing a survey or to determine and, if necessary, to reconcile differences between the surveyor's collected data and such records.
6. The platting or subdividing of land or the planning and design of parcels of land for development purposes.
7. The preparation and maintenance of survey records.
8. Other land surveying activities, analyses or investigations defined in the Act.
9. The participation in office and field administration, quotation requests, bidding procedures, cost accounting and project closeouts (maximum 12 months' credit).
10. Construction staking (maximum 12 months' credit).
11. Subprofessional experience as defined in R4-30-101 (maximum six months' credit).

- C. The applicant for land surveyor in-training designation shall apply to the Board and provide proof of successful completion of the fundamentals of surveying examination designated by the Board and provided by the National Council of Examiners for Engineers and Surveyors.

**Historical Note**

Adopted effective August 3, 1983 (Supp. 83-4).

Amended effective December 18, 1991 (Supp. 91-4).

Amended by final rulemaking at 6 A.A.R. 1018, effective

February 25, 2000 (Supp. 00-1). Amended by final rulemaking at 10 A.A.R. 2798, effective August 7, 2004 (Supp. 04-2). Amended by final rulemaking at 24 A.A.R.

1785, effective August 5, 2018 (Supp. 18-2).

**R4-30-283. Reserved****R4-30-284. Land Surveyor Registration**

The candidate shall first successfully complete the fundamentals of surveying examination. Second, the candidate shall successfully complete the professional land surveyor examination provided by the National Council of Examiners for Engineers and Surveyors. Third, the candidate shall successfully complete the Arizona State Specific Examination provided by the Board.

**Historical Note**

Adopted effective August 3, 1983 (Supp. 83-4).

Amended effective December 18, 1991 (Supp. 91-4).

Amended effective May 1, 1995 (Supp. 95-2). Amended by final rulemaking at 6 A.A.R. 1018, effective February 25, 2000 (Supp. 00-1). Amended by final rulemaking at

24 A.A.R. 1785, effective August 5, 2018 (Supp. 18-2).

**ARTICLE 3. REGULATORY PROVISIONS****R4-30-301. Rules of Professional Conduct**

All registrants shall comply with the following rules of professional conduct:

1. A registrant shall not submit any materially false statements or fail to disclose any material facts requested in connection with an application for registration or certification, or in response to a subpoena.
2. A registrant shall not engage in fraud, deceit, misrepresentation or concealment of material facts in advertising, soliciting, or providing professional services to members of the public.
3. A registrant shall not commit bribery of a public servant as proscribed in A.R.S. § 13-2602, commit commercial bribery as proscribed in A.R.S. § 13-2605, or violate any federal statute concerning bribery.
4. A registrant shall comply with state, municipal, and county laws, codes, ordinances, and regulations pertaining to the registrant's area of practice.
5. If a registrant violates any state or federal criminal statute, the Board may take action against a registrant's license or certificate if a violation of the law is reasonably related to a registrant's area of practice.
6. A registrant shall apply the technical knowledge and skill that would be applied by other qualified registrants who practice the same profession in the same area and at the same time.
7. A registrant shall not accept an engagement if the duty to a client or the public would conflict with the registrant's personal interest or the interest of another client without making a full written disclosure of all material facts of the conflict to each person who might be related to or affected by the engagement.
8. A registrant shall not accept compensation for services related to the same engagement from more than one party without making a full written disclosure of all material facts to all parties and obtaining the express written consent of all parties involved.
9. A registrant shall make full disclosure to all parties concerning:
  - a. Any transaction involving payments to any person for the purpose of securing a contract, assignment, or engagement, except payments for actual and substantial technical assistance in preparing the proposal; or
  - b. Any monetary, financial, or beneficial interest the registrant holds in a contracting firm or other entity providing goods or services, other than the registrant's professional services, to a project or engagement.
10. A registrant shall not solicit, receive, or accept compensation from material, equipment, or other product or services suppliers for specifying or endorsing their products, goods or services to any client or other person without full written disclosure to all parties.
11. If a registrant's professional judgment is overruled or not adhered to under circumstances where a serious threat to the public health, safety, or welfare may result, the registrant shall immediately notify the responsible party appropriate building official, or agency, and the Board of the specific nature of the public threat.
12. If called upon or employed as an arbitrator to interpret contracts, to judge contract performance, or to perform

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any other arbitration duties, the registrant shall render decisions impartially and without bias to any party.

13. To the extent applicable to the professional engagement, a registrant shall conduct a land survey engagement in accordance with the April 12, 2001 Arizona Professional Land Surveyors Association (APLS) Arizona Boundary Survey Minimum Standards, available at [www.azpls.org](http://www.azpls.org). The Board of Technical Registration adopted the standards on June 15, 2001, and incorporated them into this subsection by reference. This incorporation by reference does not include any later amendments or editions and is available at the office of the Board of Technical Registration.
14. A registrant shall comply with any subpoena issued by the Board or its designated administrative law judge.
15. A registrant shall update the registrant's address and telephone number of record with the Board within 30 days of the date of any change.
16. A registrant shall not sign, stamp, or seal any professional documents not prepared by the registrant or a bona fide employee of the registrant.
17. Except as provided below and in subsections (18) and (19), a registrant shall not accept any professional engagement or assignment outside the registrant's professional registration category unless:
  - a. The registrant is qualified by education, technical knowledge, or experience to perform the work; and
  - b. The work is exempt under A.R.S. § 32-143.
18. A registered professional engineer may accept professional engagements or assignments in branches of engineering other than that branch in which the registrant has demonstrated proficiency by registration but only if the registrant has the education, technical knowledge, or experience to perform such engagements or assignments.
19. Except as otherwise provided by law, a registrant may act as the prime professional for a given project and select collaborating professionals; however, the registrant shall perform only those professional services that the registrant is qualified by registration to perform and shall seal and sign only the work prepared by the registrant or by the registrant's bona fide employee.
20. A registrant who is designated as a responsible registrant shall be responsible for the firm or corporation. The Board may impose disciplinary action on the responsible registrant for any violation of Board statutes or rules that is committed by a non-registrant employee, firm, or corporation.
21. A registrant shall not enter into a contract for expert witness services on a contingency fee basis or any other arrangement in a disputed matter where the registrant's fee is directly related to the outcome of the dispute.

**Historical Note**

Adopted effective August 3, 1983 (Supp. 83-4).  
 Amended effective December 18, 1991 (Supp. 91-4).  
 Amended effective May 1, 1995 (Supp. 95-2). Amended by final rulemaking at 6 A.A.R. 1018, effective February 25, 2000 (Supp. 00-1). Amended by final rulemaking at 8 A.A.R. 903, effective February 14, 2002 (Supp. 02-1). Amended by final rulemaking at 9 A.A.R. 791, effective February 12, 2003 (Supp. 03-1). Amended by final rulemaking at 10 A.A.R. 2798, effective August 7, 2004 (Supp. 04-2). Amended by final rulemaking at 12 A.A.R. 1609, effective July 1, 2006 (Supp. 06-2). Amended by final rulemaking at 19 A.A.R. 128, effective March 10, 2013 (Supp. 13-1). Amended by final rulemaking at 24 A.A.R. 1785, effective August 5, 2018 (Supp. 18-2). The

website address to the Arizona Professional Land Surveyors (APLS) referenced in subsection (13) has been corrected at the request of the Board (Supp. 21-3).

**R4-30-301.01. Home Inspector Rules of Professional Conduct**

- A. To the extent applicable, a certified home inspector shall conduct a home inspection in accordance with the "Standards of Professional Practice" adopted by the Arizona Chapter of the American Society of Home Inspectors, Inc. on January 1, 2002, the provisions of which are incorporated by reference and on file with the Office of the Secretary of State. This rule does not include any later amendments or editions of the incorporated matter. Copies of these standards are available at the office of the Board of Technical Registration.
- B. A Certified Home Inspector shall not:
  1. Pay, directly or indirectly, in full or in part, a commission or compensation as a referral or finder's fee to a real estate company, real estate office, real estate broker/salesperson(s), real estate employees or real estate independent contractors in order to obtain referrals for home inspection business. This prohibition includes, but is not limited to, participation in pay-to-play programs by any name (e.g. "preferred vendor," "approved vendor," "marketing partner," "marketing services agreement");
  2. Pay or receive, directly or indirectly, in full or in part, a commission or compensation as a referral or finder's fee related to the correction of defects found within the scope of the home inspection;
  3. Perform, or offer to perform, for an additional fee, or have any financial interest in the performance of any repairs to the property that has been inspected by that inspector or the inspector's firm for a period of 24 months following the inspection; or
  4. Be accompanied by more than four home inspector candidates while conducting any parallel home inspection.

**Historical Note**

New Section made by emergency rulemaking at 8 A.A.R. 1102, effective February 19, 2002 for 180 days (Supp. 02-1). Emergency rulemaking amended and renewed for an additional 180 days under A.R.S. § 41-1026(D) at 8 A.A.R. 3842, effective August 14, 2002 (Supp. 02-3). Emergency expired; new Section made by final rulemaking at 9 A.A.R. 791, effective February 12, 2003 (Supp. 03-1). Amended by final rulemaking at 24 A.A.R. 1785, effective August 5, 2018 (Supp. 18-2).

**R4-30-302. Electrical Plans**

- A. A registrant shall prepare and submit drawings and specifications for a new electrical system or an addition or modification to an existing electrical system provided the service and associated electrical feeders exceeds 600 amperes 120/240 volts, single phase or 225 amperes 120/208 volts, three phase and the fault current exceeds 10,000 amperes.
- B. In all cases a registrant shall design:
  1. Electrical installations in hospitals or other buildings with surgical operating rooms regulated by Article 517 of the National Electrical code (1990 edition) incorporated herein by reference and on file with the Office of the Secretary of State.
  2. Electrical installations in locations classified as hazardous in Article 500 of the National Electrical Code (1990 edition) incorporated herein by reference and on file with the Office of the Secretary of State.
  3. Electrical installations in locations classified as hazardous in Article 500 of the National Electrical Code (1990

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edition) with the exception of gasoline dispensing or repair garages.

4. A registrant shall design an alarm or signaling system that is required for life safety or code compliance.

**Historical Note**

Adopted effective December 18, 1991 (Supp. 91-4).  
Heading amended by final rulemaking at 9 A.A.R. 791,  
effective February 12, 2003 (Supp. 03-1).

**R4-30-303. Securing Seals**

- A. Each registrant required to use a seal shall secure and use an ink seal 1 1/2 inches in diameter and identical in style, size, and appearance to the sample shown in Appendix A. The upper portion of the annular space between the second and third circles shall bear whichever of the following phrases is applicable to the registrant:
  1. "Registered Architect"; "Registered Professional Engineer" together with the branch of engineering in which registered; "Registered Professional Geologist"; "Registered Professional Landscape Architect"; or "Registered Land Surveyor."
  2. The inscription "Arizona U.S.A." shall appear at the bottom of the annular space between the second and third circles; the inner circle shall contain the name of the registrant, registration number, and the words "date signed."
- B. The registrant may order the seal through any vendor and shall pay the cost of its manufacture. Immediately upon receipt of the seal and before using the seal for any purpose, the registrant shall file with the Board, for its records, on a form provided by the Board, an imprint of the seal with an original signature superimposed over it and an affidavit regarding the use of the seal. The Board, within 10 working days of receipt of the form from the registrant, shall disapprove any seal that does not meet the exact specifications of subsection (A) and require that the registrant obtain and pay for another seal that meets those specifications before sealing any work. Engineers registered in more than one branch shall secure and use a seal for each branch of engineering in which registration has been granted.

**Historical Note**

Adopted effective August 3, 1983 (Supp. 83-4).  
Amended effective December 18, 1991 (Supp. 91-4).  
Amended effective May 1, 1995 (Supp. 95-2). Amended  
by final rulemaking at 10 A.A.R. 2798, effective August  
7, 2004 (Supp. 04-2). Amended by final rulemaking at 24  
A.A.R. 1785, effective August 5, 2018 (Supp. 18-2).

**R4-30-304. Use of Seals**

- A. A registrant shall place a permanently legible imprint of the registrant's seal and signature on the following:
  1. Each sheet of drawings or maps;
  2. Each of the master sheets when reproduced into a single set of finished drawings or maps;
  3. Either the cover, title, index, or table of contents page, first sheet of each set of project specifications;
  4. Either the cover, index page, or first sheet of each addenda or change order to plans, contract documents or specifications;
  5. Either the cover, index page, or first sheet of bound details when prepared to supplement project drawings or maps;
  6. Either the cover, title, index, or table of contents page, or first sheet of any report, specification, or other professional document prepared by a registrant or the registrant's bona fide employee;

7. The signature line of any letter or other professional document prepared by a registrant, or the registrant's bona fide employee; and
8. Shop drawings that require professional services or work as described in the Act. Examples of shop drawings that do not require a seal include drawings that show only:
  - a. Sizing and dimensioning information for fabrication purposes;
  - b. Construction techniques or sequences;
  - c. Components with previous approvals or designed by the registrant of record; or
  - d. Modifications to existing installations that do not affect the original design parameters and do not require additional computations.
9. Public Works projects which require the signature of each professional involved in the project.
- B. A registrant shall apply a label that describes the name of the project and an original imprint of the registrant's seal and signature on all video cassettes that contain copies of professional documents.
- C. In the event that a copy of a professional document is provided to a client, regulatory body, or any other person for any reason by computer disk, tape, CD, or any other electronic form, and the document does not meet the requirements of subsection (D), the registrant shall mark the copy of the professional document: "Electronic copy of final document; sealed original document is with (identify the registrant's name and registration number)."
- D. A registrant shall sign, date, and seal a professional document:
  1. Before the document is submitted to a client, contractor, any regulatory or review body, or any other person, unless the document is marked "preliminary," "draft," or "not for construction" except when the document is work product intended for use by other members of a design team; and
  2. In all cases, if the document is prepared for the purpose of dispute resolution, litigation, arbitration, or mediation.
- E. For purposes of subsection (A), all original documents shall include:
  1. An original seal imprint or a computer-generated seal that matches the seal on file at the Board's office;
  2. An original signature that does not obscure either the registrant's printed name or registration number; and
  3. The date the document was sealed.
- F. Methods of transferring a seal other than an original seal imprint or a computer-generated seal are not acceptable.
- G. An electronic signature, as an option to a permanently legible signature, in accordance with A.R.S. Title 41 and Title 44, is acceptable for all professional documents. The registrant shall provide adequate security regarding the use of the seal and signature.

**Historical Note**

Adopted effective August 3, 1983 (Supp. 83-4).  
Amended effective December 18, 1991 (Supp. 91-4).  
Amended effective May 1, 1995 (Supp. 95-2). Amended  
by final rulemaking at 6 A.A.R. 1018, effective February  
25, 2000 (Supp. 00-1). Amended by final rulemaking at 9  
A.A.R. 791, effective February 12, 2003 (Supp. 03-1).  
Amended by final rulemaking at 10 A.A.R. 2798, effective  
August 7, 2004 (Supp. 04-2). Amended by final  
rulemaking at 13 A.A.R. 1084, effective May 5, 2007  
(Supp. 07-1). Amended by final rulemaking at 14 A.A.R.  
282, effective March 8, 2008 (Supp. 08-1). Amended by



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final rulemaking at 24 A.A.R. 1785, effective August 5, 2018 (Supp. 18-2).

**R4-30-305. Repealed****Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 1412, effective April 15, 2003 (Supp. 03-2). Amended by final rulemaking at 10 A.A.R. 2798, effective August 7, 2004 (Supp. 04-2). Amended by final rulemaking at 19 A.A.R. 1911, effective October 7, 2013 (Supp. 13-3). Repealed by final rulemaking at 24 A.A.R. 1785, effective August 5, 2018 (Supp. 18-2).

**R4-30-306. Securing and Using Identifying Markers**

- A. Registered land surveyors shall obtain at their expense identifying markers such as tags, caps, or embossed nails which

shall show the registrant's Arizona Registration Number as issued by the Board, and each registration number shall be prefixed by the letters L.S.

- B. Registered land surveyors shall securely attach an identifying marker to every permanent survey point set when making land boundary surveys.

**Historical Note**

Adopted effective August 3, 1983 (Supp. 83-4).  
Amended effective December 18, 1991 (Supp. 91-4).

**R4-30-307. Repealed****Historical Note**

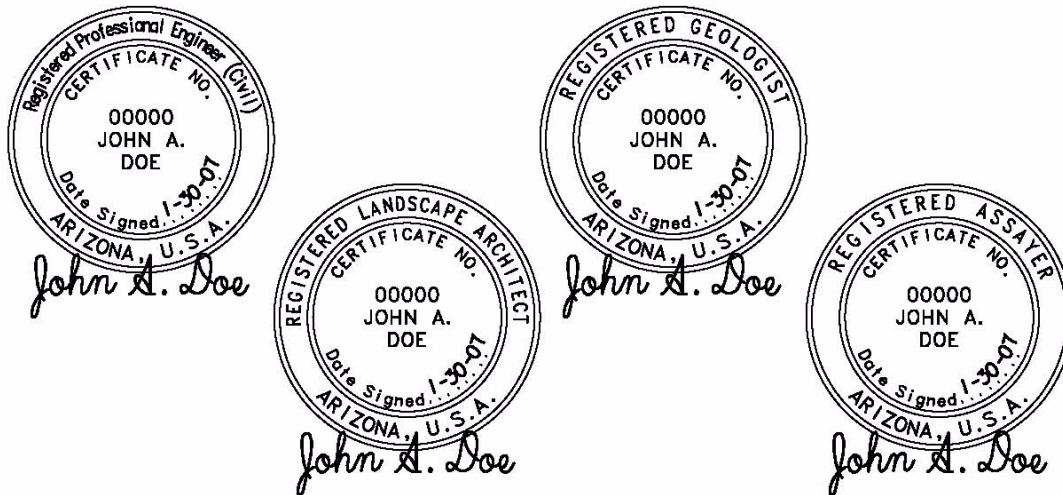
Adopted effective August 3, 1983 (Supp. 83-4). Repealed effective December 18, 1991 (Supp. 91-4).

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## Appendix A. Sample Seals

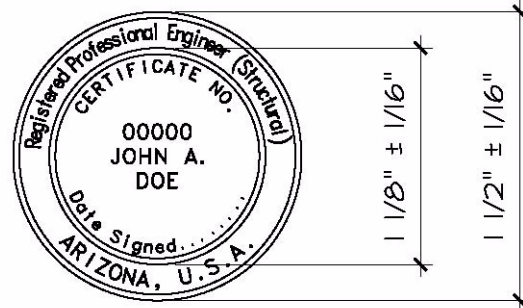
Samples:

Sign your name across lower portion of the seal. Do not cover your name or registration number with your signature.



\*\* ENGINEERS MUST LIST BRANCH – Agriculture, Architectural, Chemical, Civil, Control Systems, Electrical, Environmental, Fire Protection, Geological, Industrial, Mechanical, Mining, Metallurgical, Nuclear, Petroleum, Sanitary, or Structural. The original seal must be the following size:

Outer circle shall be  $1\frac{1}{2}'' \pm 1/16''$   
 Inner circle shall be  $1\frac{1}{8}'' \pm 1/16''$



## Historical Note

Adopted effective August 3, 1983 (Supp. 83-4). Amended effective December 18, 1991 (Supp. 91-4). Appendix repealed by final rulemaking at 9 A.A.R. 791, effective February 12, 2003 (Supp. 03-1). Amended by final rulemaking at 10 A.A.R. 2798, effective August 7, 2004 (Supp. 04-2). Amended by final rulemaking at 14 A.A.R. 282, effective March 8, 2008 (Supp. 08-1). Amended by final rulemaking at 24 A.A.R. 1785, effective August 5, 2018 (Supp. 18-2).

## CHAPTER 30. BOARD OF TECHNICAL REGISTRATION

**Appendix B. Repealed****Historical Note**

Adopted effective August 3, 1983 (Supp. 83-4).  
Amended effective December 18, 1991 (Supp. 91-4).  
Appendix repealed by final rulemaking at 9 A.A.R. 791, effective February 12, 2003 (Supp. 03-1). New Appendix made by final rulemaking at 14 A.A.R. 282, effective March 8, 2008 (Supp. 08-1). Repealed by final rulemaking at 24 A.A.R. 1785, effective August 5, 2018 (Supp. 18-2).

**Appendix C. Repealed****Historical Note**

Adopted effective August 3, 1983 (Supp. 83-4). Appendix repealed by final rulemaking at 9 A.A.R. 791, effective February 12, 2003 (Supp. 03-1).

**Appendix D. Repealed****Historical Note**

Adopted effective August 3, 1983 (Supp. 83-4).  
Amended effective December 18, 1991 (Supp. 91-4).  
Appendix repealed by final rulemaking at 9 A.A.R. 791, effective February 12, 2003 (Supp. 03-1).

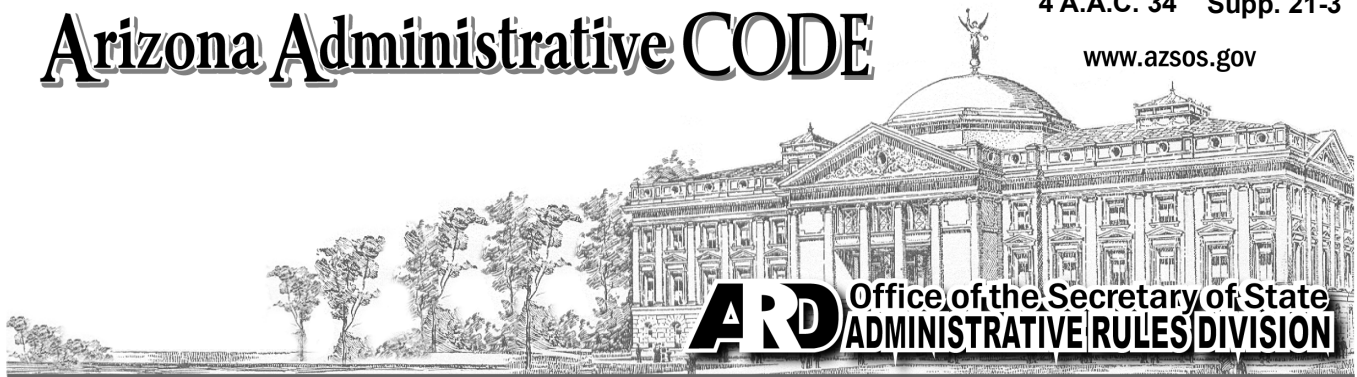
**Appendix E. Repealed****Historical Note**

Adopted effective August 3, 1983 (Supp. 83-4).  
Amended effective December 18, 1991 (Supp. 91-4).  
Appendix repealed by final rulemaking at 9 A.A.R. 791, effective February 12, 2003 (Supp. 03-1).

**Appendix F. Repealed****Historical Note**

Adopted effective December 18, 1991 (Supp. 91-4).  
Appendix repealed by final rulemaking at 9 A.A.R. 791, effective February 12, 2003 (Supp. 03-1).

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## TITLE 4. PROFESSIONS AND OCCUPATIONS

### CHAPTER 34. BOARD OF MANUFACTURED HOUSING

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

This Chapter contains rules that were filed to be codified in the *Arizona Administrative Code* between the dates of  
July 1, 2021 through September 30, 2021

<a href="#">R4-34-204.</a>	<a href="#">Installers .....</a>	<a href="#">6</a>	<a href="#">R4-34-703.</a>	<a href="#">Drawings and Specifications .....</a>	<a href="#">12</a>
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<a href="#">R4-34-701.</a>	<a href="#">General .....</a>	<a href="#">11</a>			

#### Questions about these rules? Contact:

Office: Arizona Department of Housing  
Office of Manufactured Housing  
Address: 1110 W. Washington Street, Ste. 280  
Phoenix, AZ 85007  
Website: [www.housing.az.gov](http://www.housing.az.gov)  
Name: Tara Brunetti, Assistant Deputy Director  
Telephone: (602) 771-1000  
Fax: (602) 771-1002  
E-mail: [tara.brunetti@azhousing.gov](mailto:tara.brunetti@azhousing.gov)

#### The release of this Chapter in Supp. 21-3 replaces Supp. 21-1, 1-15 pages

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

## PREFACE

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

Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

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### RULES

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

### THE ADMINISTRATIVE CODE

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

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

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

First Quarter: January 1 - March 31

Second Quarter: April 1 - June 30

Third Quarter: July 1 - September 30

Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2021 is cited as Supp. 21-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. This is why the Office lists only updated codified Sections on the previous page.

### AUTHENTICATION OF PDF CODE CHAPTERS

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

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

### HOW TO USE THE CODE

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

### ARIZONA REVISED STATUTE REFERENCES

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

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

### SESSION LAW REFERENCES

Arizona Session Law references in a Chapter can be found at the Secretary of State’s website, [www.azsos.gov](http://www.azsos.gov) under Services-> Legislative Filings.

### EXEMPTIONS FROM THE APA

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

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

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

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

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

### EXEMPTIONS AND PAPER COLOR

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

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



## Administrative Rules Division

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

**TITLE 4. PROFESSIONS AND OCCUPATIONS****CHAPTER 34. BOARD OF MANUFACTURED HOUSING**

Authority: A.R.S. § 41-4010(A)(13)

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*Article 2, consisting of Sections R4-34-201 through R4-34-205, repealed by final rulemaking at 6 A.A.R. 47, effective December 8, 1999 (Supp. 99-4).*

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*Article 3, consisting of Sections R4-34-301 through R4-34-309, repealed by final rulemaking at 6 A.A.R. 47, effective December 8, 1999 (Supp. 99-4).*

*Former Article 3, consisting of Sections R4-34-301 through R4-34-306, renumbered to Article 7, Sections R4-34-701 through R4-34-704, effective July 3, 1991 (Supp. 91-3).*

*New Article 3, consisting of Sections R4-34-301 through R4-34-306, renumbered from Article 7, Sections R4-34-701 through R4-34-706, effective July 3, 1991 (Supp. 91-3).*

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*Article 4, consisting of Sections R4-34-401 through R4-34-404, repealed by final rulemaking at 6 A.A.R. 47, effective December 8, 1999 (Supp. 99-4).*

*Former Article 4, consisting of Sections R4-34-401 through R4-34-403, renumbered to Article 5, Sections R4-34-501 through R4-34-503, effective July 3, 1991 (Supp. 91-3).*

*New Article 4, consisting of Sections R4-34-401 through R4-34-404, renumbered from Article 9, Sections R4-34-901 through R4-34-904, effective July 3, 1991 (Supp. 91-3).*

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*Former Article 5, consisting of Sections R4-34-501 and R4-34-502, renumbered to Article 8, Sections R4-34-801 and R4-34-802, effective July 3, 1991 (Supp. 91-3).*

*New Article 5, consisting of Sections R4-34-501 through R4-34-503, renumbered from Article 4, Sections R4-34-401 through R4-34-403, effective July 3, 1991 (Supp. 91-3).*

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*Article 6, consisting of Sections R4-34-601 through R4-34-610, repealed by final rulemaking at 6 A.A.R. 47, effective December 8, 1999 (Supp. 99-4).*

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*Article 7, consisting of Sections R4-34-701 through R4-34-704, repealed by final rulemaking at 6 A.A.R. 47, effective December 8, 1999 (Supp. 99-4).*

*Former Article 7, consisting of Sections R4-34-701 through R4-34-706, renumbered to Article 3, Sections R4-34-301 through R4-34-306, effective July 3, 1991 (Supp. 91-3).*

*New Article 7, consisting of Sections R4-34-701 through R4-34-704, renumbered from Article 3, Sections R4-34-301 through R4-34-304, effective July 3, 1991 (Supp. 91-3).*

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*Article 8, consisting of Sections R4-34-801 and R4-34-802, repealed by final rulemaking at 6 A.A.R. 47, effective December 8, 1999 (Supp. 99-4).*

*Former Article 8, consisting of Sections R4-34-801 through R4-34-804, repealed effective July 3, 1991 (Supp. 91-3).*

*New Article 8, consisting of Sections R4-34-801 and R4-34-802, renumbered from Article 5, Sections R4-34-501 and R4-34-502, effective July 3, 1991 (Supp. 91-3).*

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*Former Article 9, consisting of Sections R4-34-901 through R4-34-904, renumbered to Article 4, Sections R4-34-401 through R4-34-404, effective July 3, 1991 (Supp. 91-3).*

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*Former Article 10, consisting of Section R4-34-1001, renumbered to Article 9, Section R4-34-901, effective July 3, 1991 (Supp. 91-3).*

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*Article 11, consisting of Section R4-34-1101, adopted as a permanent rule effective November 16, 1988.*

*Article 11, consisting of Section R4-34-1101, adopted as an emergency effective March 14, 1988 pursuant to A.R.S. § 41-1026, valid for only 90 days. Emergency expired.*

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## CHAPTER 34. BOARD OF MANUFACTURED HOUSING

## ARTICLE 1. GENERAL

**R4-34-101. Definitions**

The definitions in A.R.S. §§ 41-4001, and 41-4008 apply to this Chapter. Additionally, in this Chapter:

1. “Act” means the Manufactured Housing Improvement Act of 2000, which is Title VI of the American Homeownership and Economic Opportunity Act of 2000.
2. “Agency” means the seller or purchaser of a used home has given a licensed salesperson written legal authority to act on behalf of the seller or purchaser when dealing with a third party. The written legal authority is also binding on the salesperson’s licensed and employing retailer.
3. “Agency disclosure” means a document that specifies the person a licensed salesperson or licensed retailer represents in a brokered transaction.
4. “Agent” means a licensed retailer authorized to act on behalf of a seller, purchaser, or both the seller and purchaser of a used home.
5. “Attached” means an accessory is fastened or affixed to a regulated structure in a manner that imposes a load on the structure.
6. “Branch location” means a satellite office, in addition to the principal office, where business may be transacted.
7. “Brokered transaction” means a transaction in which a licensed broker acts as an agent for the seller, purchaser, or both.
8. “Certificate” means an Arizona Insignia with which a licensee certifies all work performed complies with applicable law, including this Chapter, relating to modular manufacture and reconstruction, installation of modular, manufactured, and mobile homes, or rehabilitation work and construction.
9. “Co-brokered transaction” means a transaction in which the listing retailer and the selling retailer are not the same person.
10. “Consummation of sale, as defined at A.R.S. § 41-1001, includes filing an Affidavit of Affixture, if applicable.
11. “FBB” means factory-built building.
12. “Field installed” means components, equipment, and/or construction that is to be completed or installed at the site. Field installed does not include reconstruction.
13. “HVAC” means heating, ventilation, and air conditioning.
14. “Modular” means a type of FBB built in a factory and transported in three-dimensional sections to an installation site.
15. “New” means a unit not previously sold, bargained, exchanged, or given away to a purchaser.
16. “Panelized” means a type of commercial FBB built in a factory using closed construction, including partly or fully finished walls, floors, or roof panels, and transported in two-dimensional condition to an assembly site.
17. “Permanent foundation” means a system of support and perimeter enclosure, with or without crawl space, that is:
  - a. Constructed of durable materials;
  - b. Developed in accordance with the manufacturer’s installation instructions or designed by an Arizona registered engineer;
  - c. Attached in a manner that effectively transfers all vertical and horizontal design loads that could be imposed on the structure by wind, snow, frost, seismic, or flood conditions, as applicable, to the underlying soil or rock; and
  - d. Designed to exclude unwanted elements and varmints, ensure sufficient ventilation, and provide adequate access to the building.
18. “Purchase contract in a brokered transaction” means a written agreement between a purchaser and seller of a used home that indicates the sales price and terms of the sale.
19. “Repair” means work performed on a manufactured home, mobile home, or FBB to restore the building to a habitable condition but does not impact the original structure, electrical, plumbing, HVAC, mechanical, use occupancy, or energy design.
20. “Retailer” means a broker or dealer as prescribed at A.R.S. § 41-4001(5) and (10).
21. “Site” means a parcel of land bounded by a property line or a designated portion of a public right-of-way.
22. “Site work” means soil preparation including soil analysis, grading, drainage, utility trenches, and foundation systems preparation, and field-installed work including terminal and connections, on-site utility connections, accessibility structures, egress paths, parking, lighting, landscaping, and similar work.
23. “Standards” means the materials referenced in R4-34-102.
24. “Supplement” means a submittal noting change of a floor plan design, system, component, or configuration, and is incorporated as part of an originally approved plan.
25. “Used home” means a previously titled manufactured home, mobile home, or FBB designed for use as a residential dwelling.

**Historical Note**

Former Section R4-34-101 renumbered to R4-34-102, new Section R4-34-101 adopted effective July 3, 1991 (Supp. 91-3). Section repealed by final rulemaking at 6 A.A.R. 47, effective December 8, 1999; new Section adopted by final rulemaking at 6 A.A.R. 145, effective December 8, 1999 (Supp. 99-4). Amended by final rulemaking at 11 A.A.R. 464, effective March 5, 2005 (Supp. 05-1). Amended by final rulemaking at 13 A.A.R. 3582, effective December 1, 2007 (Supp. 07-4). Amended by final rulemaking at 18 A.A.R. 944, effective June 4, 2012 (Supp. 12-2). Amended by final rulemaking at 24 A.A.R. 1499, effective June 30, 2018 (Supp. 18-2). Amended by final rulemaking at 26 A.A.R. 1509, effective September 6, 2020 (Supp. 20-3).

**R4-34-102. Materials Incorporated by Reference**

The following materials are incorporated by reference, apply to this Chapter, include no later amendments or editions, and are available on the Board’s website. If there is a conflict between the incorporated material and a statute or rule, the statute or rule controls.

1. International Building Code (IBC), 2018 edition, available from the International Code Council, 4051 Flossmoor Road, Country Club Hills, IL 60478 or [iccsafe.org](http://iccsafe.org);
2. International Residential Code (IRC), 2018 edition, available from the International Code Council, 4051 Flossmoor Road, Country Club Hills, IL 60478 or [iccsafe.org](http://iccsafe.org);
3. International Mechanical Code (IMC), 2018 edition, available from the International Code Council, 4051 Flossmoor Road, Country Club Hills, IL 60478 or [iccsafe.org](http://iccsafe.org);
4. International Plumbing Code (IPC), 2018 edition, available from the International Code Council, 4051 Flossmoor Road, Country Club Hills, IL 60478 or [iccsafe.org](http://iccsafe.org);
5. International Fuel Gas Code (IFGC), 2018 edition, available from the International Code Council, 4051 Flossmoor Road, Country Club Hills, IL 60478 or [iccsafe.org](http://iccsafe.org);
6. International Energy Conservation Code (IECC), 2018 edition, available from the International Code Council,

## CHAPTER 34. BOARD OF MANUFACTURED HOUSING

4051 Flossmoor Road, Country Club Hills, IL 60478 or icesafe.org;

7. National Electrical Code (NEC), 2017 edition, available from the National Fire Protection Association, One Batterymarch Park, Quincy, MA 02169 or nfpa.org; and
8. Protecting Manufactured Homes from Floods and Other Hazards, publication 85, second edition, November 2009, available from the Federal Emergency Management Agency, 500 C. St. SW, Washington, D.C. 20472 or www.fema.gov.

**Historical Note**

Adopted effective January 31, 1979 (Supp. 79-1). Amended effective May 28, 1980 (Supp. 80-3). Amended effective October 20, 1981 (Supp. 81-5). Former Section R4-34-102 renumbered to R4-34-103, new Section R4-34-102 renumbered from R4-34-101 and amended effective July 3, 1991 (Supp. 91-3). Amended effective September 3, 1992 (Supp. 92-3). Section repealed by final rulemaking at 6 A.A.R. 47, effective December 8, 1999; new Section adopted by final rulemaking at 6 A.A.R. 145, effective December 8, 1999 (Supp. 99-4). Amended by final rulemaking at 11 A.A.R. 464, effective March 5, 2005 (Supp. 05-1). Amended by final rulemaking at 18 A.A.R. 944, effective June 4, 2012 (Supp. 12-2). Amended by final rulemaking at 24 A.A.R. 1499, effective June 30, 2018 (Supp. 18-2). Amended by final rulemaking at 26 A.A.R. 3327, effective January 31, 2021 (Supp. 20-4).

**R4-34-103. Exceptions**

- A. The Board makes the following exceptions to the materials incorporated by reference in R4-34-102:
  1. International Building Code and International Residential Code. A water or gas connection may be a flexible connector if the flexible connector:
    - a. Is not more than 6 feet long,
    - b. Is of the rated size necessary to supply the total demand of the unit, and
    - c. Made of materials that comply with the International Plumbing Code and International Fuel Gas Code; and
  2. International Residential Code. Exclude Section R313, Automatic Fire Sprinkler Systems.
- B. Under A.R.S. § 41-4010(D), a local jurisdiction may petition the Board for an exception to a standard. If the Board grants a local jurisdiction an exception to a standard, the local jurisdiction shall be bound by any conditions in the exception order issued by the Board. The local jurisdiction shall ensure the petition for an exception:
  1. Specifies the standard sections affected;
  2. Justifies the requested exception with documented evidence of the local conditions that support the requested exception;
  3. Specifies the boundaries of the area affected by the local conditions;
  4. States why the exception is necessary to protect the health and safety of the public; and
  5. Provides an estimate of the economic impact the requested exception will have on the petitioning jurisdiction, other affected governmental entities, the public, unit owners, and licensees, and the facts upon which the estimate is based.
- C. An exception ordered by the Board applies only within the jurisdiction that petitioned for the exception.
- D. An exception order is effective on the date specified in the order, which will be at least 60 days after a Departmental Sub-

stantive Policy Statement has been issued to all licensed installers describing the exception, the area within which it applies, and any provisions applicable to its use.

**Historical Note**

Adopted effective January 31, 1979 (Supp. 79-1). Amended effective December 13, 1979 (Supp. 79-6). Amended subsection (A), paragraph (5) effective September 17, 1980 (Supp. 80-5). Amended effective October 20, 1981 (Supp. 81-5). Amended subsection (A), paragraph (2) effective August 29, 1983 (Supp. 83-4). Former Section R4-34-103 renumbered to R4-34-104, new Section R4-34-103 renumbered from R4-34-102 and amended effective July 3, 1991 (Supp. 91-3). Amended effective September 3, 1992 (Supp. 92-3). Amended effective December 14, 1994 (Supp. 94-4). Section repealed by final rulemaking at 6 A.A.R. 47, effective December 8, 1999; new Section adopted by final rulemaking at 6 A.A.R. 145, effective December 8, 1999 (Supp. 99-4). Amended by final rulemaking at 18 A.A.R. 944, effective June 4, 2012 (Supp. 12-2). Amended by final rulemaking at 24 A.A.R. 1499, effective June 30, 2018 (Supp. 18-2).

**R4-34-104. Repealed****Historical Note**

Adopted effective January 31, 1979 (Supp. 79-1). Amended subsection (A) effective February 18, 1981 (Supp. 81-1). Amended subsection (A), paragraph (2) effective August 29, 1983 (Supp. 83-4). Amended subsection (A)(2)(d) effective July 18, 1984 (Supp. 84-4). Former Section R4-34-104 renumbered to R4-34-105, new Section R4-34-104 renumbered from R4-34-103 and amended effective July 3, 1991 (Supp. 91-3). Amended effective September 3, 1992 (Supp. 92-3). Amended effective April 12, 1994 (Supp. 94-2). Section repealed by final rulemaking at 6 A.A.R. 47, effective December 8, 1999; new Section adopted by final rulemaking at 6 A.A.R. 145, effective December 8, 1999 (Supp. 99-4). Repealed by final rulemaking at 24 A.A.R. 1499, effective June 30, 2018 (Supp. 18-2).

**R4-34-105. Repealed****Historical Note**

Adopted effective January 31, 1979 (Supp. 79-1). Former Section R4-34-105 renumbered to R4-34-106, new Section R4-34-105 renumbered from R4-34-104 and amended effective July 3, 1991 (Supp. 91-3). Section repealed by final rulemaking at 6 A.A.R. 47, effective December 8, 1999 (Supp. 99-4).

**R4-34-106. Repealed****Historical Note**

Adopted effective January 31, 1979 (Supp. 79-1). Amended effective April 23, 1981 (Supp. 81-2). Amended effective October 20, 1981 (Supp. 81-5). Correction, subsection (A) (Supp. 81-6). Amended by adding subsection (C) effective April 30, 1982 (Supp. 82-2). Former Section R4-34-106 renumbered to R4-34-107, new Section R4-34-106 renumbered from R4-34-105 and amended effective July 3, 1991 (Supp. 91-3). Section repealed by final rulemaking at 6 A.A.R. 47, effective December 8, 1999 (Supp. 99-4).

**R4-34-107. Repealed**

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**Historical Note**

Adopted as an emergency effective May 20, 1985, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 85-3). Permanent rule adopted effective August 13, 1985 (Supp. 85-4). Section R4-34-107 renumbered from R4-34-106 and amended effective July 3, 1991 (Supp. 91-3).

Section repealed by final rulemaking at 6 A.A.R. 47, effective December 8, 1999 (Supp. 99-4).

**ARTICLE 2. LICENSING****R4-34-201. General**

- A. Within five business days following receipt, the Department shall perform an administrative review of an application. If the Department determines the application is incomplete, the applicant will be provided an opportunity to complete the application. Within 14 business days following receipt of a completed application and after the applicant has passed any required license examination, the Department shall issue a conditional license.
- B. Corporate applicants shall submit a copy of their organizational documents, including articles of incorporation or organization, with all amendments, filed with the state, as applicable, and a certificate of good standing to transact business in this state.
- C. An exemption from any applicable examination requirement may be granted if a new license application identifies the same license classification and the same qualifying party listed on a previously held license, provided the previous license was in good standing before it expired.
- D. A licensee will be given notice that a conditional license is automatically effective as a permanent license to transact business within the scope of the license following review and approval by the Department of the licensee's criminal background analysis.
- E. Unless otherwise stated in the purchase contract, a retailer selling a mobile home, manufactured home, or FBB shall know the ordinances of the town, city, or county where the unit is to be installed regardless of whether the retailer is obligated to provide for the delivery or installation of the unit.

**Historical Note**

Adopted effective January 31, 1979 (Supp. 79-1). Amended effective May 9, 1980 (Supp. 80-3). Amended subsection (B) effective January 20, 1981. Amended subsection (B) effective February 18, 1981 (Supp. 81-1). Amended subsection (B) effective April 23, 1981 (Supp. 81-2). Amended effective October 20, 1981 (Supp. 81-5). Correction, subsection (B)(6)(a) 1979 Edition (Supp. 81-6). Former Section R4-34-201 renumbered and amended as Section R4-34-202, new Section R4-34-201 adopted effective September 15, 1982 (Supp. 82-5). Amended subsection (A), paragraph (2) effective August 11, 1986. Amended by adding subsection (F) effective August 25, 1986 (Supp. 86-4). Amended effective July 3, 1991 (Supp. 91-3). Amended effective September 3, 1992 (Supp. 92-3). Section repealed by final rulemaking at 6 A.A.R. 47, effective December 8, 1999; new Section adopted by final rulemaking at 6 A.A.R. 145, effective December 8, 1999 (Supp. 99-4). Amended by final rulemaking at 14 A.A.R. 286, effective March 8, 2008 (Supp. 08-1). Amended by final rulemaking at 24 A.A.R. 1499, effective June 30, 2018 (Supp. 18-2).

**R4-34-202. Manufacturers**

Manufacturers' license applications fall into one of the following license classes:

1. M-9A Manufacturer of FBBs manufactures or reconstructs FBBs;
2. M-9C Manufacturer of manufactured homes manufactures or reconstructs manufactured homes; and
3. M-9E Master Manufacturer performs work within the scope of classes M-9A and M-9C.

**Historical Note**

Adopted effective January 31, 1979 (Supp. 79-1). Amended subsections (A) and (C) effective February 18, 1981 (Supp. 81-1). Amended subsections (C) and (D) effective May 20, 1981 (Supp. 81-3). Amended subsections (B) and (D) effective October 20, 1981 (Supp. 81-5). Former Section R4-34-202 renumbered and amended as Section R4-34-203, former Section R4-34-201 renumbered and amended as Section R4-34-202 effective September 15, 1982 (Supp. 82-5). Amended subsections (B)(3), (B)(4)(b), and (B)(5)(a), by updating the Codes from 1979 Edition to 1982 Edition effective July 8, 1983 (Supp. 83-4). Amended by adding subsection (B)(6)(ii) effective February 14, 1984 (Supp. 84-1). Amended subsection (B)(6)(b) effective November 27, 1984 (Supp. 84-6). Amended effective April 4, 1986 (Supp. 86-2). Amended subsection (B) effective August 11, 1986 (Supp. 86-4). Amended effective July 3, 1991 (Supp. 91-3). Amended effective September 3, 1992 (Supp. 92-3). Amended effective April 12, 1994 (Supp. 94-2). Amended effective November 1, 1995 (Supp. 95-4). Section repealed by final rulemaking at 6 A.A.R. 47, effective December 8, 1999; new Section adopted by final rulemaking at 6 A.A.R. 145, effective December 8, 1999 (Supp. 99-4). Amended by final rulemaking at 11 A.A.R. 464, effective March 5, 2005 (Supp. 05-1). Amended by final rulemaking at 24 A.A.R. 1499, effective June 30, 2018 (Supp. 18-2).

**R4-34-203. Retailers**

Retailers' license applications fall into one of the following license classes:

1. D-8 Retailer of manufactured homes or mobile homes:
  - a. Buys, sells, or exchanges new or used manufactured homes and used mobile homes;
  - b. May sell new or used accessory structures included in a sales agreement;
  - c. Acts as an agent for the sale or exchange of used manufactured homes or mobile homes including existing or new accessory structures included in a sales agreement;
  - d. Makes alterations to new manufactured homes before a sale to a purchaser; or
  - e. Contracts with licensed installers or contractors for the installation of manufactured homes, mobile homes, and existing or new accessory structures included in a sales agreement.
2. D-8B Broker of manufactured homes or mobile homes:
  - a. Acts as an agent for the sale or exchange of used manufactured homes or mobile homes that may include existing or new accessory structures included in a sales agreement;
  - b. Contracts with licensed installers or contractors for the installation of manufactured homes, mobile homes, and existing or new accessory structures included in a sales agreement.
3. D-10 Retailer of FBBs:
  - a. Buys, sells, or exchanges new or used FBBs;
  - b. Acts as an agent for the sale or exchange of new or used FBBs;

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- c. Makes alterations to new FBBs before sale to a purchaser; or
  - d. Contracts with licensed installers or contractors holding an appropriate license issued by the Registrar of Contractors for the installation of FBBs including any existing or new accessory structures included in a sales agreement.
4. D-12 Master Retailer: Performs work within the scope of classes D-8, D-8B, and D-10.

**Historical Note**

Former Section R4-34-202 renumbered and amended as Section R4-34-203 effective September 15, 1982 (Supp. 82-5). Amended subsections (A)(1), (A)(2), and (A)(3) by updating the Codes from 1979 Edition to the 1982 Edition effective July 8, 1983 (Supp. 83-4). Amended subsection (A)(4) effective November 27, 1984 (Supp. 84-6). Amended by adding subsection (D) with Exhibits 1, 2, and 3 effective January 2, 1985 (Supp. 85-1). Amended subsection (D) effective April 4, 1986 (Supp. 86-2). Amended subsection (B) effective August 11, 1986 (Supp. 86-4). Amended effective July 3, 1991 (Supp. 91-3). Section repealed by final rulemaking at 6 A.A.R. 47, effective December 8, 1999; new Section adopted by final rulemaking at 6 A.A.R. 145, effective December 8, 1999 (Supp. 99-4). Amended by final rulemaking at 11 A.A.R. 464, effective March 5, 2005 (Supp. 05-1). Amended by final rulemaking at 14 A.A.R. 286, effective March 8, 2008 (Supp. 08-1). Amended by final rulemaking at 24 A.A.R. 1499, effective June 30, 2018 (Supp. 18-2). Amended by final rulemaking at 26 A.A.R. 1509, effective September 6, 2020 (Supp. 20-3).

**R4-34-204. Installers**

- A. Installers' license applications fall into one of the following license classes:
- 1. I-10C General installer of manufactured homes, mobile homes, or residential FBBs:
    - a. Installs manufactured homes, mobile homes, or residential FBBs on foundation systems;
    - b. Installs ground anchors and tie-downs for manufactured homes or mobile homes;
    - c. Connects water, sanitary waste, gas, and electrical systems of all amperages to the proper onsite utility terminals provided by others;
    - d. Installs HVAC and evaporative cooler systems, including electrical wiring, gas connections, and ductwork on manufactured homes, mobile homes, or residential FBBs. Provides roof jack to cooler ducts, installs exterior duct work, provides electrical service and controls to cooler from nearest supply source, provides water to the cooler from nearest fresh water source, and performs cooler repair work. An I-10C installer does not provide service, maintenance, repair, discharging, adding, or reclaiming refrigerants, or other work that requires certification;
    - e. Installs accessory structures attached to manufactured homes, mobile homes, or residential FBBs, including installation of prefabricated accessory structure units, on-site constructed accessory structures, concrete footings or slabs for accessory structures, and plumbing, electrical, and mechanical equipment;
    - f. Performs repair work, replaces or newly installs to existing mobile homes, manufactured homes, and residential FBBs items in subsections (A)(1)(a) through (e); and

- g. May subcontract to a properly licensed entity for installation of a manufactured home, mobile home, or residential FBB or installation of an accessory structure in conjunction with installation of a home.
- 2. I-10D Installer of accessory structures attached to manufactured homes, mobile homes, or residential FBBs including installation of prefabricated accessory structure units, on-site constructed accessory structures, concrete footings or slabs for accessory structures, and plumbing, electrical, and mechanical equipment. An I-10 Installer may subcontract, as needed, to a properly licensed installer or contractor for installation of any accessory-structure item under this subsection.
  - 3. I-10G Master installer of manufactured homes, mobile homes, or residential FBBs is permitted to perform the work described under subsection (A)(1). Additionally, an I-10G Master installer is permitted to perform all activities listed in subsection (A)(1) on a commercial FBB. An I-10G Master installer does not provide service, maintenance, repair, discharging, adding, or reclaiming refrigerants, or any other work requiring certification.
- B. Installer applicants. To be qualified for an installer I-10C, I-10D, or I-10G license, an applicant shall:
- 1. Have a minimum of three years practical or field management experience in the specific type of installation, a related construction field, or the equivalent, for which the applicant is applying. At least two of the three years' experience shall be within 10 years of the date of application. The applicant may substitute technical training in the specific type of installation, a related construction field, or the equivalent, from an accredited college or university or from a Department of Housing workshop for no more than one year of the three years' experience required in this subsection;
  - 2. Supply a written, notarized statement from each employer or other individual familiar with the applicant's employment or other work experience, which includes the name, address, and telephone number of the individual making the statement, the dates of the applicant's employment or other work experience, a description of the position the applicant held, and a signature indicating the signer vouches for the truthfulness of the statement as proof the applicant meets the experience requirement in subsection (B)(1); and
  - 3. Supply a certified copy of each official transcript or certificate, demonstrating successful completion of any technical training the applicant wishes the Department to consider as proof of meeting the experience requirement in subsection (B)(1).

**Historical Note**

Adopted effective November 27, 1984 (Supp. 84-6). Repealed effective September 3, 1992 (Supp. 92-3). Section repealed by final rulemaking at 6 A.A.R. 47, effective December 8, 1999; new Section adopted by final rulemaking at 6 A.A.R. 145, effective December 8, 1999 (Supp. 99-4). Amended by final rulemaking at 13 A.A.R. 3582, effective December 1, 2007 (Supp. 07-4). Amended by final rulemaking at 14 A.A.R. 286, effective March 8, 2008 (Supp. 08-1). Amended by final rulemaking at 24 A.A.R. 1499, effective June 30, 2018 (Supp. 18-2). Amended by final rulemaking at 26 A.A.R. 1509, effective September 6, 2020 (Supp. 20-3). Amended by final rulemaking at 27 A.A.R. 1324, effective October 3, 2021 (Supp. 21-3).

**R4-34-205. Repealed**

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**Historical Note**

Adopted effective February 8, 1991 (Supp. 91-1).  
 Amended effective September 3, 1992 (Supp. 92-3).  
 Amended effective December 14, 1994 (Supp. 94-4).  
 Section repealed by final rulemaking at 6 A.A.R. 47,  
 effective December 8, 1999 (Supp. 99-4).

**ARTICLE 3. SALES TRANSACTIONS AND TRUST OR ESCROW ACCOUNT****R4-34-301. Transaction Copies**

A retailer shall maintain a record of all transaction documents. In every transaction:

1. The retailer shall provide the purchaser with a copy of all completed and signed documents;
2. If a purchaser is unrepresented, the listing retailer shall provide the purchaser with a copy of all completed and signed documents; and
3. If a transaction is co-brokered, the listing retailer shall provide a copy of the listing agreement to the selling retailer, and the selling retailer shall provide a copy of all completed and signed documents to the listing retailer.

**Historical Note**

Adopted effective January 31, 1979 (Supp. 79-1).  
 Amended subsections (A) and (C) effective October 20, 1981 (Supp. 81-5). Amended by adding subsection (D) effective April 20, 1982 (Supp. 82-2). Former Section R4-34-301 renumbered to R4-34-701, new Section R4-34-301 renumbered from R4-34-701 and amended effective July 3, 1991 (Supp. 91-3). Amended effective September 3, 1992 (Supp. 92-3). Section repealed by final rulemaking at 6 A.A.R. 47, effective December 8, 1999; new Section adopted by final rulemaking at 6 A.A.R. 145, effective December 8, 1999 (Supp. 99-4). Amended by final rulemaking at 24 A.A.R. 1499, effective June 30, 2018 (Supp. 18-2).

**R4-34-302. Advertising**

- A. A retailer shall include the retailer's licensed business name in all advertising.
- B. A retailer shall not advertise or market a used home for more than the listed price.

**Historical Note**

Adopted effective January 31, 1979 (Supp. 79-1).  
 Amended effective March 17, 1981 (Supp. 81-2).  
 Amended subsections (A) and (C) effective October 20, 1981 (Supp. 81-5). Former Section R4-34-302 renumbered to R4-34-702, new Section R4-34-302 renumbered from R4-34-702 and amended effective July 3, 1991 (Supp. 91-3). Section repealed by final rulemaking at 6 A.A.R. 47, effective December 8, 1999; new Section adopted by final rulemaking at 6 A.A.R. 145, effective December 8, 1999 (Supp. 99-4). Amended by final rulemaking at 24 A.A.R. 1499, effective June 30, 2018 (Supp. 18-2).

**R4-34-303. Brokered Transactions**

- A. A broker shall provide a copy of the agency disclosure to the party or parties the broker represents.
- B. A seller's retailer shall place all earnest money deposits received in connection with the sales transaction in the retailer's trust or escrow account in accordance with A.R.S. § 41-4030 except as provided in the exception provision.
- C. Upon consummation of a brokered transaction, the seller's broker shall provide the seller with a closing statement that includes an accounting of all expenses charged to the seller, all pro rations, and all credits.

- D. In a co-brokered transaction, the seller shall pay the commission shown on the listing agreement as the total commission.
- E. The seller's broker shall prepare an addendum to the listing agreement if any of the terms of the listing agreement change. The seller's signature is required for the addendum to be valid. The addendum to the listing agreement shall reflect the date the seller signs the addendum to the listing agreement.
- F. If the seller or broker elects to finance the unpaid balance reflected on the offer to purchase or purchase contract, the broker shall:
  1. Maintain evidence of the original portion of the purchase price being financed by the seller or broker, and
  2. Maintain evidence the title has been transferred into the name of the purchaser and the lienholder's position has been secured on the title.

**Historical Note**

Adopted effective January 31, 1979 (Supp. 79-1).  
 Amended effective March 17, 1981 (Supp. 81-2).  
 Amended effective October 20, 1981 (Supp. 81-5). Former Section R4-34-303 renumbered to R4-34-703, new Section R4-34-303 renumbered from R4-34-703 and amended effective July 3, 1991 (Supp. 91-3). Section repealed by final rulemaking at 6 A.A.R. 47, effective December 8, 1999; new Section adopted by final rulemaking at 6 A.A.R. 145, effective December 8, 1999 (Supp. 99-4). Amended by final rulemaking at 24 A.A.R. 1499, effective June 30, 2018 (Supp. 18-2).

**R4-34-304. Repealed****Historical Note**

Adopted effective January 31, 1979 (Supp. 79-1).  
 Amended effective October 20, 1981 (Supp. 81-5).  
 Amended effective April 30, 1982 (Supp. 82-2). Former Section R4-34-304 renumbered to R4-34-704, new Section R4-34-304 renumbered from R4-34-704 and amended effective July 3, 1991 (Supp. 91-3). Section repealed by final rulemaking at 6 A.A.R. 47, effective December 8, 1999 (Supp. 99-4).

**R4-34-305. Repealed****Historical Note**

Adopted effective January 31, 1979 (Supp. 79-1).  
 Amended effective October 20, 1981 (Supp. 81-5). Former Section R4-34-305 renumbered to R4-34-705, new Section R4-34-305 renumbered from R4-34-705 and amended effective July 3, 1991 (Supp. 91-3). Section repealed by final rulemaking at 6 A.A.R. 47, effective December 8, 1999 (Supp. 99-4).

**R4-34-306. Repealed****Historical Note**

Adopted effective January 31, 1979 (Supp. 79-1).  
 Amended effective November 19, 1980 (Supp. 80-6).  
 Amended effective October 20, 1981 (Supp. 81-5).  
 Amended effective October 8, 1982 (Supp. 82-5). Former Section R4-34-306 renumbered to R4-34-706, new Section R4-34-306 renumbered from R4-34-706 and amended effective July 3, 1991 (Supp. 91-3). Section repealed by final rulemaking at 6 A.A.R. 47, effective December 8, 1999 (Supp. 99-4).

**R4-34-307. Repealed**

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**Historical Note**

Adopted effective July 3, 1991 (Supp. 91-3). Section repealed by final rulemaking at 6 A.A.R. 47, effective December 8, 1999 (Supp. 99-4).

**R4-34-308. Repealed****Historical Note**

Adopted effective February 8, 1991 (Supp. 91-1). Amended effective September 3, 1992 (Supp. 92-3). Amended effective December 14, 1994 (Supp. 94-4). Section repealed by final rulemaking at 6 A.A.R. 47, effective December 8, 1999 (Supp. 99-4).

**R4-34-309. Repealed****Historical Note**

Adopted effective February 8, 1991 (Supp. 91-1). Section repealed by final rulemaking at 6 A.A.R. 47, effective December 8, 1999 (Supp. 99-4).

**ARTICLE 4. SURETY BONDS****R4-34-401. Surety Bond Forms**

- A. Manufacturers, installers, and retailers (except those with a D-8B license classification), shall submit the applicable surety bond amount from the list in R4-34-403, with a form provided by the Office of Administration.
- B. A rider to the bond is required for the following changes:
1. Location of the licensee's principal place of business,
  2. Business name,
  3. Branch address,
  4. License classification, or
  5. Bond amount.

**Historical Note**

Adopted effective January 31, 1979 (Supp. 79-1). Amended subsection (A) effective October 20, 1981 (Supp. 81-5). Amended subsection (B) effective April 30, 1982 (Supp. 82-2). Former Section R4-34-401 renumbered to R4-34-501, new Section R4-34-401 renumbered from R4-34-901 and amended effective July 3, 1991 (Supp. 91-3). Section repealed by final rulemaking at 6 A.A.R. 47, effective December 8, 1999; new Section adopted by final rulemaking at 6 A.A.R. 145, effective December 8, 1999 (Supp. 99-4). Amended by final rulemaking at 11 A.A.R. 464, effective March 5, 2005 (Supp. 05-1). Amended by final rulemaking at 14 A.A.R. 286, effective March 8, 2008 (Supp. 08-1). Amended by final rulemaking at 24 A.A.R. 1499, effective June 30, 2018 (Supp. 18-2). Section R4-34-502 referenced in subsection (A) has been changed to agree with the recodification of R4-34-502 to R4-34-403 under A.R.S. 41-1011(C) in Supp. 21-3.

**R4-34-402. Cash Deposits**

- A. Unless exempt under R4-34-401, an applicant or licensee posting cash in lieu of a commercial surety bond shall pay by:
1. Cash. A cash deposit is not transferable and shall be made in the name of the applicant or licensee as the name appears on the license application or issued license; or
  2. Certified or cashier's check or bank or postal money order made payable to the Arizona State Treasurer.
- B. Upon receipt of an order from a court of competent jurisdiction directing payment of funds on deposit, the Director shall make payment as directed and suspend the license under A.R.S. § 41-4029. To reinstate the license, the licensee shall return the cash deposit to the required balance or file a commercial surety bond for the full amount, and pay all applicable reinstatement fees.

- C. A cash deposit may be withdrawn by the applicant, licensee, or someone having authority to act on behalf of the applicant or licensee, under the following circumstances:
1. A license is not issued to the applicant;
  2. The license has been terminated, expired, revoked, or voluntary canceled for at least two years, and there are no outstanding claims; and
  3. Two years after the licensee files a commercial surety bond that replaces the cash deposit if there are no outstanding claims.

**Historical Note**

Adopted effective January 31, 1979 (Supp. 79-1). Former Section R4-34-402 renumbered to R4-34-502, new Section R4-34-402 renumbered from R4-34-902 effective July 3, 1991 (Supp. 91-3). Section repealed by final rulemaking at 6 A.A.R. 47, effective December 8, 1999; new Section adopted by final rulemaking at 6 A.A.R. 145, effective December 8, 1999 (Supp. 99-4). Amended by final rulemaking at 14 A.A.R. 286, effective March 8, 2008 (Supp. 08-1). Amended by final rulemaking at 24 A.A.R. 1499, effective June 30, 2018 (Supp. 18-2).

**R4-34-403. License Bond Amounts**

- A. An applicant shall submit the license bond amount listed for each license class.

License Class	Bond Amount
M-9A	\$10,000
M-9C	\$65,000
M-9E	\$100,000
D-8	\$25,000
D-10	\$25,000
D-12	\$25,000
I-10C	\$2,500
I-10D	\$1,000
I-10G	\$5,000

- B. The Board shall not renew a license unless and until the licensee's surety bond is in full force and effect or the full cash deposit is made or in place.

**Historical Note**

Adopted effective January 31, 1979 (Supp. 79-1). Amended effective October 20, 1981 (Supp. 81-5). Former Section R4-34-403 renumbered to R4-34-503, new Section R4-34-403 renumbered from R4-34-903 and amended effective July 3, 1991 (Supp. 91-3). Section repealed by final rulemaking at 6 A.A.R. 47, effective December 8, 1999 (Supp. 99-4). New Section R4-34-403 renumbered from R4-34-502 by recodification, at 27 A.A.R. 1440, with an immediate effective date of August 4, 2021 (Supp. 21-3).

**R4-34-404. Repealed****Historical Note**

R4-34-904 adopted effective January 31, 1979 (Supp. 79-1). Amended subsections (A) and (B) effective October 20, 1981 (Supp. 81-5). Editor's correction, subsection (B)(2) (Supp. 85-2). Former Section R4-34-904 renumbered to R4-34-404 and amended effective July 3, 1991 (Supp. 91-3). Section repealed by final rulemaking at 6 A.A.R. 47, effective December 8, 1999 (Supp. 99-4).

**ARTICLE 5. FEES****R4-34-501. General**

- A. The Board shall establish a fee schedule before May 15 for the coming fiscal year.

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- B. The Director shall notify all licensees of the established fee schedule before June 1 of each year and post the fee schedule on the Department's website.
- C. Licensees shall pay fees for the following services:
1. Manufacturer license,
  2. Retailer license,
  3. Installer license,
  4. Salesperson license,
  5. Inspection and technical service,
  6. Plans and supplements,
  7. Installation permits and insignias, and
  8. Administrative functions.

**Historical Note**

Adopted effective January 31, 1979 (Supp. 79-1). Amended M-9B, M-9C, and M-9E effective October 20, 1981 (Supp. 81-5). Amended by adding M-9F effective April 30, 1982 (Supp. 82-2). Former Section R4-34-501 renumbered to R4-34-801, new Section R4-34-501 renumbered from R4-34-401 and amended effective July 3, 1991 (Supp. 91-3). Amended effective December 14, 1994 (Supp. 94-4). Section repealed by final rulemaking at 6 A.A.R. 47, effective December 8, 1999; new Section adopted by final rulemaking at 6 A.A.R. 145, effective December 8, 1999 (Supp. 99-4). Amended by final rulemaking at 14 A.A.R. 286, effective March 8, 2008 (Supp. 08-1). Amended by final rulemaking at 24 A.A.R. 1499, effective June 30, 2018 (Supp. 18-2).

**R4-34-502. Recodified****Historical Note**

Adopted effective January 31, 1979 (Supp. 79-1). Amended D-8, D-8A, D-9, D-12 and added D-8B effective October 20, 1981 (Supp. 81-5). Amended D-8 effective January 31, 1983 (Supp. 83-1). Former Section R4-34-502 renumbered to R4-34-802, new Section R4-34-502 renumbered from R4-34-402 and amended effective July 3, 1991 (Supp. 91-3). Amended effective December 14, 1994 (Supp. 94-4). Section repealed by final rulemaking at 6 A.A.R. 47, effective December 8, 1999; new Section adopted by final rulemaking at 6 A.A.R. 145, effective December 8, 1999 (Supp. 99-4). Amended by final rulemaking at 11 A.A.R. 464, effective March 5, 2005 (Supp. 05-1). Amended by final rulemaking at 24 A.A.R. 1499, effective June 30, 2018 (Supp. 18-2). Section R4-34-502 renumbered to R4-34-403 by recodification, at 27 A.A.R. 1440, with an immediate effective date of August 4, 2021 (Supp. 21-3).

**R4-34-503. Repealed****Historical Note**

Adopted effective January 31, 1979 (Supp. 79-1). Amended I-10D effective August 21, 1981 (Supp. 81-4). Amended effective October 20, 1981 (Supp. 81-5). Correction, I-10G (Supp. 81-6). Former Section R4-34-503 renumbered to R4-34-803, new Section R4-34-503 renumbered from R4-34-403 and amended effective July 3, 1991 (Supp. 91-3). Amended effective December 14, 1994 (Supp. 94-4). Section repealed by final rulemaking at 6 A.A.R. 47, effective December 8, 1999; new Section adopted by final rulemaking at 6 A.A.R. 145, effective December 8, 1999 (Supp. 99-4). Repealed by final rulemaking at 24 A.A.R. 1499, effective June 30, 2018 (Supp. 18-2).

**R4-32-504. Repealed****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 145, effective December 8, 1999 (Supp. 99-4). Amended by final rulemaking at 24 A.A.R. 1499, effective June 30, 2018 (Supp. 18-2). Repealed by final rulemaking at 27 A.A.R. 1324, effective October 3, 2021 (Supp. 21-3).

**R4-34-505. Plans and Supplements**

If a licensee submits a plan or supplement that is not complete and correct, the Department shall provide written notice the plan or supplement is not acceptable and provide 60 days from the date on the notice for the licensee to submit a complete and correct plan or supplement. If the licensee fails to submit a complete and correct plan or supplement within the time provided, the Department shall return the submitted plan or supplement and treat the submittal fee paid as forfeited. To resubmit a plan or supplement, the licensee shall pay a new submittal fee.

**Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 145, effective December 8, 1999 (Supp. 99-4). Amended by final rulemaking at 24 A.A.R. 1499, effective June 30, 2018 (Supp. 18-2).

**R4-34-506. Repealed****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 145, effective December 8, 1999 (Supp. 99-4). Repealed by final rulemaking at 24 A.A.R. 1499, effective June 30, 2018 (Supp. 18-2).

**ARTICLE 6. MANUFACTURING, CONSTRUCTION, AND INSPECTION****R4-34-601. Repealed****Historical Note**

Adopted effective January 31, 1979 (Supp. 79-1). Amended subsection (C) effective October 20, 1981 (Supp. 81-5). Amended by adding M-9F effective April 30, 1982 (Supp. 82-2). Amended subsection (C) effective June 18, 1982 (Supp. 82-3). Amended effective July 3, 1991 (Supp. 91-3). Amended effective December 14, 1994 (Supp. 94-4). Section repealed by final rulemaking at 6 A.A.R. 47, effective December 8, 1999; new Section adopted by final rulemaking at 6 A.A.R. 145, effective December 8, 1999 (Supp. 99-4). Amended by final rulemaking at 14 A.A.R. 286, effective March 8, 2008 (Supp. 08-1). Amended by final rulemaking at 18 A.A.R. 944, effective June 4, 2012 (Supp. 12-2). Repealed by final rulemaking at 24 A.A.R. 1499, effective June 30, 2018 (Supp. 18-2).

**R4-34-602. Repealed****Historical Note**

Adopted effective January 31, 1979 (Supp. 79-1). Amended effective July 3, 1991 (Supp. 91-3). Section repealed by final rulemaking at 6 A.A.R. 47, effective December 8, 1999; new Section adopted by final rulemaking at 6 A.A.R. 145, effective December 8, 1999 (Supp. 99-4). Repealed by final rulemaking at 11 A.A.R. 464, effective March 5, 2005 (Supp. 05-1).

**R4-34-603. FBBs**

- A. A manufacturer shall construct an FBB according to the applicable standards in R4-34-102 and:
1. Provide a complete set of drawings and specifications to the Department under R4-34-703(B);

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2. Affix a permanent serial or identification number to each module or panel during the first stage of manufacturing. If an FBB has multiple sections, the manufacturer shall ensure each module or panel is separately identified. The serial or identification number location and application method shall be shown in the plans required under R4-34-703; and
  3. Affix a Modular Manufacturer's Certificate to each completed module of each modular building where indicated in the plan required under R4-34-703(B)(5). A Modular Manufacturer's Certificate is not required for a panelized building.
- B.** The Department may require a manufacturer of an FBB that is produced and shipped before plan approval to remove the FBB from this state and remove the Modular Manufacturer's Certificate based on the Department's assessment of the following factors:
1. Probable harm to public safety and welfare,
  2. Previous violations of a similar nature, and
  3. Manufacturer's failure to comply with plan submittal and requirements.

**Historical Note**

Adopted effective January 31, 1979 (Supp. 79-1). Amended effective July 3, 1991 (Supp. 91-3). Section repealed by final rulemaking at 6 A.A.R. 47, effective December 8, 1999; new Section adopted by final rulemaking at 6 A.A.R. 145, effective December 8, 1999 (Supp. 99-4). Amended by final rulemaking at 14 A.A.R. 286, effective March 8, 2008 (Supp. 08-1). Amended by final rulemaking at 18 A.A.R. 944, effective June 4, 2012 (Supp. 12-2). Amended by final rulemaking at 24 A.A.R. 1499, effective June 30, 2018 (Supp. 18-2). Amended by final rulemaking at 26 A.A.R. 1509, effective September 6, 2020 (Supp. 20-3).

**R4-34-604. Repealed****Historical Note**

Adopted effective January 31, 1979 (Supp. 79-1). Amended effective June 13, 1980 (Supp. 80-3). Amended effective July 3, 1991 (Supp. 91-3). Section repealed by final rulemaking at 6 A.A.R. 47, effective December 8, 1999; new Section adopted by final rulemaking at 6 A.A.R. 145, effective December 8, 1999 (Supp. 99-4). Amended by final rulemaking at 11 A.A.R. 464, effective March 5, 2005 (Supp. 05-1). Repealed by final rulemaking at 24 A.A.R. 1499, effective June 30, 2018 (Supp. 18-2).

**R4-34-605. Reconstruction of FBBs**

A manufacturer shall ensure reconstruction of an FBB is consistent with applicable standards prescribed in R4-34-102 and:

1. Existing construction, systems (electrical, plumbing, HVAC, energy, etc.), and components are structurally and otherwise sound and compliant with standards governing at the time of manufacture;
2. New construction, systems, and components comply with applicable standards in R4-34-102;
3. A permanent serial or identification number is affixed to each reconstructed FBB as required under R4-34-603(A);
4. An Arizona Reconstruction Certificate is affixed to each module;
5. The reconstructed FBB complies with R4-34-102.

**Historical Note**

Adopted effective January 31, 1979 (Supp. 79-1). Amended effective April 21, 1982 (Supp. 82-2). Amended effective July 3, 1991 (Supp. 91-3). Section

repealed by final rulemaking at 6 A.A.R. 47, effective

December 8, 1999; new Section adopted by final rulemaking at 6 A.A.R. 145, effective December 8, 1999 (Supp. 99-4). Amended by final rulemaking at 11 A.A.R. 464, effective March 5, 2005 (Supp. 05-1). Amended by final rulemaking at 24 A.A.R. 1499, effective June 30, 2018 (Supp. 18-2).

**R4-34-606. Rehabilitation of Mobile Homes**

- A.** A rehabilitation permit shall be obtained from the Department before any modification of a mobile home.
- B.** The following requirements shall be met for a mobile home to be issued a certificate of compliance:
  1. A smoke detector shall be installed in each sleeping room and outside each separate sleeping area in the immediate vicinity of the sleeping rooms. Each smoke detector shall be installed in accordance with its manufacturer's instructions;
  2. The walls, ceilings, and doors of each gas-fired furnace and water-heater compartment shall be lined with gypsum board that is a minimum of 5/16 inches except a door to the compartment that opens to the exterior of the mobile home and is of all metal construction. All exterior compartments shall seal to the interior of the mobile home;
  3. Each room designated expressly for sleeping purposes shall have at least one outside egress window or an approved exit device. The window or exit shall have a minimum clear width dimension of 22 inches, a minimum clear opening of five square feet, and the bottom of the exit is not more than 36 inches above the floor;
  4. The electrical system is tested for continuity to ensure metallic parts are properly bonded, tested for operation to demonstrate all equipment is connected and in working order, and given a polarity check to determine connections are proper. The electrical system shall have proper overcurrent protection for the required amperage load. If aluminum conductors are used, all receptacles and switches rated 20 amperes or less and directly connected to the aluminum conductors shall be marked CO/ALR. Conductors of dissimilar metals (Copper/Aluminum/or Copper Clad Aluminum) shall be connected in accordance with the National Electrical Code referenced at R4-36-102. Ground Fault Circuit Interrupter protection shall be provided in compliance with the National Electrical Code referenced in R4-36-102; and
  5. Gas piping shall be tested with methods incorporated at R4-36-102. All gas furnaces and water heaters shall be installed in compliance with materials incorporated at R4-36-102. If a rehabilitated mobile home is to be relocated following rehabilitation, the gas tests required under this subsection may be performed and inspected at the time of installation at the new location.
- C.** The rehabilitated mobile home shall be inspected by the Department to ascertain compliance with subsection (B).
- D.** The Department shall issue a certification of compliance for each rehabilitated mobile home in compliance with subsection (B), and affix an insignia of approval to the exterior wall nearest the point of entrance of the electrical service.
- E.** If the Department determines a rehabilitated mobile home does not comply with subsection (B), the Department shall serve a correction notice and require the person served to make corrections within the time specified in the notice. The Department shall determine the time for correction based on the severity of the hazard or violation and the time reasonably needed to make the correction. The Department shall allow at least 30 days for correction unless an imminent safety hazard



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is found or the correction has been unreasonably delayed, in which case, the Department shall serve an Order to Vacate to the person occupying the rehabilitated mobile home.

- F. The Department shall serve an Order to Vacate on a person occupying a non-rehabilitated mobile home within five days after an inspection of the non-rehabilitated mobile home finds an imminent safety hazard.

**Historical Note**

Adopted effective January 31, 1979 (Supp. 79-1).  
Amended effective August 13, 1980 (Supp. 80-4).  
Amended effective October 20, 1981 (Supp. 81-5).  
Amended effective January 31, 1986 (Supp. 86-1).  
Amended effective July 3, 1991 (Supp. 91-3). Section repealed by final rulemaking at 6 A.A.R. 47, effective December 8, 1999; new Section adopted by final rulemaking at 6 A.A.R. 145, effective December 8, 1999 (Supp. 99-4). Amended by final rulemaking at 11 A.A.R. 464, effective March 5, 2005 (Supp. 05-1). Amended by final rulemaking at 24 A.A.R. 1499, effective June 30, 2018 (Supp. 18-2). Amended by final rulemaking at 26 A.A.R. 1509, effective September 6, 2020 (Supp. 20-3).

**R4-34-607. Manufacturing Inspection and Certification**

- A. The Department shall conduct manufactured home plant certification under applicable HUD requirements.
- B. Before issuing Certificates, the Department shall certify that a manufacturing facility of FBBs is capable of manufacturing the FBBs to the specifications in the approved drawings and procedures in the approved compliance assurance manual required under R4-34-702.
- C. A manufacturer of FBBs and reconstructed FBBs shall certify compliance with approved plans by affixing a Modular Manufacturer Certificate or Reconstruction Certificate, as appropriate, to each FBB before delivery to a retailer.
- D. Records and reporting: By the 15th of each month:
1. A manufacturer of manufactured homes shall establish and maintain records and submit to the Department reports required under applicable HUD requirements; and
  2. An FBB manufacturer shall report to the Department affixing Arizona Modular and Reconstruction Certificates during the previous month.
- E. The Department may decertify a manufacturing facility if:
1. A serious defect exists in more than one FBB;
  2. An inspector identifies three or more failures to comply with specifications in the approved plans, standards, or compliance assurance manual;
  3. An in-state licensee fails to produce approved units for more than six consecutive months; or
  4. An out-of-state licensee fails to file quarterly inspection reports for six consecutive months.
- F. Before resuming production, a decertified manufacturing facility shall be recertified by the Department. When the manufacturer successfully completes the recertification process, the Department shall issue Certificates or Labels to the manufacturer.
- G. The Department may conduct regular inspections of retailer lots to ensure compliance with approved plans, standards, and A.R.S. § 41-4048.

**Historical Note**

Adopted effective June 23, 1980 (Supp. 80-3). Amended effective October 20, 1981 (Supp. 81-5). Amended effective July 3, 1991 (Supp. 91-3). Section repealed by final rulemaking at 6 A.A.R. 47, effective December 8, 1999; new Section adopted by final rulemaking at 6 A.A.R. 145, effective December 8, 1999 (Supp. 99-4). Amended by final rulemaking at 11 A.A.R. 464, effective March 5,

2005 (Supp. 05-1). Amended by final rulemaking at 14 A.A.R. 286, effective March 8, 2008 (Supp. 08-1). Amended by final rulemaking at 18 A.A.R. 944, effective June 4, 2012 (Supp. 12-2). Amended by final rulemaking at 24 A.A.R. 1499, effective June 30, 2018 (Supp. 18-2). Amended by final rulemaking at 26 A.A.R. 1509, effective September 6, 2020 (Supp. 20-3). Amended by final rulemaking at 27 A.A.R. 1324, effective October 3, 2021 (Supp. 21-3).

**R4-34-608. Repealed****Historical Note**

Adopted effective January 20, 1981 (Supp. 81-1).  
Amended effective October 20, 1981 (Supp. 81-5).  
Amended effective July 3, 1991 (Supp. 91-3). Section repealed by final rulemaking at 6 A.A.R. 47, effective December 8, 1999 (Supp. 99-4).

**R4-34-609. Repealed****Historical Note**

Adopted effective July 3, 1984 (Supp. 84-4). Amended effective July 3, 1991 (Supp. 91-3). Section repealed by final rulemaking at 6 A.A.R. 47, effective December 8, 1999 (Supp. 99-4).

**R4-34-610. Repealed****Historical Note**

Adopted effective July 3, 1984 (Supp. 84-4). Amended effective July 3, 1991 (Supp. 91-3). Section repealed by final rulemaking at 6 A.A.R. 47, effective December 8, 1999 (Supp. 99-4).

**ARTICLE 7. PLAN APPROVALS****R4-34-701. General**

- A. Before construction of an FBB, a manufacturer shall submit to the office:
1. The compliance assurance manual required by R4-34-702, and
  2. The drawings and specifications required by R4-34-703.
- B. Before performing one of the following, a person shall obtain plan approval:
1. Under R4-34-704(A) for an alteration,
  2. Under R4-34-704(B) for a reconstruction,
  3. Under R4-34-705 to install an attached accessory structure, and
  4. Under R4-34-706 to install an FBB.
- C. Within 20 business days after receiving a plan submitted under subsection (B), the Department shall perform an administrative review of the plan submittal and if incomplete, require the licensee to provide a complete plan submittal. Within 20 business days after receiving a complete plan submittal, the Department shall approve or disapprove the plan submittal.
- D. A person that submits a plan under subsection (B) shall ensure the plan conforms to the following standards:
1. Each page is at least 8 1/2 X 11 inches and printed to the scale referenced on the drawing;
  2. The font is at least eight point;
  3. The cover page includes an index and provides a 3 X 5 inch blank space near the title block;
  4. The plan and all details and calculations are sealed by an Arizona registered engineer; and
  5. The plan is consistent with all applicable standards referenced at R4-34-102.

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**Historical Note**

Adopted effective January 31, 1979 (Supp. 79-1).  
 Amended effective December 13, 1979 (Supp. 79-6).  
 Amended by adding subsection (K) effective July 8, 1981 (Supp. 81-4). Amended subsections (A), (G), and (K), and added subsection (L) effective October 20, 1981 (Supp. 81-5). Correction, subsection (G)(3) (Supp. 81-6).  
 Amended subsection (C) effective January 31, 1983 (Supp. 83-1). Amended subsection (B) effective May 23, 1983 (Supp. 83-3). Amended effective April 5, 1985 (Supp. 85-2). Former Section R4-34-701 renumbered to R4-34-301, new Section R4-34-701 renumbered from R4-34-301 and amended effective July 3, 1991 (Supp. 91-1). Section repealed by final rulemaking at 6 A.A.R. 47, effective December 8, 1999; new Section adopted by final rulemaking at 6 A.A.R. 145, effective December 8, 1999 (Supp. 99-4). Amended by final rulemaking at 11 A.A.R. 464, effective March 5, 2005 (Supp. 05-1).  
 Amended by final rulemaking at 14 A.A.R. 286, effective March 8, 2008 (Supp. 08-1). Amended by final rulemaking at 24 A.A.R. 1499, effective June 30, 2018 (Supp. 18-2). Amended by final rulemaking at 26 A.A.R. 1509, effective September 6, 2020 (Supp. 20-3). Amended by final rulemaking at 27 A.A.R. 1324, effective October 3, 2021 (Supp. 21-3).

**R4-34-702. Compliance Assurance Manuals**

A manufacturer of FBBs shall prepare a compliance assurance manual that has all of the following:

1. An 8 1/2 X 11 inch format with page numbers and revision traceability;
2. The manufacturer's name and address of the factory to which the manual applies;
3. A table of contents that identifies key elements in the quality and compliance control process;
4. An organizational chart that shows titles and functions of all positions responsible for any aspect of quality and compliance control;
5. A description of the design-document control process and procedures for ensuring the current approved design package or building plans are available to production, quality, and compliance personnel;
6. A description of procedures for handling materials, including treatment and disposal of rejected materials, in compliance with standards;
7. A description of the FBB-identification system including a unique identifier, such as a serial or identification number, that is permanently affixed to each module or panel of the FBB at the beginning of manufacturing and where the unique identifier is located on the FBB;
8. A drawing showing the layout of the factory and location of the work area for each step in the manufacturing sequence with a description of the scope of work performed at each work area, including off-line processes;
9. An inspection checklist, keyed to the drawing required in subsection (8), that identifies the inspections and tests to be performed at each step in the manufacturing sequence and title of the position responsible for ensuring inspections and tests are performed;
10. A list that includes step-by-step procedures for ensuring all required tests are performed, the equipment needed to perform each test, and procedures for maintaining test equipment;
11. A description of procedures for maintaining control of certificates, installing certificates on FBBs, and making the monthly report of certificates and title of the position responsible for ensuring these tasks are performed;

12. A description of the procedures for storing completed FBBs at the facility including the manner in which stored FBBs are protected from the elements and other sources of potential damage; and
13. A description of procedures for ensuring building documents are retained and title of the position responsible for ensuring document retention.

**Historical Note**

Adopted effective January 31, 1979 (Supp. 79-1).  
 Amended effective May 9, 1980 (Supp. 80-3). Amended subsections (B), (C), (D) effective October 20, 1981 (Supp. 81-5). Amended by adding subsection (E) effective January 20, 1982 (Supp. 82-1). Amended by adding subsection (C), paragraph (3) and subsection (D), paragraph (3) effective April 30, 1982 (Supp. 82-2). Amended effective April 5, 1985 (Supp. 85-2). Former Section R4-34-702 renumbered to R4-34-302, new Section R4-34-702 renumbered from R4-34-302 and amended effective July 3, 1991 (Supp. 91-1). Section repealed by final rulemaking at 6 A.A.R. 47, effective December 8, 1999; new Section adopted by final rulemaking at 6 A.A.R. 145, effective December 8, 1999 (Supp. 99-4). Amended by final rulemaking at 11 A.A.R. 464, effective March 5, 2005 (Supp. 05-1). Amended by final rulemaking at 14 A.A.R. 286, effective March 8, 2008 (Supp. 08-1). Amended by final rulemaking at 18 A.A.R. 944, effective June 4, 2012 (Supp. 12-2). Amended by final rulemaking at 24 A.A.R. 1499, effective June 30, 2018 (Supp. 18-2). Amended by final rulemaking at 26 A.A.R. 1509, effective September 6, 2020 (Supp. 20-3).

**R4-34-703. Drawings and Specifications**

A manufacturer of FBBs shall submit to the Department plans that comply with the applicable standards in R4-34-102. The manufacturer shall ensure the plans provide or have the following information or format attributes:

1. Dimensioned drawings and details identifying process descriptions, component specification lists, shop drawings, and other documents that specify and identify each component, process, assembly operation, and manufacturing step. Include electrical, plumbing, gas, and HVAC systems;
2. A traceable identification for each closed panel component listed;
3. Design analysis calculations for all loads and systems;
4. The location and process for stamping the permanent serial or identification number on the FBB;
5. The location of the Modular Manufacturer Certificate; and
6. Dimensional plans and details identifying all components and construction to be field installed.

**Historical Note**

Adopted effective January 31, 1979 (Supp. 79-1).  
 Amended effective December 13, 1979 (Supp. 79-6).  
 Amended effective May 9, 1980. Amended effective June 23, 1980 (Supp. 80-3). Amended subsection (G) effective July 29, 1980 (Supp. 80-4). Amended effective October 20, 1981 (Supp. 81-5). Amended subsection (B)(1) effective July 20, 1984 (Supp. 84-4). Amended effective April 5, 1985 (Supp. 85-2). Former Section R4-34-703 renumbered to R4-34-303, new Section R4-34-703 renumbered from R4-34-303 and amended effective July 3, 1991 (Supp. 91-1). Section repealed by final rulemaking at 6 A.A.R. 47, effective December 8, 1999; new Section adopted by final rulemaking at 6 A.A.R. 145, effective December 8, 1999 (Supp. 99-4). Amended by final

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rulemaking at 11 A.A.R. 464, effective March 5, 2005 (Supp. 05-1). Amended by final rulemaking at 14 A.A.R. 286, effective March 8, 2008 (Supp. 08-1). Amended by final rulemaking at 18 A.A.R. 944, effective June 4, 2012 (Supp. 12-2). Amended by final rulemaking at 24 A.A.R. 1499, effective June 30, 2018 (Supp. 18-2). Amended by final rulemaking at 26 A.A.R. 1509, effective September 6, 2020 (Supp. 20-3). Amended by final rulemaking at 27 A.A.R. 1324, effective October 3, 2021 (Supp. 21-3).

**R4-34-704. Reconstruction Plans**

- A. A manufacturer shall comply with the standards in R4-34-102 when preparing a reconstruction plan.
- B. A manufacturer preparing a reconstruction plan shall ensure the plan contains the following:
  1. A depiction of the configuration before reconstruction;
  2. The serial or identification number of the unit;
  3. Dimensioned drawings and details identifying all components and specification lists affected by the reconstruction. Electrical, plumbing, gas, and HVAC systems, as applicable, shall be addressed; and
  4. Design-analysis calculations for all loads and systems affected by the reconstruction.
- C. A manufacturer shall include with a reconstruction plan a certification statement regarding existing components, construction, and systems indicating they are structurally sound, functional, and do not pose a life safety threat.

**Historical Note**

Adopted effective January 31, 1979 (Supp. 79-1). Amended subsection (F) effective August 28, 1980 (Supp. 80-4). Amended effective October 20, 1981 (Supp. 81-5). Amended effective April 5, 1985 (Supp. 85-2). Former Section R4-34-704 renumbered to R4-34-304, new Section R4-34-704 renumbered from R4-34-304 and amended effective July 3, 1991 (Supp. 91-1). Section repealed by final rulemaking at 6 A.A.R. 47, effective December 8, 1999; new Section adopted by final rulemaking at 6 A.A.R. 145, effective December 8, 1999 (Supp. 99-4). Amended by final rulemaking at 11 A.A.R. 464, effective March 5, 2005 (Supp. 05-1). Amended by final rulemaking at 14 A.A.R. 286, effective March 8, 2008 (Supp. 08-1). Amended by final rulemaking at 18 A.A.R. 944, effective June 4, 2012 (Supp. 12-2). Amended by final rulemaking at 24 A.A.R. 1499, effective June 30, 2018 (Supp. 18-2). Amended by final rulemaking at 26 A.A.R. 1509, effective September 6, 2020 (Supp. 20-3).

**R4-34-705. Accessory Structures**

- A. For manufactured homes, mobile homes, and FBBs, a properly licensed entity or person shall comply with R4-34-102 and applicable HUD requirements when preparing attached accessory structure plans. The plans shall include the following:
  1. Dimensioned drawings and details identifying all applicable components and specification lists. Electrical, plumbing, gas, and HVAC systems, as applicable, shall be addressed;
  2. Design-analysis calculations for all loads and systems; and
  3. Method of attachment to the manufactured home, mobile home, or FBB.
- B. The Department may approve a design that does not comply with subsection (A) based on a demonstration by an Arizona registered engineer that the design meets standards at least equivalent to those in subsection (A).

- C. A properly licensed entity or person shall submit plans, which are sealed by an Arizona registered engineer, for all attached accessory structures except skirting systems that have manufacturer installation instructions and HVAC systems.

**Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 145, effective December 8, 1999 (Supp. 99-4). Amended by final rulemaking at 11 A.A.R. 464, effective March 5, 2005 (Supp. 05-1). Amended by final rulemaking at 14 A.A.R. 286, effective March 8, 2008 (Supp. 08-1). Amended by final rulemaking at 24 A.A.R. 1499, effective June 30, 2018 (Supp. 18-2). Amended by final rulemaking at 26 A.A.R. 1509, effective September 6, 2020 (Supp. 20-3). Amended by final rulemaking at 27 A.A.R. 1324, effective October 3, 2021 (Supp. 21-3).

**R4-34-706. FBB Installation**

A properly licensed entity or person shall include the following in installation plans submitted to the Department:

1. A site plan that includes the location of the building and all utility lines;
2. A foundation plan that includes:
  - a. A description of the soil class and the soil bearing pressure;
  - b. A description of footings and other foundation supports designed to meet the minimum bearing pressure at the depth required;
  - c. A complete set of drawings indicating dimensions and details of the foundation footing and anchoring; and a complete list of materials with a cross-identification of how materials will be used, in the appropriate view; and
  - d. Calculations, prepared by an Arizona registered engineer, for all load conditions including wind loads for horizontal loads, uplift loads, and overturning; and horizontal and torsional earthquake effects on foundations.
3. Electrical drawings, including the isometric one-line diagram required by R4-34-102, that contain the following information:
  - a. Size and type of conductors, conduit materials for feeder wires, length of feeders, and all amperage;
  - b. Dimensions of gutterways and raceways;
  - c. Complete details of panelboards, switchboards, distribution centers with calculated loads, and fault current calculations; and
  - d. All grounding and bonding connections.
4. Plumbing drawings, including one-line diagrams required by R4-34-102 that contain the following information:
  - a. Location of sewer tap, water meter, and gas meter;
  - b. Size, length, and all materials for sewer, water, and gas lines;
  - c. Location of all cleanouts and grade of sewer line; and
  - d. Fixture unit calculations for plumbing and gas fixtures.
5. Fastening and closure details for connection of multiple modules or panels.
6. Dimensional plans and details for all components and construction to be field installed.

**Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 145, effective December 8, 1999 (Supp. 99-4). Amended by final rulemaking at 14 A.A.R. 286, effective March 8, 2008 (Supp. 08-1). Amended by final rulemaking at 18 A.A.R. 944, effective June 4, 2012 (Supp. 12-2).

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Amended by final rulemaking at 24 A.A.R. 1499, effective June 30, 2018 (Supp. 18-2). Amended by final rulemaking at 26 A.A.R. 1509, effective September 6, 2020 (Supp. 20-3).

**R4-34-707. Designated Flood-prone Area Installation**

Before installing a manufactured home, mobile home, or FBB in a designated flood-prone area, an installer shall submit and obtain Department approval of an installation plan that includes the following:

1. A site plan showing the location of the manufactured home, mobile home, or FBB;
2. A copy of the designated flood-use permit or flood design conditions issued by the local enforcement agency showing the flood zone type and regulatory and base flood elevations;
3. A site-specific foundation plan that is prepared by an Arizona registered engineer and includes:
  - a. A complete set of drawings indicating dimensions and details of the foundation system and anchoring to prevent floatation, collapse, or lateral movement of the structure;
  - b. A complete list of materials cross identified to the drawings in subsection (3)(a) showing how the materials will be used;
  - c. An indication of how to place the structure to ensure the bottom frame of the structure is at or above the regulatory flood elevation;
  - d. An indication of where to place external utilities and equipment to ensure they are at or above the regulatory flood elevation;
  - e. If the structure has an enclosed foundation, an indication of where to place flood vents or other openings; and
  - f. All calculations used to determine all load conditions; and
4. Written approval of the information in subsections (1) through (3) from the local flood-district administrator having authority.

**Historical Note**

New Section made by final rulemaking at 24 A.A.R. 1499, effective June 30, 2018 (Supp. 18-2).

**ARTICLE 8. PERMITS AND INSTALLATION****R4-34-801. Permits**

- A. A properly licensed entity or person shall obtain a permit for the installation of a manufactured home, mobile home, FBB, or attached accessory structure, or rehabilitation of a mobile home.
- B. The Department shall issue or deny a permit within seven business days after the application is received. If a permit is denied, corrections to the application shall be submitted to the Department within 20 business days after the denial.
- C. A properly licensed entity or person shall obtain all required permits, such as zoning, flood plain, and installation, from the Department or local jurisdiction before beginning any site work except the assessment required under R4-34-802(E). All permits shall be posted in a conspicuous location onsite. The properly licensed entity or person who contracts to perform the installation and a licensed installer who subcontracts to perform the installation shall verify that all required permits have been obtained from the Department and local jurisdiction before beginning the installation.
- D. A local jurisdiction that has entered into agreement with the Department may issue installation permits and conduct inspections.

- E. The Department or a local jurisdiction participating in the installation inspection program shall charge the permit fee expressly authorized under A.R.S. § 41-4010(A)(4). The fee charged by the local jurisdiction shall not exceed the amount established by the Board.
- F. Every permit, except a special-use permit, expires six months after the permit is issued. The Department may extend the permit for good cause if a written request is made to the Department before the permit expires and the fee established by the Board under A.R.S. § 41-4010(A)(4) is paid again.
- G. A licensee or consumer shall obtain a certificate of occupancy from the Department before occupying a manufactured home, mobile home, or FBB.
- H. The permit holder, owner, contractor, or designated responsible party identified on the permit shall request all required inspections.
- I. At the time of a scheduled inspection, the permit holder, owner, contractor, or designated responsible party identified on the permit shall ensure all work to be inspected is accessible (opened) and no work is performed beyond the point indicated for each successive inspection without first obtaining approval from the Department.
- J. The permit holder, owner, contractor, or designated responsible party identified on the permit shall ensure approved plans and all applicable manuals are available onsite.
- K. A special-use permit for an FBB used for an event of 45 days or less shall be obtained from the Department. The special-use permit expires 45 days from the date of issuance. The holder of a special-use permit shall remove the FBB from the site when the permit expires.

**Historical Note**

Adopted effective January 31, 1979 (Supp. 79-1).  
Amended effective October 20, 1981 (Supp. 81-5). Former Section R4-34-801 repealed, new Section R4-34-801 renumbered from R4-34-501 and amended effective July 3, 1991 (Supp. 91-1). Section repealed by final rulemaking at 6 A.A.R. 47, effective December 8, 1999; new Section adopted by final rulemaking at 6 A.A.R. 145, effective December 8, 1999 (Supp. 99-4). Amended by final rulemaking at 18 A.A.R. 944, effective June 4, 2012 (Supp. 12-2). Amended by final rulemaking at 24 A.A.R. 1499, effective June 30, 2018 (Supp. 18-2). Amended by final rulemaking at 26 A.A.R. 1509, effective September 6, 2020 (Supp. 20-3). Due to an error when codifying R4-34-801 in Supp. 20-3, subsection R4-34-801(G) was not published. This subsection was identified as “no change” at 26 A.A.R. 1509. Subsection (G) has been published as last amended at 24 A.A.R. 1499 (Supp. 21-1).

**R4-34-802. General Installation**

- A. A properly licensed entity shall complete and affix an Arizona Installation Certificate to a manufactured home, mobile home, or FBB at the end of the unit opposite the hitch and adjacent to the manufacturer certificate or HUD label. The properly licensed entity shall affix the Arizona Installation Certificate before calling the Department for an inspection.
- B. A properly licensed entity shall make a report by the 15th of each month regarding compliance with subsection (A).
- C. Before beginning an installation, a properly licensed entity shall check with the local jurisdiction regarding frost-line requirements governing permanent foundations or utilities.
- D. A properly licensed entity shall install all new manufactured homes, used manufactured homes, and mobile homes according to the applicable materials referenced in R4-34-102, HUD requirements, and manufacturer requirements.

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- E. Before installing a unit, a properly licensed entity shall perform or contract with a qualified party to assess the site and soil, ensure required permits are obtained, and make site preparations necessary to ensure the site is compatible with the manufactured home, mobile home, or FBB to be installed. The entity that actually prepares the site has primary responsibility for the work performed. The entity that contracts to have the site preparation done, if different, has secondary responsibility for the work performed.
- F. Installation of a manufactured home, mobile home, or FBB shall be performed only by a properly licensed entity.

**Historical Note**

Adopted effective January 31, 1979 (Supp. 79-1). Amended subsections (A), (D), (F), and (L) effective October 20, 1981 (Supp. 81-5). Former Section R4-34-802 repealed, new Section R4-34-802 renumbered from R4-34-502 and amended effective July 3, 1991 (Supp. 91-1). Section repealed by final rulemaking at 6 A.A.R. 47, effective December 8, 1999; new Section adopted by final rulemaking at 6 A.A.R. 145, effective December 8, 1999 (Supp. 99-4). Amended by final rulemaking at 24 A.A.R. 1499, effective June 30, 2018 (Supp. 18-2). Amended by final rulemaking at 26 A.A.R. 1509, effective September 6, 2020 (Supp. 20-3). Amended by final rulemaking at 27 A.A.R. 1324, effective October 3, 2021 (Supp. 21-3).

**R4-34-803. Repealed****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 145, effective December 8, 1999 (Supp. 99-4). Amended by final rulemaking at 11 A.A.R. 464, effective March 5, 2005 (Supp. 05-1). Amended by final rulemaking at 14 A.A.R. 286, effective March 8, 2008 (Supp. 08-1). Amended by final rulemaking at 18 A.A.R. 944, effective June 4, 2012 (Supp. 12-2). Repealed by final rulemaking at 24 A.A.R. 1499, effective June 30, 2018 (Supp. 18-2).

**R4-34-804. Repealed****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 145, effective December 8, 1999 (Supp. 99-4). Amended by final rulemaking at 11 A.A.R. 464, effective March 5, 2005 (Supp. 05-1). Amended by final rulemaking at 14 A.A.R. 286, effective March 8, 2008 (Supp. 08-1). Amended by final rulemaking at 18 A.A.R. 944, effective June 4, 2012 (Supp. 12-2). Repealed by final rulemaking at 24 A.A.R. 1499, effective June 30, 2018 (Supp. 18-2).

**R4-34-805. Accessory Structures**

An installer or contractor shall install, assemble, or construct each accessory structure in compliance with applicable standards referenced in R4-34-102, HUD requirements, and manufacturer requirements.

**Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 145, effective December 8, 1999 (Supp. 99-4). Amended by final rulemaking at 11 A.A.R. 464, effective March 5, 2005 (Supp. 05-1). Amended by final rulemaking at 14 A.A.R. 286, effective March 8, 2008 (Supp. 08-1). Amended by final rulemaking at 18 A.A.R. 944, effective June 4, 2012 (Supp. 12-2). Amended by final rulemaking at 24 A.A.R. 1499, effective June 30, 2018 (Supp. 18-2). Amended by final rulemaking at 26 A.A.R. 1509, effective September 6, 2020 (Supp. 20-3). Amended by final

rulemaking at 27 A.A.R. 1324, effective October 3, 2021 (Supp. 21-3).

**Exhibit 1. Repealed****Historical Note**

Exhibit 1 repealed by final rulemaking at 18 A.A.R. 944, effective June 4, 2012 (Supp. 12-2).

**ARTICLE 9. REPEALED****R4-34-901. Repealed****Historical Note**

Adopted effective April 4, 1985 (Supp. 85-2). Former Section R4-34-901 renumbered to R4-34-401, new Section R4-34-901 renumbered from R4-34-1001 and amended effective July 3, 1991 (Supp. 91-3). Section repealed by final rulemaking at 6 A.A.R. 47, effective December 8, 1999 (Supp. 99-4).

**ARTICLE 10. ADMINISTRATIVE PROCEDURES****R4-34-1001. Rehearing or Review**

- A. A party may amend a motion for rehearing or review filed under A.R.S. § 41-4038 at any time before it is ruled on by the Director. The opposing party may file a response within 15 days after the date the motion or amended motion is filed. The Director may require the parties to file written briefs explaining the issues raised in the motion and provide for oral argument.
- B. The Director may affirm or modify the decision or grant a rehearing to all or any of the parties on all or part of the issues for any of the reasons in A.R.S. § 41-4038(D). An order modifying the decision or granting a rehearing shall specify with particularity the grounds on which the modification or rehearing is granted, and any rehearing shall cover only those matters.
- C. When a motion for rehearing or review is based upon affidavits, the affidavits shall be served with the motion. An opposing party or the Attorney General may, within 10 days after service, serve opposing affidavits.
- D. Not later than 15 days after the date of the decision, the Director may grant a rehearing or review on the Director's own initiative for any reason for which the Director might have granted relief on the motion of a party. The Director may grant a motion for rehearing or review, timely served, for a reason not stated in the motion.

**Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 145, effective December 8, 1999 (Supp. 99-4). Amended by final rulemaking at 24 A.A.R. 1499, effective June 30, 2018 (Supp. 18-2).

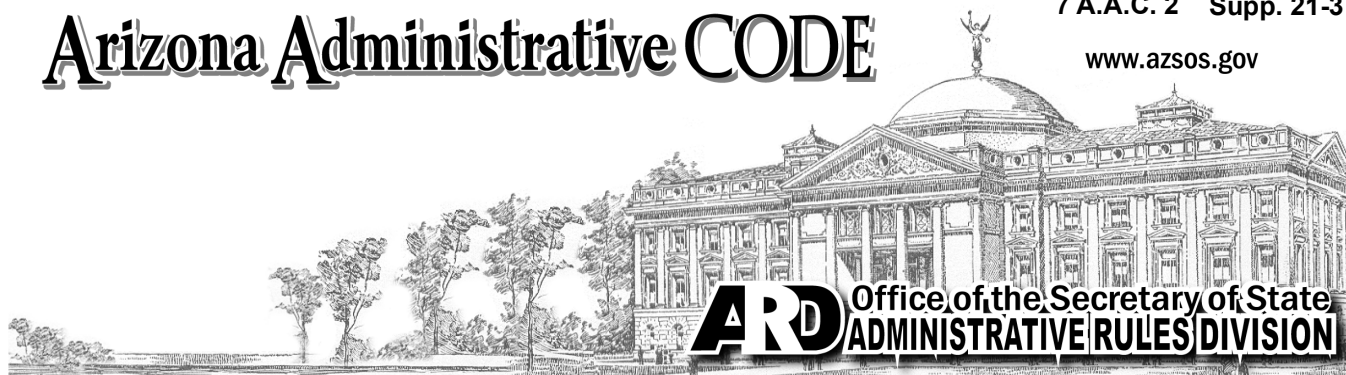
**ARTICLE 11. RENUMBERED****R4-34-1101. Renumbered****Historical Note**

Adopted as an emergency effective March 24, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-2). Former Section R8-2-41 adopted as an emergency now adopted as a permanent rule effective June 24, 1982 (Supp. 82-3). Adopted as an emergency effective October 12, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-5). Emergency expired. Former Section R8-2-41 repealed, new Section R8-2-41 adopted effective April 2, 1985 (Supp. 85-2). Former Section R8-2-41 repealed, new Section R4-34-1101 adopted as an emergency effective March 14, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency

## CHAPTER 34. BOARD OF MANUFACTURED HOUSING

expired. Former Section R8-2-41 repealed, new Section R4-34-1101 adopted as a permanent rule with editorial corrections effective November 16, 1988 (Supp. 88-4).

Section R4-34-1101 repealed, new Section adopted effective July 20, 1990 (Supp. 90-3). Section R4-34-1101 renumbered to R4-36-201 (Supp. 95-4).



## TITLE 7. EDUCATION

## CHAPTER 2. STATE BOARD OF EDUCATION

The table of contents on page one contains links to the referenced page numbers in this Chapter.

Refer to the notes at the end of a Section to learn about the history of a rule as it was published in the *Arizona Administrative Register*.

This Chapter contains rules that were filed to be codified in the *Arizona Administrative Code* between the dates of July 1, 2021 through September 30, 2021

*On April 20, 2021, the Governor vetoed SB 1456, which made various changes to sex education. With the veto, the Governor issued Executive Order 2021-11. The Executive Order directs the Board to adopt or amend rules and to report on its efforts by June 30, 2021.*

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**Questions about these rules? Contact:**

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**The release of this Chapter in Supp. 21-3 replaces Supp. 21-2, 1-166 pages**

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

## PREFACE

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

Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

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### RULES

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

### THE ADMINISTRATIVE CODE

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

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

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

First Quarter: January 1 - March 31  
Second Quarter: April 1 - June 30  
Third Quarter: July 1 - September 30  
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2021 is cited as Supp. 21-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. This is why the Office lists only updated codified Sections on the previous page.

### AUTHENTICATION OF PDF CODE CHAPTERS

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

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

### HOW TO USE THE CODE

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

### ARIZONA REVISED STATUTE REFERENCES

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

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

### SESSION LAW REFERENCES

Arizona Session Law references in a Chapter can be found at the Secretary of State’s website, [www.azsos.gov](http://www.azsos.gov) under Services-> Legislative Filings.

### EXEMPTIONS FROM THE APA

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

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

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

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

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

### EXEMPTIONS AND PAPER COLOR

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

### PERSONAL USE/COMMERCIAL USE

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





## Administrative Rules Division

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

**TITLE 7. EDUCATION****CHAPTER 2. STATE BOARD OF EDUCATION**

Authority: A.R.S. § 15-203(A)(1)

**Supp. 21-3**

*Under A.R.S. 41-1011(C) changes were made to headings and rule language for consistency in style and format. Part headings in this Chapter were assigned numbers. These changes did not alter the sense, meaning or effect of any rule in this Chapter. The Board reviewed and approved these clerical changes. Section R7-2-604.01 was inadvertently removed when Supp. 19-4 was published. It has been reinstated as last amended in Supp. 15-3 (Supp. 21-2).*

*Editor's Note: This Chapter contains rules in Articles 10 and 11 that were filed in 2015 but were adopted in 2014. The Office has corrected all Supp. 15-3 historical notes in these Articles to reflect the true effective year of the rules to July 1, 2014 (Supp. 18-2).*

*Editor's Note: This Chapter contains rules that were filed out of sequence by adoption date. The Office has made every effort to codify the previous filings with the current Chapter and update the historical references where necessary. Refer to the historical notes for more information (Supp. 16-2).*

*Editor's Note: Supp. 16-1 contains rules that were submitted as final exempt rules and approved by the Board February 25, 2008. Although approved by the Board in 2008, the rulemaking was not filed in the Secretary of State's Office for publication in this Chapter until 2016. The final exempt rulemaking was filed by the Board on January 6, 2016 (Supp. 16-1).*

*Editor's Note: Supp. 15-3 contains rules that were submitted as final exempt rules. Pursuant to the Board's rulemaking procedures a public hearing was held on the rules after they were proposed at a Board meeting. Even though the proposed rules were not published in the Register, the Office of the Secretary of State makes a distinction between exempt rulemakings and final exempt rulemakings. Final exempt rulemakings are those filed with conditional exemptions to the Arizona Administrative Procedures Act such as requirements to conduct a public hearing or accept public comments on a proposed exempt rulemaking. Although approved by the Board, these final exempt rulemakings were not filed with the Secretary of State's Office at the time of approval. Therefore these rules were in effect prior to the release of Supp. 15-3. Refer to the historical notes for effective dates.*

*Editor's Note: This Chapter contains rules made, amended, repealed, renumbered and approved by the State Board of Education that were exempt from the rulemaking process. Although approved by the Board, certain rulemakings were not filed with the Secretary of State's Office at the time of approval. These rulemakings were filed in 2009 and 2010 and printed as Exempt Rulemakings in the Arizona Administrative Register. The Office has expedited the publishing of these Sections in the Arizona Administrative Code because these rules were in effect prior to Supp. 09-1, Supp. 09-2, Supp. 09-3, Supp. 09-4, Supp. 10-1, Supp. 10-2, Supp. 10-3, Supp. 10-4, Supp. 11-1, and Supp. 12-2 releases. Refer to the historical notes for more information.*

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*Article 6, consisting of Sections R7-2-601 through R7-2-617, adopted effective December 4, 1998 (Supp. 98-4).*

*Article 6, consisting of Sections R7-2-601 through R7-2-608, repealed effective December 4, 1998 (Supp. 98-4).*

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## CHAPTER 2. STATE BOARD OF EDUCATION

**ARTICLE 1. STATE BOARD OF EDUCATION MEETINGS****R7-2-101. Governance****A. Officers**

1. The elective officers of the State Board of Education ("Board") shall be a President and a Vice President.
2. The State Superintendent of Public Instruction shall serve as the Secretary and as the Executive Officer of the Board.
3. The President shall preside over all meetings of the Board, call meetings as herein provided and perform such other special duties as may be vested in him or her by the Board.
4. In the absence of the President, the Vice President shall preside over all meetings and shall perform such other special duties as may be vested in him or her by the Board.
5. The President shall appoint a nominating committee that will prepare a slate of candidates for presentation to the Board at the first regular meeting following January 1 of each year. Other candidates may be nominated from the floor. The two elected officers shall be elected by written ballot and shall serve for one year, or until their successors are elected.
6. If a vacancy occurs in the office of President, the Vice President shall immediately become the President. As soon as practicable, the Board shall elect a new Vice President.

**B. Regular and special meetings**

1. Unless otherwise agreed upon by a majority of the Board, meetings shall be held on the fourth Monday of each month.
2. The place of the meeting shall be designated by the President. In the absence of the President, the place of meeting shall be designated by the Vice President.

**C. Public input to the Board**

1. Requests for matters to be placed on the agenda.
  - a. When any person wishes to have a matter placed on the agenda, that person shall submit a written request to the President of the Board not less than 21 days prior to the Board meeting.
  - b. The President of the Board may choose not to place an item submitted by a person other than a Board member on the agenda.
2. Public comment on agenda items.
  - a. Any member of the public who wishes to address the Board regarding a matter on the agenda for Board action may submit a written request to be heard on forms provided by the Board.
  - b. The President of the Board or a majority of the Board may allot a reasonable time for members of the public to address the Board with respect to agenda items.

**Historical Note**

Former Section R7-2-101 repealed, new Section R7-2-101 adopted effective December 4, 1978 (Supp. 78-6). Amended effective February 27, 1980 (Supp. 80-1). Former Section R7-2-101 repealed, new Section R7-2-101 adopted effective June 17, 1985 (Supp. 85-3).

**R7-2-102. Repealed****Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).

**R7-2-103. Repealed****Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).

**ARTICLE 2. STATE BOARD OF EDUCATION COMMITTEES****R7-2-201. Advisory Committees**

- A. The State Board of Education ("Board") may create an advisory committee for the purpose of providing advice and recommendations as assigned by the Board. In this Section, unless the context otherwise requires, the following definitions shall apply:
  1. "Ad Hoc Advisory Committee" means a committee, established by the Board, for a limited time and scope, for the purpose of providing advice and recommendations to the Board.
  2. "Executive Committee" means a committee, whose members consist of the President and Vice-President of the Board, established for the purpose of appointing ad hoc advisory committee members.
  3. "Standing Advisory Committee" means the Certification Advisory Committee, the Professional Practices Advisory Committee, or any other designated permanent committee, established by the Board, for the specific purpose of providing ongoing advice and recommendations as assigned by the Board.
- B. Any advisory committee or similar body that has been created by either the Board or statute shall be appointed and conduct its business in accordance with this Section except as otherwise required by law.
- C. The Board shall determine the structure, membership, and tasks of any standing advisory committee the Board has created.
- D. The Board's Appointments Subcommittee, whose members are appointed by the President of the Board, shall review nominations submitted by the Board members for appointment to a standing advisory committee and shall provide a recommendation to the Board for consideration. A vacancy on a standing advisory committee shall be filled in the manner described in this Section.
- E. The Board shall determine the structure and task of an ad hoc advisory committee it has created and may make suggestions as to members. The Executive Committee shall appoint the members of an ad hoc advisory committee. An ad hoc advisory committee shall exist for the time necessary to accomplish its assigned task or for one year from the date it is created, whichever is less. An ad hoc advisory committee may continue to function beyond a one-year period only with the express approval of the Executive Committee. A vacancy on an ad hoc advisory committee shall be filled in the manner prescribed by the Executive Committee.
- F. The Board may in its discretion remove any member from and dissolve any standing advisory committee that the Board has created. The Executive Committee may in its discretion remove any member from and dissolve any ad hoc advisory committee that the Executive Committee has created.
- G. An advisory committee shall not conduct a meeting of its members without prior acknowledgment from the Executive Director of the Board that the notice and agenda for the meeting have been approved by the President of the Board and posted and that there are sufficient funds to meet all expenses that would be incurred in connection with such meeting. An advisory committee member shall not obligate the payment of Board funds.
- H. The meetings of a committee shall be held at the offices of the Board or any other facility for which no charges would be incurred for use of the facility.

## CHAPTER 2. STATE BOARD OF EDUCATION

- I. Activities of an advisory committee are limited to preparation of advice and recommendations to be presented to the Board for issues which relate directly to the task assigned by the Board.
- J. Advisory committees are not authorized the use of Board letterhead stationery without the express approval of the President of the Board and are not authorized the use of Department of Education letterhead stationery without the express approval of the Superintendent of Public Instruction.
- K. An advisory committee shall:
  1. Annually select from its members a chair and vice chair;
  2. Request information, assistance, or opinions from the Department of Education necessary to accomplish its task. An advisory committee shall convey any such request through the Department liaison designated pursuant to this Section.
- L. A quorum of an advisory committee shall be a majority of the voting members of the advisory committee. Voting members shall be only those members specifically appointed by the Board or Executive Committee. A quorum of an advisory committee is necessary to conduct its business. An affirmative vote of the majority of voting members present is necessary for an advisory committee to take action.
- M. The Superintendent shall designate an employee of the Department of Education to serve as a liaison to each advisory committee. The President of the Board may appoint a member of the Board to serve as an additional liaison to each advisory committee as the President deems appropriate.

**Historical Note**

Amended effective July 1, 1977 (Supp. 77-4). Former Section R7-2-201 repealed, new Section R7-2-201 adopted effective December 4, 1978 (Supp. 78-6).  
 Amended effective February 25, 1987 (Supp. 87-1). Section repealed, new Section adopted effective March 18, 1994 (Supp. 94-1). Amended by final exempt rulemaking at 22 A.A.R. 2239, effective August 1, 2016 (Supp. 16-3).  
 Amended by final exempt rulemaking at 25 A.A.R. 98, effective December 17, 2018 (Supp. 18-4). The word "rule" has been changed to "Section" to reflect current standards in Chapter style and format (Supp. 21-2).

**R7-2-202. Repealed****Historical Note**

Former Section R7-2-202 repealed, new Section R7-2-202 adopted effective December 4, 1978 (Supp. 78-6).  
 Former Section R7-2-202 repealed, new Section R7-2-202 adopted effective June 21, 1979 (Supp. 79-3).  
 Amended effective June 12, 1989 (Supp. 89-2). Amended effective December 12, 1990 (90-4). Amended effective August 28, 1992 (Supp. 92-3). Repealed effective March 18, 1994 (Supp. 94-1).

**R7-2-203. Repealed****Historical Note**

Former Section R7-2-203 repealed, new Section R7-2-203 adopted effective April 9, 1984 (Supp. 84-2).  
 Amended subsections (A) and (B) effective December 30, 1988 (Supp. 88-4). Repealed effective February 20, 1997 (Supp. 97-1).

**R7-2-204. Repealed****Historical Note**

Adopted effective December 4, 1978 (Supp. 78-6). Former Section R7-2-204 repealed, new Section R7-2-204 adopted effective December 31, 1984 (Supp. 84-6).

Amended effective August 28, 1992 (Supp. 92-3).

Repealed effective February 20, 1997 (Supp. 97-1).

**R7-2-205. Certification Review, Suspension, and Revocation**

- A. Professional Practices Advisory Committees ("Committees") shall act in an advisory capacity to the State Board of Education ("Board") in regard to certification or recertification matters related to immoral conduct, unprofessional conduct, unfitness to teach, and revocation, suspension, or surrender of certificates.
- B. Committees shall each consist of seven members comprised of the following:
  1. One elementary classroom teacher,
  2. One secondary classroom teacher,
  3. One principal,
  4. One superintendent or assistant/associate superintendent,
  5. Two lay members, one lay member who shall be a parent of a student currently attending public school in Arizona, and
  6. One local Governing Board member.
- C. Members appointed pursuant to subsections (B)(1), (2), (3) and (4) of this Section shall meet at least the following requirements:
  1. Certified to teach in Arizona.
  2. Currently employed in or retired from the education profession in the specific category of their appointment.
  3. If currently employed, shall have been employed in this category for the three years immediately preceding their appointment.
- D. Terms of the members
  1. All regular terms shall be for four years except as set forth in subsection (E).
  2. A member may be reappointed with Board approval.
- E. The Board may remove any member from the Committee. All vacancies shall be filled as prescribed in subsections (C), and those persons appointed to fill vacancies shall serve to complete the term of the person replaced.
- F. The Committee shall:
  1. Select from its members a Chairman and Vice-Chairman,
  2. A quorum shall be a majority of members of the Committee. A quorum is necessary to conduct business. An affirmative vote of the majority of the members present is needed to take action.
  3. Hold meetings as needed to conduct hearings or other Committee business by call of the Chairman of the Committee. If the Chairman neglects or declines to call a meeting, then a majority of the Committee may call a meeting. The Board may call a meeting as required to conduct necessary business. Notice of any meeting shall be given to Committee members seven days prior to the meeting.
  4. Recommend the removal of any member who is absent from three consecutive meetings.
  5. Refer to R7-2-1308 to assist in determining whether the acts complained of constitute unprofessional conduct.
  6. Conduct its business pursuant to R7-2-1301 et seq. and hearings pursuant to R7-2-701 et seq.

**Historical Note**

Adopted effective December 4, 1978 (Supp. 78-6). Former Section R7-2-205 repealed, new Section R7-2-205 adopted effective February 24, 1982 (Supp. 82-1). Former Section R7-2-205 repealed, new Section R7-2-205 adopted effective August 30, 1984 (Supp. 84-4).  
 Amended effective February 21, 1986 (Supp. 86-1).  
 Amended subsections (H), (I), and (J) effective February



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3, 1987 (Supp. 87-1). Amended effective December 15, 1989 (Supp. 89-4). Amended effective May 31, 1991 (Supp. 91-2). Amended effective April 9, 1993 (Supp. 93-2). Amended effective December 3, 1998 (Supp. 98-4). Amended by final rulemaking at 6 A.A.R. 1132, effective March 10, 2000 (Supp. 00-1). Amended by final exempt rulemaking at 21 A.A.R. 1775, effective May 20, 2013 (Supp. 15-3). Amended by final exempt rulemaking at 23 A.A.R. 725, effective January 23, 2017 (Supp. 17-1). The word "rule" has been changed to "Section," the words "above" and "below" have been removed to reflect current standards in Chapter style and format (Supp. 21-2).

**R7-2-206. Certification Denial Appeals Process for Applications for Certification that Do Not Involve Allegations of Immoral or Unprofessional Conduct**

**A.** Request for hearing. A person who has had an application for certification denied by the Department of Education pursuant to A.R.S. § 15-534.01(B) may file a written request for a hearing with the Board within 15 days after being served notice of the denial pursuant to subsection (C). Intermediate Saturdays, Sundays and legal holidays shall be included in the computation of the 15 days. If the final day of the 15 day deadline falls on a Saturday, Sunday or legal holiday, the next business day is the final day of the deadline. Applications for certification that involve allegations of immoral or unprofessional conduct shall be reviewed by the Professional Practices Advisory Committee pursuant to R7-2-205.

**B.** Notice of hearing

1. If an applicant requests a hearing to appeal the denial of an application for certification, a notice of hearing shall be given at least 20 days prior to the date set for the hearing.
2. The notice shall include:
  - a. A statement of the time, place and nature of the hearing.
  - b. A statement of the legal authority and jurisdiction under which the hearing is to be held.
  - c. A reference to the particular sections of the statutes and rules involved.
  - d. A short and plain statement of the matters asserted. If a party is unable to state the matters in detail at the time the notice is served, the initial notice may be limited to a statement of the issues involved. Thereafter upon application a more definite and detailed statement shall be furnished.

**C.** Service of documents; change of address notice requirement

1. Every notice or decision issued by the Board or the Department pertaining to the denial of an application for initial certification or renewal of a certificate shall be served by personal delivery, first class mail or certified mail, return receipt requested, to the applicant or certificated person's last address of record with the Department of Education or by any other method that is reasonably calculated to give actual notice to the applicant or the certificated person. A document is filed with the Board on the date it is received by the Board, as established by the Board's date stamp on the face of the document. A document issued by the Board or the Department pursuant to this Section is served on a party as follows:
  - a. On the date it is personally served.
  - b. Five days after it is mailed by first class mail.
  - c. On the date of the return receipt if it is mailed by certified mail.

2. Each applicant or certificated person shall inform the Department of Education and the Board of any change of address within 30 days of the change of address.

**D.** Hearing process

1. All hearings shall be conducted before the Board or a hearing officer pursuant to A.R.S. Title 41, Chapter 6, Article 6 and this Section.
2. Parties may participate in the hearing in person or through an attorney.
3. Upon request of either party, the hearing officer may schedule a prehearing conference. The purpose of a prehearing conference shall be to narrow issues, attempt settlement, address evidentiary issues or for any other purpose deemed necessary by the hearing officer.
4. Opportunity shall be afforded all parties to respond and present evidence and argument on the issues involved.
5. The Board may dispose of any certification appeal by decision or approved stipulation, agreed settlement, consent agreement or by default.
6. A hearing shall be recorded manually or by a recording device and shall be transcribed on request of any party, unless otherwise provided by law. The cost of such transcript shall be paid by the party making the request, unless otherwise provided by law or unless assessment of the cost is waived by the Board.
7. The hearing may be rescheduled, maintaining due regard for the interests of justice and the orderly and prompt conduct of the proceedings.
8. The record in an appeal of a certification denial shall include:
  - a. All pleadings, motions and interlocutory rulings;
  - b. Evidence received or considered;
  - c. A statement of matters officially noticed;
  - d. Objections and offers of proof and rulings thereon;
  - e. Proposed findings of fact and conclusions of law and exceptions thereto;
  - f. Any decision, opinion, recommendation or report of the hearing officer;
  - g. All staff memoranda, other than privileged communications, or data submitted to the hearing officer in connection with its consideration of the case.
9. Findings of fact shall be based exclusively on the evidence and on matters officially noticed.
10. A hearing may be conducted in an informal manner and without adherence to the rules of evidence required in judicial proceedings. Neither the manner of conducting the hearing nor the failure to adhere to the rules of evidence required in judicial proceedings shall be grounds for reversing any administrative decision or order, providing the evidence supporting such decision or order is substantial, reliable, and probative. Irrelevant, immaterial or unduly repetitious evidence shall be excluded. Every person who is a party to such proceedings shall have the right to be represented by counsel, to submit evidence in open hearing and shall have the right of cross-examination. Unless otherwise provided by law, hearings may be held at any place determined by the Board. At such hearing such applicant shall be the moving party and have the burden of proof.
11. Copies of documentary evidence may be received in the discretion of the hearing officer. Upon request, the parties shall be given an opportunity to compare the copy with the original.
12. Notice may be taken of judicially cognizable facts. In addition, notice may be taken of generally recognized technical or scientific facts within the specialized knowl-

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edge of the hearing officer. Parties shall be notified either before or during the hearing or by reference in preliminary reports or otherwise of the material noticed including any staff memoranda or data and they shall be afforded an opportunity to contest the material so noticed. The hearing officer's experience, technical competence and specialized knowledge may be utilized in the evaluation of the evidence.

**E. Subpoenas**

1. The hearing officer may issue subpoenas for the attendance of witnesses and for the production of books, records, documents and other evidence on the hearing officer's own volition or at the request of a party.
2. A request for a hearing subpoena shall be in writing and served on each party at least seven days prior to the date set for hearing and shall state:
  - a. The name of the case, the case number, and the date, time and place where the witness is expected to appear and testify;
  - b. The name and address of the witness subpoenaed;
  - c. The documents, if any, sought to be provided; and
  - d. A brief statement of the relevance of the testimony or documents.
3. On application of a party or the agency and for use as evidence, the hearing officer may permit a deposition to be taken, in the manner and upon the terms designated by the hearing officer, of a witness who cannot be subpoenaed or is unable to attend the hearing.
4. The individual to whom a subpoena is directed shall comply with its provisions unless, prior to the date set for appearance, the hearing officer grants a written request to quash or modify the subpoena. The request shall state the reasons why it should be granted. The hearing officer shall grant or deny such request by order.
5. The hearing officer shall quash or modify the subpoena if:
  - a. It is unreasonable or oppressive; or
  - b. The desired testimony or evidence may be obtained by an alternative method.
6. The party requesting the subpoena shall prepare it and cause it to be served upon the individual to whom it is directed in the same manner as provided for service of subpoenas in civil matters before the superior court. The return of service shall be filed with the Board.

**F. Conduct of hearing**

1. The hearing officer may conduct all or part of the hearing by telephone or other electronic means, as long as each party has an opportunity to participate in the entire proceeding as it takes place.
2. Except for those hearings which may involve presentation of evidence protected by law as confidential, or which are otherwise closed pursuant to an express provision of law, all hearings are open to public observation.
3. Conduct at any hearing that is disruptive or shows contempt for the proceedings shall be grounds for exclusion from further participation or observation.

**G. Evidence**

1. All witnesses shall testify under oath or affirmation.
2. The hearing officer shall have the power to administer oaths and affirmations.
3. All parties shall have the right to present such oral or documentary evidence and to conduct such cross-examination as may be required for a full and fair disclosure of the facts.
4. The hearing officer shall receive evidence, rule upon offers of proof, and exclude evidence the hearing officer

has determined to be irrelevant, immaterial, or unduly repetitious.

5. Unless otherwise ordered by the hearing officer, documentary evidence shall be limited in size when folded to 8 1/2 by 11 inches. The submitting party shall identify documentary exhibits by number or letter and party and furnish a copy of each exhibit to each party present. One additional copy shall be furnished to the hearing officer unless the hearing officer otherwise directs. When evidence offered by any party appears in a larger work, containing other information, the party shall plainly designate the portion offered. If the evidence offered is so voluminous as would unnecessarily encumber the record, the book, paper, or document shall not be received in evidence but may be marked for identification and, if properly authenticated, the designated portion may be read into or photocopied for the record. All documentary evidence offered shall be subject to appropriate and timely objection.

- H. Stipulations.** Parties to an appeal of a certification denial may stipulate, in writing, agreement upon any matter involved in the proceeding. If approved by the hearing officer, agreement on matters of procedure shall be binding upon the parties to the stipulation. The hearing officer may require presentation of evidence for proof of stipulated facts for the hearing officer's consideration. No substantive matter agreed to by the parties shall be binding upon the Board unless incorporated into the decision of the Board.

**I. Recommendations**

1. A recommended decision shall be prepared for the Board by the hearing officer and shall include findings of fact and conclusions of law, separately stated.
2. Parties shall be notified either personally or by mail to their last known address of any decision or order.
3. A recommended decision shall be delivered to the Board within 30 days after the close of the hearing unless the Board extends the period for good cause.

**J. Decisions and orders**

1. Any final decision or order adverse to a party shall be in writing or stated in the record.
2. When the Board is the hearing body, the decision shall be rendered within 60 days following the final day of the hearing.
3. Within 30 days after receipt of any recommended decision from the hearing officer, the Board shall render a decision to affirm, reverse, adopt, modify, supplement, amend or reject the recommendation and may remand the matter to the hearing officer with instructions, or may convene itself as the hearing body.

**K. Rehearing and review of decisions**

1. After a hearing is held, a party in an appeal of a certification denial who is aggrieved by a decision rendered by the Board may file with the Board, not later than 30 days after such decision has been made, a written motion for rehearing specifying the particular grounds therefor. A motion for rehearing under this Section may be amended at any time before it is ruled upon by the Board. A response may be filed within 15 days after service of such motion by any other party. The Board may require the filing of written briefs on the issues raised in the motion or response and may provide for oral argument.
2. A rehearing of a decision by the Board may be granted for any of the following causes materially affecting the moving party's rights:

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- a. Irregularity in the administrative proceedings of the hearing body, or abuse of discretion, whereby the moving party was deprived of a fair hearing.
  - b. Misconduct of the hearing body or the prevailing party.
  - c. Accident or surprise which could not have been prevented by ordinary prudence.
  - d. Newly discovered material evidence which could not with reasonable diligence have been discovered and produced at the hearing.
  - e. Excessive or insufficient penalties.
  - f. Error in the admission or rejection of evidence or other errors of law occurring at the administrative hearing.
  - g. That the decision is not justified by the evidence or is contrary to the law.
3. The Board may affirm or modify the decision or grant a rehearing to all or any of the parties, on all or part of the issues, for any of the reasons set forth in subsection (K)(2). An order granting a rehearing shall specify with particularity the ground or grounds on which the rehearing is granted, and the rehearing shall cover only those matters so specified.
  4. After giving the parties or their counsel notice and an opportunity to be heard on the matter, the Board may grant a motion for rehearing for a reason not stated in the motion. The order granting such a rehearing shall specify the grounds therefor.
  5. Not later than 20 days after a decision is rendered, the Board may, on its own initiative, order a rehearing of its decision for any reasons for which it might have granted a rehearing on motion of a party. The order granting such a rehearing shall specify the grounds therefor.
  6. When a motion for rehearing is based upon affidavits they shall be served with the motion. An opposing party may, within 10 days after service of such motion, serve opposing affidavits and this period may be extended for an additional period not exceeding 20 days, by the Board for good cause shown or by written stipulation of the parties. Reply affidavits may be permitted.
  7. After a hearing has been held and a final administrative decision has been entered, a party is not required to file a motion for rehearing or review of the decision in order to exhaust the party's administrative remedies.
  8. Any party in an appeal of a certification denial who is aggrieved by a decision rendered by the Board may file with the Board, not later than 20 days after such decision has been made, a written request for review of the decision. If a review of the decision is granted, the Board may affirm or modify the previous decision.

**Historical Note**

Former Section R7-2-206 adopted effective December 4, 1978 (Supp. 78-6). Repealed effective February 24, 1982. See R7-2-205 adopted effective February 24, 1982 (Supp. 82-1). New Section R7-2-206 adopted effective August 9, 1989 (Supp. 89-3). Repealed effective March 18, 1994 (Supp. 94-1). New Section made by exempt rulemaking at 16 A.A.R. 156, effective December 7, 2009 (Supp. 09-4). Amended by final exempt rulemaking at 25 A.A.R. 98, effective December 17, 2018 (Supp. 18-4).

**R7-2-207. Repealed****Historical Note**

Adopted effective August 9, 1989 (Supp. 89-3). Repealed effective March 18, 1994 (Supp. 94-1).

**ARTICLE 3. CURRICULUM REQUIREMENTS AND SPECIAL PROGRAMS****R7-2-300. Adoption of Assessments**

As required in A.R.S. §15-741, the Board shall adopt assessments as Arizona instruments to measure standards in order to measure pupil achievement of the state board adopted academic standards in at least grades 3 through 10.

**Historical Note**

New Section made by final exempt rulemaking at 22 A.A.R. 143, effective August 26, 2013; filed in the Office on January 15, 2016 (Supp. 16-2).

**R7-2-301. Minimum Course of Study and Competency Goals for Students in the Common Schools**

- A. Students shall demonstrate competency as defined by the State Board-adopted academic standards, at the grade levels specified, in the following required subject areas. District and charter school instructional programs shall include an ongoing assessment of student progress toward meeting the competency requirements. These shall include the successful completion of the academic standards in at least reading, writing, mathematics, science and social studies, as determined by district and/or statewide assessments.
  1. English language arts;
  2. Mathematics;
  3. Science;
  4. Social Studies; including:
    - a. Civics; and
    - b. Instruction on the Holocaust and other genocides at least once in either grade seven or grade eight;
  5. The Arts, which may consist of two or more of the following: visual arts, dance, theatre, music or media arts;
  6. Health/Physical Education.
- B. The local governing board or charter school may prescribe course of study and competency requirements for promotion that are in addition to or higher than the course of study and competency requirements the State Board of Education prescribes. Additional subjects may be offered by the local governing board or charter school as options and may include, but are not limited to:
  1. Career and Technical Education,
  2. Computer Science,
  3. Educational Technology,
  4. World and Native Languages.
- C. Prior to the issuance of a standard certificate of promotion from the eighth grade, each student shall demonstrate competency, as defined by the local governing board, of the State Board of Education adopted academic standards for grade eight in the subject areas listed in subsection (A).
- D. Special education and promotion from grade 8.
  1. The charter school or local governing board of each school district shall be responsible for developing a course of study and graduation requirements for all students placed in special education programs in accordance with R7-2-401 et seq.
  2. Students placed in special education classes in grades K through eight are eligible to receive the standard certificate of promotion without meeting State Board of Education competency requirements.
- E. Online and distance education courses may be offered by the local governing board or charter school if the course is provided through an Arizona Online Instruction Program established pursuant to A.R.S. § 15-808.
- F. Alternative Demonstration of Competency. Upon request of the student, the local school district governing board or charter school shall provide the opportunity for a student in grades

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seven and eight to demonstrate competency in the subject areas listed in subsection (A) in lieu of classroom time.

**Historical Note**

Former Section R7-2-301 repealed, new Section R7-2-301 adopted effective December 4, 1978 (Supp. 78-6). Amended subsections (A) and (B) effective May 4, 1982 (Supp. 82-3). Amended subsection (B) by adding subsection (10) effective July 26, 1982 (Supp. 82-4). Section repealed, new Section adopted effective April 12, 1993 (Supp. 93-2). Amended effective May 3, 1993 (Supp. 93-2). Amended by final exempt rulemaking at 22 A.A.R. 143, effective August 26, 2013 (the making of subsection (F)); filed in the Office January 15, 2016, with historical note added for clarification as the Board adopted the same amendment June 23, 2014 (Supp. 16-2). Amended by final exempt rulemaking at 21 A.A.R. 1778, effective June 23, 2014; filed in the Office August 4, 2015 (Supp. 15-3). Amended by final exempt rulemaking at 22 A.A.R. 143, effective August 26, 2013; filed in the Office on January 15, 2016 (Supp. 16-2). Amended by final rulemaking at 24 A.A.R. 691, effective February 26, 2018 (Supp. 18-1). Amended by final exempt rulemaking at 26 A.A.R. 2897, effective October 26, 2020 (Supp. 20-4). The hyphen between “K-8” has been changed to the word “through,” the numeral “8” has been changed to “eight,” the ordinal “8th” was corrected to “grade 8” for consistency in Chapter style and format (Supp. 21-2).

**R7-2-301.01. Repealed****Historical Note**

R7-2-301(A), (B), and (C) repeated and numbered as R7-2-301.01(A), (B), and (C); R7-2-301(D) and (E) repeated and numbered as R7-2-301.01(D) and (E) and amended; the text of R7-2-301.01 as amended is effective January 1, 1989 (Supp. 86-2). Complete text printed and historical note added (Supp. 89-3). Repealed effective April 12, 1993 (Supp. 93-2).

**R7-2-301.02. Repealed****Historical Note**

Adopted effective March 26, 1990 (Supp. 90-1). Amended effective December 18, 1991; amended effective December 20, 1991 (Supp. 91-4). Repealed effective March 18, 1994 (Supp. 94-1).

**R7-2-302. Minimum Course of Study and Competency Requirements for Graduation from High School**

The Board prescribes the minimum course of study and competency requirements as outlined in subsections (1) through (5) and, beginning with the graduating class of 2017, receipt of a passing score of 60 correct answers out of 100 questions on a civics test identical to the civics portion of the naturalization test used by the United States Citizenship and Immigration Services as prescribed in A.R.S. § 15-701.01(A)(2).

1. Subject area course requirements. The Board establishes 22 credits as the minimum number of credits necessary for high school graduation. Students shall obtain credits for required subject areas as specified in subsections (1)(a) through (e) based on completion of subject area course requirements or competency requirements. At the discretion of the local school district governing board or charter school, credits may be awarded for completion of elective subjects specified in subsection (1)(f) based on completion of subject area course requirements or competency requirements. The awarding of a credit toward the completion of high school graduation requirements

shall be based on successful completion of the subject area requirements prescribed by the State Board and local school district governing board or charter school as follows:

- a. Four credits of English or English as a Second Language, which shall include but not be limited to the following: reading American and other world literature, reading informational text, writing, research methods, speaking and listening skills, grammar, and vocabulary.
- b. Three credits in social studies to minimally include the following:
  - i. One credit of American history, including Arizona history;
  - ii. One credit of world history/geography, to include instruction on the Holocaust and other genocides;
  - iii. One-half credit of American government, including civics and Arizona government; and
  - iv. One-half credit in economics.
- c. Four credits of mathematics to minimally include:
  - i. Three credits containing course content in preparation for proficiency at the high school level on the statewide assessment and aligned to the Arizona Mathematics Standards for Algebra I, Geometry, and Algebra II. These three credits shall be taken beginning with the ninth grade unless a student meets these requirements prior to the ninth grade pursuant to subsection (1)(c)(iii). The requirement for the third credit covering Algebra II, may be met by, but is not limited to the following: a math course comparable to Algebra II course content; computer science, career and technical education and vocational education, economics, science and arts courses as determined by the local school district governing board or charter school.
  - ii. A fourth credit that includes significant mathematics content as determined by the local school district governing board or charter school.
  - iii. Courses successfully completed prior to the ninth grade that meet the high school mathematics credit requirements may be applied toward satisfying those requirements.
  - iv. The mathematics requirements may be modified for students using a Personal Curriculum pursuant to R7-2-302.03.
- d. Three credits of science in preparation for proficiency at the high school level on the statewide assessment.
- e. One credit of the Arts or career and technical education and vocational education.
- f. Seven credits of additional courses prescribed by the local school district governing board or charter school.
- g. A credit or partial credit may apply toward more than one subject area but shall count only as one credit or partial credit toward satisfying the 22 required credits.
2. Credits earned through correspondence courses to meet graduation requirements shall be taken from an accredited institution as defined in R7-2-601. Credits earned thereby shall be limited to four, and only one credit may be earned in each of the following subject areas:

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- a. English as described in subsection (1)(a),
  - b. Social Studies,
  - c. Mathematics, and
  - d. Science.
3. Online and distance education courses may be offered by the local governing board or charter school if the course is provided through an Arizona Online Instruction Program established pursuant to A.R.S. § 15-808.
4. Local school district governing boards or charter schools may grant to career and technical education and vocational education program completers a maximum of 5 1/2 credits to be used toward the Board English, mathematics, science, and economics credit requirements for graduation, subject to the following restrictions:
  - a. The Board has approved the career and technical education and vocational education program for equivalent credit to be used toward the Board English, mathematics, science, and economics credit requirements for graduation.
  - b. A credit or partial credit may apply toward more than one subject area but shall count only as one credit or partial credit toward satisfying the 22 required credits.
  - c. A student who satisfies any part of the Board English, mathematics, science, and economics requirements through the completion of a career and technical education and vocational education program shall still be required to earn 22 total credits to meet the graduation requirements prescribed in this Section.
5. Competency requirements.
  - a. The awarding of a credit toward the completion of high school graduation requirements shall be based on the requirements outlined in A.R.S. § 15-701.01 and the successful completion of State Board-adopted academic standards for subject areas listed in subsections (1)(a) through (1)(e) and the successful completion of the competency requirements for the elective subjects specified in subsection (1)(f). Competency requirements for elective subjects as specified in subsection (1)(f) shall be the academic standards adopted by the State Board. If there are no adopted academic standards for an elective subject, the local school district governing board or charter school shall be responsible for developing and adopting competency requirements for the successful completion of the elective subject. The school district governing board or charter school shall be responsible for developing and adopting the method and manner in which to administer a test that is identical to the civics portion of the naturalization test used by the United States Citizenship and Immigration Services, and a pupil who does not obtain a passing score on the test may retake the test until the pupil obtains a passing score.
  - b. The determination and verification of student accomplishment and performance shall be the responsibility of the subject area teacher.
  - c. Upon request of the student, the local school district governing board or charter school shall provide the opportunity for the student to demonstrate competency in the subject areas listed in subsections (1)(a) through (1)(f) of this Section in lieu of classroom time. In appropriate courses, a school district governing board or charter school shall include as a mechanism to demonstrate competency a score determined by the State Board as college and career ready on the appropriate assessment adopted by the State Board pursuant to A.R.S. §§ 15-741 or 15-741.01.
6. The local school district governing board or charter school shall be responsible for developing a course of study and graduation requirements for all students placed in special education programs in accordance with A.R.S. Title 15, Chapter 7, Article 4 and A.A.C. R7-2-401 et seq. Students placed in special education classes, grades nine through 12, are eligible to receive a high school diploma upon completion of graduation requirements.

**Historical Note**

Former Section R7-2-302 repealed, new Section R7-2-302 adopted effective December 4, 1978 (Supp. 78-6). Amended effective July 8, 1983 (Supp. 83-4). Amended subsections (1) and (5) effective January 1, 1987 (Supp. 84-3). See R7-2-302.01 and R7-2-302.02 for minimum credits for graduating classes of 1987 forward (Supp. 86-5). Repealed effective August 28, 1992; Inadvertently omitted from Supp. 92-3; corrected Supp. 93-4. Amended effective November 17, 1994 (Supp. 94-4). Repealed effective February 20, 1997 (Supp. 97-1). New Section adopted by final rulemaking at 7 A.A.R. 1255, effective February 20, 2001 (Supp. 01-1). Amended by final rulemaking at 8 A.A.R. 3893, effective August 21, 2002 (Supp. 02-3). Amended by final exempt rulemaking at 22 A.A.R. 143, effective August 26, 2013; since the Board did not file the amendments until January 15, 2016, subsection (3)(a) through (b) was already repealed at the time of publishing the Section in Supp. 15-3; therefore, there is no record of the amendments in the Administrative Code; these amendments can be viewed at 21 A.A.R. 1778 (Supp. 16-2). Amended by final exempt rulemaking at 21 A.A.R. 1778, effective June 23, 2014; filed in the Office August 4, 2015 (Supp. 15-3). Amended by final exempt rulemaking at 22 A.A.R. 197, effective October 26, 2015; filed in the Office January 15, 2016 (Supp. 16-3). Amended by final rulemaking at 24 A.A.R. 691, effective February 26, 2018 (Supp. 18-1). Amended by final exempt rulemaking at 26 A.A.R. 2897, effective October 26, 2020 (Supp. 20-4). The word "sixty" has been changed to the numeral "60," the hyphen between "9-12" was replaced with the word "through" and the numeral "9" has been changed to "nine," the phrase "of this Section" was removed, and "one hundred" was changed to the numeral "100" to reflect current standards in Chapter style and format (Supp. 21-2).

**R7-2-302.01. Repealed****Historical Note**

Section R7-2-302 repealed and amended effective January 1, 1987, filed September 24, 1986 (Supp. 86-5). Amended as an emergency by adding a new subsection (B) effective May 3, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Filing date for January 1, 1987, amendments corrected to September 24, 1986 (Supp. 89-3). Emergency expired. Adopted as a permanent rule effective February 7, 1990 (Supp. 90-1). Repealed effective August 28, 1992; Inadvertently omitted from Supp. 92-3; corrected Supp. 93-4. New Section made by exempt rulemaking at 14 A.A.R. 195, effective December 10, 2007 (Supp. 08-1). Section repealed by final exempt rulemaking at 22 A.A.R. 143, effective August 26, 2013; filed in the Office on January 15, 2016

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(Supp. 16-2).

**R7-2-302.02. Repealed****Historical Note**

Adopted effective January 1, 1991, filed September 24, 1986 (Supp. 86-5). Amended effective May 9, 1988 (Supp. 88-2). Amended effective June 12, 1989 (Supp. 89-2). Amended effective March 26, 1990 (Supp. 90-1). Repealed effective March 18, 1994 (Supp. 94-1). New Section made by exempt rulemaking at 14 A.A.R. 195, effective December 10, 2007 (Supp. 08-1). Section repealed by final exempt rulemaking at 22 A.A.R. 143, effective August 26, 2013; filed in the Office on January 15, 2016 (Supp. 16-2).

**R7-2-302.03. Personal Curriculum****A. Definitions.**

1. "Personal Curriculum" means a documented process that may be used to modify the high school graduation requirements for mathematics delineated in R7-2-302.02(1)(c). A student may use a personal curriculum to modify the Algebra II requirement delineated in R7-2-302.02(1)(c)(ii) and reduce the credit requirements for mathematics from four to three credits. A student who successfully completes the student's personal curriculum meets the requirements for high school graduation.
2. "Development Team" means a team that develops a personal curriculum for a student and consists of the student, the parent or legal guardian of the student, and a school counselor or principal or their designee. A school principal may add additional members to the development team as the principal deems appropriate.

**B. A student is eligible for a personal curriculum if the student meets the following criteria:**

1. The student has successfully completed the mathematics requirements delineated in R7-2-302.02(1)(c)(i); and
2. Despite the student's successful completion of the mathematics requirements delineated in R7-2-302.02(1)(c)(i), the development team determines that the student demonstrates a need to modify the requirement delineated in R7-2-302.02(1)(c)(ii) for Algebra II or its equivalent course content.

**C. The requirements for a personal curriculum are as follows:**

1. An eligible student may only modify the mathematics requirement delineated in R7-2-302.02(1)(c)(ii) for Algebra II or its equivalent course content;
2. In lieu of successfully completing Algebra II or its equivalent course content, an eligible student shall successfully complete at least one credit in mathematics that shall include significant mathematics content as determined by the local school district governing board or charter school; and
3. An eligible student shall successfully complete a course in mathematics in the student's senior year.

**D. The procedures for developing and implementing a personal curriculum are as follows:**

1. The parent or legal guardian of a student, an emancipated student, or a student with permission from the student's parent or legal guardian may request a personal curriculum in a manner prescribed by the local school district governing board or charter school.
2. Upon receipt of a request for a personal curriculum made pursuant to subsection (D)(1), the local school district or charter school shall verify that the student successfully completed the mathematics requirements delineated in R7-2-302.02(1)(c)(i) and, upon verification, shall convene a development team.

**3. The development team shall:**

- a. Verify that the student demonstrates a need to modify the requirement delineated in R7-2-302.02(1)(c)(ii) for Algebra II or its equivalent course content,
- b. Identify an appropriate alternative mathematics course or courses to modify the requirement for Algebra II or its equivalent course content,
- c. Develop a written personal curriculum plan that includes the alternative mathematics course or courses identified in subsection (D)(3)(b) and a plan for monitoring student progress toward successfully completing the alternative mathematics course or courses. In developing the personal curriculum plan the development team shall consider how the proposed modifications maintain the integrity of the high school diploma and enable the student to achieve the student's post-secondary education and career goals.

**4. The development team may modify the personal curriculum plan based upon the development team's evaluation of the student's progress.****E. The Superintendent of Public Instruction shall monitor a school district or charter school if there is reason to believe that the school district or charter school is allowing modifications inconsistent with the requirements delineated in this Section.****Historical Note**

Adopted effective November 1, 1989 (Supp. 89-4). Amended effective December 12, 1990 (Supp. 90-4). Repealed effective February 20, 1997 (Supp. 97-1). New Section made by exempt rulemaking at 14 A.A.R. 195, effective December 10, 2007 (Supp. 08-1).

**R7-2-302.04. Repealed****Historical Note**

Adopted effective July 10, 1992 (Supp. 92-3). Amended effective May 3, 1993 (Supp. 93-2). Amended effective December 17, 1998 (Supp. 98-4). Section repealed by final exempt rulemaking at 22 A.A.R. 143, effective August 26, 2013; filed in the Office on January 15, 2016 (Supp. 16-2).

**R7-2-302.05. Arizona Education and Career Action Plan for Students in Grades nine through 12****A. Effective for the graduation class of 2013, schools shall complete for every student in grades nine through 12 an Arizona Education and Career Action Plan ("ECAP") prior to graduation. Schools shall develop an Education and Career Action Plan in consultation with the student, the student's parent or guardian and the appropriate school personnel as designated by the school principal or chief administrative officer. Schools shall monitor, review and update each Education and Career Action Plan at least annually. Completion of an Education and Career Action Plan shall be verified by appropriate school personnel.****B. An Arizona Education and Career Action Plan shall at a minimum allow students to enter, track and update the following information:**

1. Academic Goals that include identifying and planning the coursework necessary to achieve the high school graduation requirements and pursue postsecondary education and career options; analyzing assessment results to determine progress and identify needs for intervention and advisement; and documenting academic achievement;

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2. Career Goals that include identifying career plans, options, interests and skills; exploring entry level opportunities; and evaluating educational requirements;
3. Postsecondary Education Goals that include identifying progress toward meeting admission requirements, completing application forms and creating financial assistance plans; and
4. Extracurricular Activity Goals that include documenting participation in clubs, organizations, athletics, fine arts, community service, recreational activities, volunteer activities, work-related activities, leadership opportunities, and other activities.

**Historical Note**

New Section made by exempt rulemaking at 12 A.A.R. 876, effective August 22, 2005 (Supp. 06-1). Section R7-2-302.05 renumbered to R7-2-302.06; new Section R7-2-302.05 made by final exempt rulemaking at 22 A.A.R. 111, effective February 25, 2008; filed in the Office January 6, 2016 (Supp. 16-1). The hyphen between “9-12” has been changed to the word “through” and the numeral 9 has been changed to “nine,” to reflect current standards in Chapter style and format (Supp. 21-2).

**R7-2-302.06. Repealed****Historical Note**

New Section made by exempt rulemaking at 12 A.A.R. 876, effective August 22, 2005 (Supp. 06-1). Amended by exempt rulemaking at 15 A.A.R. 1570, effective September 25, 2006 (Supp. 09-1). Amended by exempt rulemaking at 16 A.A.R. 2031, effective August 25, 2008 (Supp. 09-2). Amended by exempt rulemaking at 15 A.A.R. 1602, effective August 24, 2009 (Supp. 09-3). Section R7-2-302.06 renumbered to R7-2-302.07; new Section R7-2-302.06 renumbered from Section R7-2-302.05 by final exempt rulemaking at 22 A.A.R. 111, effective February 25, 2008; filed in the Office January 6, 2016 (Supp. 16-1). Section repealed by final exempt rulemaking at 22 A.A.R. 143, effective August 26, 2013; filed in the Office on January 15, 2016 (Supp. 16-2).

**R7-2-302.07. Repealed****Historical Note**

New Section made by exempt rulemaking at 15 A.A.R. 1602, effective August 24, 2009 (Supp. 09-3). Section R7-2-302.07 renumbered to R7-2-302.08; new Section R7-2-302.07 renumbered from Section R7-2-302.06 by final exempt rulemaking at 22 A.A.R. 111, effective February 25, 2008; filed in the Office January 6, 2016 (Supp. 16-1). Section repealed by final exempt rulemaking at 22 A.A.R. 143, effective August 26, 2013; filed in the Office on January 15, 2016 (Supp. 16-2).

**R7-2-302.08 Repealed****Historical Note**

New Section made by exempt rulemaking at 15 A.A.R. 1602, effective August 24, 2009 (Supp. 09-3). Section R7-2-302.08 renumbered to R7-2-302.09; new Section R7-2-302.08 renumbered from Section R7-2-302.07 by final exempt rulemaking at 22 A.A.R. 111, effective February 25, 2008; filed in the Office January 6, 2016 (Supp. 16-1). Section repealed by final exempt rulemaking at 22 A.A.R. 143, effective August 26, 2013; filed in the Office on January 15, 2016 (Supp. 16-2).

**R7-2-302.09 Repealed****Historical Note**

New Section made by exempt rulemaking at 15 A.A.R. 1602, effective August 24, 2009 (Supp. 09-3). R7-2-302.09 renumbered to R7-2-302.10; new Section R7-2-302.09 renumbered from Section R7-2-302.08 by final exempt rulemaking at 22 A.A.R. 111, effective February 25, 2008; filed in the Office January 6, 2016 (Supp. 16-1). Section repealed by final exempt rulemaking at 22 A.A.R. 143, effective August 26, 2013; filed in the Office on January 15, 2016 (Supp. 16-2).

**R7-2-302.10. Repealed****Historical Note**

New Section R7-2-302.10 renumbered from Section R7-2-302.09 by final exempt rulemaking at 22 A.A.R. 111, effective February 25, 2008; filed in the Office January 6, 2016 (Supp. 16-1). Section amended by final exempt rulemaking at 22 A.A.R. 143, effective August 26, 2013; filed in the Office on January 15, 2016 (Supp. 16-2). Repealed by final exempt rulemaking at 22 A.A.R. 197, effective October 26, 2015; filed in the Office January 15, 2016 (Supp. 16-3).

**R7-2-302.11. Minimum Course of Study and Competency Requirements During Public Health Emergency in the 2019-2020 School Year**

- A. Notwithstanding any other rule, local education agencies shall not refuse to withhold academic credit or a diploma from a student solely because the student missed instructional time due to a school closure issued by the governor.
- B. Local education agencies may issue academic credit and a diploma to a student if the student meets competency requirements pursuant to Article 3. When determining if a student meets competency requirements in a school year during which the governor issues a school closure, local education agencies may consider the educational opportunities provided to the student during the school closure. Educational opportunities, as determined by the local education agency, may include, but are not limited to the following:
  1. Independent study provided online or through printed materials; and
  2. Online instruction.
- C. If a local education agency is unable to consider or unable to provide the educational opportunities pursuant to subsection (B), the local education agency may award academic credit or a diploma if the student was on track to earn the academic credit or diploma prior to the school closure. Evidence that a student was on track to earn academic credit or a diploma, as determined by the local education agency, may include, but is not limited to, passing grades issued by the student's teacher or passing scores on locally or nationally administered assessments. It is the intent of the Board that all schools attempt, to the extent possible, to provide educational opportunities to students during a school closure issued by the governor.
- D. Local education agencies that issue academic credit and a diploma to a student pursuant to subsections (B) and (C) shall issue transcripts and diplomas to students in the same manner as the local education agency would for students that did not miss instructional time due to a school closure caused issued by the governor.
- E. This Section applies only to the 2019-2020 school year and the graduating class of 2020.

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**Historical Note**

New Section made by final exempt rulemaking at 26  
A.A.R. 966, effective March 31, 2020 (Supp. 19-2).

**R7-2-303. Sex Education**

- A.** Instruction in sex education in the public schools of Arizona, including instruction provided after hours, shall be offered only in conformity with the following requirements. Nothing in this Section shall be construed to require a school district or charter school to provide sex education instruction to pupils.
1. Common schools: Nature of instruction; approval; format.
    - a. Supplemental/elective nature of instruction. The common schools of Arizona may provide a specific elective lesson or lessons concerning sex education as a supplement to the health course of study.
      - i. This supplement may only be taken by the student at the written request of the student's parent or guardian.
      - ii. Alternative elective lessons from the state-adopted optional subjects shall be provided for students who do not enroll in elective sex education.
      - iii. Elective sex education lessons shall not exceed the equivalent of one class period per day for 1/8 of the school year for grades K through four.
      - iv. Elective sex education lessons shall not exceed the equivalent of one class period per day for 1/4 of the school year for grades five through eight.
    - b. Local governing board approval. All elective sex education lessons to be offered shall first be approved by the local governing board.
      - i. Each local governing board contemplating the offering of elective sex education shall establish an advisory committee with membership representative of district size and the racial and ethnic composition of the community to assist in the development of lessons and advise the local governing board on an ongoing basis. All meetings of committees that are authorized for the purposes of reviewing and selecting the sex education course of study shall be publicly noticed at least two weeks before occurring and be open to the public pursuant to Arizona Revised Statutes Title 38, Chapter 3, Article 3.1.
      - ii. The local governing board shall review the total instructional materials and approve all lessons and curricula in the course of study to be offered in sex education.
      - iii. The local governing board shall make any proposed sex education course of study available and accessible for review and public comment for at least 60 days before the governing board or governing body decides whether to approve that course of study. The local governing board shall publicize and hold at least two public hearings within the 60-day period for the purpose of receiving public input at least one week prior to the local governing board meeting at which the elective sex education lessons will be considered for approval. Public input may include written comments, oral comments and comments submitted electronically.
      - iv. The local governing board shall maintain for viewing by the public, both online and in-person pursuant to A.R.S. § 15-102(A)(2), the total instructional materials to be used in approved elective sex education lessons within the school district or charter school at least two weeks before any instruction is offered.
  - c. Format of instruction.
    - i. Lessons shall be taught to boys and girls separately.
    - ii. Lessons shall be ungraded, require no homework, and any evaluation administered for the purpose of self-analysis shall not be retained or recorded by the school or the teacher in any form.
    - iii. Lessons shall not include tests, psychological inventories, surveys, or examinations containing any questions about the student's or the student's parents' personal beliefs or practices in sex, family life, morality, values or religion.
2. High schools: Course offering; approval; format.
    - a. A course in sex education may be provided in the high schools of Arizona.
    - b. This course may only be taken by the student at the written request of the student's parent or guardian.
    - c. Alternative elective lessons from the state-adopted optional subjects shall be provided for students who do not enroll in elective sex education.
    - d. All meetings of committees that are authorized for the purposes of reviewing and selecting the sex education course of study shall be publicly noticed at least two weeks before occurring and be open to the public pursuant to Arizona Revised Statutes Title 38, Chapter 3, Article 3.1.
    - e. The local governing board shall review the total instructional materials and approve all lessons and curricula in the course of study to be offered in sex education.
    - f. The local governing board shall make any proposed sex education course of study available and accessible for review and public comment for at least 60 days before the governing board or governing body decides whether to approve that course of study. The local governing board shall publicize and hold at least two public hearings within the 60-day period for the purpose of receiving public input at least one week prior to the local governing board meeting at which the elective sex education lessons will be considered for approval. Public input may include written comments, oral comments and comments submitted electronically.
    - g. Lessons shall not include tests, psychological inventories, surveys, or examinations containing any questions about the student's or the student's parents' personal beliefs or practices in sex, family life, morality, values or religion.
    - h. Local governing boards shall maintain for viewing by the public, both online and in-person pursuant to A.R.S. 15-102(A)(2), the total instructional materials to be used in all sex education courses to be offered in high schools within the school district or charter school at least two weeks before any instruction is offered.
  3. Content of instruction: Common schools and high schools.
    - a. All sex education materials and instruction shall be age appropriate, recognize the needs of exceptional students, meet the needs of the district, recognize



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local community standards and sensitivities, shall not include the teaching of abnormal, deviate, or unusual sexual acts and practices, and shall include the following:

- i. Emphasis upon the power of individuals to control their own personal behavior. Pupils shall be encouraged to base their actions on reasoning, self-discipline, sense of responsibility, self-control and ethical considerations such as respect for self and others; and
  - ii. Instruction on how to say “no” to unwanted sexual advances and to resist negative peer pressure. Pupils shall be taught that it is wrong to take advantage of, or to exploit, another person.
- b. All sex education materials and instruction which discuss sexual intercourse shall:
- i. Stress that pupils should abstain from sexual intercourse until they are mature adults;
  - ii. Emphasize that abstinence from sexual intercourse is the only method for avoiding pregnancy that is 100 percent effective;
  - iii. Stress that sexually transmitted diseases have severe consequences and constitute a serious and widespread public health problem;
  - iv. Include a discussion of the possible emotional and psychological consequences of preadolescent and adolescent sexual intercourse and the consequences of preadolescent and adolescent pregnancy;
  - v. Advise pupils of Arizona law pertaining to the financial responsibilities of parenting, and legal liabilities related to sexual intercourse with a minor.
- B.** Certification of compliance. All districts and charter schools offering a local governing board-approved sex education course or lesson shall certify, under the notarized signature of both the president of the local governing board and the chief administrator of the school district or charter school, compliance with this Section except as specified in subsection (C). Acknowledgment of receipt of the compliance certification from the State Board of Education is required as a prerequisite to the initiation of instruction. Certification of compliance shall be in a format and with such particulars as shall be specified by the Department of Education.
- C.** School districts and charter schools shall make any existing sex education course of study available and accessible for review both online and in person by June 30, 2021.

**Historical Note**

Former Section R7-2-303 repealed, new Section R7-2-303 adopted effective December 4, 1978 (Supp. 78-6).  
 Former Section R7-2-303 repealed, new Section R7-2-303 adopted effective June 12, 1989 (Supp. 89-2).  
 Amended by final exempt rulemaking at 25 A.A.R. 1551, effective May 20, 2019 (Supp. 19-2). The hyphens between grades in this Section have been replaced with the word “through,” the word “rule” was corrected to “Section,” the numeral “4” was corrected to “four,” the numeral “5” was corrected to “five,” and the numeral “8” was corrected to “eight” to reflect current standards in Chapter style and format (Supp. 21-2). Amended by final exempt rulemaking at 27 A.A.R. 1107, effective June 28, 2021 (Supp. 21-3).

**R7-2-304. Extended School Year**

The governing board of a common high school considering the adoption of an extended school year shall:

1. Prepare a comparative cost analysis of the extended school year program versus the cost of new facilities and sites.
2. Hold at least one public hearing, publicized a week in advance, to present the alternatives, including the results of the comparative cost analysis.
3. Determine faculty, community, and parental support prior to making a final determination.

**Historical Note**

Former Section R7-2-304 repealed, new Section R7-2-304 adopted effective December 4, 1978 (Supp. 78-6).  
 The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 21-2).

**R7-2-305. Declaration of Independence**

The governing board of each common school district shall adopt policies that:

1. Require pupils to recite the following passage from the Declaration of Independence for pupils in grades four through six at the commencement of the first class of the day in the schools: “We hold these truths to be self-evident, that all men are created equal, that they are endowed by their creator with certain unalienable rights, that among these are life, liberty, and the pursuit of happiness. That to secure these rights, governments are instituted among men, deriving their just powers from the consent of the governed.”; and
2. Enable the pupil or the parent or legal guardian of the pupil to object to reciting the passage of the Declaration of Independence, and that specify that a pupil shall not be required to participate if the pupil or the pupil’s parent or guardian objects.

**Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).  
 Adopted effective February 15, 1979 (Supp. 79-1).  
 Repealed effective February 20, 1997 (Supp. 97-1). New Section made by final rulemaking at 7 A.A.R. 5363, effective November 7, 2001 (Supp. 01-4). The numeral “4” was corrected to “four,” the numeral “6” was corrected to “six” to reflect current standards in Chapter style and format (Supp. 21-2).

**R7-2-306. English Language Learner Programs**

**A.** Definitions. All terms defined in A.R.S. § 15-751 are applicable, with the following additions:

1. “Statewide assessment” means the test prescribed by A.R.S. § 15-741 or an assessment approved by the Board pursuant to A.R.S. § 15-741.02 to administer to students instead of the statewide assessment.
2. “Arizona Academic Standards” means the standards adopted by the State Board of Education pursuant to A.R.S. §§ 15-203, 15-701, and 15-701.01.
3. “Board” means the State Board of Education.
4. “Compensatory instruction” means instruction given in addition to regular classroom instruction, such as individual or small group instruction, extended day classes, summer school or intersession school.
5. “Department” means the Department of Education.
6. “EL” means English learner.
7. “FEP” means fluent English language proficient, a student who has met the requirements for exit from an English language learner program.

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8. "Federal EL grant monies" means federal grants or funds awarded to an LEA to educate ELs or to improve the LEA's capacity to educate ELs, including but not limited to grants awarded under Title III of the Every Student Succeeds Act of 2015.
  9. "IEP" means individualized education program, a written statement specifying special education services to be provided to a child with a disability.
  10. "LEA" means local education agency, the school district or charter school that provides educational services.
  11. "PHLOTE" means primary or home language other than English.
  12. "Reassessment for reclassification" means the process of determining whether an English language learner may be reclassified as fluent English proficient (FEP).
  13. "Superintendent" means the State Superintendent of Public Instruction.
  14. "WICP" means written individualized compensatory plan that documents the scope and type of services provided to an EL to overcome the identified language and academic deficiencies.
- B. Identification of students to be assessed.**
1. The primary or home language of all students shall be identified by the students' parent or legal guardian on the home language survey. These documents shall inform parents that the responses to these questions will determine whether their student will be assessed for English language proficiency.
  2. A student shall be considered as a PHLOTE student if the home language survey indicates that one or more of the following are true:
    - a. The primary language used in the home is a language other than English, regardless of the language spoken by the student.
    - b. The language most often spoken by the student is a language other than English.
    - c. The student's first acquired language is a language other than English.
  3. The English language proficiency of all PHLOTE students shall be assessed as provided in subsection (C).
- C. English language proficiency assessment.**
1. PHLOTE students in kindergarten shall be administered an English language proficiency test. Students in grades one through 12 shall be administered an English language proficiency test. Students who score below the designated score for fluent English language proficiency, adopted by the Department and based on the test publishers' designated scores, shall be classified as ELs.
  2. English language proficiency assessments shall be conducted by individuals who are proficient in English and trained in language proficiency testing to administer and, when applicable, score the tests.
  3. The LEA shall assess the English language proficiency of all new PHLOTE students as prescribed above within 60 days of the beginning of the school year or within 30 school days of a student's enrollment in school, whichever is later, unless the LEA receives funds under Title III of the Every Student Succeeds Act of 2015 or another federal grant that requires assessment and parental notification within 30 calendar days from the start of the school year or within two calendar weeks of a student enrolling at a school.
- D. Screening and assessment of students in gifted education.** ELs who meet the qualifications for placement in a gifted educational program shall receive programmatic services designed to develop their specific areas of potential and academic ability and may be concurrently enrolled in gifted programs and English language learner programs.
- E. English language learner programs.**
1. All ELs shall be provided daily instruction in English language development appropriate to their level of English language proficiency and consistent with A.R.S. §§ 15-751, 15-752, and, as applicable, § 15-753. The English language instruction shall include listening and speaking skills, reading and writing skills, and cognitive and academic development in English.
  2. ELs shall be provided daily instruction in subject areas required under the minimum course of study adopted by the Board pursuant to R7-2-301 and R7-2-302 that is understandable and appropriate to the level of academic achievement of the EL and is in conformity with accepted strategies for teaching ELs. This subsection does not require an LEA to provide daily instruction in every subject area required pursuant to R7-2-301 and R7-2-302 if those subject areas are not provided daily to English proficient students.
  3. The curriculum of all English language learner programs shall incorporate the Academic Standards adopted by the Board and shall be comparable in amount, scope and quality to that provided to English language proficient students.
  4. ELs who are not progressing toward achieving proficiency of the Arizona Academic Standards adopted by the Board, as evidenced by the failure to improve scores on the statewide assessment, shall be provided compensatory instruction to assist them in achieving those Arizona Academic Standards. A WICP describing the compensatory instruction provided shall be kept in the student's academic file.
  5. On request of a parent or legal guardian of an EL the principal of the EL's school shall require a meeting with the principal or principal's designee, the parent or legal guardian and the classroom teacher to review the student's progress in achieving proficiency in the English language or in making progress toward the Arizona Academic Standards adopted by the Board, to identify any problems, to determine appropriate solutions and to identify the person or persons responsible for implementing the changes and determining their effectiveness.
- F. Reassessment for reclassification.**
1. The purpose of reassessment is to determine if an EL has developed the English language skills necessary to succeed in the English language curricula.
  2. An EL in grades one through 12 may be reassessed for reclassification during test windows established by the Department if the mid-year test requirements are met, but shall be reassessed for reclassification at least once per year. ELs that score at or above the designated score for fluent English language proficiency, adopted by the Department and based on the test publishers' designated scores, shall be reclassified as FEP.
  3. LEAs shall notify the parents or legal guardians in writing that their child has been reclassified as FEP when the student meets the criteria for such reclassification.
- G. Evaluation of FEP students after exit from EL programs.**
1. The LEA shall monitor exited students based on the criteria provided in this Section during each of the two years after being reclassified as FEP to determine whether these students are performing satisfactorily in achieving the Arizona Academic Standards adopted by the Board. Such students will be monitored in reading, writing and mathematics skills and mastery of academic content areas,

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including science and social studies. The criteria shall be grade-appropriate and uniform throughout the LEA, and upon request, is subject to Board review. Students who are not making satisfactory progress shall, with parent consent, be provided compensatory instruction or shall be re-enrolled in an EL program. A WICP describing the compensatory instruction provided shall be maintained in the students' EL files.

2. The LEA shall use statewide assessment scores to determine progress toward achieving the Arizona Academic Standards in monitoring FEP students after exit from an EL program unless no score is available. Performing satisfactorily will be measured by whether a student meets or exceeds the state standards in reading, writing, and mathematics as measured by the statewide assessment.
3. If a statewide assessment score is not available because the test is not administered in the students' grade or to assess progress in academic subjects not assessed by the statewide assessment, the LEA shall use one or more of the following criteria in its evaluation to determine progress toward achieving the Arizona Academic Standards in monitoring FEP students after exit from an EL program:
  - a. LEA-developed criterion-referenced tests of academic achievement that demonstrate alignment to the Arizona Academic Standards; or
  - b. Standardized tests measuring academic achievement that demonstrate alignment to the Arizona Academic Standards; or
  - c. Nationally norm-referenced test scores; or
  - d. Teacher recommendations based on classroom assessments that demonstrate alignment to the Arizona Academic Standards.

#### H. Monitoring of EL programs.

1. Each year the Department shall monitor at least 32 LEAs, as follows:
  - a. At least 12 of the 50 LEAs with the highest EL enrollment;
  - b. At least 10 LEAs with ELs that are not included in the 50 described above;
  - c. At least 10 LEAs that have reported that they have 25 or fewer EL students in their schools; and
  - d. Other LEAs upon receipt of a documented written complaint from any Arizona resident, the U.S. Department of Education, or the U.S. Office for Civil Rights, alleging that the LEA is not complying with state or federal law regarding ELs.
2. All of the 50 LEAs in subsection (H)(1)(a) shall be monitored by the Department at least once every four years.
3. The monitoring shall be on-site monitoring and shall include classroom observations, curriculum reviews, faculty interviews, student records reviews, and review of EL programs. The Department may use personnel from other schools to assist in the monitoring.
4. The Department shall issue a report on the results of its monitoring within 45 days after completing the monitoring. If the Department determines that an LEA is not complying with state or federal laws applicable to EL students, the LEA shall prepare and submit to the Department, within 60 days of the Department's determination, a corrective action plan that sets forth steps that the LEA will take to correct the deficiencies noted in the report.
5. The Department shall review and return such corrective action plan to the LEA within 30 days, noting any required changes. No later than 30 days after receiving its corrective action plan back from the Department, the LEA shall begin implementing the measures set forth in

the plan, including any revisions required by the Department.

6. The Department shall conduct a follow-up evaluation of the LEA within one year after returning the corrective action plan to the LEA.
7. If the Department finds continued non-compliance during the follow-up evaluation, the LEA shall be referred to the Board for a determination of non-compliance. If the Board determines the LEA to be out of compliance with state or federal laws applicable to EL students, it may take one or more of the following actions:
  - a. Temporarily withhold cash payments of federal EL grant monies;
  - b. Disallow (that is deny both use of funds and matching credit for) all or part of the cost of the activity or action not in compliance;
  - c. Wholly or partly suspend or terminate the current award of federal EL grant monies;
  - d. Withhold further awards of federal EL grant monies for the program.
8. The Department shall monitor all LEAs that the Board has determined to be non-compliant and which have had federal EL grant monies withheld or terminated to ensure that such LEAs do not reduce the amount of funds spent on their EL programs as the result of its loss of funds.

#### Historical Note

Repealed effective December 4, 1978 (Supp. 78-6). New Section R7-2-306 adopted effective July 10, 1979 (Supp. 79-4). Amended effective August 20, 1981 (Supp. 81-4). Former Section R7-2-306 repealed, new Section R7-2-306 adopted effective November 14, 1984 (Supp. 84-6). Amended by final rulemaking at 10 A.A.R. 353, effective March 8, 2004 (Supp. 04-1). Amended by final exempt rulemaking at 26 A.A.R. 66, effective December 13, 2019 (Supp. 19-4). The word "twelve" was changed to the numeral "12" for consistency in Chapter style and format (Supp. 21-2).

#### R7-2-307. High School Equivalency Diplomas

- A. For the purposes of this Section, the following definitions shall apply:
  1. "DANTES" means the Defense Activity for Non-Traditional Education Support.
  2. "Department" means the Adult Education Services Division of the Arizona Department of Education.
  3. "Equivalency Test" means a High School Equivalency Test approved by the State Board of Education.
  4. "High School Equivalency Testing Center" means a testing center established by the Department for the purpose of administering High School Equivalency tests and providing High School Equivalency testing services pursuant to the requirements established by a State Board approved testing provider and state jurisdictional rules.
  5. "USAFI" means the United States Armed Forces Institute.
- B. Eligibility requirements. Any individual who is 16 years of age or older and who has officially been withdrawn from school may take a High School Equivalency Test.
  1. Individuals shall be required to provide the High School Equivalency Testing Center with positive identification and proof of age, and
  2. Individuals who are at least 16 years of age and under 18 years of age shall also be required to provide:
    - a. A signed and notarized statement of consent from a parent or legal guardian, and

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- b. A letter from the last school attended verifying that the individual has officially withdrawn from the school.
- C. Issuance of a diploma. The Department shall issue a high school equivalency diploma to any individual who has not received a high school diploma or high school equivalency certificate or diploma if the individual:
  - 1. Meets the eligibility requirements specified in subsection (B) and has received passing scores on a High School Equivalency Test; or
  - 2. Is a member of the U.S. Armed Forces and has received passing scores on a High School Equivalency Test through USAFI or DANTES provided that the individual's last high school enrollment was in an Arizona high school. Individuals who have taken a High School Equivalency Test through USAFI or DANTES shall send their military permanent record and application card to DANTES with a request that the official High School Equivalency Test scores and application card be forwarded to the Department; or
  - 3. Has received passing scores on a High School Equivalency Test taken at an approved testing provider's site, provided that the Department receives an official transcript directly from the approved testing provider.
- D. The Department shall keep a record of test scores for each individual who has taken a High School Equivalency Test.
- E. The Arizona Department of Education may collect fees for the issuance of High School Equivalency Diplomas and Transcripts. Fees established pursuant to this Section shall not exceed \$20.
  - 1. The State Board of Education will deposit, pursuant to A.R.S. §§ 35-146 and 35-147, fees collected under this Section in the High School Equivalency Testing Revenue Account within the Arizona Department of Education budget, to be used to offset costs of providing these services.
  - 2. If the state fee for General High School Equivalency Diplomas and/or Transcripts presents a financial hardship for the examinee, the examinee may request a fee waiver.
  - 3. A fee waiver shall be granted if all of the following apply:
    - a. Applicant presents documented proof of Arizona residency.
    - b. Applicant submits a completed Fee Waiver Request Form, available from the State High School Equivalency Testing Office or from any official High School Equivalency Testing Center.
    - c. Applicant demonstrates sufficient need for a fee waiver. This may include, but is not limited to the following:
      - i. Proof of eligibility for public assistance and/or federally subsidized housing,
      - ii. Residence in a foster home,
      - iii. Enrollment in a program for the economically disadvantaged such as Upward Bound, or
      - iv. Participation in a free or reduced lunch program.

**Historical Note**

Adopted effective August 20, 1981 (Supp. 81-4).  
 Amended subsections (A), (C), and (G) effective October 2, 1984 (Supp. 84-5). Amended effective December 22, 1997 (Supp. 97-4). Amended effective December 31, 1998 (Supp. 98-4). Amended by exempt rulemaking at 18 A.A.R. 1023, effective October 24, 2011 (Supp. 12-2). Amended by final exempt rulemaking at 21 A.A.R. 1781, effective September 23, 2013 (Supp. 15-3). The word "rule" has been changed to "Section" to reflect current

standards in Chapter style and format (Supp. 21-2).

**R7-2-308. Adult Education**

- A. For the purposes of this Section the following definitions apply:
  - 1. "Adult Basic Education" (ABE) means instruction in reading, writing and math equivalent to grades one through eight, speaking and citizenship skills.
  - 2. "Adult Secondary Education" (ASE) means instruction in reading, writing, math, science and social studies equivalent to the completion of high school.
  - 3. "Eligible applicants" may include local educational agencies, community based organizations, volunteer literacy organizations, institutions of higher education, public or private nonprofit organizations, institutions of higher education, public or private nonprofit agencies, libraries, public housing authorities, and consortiums of any of the aforementioned entities.
  - 4. "English Language Acquisition for Adults" (ELAA) means a program of instruction designed to help individuals of limited English proficiency achieve competency in the English language, including reading, writing, listening and speaking.
  - 5. "Literacy" means an individual's ability to read, write and speak in English, compute and solve problems at levels of proficiency necessary to function on the job, in the family and in society.
  - 6. "Project" means the approved and funded application which is administered by the eligible applicant.
- B. Application for funding
  - 1. Only eligible applicants may apply for funding.
  - 2. Contracts shall be awarded through a competitive funding process.
  - 3. Applications shall include budgets and be submitted according to the standard procurement and grants management policies of the Department of Education for the awarding of competitive grants.
- C. Board priorities and criteria for application approval
  - 1. Priority shall be given to projects funded during the previous fiscal year which:
    - a. Adhered to all applicable state and federal rules and regulations.
    - b. Operated in an efficient and effective manner demonstrating high levels of student educational gains as measured by standardized assessments and student retention as compared with the state average for these projects.
    - c. Completed and submitted all required state and federal reports.
    - d. Utilized volunteers where possible.
  - 2. Equal opportunity for project application approval will be given to eligible applicants who demonstrate previous comparable experience and performance in another adult literacy program.
  - 3. Criteria for approval shall include a determination by the project review committee that the application meets state and federal rules and regulations and the policies and procedures contained in the Arizona State Plan for Adult Education.
- D. Use of funds and student reporting
  - 1. Federal and state funds shall not be co-mingled.
  - 2. Projects shall not assess students a tuition charge for instruction or fees for books, instructional supplies, or materials used in the program.
  - 3. Student attendance hours reported to the Adult Education Division shall not be used in securing financing from any other source. Classes taught by volunteers are not to be

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reported unless they are administered and supervised by the local project.

- E. An adult education certificate issued by the Board shall be required to teach in the Adult Education Program.
- F. Students enrolled in adult education classes must be at least 16 years of age and officially withdrawn from school.
- G. Course of study
  - 1. Adult Basic Education (A.B.E.) students shall be functioning academically below the eighth grade level. The sequential course of study shall:
    - a. Develop and improve communication and computational skills of students.
    - b. Raise the general educational level of students.
    - c. Improve the student's ability to benefit from occupational training.
    - d. Increase opportunities for more productive and profitable employment.
    - e. Assist students to be better able to meet their adult responsibilities as parents, citizens and as co-workers.
  - 2. Adult Secondary Education (A.S.E.) students shall be functioning below the 12th grade level. The course of study shall:
    - a. Give the students a foundation in the areas of English, social studies, literature, science and math.
    - b. Enable students, through the development of critical thinking, to utilize new learning experiences in recognizing, evaluating and solving problems of daily life.
    - c. Attempt to motivate students to continue their education through more advanced study and to become more proficient in observing and adopting new skills in a changing society.
    - d. Equip students with the knowledge prerequisite for satisfactory achievement on a High School Equivalency Test approved by the State Board of Education.
  - 3. English Language Acquisition for Adults (ELAA) and citizenship students shall be resident aliens. The course of study shall:
    - a. Develop an increasing ability to speak, understand, read, and write English.
    - b. Encourage the student to become a participating citizen and give insight into the values of such participation.
    - c. Help the student prepare for the Naturalization Test for U.S. Citizenship by developing a background in American history and government.
    - d. Create a desire for continued learning and self-realization.
- H. Reports
  - 1. Each project shall maintain bookkeeping records and must be able to substantiate expenditures.
  - 2. A financial report shall be filed quarterly for each project with the Adult Education Division within 30 days after the close of the quarter.
  - 3. Projects shall be completed by June 30. A fiscal completion report which has been reconciled with the County School Superintendent's Office, or if another agency, that agency's comparable administrative office, shall be filed with the Adult Education Division within 60 days after the project ending date.
  - 4. Participation in the project reporting system designed to collect student and staff attendance, demographic information and student performance data is required. These

reports shall be filed with the Adult Education Division monthly.

- 5. An annual written report on the year's activities, including internal written monitoring reports, shall be submitted to the Adult Education Division, no later than August 15.
- I. If changes in the approved program or budget are desired, an amendment shall be submitted to the Adult Education Division for review and approval prior to expending any funds for the proposed changes.

**Historical Note**

Adopted effective December 14, 1984 (Supp. 84-6).  
Amended by exempt rulemaking at 15 A.A.R. 1292, effective June 26, 2006 (Supp. 09-1). Amended by final exempt rulemaking at 21 A.A.R. 1781, effective September 23, 2013 (Supp. 15-3). The word "rule" has been changed to "Section" to reflect current standards in Chapter style and format (Supp. 21-2).

**R7-2-309. Completion of Grade 10**

Completion of grade 10 is accomplished when a student has earned 10 credits which shall include:

- 1. Two credits of English.
- 2. One credit of mathematics.
- 3. One credit of science.
- 4. Six credits of additional courses prescribed by the local Governing Board.

**Historical Note**

Adopted effective March 13, 1986 (Supp. 86-2). The Section heading has been updated to title case, governing board has been changed to lowercase to reflect current standards in Chapter style and format (Supp. 21-2).

**R7-2-310. Pupil Achievement Testing**

- A. The nationally standardized norm-referenced achievement tests adopted by the State Board shall be given annually during a week in September or October. By June 1 of each year the Board shall designate the week during the fall for testing for the next school year and all school districts shall administer the test during the week designated.
- B. The superintendent or head of district shall be responsible for:
  - 1. Providing school district enrollment data to the Department of Education annually for purposes of test material distribution.
  - 2. Verifying the count of test materials received and distributing the test materials to each public school in the district.
  - 3. Securing the test materials prior to distribution to pupils or persons administering the tests at the time of testing, as well as after the time of testing. Test materials shall be kept in locked storage.
  - 4. Advising all district employees that the test materials are not to be reproduced in any manner.
  - 5. Familiarizing each person who will administer the test with the test publishers' directions for administering the tests, the timing of the tests and the testing schedule. This is to be accomplished through meetings which shall not be held prior to one week before the first day of testing. At the conclusion of each such meeting, all test materials are to be collected and returned to locked storage.
  - 6. Distributing actual test materials to persons administering the tests on the day of testing.
  - 7. Training persons administering the tests on how to properly complete the identification information on the test booklet/answer sheet and how to code the information required on the variables being collected pursuant to A.R.S. § 15-741, et seq.

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8. Properly packaging all tests/answer sheets which are to be scored by the scoring contractor. Packaging shall comply with instructions furnished by the scoring contractor or Department of Education.
  9. Forwarding all tests/answer sheets to be scored to the scoring contractor per instructions. Tests/answer sheets for the entire district should be forwarded in one shipment.
  10. Retaining all unused and reusable test materials, reporting them in the school's inventory and storing them in a safe and secure manner.
  11. Immediately reporting to the Department of Education any losses of test materials or other irregularities.
  12. The superintendent or head of district may designate a testing coordinator to act on his behalf.
- C.** Persons designated by the superintendent or head of district to administer the test shall:
1. Keep all test materials in locked storage.
  2. Not reproduce any test materials in any manner.
  3. Not disclose any actual test items to pupils prior to testing.
  4. Not provide answers of any test items to any pupils.
  5. Administer only practice tests which are provided by the test publishers. Previous editions of the test series being used in the statewide testing program may not be used as practice tests.
  6. Strictly observe all timed subtests. The test publishers' suggested time limits for untimed subtests shall be followed as closely as possible in order to maintain uniformity in test administration.
  7. Follow directions for administering the test explicitly. No test item may be repeated unless otherwise indicated in the directions.
  8. Not change a pupil's answer.
  9. Return all test materials to the superintendent or head of district immediately upon completion of testing.
- D.** All violations of this Section shall be referred by the superintendent or head of district to the State Superintendent of Public Instruction, for appropriate action.
- E.** For purposes of determining if a student may be exempt from the norm-referenced achievement testing requirement pursuant to A.R.S. § 15-744(B), the local governing board shall:
1. Verify that all students to be exempted have been assessed for language proficiency as required by R7-2-306 in the areas of listening, speaking, reading and writing in English and the primary language and have been determined to be limited English proficient.
  2. Verify that all limited-English-proficient students considered for exemption are enrolled in one of the following programs as required by A.R.S. § 15-754:
    - a. K through six Transitional Bilingual Program;
    - b. Seven through 12 Structured Bilingual Program;
    - c. K through 12 Bilingual Bicultural Program;
    - d. English as a Second Language Program; or
    - e. Individualized Education Program (this program is only acceptable if there are fewer than 10 limited-English-proficient students in a kindergarten program or a grade in a school).
  3. Submit to the Arizona Department of Education, no later than September 30 of each year, a governing board resolution for the exemption of eligible students. This resolution shall contain the number, grade level, year of exemption status and primary language of all students to be exempted and an assurance signed by the governing board president and notarized that the requirements of subsections (E)(1) and (2) have been met.
  4. Submit to the Arizona Department of Education, no later than December 1 of each year, a final report describing the total number of actual students to be exempted.
- F.** Limited English students exempted from the norm-referenced achievement testing program shall be assessed annually with an alternative to the norm-referenced achievement test. If the exempted student is in grades three, eight, or 12, the student shall be administered the assessments prescribed in subsection (F)(2)(c). Alternatives shall be as follows:
1. In the first year a limited-English-proficient student is enrolled within the district, the district may:
    - a. Administer the language proficiency testing conducted pursuant to R7-2-306; or
    - b. Administer the assessments prescribed in subsection (F)(2)(a) or (b) as the alternative assessment in the areas of reading and writing. In the area of mathematics, districts shall administer the district measurement that has been adopted to assess the essential skills in English or in the primary language to such students.
  2. In the years following the first year of enrollment in the district, the alternative assessment shall be:
    - a. The tests that have been adopted by the district in accordance with A.R.S. § 15-741 to assess the essential skills in reading, writing and mathematics in English; or
    - b. The tests that have been adopted by the district in accordance with A.R.S. § 15-741 to assess the essential skills in the student's primary language in reading, writing and mathematics. In determining which primary language assessment to administer, the governing board shall consider the extent to which the exempted student has received recent schooling in the primary language;
    - c. Beginning in the 1991-92 school year, the Arizona Student Assessment Program Essential Skills Tests in English or Spanish shall be administered to exempted students who are enrolled in grades three, eight, or 12.
  3. Alternative assessment instruments specified in subsection (F)(2)(a) or (b) shall be used at the instructional levels for which they were designed.
  4. Alternative assessment administered as specified in subsection (F)(2)(a) or (b) shall be conducted at any time prior to April 30 of the school year.
  5. The results of alternative assessments administered pursuant to subsections (F)(2)(a) and (b) of this subsection shall be submitted to the Department of Education prior to May 30 of the school year.
- G.** The school district shall maintain cumulative files regarding exemptions.
- H.** Beginning in the 1991-1992 school year, the District Assessment Plan filed pursuant to A.R.S. § 15-741(C)(3) shall include plans for the alternative assessment of limited-English-proficient students.

**Historical Note**

Adopted effective March 13, 1986 (Supp. 86-2).  
 Amended subsections (A) and (B) effective February 25, 1987 (Supp. 87-1). Amended effective October 22, 1991; amended effective December 20, 1991 (Supp. 91-4). The Section heading has been updated to title case, the numeral "3" has been changed to "three," the numeral "7" has been changed to "seven," the numeral "8" has been changed to "eight," and the word "rule" has been changed to "Section" to reflect current standards in Chap-

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ter style and format (Supp. 21-2).

**R7-2-311. Pupil Testing Variable Information**

Persons designated by the superintendent or head of district to administer the State Board approved nationally standardized norm-referenced achievement tests shall assure that the following information is properly completed on the answer document for each pupil participating in the testing program:

1. Sex,
2. Primary language,
3. Racial/ethnic background.
4. Limited English proficient pupils participating in required programs by type pursuant to A.R.S. § 15-754, where applicable.

**Historical Note**

Adopted effective June 25, 1986 (Supp. 86-3). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 21-1)

**R7-2-312. Honorary High School Diploma**

A. An honorary high school diploma shall be provided to an individual who has never obtained a high school diploma and who meets both of the following requirements:

1. Currently resides in Arizona; and
2. Provides documented evidence from the Arizona Department of Veterans' Services that the individual enlisted in the armed forces of the United States and served in World War I, World War II, the Korean conflict or the Vietnam conflict.

B. All high schools shall provide for the presentation of an honorary high school diploma to an individual eligible pursuant to subsection (A). The individual shall not be required to reside within the school boundaries. The Arizona Department of Education may issue an honorary high school diploma to an individual eligible pursuant to subsection (A).

**Historical Note**

Adopted effective December 15, 1989 (Supp. 89-4).  
Repealed effective February 20, 1997 (Supp. 97-1). New Section made by final rulemaking at 9 A.A.R. 1125, effective May 10, 2003 (Supp. 03-1). Amended by final exempt rulemaking at 27 A.A.R. 241, effective January 25, 2021 (Supp. 21-1).

**R7-2-313. Academic Contests Fund**

The State Board of Education establishes an academic contests fund consisting of monies appropriated by the legislature or received as gifts or grants for deposit in the academic contests fund pursuant to A.R.S. § 15-1241.

1. The Superintendent of Public Instruction shall, at least annually, compile a list of national contests to be presented to the State Board of Education for approval. Contest requirements are:
  - a. Shall be sponsored by a recognized national organization.
  - b. Shall be academic in nature, motivate pupils to be creative and demonstrate excellence.
  - c. Shall be open to all pupils, regardless of race, creed, sex or national origin. Contests may separate pupils by age or grade level.
2. School districts shall submit an application for academic contest funds to the Superintendent of Public Instruction for student and chaperone expenses. Requirements are:
  - a. No other sponsoring agency is assuming the total costs.

- b. The participation of the students shall be the result of successfully competing at the local or state level, or both, of that contest.
- c. The governing board of the school district in which the students attend shall approve the participation and travel of the students.
- d. The fiscal agent applying for academic contest funds shall be an authorized district representative and responsible for the disbursement of travel funds.
- e. A school district receiving academic contest funds shall submit a completion report and return any unused portion within 90 days after completion of travel to the Department of Education.
3. Application review and approval; funding limitations.
  - a. The State Board of Education shall annually set expenditure limitations for expenses of students and chaperones. These limitations shall be based on the number of applicants, monies available and current state travel regulations.
  - b. The Superintendent of Public Instruction shall review applications for academic contest funds and shall approve applications based upon the criteria set forth in this Section and the availability of funds.

**Historical Note**

Adopted effective December 15, 1989 (Supp. 89-4). The Section heading has been updated to title case, the word "rule" has been changed to "Section" to reflect current standards in Chapter style and format (Supp. 21-2).

**R7-2-314. Definitions**

The following definitions apply to Sections R7-2-315 and R7-2-315.01:

1. "Board examination system" means a complete instructional system that includes all of the following components:
  - a. A coherent group of courses that collectively constitutes a core curriculum at the high school level,
  - b. A comprehensive syllabus for each course,
  - c. Appropriate instructional and teaching materials for each course,
  - d. High quality examinations that are closely aligned with the course syllabus,
  - e. Professional scoring of examinations, and
  - f. Teacher education that is designed to train teachers to properly teach those courses.
2. "Grand Canyon Diploma" means a high school diploma that is offered to any student who demonstrates readiness for college level mathematics and English according to standards prescribed by an interstate compact on board examination systems, who has passing grades on an additional set of required approved board examinations in core academic courses as determined by the State Board of Education.
3. "Readiness for college level mathematics and English" means that a student has the mathematics and English skills and knowledge needed to succeed in college level courses that count toward a degree or certificate without taking remedial or developmental coursework.

**Historical Note**

Adopted effective August 14, 1991 (Supp. 91-4).  
Repealed effective February 20, 1997 (Supp. 97-1). New Section made by exempt rulemaking at 18 A.A.R. 1025, effective January 24, 2011 (Supp. 12-2).

**R7-2-315. Board Examination Systems; Offerings; Procedures**

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- A. The State Board of Education shall select board examination systems that may be used by traditional public schools and charter schools in accordance with the requirements of this Section. Board examination systems selected by the State Board of Education shall:
1. Be approved by an interstate compact on board examination systems,
  2. Be periodically modified to reflect core standards selected by an interstate compact on board examination systems,
  3. Be aligned to State Board of Education approved academic standards,
  4. Have common passing scores that are prescribed by an interstate compact on board examination systems that are set to the level of literacy required to succeed in college-level courses offered by community colleges in this state that count toward a degree or certificate without taking remedial or developmental coursework.
- B. The State Board of Education shall contract with a private organization to act as primary administrator of approved board examination systems. The private organization shall:
1. Identify, select and contract with a national organization that is devoted to issues concerning education and the economy and that is selected by the State Board of Education to provide technical services to develop and maintain an interstate system of approved board examination systems.
  2. Provide data and other information to a national organization that is devoted to issues concerning education and the economy and that is selected by the State Board of Education to provide technical services the national organization deems necessary to set appropriate performance standards for students in this state. The Department of Education shall provide data and other information to the private organization, as necessary.
  3. Conduct technical studies required by the State Board of Education to compare the scores on approved board examinations by the students in this state to scores on the Arizona Instrument to Measure Standards Test and other measures deemed necessary to ensure the efficacy of the approved board examinations. The private organization may contract with other entities that are selected by the State Board of Education for the purpose of conducting technical studies.
  4. In cooperation with the Superintendent of Public Instruction and the State Board of Education, solicit monies from all lawful private and public sources, including federal monies, to offset the costs of instruction provided to students pursuant to this Section.
  5. Exercise general supervision over the implementation of the approved board examination systems in this state.
  6. Prepare an annual report for the State Board of Education, which shall forward it to the legislature and the governor, on the progress made toward the goals established in A.R.S. Title 15, Chapter 7, Article 6. Participating schools and the Department of Education shall provide data to the private organization as needed in order to complete the annual report.
  7. Identify, select and represent this state on the national governing body of an interstate compact on board examination systems, as approved by the State Board of Education.
  8. Select this state's representatives in an interstate compact on board examination systems in accordance with the policies prescribed by that interstate compact.
  9. Develop the Grand Canyon Diploma to be approved and adopted by the State Board of Education.
- C. The Department of Education shall develop a system, subject to State Board of Education approval, to track the academic progress of pupils who participate in board examination systems.
- D. School districts or charter schools wishing to implement an approved board examination in one or more schools shall:
1. Send written notice to the private organization described in this Section indicating that school district's or charter school's interest in implementing an approved board examination system,
  2. Submit an implementation plan to the private organization described in this Section that includes at least the following elements:
    - a. The specific approved board examination system the school district wishes to implement;
    - b. A proposed timeline for the implementation of an approved board examination system;
    - c. A description of the funding model that will be employed to ensure the sustainability of the approved board examination system offering;
    - d. A communication plan for students and parents that provides an overview of the selected approved board examination system, potential course offerings, a description of student support systems, and contact information for students and parents to obtain more detailed information regarding board examination systems and the Grand Canyon Diploma option, as defined in R7-2-315.01.
- E. Upon receipt of an implementation plan described in this Section the private organization shall work cooperatively with the applicable school district or charter school to ensure that the plan is feasible and to modify any elements of the plan deemed necessary for successful implementation of the approved board examination system.

**Historical Note**

Adopted effective November 17, 1994 (Supp. 94-4).  
 Repealed effective February 20, 1997 (Supp. 97-1). New  
 Section made by exempt rulemaking at 18 A.A.R. 1025,  
 effective January 24, 2011 (Supp. 12-2).

**R7-2-315.01. Grand Canyon Diploma**

- A. School districts and charter schools in this state may choose to offer a Grand Canyon Diploma beginning in the 2012 – 2013 school year. A high school student who is enrolled in a school district or charter school that offers a Grand Canyon Diploma may choose to pursue a Grand Canyon Diploma.
- B. A student may be awarded a Grand Canyon Diploma at the end of grade 10 or during or at the end of grade 11 or 12 provided that the student has passed both the mathematics and English assessments for the applicable approved board examination system, and the student has successfully completed the following subject area requirements within board examination system curriculum:
1. Two credits of English;
  2. Two credits of mathematics;
  3. Two credits of science, including lab-based science, engineering or information technologies;
  4. One credit of American History;
  5. One credit of World History;
  6. One credit of fine arts or career and technical education and vocational education; and
  7. One-half credit of economics.



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- C. A student that satisfies all the criteria for issuance of a Grand Canyon Diploma is exempt from the minimum course of study requirements delineated in R7-2-302.02.
- D. Students who earn a Grand Canyon Diploma shall have multiple pathways available to them and may:
1. Enroll the following semester in a community college under the jurisdiction of a community college in this state. Students who take community college courses on high school campuses pursuant to this subsection shall be eligible to participate in extracurricular activities, including interscholastic sports, through the end of grade 12.
  2. Remain in high school and enroll in additional advanced preparation board examination programs that are designed to prepare students for admission to high quality postsecondary institutions that offer baccalaureate degree programs. These board examination programs shall be selected from a list provided by an interstate compact for board examination systems and approved by the State Board of Education. Students who elect to remain in high school pursuant to this subsection shall be eligible to participate in extracurricular activities, including interscholastic sports, through the end of grade 12.
  3. Enroll in a full-time career and technical education program offered on a community college campus, a high school campus or a joint technical education district campus, or any combination of these campuses. Students who elect to remain in high school pursuant to this subsection shall be eligible to participate in extracurricular activities, including interscholastic sports, through the end of grade 12.
  4. Return to a traditional academic program without completing the next level of board examination systems curriculum through the end of grade 12. Students who elect to remain in high school pursuant to this subsection shall be eligible to participate in extracurricular activities, including interscholastic sports, through the end of grade 12.
- E. Students who pursue but do not earn a Grand Canyon Diploma at the end of grade 10 or 11 shall receive a customized program of assistance during the next school year that addresses the areas in which the student demonstrated deficiencies in the approved board examinations. These students may retake the board examinations at the next available examination administration. Students may choose to return to a traditional academic program without completing the board examination system curriculum.
- F. A student who remains in a board examination system curriculum through grade 12 and does not pass the board examination may graduate with a standard diploma provided that the student meets the following requirements:
1. The student has passed the Arizona Instrument to Measure Standards assessments in mathematics and English or received a sufficient score as determined by the State Board of Education on the ACT, SAT, or an approved board examination in mathematics and English.
  2. The student has earned at least 22 credits and has passed a State Board of Education approved sequence of courses within the board examination system curriculum. For the purpose of this requirement the private organization and the Department of Education shall recommend for State Board of Education approval a sequence of courses for each approved board examination system. The sequence of courses for each board examination system shall ensure that students receive instruction in all State Board of Education approved academic standards encompassed in R7-2-302.02(1)(a) through (e).
- G. A student who is enrolled in a school district or charter school that does not offer a board examination system curriculum may earn a Grand Canyon Diploma by:
1. Obtaining a passing score on the assessments of an approved board examination system in each of the subject areas delineated in R7-2-315.01(B)(1) through (6), and
  2. Completing a high school course in economics.

**Historical Note**

New Section made by exempt rulemaking at 18 A.A.R. 1025, effective January 24, 2011 (Supp. 12-2).

**Appendix A. Repealed****Historical Note**

Adopted effective November 17, 1994 (Supp. 94-4).  
Repealed effective February 20, 1997 (Supp. 97-1).

**R7-2-316. Charter Schools Stimulus Fund**

- A. "Start-up costs" mean those costs associated with developing or implementing the following essential components of a charter school:
1. The hiring of teachers and other essential staff members;
  2. The hiring of a chief administrative officer and other costs associated with instituting the administrative structure of the school;
  3. Curriculum development and implementation;
  4. The leasing of physical facilities or equipment and costs associated with establishment of utility services and accounts;
  5. Operational expenses incurred prior to the date on which the charter school begins operations;
  6. The development and implementation of an accounting system which complies with the uniform system of financial records requirements;
  7. Obtaining insurance, including prepayment of premiums which will effectuate insurance coverage during the first year of operation;
  8. Costs associated with licensing and compliance with other health, safety and civil rights requirements.
- B. "Costs associated with renovating or remodeling existing buildings and structures" means those costs associated with the following essential components:
1. Modifications affecting the structural integrity of the building, including those changes needed to meet building code and zoning standards.
  2. Modifications needed to meet non-structural building code requirements, such as those related to plumbing, electrical wiring and fire safety.
  3. Modifications needed to meet state health standards, such as those related to rest rooms and food preparation and service.
  4. Adjusting the size of rooms to accommodate the number of students to be served.
  5. Construction-related finish work, such as exterior and interior replastering and painting, carpeting, flooring, baseboards and door hanging.
  6. Roofing and air conditioning/heating installation or repair required prior to operation of the school.
  7. Access requirements for persons with disabilities.
- C. The State Board of Education shall, subject to legislative appropriation, provide an initial grant or an additional grant from the charter schools stimulus fund to applicants who have a charter or application that has been approved by a sponsor pursuant to A.R.S. § 15-183 and who meet the requirements of A.R.S. § 15-188 and this Section. The grant may be in any amount up to \$100,000 per charter school applicant or charter school.

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- D.** The application for an initial grant shall include:
1. A copy of the applicant's charter;
  2. The identity of the sponsor which approved the charter;
  3. The total amount of funding requested;
  4. An itemization of the specific start-up costs and costs associated with renovating or remodeling existing building and structures for which the funds will be used. Itemization shall include the amount of funds requested for each essential component and a detailed explanation of the basis for calculating the amount requested;
  5. The number of students to be served at the school;
  6. The dimensions of the facility in which the school is to be operated;
  7. A description of the extent to which the facility must be remodeled or renovated in order to meet applicable health and safety standards, unless this information is included in the applicant's charter.
- E.** The application for an additional grant shall be in a format approved by the State Board of Education and shall include:
1. The date and amount of the initial grant award.
  2. A copy of any amendments or other modifications to the charter or application which formed the basis for the initial grant.
  3. The identity of the current sponsor of the charter school.
  4. An itemized accounting of the expenditures made with the initial grant monies.
  5. The total amount of additional funding requested.
  6. An itemization of the specific start-up costs associated with renovating or remodeling existing buildings and structures for which the additional funds will be used. Itemization shall include the amount of funds requested for each essential component and a detailed explanation of the basis for calculating the amount requested.
- F.** In its review of an application for a stimulus fund grant, the State Board of Education may receive information concerning the application from the Department of Education, an advisory committee, and any other source. The State Board may award a grant in an amount different from that requested by the applicant. No grant shall be awarded pursuant to this Section unless the State Board determines that:
1. Every amount requested in the applicant's itemization of costs is for the essential component with which the amount is associated; and
  2. Based on all of the information before the State Board concerning the application, there is a rational basis for the award of funds.
- G.** No applicant or charter school shall be eligible for more than one initial grant and one additional grant, regardless of the amount awarded.
- H.** An applicant who receives an initial grant and fails to begin operating a charter school within the 18 months following the date of the award shall reimburse the Department of Education for the amount of the initial grant plus interest calculated at a rate of 10% per year. Such reimbursement is immediately due and payable at the end of the initial 18-month period.
- I.** An applicant who receives an additional grant and fails to begin operating a charter school within the 18 months following the date of the award shall reimburse the Department of Education for the amount of the initial grant plus interest calculated at a rate of 10% per year. Such reimbursement is immediately due and payable at the end of the applicable 18-month period and is in addition to any amounts required by subsection (H).
- J.** An applicant for a grant pursuant to this Section shall be notified of the date at which the State Board of Education shall consider the application no less than 10 days in advance

thereof. Written notification of the Board's decision concerning an application for a grant shall be mailed to the applicant within 10 days following such decision.

**Historical Note**

Adopted effective April 20, 1995 (Supp. 95-2). The word "rule" has been changed to "Section" to reflect current standards in Chapter style and format (Supp. 21-2).

**R7-2-317. State Seal of Biliteracy Program**

- A.** Definitions. For purposes of this Section, "foreign language" means any language other than English.
- B.** School districts and charter schools in this state may choose to participate in the State Seal of Biliteracy Program (Program) which recognizes students who have attained a high level of proficiency in one or more foreign languages, in addition to English. School districts and charter schools participating in the Program may award the State Seal of Biliteracy to any high school student who graduates from a school operated by the school district or charter school and who meets the requirements of subsections (B)(1) or (2), and subsection (B)(3).
1. **Assessment Method.** To demonstrate language proficiency through the assessment method, the student must attain the required score on a language assessment as adopted by the State Board of Education, upon recommendation by the Arizona Department of Education, for purposes of demonstrating language proficiency for the Program in the four domains of speaking, writing, listening, and reading.
  2. **Alternative evidence model.** A school district or charter school may choose to award the State Seal of Biliteracy through an alternative evidence method.
    - a. An alternative evidence method may be used in any of the following circumstances:
      - i. No standardized assessment exists for the targeted foreign language;
      - ii. Evaluating the language proficiency of a student with disabilities for whom the standardized assessment is inappropriate as determined by the student's Individualized Education Program team or a student on a 504 plan as determined by the student's 504 plan committee; or
      - iii. The standardized assessment for the targeted foreign language does not assess one or more of the four domains of speaking, writing, listening and reading.
    - b. Any alternative evidence method used shall consist of a student portfolio that contains evidence of experience in the targeted foreign language, as well as work samples, test results and other accomplishments that demonstrate proficiency, as established in the guidelines developed by the Arizona Department of Education, in the targeted foreign language in the four domains of speaking, writing, listening and reading. Student portfolios shall comply with guidelines adopted by the Department.
    - c. A school district or charter school that uses an alternative evidence model must notify the Arizona Department of Education.
  3. To be eligible to be awarded the State Seal of Biliteracy, each student shall also demonstrate proficiency in English by meeting the following requirements:
    - a. The student must successfully complete all English Language Arts requirements for graduation, pursuant to R7-2-302, with an overall grade point average in those classes of 2.0 or higher on a 4.0 scale, or the equivalent; and

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- b. The student receives a passing score in English Language Arts on one of the following:
      - i. The statewide assessment adopted pursuant to A.R.S. § 15-741, an assessment approved by the Board pursuant to A.R.S. § 15-741.02, or another state's statewide assessment;
      - ii. A nationally recognized college entrance exam;
      - iii. An exam that is accepted for credit or admission by at least one university under the jurisdiction of the Arizona Board of Regents; or
      - iv. An end of course exam administered as part of a dual enrollment or concurrent enrollment course.
    - c. If the student has a primary home language other than English, the student shall obtain a score of proficient based on the English language proficiency standards pursuant to A.R.S. § 15-756.
  - C. By October 1 of each year, the Arizona Department of Education shall make an electronic facsimile of the State Seal of Biliteracy available to each school district or charter school participating in the Program. Each participating school district or charter school shall identify each student who has met the requirements of the Program, affix the State Seal of Biliteracy to the student's diploma upon graduation, and shall note the receipt of the State Seal of Biliteracy on the transcript of the student.
  - D. The Arizona Department of Education shall post on its website by July 1 of each year, the list of acceptable language assessments and the score to be achieved on each, as approved by the Board, which qualifies the student as proficient in a foreign language. The Arizona Department of Education shall ensure that all approved assessments are aligned to the Arizona world and native languages standards adopted by the Board.
  - E. Each school district and charter school that chooses to participate in the Program shall meet the following requirements:
    1. Notify the Arizona Department of Education of its intent to participate in the Program at least 30 days prior to issuing the seal by filling out the form provided on the Arizona Department of Education's website.
    2. Designate at least one individual to serve as coordinator of the Program and provide that individual's name and contact information to the Arizona Department of Education.
    3. Using a format prescribed by the Arizona Department of Education, submit a report no later than 90 days after the end of the school year with the total number of students awarded the State Seal of Biliteracy, the number of seals for each targeted foreign language and the method used to determine proficiency in the foreign language.
    4. Make available to parents and students information regarding the Program and the name and contact information for the coordinator of the Program.
  - F. The Arizona Department of Education shall establish guidelines and procedures to assist school districts and charter schools in the administration of the Program.

**Historical Note**

New Section made by final exempt rulemaking at 22 A.A.R. 3367, effective October 24, 2016 (Supp. 16-4). The word "rule" has been changed to "Section" to reflect current standards in Chapter style and format (Supp. 21-2). Amended by final exempt rulemaking at 27 A.A.R. 1529, effective August 27, 2021 (Supp. 21-3).

**R7-2-318. K through Three Reading Program**

A. In this Section, unless the context otherwise requires:

1. "Intensive reading instruction" is a proactive instructional approach used to reduce the likelihood of future reading problems by addressing severe and persistent difficulties with learning to read through the use of evidence-based instruction in smaller-group settings, increased instructional time, and increased intensity that is aligned to individual student needs or deficiencies and is driven by ongoing student performance data from a valid assessment tool.
  2. "Interventions" are instructional supports provided to students with the purpose of preventing and remediating reading difficulties. These supports are organized in tiers which provide increasing instructional intensity and support with each level.
  3. "Motivational assessments" are measures of motivation or attitudes toward reading and produce information to monitor student progress.
  4. "Prevention" is instructional support provided to students before students have experienced failure in learning to read.
  5. "Remediation" is instructional support provided to students after a student has experienced significant and persistent difficulties in learning to read.
  6. "Universal screeners" are very brief measures based on established standardized benchmarks or performance targets developed through extensive research designed to improve accuracy of identifying students who will likely need additional support for meeting grade level reading standards.
- B. Prior to the release of monies generated by the K through three reading support level weight, a school district or charter school assigned a letter grade of C, D or F, or that has more than ten percent of its pupils in grade three who do not demonstrate sufficient reading skills as established by the Board, shall submit to the Department on or before October 1, a comprehensive local education agency K through three reading program plan, using the format prescribed by the Department. Each school district or charter school assigned a letter grade of A or B shall submit its plan to the Department on or before October 1 in odd numbered years only beginning in 2016-2017.
- C. Pursuant to A.R.S. §§ 15-211, 15-701 and 15-704, the K through three reading program plan submission shall contain the following components for pupils in half-day and full-day kindergarten programs and grades one through three:
1. School literacy contacts, literacy team members and master reading schedules;
  2. A list of the staff who reviewed and approved the individual school K through 3 reading program plans;
  3. Program expenditures for the prior school year and a budget for the current school year regarding the monies used only on instructional purposes intended to improve reading proficiency from the K through three support level weight and the K through three reading support level weight;
  4. An analysis of the effectiveness of the local education agency's K through three reading program for the previous school year and plans for improvement for the current school year;
  5. Core reading programs which teach the essential components of reading instruction including explicit and systematic phonics pursuant to A.R.S. § 15-704(H)(1), with a description of the frequency and duration of the instruction;
  6. Date of last K through three reading curriculum review for standards alignment;

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7. Tier II and Tier III intensive reading intervention programs, including frequency and duration;
  8. A sample template of a parental notification letter;
  9. Evidence-based intervention and remedial services provided to students; and
  10. Evidence of ongoing teacher training based on evidence-based reading research.
- D.** The local education agency shall submit universal screening data on October 1, winter benchmark data on February 1 and end of year assessment data on June 1 for pupils in kindergarten programs and grades one through three.
- E.** Each school district or charter school governing body shall submit data for the prior school year on the total number of pupils that were subject to retention, the total number that were promoted, the total number actually retained and the interventions administered pursuant to A.R.S. § 15-701 to the Department no later than October 1 and prior to the release of monies generated by the K through three reading support level weight.

**Historical Note**

New Section made by final exempt rulemaking at 23 A.A.R. 1637, effective May 22, 2017 (Supp. 17-2). The hyphen between “K-3” and the numeral “3” have been corrected to the words “through three” for consistency in Chapter style and format (Supp. 21-2).

**R7-2-319. State Seal of Personal Finance Proficiency**

- A.** School districts and charter schools may participate in the State Seal of Personal Finance Proficiency Program (Program), which recognizes students who have attained a high level of proficiency in personal finance. School districts and charter schools participating in the Program may award the State Seal of Personal Finance Proficiency to any high school student who graduates from a school operated by the school district or charter school and who meets the requirements of the Program outlined in subsections (A)(1) and (A)(2) of this subsection. To be eligible to be awarded the State Seal of Personal Finance Proficiency, each student shall do each of the following:
1. Complete all Social Studies requirements for graduation with GPA of 3.0 or higher on a 4.0 scale, or the equivalent; and
  2. Complete all of the following activities:
    - a. Passage of an assessment. The student shall attain the required score on one personal finance assessment as adopted by the State Board of Education, defined by the Arizona Department of Education, for purposes of demonstrating personal finance proficiency;
    - b. Completion of an approved Personal Finance Program. The student shall complete one of the personal finance programs as adopted by the State Board of Education, defined by the Arizona Department of Education, for purposes of demonstrating personal finance proficiency;
    - c. Participation in a curricular or extracurricular program. The student shall complete one personal finance curricular or extracurricular program as adopted by the State Board of Education, defined by the Arizona Department of Education, for purposes of demonstrating personal finance proficiency; and
    - d. Demonstrated college and/or career readiness plan. The student shall complete one college and career readiness plan as adopted by the State Board of Education, defined by the Arizona Department of Education, for purposes of demonstrating personal finance proficiency.
- B.** By October 1 of each year, the Arizona Department of Education shall make an electronic facsimile of the State Seal of Personal Finance Proficiency available to each school district or charter school participating in the Program. Each participating school district or charter school shall identify each student who has met the requirements of the Program, affix the State Seal of Personal Finance Proficiency to the student’s diploma upon graduation, and shall note the receipt of the State Seal of Personal Finance Proficiency on the transcript of the student.
- C.** The Arizona Department of Education shall post on its website by July 1 of each year:
1. The list of acceptable personal finance assessments and the score to be achieved on each, as approved by the Board, which meet the requirements of R7-2-319(A)(2)(a);
  2. The list of acceptable personal finance programs, as approved by the Board, which meet the requirements of R7-2-319(A)(2)(b);
  3. The list of acceptable personal finance curricular or extra-curricular programs, as approved by the Board, which meet the requirements of R7-2-319(A)(2)(c); and
  4. The list of acceptable college and/or career readiness plans, as approved by the Board, which meet the requirements of R7-2-319(A)(2)(d).
- D.** Each school district and charter school that participates in the Program shall meet the following requirements:
1. Notify the Arizona Department of Education of its intent to participate in the Program at least 30 days prior to issuing the seal by filling out the form provided on the Arizona Department of Education’s website;
  2. Designate at least one individual to serve as coordinator of the Program and provide that individual’s name and contact information to the Arizona Department of Education;
  3. Using a format prescribed by the Arizona Department of Education, submit a report no later than 90 days after the end of the school year with the total number of students awarded the State Seal of Personal Finance Proficiency; and
  4. Make available to parents and students information regarding the Program and the name and contact information for the coordinator of the Program.
- E.** The Arizona Department of Education shall establish guidelines and procedures to assist school districts and charter schools in the administration of the Program.

**Historical Note**

New Section made by final exempt rulemaking at 25 A.A.R. 962, effective March 25, 2019 (Supp. 19-1).

**R7-2-320. State Seal of Civics Literacy**

- A.** School districts and charter schools may participate in the State Seal of Civics Literacy Program (Program), which recognizes students who have attained a high level of proficiency in Civics. School districts and charter schools participating in the Program may award the State Seal of Civics Literacy to any high school student who graduates from a school operated by the school district or charter school and who meets the requirements of the Program outlined in subsections (A)(1), (2) and (3) of this subsection. To be eligible, each student shall do all of the following:
1. Complete all Social Studies requirements for graduation with GPA of 3.0 or higher on a 4.0 scale, or the equivalent;
  2. Pass the Civics test prescribed in R7-2-302; and

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3. Complete all of the following activities:
    - a. Civic Learning Programs. The student shall complete the required number of civic learning programs for purposes of demonstrating civic literacy.
      - i. Students graduating in school year 2019-2020 shall complete at least two approved civic learning programs.
      - ii. Students graduating in school year 2020-2021 and thereafter shall complete at least three approved civic learning programs.
    - b. Civic Engagement Activities. The student shall complete the required number of civic engagement activities as for purposes of demonstrating civic literacy.
      - i. Students graduating in school year 2019-2020 shall complete at least one approved civic engagement activity.
      - ii. Students graduating in school year 2020-2021 and thereafter shall complete at least two approved civic engagement activities.
    - c. Service Learning and/or Community Service for a public agency or charitable organization that serves the public good. The student shall complete the required number of hours engaged in Service Learning and/or Community Service for a public agency or charitable organization that serves the public good for purposes of demonstrating civic literacy proficiency.
      - i. Students graduating in school year 2019-2020 shall complete at least 30 hours engaged in Service Learning and/or Community Service for a public agency or charitable organization that serves the public good.
      - ii. Students graduating in school year 2020-2021 shall complete at least 45 hours engaged in Service Learning and/or Community Service for a public agency or charitable organization that serves the public good.
      - iii. Students graduating in school year 2021-2022 shall complete at least 60 hours engaged in Service Learning and/or Community Service for a public agency or charitable organization that serves the public good.
      - iv. Students graduating in school year 2022-2023 and thereafter shall complete at least 75 hours engaged in Service Learning and/or Community Service for a public agency or charitable organization that serves the public good.
    - d. Written Reflection. The student shall complete a writing assignment as adopted by the State Board of Education for purposes of demonstrating civic literacy proficiency.
- B.** By October 1 of each year, the Arizona Department of Education shall make an electronic facsimile of the State Seal of Civics Literacy available to each school district or charter school participating in the Program. Each participating school district or charter school shall identify each student who has met the requirements of the Program, affix the State Seal of Civics Literacy to the student's diploma upon graduation, and shall note the receipt of the State Seal of Civics Literacy on the transcript of the student.
- C.** The Arizona Department of Education shall post on its website by July 1 of each year:
1. The list of acceptable civic learning programs, as approved by the Board, which meet the requirements of R7-2-320(A)(3)(a);
  2. The list of acceptable civic engagement activities, as approved by the Board, which meet the requirements of R7-2-320(A)(3)(b);
  3. The defined number of hours of service learning and/or community service for a public agency or charitable organization that serves the public good, as approved by the Board, which meet the requirements of R7-2-320(A)(3)(c); and
  4. The list of written assignments, as approved by the Board, which meet the requirements of R7-2-320(A)(3)(d).
- D.** Each school district and charter school that chooses to participate in the Program shall meet the following requirements:
1. Notify the Arizona Department of Education of its intent to participate in the Program at least 30 days prior to issuing the seal by filling out the form provided on the Arizona Department of Education's website;
  2. Designate at least one individual to serve as coordinator of the Program and provide that individual's name and contact information to the Arizona Department of Education;
  3. Using a format prescribed by the Arizona Department of Education, submit a report no later than 90 days after the end of the school year with the total number of students awarded the State Seal of Civics Literacy; and
  4. Make available to parents and students information regarding the Program and the name and contact information for the coordinator of the Program.
- E.** The Arizona Department of Education shall establish guidelines and procedures to assist school districts and charter schools in the administration of the Program.

**Historical Note**

New Section made by final exempt rulemaking at 25 A.A.R. 962, effective March 25, 2019 (Supp. 19-1).

**R7-2-321. State Seal of Arts Proficiency**

- A.** School districts and charter schools in this state may choose to participate in the State Seal of Arts Proficiency Program, which recognizes students who have attained a high level of proficiency in the Arts. School districts and charter schools participating in the Program may award the State Seal of Arts Proficiency to any high school student who graduates from a school operated by the school district or charter school and who meets the requirements of the Program outlined in subsections (A)(1) and (2). To be eligible, a student shall do both of the following:
1. Complete all qualifying Arts and Career and Technical Education (CTE) courses with GPA of 3.0 or better on a 4.0 scale, or the equivalent.
  2. Complete the required activities from each of the following three categories:
    - a. Minimum Credit Requirements. The student shall complete one of the following credit pathways of Arts and CTE classes as follows:
      - i. A minimum of 4 credits in one artistic discipline; or
      - ii. 3 credits in one artistic discipline, and 1 qualifying creative industries CTE credit or separate artistic discipline; or
      - iii. 2 credits in one artistic discipline, and 2 credits in a qualifying creative industries CTE credits or separate artistic discipline.
    - b. Arts related extracurricular activities. The student shall complete the required number of hours engaged in arts related extracurricular activity for

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purposes of demonstrating arts proficiency as follows:

- i. Students graduating in school year 2019-2020 must complete at least 30 hours engaged in arts related extracurricular activities as identified by the school district or charter school.
  - ii. Students graduating in school year 2020-2021 must complete at least 45 hours engaged in arts related extracurricular activities as identified by the school district or charter school.
  - iii. Students graduating in school year 2021-2022 must complete at least 60 hours engaged in arts related extracurricular activities as identified by the school district or charter school.
  - iv. Students graduating in school year 2022-2023 and beyond must complete at least 80 hours engaged in arts related extracurricular activities as identified by the school district or charter school.
  - c. Student Capstone Project. The student shall complete a Capstone Project, as defined by the Arizona Department of Education, for purposes of demonstrating arts proficiency.
- B.** By October 1 of each year, the Arizona Department of Education shall make the State Seal of Arts Proficiency available to each school district or charter school participating in the Program. Each participating school district or charter school shall identify each student who has met the requirements of the Program, affix the State Seal of Arts Proficiency to the student's diploma upon graduation, and shall note the receipt of the State Seal of Arts Proficiency on the transcript of the student.
- C.** The Arizona Department of Education shall post on its website by July 1 of each year:
1. A list of arts and CTE classes which meet the requirements of R7-2-321(A)(2)(a);
  2. A list of extracurricular arts activities which meet the requirements of R7-2-321(A)(2)(b);
  3. A list of student capstone examples which meet the requirements of R7-2-321(A)(2)(c).
- D.** Each school district and charter school that chooses to participate in the Program shall meet the following requirements:
1. Notify the Arizona Department of Education of its intent to participate in the Program by September 15 by filling out the form provided on the Arizona Department of Education's website.
  2. Designate at least one individual to serve as coordinator of the Program and provide that individual's name and contact information to the Arizona Department of Education.
  3. Using a format prescribed by the Arizona Department of Education, submit a list of qualifying students who have met graduation and Arts Seal pathway requirements to the Arizona Department of Education by April 15 of each year.
  4. Make information available to parents and students regarding the Program and the name and contact information for the coordinator of the Program.
- E.** The Arizona Department of Education shall establish guidelines and procedures to assist school districts and charter schools in the administration of the Program.

**Historical Note**

New Section made by final exempt rulemaking at 25 A.A.R. 3399, effective October 28, 2019 (Supp. 19-4).

**ARTICLE 4. SPECIAL EDUCATION**

**Authority: Laws 2017, Ch. 337**

**R7-2-401. Special Education Standards for Public Agencies Providing Educational Services**

- A.** For the purposes of this Article, the Individuals with Disabilities Education Improvement Act (IDEA), 20 U.S.C. 1400 et seq. and its implementing regulations, 34 CFR 300.1 et seq., are incorporated herein by reference. Copies of the incorporated material can be obtained from the U.S. Government Printing Office, <https://bookstore.gpo.gov/catalog/law-regulations> or the Arizona Department of Education, Exceptional Student Services, 1535 West Jefferson Street, Phoenix, Arizona 85007.
- B.** Definitions. All terms defined in the IDEA, its implementing regulations and A.R.S. § 15-761 are applicable, with the following additions:
1. "Accommodations" means the provisions made to allow a student to access the general education curriculum and demonstrate learning. Accommodations do not substantially change the instructional level, content or performance criteria, but are made in order to provide a student equal access to learning and equal opportunity to demonstrate what is known. Accommodations shall not alter the content of the curriculum or a test, or provide inappropriate assistance to the student within the context of the test.
  2. "Administrator" means the chief administrative official or designee authorized to act on behalf of a public education agency.
  3. "Boundaries of responsibility" means for:
    - a. A school district, the geographical area within its legally designated boundaries.
    - b. A charter school, the population of students enrolled in the charter school.
    - c. A public education agency other than a school district or charter school, the population of students receiving educational services from a public education agency.
  4. "Child with a disability," has the same meaning prescribed in A.R.S. § 15-761.
  5. "Department" means the Arizona Department of Education.
  6. "Exceptional Student Services" means the Exceptional Student Services Division of the Arizona Department of Education.
  7. "Evaluator" means a person trained and knowledgeable in a field relevant to the child's disability who administers specific and individualized assessment for the purpose of special education evaluation and placement.
  8. "Full and individual evaluation" means procedures used in accordance with the IDEA to determine whether a child has a disability and the nature and extent of the special education and related services that the child needs. This evaluation includes:
    - a. A review of existing information about the child;
    - b. A decision regarding the need for additional information;
    - c. If necessary, the collection of additional information; and
    - d. A review of all information about the child and a determination of eligibility for special education services and needs of the child.
  9. "Independent educational evaluation" means an evaluation conducted by an evaluator who is not employed by the public education agency responsible for the education of the child in question.

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10. "Informed written consent" means a person has been fully informed of all information relevant to the activity for which consent is sought, in the person's native language or through another mode of communication; the person understands and agrees in writing to the carrying out of the activity for which consent is sought; and the person understands that the granting of consent is voluntary and may be revoked at any time.
  11. "Interpreter" means a person trained to translate orally or in sign language in matters pertaining to special education identification, evaluation, placement, the provision of free appropriate public education (FAPE), or assurance of procedural safeguards for parents and students who converse in a language other than spoken English. Each student's IEP team determines the level of interpreter skill necessary for the provision of FAPE.
  12. "Multidisciplinary Evaluation Team" has the same meaning prescribed in A.R.S. § 15-761.
  13. "Modifications" means substantial changes in what a student is expected to learn and to demonstrate. Changes may be made in the instructional level, the content or the performance criteria. Such changes are made to provide a student with meaningful and productive learning experiences, environments, and assessments based on individual needs and abilities.
  14. "Private school" means any nonpublic educational institution where academic instruction is provided, including nonsectarian and parochial schools, that are not under the jurisdiction of the state or a public education agency.
  15. "Private special education school" means a nonpublic educational institution where instruction is provided primarily to students with disabilities. The school may also serve students without disabilities.
  16. "Public education agency" or "PEA" means a school district, charter school, accommodation school, state supported institution, or other political subdivision of the state that is responsible for providing education to children with disabilities.
  17. "Qualified professionals" means individuals who have met state approved or recognized degree, certification, licensure, registration or other requirements that apply in the areas in which the individuals are providing services such as screening, identification, evaluation, general education, special education or related services, including supplemental aids and services.
  18. "Specially designed instruction" has the same meaning prescribed in A.R.S. § 15-761.
  19. "Special education teacher" means a teacher holding a special education certificate from the Arizona Department of Education.
  20. "Suspension" has the same meaning prescribed in A.R.S. § 15-840.
- C. Public Awareness.**
1. Each public education agency shall inform the general public and all parents, within the public education agency's boundaries of responsibility, of the availability of special education services for students aged 3 through 21 years and how to access those services. This includes information regarding early intervention services for children aged birth through 2 years.
  2. School districts are responsible for public awareness in private schools located within their boundaries of responsibility.
- D. Child Identification and Referral.**
1. Each public education agency shall establish, implement, and make available, either in writing or electronically, to its school-based personnel and all parents, within the public education agency boundaries of responsibility, written procedures for the identification and referral of all children with disabilities, aged birth through 21, including children with disabilities attending private schools and home schools, regardless of the severity of their disability.
  2. Each public education agency shall require appropriate school-based personnel to review the written procedures related to child identification and referral on an annual basis. The public education agency shall maintain documentation of school-based personnel review.
  3. Procedures for child identification and referral shall meet the requirements of the IDEA and regulations, A.R.S. Title 15, Chapter 7, Article 4 and these rules.
  4. The public education agency responsible for child identification activities is the school district in which the parents reside unless:
    - a. The student is enrolled in a charter school or public education agency that is not a school district. In that event, the charter school or public education agency is responsible for child identification activities;
    - b. The student is enrolled in a non-profit private school. In that event, the school district within whose boundaries the private school is located is responsible for child identification activities.
  5. Identification (screening for possible disabilities) shall be completed within 45 calendar days after:
    - a. Entry of each preschool or kindergarten student and any student enrolling without appropriate records of screening, evaluation, and progress in school; or
    - b. Notification to the public education agency by parents of concerns regarding developmental or educational progress by their child aged 3 years through 21 years.
  6. Screening procedures shall include vision and hearing status and consideration of the following areas: cognitive or academic, communication, motor, social or behavioral, and adaptive development. Screening does not include detailed individualized comprehensive evaluation procedures.
  7. For a student transferring into a school; the public education agency shall review enrollment data and educational performance in the prior school. If there is a history of special education for a student not currently eligible for special education, or poor progress, the name of the student shall be submitted to the administrator for consideration of the need for a referral for a full and individual evaluation or other services.
  8. If a concern about a student is identified through screening procedures or through review of records, the public education agency shall notify the parents of the student of the concern within 10 school days and inform them of the public education agency procedures to follow-up on the student's needs.
  9. Each public education agency shall maintain documentation of the identification procedures utilized, the dates of entry into school or notification by parents made pursuant to subsection (D)(5), and the dates of screening. The results shall be maintained in the student's permanent records in a location designated by the administrator. In the case of a student not enrolled, the results shall be maintained in a location designated by the administrator.
  10. If the identification process indicates a possible disability, the name of the student shall be submitted to the administrator for consideration of the need for a referral for a full

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and individual evaluation or other services. A parent or a student may request an evaluation of the student. For parentally-placed private school students the school district within whose boundaries the non-profit private school is located is responsible for such evaluation.

11. If, after consultation with the parent, the responsible public education agency determines that a full and individual evaluation is not warranted, the public education agency shall provide prior written notice and procedural safeguards notice to the parent in a timely manner.

**E. Evaluation/re-evaluation.**

1. Each public education agency shall establish, implement, and make available to school-based personnel and parents within its boundaries of responsibility written procedures for the initial full and individual evaluation of students suspected of having a disability, and for the re-evaluation of students previously identified as being eligible for special education.
2. Procedures for the initial full and individual evaluation of children suspected of having a disability and for the re-evaluation of students with disabilities shall meet the requirements of IDEA and its regulations, state statutes and State Board of Education rules.
3. The initial evaluation of a child being considered for special education, or the re-evaluation per a parental request of a student already receiving special education services, shall be conducted within 60 calendar days from the public education agency's receipt of the parent's informed written consent and shall conclude with the date of the Multidisciplinary Evaluation Team (MET) determination of eligibility.
4. If the parent requests the evaluation the PEA must, within a reasonable amount of time not to exceed 15 school days from the date it receives a parent's written request for an evaluation, either begin the evaluation by reviewing existing data, or provide prior written notice refusing to conduct the requested evaluation. The 60-day evaluation period shall commence upon the PEA's receipt of the parent's informed written consent.
5. The 60-day evaluation period may be extended for an additional 30 days, provided it is in the best interest of the child, and the parent and PEA agree in writing to such an extension. Neither the 60-day evaluation period nor any extension shall cause a re-evaluation to exceed the timelines for a re-evaluation within three years of the previous evaluation.
6. The public education agency may accept current information about the student from another state, public agency, public education agency, or through an independent educational evaluation. In such instances, the Multidisciplinary Evaluation Team shall be responsible for reviewing and approving or supplementing an evaluation to meet the requirements identified in subsections (E)(1) through (7).
7. For the following disabilities, the full and individual initial evaluation shall include:
  - a. Emotional disability: verification of a disorder by a qualified professional.
  - b. Hearing impairment:
    - i. An audiological evaluation by a qualified professional, and
    - ii. An evaluation of communication/language proficiency.
  - c. Other health impairment: verification of a health impairment by a qualified professional.

- d. Specific learning disability: a determination of whether the child exhibits a pattern of strengths and weaknesses in performance, achievement, or both, relative to age, state-approved grade-level standards, or intellectual development that meets the public education agency criteria through one of the following methods:
  - i. A discrepancy between achievement and ability;
  - ii. The child's response to scientific, research-based interventions; or
  - iii. Other alternative research-based procedures.

- e. Orthopedic impairment: verification of the physical disability by a qualified professional.
- f. Speech/language impairment: an evaluation by a qualified professional.
- g. For students whose speech impairments appear to be limited to articulation, voice, or fluency problems, the written evaluation may be limited to:
  - i. An audiometric screening within the past calendar year,
  - ii. A review of academic history and classroom functioning,
  - iii. An assessment of the speech problem by a speech therapist, or
  - iv. An assessment of the student's functional communication skills.

- h. Traumatic brain injury: verification of the injury by a qualified professional.
- i. Visual impairment: verification of a visual impairment by a qualified professional.

8. The Department shall develop a list, subject to review and approval of the State Board of Education, of qualified professionals eligible to conduct the appropriate evaluations prescribed in subsection (E)(7).
9. The Multidisciplinary Evaluation Team shall determine, in accordance with the IDEA and regulations, whether the requirements of subsections (E)(7)(a) through (i) are required for a student's re-evaluation.

- F. Parental Consent.
  1. A public education agency shall obtain informed written consent from the parent of the child with a disability before the initial provision of special education and related services to the child.
  2. If the parent of a child fails to respond to a request for, or refuses to consent to, the initial provision of special education and related services, the public education agency may not use mediation or due process procedures in order to obtain agreement or a ruling that the services may be provided to the child.
  3. If the parent of the child refuses to consent to the initial provision of special education and related services, or the parent fails to respond to a request to provide consent for the initial provision of special education and related services, the public education agency:
    - a. Will not be considered to be in violation of the requirement to make available FAPE to the child because of the failure to provide the child with the special education and related services for which the parent refuses to or fails to provide consent, and
    - b. Is not required to convene an IEP Team meeting or develop an IEP in accordance with these rules.
  4. If, at any time subsequent to the initial provision of special education and related services, the parent of a child revokes consent in writing for the continued provision of



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special education and related services, the public education agency:

- a. May not continue to provide special education and related services to the child, but shall provide prior written notice before ceasing the provision of special education and related services;
  - b. May not use the mediation procedures or the due process procedures in order to obtain agreement or a ruling that the services may be provided to the child;
  - c. Will not be considered to be in violation of the requirement to make FAPE available to the child because of the failure to provide the child with further special education and related services; and
  - d. Is not required to convene an IEP Team meeting or develop an IEP for the child for further provision of special education and related services.
5. If a parent revokes consent in writing for their child's receipt of special education services after the child is initially provided special education and related services, the public agency is not required to amend the child's education records to remove any references to the child's receipt of special education and related services because of the revocation of consent.

**G. Individualized Education Program (IEP).**

1. Each public education agency shall establish, implement, and make available to its school-based personnel and parents written procedures for the development, implementation, review, and revision of IEPs.
2. Procedures for IEPs shall meet the requirements of the IDEA and its regulations, state statutes and State Board of Education rules.
3. Procedures shall include the incorporation of Arizona academic standards as adopted by the State Board of Education into the development of each IEP and address grade-level expectations and grade-level content instruction.
4. Each IEP of a student with a disability shall be developed in accordance with IDEA and its regulations, state statutes and State Board of Education rules. If appropriate to meet the needs of a student and to ensure access to the general curriculum, an IEP team may include specially designed instruction in the IEP that may be delivered in a variety of educational settings by a general education teacher or other certificated personnel provided that certificated special education personnel are involved in the planning, progress monitoring and when appropriate, the delivery of the specially designed instruction.
5. Each student with a disability who has an IEP shall participate in the state assessment system. Students with disabilities can test with or without accommodations or modifications as indicated in the student's IEP. Students who are determined to have a significant cognitive disability based on the established eligibility criteria will be assessed with the state's alternate assessment as determined by the IEP team.
6. A meeting of the IEP team shall be conducted to review and revise each student's IEP at least annually, or more frequently if the student's progress substantially deviates from what was anticipated. The public education agency shall provide written notice of the meeting to the parents of the student to ensure that parents have the opportunity to participate in the meeting. After the annual review, the public education agency and parent may agree not to convene an IEP team meeting for the purposes of making changes, and instead may develop a written document to amend or modify the student's current IEP.

7. A parent or public education agency may request in writing a review of the IEP, and shall identify the basis for requesting review. Such review shall take place within 45 school days of the receipt of the request at a mutually agreed upon date and time.

**H. Least Restrictive Environment.**

1. Each public education agency shall establish, implement, and make available to its school-based personnel and parents, written procedures to ensure the delivery of special education services in the least restrictive environment as identified by IDEA and its regulations, state statutes and State Board of Education rules.
2. A continuum of services and supports for students with disabilities shall be available through each public education agency.

**I. Procedural Safeguards.**

1. Each public education agency shall establish, implement, and make available to school-based personnel and parents of students with disabilities written procedures to ensure children with disabilities and their parents are afforded the procedural safeguards required by federal statute and regulation and state statute. These procedures shall include dissemination to parents information about the public education agency's and state's dispute resolution options.
2. In accordance with the requirements of IDEA, prior written notice shall be provided to the parents of a child within a reasonable time after the PEA proposes to initiate or change, or refuses to initiate or change, the identification, evaluation, educational placement or the provision of FAPE to the child, but before the decision is implemented.

**J. Confidentiality.**

1. Each public education agency shall establish, implement, and make available to its personnel and parents written policies and procedures to ensure the confidentiality of records and information in accordance with the IDEA and its regulations, the Family Educational Rights and Privacy Act (FERPA) and its regulations, and state statutes.
2. Parents shall be fully informed about the requirements of the IDEA and regulations, including an annual notice of the policies and procedures that the PEA shall follow regarding storage, disclosure to a third party, retention, and destruction of personally identifiable information.
3. The rights of parents regarding education records are transferred to the student at age 18, unless the student has been adjudicated incapacitated, or the student has executed a delegation of rights to make educational decisions pursuant to A.R.S. § 15-773.
4. Upon receiving a written request, each public education agency shall forward special education records to any other public education agency in which a student has enrolled or is seeking to enroll. Records shall be forwarded within the time-frame specified in A.R.S. § 15-828(F). The public education agency shall also forward records to any other person or agency for which the parents have given signed consent.

**K. Preschool Programs.** Each public education agency responsible for serving preschool children with disabilities shall establish, implement, and make available to its personnel and parents, written procedures for:

1. The operation of the preschool program, in accordance with federal statute and regulation, and state statute, that provides a continuum of placements to students;
2. The smooth and effective transition from the Arizona Early Intervention Program to a public school preschool

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- program in accordance with the agreement between the Department of Economic Security and the Department; and
3. The provision of a minimum of 360 minutes per week of instruction in a program that meets at least 216 hours over the minimum number of days.
- L. Children in Private Schools.** Each education agency shall establish, implement, and make available to its personnel and parents written procedures regarding the access to special education services to students enrolled in private schools by their parents as identified by the IDEA and its regulations, state statutes and State Board of Education rules.
- M. Department Responsible for General Supervision and Obligations Related to and Methods of Ensuring Services.**
1. The Department is responsible for the general supervision of services to children with disabilities aged 3 through 21 served through a public education agency.
  2. The Department shall ensure through fund allocation, monitoring, dispute resolution, and technical assistance that all eligible students receive FAPE in conformance with the IDEA and its regulations, A.R.S. Title 15, Chapter 7, Article 4, and these rules.
  3. In exercising its general supervision responsibilities, the Department shall ensure that when it identifies noncompliance with the requirements of the IDEA Part B, the noncompliance is corrected as soon as possible, and in no case later than one year after the Department's written notification to the PEA of its identification of the noncompliance.
- N. Procedural Requirements Relating to Public Education Agency Eligibility.**
1. Each public education agency shall establish eligibility for funding with the Department in accordance with the IDEA and its regulations, state statutes and with schedules and methods prescribed by the Department.
  2. In the event the Department determines that a public education agency does not meet eligibility for funding requirements, the public education agency has a right to a hearing before such funding is withheld.
  3. The Department may suspend payments during any time period when a public education agency has not corrected deficiencies in eligibility for federal funds as a result of fiscal requirements of monitoring, auditing, complaint and due process findings.
  4. Each public education agency shall, on an annual basis, determine the number of children within each disability category who have been identified, located, evaluated, and/or receiving special education services. This includes children residing within the boundaries of responsibility of the public education agency who have been placed by their parents in private schools or who are home schooled.
- O. Public Participation.**
1. Each public education agency shall establish, implement, and make available to personnel and parents written procedures to ensure that, prior to the adoption of any policies and procedures needed to comply with federal and state statutes and regulations, there are:
    - a. Public hearings;
    - b. Notice of the hearings; and
    - c. An opportunity for comment available to the general public, including individuals with disabilities and parents of children with disabilities.
  2. This requirement does not pertain to day-to-day operating procedures.
- P. Suspension and Expulsion.**

1. Each public education agency shall establish, implement, and make available to personnel and parents written procedures for the suspension and expulsion of students with disabilities.
2. Each public education agency shall require all school-based staff involved in the disciplinary process to review the policies and procedures related to suspension and expulsion on an annual basis. The public education agency shall maintain documentation of staff review.
3. Procedures for such suspensions and expulsions shall meet the requirements of the IDEA and its regulations, and state statutes.

**Historical Note**

Amended effective December 11, 1974. Amended effective July 14, 1975 (Supp. 75-1). Amended effective July 1, 1977 (Supp. 77-4). Amended effective April 26, 1978 (Supp. 78-2). Former Section R7-2-401 repealed, new Section R7-2-401 adopted effective December 4, 1978 (Supp. 78-6). Amended by adding subsection (H) as an emergency effective July 20, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Emergency expired. Amended (D)(11), (E)(5)(b) and added (H) effective December 14, 1984 (Supp. 84-6). Amended as an emergency effective June 18, 1985, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 85-3). Emergency expired. Amended subsection (D) by adding subsection (12) effective March 13, 1986 (Supp. 86-2). Amended subsection (G) effective July 8, 1986 (Supp. 86-4). Amended subsections (D) and (H) and added subsection (I) effective June 22, 1987 (Supp. 87-2). Amended effective August 2, 1988 (Supp. 88-3). Amended effective December 6, 1995 (Supp. 95-4). Amended by final rulemaking at 7 A.A.R. 1541, effective March 19, 2001 (Supp. 01-1). Amended to correct a manifest typographical error in subsection (D)(1) (Supp. 01-3). Subsections (D)(9), (E)(4), and (E)(6) amended under A.R.S. § 41-1011 to correct subsection cross-references (Supp. 02-2). Amended by final rulemaking at 9 A.A.R. 4633, effective December 8, 2003 (Supp. 03-4). Amended by exempt rulemaking at 15 A.A.R. 1838, effective August 29, 2006 (Supp. 09-1). Amended by exempt rulemaking at 15 A.A.R. 1849, effective May 19, 2008 (Supp. 09-2). Amended by exempt rulemaking at 16 A.A.R. 201, effective December 7, 2009 (Supp. 10-1). Amended by final exempt rulemaking at 24 A.A.R. 140, effective October 23, 2017; filed in the Office on January 2, 2018 (Supp. 18-1).

**R7-2-402. Standards for Approval of Special Education Programs in Private Schools**

- A.** Definitions. All terms defined in the regulations for the Individuals with Disabilities Education Improvement Act (IDEA) Amendments, A.R.S. § 15-761, and State Board of Education Section R7-2-401 are applicable.
- B.** No student may be placed by a public education agency in a private special education school program unless the facility has been approved as meeting the standards as outlined in this Section, and the public education agency is unable to provide satisfactory education and services through its own facilities and personnel.
- C.** In order for a private special education school to be approved by the Department for the purpose of contracting with a public education agency, the private facility shall:
1. Provide special education instructional programs for students with disabilities that are at least comparable to

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those provided by the public schools of Arizona and meet the requirements of IDEA.

2. Provide the following documentation:
  - a. Policies and procedures based on IDEA and state statutes;
  - b. Curriculum that is aligned with the Arizona Academic Standards;
  - c. A completed application;
  - d. Copies of all teacher and related service personnel certifications and licenses; and
  - e. If applicable, a copy of North Central Accreditation.
3. Provide certificated special education teachers in each classroom to implement the IEPs of those students assigned to that classroom.
4. Provide related services to meet the needs of the students as indicated on their IEPs.
5. Provide administration personnel such as head teacher, principal, or other administrator certificated in an administrative area or experienced and certificated in the appropriate area of special education.
6. Provide an education that meets the standards that apply to education provided by the public education agency.
7. Maintain student records in accordance with the statutory requirements.
8. Accept all responsibilities concerning instructional programs to the disabled student and parent or guardian that are required of the public schools of Arizona. Ultimate responsibility for any student under contract in a private special education school rests with the public education agency contracting for the students' education.
9. Administer all required statewide assessments to those students placed in the private facility by a PEA or through the educational voucher system.
10. Maintain adequate liability insurance.
11. Maintain an accounting system and budget which includes the costs of operation, maintenance, transportation, and capital outlay, and which is open to review upon request.
12. Maintain an attendance reporting system that provides public education agencies and the Department with required information.
13. Provide notification to contracting public education agencies and the Department of any changes in staff or deletion of programs within 10 school days of the change or deletion.
14. Provide notification to the contracting PEA of any intent to discontinue, suspend, or terminate services to a student for longer than 10 days. Services to the student must be continued by the private school until an IEP meeting with the PEA is convened to determine an appropriate alternative placement. The PEA must be given up to 10 school days to arrange for the transition of the student after the IEP determination.
15. Permit onsite evaluation of the program by the Department or its designees, and the representatives of the public education agencies.
16. Request approval to contract with public education agencies from the Department in accordance with the prescribed procedures.

**Historical Note**

Former Section R7-2-402 repealed, new Section R7-2-402 adopted effective December 4, 1978 (Supp. 78-6). Amended by final rulemaking at 7 A.A.R. 1541, effective March 19, 2001 (Supp. 01-1). Amended by final rulemaking at 9 A.A.R. 4633, effective December 8, 2003 (Supp. 03-4). Amended by exempt rulemaking at 15

A.A.R. 1849, effective May 19, 2008 (Supp. 09-2). The word "rule" has been changed to "Section" to reflect current standards in Chapter style and format (Supp. 21-2).

**R7-2-403. Repealed****Historical Note**

Adopted effective December 4, 1978 (Supp. 78-6). Amended as an emergency effective September 26, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-5). Former emergency adoption now adopted effective December 4, 1979 (Supp. 79-6). Section repealed by final rulemaking at 9 A.A.R. 4633, effective December 8, 2003 (Supp. 03-4).

**R7-2-404. Special Education Voucher Program Policies and Procedures**

- A. Institutional vouchers. Students residing and attending special education programs at the Arizona Schools for the Deaf and the Blind (ASDB) or the Arizona State Hospital (ASH) or students attending special education day programs provided by ASDB may be eligible for special education institutional voucher funding.
  1. Eligibility criteria.
    - a. Student shall be between the ages of 3 and 22 years.
    - b. Student shall have a recognized disability as documented by a current educational evaluation. Evaluations shall be completed by the institution or the student's home school district (HSD), as determined by a multidisciplinary evaluation team (MET).
    - c. Student shall have a current individualized education program (IEP) identifying the placement as the most appropriate and least restrictive educational environment.
  2. Institutional voucher application/approval.
    - a. Applications for special education institutional vouchers shall be completed by the institution and submitted to the Exceptional Student Services Division of the Department of Education. The institution shall provide all student information requested on the institutional voucher application.
    - b. Institutions shall sign a Statement of Assurance guaranteeing their maintenance of and ability to produce all supporting documentation for each application.
    - c. Institutional voucher applications shall be reviewed and approved or disapproved by the voucher unit manager. Applications that are disapproved may be corrected and resubmitted. Institutional voucher payments will not be made for student attendance prior to voucher approval date.
    - d. Voucher identification numbers shall be assigned for each new student approval, and shall be used by the institution to complete claims for payment and the special education census form.
    - e. Institutional vouchers are approved for the current year only; therefore the application process shall be repeated each school year for each student.
    - f. Institutions shall report any changes in student status, including withdrawals, transfers, current evaluation dates and changes in disability categories to the Exceptional Student Services Division of the Department of Education. Changes shall be submitted within ten days of the occurrence.
  3. Institutional voucher claim for payment.
    - a. The special education institutional voucher claim for payment form shall be completed by the institution at the end of each calendar month. The claim shall

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- be submitted in accordance with procedures established by the School Finance Division of the Department of Education.
- b. Claims for payment shall be submitted to the School Finance Division of the Department of Education.
  4. Special education census.  
All institutional voucher students shall be reported on the special education census in accordance with procedures established by the School Finance Division of the Department of Education.
  5. Review of placement.
    - a. It is the responsibility of the HSD to review student progress at least once a semester.
    - b. The IEP may be completed by the institution but is ultimately the responsibility of the student's HSD to ensure that it is reviewed and revised annually.
    - c. It is the responsibility of the HSD to ensure that re-evaluations are conducted on a tri-annual basis or more frequently as needed.
  - B. Residential vouchers:** Students placed in private residential treatment facilities (PRF) may be eligible for residential voucher funding for the educational portion of the placement.
    1. Eligibility Criteria.
      - a. Students shall be enrolled in and eligible for educational services from a Public Education Agency (PEA).
      - b. Placement shall be made by one of the State Placing Agencies. They are the Department of Economic Security (DES), the Department of Health Services (DHS), the Administrative Office of the Courts (AOC), or the Department of Juvenile Corrections (ADJC).
      - c. Residential facilities shall be licensed by the Department of Health Services or Department of Economic Security and approved by the Department of Education for the specific educational needs of each student placed there.
      - d. The following conditions invalidate eligibility.
        - i. Placement by any agency other than those noted in subsection (B)(1)(b).
        - ii. Placement in facilities not appropriately licensed by DHS or DES or approved by the Department of Education.
        - iii. Student attendance at a PEA while residing in a residential facility.
      - e. Eligible students are divided into three categories.
        - i. Non-special education (NSE): Students not eligible for special education services who are placed by a State Placing Agency for their care, safety, or treatment.
        - ii. Care special education (CSE): Students eligible for special education services who are placed by a State Placing Agency for their care, safety, or treatment.
        - iii. Residential special education (RSE): Students requiring residential placement to benefit from educational programming who are placed by an IEP team.
    2. Voucher application/approval process. The process differs depending on category.
      - a. NSE and CSE options:
        - i. When a placement decision is reached, the State Placing Agency (SPA) shall complete a SPA Application for Voucher Funding, and forward a copy to the student's Home School District (HSD) for appropriate signatures within five days of placement.
      - ii. Upon placement, copies of the completed voucher shall be provided to the PRF and the Exceptional Student Services of the Department of Education (ESS).
      - iii. Upon receipt and review of the application and verification of facility approval, the SPA application will be approved for the initial 60 days of placement. An approval memo is sent to the PRF and the HSD. The Exceptional Student Services shall assign a student identification number to each approved voucher student. This number shall be used by the private facility when completing the special education census form and the claim for payment form.
      - iv. The HSD shall submit the HSD Application for Education Voucher Funding packet and submit it to the Exceptional Student Services of the Department of Education. Appropriate documentation of eligibility for special education and provision of services, if applicable, shall be included.
      - v. The HSD voucher application packet shall be reviewed and approved or disapproved by the voucher unit manager. Applications that are disapproved may be corrected and resubmitted. Approvals are granted from the date of receipt through the end of the school year. An approval memo is sent to the PRF and the HSD.
      - vi. If the HSD cannot complete the requirements for the HSD application packet within the initial 60-day approval period, they shall submit an Application For Extension Of Education Voucher Funding.
    - b. RSE option.  
The HSD shall follow statutory requirements and procedures agreed upon by the ADE, DHS, and DES when considering placement in a PRF for educational reasons. If a need for such a placement is determined, the HSD shall complete and submit the HSD Application for Education Voucher Funding packet to the ESS. Documentation of the necessity for PRF placement, measurable exit criteria, and a reintegration plan shall be required.
  3. Changes in placement/Discharge.
    - a. If a student is discharged or is absent without leave for more than ten days from the PRF, the facility shall notify the State Placing Agency, Home School District and the Exceptional Student Services Division of the Department of Education in writing within five days.
    - b. Students returning to a facility after a discharge or students transferred from one facility to another require a new SPA voucher application.
    - c. Students placed under the RSE option shall not be discharged without the consent of the IEP team.
  4. Voucher claim for payment.
    - a. A special education voucher claim for payment shall be submitted in accordance with procedures established by the School Finance Division of the Department of Education.
    - b. Claim for payment shall be submitted to the School Finance Division of the Department of Education.
  5. Special education census.

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A special education census form shall be completed for all voucher students in accordance with procedures established by the School Finance Division of the Department of Education.

6. Review and continuation of placement.
  - a. The Home School District (HSD) shall regularly monitor the progress of students, ensure the annual review and revision of IEPs, and complete three-year re-evaluations as applicable.
  - b. Voucher approval is for one school year only. Students remaining in an PRF from the end of one school year to the beginning of the next year require new voucher applications. Prior to the beginning of the new school year, the PRF shall submit an Application for Continuing Voucher funding, signed by both the SPA and the HSD. For a student who is eligible for special education services, a current IEP shall accompany the continuing application if the IEP has been reviewed or revised after the original voucher was approved.

**Historical Note**

Adopted effective December 4, 1978 (Supp. 78-6).

Amended by final rulemaking at 9 A.A.R. 4633, effective

December 8, 2003 (Supp. 03-4).

**Editor's Note:** *The following Section was erroneously published in Supp. 04-2 with amendments that were not approved by the Attorney General's Office. It is republished with the text in effect before Supp. 04-2. The correct notice was published at 10 A.A.R. 3274 (Supp. 04-3).*

**R7-2-405. Special Education Dispute Resolution; Due Process**

- A. Definitions. The following definitions are applicable to this Section:
  1. "Due process hearing" means a fair and impartial administrative hearing conducted by the State Education Agency by an impartial hearing officer through the Arizona Office of Administrative Hearings in accordance with the Individuals with Disabilities Education Act (20 U.S.C. 1400 et seq.) and its implementing regulations (34 CFR 300).
  2. "Impartial hearing officer" or "hearing officer" means an Administrative Law Judge ("ALJ") of the Arizona Office of Administrative Hearings ("OAH") and who is knowledgeable in the laws governing special education and administrative hearings.
  3. "Public agency" ("PEA") has the same definition as provided in R7-2-401.
  4. "State Education Agency" ("SEA") means the Department of Education, Exceptional Student Services Section.
- B. The due process procedures specified in this Section apply to all public agencies dealing with the identification, evaluation, special education placement of, and the provision of a free appropriate public education ("FAPE") for children with disabilities.
- C. The SEA shall establish procedures concerning:
  1. Impartial due process hearings, and
  2. Confidentiality and access to student records.
- D. An impartial hearing officer shall be:
  1. Unbiased - not prejudiced for or against any party in the hearing;
  2. Disinterested - not having any personal or professional interest that would conflict with objectivity in the hearing;
  3. Independent - may not be an officer, employee, or agent of a public agency involved in the education or care of the

child or the SEA. A person who otherwise qualifies to conduct a hearing is not an employee of the public agency or the SEA solely because the person is paid by the public agency to serve as a hearing officer;

4. Trained by the SEA as to the state and federal laws pertaining to the identification, evaluation, placement of, and the provision of FAPE for children with disabilities.
- E. Hearing officer qualifications and training.
  1. All hearing officers shall participate in all required training conducted by the SEA as to the state and federal laws pertaining to the identification, evaluation, educational placement, and the provision of FAPE for children with disabilities.
  2. A hearing officer shall meet the requirements set forth by OAH regarding ALJs. A hearing officer shall not have represented a parent in a special education matter during the preceding 12 months, and shall not have represented a school district in any matter during the preceding 12 months.
- F. Selection of hearing officers.
  1. The SEA shall prepare and maintain a list of individuals who meet the qualifications specified in subsection (E) to serve as hearing officers. This list shall also include the qualifications of each hearing officer.
  2. A hearing officer shall be assigned in accordance with the procedures of the Office of Administrative Hearings.
- G. Request for due process hearing.
  1. The due process complaint must allege a violation that occurred not more than two years before the date the parent or public education agency knew or should have known about the alleged action that forms the basis of the due process complaint.
  2. A parent shall submit a written request for a due process hearing to the public education agency and the SEA. The SEA shall provide a model form that a parent may use in requesting a due process hearing. Upon receipt of a written request, there shall be no change in the educational placement of the child except under the applicable provisions of IDEA, unless the PEA and parents agree. If a parent requests a due process hearing, the public education agency shall advise the parents of any free or low-cost legal services available, and provide a copy of the procedural safeguards notice. All correspondence to the parent shall be provided in English and the primary language of the home. If the written request involves an application for initial admission, the child, with the consent of the parent, shall be placed in the public school until the completion of all proceedings.
  3. If the public education agency requests a due process hearing, such request may be made on a model form, as noted in subsection (G)(2), and a copy shall be provided to the parent and the SEA. Upon receipt of a written request, there shall be no change in the educational placement of the child except under the applicable provisions of IDEA, unless the PEA and the parents agree. In conjunction with its request for due process hearing, the public education agency shall advise the parents of any free or low-cost legal services available and provide a copy of the procedural safeguards notice. All correspondence to the parent, including the due process request, shall be provided in English and the primary language of the home. If the written request involves an application for initial admission, the child, with the consent of the parent, shall be placed in the public school until the completion of all proceedings.

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- H.** An impartial due process hearing shall be conducted in accordance with the following procedures:
1. The hearing officer shall hold a pre-hearing conference, either telephonically or at a location that is reasonably convenient to the parents and the child involved, to determine if the complaint is a legitimate due process complaint, to ensure that all matters are clearly defined, to establish the proceedings that will be used for the hearing, to determine who will represent and/or advise each party, and to set the time and dates for the hearing.
  2. The hearing officer shall conduct the hearing at a location that is reasonably convenient to the parents and the child involved.
  3. The hearing officer shall preside at the hearing and shall conduct the proceedings in a fair and impartial manner, and shall ensure that all parties involved have an opportunity to:
    - a. Present their evidence and confront, cross-examine, and compel the attendance of witnesses;
    - b. Object to the introduction of any evidence at the hearing that has not been disclosed to all parties at least five business days before the hearing;
    - c. Produce outside expert witnesses;
    - d. Be accompanied and advised by counsel and by individuals with special knowledge or training with respect to the problems of children with disabilities.
  4. The parent involved in the hearing shall be given the right to:
    - a. Have the child who is the subject of the hearing present,
    - b. Have the hearing conducted in public,
    - c. Have an interpreter provided by the public agency.
  5. The hearing officer shall review all relevant facts concerning the identification, evaluation, the educational placement, and the provision of FAPE. This shall include any Independent Education Evaluation secured by the parent.
    - a. The hearing officer shall determine whether the public agency has met all requirements of federal and state law, rules, and regulations.
    - b. The hearing officer shall render findings of fact and a decision, which shall be binding on all parties unless appealed pursuant to this Section.
  6. The hearing officer's findings of fact and decision shall be in writing and shall be provided to the parent, the public education agency, the SEA, and their respective representatives. The parent may choose to receive an electronic verbatim record of the hearing and electronic findings of fact and decision relative to the hearing in addition to the written findings of fact and decision. The hearing officer's findings of fact and decision shall be delivered by certified mail or by hand within 45 calendar days after notification to the hearing officer that the parties have been unable to resolve the matter in accordance with 20 U.S.C. 1415(f)(1)(B). A hearing officer may grant specific extensions of time beyond the 45 calendar days for good cause shown at the request of either party.
  7. The findings of fact and decision of the hearing officer shall be final at the administrative level. The notification of the findings of fact and decision shall contain notice to the parties that they have a right to judicial review.
  8. Any party to the proceeding has the right to appeal a final administrative decision to a court of competent jurisdiction within 35 calendar days after receipt of the decision.
  9. The SEA, after deleting any personally identifiable information, shall make such written findings of fact and decision available to the public.
- I.** Expedited hearing.
1. An expedited hearing regarding disciplinary matters may be requested in accordance with federal law as set forth in 20 U.S.C. 1415(k).
  2. Hearing officers for an expedited hearing shall be assigned by the Office of Administrative Hearings.
  3. The expedited hearing shall be conducted within 20 school days of the date the hearing is requested and shall result in a determination within 10 school days after the hearing.

**Historical Note**

Adopted effective December 4, 1978 (Supp. 78-6). Amended subsection (V) effective May 1, 1987 (Supp. 87-2). Amended effective July 20, 1990 (Supp. 90-3). Emergency amendment adopted effective November 21, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-4). Emergency expired. Emergency amendment readopted effective March 21, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-1). Amended effective May 2, 1991 (Supp. 91-2). Amended effective November 17, 1994 (Supp. 94-4). Amended effective December 6, 1995 (Supp. 95-4). Amended by final rulemaking at 5 A.A.R. 3211, effective August 24, 1999 (Supp. 99-4). Amended by final rulemaking at 10 A.A.R. 2399, effective July 23, 2004 (Supp. 04-2). Supp. 04-2 Historical Note entry is in error. R7-2-405 was erroneously included in Supp. 04-2 with amendments that were not approved by the Attorney General's Office. It is republished with the text in effect before Supp. 04-2. The correct notice was published at 10 A.A.R. 3274 (Supp. 04-3). Amended by exempt rulemaking at 15 A.A.R. 1732, effective January 26, 2006 (Supp. 09-1). Amended by exempt rulemaking at 15 A.A.R. 1849, effective May 19, 2008 (Supp. 09-2). Amended by exempt rulemaking at 16 A.A.R. 201, effective December 7, 2009 (Supp. 10-1). The word "rule" has been replaced with "Section" to reflect current standards in Chapter style and format (Supp. 21-1).

**R7-2-405.01. Special Education Dispute Resolution; State Administrative Complaints**

- A.** Notwithstanding any other provision of law, a state administrative complaint filed with the Department regarding any alleged violations of Part B of the federal Individuals with Disabilities Education Act (IDEA) (20 U.S.C. 1400 et seq.) or its implementing regulations (34 CFR 300) shall be investigated in accordance with the Code of Federal Regulations Title 34.
1. The party filing the complaint shall forward a copy of the state administrative complaint to the public education agency serving the child at the same time the party files the complaint with the Department.
  2. A written decision shall be issued to the complainant and the public education agency that is the subject of the state administrative complaint in accordance with the 60-day time limit specified in the Code of Federal Regulations Title 34.
- B.** The Department shall accept and investigate state administrative complaints that allege a violation that occurred not more than one year prior to the date that the complaint is received by the Department.
- C.** The state administrative complaint shall include all of the following:

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1. A statement that a public education agency has violated a requirement of Part B of the IDEA or its implementing regulations.
2. The facts on which the statement is based.
3. The signature and contact information for the complainant.
4. If alleging violations with respect to a specific child, all of the following:
  - a. The name and address of the child.
  - b. The name of the school the child is attending.
  - c. In the case of a homeless child or youth (within the meaning of Section 725(2) of the McKinney-Vento Homeless Assistance Act (20 U.S.C. 11434a(2)), available contact information for the child, and the name of the school the child is attending.
  - d. A description of the nature of the problem of the child, including facts relating to the problem.
  - e. A proposed resolution of the problem to the extent known and available to the party at the time the complaint is filed.
5. The Department shall develop a model form to assist parents and public agencies in filing a state administrative complaint under this Section.

**Historical Note**

New Section made by exempt rulemaking at 16 A.A.R. 201, effective December 7, 2009 (Supp. 10-1).

**R7-2-405.02. Special Education Dispute Resolution; Mediation**

In accordance with the Individuals with Disabilities Education Act, the Department shall provide parents of students with disabilities and public education agencies the opportunity to resolve disputes involving any matter under IDEA, including matters arising prior to the filing of a request for due process, through a mediation process.

1. The mediation process shall:
  - a. Be voluntary on the part of both parties,
  - b. Not be used to deny or delay a parent's right to a due process hearing or any other rights afforded under Part B of the IDEA,
  - c. Be conducted by a qualified and impartial mediator who is trained in effective mediation techniques.
2. The Department shall maintain a list of individuals who are qualified mediators and knowledgeable in laws and regulations relating to the provision of special education and related services.
3. The Department shall select mediators on a random or rotational basis.
4. The Department shall bear the cost of the mediation process.
5. Each session in the mediation process shall be scheduled in a timely manner and shall be held in a location that is convenient to both the parent and the public education agency.
6. If the parties resolve a dispute through the mediation process, the parties shall execute a legally binding agreement that:
  - a. States that all discussions that occurred during the mediation process will remain confidential and may not be used as evidence in any subsequent due process hearings or civil proceedings,
  - b. Is signed by both the parent and a representative of the public education agency who has the authority to bind the agency, and
  - c. Is enforceable in any state court of competent jurisdiction or in a district court of the United States.
7. Whether or not the dispute is resolved through mediation, discussions that occur during the mediation process shall

be confidential and may not be used as evidence in any subsequent due process hearings or civil proceedings of any federal court or state court.

8. Impartiality of the Mediator. An individual who serves as a mediator:
  - a. May not be an employee of the Department or of the public education agency that is involved in the education or care of the student.
  - b. Shall not have a personal or professional interest that conflicts with the person's objectivity.
  - c. Is not an employee of the Department or of a public education agency solely because the mediator is paid by the Department of Education to serve as a mediator.

**Historical Note**

New Section made by exempt rulemaking at 16 A.A.R. 201, effective December 7, 2009 (Supp. 10-1).

**R7-2-406. Gifted Education Programs and Services**

- A. Governing boards shall adopt policies for the education of gifted students which shall include:
  1. Procedures for identification and placement of students to be placed in gifted programs.
    - a. Students shall be served who score at or above the 97th percentile on national norms in any one of three areas - verbal, nonverbal, or quantitative reasoning - on any test from the State Board-approved list. Students who score below the 97th percentile also may be served.
    - b. Local educational agencies (LEAs) shall accept, as valid for placement, scores at or above the 97th percentile on any State Board-approved test submitted by other LEAs or by qualified professionals.
    - c. LEAs shall place transfer students as soon as they have verified eligibility.
  2. Curriculum, differentiated instruction, and supplemental services for gifted students.
    - a. Expanded academic course offerings may include, for example, one or more of the following: acceleration, enrichment, flexible pacing, interdisciplinary curriculum, and seminars.
    - b. Differentiated instruction, which emphasizes the development of higher order thinking, may include critical thinking, creative thinking, and problem solving skills.
    - c. Supplemental services, which may be offered to meet the individual needs of each gifted student, may include, for example, guidance and counseling, mentorships, independent study, correspondence courses, and concurrent enrollment.
  3. Parent involvement.
    - a. Each LEA shall provide the following information to all parents or legal guardians:
      - i. Definition of a gifted child;
      - ii. Services mandated for gifted students by the state of Arizona;
      - iii. Services available from the LEA;
      - iv. Written criteria of the LEA for referral, screening, selection and placement.
    - b. Each LEA shall develop policies and procedures which ensure that parents or legal guardians are:
      - i. Given the opportunity to have their children tested;
      - ii. Given advance notice of the week that their children are to be tested;

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- iii. Given the opportunity to withhold permission for testing;
  - c. Each LEA shall:
    - i. Make testing available for students K through 12 on a periodic basis but not less than three times per year;
    - ii. Inform parents or legal guardians of the results of the district-administered test within 30 school days of determining the test results;
    - iii. Upon request, explain test results to parents or legal guardians.
- 4. The scope and sequence shall be a written program description which demonstrates articulation across all grades and schools to ensure opportunities for continuous progress and shall include:
  - a. Statement of purpose;
  - b. General population description;
  - c. Identification process and placement criteria including provisions for special populations;
  - d. Goals and objectives;
  - e. Curriculum, differentiated instruction, and supplemental services;
  - f. Program models;
  - g. Time allocations for services;
  - h. Procedures and criteria for evaluation of student and program outcomes.
- B. The Arizona Department of Education shall develop and make available model policies for the development, implementation, and evaluation of services for gifted students.

**Historical Note**

Adopted effective December 12, 1990 (Supp. 90-4). The hyphen between "K-12" has been changed to the word "through" for consistency in Chapter style and format (Supp. 21-2).

**R7-2-407. Special Education Standards and Assistance for Providing Educational Services and Materials for Visually Impaired Students**

- A. All requirements in this Section are in addition to the general special education standards in R7-2-401 for public education agencies providing special education.
- B. For the purposes of this Section, the following definitions apply:
  - 1. "Accessible Electronic File" means, until the effective date of a nationally adopted file format, a digital file in a mutually agreed upon electronic file format that has been prepared using a markup language that maintains the structural integrity of the information and can be processed by Braille conversion software. Upon the effective date of a nationally adopted file format, such as the Instructional Materials Accessibility Standard (IMAS), "Accessible Electronic File" shall mean an electronic file conforming to the specifications of the nationally adopted file format, including future technical revisions and versions of this nationally adopted file format.
  - 2. "Individualized Braille literacy assessment" means the Learning Media Assessment or other standardized or individualized assessments that pertain to the child's reading medium.
  - 3. "Non-printed instructional materials" means non-printed textbooks and related core materials, including those that require the availability of electronic equipment in order to be used as a learning resource, that are written and published primarily for use in elementary school and secondary school instruction and are required by a state educational agency or a local educational agency for use by pupils in the classroom. These materials shall be available to the extent technologically available, and may include software programs, CD-ROMs and internet-based materials.
  - 4. "Printed instructional materials" means textbooks and related printed core materials, that are written and published primarily for use in elementary school and secondary school instruction and are required by a state educational agency or a local educational agency for use by pupils in the classroom. This may include workbooks, practice tests, and tests.
  - 5. "Publisher" means an individual, firm, partnership or corporation that publishes or manufactures printed instructional materials for students attending public schools in Arizona, including an on-line service, a software developer, or a distributor of an electronic textbook.
  - 6. "Specialized format" means Braille, audio or digital text which is exclusively for use by blind or other persons with disabilities.
  - 7. "Structural integrity" means the structure of all parts of the printed instructional material will be kept intact to the extent feasible and as mutually agreed upon by the publisher and the local educational agency. This may include appropriate representation of graphic illustrations.
- C. Upon determination of a student having a visual impairment as assessed by a full and initial evaluation defined in R7-2-401(E)(6)(i), a visually impaired student who is determined to be blind as defined by A.R.S. § 15-214(B) shall receive an individualized Braille literacy assessment.
- D. Individualized Education Programs (IEP) for blind students. In addition to the requirements for establishing and implementing an IEP consistent with R7-2-401(F) for a student determined to have a disability, each IEP for a student determined to be "blind" as assessed by R7-2-401(E)(6)(i) and defined by A.R.S. § 15-214(B), shall presume that proficiency in Braille is essential in achieving academic success unless otherwise determined by the IEP team established consistent with the regulations for the most recent reauthorization of the Individuals with Disabilities Education Act (IDEA) and in the manner provided by the most recent reauthorization of the IDEA Act for developing an IEP. An IEP developed under this Section for a student determined to be blind shall include all required provisions of A.R.S. § 15-214(A)(3), including the following:
  - 1. The results of the individualized Braille literacy assessment.
  - 2. The date on which Braille instruction will begin, the methods to be used and the frequency and duration of the Braille instruction.
  - 3. The level of competency expected to be achieved within specified time-frames and the objective measures to be used for evaluation.
  - 4. The Braille materials and equipment necessary to achieve the stated expected competency gains, including ordering instructional materials to achieve the IEP-stated goals.
  - 5. The rationale for not providing Braille instruction if Braille is not determined to be an appropriate medium by the IEP team and is not included in the IEP.
- E. The Arizona Department of Education shall designate a central repository for publishers to, upon request, provide accessible electronic files for instructional materials used by public schools in Arizona as defined in subsection (B)(1). The central repository shall be responsible for maintaining a complete list of available accessible electronic files for instructional materials and instructional materials in specialized formats, processing requests from PEAs for instructional materials in specialized formats and providing access to these materials in



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specialized formats to schools throughout Arizona that are providing services to blind or other students with disabilities.

1. Upon receipt of a written request certifying to the requirements set forth in subsections (E)(1)(a) through (c) publishers shall deliver to the repository, at no additional cost and consistent with the time-frame for providing materials for students without disabilities, accessible electronic files for printed instructional materials and non-printed instructional materials. Certification shall include all of the following:
  - a. The PEA purchased a copy of the printed instructional material or non-printed instructional material for use by a student who is blind or has a visual impairment in a course that the student is attending or registered to attend;
  - b. The student who will utilize the instructional materials in a specialized format has an IEP stating that such materials and/or equipment are necessary for the student to achieve stated expected competency gains; and
  - c. The instructional materials are for use by the student in connection with a course in which he or she is enrolled, as verified by the person overseeing the education of students who are blind or visually impaired.
2. A PEA may access the materials maintained by the central repository, upon written request, for instructional use with a student with a visual impairment, as identified by R7-2-401(E)(6)(i), who requires the use of instructional materials in a specialized format pursuant to the student's IEP.
3. Nothing in this Section shall be construed to prohibit the central repository from assisting a student with a disability by using the electronic format version of instructional material provided pursuant to this Section solely to transcribe or arrange for the transcription of the printed instructional material into Braille or large print. In the event a Braille transcription is made, the central repository has the right to share the Braille copy of the printed instructional material with other eligible students with disabilities. The PEA will be required to return the specialized format version of the instructional material to the central repository when the student no longer needs the instructional material. The central repository may share the copies of the specialized format of the instructional material with other PEAs who have met the requirements of subsections (B) and (D) to provide services to students who require such services pursuant to R7-2-401(F)(5).

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 2399, effective July 23, 2004 (Supp. 04-2). The word "rule" has been changed to "Section," and "of this Section" was removed to reflect current standards in Chapter style and format (Supp. 21-2).

**R7-2-408. Extended School Year Programs for Children with Disabilities**

- A. "Extended school year" (ESY) shall be as defined in A.R.S. § 15-881.
- B. Eligibility. Eligibility shall be determined by the Individualized Education Program (IEP) Team. Criteria for determining eligibility in an extended school year program shall be as defined in A.R.S. § 15-881.
- C. For a student with a disability currently enrolled in special education, eligibility for ESY services shall be determined no

later than 45 calendar days prior to the last day of the school year.

- D. The availability of an extended school year program is required for all students for whom the IEP team has determined that it is necessary in order to ensure a free appropriate public education. Student participation in an ESY program is not compulsory. ESY services are not required for all students with a disability.
- E. Factors that are inappropriate for consideration. Eligibility for participation shall not be based on need or desire for any of the following:
  1. A day care or respite care service for students with a disability;
  2. A program to maximize the academic potential of a student with a disability; and
  3. A summer recreation program for students with a disability.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 3211, effective August 24, 1999 (Supp. 99-4). Amended by final rulemaking at 9 A.A.R. 4633, effective December 8, 2003 (Supp. 03-4).

**ARTICLE 5. CAREER AND VOCATIONAL EDUCATION****R7-2-501. Repealed****Historical Note**

Not in original publication, correction, Section R7-2-501. Adopted effective July 2, 1974. Amended effective November 8, 1974. Amended effective August 11, 1975 (Supp. 75-1). Former Section R7-2-501 repealed, new Section R7-2-501 adopted effective December 4, 1978 (Supp. 78-6). Repealed effective February 20, 1997 (Supp. 97-1).

**R7-2-502. Vocational Education Provisions and Standards**

All eligible recipients receiving federal or state monies or services in support of vocational and technical education programs, courses, or classes shall comply with the applicable provisions and standards of the following plans, which are filed with the Secretary of State, which plans are incorporated herein by reference.

1. 1986-1988 Arizona State Plan for Vocational Education for Federal Funding as required by A.R.S. § 15-784; and
2. Arizona State Plan for Vocational Education for State Funding approved April 22, 1985, as required by A.R.S. § 15-787(C).

**Historical Note**

Adopted (FY 76) effective July 14, 1975 (Supp. 75-1). Adopted (FY 77) effective June 25, 1976 (Supp. 76-3). Former Section R7-2-502 repealed, new Section R7-2-502 adopted effective December 4, 1978 (Supp. 78-6). Former Section R7-2-502 repealed, new Section R7-2-502 adopted effective March 13, 1986 (Supp. 86-2). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 21-2).

**R7-2-503. Repealed****Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).

**R7-2-504. Repealed****Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).

**R7-2-505. Repealed**

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**Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).

**R7-2-506. Repealed****Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).

**R7-2-507. Repealed****Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).

**R7-2-508. Repealed****Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).

**R7-2-509. Repealed****Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).

**R7-2-510. Repealed****Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).

**R7-2-511. Repealed****Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).

**R7-2-512. Repealed****Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).

**R7-2-513. Repealed****Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).

**R7-2-514. Repealed****Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).

**R7-2-515. Repealed****Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).

**R7-2-516. Repealed****Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).

**R7-2-517. Repealed****Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).

**R7-2-518. Repealed****Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).

**R7-2-519. Repealed****Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).

**R7-2-520. Repealed****Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6).

**ARTICLE 6. CERTIFICATION****R7-2-601. Definitions**

In this Article, the following definitions apply unless the context otherwise requires:

1. "Accredited institution" means one which is listed as accredited in the current Higher Education Directory. An institution based outside the United States shall be considered accredited if an approved foreign document evaluation firm approved by the Department declares it to be comparable to an accredited American institution.
2. "Board" means the State Board of Education.
3. "CTE" means Career and Technical Education.
4. "Department" means the Arizona Department of Education.
5. "Practicum" means a period of structured observation and practice of the skills being learned, supervised by an individual trained in that area. The commonly used terms "student teaching," "internship," "residency," or "observation course" are included in this definition.
6. "Professional development" means training to increase skills related to the occupation of education.
7. "Teaching experience" means full-time employment which included full responsibility for the planning and delivery of instruction and evaluation of student learning. Substitute teaching is not considered full-time teaching experience.

**Historical Note**

Former Section R7-2-601 repealed, new Section R7-2-601 adopted effective December 4, 1978 (Supp. 78-6). Amended subsection (C) effective May 31, 1983 (Supp. 83-3). Amended subsection (I) effective September 12, 1989 (Supp. 89-3). Amended effective August 14, 1991 (Supp. 91-3). Amended effective July 30, 1992 (Supp. 92-3). Section repealed, new Section adopted effective March 10, 1994 (Supp. 94-1). Amended effective July 25, 1994 (Supp. 94-3). Amended effective September 20, 1996 (Supp. 96-3). Amended effective March 6, 1997 (Supp. 97-1). Typographical error corrected in subsection (A) (Supp. 97-3). Section repealed; new Section adopted effective December 3, 1998 (Supp. 98-4). Amended by exempt rulemaking at 16 A.A.R. 1249, effective May 24, 2010 (Supp. 10-4).

**R7-2-602. Professional Teaching Standards**

- A. The standards presented in this Section shall be the basis for approved teacher preparation programs, described in R7-2-604, and the Arizona Teacher Proficiency Assessment, described in R7-2-606.
- B. Standard 1. Learner Development: The teacher understands how learners grow and develop, recognizing that patterns of learning and development vary individually within and across the cognitive, linguistic, social, emotional, and physical areas, and designs and implements developmentally appropriate and challenging learning experiences. The teacher:
  1. Regularly assesses individual and group performance in order to design and modify instruction to meet learners' needs in each area of development (cognitive, linguistic, social, emotional, and physical) and scaffolds the next level of development.
  2. Creates developmentally appropriate instruction that takes into account individual learners' strengths, interests, and needs and that enables each learner to advance and accelerate his/her learning.
  3. Collaborates with families, communities, colleagues, and other professionals to promote learner growth and development.
  4. Understands how learning occurs – how learners construct knowledge, acquire skills, and develop disciplined

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- thinking processes – and knows how to use instructional strategies that promote student learning.
5. Understands that each learner's cognitive, linguistic, social, emotional, and physical development influences learning and knows how to make instructional decisions that build on learners' strengths and needs.
  6. Identifies readiness for learning, and understands how development in any one area may affect performance in others.
  7. Understands the role of language and culture in learning and, consistent with Arizona law, knows how to modify instruction to make language comprehensible and instruction relevant, accessible, and challenging.
  8. Respects learners' differing strengths and needs and is committed to using this information to further each learner's development.
  9. Is committed to using learners' strengths as a basis for growth, and their misconceptions as opportunities for learning.
  10. Takes responsibility for promoting learners' growth and development.
- C. Standard 2. Learning Differences: The teacher uses understanding of individual differences and diverse cultures and communities to ensure inclusive learning environments that enable each learner to meet high standards. The teacher:
1. Designs, adapts, and delivers instruction to address each student's diverse learning strengths and needs and creates opportunities for students to demonstrate their learning in different ways.
  2. Makes appropriate and timely provisions (e.g., pacing for individual rates of growth, task demands, communication, assessment, and response modes) for individual students with particular learning differences or needs.
  3. Designs instruction to build on learners' prior knowledge and experiences, allowing learners to accelerate as they demonstrate their understandings.
  4. Brings multiple perspectives to the discussion of content, including attention to learners' personal, family, and community experiences and cultural norms.
  5. Incorporates tools of language development into planning and instruction, including strategies for making content accessible to English language learners and for evaluating and supporting their development of English proficiency.
  6. Accesses resources, supports, and specialized assistance and services to meet particular learning differences or needs.
  7. Understands and identifies differences in approaches to learning and performance and knows how to design instruction that uses each learner's strengths to promote growth.
  8. Understands students with exceptional needs, including those associated with disabilities and giftedness, and knows how to use strategies and resources to address these needs.
  9. Knows about second language acquisition processes and knows how to incorporate instructional strategies and resources to support language acquisition.
  10. Understands that learners bring assets for learning based on their individual experiences, abilities, talents, prior learning, and peer and social group interactions, as well as language, culture, family, and community values.
  11. Knows how to access information about the values of diverse cultures and communities and how to incorporate learners' experiences, cultures, and community resources into instruction.
  12. Believes that all learners can achieve at high levels and persists in helping each learner reach his/her full potential.
  13. Respects learners as individuals with differing personal and family backgrounds and various skills, abilities, perspectives, talents, and interests.
  14. Makes learners feel valued and helps them learn to value each other.
  15. Values diverse languages and dialects and seeks to integrate them into his/her instructional practice to engage students in learning.
- D. Standard 3. Learning Environments: The teacher works with others to create environments that support individual and collaborative learning, and that encourage positive social interaction, active engagement in learning, and self motivation. The teacher:
1. Collaborates with learners, families, and colleagues to build a safe, positive learning climate of openness, mutual respect, support, and inquiry.
  2. Develops learning experiences that engage learners in collaborative and self-directed learning and that extend learner interaction with ideas and people locally and globally.
  3. Collaborates with learners and colleagues to develop shared values and expectations for respectful interactions, rigorous academic discussions, and individual and group responsibility for quality work.
  4. Manages the learning environment to actively and equitably engage learners by organizing, allocating, and coordinating the resources of time, space, and learners' attention.
  5. Uses a variety of methods to engage learners in evaluating the learning environment and collaborates with learners to make appropriate adjustments.
  6. Communicates verbally and nonverbally in ways that demonstrate respect for and responsiveness to the cultural backgrounds and differing perspectives learners bring to the learning environment.
  7. Promotes responsible learner use of interactive technologies to extend the possibilities for learning locally and globally.
  8. Intentionally builds learner capacity to collaborate in face-to-face and virtual environments through applying effective interpersonal communication skills.
  9. Understands the relationship between motivation and engagement and knows how to design learning experiences using strategies that build learner self-direction and ownership of learning.
  10. Knows how to help learners work productively and cooperatively with each other to achieve learning goals.
  11. Knows how to collaborate with learners to establish and monitor elements of a safe and productive learning environment including norms, expectations, routines, and organizational structures.
  12. Understands how learner diversity can affect communication and knows how to communicate effectively in differing environments.
  13. Knows how to use technologies and how to guide learners to apply them in appropriate, safe, and effective ways.
  14. Is committed to working with learners, colleagues, families, and communities to establish positive and supportive learning environments.
  15. Values the role of learners in promoting each other's learning and recognizes the importance of peer relationships in establishing a climate of learning.

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16. Is committed to supporting learners as they participate in decision making, engage in exploration and invention, work collaboratively and independently, and engage in purposeful learning.
  17. Seeks to foster respectful communication among all members of the learning community.
  18. Is a thoughtful and responsive listener and observer.
- E. Standard 4. Content Knowledge:** The teacher understands the central concepts, tools of inquiry, and structures of the discipline(s) he or she teaches and creates learning experiences that make these aspects of the discipline accessible and meaningful for learners to assure mastery of the content. The teacher:
1. Effectively uses multiple representations and explanations that capture key ideas in the discipline, guide learners through learning progressions, and promote each learner's achievement of content standards.
  2. Engages students in learning experiences in the discipline(s) that encourage learners to understand, question, and analyze ideas from diverse perspectives so that they master the content.
  3. Engages learners in applying methods of inquiry and standards of evidence used in the discipline.
  4. Stimulates learner reflection on prior content knowledge, links new concepts to familiar concepts, and makes connections to learners' experiences.
  5. Recognizes learner misconceptions in a discipline that interfere with learning, and creates experiences to build accurate conceptual understanding.
  6. Evaluates and modifies instructional resources and curriculum materials for their comprehensiveness, accuracy for representing particular concepts in the discipline, and appropriateness for his or her learners.
  7. Uses supplementary resources and technologies effectively to ensure accessibility and relevance for all learners.
  8. Creates opportunities for students to learn, practice, and master academic language in their content.
  9. Accesses school and/or district-based resources to evaluate the learner's content knowledge in his or her primary language.
  10. Understands major concepts, assumptions, debates, processes of inquiry, and ways of knowing that are central to the discipline(s) he or she teaches.
  11. Understands common misconceptions in learning the discipline and how to guide learners to accurate conceptual understanding.
  12. Knows and uses the academic language of the discipline and knows how to make it accessible to learners.
  13. Knows how to integrate culturally relevant content to build on learners' background knowledge.
  14. Has a deep knowledge of student content standards and learning progressions in the discipline(s) he or she teaches.
  15. Realizes that content knowledge is not a fixed body of facts but is complex, culturally situated, and ever evolving. The teacher keeps abreast of new ideas and understandings in the field, and ensures instruction is consistent with Arizona's adopted academic standards.
  16. Appreciates multiple perspectives within the discipline and facilitates learners' critical analysis of these perspectives.
  17. Recognizes the potential of bias in his or her representation of the discipline and seeks to appropriately address problems of bias.
  18. Commits to work toward each learner's mastery of disciplinary content and skills.
- F. Standard 5. Application of Content:** The teacher understands how to connect concepts and use differing perspectives to engage learners in critical thinking, creativity, and collaborative problem solving related to authentic local and global issues. The teacher:
1. Develops and implements projects that guide learners in analyzing the complexities of an issue or question using perspectives from varied disciplines and cross-disciplinary skills (e.g., a water quality study that draws upon biology and chemistry to look at factual information and social studies to examine policy implications).
  2. Engages learners in applying content knowledge to real world problems through the lens of interdisciplinary themes (e.g., financial literacy, environmental literacy).
  3. Facilitates learners' use of current tools and resources to maximize content learning in varied contexts.
  4. Engages learners in questioning and challenging assumptions and approaches in order to foster innovation and problem solving in local and global contexts.
  5. Develops learners' communication skills in disciplinary and interdisciplinary contexts by creating meaningful opportunities to employ a variety of forms of communication that address varied audiences and purposes.
  6. Engages learners in generating and evaluating new ideas and novel approaches, seeking inventive solutions to problems, and developing original work.
  7. Facilitates learners' ability to develop diverse social and cultural perspectives that expand their understanding of local and global issues and create novel approaches to solving problems.
  8. Develops and implements supports for learner literacy development across content areas.
  9. Understands the ways of knowing in his/her discipline, how it relates to other disciplinary approaches to inquiry, and the strengths and limitations of each approach in addressing problems, issues, and concerns.
  10. Understands how current interdisciplinary themes (e.g., civic literacy, health literacy, global awareness) connect to the core subjects and knows how to weave those themes into meaningful learning experiences.
  11. Understands the demands of accessing and managing information as well as how to evaluate issues of ethics and quality related to information and its use.
  12. Understands how to use digital and interactive technologies for efficiently and effectively achieving specific learning goals.
  13. Understands critical thinking processes and knows how to help learners develop high level questioning skills to promote their independent learning.
  14. Understands communication modes and skills as vehicles for learning (e.g., information gathering and processing) across disciplines as well as vehicles for expressing learning.
  15. Understands creative thinking processes and how to engage learners in producing original work.
  16. Knows where and how to access resources to build global awareness and understanding, and how to integrate them into the curriculum.
  17. Is constantly exploring how to use disciplinary knowledge as a lens to address local and global issues.
  18. Values knowledge outside his/her own content area and how such knowledge enhances student learning.
  19. Values flexible learning environments that encourage learner exploration, discovery, and expression across content areas.

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- G. Standard 6. Assessment:** The teacher understands and uses multiple methods of assessment to engage learners in their own growth, to monitor learner progress, and to guide the teacher's and learner's decision making. The teacher:
1. Balances the use of formative and summative assessment as appropriate to support, verify, and document learning.
  2. Designs assessments that match learning objectives with assessment methods and minimizes sources of bias that can distort assessment results.
  3. Works independently and collaboratively to examine test and other performance data to understand each learner's progress and to guide planning.
  4. Engages learners in understanding and identifying quality work and provides them with effective descriptive feedback to guide their progress toward that work.
  5. Engages learners in multiple ways of demonstrating knowledge and skill as part of the assessment process.
  6. Models and structures processes that guide learners in examining their own thinking and learning as well as the performance of others.
  7. Effectively uses multiple and appropriate types of assessment data to identify each student's learning needs and to develop differentiated learning experiences.
  8. Prepares all learners for the demands of particular assessment formats and makes appropriate accommodations in assessments or testing conditions, especially for learners with disabilities and language learning needs.
  9. Continually seeks appropriate ways to employ technology to support assessment practice both to engage learners more fully and to assess and address learner needs.
  10. Understands the differences between formative and summative applications of assessment and knows how and when to use each.
  11. Understands the range of types and multiple purposes of assessment and how to design, adapt, or select appropriate assessments to address specific learning goals and individual differences, and to minimize sources of bias.
  12. Knows how to analyze assessment data to understand patterns and gaps in learning, to guide planning and instruction, and to provide meaningful feedback to all learners.
  13. Knows when and how to engage learners in analyzing their own assessment results and in helping to set goals for their own learning.
  14. Understands the positive impact of effective descriptive feedback for learners and knows a variety of strategies for communicating this feedback.
  15. Knows when and how to evaluate and report learner progress against standards.
  16. Understands how to prepare learners for assessments and how to make accommodations in assessments and testing conditions, especially for learners with disabilities and language learning needs.
  17. Is committed to engaging learners actively in assessment processes and to developing each learner's capacity to review and communicate about their own progress and learning.
  18. Takes responsibility for aligning instruction and assessment with learning goals.
  19. Is committed to providing timely and effective descriptive feedback to learners on their progress.
  20. Is committed to using multiple types of assessment processes to support, verify, and document learning.
  21. Is committed to making accommodations in assessments and testing conditions, especially for learners with disabilities and language learning needs.
  22. Is committed to the ethical use of various assessments and assessment data to identify learner strengths and needs to promote learner growth.
- H. Standard 7. Planning for Instruction:** The teacher plans instruction that supports every student in meeting rigorous learning goals by drawing upon knowledge of content areas, curriculum, cross-disciplinary skills, and pedagogy, as well as knowledge of learners and the community context. The teacher:
1. Individually and collaboratively selects and creates learning experiences that are appropriate for curriculum goals and content standards, and are relevant to learners.
  2. Plans how to achieve each student's learning goals, choosing appropriate strategies and accommodations, resources, and materials to differentiate instruction for individuals and groups of learners.
  3. Develops appropriate sequencing of learning experiences and provides multiple ways to demonstrate knowledge and skill.
  4. Plans for instruction based on formative and summative assessment data, prior learner knowledge, and learner interest.
  5. Plans collaboratively with professionals who have specialized expertise (e.g., special educators, related service providers, language learning specialists, librarians, media specialists) to design and jointly deliver as appropriate learning experiences to meet unique learning needs.
  6. Evaluates plans in relation to short- and long-range goals and systematically adjusts plans to meet each student's learning needs and enhance learning.
  7. Understands content and content standards and how these are organized in the curriculum.
  8. Understands how integrating cross-disciplinary skills in instruction engages learners purposefully in applying content knowledge.
  9. Understands learning theory, human development, cultural diversity, and individual differences and how these impact ongoing planning.
  10. Understands the strengths and needs of individual learners and how to plan instruction that is responsive to these strengths and needs.
  11. Knows a range of evidence-based instructional strategies, resources, and technological tools and how to use them effectively to plan instruction that meets diverse learning needs.
  12. Knows when and how to adjust plans based on assessment information and learner responses.
  13. Knows when and how to access resources and collaborate with others to support student learning (e.g., special educators, related service providers, language learner specialists, librarians, media specialists, community organizations).
  14. Respects learners' diverse strengths and needs and is committed to using this information to plan effective instruction.
  15. Values planning as a collegial activity that takes into consideration the input of learners, colleagues, families, and the larger community.
  16. Takes professional responsibility to use short- and long-term planning as a means of assuring student learning.
  17. Believes that plans must always be open to adjustment and revision based on learner needs and changing circumstances.
- I. Standard 8. Instructional Strategies:** The teacher understands and uses a variety of instructional strategies to encourage learners to develop deep understanding of content areas and

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their connections, and to build skills to apply knowledge in meaningful ways. The teacher:

1. Uses appropriate strategies and resources to adapt instruction to the needs of individuals and groups of learners.
2. Continuously monitors student learning, engages learners in assessing their progress, and adjusts instruction in response to student learning needs.
3. Collaborates with learners to design and implement relevant learning experiences, identify their strengths, and access family and community resources to develop their areas of interest.
4. Varies his/her role in the instructional process (e.g., instructor, facilitator, coach, audience) in relation to the content and purposes of instruction and the needs of learners.
5. Provides multiple models and representations of concepts and skills with opportunities for learners to demonstrate their knowledge through a variety of products and performances.
6. Engages all learners in developing higher order questioning skills and metacognitive processes.
7. Engages learners in using a range of learning skills and technology tools to access, interpret, evaluate, and apply information.
8. Uses a variety of instructional strategies to support and expand learners' communication through speaking, listening, reading, writing, and other modes.
9. Asks questions to stimulate discussion that serves different purposes (e.g., probing for learner understanding, helping learners articulate their ideas and thinking processes, stimulating curiosity, and helping learners to question).
10. Understands the cognitive processes associated with various kinds of learning (e.g., critical and creative thinking, problem framing and problem solving, invention, memorization and recall) and how these processes can be stimulated.
11. Knows how to apply a range of developmentally, culturally, and linguistically appropriate instructional strategies to achieve learning goals.
12. Knows when and how to use appropriate strategies to differentiate instruction and engage all learners in complex thinking and meaningful tasks.
13. Understands how multiple forms of communication (oral, written, nonverbal, digital, visual) convey ideas, foster self expression, and build relationships.
14. Knows how to use a wide variety of resources, including human and technological, to engage students in learning.
15. Understands how content and skill development can be supported by media and technology and knows how to evaluate these resources for quality, accuracy, and effectiveness.
16. Is committed to deepening awareness and understanding the strengths and needs of diverse learners when planning and adjusting instruction.
17. Values the variety of ways people communicate and encourages learners to develop and use multiple forms of communication.
18. Is committed to exploring how the use of new and emerging technologies can support and promote student learning.
19. Values flexibility and reciprocity in the teaching process as necessary for adapting instruction to learner responses, ideas, and needs.

**J.** Standard 9. Professional Learning and Ethical Practice: The teacher engages in ongoing professional learning and uses evidence to continually evaluate his/her practice, particularly the effects of his/her choices and actions on others (learners, families, other professionals, and the community), and adapts practice to meet the needs of each learner. The teacher:

1. Engages in ongoing learning opportunities to develop knowledge and skills in order to provide all learners with engaging curriculum and learning experiences based on local and state standards.
2. Engages in meaningful and appropriate professional learning experiences aligned with his/her own needs and the needs of the learners, school, and system.
3. Independently and in collaboration with colleagues, uses a variety of data (e.g., systematic observation, information about learners, research) to evaluate the outcomes of teaching and learning and to adapt planning and practice.
4. Actively seeks professional, community, and technological resources, within and outside the school, as supports for analysis, reflection, and problem-solving.
5. Reflects on his/her personal biases and accesses resources to deepen his/her own understanding of cultural, ethnic, gender, and learning differences to build stronger relationships and create more relevant learning experiences.
6. Advocates, models, and teaches safe, legal, and ethical use of information and technology including appropriate documentation of sources and respect for others in the use of social media.
7. Understands and knows how to use a variety of self-assessment and problem-solving strategies to analyze and reflect on his/her practice and to plan for adaptations/adjustments.
8. Knows how to use learner data to analyze practice and differentiate instruction accordingly.
9. Understands how personal identity, worldview, and prior experience affect perceptions and expectations, and recognizes how they may bias behaviors and interactions with others.
10. Understands and adheres to laws related to learners' rights and teacher responsibilities (e.g., for educational equity, appropriate education for learners with disabilities, confidentiality, privacy, appropriate treatment of learners, reporting in situations related to possible child abuse).
11. Knows how to build and implement a plan for professional growth directly aligned with his/her needs as a growing professional using feedback from teacher evaluations and observations, data on learner performance, and school- and system-wide priorities.
12. Takes responsibility for student learning and uses ongoing analysis and reflection to improve planning and practice.
13. Is committed to deepening understanding of his/her own frames of reference (e.g., culture, gender, language, abilities, ways of knowing), the potential biases in these frames, and their impact on expectations for and relationships with learners and their families.
14. Sees him/herself as a learner, continuously seeking opportunities to draw upon current education policy and research as sources of analysis and reflection to improve practice.
15. Understands the expectations of the profession including codes of ethics, professional standards of practice, and relevant law and policy.

**K.** Standard 10. Leadership and Collaboration: The teacher seeks appropriate leadership roles and opportunities to take responsi-

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bility for student learning, to collaborate with learners, families, colleagues, other school professionals, and community members to ensure learner growth, and to advance the profession. The teacher:

1. Takes an active role on the instructional team, giving and receiving feedback on practice, examining learner work, analyzing data from multiple sources, and sharing responsibility for decision making and accountability for each student's learning.
2. Works with other school professionals to plan and jointly facilitate learning on how to meet diverse needs of learners.
3. Engages collaboratively in the schoolwide effort to build a shared vision and supportive culture, identify common goals, and monitor and evaluate progress toward those goals.
4. Works collaboratively with learners and their families to establish mutual expectations and ongoing communication to support learner development and achievement.
5. Working with school colleagues, builds ongoing connections with community resources to enhance student learning and well being.
6. Engages in professional learning, contributes to the knowledge and skill of others, and works collaboratively to advance professional practice.
7. Uses technological tools and a variety of communication strategies to build local and global learning communities that engage learners, families, and colleagues.
8. Uses and generates meaningful research on education issues and policies.
9. Seeks appropriate opportunities to model effective practice for colleagues, to lead professional learning activities, and to serve in other leadership roles.
10. Strives to meet the needs of learners and to strengthen the learning environment.
11. Takes on leadership roles at the school, district, state, and/or national levels.
12. Understands schools as organizations within a historical, cultural, political, and social context and knows how to work with others across the system to support learners.
13. Understands that alignment of family, school, and community spheres of influence enhances student learning and that discontinuity in these spheres of influence interferes with learning.
14. Knows how to work with other adults and has developed skills in collaborative interaction appropriate for both face-to-face and virtual contexts.
15. Knows how to contribute to a common culture that supports high expectations for student learning.
16. Actively shares responsibility for shaping and supporting the mission of his/her school as one of advocacy for learners and accountability for their success.
17. Respects families' beliefs, norms, and expectations and seeks to work collaboratively with learners and families in setting and meeting challenging goals.
18. Takes initiative to grow and develop with colleagues through interactions that enhance practice and support student learning.
19. Takes responsibility for contributing to and advancing the profession.
20. Embraces the challenge of continuous improvement and change.

**Historical Note**

Former Section R7-2-602 repealed, new Section R7-2-602 adopted effective December 4, 1978 (Supp. 78-6). Amended by adding a new subsection (B) effective

August 29, 1988 (Supp. 88-3). Amended effective December 15, 1989 (Supp. 89-4). Amended effective July 10, 1992 (Supp. 92-3). Amended effective March 6, 1997 (Supp. 97-1). Section repealed; new Section adopted effective December 3, 1998 (Supp. 98-4). Amended by exempt rulemaking at 18 A.A.R. 1029, effective December 5, 2011 (Supp. 12-2).

**R7-2-602.01. Induction Program Standards for New Teachers**

- A.** For the purposes of this Section, the following definitions apply:
1. "Induction" and "mentoring and retention programming" means a program of regular, job-embedded, in-person, one-on-one feedback that is focused on instruction and ensuring new classroom teacher quality, success and retention.
  2. "New classroom teacher" means a classroom teacher who is in the first, second, or third year of teaching.
- B.** The Arizona Teacher Induction Standards, and substantially similar programs developed by local education agencies, shall serve as the form and format of mentoring and retention programming for school districts, charter schools, the State Education System for Committed Youth, and the Arizona State Schools for the Deaf and the Blind who receive grant funds established pursuant to A.R.S. § 15-1281(D)(3). The standards and programs developed by local education agencies shall require that the equivalent of one full-time mentor may be assigned to not more than 15 new classroom teachers employed by the school district or charter school.
- C.** The Department shall:
1. Develop the induction program standards in consultation with state educators and experts in instruction and educator quality, success, and retention.
  2. Present the induction program standards and the development process to the Board for review and approval.
- D.** The Board shall adopt the Arizona Teacher Induction Standards in a meeting following the presentation of the standards to the Board.

**Historical Note**

New Section made by final exempt rulemaking at 27 A.A.R. 743, effective April 26, 2021 (Supp. 21-2).

**R7-2-603. Professional Administrative Standards**

- A.** The standards presented in this Section shall be the basis for approved administrative preparation programs, described in R7-2-604. The Arizona Administrator Proficiency Assessment shall assess proficiency in the standards as a requirement for certification of supervisors, principals, and superintendents, as set forth in R7-2-616.
- B.** Standard 1: Effective educational leaders develop, advocate, and enact a shared mission, vision, and core values of high-quality education and academic success and well-being of each student. Effective leaders:
1. Develop an educational mission for the school to promote the academic success and well-being of each student.
  2. In collaboration with members of the school and the community and using relevant data, develop and promote a vision for the school on the successful learning and development of each child and on instructional and organizational practices that promote such success.
  3. Articulate, advocate, and cultivate core values that define the school's culture and stress the imperative of child-centered education; high expectations and student support; equity, inclusiveness, and social justice; openness, caring, and trust; and continuous improvement.
  4. Strategically develop, implement, and evaluate actions to achieve the vision for the school.

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5. Review the school's mission and vision and adjust them to changing expectations and opportunities for the school, and changing needs and situations of students.
  6. Develop shared understanding of and commitment to mission, vision, and core values within the school and the community.
  7. Model and pursue the school's mission, vision, and core values in all aspects of leadership.
- C. Standard 2:** Effective educational leaders act ethically and according to professional norms to promote each student's academic success and well-being. Effective leaders:
1. Act ethically and professionally in personal conduct, relationships with others, decision-making, stewardship of the school's resources, and all aspects of school leadership.
  2. Act according to and promote the professional norms of integrity, fairness, transparency, trust, collaboration, perseverance, learning, and continuous improvement.
  3. Place children at the center of education and accept responsibility for each student's academic success and well-being.
  4. Safeguard and promote the values of democracy, individual freedom and responsibility, equity, social justice, community, and diversity.
  5. Lead with interpersonal and communication skill, social-emotional insight, and understanding of all students' and staff members' backgrounds and cultures.
  6. Provide moral direction for the school and promote ethical and professional behavior among faculty and staff.
- D. Standard 3:** Effective educational leaders strive for equity of educational opportunity and culturally responsive practices to promote each student's academic success and well-being. Effective leaders:
1. Ensure that each student is treated fairly, respectfully, and with an understanding of each student's culture and context.
  2. Recognize, respect, and employ each student's strengths, diversity, and culture as assets for teaching and learning.
  3. Ensure that each student has equitable access to effective teachers, learning opportunities, academic and social support, and other resources necessary for success.
  4. Develop student policies and address student misconduct in a positive, fair, and unbiased manner.
  5. Confront and alter institutional biases of student marginalization, deficit-based schooling, and low expectations associated with race, class, culture and language, gender and sexual orientation, and disability or special status.
  6. Promote the preparation of students to live productively in and contribute to the diverse cultural contexts of a global society.
  7. Act with cultural competence and responsiveness in their interactions, decision making, and practice.
  8. Address matters of equity and cultural responsiveness in all aspects of leadership.
- E. Standard 4:** Effective educational leaders develop and support intellectually rigorous and coherent systems of curriculum, instruction, and assessment to promote each student's academic success and well-being. Effective leaders:
1. Implement coherent systems of curriculum, instruction, and assessment that promote the mission, vision, and core values of the school, embody high expectations for student learning, align with academic standards, and are culturally responsive.
  2. Align and focus systems of curriculum, instruction, and assessment within and across grade levels to promote student academic success, love of learning, the identities and habits of learners, and healthy sense of self.
3. Promote instructional practice that is consistent with knowledge of child learning and development, effective pedagogy, and the needs of each student.
  4. Ensure instructional practice that is intellectually challenging, authentic to student experiences, recognizes student strengths, and is differentiated and personalized.
  5. Promote the effective use of technology in the service of teaching and learning.
  6. Employ valid assessments that are consistent with knowledge of child learning and development and technical standards of measurement.
  7. Use assessment data appropriately and within technical limitations to monitor student progress and improve instruction.
- F. Standard 5:** Effective educational leaders cultivate an inclusive, caring, and supportive school community that promotes the academic success and well-being of each student. Effective leaders:
1. Build and maintain a safe, caring, and healthy school environment that meets that the academic, social, emotional, and physical needs of each student.
  2. Create and sustain a school environment in which each student is known, accepted and valued, trusted and respected, cared for, and encouraged to be an active and responsible member of the school community.
  3. Provide coherent systems of academic and social supports, services, extracurricular activities, and accommodations to meet the range of learning needs of each student.
  4. Promote adult-student, student-peer, and school-community relationships that value and support academic learning and positive social and emotional development.
  5. Cultivate and reinforce student engagement in school and positive student conduct.
  6. Infuse the school's learning environment with the cultures and languages of the school's community.
- G. Standard 6:** Effective educational leaders develop the professional capacity and practice of school personnel to promote each student's academic success and well-being. Effective leaders:
1. Recruit, hire, support, develop, and retain effective and caring teachers and other professional staff and form them into an educationally effective faculty.
  2. Plan for and manage staff turnover and succession, providing opportunities for effective induction and mentoring of new personnel.
  3. Develop teachers' and staff members' professional knowledge, skills, and practice through differentiated opportunities for learning and growth, guided by understanding of professional and adult learning and development.
  4. Foster continuous improvement of individual and collective instructional capacity to achieve outcomes envisioned for each student.
  5. Deliver actionable feedback about instruction and other professional practice through valid, research-anchored systems of supervision and evaluation to support the development of teachers' and staff members' knowledge, skills, and practice.
  6. Empower and motivate teachers and staff to the highest levels of professional practice and to continuous learning and improvement.



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7. Develop the capacity, opportunities, and support for teacher leadership and leadership from other members of the school community.
  8. Promote the personal and professional health, well-being, and work-life balance of faculty and staff.
  9. Tend to their own learning and effectiveness through reflection, study, and improvement, maintaining a healthy work-life balance.
- H.** Standard 7: Effective educational leaders foster a professional community of teachers and other professional staff to promote each student's academic success and well-being. Effective leaders:
1. Develop workplace conditions for teachers and other professional staff that promote effective professional development, practice, and student learning.
  2. Empower and entrust teachers and staff with collective responsibility for meeting the academic, social, emotional, and physical needs of each student, pursuant to the mission, vision, and core values of the school.
  3. Establish and sustain a professional culture of engagement and commitment to shared vision, goals, and objectives pertaining to the education of the whole child; high expectations for professional work; ethical and equitable practice; trust and open communication; collaboration, collective efficacy, and continuous individual and organizational learning and improvement.
  4. Promote mutual accountability among teachers and other professional staff for each student's success and the effectiveness of the school as a whole.
  5. Develop and support open, productive, caring, and trusting working relationships among leaders, faculty, and staff to promote professional capacity and the improvement of practice.
  6. Design and implement job-embedded and other opportunities for professional learning collaboratively with faculty and staff.
  7. Provide opportunities for collaborative examination of practice, collegial feedback, and collective learning.
  8. Encourage faculty-initiated improvement of programs and practices.
- I.** Standard 8: Effective educational leaders engage families and the community in meaningful, reciprocal, and mutually beneficial ways to promote each student's academic success and well-being. Effective leaders:
1. Are approachable, accessible, and welcoming to families and members of the community.
  2. Create and sustain positive, collaborative, and productive relationships with families and the community for the benefit of students.
  3. Engage in regular and open two-way communication with families and the community about the school, students, needs, problems, and accomplishments.
  4. Maintain a presence in the community to understand its strengths and needs, develop productive relationships, and engage its resources for the school.
  5. Create means for the school community to partner with families to support student learning in and out of school.
  6. Understand, value, and employ the community's cultural, social, intellectual, and political resources to promote student learning and school improvement.
  7. Develop and provide the school as a resource for families and the community.
  8. Advocate for the school and district, and for the importance of education and student needs and priorities to families and the community.
9. Advocate publicly for the needs and priorities of students, families, and the community.
  10. Build and sustain productive partnerships with public and private sectors to promote school improvement and student learning.
- J.** Standard 9: Effective educational leaders manage school operations and resources to promote each student's academic success and well-being. Effective leaders:
1. Institute, manage, and monitor operations and administrative systems that promote the mission and vision of the school.
  2. Strategically manage staff resources, assigning and scheduling teachers and staff to roles and responsibilities that optimize their professional capacity to address each student's learning needs.
  3. Seek, acquire, and manage fiscal, physical, and other resources to support curriculum, instruction, and assessment; student learning community; professional capacity and community; and family and community engagement.
  4. Are responsible, ethical, and accountable stewards of the school's monetary and non-monetary resources, engaging in effective budgeting and accounting practices.
  5. Protect teachers' and other staff members' work and learning from disruption.
  6. Employ technology to improve the quality and efficiency of operations and management.
  7. Develop and maintain data and communication systems to deliver actionable information for classroom and school improvement.
  8. Know, comply with, and help the school community understand local, state, and federal laws, rights, policies, and regulations so as to promote student success.
  9. Develop and manage relationships with feeder and connecting schools for enrollment management and curricular and instructional articulation.
  10. Develop and manage productive relationships with the central office and school board.
  11. Develop and administer systems for fair and equitable management of conflict among students, faculty and staff, leaders, families, and community.
  12. Manage governance processes and internal and external politics toward achieving the school's mission and vision.
- K.** Standard 10: Effective educational leaders act as agents of continuous improvement to promote each student's academic success and well-being. Effective leaders:
1. Seek to make school more effective for each student, teachers and staff, families, and the community.
  2. Use methods of continuous improvement to achieve the vision, fulfill the mission, and promote the core values of the school.
  3. Prepare the school and the community for improvement, promoting readiness, an imperative for improvement, instilling mutual commitment and accountability, and developing the knowledge, skills, and motivation to succeed in improvement.
  4. Engage others in an ongoing process of evidence-based inquiry, learning, strategic goal setting, planning, implementation, and evaluation for continuous school and classroom improvement.
  5. Employ situationally-appropriate strategies for improvement, including transformational and incremental, adaptive approaches and attention to different phases of implementation.
  6. Assess and develop the capacity of staff to assess the value and applicability of emerging educational trends

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and the findings of research for the school and its improvement.

7. Develop technically appropriate systems of data collection, management, analysis, and use, connecting as needed to the district office and external partners for support in planning, implementation, monitoring, feedback, and evaluation.
8. Adopt a systems perspective and promote coherence among improvement efforts and all aspects of school organization, programs, and services.
9. Manage uncertainty, risk, competing initiatives, and politics of change with courage and perseverance, providing support and encouragement, and openly communicating the need for, process for, and outcomes of improvement efforts.
10. Develop and promote leadership among teachers and staff for inquiry, experimentation and innovation, and initiating and implementing improvement.

**Historical Note**

Former Section R7-2-603 repealed, new Section R7-2-603 adopted effective December 4, 1978 (Supp. 78-6). Amended effective July 21, 1980 (Supp. 80-4). Amended subsection (J) effective August 20, 1981 (Supp. 81-4).

Amended subsections (D) and (E) effective April 10, 1984 (Supp. 84-2). Amended subsection (J)(8) and (9) effective October 10, 1984 (Supp. 84-5). Amended subsection (G) effective December 13, 1985. Amended subsection (J)(6), (7), (8) and (9) effective December 18, 1985 (Supp. 85-6). Editorial correction, amendment to subsections (D) and (E) shown effective April 10, 1984 should read Amended subsections (D) and (E) effective October 1, 1985. Amended by adding subsection (G)(9) and (10) effective January 31, 1986 (Supp. 86-1).

Amended by adding subsection (R) effective April 24, 1986 (Supp. 86-2). Amended subsection (G), filed May 5, 1986, effective July 1, 1987 (Supp. 86-3). Amended by adding subsection (J)(10) and (11) effective July 2, 1986; amended by adding subsection (J)(12), (13) and (14), filed August 7, 1986, effective July 1, 1987 (Supp. 86-4). Amended subsection (H) effective September 16, 1987 (Supp. 87-3). Correction: subsection (G)(3), "Provisional" is corrected to read: "Principal" as certified effective December 3, 1985; amended subsection (B) effective July 13, 1988; amended subsection (J)(2) effective August 10, 1988; amended subsection (R)(2)(b) effective August 15, 1988 (Supp. 88-3). Amended effective August 9, 1989, and amended effective September 12, 1989 (Supp. 89-3). Amended effective December 15, 1989 (Supp. 89-4). Amended effective November 6, 1990; Amended effective December 12, 1990 (Supp. 90-4).

Amended effective March 21, 1991 (Supp. 91-1). Amended effective May 2, 1991 (Supp. 91-2). Amended effective October 22, 1991 (Supp. 91-4). Section repealed, new Section adopted effective March 10, 1994 (Supp. 94-1). Amended effective December 19, 1996 (Supp. 96-4). Amended effective March 6, 1997 (Supp. 97-1). Typographical error corrected in subsection (J) (Supp. 97-4). Section repealed; new Section adopted effective December 4, 1998 (Supp. 98-4). Amended by exempt rulemaking at 16 A.A.R. 1249, effective May 24, 2010 (Supp. 10-4). Amended by exempt rulemaking at 18 A.A.R. 1029, effective December 5, 2011 (Supp. 12-2). Amended by final exempt rulemaking at 22 A.A.R. 3369, effective October 24, 2016 (Supp. 16-4).

In R7-2-604 through R7-2-604.05, unless the context otherwise requires:

1. "Accreditation" means a professional preparation institution's recognition by a national or regional agency or organization acknowledged for meeting identified standards or criteria.
2. "Alternative educator preparation program" means a program designed for individuals who are working as a PreK through 12 teacher or administrator while certified under an alternative teaching certificate or interim administrative certificate. Alternative educator preparation programs may have substantially different program sequences, designs, and/or formats than that of a traditional education preparation program.
3. "Biennial report" means a report submitted every two years to the Department by all Arizona State Board approved professional preparation institutions for each approved educator preparation program.
4. "Biennial status letter" means correspondence issued by the Department to the professional preparation institution within 30 days upon completion of the review of the biennial report, indicating the status of the educator preparation program(s).
5. "Board approved program" means a course of study that is approved by the Board and meets all relevant standards for teachers, administrators, school guidance counselors, or school psychologists.
6. "Capstone experience" means a culminating professional experience in a PreK through 12 setting. This experience may include student teaching or internships in administration, counseling, or school psychology, or alternative path PreK through 12 teaching.
7. "Classroom-based educator preparation program" means a program administered through a school district or charter school that is approved pursuant to R7-2-604.05.
8. "Educator preparation program" means a traditional or alternative educator preparation program that prepares PreK through 12 teachers, administrators, school counselors, and school psychologists for an institutional recommendation for an Arizona certificate.
9. "Field experience" means scheduled, directed, structured, supervised, frequent experiences in a PreK through 12 setting that occurs prior to the capstone experience. Field experiences must assist educator candidates in developing the knowledge, skills, and dispositions necessary to ensure all students learn, and provide evidence in meeting standards described in the Board approved professional teaching standards or professional administrative standards, and relevant Board approved academic standards.
10. "Institutional recommendation" means a form developed by the Department and issued by a professional preparation institution, that indicates an individual has completed a Board approved educator preparation program.
11. "Internship" means significant opportunities for candidates to practice and develop the skills identified in relevant state and national standards as measured by substantial and sustained work in real settings, appropriate for the certificate the candidate is seeking, performed under the direction of a supervising practitioner and a program supervisor.
12. "National standards" means written expectations for meeting a specified level of performance that are established by, but not limited to, the following organizations: Council for Accreditation of Counseling and Related Education Program (CACREP), Council for the Accreditation of Educator Preparation (CAEP), Council for

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- Exceptional Children. (CEC), The National Educational Leadership Preparation (NELP), Interstate New Teacher Assessment and Support Consortium (InTASC), Professional Standards for Educational Leadership (PSEL), International Society for Technology in Education (ISTE), National Association for the Education of Young Children (NAEYC), National Association of School Psychologists (NASP), National Council for Accreditation of Teacher Education (NCATE) or Teacher Education Accreditation Council (TEAC).
13. "Probationary educator preparation program" means a program with at least one deficiency identified in the biennial status letter issued by the Department, as a result of a Department review of the biennial report. Programs with the same deficiency(s) in two consecutive biennial status letters are subject to revocation of Board approval. A deficiency may include, but is not limited to, stakeholder surveys, completer data and student achievement data.
  14. "Professional preparation institutions" means organizations that include, but are not limited to, universities and colleges, school districts, not for profit organizations, professional organizations, private businesses, charter schools, and regional training centers that oversee one or more educator preparation programs.
  15. "Program completer" means a student who has met all the professional program institution's requirements of a Board approved educator preparation program necessary to obtain an institutional recommendation.
  16. "Program supervisor" means an educator from the professional preparation institution under whose supervision the candidate for licensure practices during a capstone experience. The program supervisor's professional work experiences must be relevant to the license the candidate is seeking. Program supervisors must also have adequate training from the professional preparation institution.
  17. "Review Team" means a committee that reviews educator preparation programs seeking Board approval that consists of representatives from the Department and at least three of the following entities: institutions under the jurisdiction of the Arizona Board of Regents, Arizona private institutions of higher education, Arizona community colleges, other organizations with a Board approved educator preparation program, professional educator associations, PreK through 12 administrators from local education agencies, National Board Certified Teachers, and a graduate or representative from an Arizona alternative educator preparation program. For alternative educator preparation program applications, the review team shall include at least one graduate or representative from an Arizona alternative educator preparation program.
  18. "Student teaching" means a minimum of 12 weeks of rigorous field-based experiences, appropriate for the certificate the candidate is seeking, performed under the direction of a supervising practitioner and a program supervisor. The student teaching placement must be appropriate for the certification that the applicant is seeking.
  19. "Supervising practitioner" means a standard certified educator, currently employed by a local education agency, private agency or other PreK through 12 setting who supervises the candidate during a capstone experience. Supervising practitioners must have:
    - a. A minimum of three full years of experience relevant to the license the candidate is seeking.
    - b. A current classification of highly effective or effective pursuant to A.R.S. §§ 15-341(A)(41), 15-189.06, when applicable.
    - c. Adequate training from the professional preparation institution.
  20. "Traditional educator preparation program" means a program that includes courses, field experiences, and a capstone experience that is designed to prepare preservice PreK through 12 teachers, administrators, school counselors, and school psychologists."

**Historical Note**

New Section made by exempt rulemaking at 16 A.A.R. 318, effective August 29, 2006 (Supp. 09-1). Amended by exempt rulemaking at 16 A.A.R. 1249, effective May 24, 2010 (Supp. 10-4). Amended by final exempt rulemaking at 21 A.A.R. 2047, effective October 27, 2014 (Supp. 15-3). Amended by final exempt rulemaking at 26 A.A.R. 66, effective December 13, 2019 (Supp. 19-4). Amended by final exempt rulemaking at 26 A.A.R. 1311, effective May 18, 2020 (Supp. 20-2). The word "twelve" has been changed to the numeral "12," the hyphen between "PreK-12" has been changed to the word "through" for consistency in Chapter style and format (Supp. 21-2).

**R7-2-604.01. Educator Preparation Programs**

- A. Professional preparation institutions shall include evidence that the educator preparation program is aligned to standards described in the Board approved professional teaching standards or professional administrative standards and relevant national standards, and provides field experiences, and a capstone experience.
- B. Educator preparation programs of professional preparation institutions requesting Board approval shall be reviewed by the Department, and the Department shall recommend Board action. Upon the recommendation of the Department, the Board shall evaluate and may approve an educator preparation program. The Board may grant program approval for a period not to exceed six years.
- C. All educator preparation programs that lead to an Arizona certification must be approved by the Board pursuant to these rules. Board approval of educator preparation programs may be granted following the successful evaluation of the program. Board rules in effect at the time of the submission of a program for evaluation shall be the rules upon which the educator preparation program is evaluated.

**Historical Note**

New Section made by exempt rulemaking at 16 A.A.R. 318, effective August 29, 2006 (Supp. 09-1). Amended by exempt rulemaking at 16 A.A.R. 1249, effective May 24, 2010 (Supp. 10-4). Amended by final exempt rulemaking at 21 A.A.R. 2047, effective October 27, 2014 (Supp. 15-3). This Section was inadvertently removed when Supp. 19-4 was published. It has been reinstated as last amended in Supp. 15-3 (Supp. 21-2).

**R7-2-604.02. Educator Preparation Program Approval Procedures**

- A. Professional preparation institutions with no Board approved educator preparation programs, seeking initial approval for an educator preparation program shall submit to the Department the information necessary to conduct a readiness review of the professional preparation institution. The Department shall prescribe forms to assist professional preparation institutions with providing all information required as part of the readiness

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review process. The required information, includes the following:

1. An institutional profile demonstrating program and financial stability, a description of the educator preparation program seeking approval, a listing of national or regional accreditations the institution's governance and administrative structures and student demographic data.
  2. A description of the professional preparation institution's vision, mission, philosophy and goals, and a description of how this information is shared with students, relevant staff and other relevant stakeholders.
  3. Data regarding the professional preparation institution's relevant staff, including the following:
    - a. Demographic data relating to the relevant staff for each educator preparation program seeking approval, including, at a minimum, educational degrees, staff to student ratio, experience teaching in a PreK through 12 setting, and, if available, ethnicity and gender data.
    - b. Definitions of titles and clarification of roles of individuals responsible for courses, seminars, or modules of study; field experiences; capstone experiences; and administration.
    - c. A description of the professional preparation institution's employment policies, including procedures for determining staff assignments, evaluation procedures and professional development opportunities and requirements.
- B.** The Department shall provide professional preparation institutions written notification, within 60 days of receiving readiness review materials, either indicating readiness to submit educator preparation programs for review or specifying any deficiencies. The institution has 30 days from receipt of the notice to supply the Department with all required information regarding identified deficiencies.
- C.** The Department shall initiate a review of the specific educator preparation programs being considered for Board approval. The Department shall prescribe forms to assist institutions with providing all information required as part of the educator preparation programs review. Professional Preparation Institutions with accreditation may submit accreditation documentation to be considered as part of the review process. To facilitate this review, institutions shall provide the Department with the following:
1. A description of the educator preparation programs being considered for Board approval. This shall include, at a minimum, the criteria for student entry into the program; a summary of the program courses, seminars, or modules of study; field experiences; and capstone experiences. The professional preparation institution must verify that it requires courses, seminars, or modules of study necessary to obtain a full Structured English Immersion endorsement if required for the certificate the candidate is seeking.
  2. A description of the field experience and capstone experience policies for the educator preparation programs being considered for Board approval. The review team shall verify that the field experience and capstone experience includes evidence of engagement in the application of relevant standards as articulated in the Board approved professional teaching standards or professional administrative standards and relevant national standards. Educator preparation programs applying for approval in school psychology and guidance counseling shall only be required to demonstrate compliance with applicable national standards.
  3. Evidence that candidates are provided instruction and practice in how to gather, evaluate, and synthesize multiple data sources and how to effectively use data in educational and classroom instructional decisions.
  4. Provide the Department with evidence that candidates are provided instruction and practice in how to appropriately integrate technology when working with students.
  5. A description of the assessment plan for measuring each candidate's competencies as they progress through courses, seminars, or modules of study and field experiences to ensure readiness for a capstone experience. The plan shall require, at a minimum, that candidates demonstrate competencies as articulated in the Board approved professional teaching standards or professional administrative standards, relevant Board approved academic standards, and relevant national standards. The plan shall also describe processes for utilizing performance-based assessments and for providing candidates with necessary remediation. Programs applying for approval in school psychology and guidance counseling shall only be required to demonstrate compliance with relevant national standards.
  6. A description of the procedures used to monitor and evaluate the operation, scope and quality of the educator preparation program being considered for approval. This shall include the use of internal and external evaluations, and may include stakeholder surveys, program completion employment information, and PreK through 12 student achievement data.
  7. An educator preparation program matrices demonstrating that program course, seminar, or module assessments, field experiences and capstone experiences measure candidates' success in meeting the Board approved professional teaching standards or professional administrative standards, and relevant national standards. Educator preparation programs applying for approval in school psychology and guidance counseling shall only be required to demonstrate compliance with relevant national standards.
- D.** The Department may schedule and conduct an onsite visit upon completion of the educator preparation programs review for professional preparation institutions seeking initial approval. The onsite visit may include, a tour of the professional preparation institution; a review of documentation and related evidence; and interviews of relevant staff, educator candidates, and local education agency, private agency or other PreK through 12 administrators who employ program completers.
- E.** Upon completion of the review, and onsite review if applicable, the Department shall, within 90 days, provide the professional preparation institution with a program report of the Department's findings. This report shall cite any evidence showing deviation from each relevant standard Board approved professional teaching standard, professional administrative standard, and relevant national standard that applies to the educator preparation program. The professional preparation institution shall have 30 days from receipt of the Department's program report to submit a response addressing any identified deficiencies.
- F.** Based upon the Department's program report, the Department shall recommend to the Board that the educator preparation program be approved or denied.
- G.** The Board may grant educator preparation program approval for a period not to exceed six years or deny program approval.

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- H.** Within 60 days of the Board's action, a professional preparation institution may request reconsideration of the Board's decision to deny an educator preparation program.
- I.** Professional preparation institutions with Board approval shall make available to the public a statement indicating the valid period for which the educator preparation program has been approved.
- J.** Professional preparation institutions with Board approved educator preparation programs shall comply with the reporting requirements established by Title II of the Higher Education Act (P.L. 110-315).
- K.** Each approved professional preparation institution shall submit a biennial report with the Department documenting educator preparation program activities for the previous two years. The biennial report shall include the following:
1. A description of any substantive changes in courses, seminars, modules, assessments, field experiences or capstone experiences in Board approved educator preparation programs;
  2. Electronic access to relevant educator preparation program information;
  3. The name, title and original signature of the certification officer for the professional preparation institution;
  4. Relevant data on the educator preparation program, relevant staff, and candidates, which may include, but is not limited to, stakeholder surveys, completer data, and student achievement data required as a condition of initial or continuing program approval.
- L.** The Department shall provide annual updates to the Board and make publically available information summarizing the biennial reports to include, but not limited to, program status, deficiencies, and commendations.
- M.** Board approved educator preparation programs shall provide their program completers with an institutional recommendation for issuance of the appropriate Arizona certification within 45 days.
- N.** To maintain Board educator preparation program approval, the professional preparation institution shall be in continuous operation and training candidates in accordance with its mission and program objectives, fulfill all reporting requirements, and maintain compliance with all applicable local, state, tribal and federal requirements.
- O.** The Department shall provide a timeline for professional preparation institutions to submit educator preparation programs for approval.
- P.** Professional preparation Institutions seeking renewal of educator preparation program approval shall submit the required preliminary documents for review at least six month prior to the program expiration date.
- Historical Note**
- New Section made by exempt rulemaking at 16 A.A.R. 318, effective August 29, 2006 (Supp. 09-1). Amended by final exempt rulemaking at 21 A.A.R. 2047, effective October 27, 2014 (Supp. 15-3). The hyphen between "PreK-12" was replaced with the word "through" for consistency in Chapter style and format (Supp. 21-2).
- R7-2-604.03. Alternative Educator Preparation Program Approval Process**
- A.** An organization that includes, but is not limited to, universities under the jurisdiction of the Arizona Board of Regents, community colleges in this state, private postsecondary institutions licensed by this state, school districts, charter schools, professional organizations, nonprofit organizations, private entities and regional training centers that oversee one or more educator preparation program which wishes to offer a program for an alternative route for the certification of teachers and administrators in this State shall apply to the Department of Education for review to become an approved provider of such a program. The Department of Education shall convene a review team to review the application, using a rubric approved by the Board, and submit a recommendation to the Board. The application shall include:
1. The name and location of the applicant;
  2. The name of the program;
  3. If the applicant is accredited, the name of the regional accrediting body and the accreditation status of the applicant;
  4. If the applicant is a private postsecondary educational institution, evidence that the applicant is licensed to operate by the State Board of Private Postsecondary Education pursuant to A.R.S. § 32-3021;
  5. A description of the budget of the program;
  6. A list of all staff members responsible for the administration of the program, the roles and responsibilities of each person and his or her credentials;
  7. The areas of certification for which the applicant will offer the program;
  8. A description of the program, which shall include:
    - a. The way in which the elements of the program will comply with the requirements of this Section and R7-2-602, R7-2-603 as applicable and A.R.S. § 15-501.01;
    - b. The application and review process for persons to enroll in the program, including a copy of all forms that will be used in the process;
    - c. A summary of the program courses, seminars, or modules of study; and
    - d. The supervised, school-based experiences the applicant will provide, including:
      - i. The name of each school and school district that will participate in the supervised, school-based experience, evidenced by a letter or other communication from the school or school district that demonstrates interest in participating;
      - ii. The length of time for which a candidate will be required to participate in the supervised, school-based experience, including any orientation that the candidate must complete;
      - iii. The manner by which candidates will be mentored by an effective or highly effective teacher and evaluated during the supervised, school-based experience;
      - iv. How the supervised, school-based experience will promote the effectiveness of teachers and administrators, as appropriate; and
      - v. A copy of all forms that will be used for the supervised, school-based experience process;
  9. If available, data on the efficacy of its preparation program which may include stakeholder surveys, completer data, and student achievement data;
  10. A statement of the estimated time it will take a candidate enrolled in the program to complete the program, which shall allow for completion of the program within one year but not more than three years;
  11. A description of the manner by which the applicant will evaluate the success or failure of each candidate enrolled in the program and track the progress of each such candidate, including a copy of all forms that will be used for the evaluation and tracking;
  12. A description of how the applicant will evaluate the success of the program, which must include the information

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required for the evaluation pursuant to R7-2-604.02(K)(4).

- B. Upon receipt of an application for approval as an approved provider pursuant to subsection (A), the Department of Education shall convene a review team that shall:
  1. Examine the application;
  2. Determine whether to recommend that the State Board of Education grant its approval of the application based upon the requirements of this Section and the Board-approved rubric without any additional requirements; and
  3. Submit its recommendation to the State Board of Education within 90 days of receipt of the application.
- C. The State Board of Education shall review the recommendation of the review team and provide to the applicant written notice of its approval or denial. The State Board of Education may grant provisional approval to an applicant pursuant to subsection (D). If the State Board of Education denies an application, the applicant may correct any deficiencies identified in the notice of denial and resubmit the application for review by the Department within 30 days of the denial. The review team shall review the resubmitted application and submit its recommendation to the Board within 60 days of receipt of the resubmitted application.
- D. If the State Board of Education grants an applicant provisional approval, the applicant may offer the program for an alternative route to certification described in the application for the period prescribed by the State Board of Education. The applicant must remove all the provisions under which the approval was issued before the expiration of the provisional approval. If the applicant removes the provisions within the prescribed time, the State Board of Education will grant nonprovisional approval to the applicant as an approved provider. Provisional approval is valid for two years after the date on which the State Board of Education granted provisional approval. If an applicant does not remove all the provisions within the prescribed time, the provisional approval is automatically revoked.
- E. Except as otherwise provided in subsection (D), if an applicant is approved as an approved provider pursuant to this Section, the approval is valid for six years after the date of approval. To continue the approval, the qualified provider must submit an application for renewal before the expiration of the approval to the Department of Education. If the application for renewal is approved by the State Board of Education, the renewal is valid for six years after the date of the approval.
- F. If an approved provider intends to offer a program for an alternative route to certification for an area of certification that is different from the area of certification for which the qualified provider has been approved, the qualified provider must submit a new application pursuant to subsection (A) to offer a program for an alternative route to certification for that area of certification.
- G. An approved provider shall provide its program completers with an institutional recommendation for issuance of the appropriate Arizona alternative path certification within 45 days. An approved provider seeking renewal of its program approval shall submit the required renewal application for review at least 90 days prior to the program expiration date.
- H. Each qualified provider must submit a report once every two years which includes:
  1. A description of any substantive changes in courses, seminars, modules or assessments in the Board approved educator preparation programs;
  2. The name, title and original signature of the certification officer for the professional preparation institution; and
  3. Relevant data on the educator preparation program, relevant staff, and candidates, which may include, but is not

limited to, stakeholder surveys, completer data, and student achievement data required as a condition of continuing program approval.

- I. The Department shall:
  1. Present the results of the report to the State Board of Education; and
  2. After the results have been presented to the State Board of Education, post the report on the Department's website.
- J. Each qualified provider shall cooperate with the State Board of Education and the Department in the evaluation of the effectiveness of this Section.

**Historical Note**

New Section made by exempt rulemaking at 16 A.A.R. 728, effective March 22, 2010 (Supp. 10-3). Amended by final exempt rulemaking at 21 A.A.R. 2047, effective October 27, 2014 (Supp. 15-3). Amended by final exempt rulemaking at 24 A.A.R. 195, effective August 9, 2017; filed in the Office on January 2, 2018 (Supp. 18-1). Amended by final exempt rulemaking at 25 A.A.R. 965, effective March 25, 2019 (Supp. 19-1). Amended by final exempt rulemaking at 26 A.A.R. 1311, effective May 18, 2020 (Supp. 20-2).

**R7-2-604.04. Revocation of Approval of Qualified Provider: Notification of Intent; Requirements of Exit Plan**

- A. The State Board of Education may revoke its approval of an approved provider if the Board determines that the program for an alternative route to certification offered by the qualified provider does not meet the applicable requirements of R7-2-604.03.
- B. Before the Board revokes its approval of an approved provider, the Board will notify the qualified provider of its intent to revoke approval. The notice must include the specific reasons upon which the Board is basing its decision. Not later than 30 days after the date on which the qualified provider receives the notice, the qualified provider may submit a written response to the Board which sets forth the reasons why approval should not be revoked. The Board will review the notice and any response submitted by the qualified provider and will determine whether to:
  1. Revoke the approval of the qualified provider;
  2. Allow the qualified provider to continue providing the program for an alternative route to certification if certain enumerated conditions are met; or
  3. Allow the continued approval of the qualified provider without conditions.
- C. If the Board revokes its approval of an approved provider, the qualified provider must provide an exit plan which includes a description of how the qualified provider will assist candidates enrolled in the program for an alternative route to certification in completing another program with a different qualified provider at no cost to the candidate.

**Historical Note**

New Section made by exempt rulemaking at 16 A.A.R. 728, effective March 22, 2010 (Supp. 10-3). Amended by final exempt rulemaking at 21 A.A.R. 2047, effective October 27, 2014 (Supp. 15-3). Amended by final exempt rulemaking at 24 A.A.R. 195, effective August 9, 2017; filed in the Office on January 2, 2018 (Supp. 18-1).

**R7-2-604.05. Classroom-Based Alternative Preparation Program Approval Process**

- A. A school district or charter school may apply to the Department of Education for approval as a classroom-based alterna-

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tive preparation program provider. The application, on a form prescribed by the Department, shall include the following:

1. The name of the program;
  2. The areas of certification for which the applicant will offer the program;
  3. Verification that individuals to be enrolled in the program will have a bachelor's degree from an accredited institution;
  4. Verification that individuals to be enrolled in the program will have a valid fingerprint card issued by the Arizona Department of Public Safety;
  5. Individuals enrolled in the program possess:
    - a. An emergency teaching certificate; or
    - b. An alternative teaching certificate.
    - c. Individuals enrolled at a charter school classroom-based alternative preparation program are not required to possess a certificate.
  4. Data supporting the efficacy of its teacher preparation program, which may include stakeholder surveys, completer data and student achievement data. The school district or charter school may contract with a third party provider to provide the classroom-based alternative preparation program and may use that program's efficacy data to meet this requirement.
- B.** A review team shall review the application and make a recommendation to the Board as prescribed in R7-2-604.03(B) through (E) and shall submit biennial reports prescribed in R7-2-604.03(H).
- C.** An approved provider shall provide its program completers with an institutional recommendation for issuance of the appropriate Arizona alternative pathway certification within 45 days.
- D.** Upon successful completion of a classroom-based alternative preparation program, an individual may apply for the appropriate Arizona Classroom-Based Standard Teaching certificate.

**Historical Note**

New Section made by final exempt rulemaking at 24 A.A.R. 195, effective August 9, 2017; filed in the Office on January 2, 2018 (Supp. 18-1). Amended by final exempt rulemaking at 26 A.A.R. 1311, effective May 18, 2020 (Supp. 20-2).

**R7-2-605. Certification Responsibility**

The Superintendent of Public Instruction or the Superintendent's designee shall be responsible for the issuance and evaluation of the appropriate certificates based on the applicant's compliance with the statutes and rules.

**Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6). New Section R7-2-605 adopted effective April 10, 1984 (Supp. 84-2). Editorial correction, new Section R7-2-605 shown adopted effective April 10, 1984 should read new Section R7-2-605 adopted effective October 1, 1985. Amended by adding a new subsection (B) effective December 18, 1985 (Supp. 85-6). Amended by adding subsection (C), filed May 5, 1986, effective July 1, 1987; amended by adding subsection (D) effective June 30, 1986 (Supp. 86-3). Correction to Historical Note dated June 30, 1986, second part should have read: "...amended by adding subsections (D), (E), (F), (G) and (H) effective June 30, 1986"; amended subsection (A) effective August 10, 1988 (Supp. 88-3). Amended effective September 12, 1989 (Supp. 89-3). Amended effective November 6, 1990; Amended effective December 12, 1990 (Supp. 90-4). Amended effective March 10, 1994 (Supp. 94-1). Sec-

tion repealed; new Section adopted effective December 4, 1998 (Supp. 98-4). Amended by exempt rulemaking at 16 A.A.R. 1249, effective May 24, 2010 (Supp. 10-4).

**R7-2-606. Proficiency Assessments**

- A.** The Arizona Teacher Proficiency Assessment is adopted as the proficiency assessment for applicants for teaching certificates. The Arizona Administrator Proficiency Assessment is adopted as the proficiency assessment for applicants for administrative certificates.
- B.** The subject knowledge portion of the Arizona Teacher Proficiency Assessment shall assess proficiency as described in R7-2-602 related to the teacher's knowledge of the certification subject area or areas.
- C.** The professional knowledge portion of the Arizona Teacher Proficiency Assessment shall assess proficiency as described in R7-2-602 related to the teacher's pedagogical knowledge.
- D.** The Arizona Administrator Proficiency Assessment shall assess professional knowledge as described in R7-2-603 as a requirement for certification of administrators, supervisors, principals, and superintendents.
- E.** The passing score for each assessment shall be determined by the Board using the results of validity and reliability studies. The passing score for each assessment shall be reviewed by the Board at least every three years.
- F.** The proficiency assessments for professional knowledge and subject knowledge for a certificate, endorsement, or approved area shall be approved by the Board.

**Historical Note**

Repealed effective December 4, 1978 (Supp. 78-6). New Section adopted effective March 10, 1994 (Supp. 94-1). Amended effective March 6, 1997 (Supp. 97-1). Section repealed; new Section adopted effective December 4, 1998 (Supp. 98-4). Section R7-2-606 amended by emergency rulemaking under A.R.S. § 41-1026 at 8 A.A.R. 2562, effective May 23, 2002 for a period of 180 days (Supp. 02-2). Emergency Section R7-2-606 amended by emergency rulemaking under A.R.S. § 41-1026 at 8 A.A.R. 3739, effective August 5, 2002 for a period of 180 days (Supp. 02-3). May 23, 2002 emergency rulemaking renewed under A.R.S. § 41-1026 at 8 A.A.R. 5132, effective November 19, 2002 for a period of 180 days (Supp. 02-4). August 5, 2002 emergency rulemaking renewed under A.R.S. § 41-1026 at 9 A.A.R. 522, effective January 31, 2003 for a period of 180 days (Supp. 03-1). Amended by final rulemaking at 9 A.A.R. 1605, effective May 5, 2003 (Supp. 03-2). Amended by exempt rulemaking at 16 A.A.R. 1249, effective May 24, 2010 (Supp. 10-4). Amended by final exempt rulemaking at 24 A.A.R. 1427, effective April 23, 2018 (Supp. 18-2).

**R7-2-607. General Certification Provisions**

- A.** The evaluation to determine qualification for certification shall not begin until an institutional recommendation or application for certification and official transcripts, and the appropriate fees have been received by the Department. Course descriptions, verification of employment, and other documents may also be required for the evaluation.
- B.** Unless otherwise specified, a standard certificate shall be issued for 12 years and may be issued with deficiencies. Applicants may receive a standard certificate with the following deficiencies of requirements to be completed within three years: research-based phonics; reading instruction including for students with dyslexia; professionalism and ethics; and U.S. and Arizona Constitutions. If an applicant fails to meet these requirements within the prescribed time period, the Department of Education or the Board shall temporarily sus-

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pend the standard certificate, but the suspension is not considered a disciplinary action and the individual shall be allowed to correct the deficiency within the remaining time of the standard certification.

- C. The effective date of a new certificate shall be the date the evaluation is completed by the Department. The effective date of a renewed certificate shall be the date the evaluation for renewal is completed by the Department.
- D. Unless otherwise specified, all certificates and provisional endorsements issued for three years or less shall expire on the date of issuance in the year of expiration. All certificates issued for more than three years shall expire on the holder's birth date in the year of expiration.
- E. Only those degrees awarded by an accredited institution shall be considered to satisfy the requirements for certification.
- F. Professional preparation programs, courses, practica, and examinations required for certification shall be taken at an accredited institution or a Board-approved teacher preparation program.
- G. Only those courses in which the applicant received a passing grade or credit shall be considered to satisfy the requirements for certification.
- H. All certificates issued by the Board before the effective date of this Article are considered to have been issued in conformance with these rules.
- I. The Board shall issue a comparable Arizona certificate, if one has been established by R7-2-608, R7-2-609, R7-2-610, R7-2-611, R7-2-612, or R7-2-613, and shall waive the requirements for passing the comparable professional knowledge, subject knowledge, and performance portions of the Arizona Teacher Proficiency Assessment, to an applicant who holds current comparable certification from the National Board for Professional Teaching Standards.
- J. An applicant is not required to take any portion of the Arizona Teacher Proficiency Assessment if the applicant has at least three years of full-time teaching experience in any state, including this state, in the comparable area of certification or endorsement in which the person is applying for certification, regardless of whether the applicant was certified or uncertified. An applicant is not required to take any portion of the Arizona Administrator Proficiency Assessment if the person has been an administrator in any state, including this state, regardless of whether the applicant was certified or uncertified.
- K. An applicant is exempt from the testing requirements for Arizona certificates if the applicant passed corresponding portions of a professional or subject knowledge examinations, or administrator examination adopted by a state agency in another state that are substantially similar to the Arizona Teacher Proficiency Assessments or the Arizona Administrator Proficiency Assessment.
- L. An applicant is exempt from the subject knowledge portion of the Arizona Teacher Proficiency Assessment if:
  1. The applicant provides verification of teaching courses relevant to a content area or subject matter for the last two consecutive years, and for a total of at least three years at one or more accredited postsecondary institutions; or
  2. The applicant obtained a bachelor's, master's or doctoral degree from an accredited institution in a relevant subject area; or
  3. The applicant provides verification of a minimum of five years of work experience that is relevant to a subject area of certification.
- M. Teachers in grades six through 12 whose primary assignment is in an academic subject required pursuant to R7-2-301 and R7-2-302, shall hold a certificate, endorsement, or approved area in the assigned subject or demonstrate proficiency by passing the appropriate subject area portion of the Arizona Teacher Proficiency Assessment or as provided in subsections (J), (K) and (L). The subject areas of demonstrated proficiency shall be specified on the certificate. If a proficiency assessment is not offered in a subject area, an approved area shall consist of a minimum of 24 semester hours of courses in the subject.
- N. If a language assessment is not offered through the Arizona Teacher Proficiency Assessment, a passing score on a nationally accredited test of a foreign language approved by the Board may demonstrate proficiency of that foreign language in lieu of the 24 semester hours of courses in that subject.
- O. A teacher's language proficiency in a Native American language shall be verified by a person, persons, or entity designated by the appropriate tribe in lieu of the 24 semester hours of courses in that subject.
- P. Teachers of homebound students shall hold the same certificate that is required of a classroom teacher.
- Q. Fingerprint clearance cards shall be issued by the Arizona Department of Public Safety.
- R. A person who surrenders their teaching certificate for any reason shall not submit an application for certification with the Board for a period of five years. A person re-applying after the five-year ban must apply under the current rules at the time of re-application.
- S. A teacher with National Board Certification in the subject area(s) the applicant is seeking certification(s) is exempt from the professional knowledge and the subject knowledge portions of the Arizona Teacher Proficiency Assessments.
- T. Notwithstanding any other provision, an individual with a deficiency in the Arizona and U.S. Constitutions who teaches an academic course that focuses primarily on history, government, social studies, citizenship, law or civics shall be issued a standard certificate subject to suspension in one year if that deficiency is not removed. The suspension is not considered a disciplinary action and the individual shall be allowed to correct that deficiency within the remaining time of the standard certification.
- U. As used in this Article, unless otherwise provided, "work experience" means work experience identified in the submission of a resume verified by a hiring superintendent of personnel director at the public school or the Department of Education which demonstrates knowledge or skill relevant to a subject area.

**Historical Note**

Adopted effective December 5, 1977 (Supp. 77-6).  
 Repealed effective December 4, 1978 (Supp. 78-6). New  
 Section adopted effective May 3, 1993 (Supp. 93-2).  
 Amended effective March 6, 1997 (Supp. 97-1). Section  
 repealed; new Section adopted effective December 4,  
 1998 (Supp. 98-4). Amended by final rulemaking at 6  
 A.A.R. 1132, effective March 10, 2000 (Supp. 00-1).  
 Amended by exempt rulemaking at 16 A.A.R. 102, effective  
 May 1, 2009 (Supp. 10-1). Amended by exempt  
 rulemaking at 16 A.A.R. 160, effective October 26, 2009  
 (Supp. 10-2). Amended by exempt rulemaking at 16  
 A.A.R. 324, effective January 25, 2010 (Supp. 10-3).  
 Amended by exempt rulemaking at 16 A.A.R. 1249,  
 effective May 24, 2010 (Supp. 10-4). Amended by final  
 exempt rulemaking at 21 A.A.R. 2054, effective December  
 8, 2014 (Supp. 15-3). Amended by final exempt  
 rulemaking at 22 A.A.R. 648, effective January 25, 2016  
 (Supp. 16-1). Amended by final exempt rulemaking at 24  
 A.A.R. 195, effective August 9, 2017; filed in the Office



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on January 2, 2018 (Supp. 18-1).

**R7-2-607.01 Subject Areas – Waiver**

Notwithstanding any other provision in this Article, any individual with a valid Elementary or Secondary certificate, or a Special Education certificate that includes grades six through 12, issued prior to August 1, 2016 may add one or more approved areas to the certificate prior to August 1, 2017 without any additional requirements provided the individual received an evaluation in the top two levels of performance on the most recent teacher evaluation related to one or more of the subject areas and meets one of the following requirements:

1. The individual was teaching in one or more subject areas based on a verified Arizona High, Objective, Uniform, State Standard of Evaluation (HOUSSE) rubric as highly qualified to teach the subject area(s) as defined under the No Child Left Behind Act; or
2. The individual has completed of a minimum of 24 semester hours of courses in the subject area(s).

**Historical Note**

New Section made by final exempt rulemaking at 23 A.A.R. 725, effective January 23, 2017 (Supp. 17-1).

**R7-2-608. Early Childhood Teaching Certificates**

- A. A standard early childhood education certificate shall be required for individuals teaching in public school early childhood education programs, except as provided in R7-2-611 or in R7-2-615(N). For individuals teaching in grades kindergarten through three, this certificate is optional. An Early Childhood Special Education certificate as described in R7-2-611 is not required for individuals who hold the Early Childhood Teaching Certificate as described in this Section in combination with an Arizona cross-categorical mild-moderate disabilities, specialized special education, or moderate to severe disabilities teaching certificate as described in R7-2-611.
- B. For the purposes of this Section, public school early childhood education programs means education programs provided by local education agencies, including their sub-grantees and contracted providers, for children birth through age 8 for the purpose of providing academically and developmentally appropriate learning opportunities that are standards-based with defined curriculum and comprehensive in content to include all appropriate developmental and academic areas as defined by the Arizona Early Childhood Education Standards or the Arizona K through 12 Academic Standards approved by the Board.
- C. Except as noted, all certificates are subject to the general certification provisions in R7-2-607 and the renewal requirements in R7-2-619.
- D. Standard Professional Early Childhood Education Certificate – birth through age 8 or through grade three. The requirements are:
  1. A bachelor's degree, and
  2. One of the following:
    - a. Completion of a teacher preparation program in early childhood education from an accredited institution or a teacher preparation program approved by the Board, or
    - b. Early childhood education coursework and practicum experience which teaches the knowledge and skills described in R7-2-602 and includes both of the following:
      - i. Thirty-seven semester hours of early childhood education courses to include all of the following areas of study:
        - (1) Foundations of early childhood education;
        - (2) Child guidance and classroom manage-

ment;

- (3) Characteristics and quality practices for typical and atypical behaviors of young children;
  - (4) Child growth and development, including health, safety and nutrition;
  - (5) Child, family, cultural and community relationships;
  - (6) Developmentally appropriate instructional methodologies for teaching language, math, science, social studies and the arts;
  - (7) Early language and literacy development;
  - (8) Assessing, monitoring and reporting progress of young children; and
- ii. A minimum of eight semester hours of practicum, including:
    - (1) A minimum of four semester hours in a supervised field experience, practicum, internship or student teaching setting serving children birth through preschool. One year of full-time verified teaching experience with children in birth through preschool may substitute for this student teaching experience. This verification may come from a school-based education program or center-based program licensed by the Department of Health Services or regulated by tribal or military authorities; and
    - (2) A minimum of four semester hours in a supervised student teaching setting serving children in kindergarten through grade three. One year of full-time verified teaching experience with children in kindergarten through grade three in an accredited school may substitute for this student teaching experience; or
  - c. A valid early childhood education certificate from another state.
3. A valid Fingerprint Clearance Card issued by the Arizona Department of Public Safety, and
  4. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment once that portion of the AEPA is adopted by the Board, and
  5. A passing score on the early childhood subject knowledge portion of the Arizona Teacher Proficiency Assessment unless the applicant has a bachelor's, master's or doctoral degree in a relevant content area or otherwise qualifies for a waiver of the subject knowledge examination.
- E. Standard Professional Early Childhood Education Certificate – birth through age 8 or through grade three for applications received on and after August 1, 2018.
    1. The requirements include all of the following:
      - a. A bachelor's degree;
      - b. Completion of a teacher preparation program in early childhood education from a Board-approved educator preparation program or from an accredited institution offering substantially similar training addressing the following topics and any others as required by law:
        - i. Research-based systematic phonics, including early language and literacy development;
        - ii. Research-based instructional strategies for delivering differentiated reading instruction, assessment, intervention and remediation to

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- support readers of varying ages and ability levels, including students with dyslexia;
- iii. Foundations of early childhood education;
- iv. Teaching students with exceptionalities;
- v. Child guidance and classroom management, including characteristics and quality practices for typical and atypical behaviors of young children;
- vi. Child growth and development, including health, safety and nutrition;
- vii. Child, family, cultural and community relationships;
- viii. Developmentally appropriate instructional methodologies for teaching language, math, science, social studies and the arts;
- ix. Assessing, monitoring and reporting progress of young children;
- x. Instructional design and lesson planning, including modifications and accommodations;
- xi. Practicum as described in R7-2-604 serving children birth through preschool;
- xii. Professional responsibility and ethical conduct; and
- xiii. Twelve-week capstone experience as described in R7-2-604 children in kindergarten through grade three, which may be completed during the valid period of a teaching intern or student teaching intern certificate. For individuals seeking dual certification, any capstone experience requirements may be met through separate eight-week capstone experiences in each of the certification areas sought.
- c. A valid Fingerprint Clearance Card issued by the Arizona Department of Public Safety;
- d. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment; and
- e. A passing score on the early childhood subject knowledge portion of the Arizona Teacher Proficiency Assessment, unless the applicant has a bachelor's, master's or doctoral degree in a relevant content area or otherwise qualifies for a waiver of the subject knowledge examination.
- 2. Applicants may meet the requirements in subsection (E)(1)(b) with the submission of an application for the Standard Professional Early Childhood Education certificate that includes evidence of two years of verified full-time teaching experience serving children birth through grade three, and Board-approved or accredited training or coursework which teaches the knowledge and skills described in R7-2-602 and subsections (E)(1)(b)(i) through (xii). One year of verified full-time teaching experience serving children in kindergarten through grade three may be substituted for the capstone experience.

**Historical Note**

Adopted effective May 20, 1994 (Supp. 94-2). Section repealed; new Section adopted effective December 4, 1998 (Supp. 98-4). Amended by final rulemaking at 6 A.A.R. 1132, effective March 10, 2000 (Supp. 00-1). Section R7-2-608 amended by emergency rulemaking under A.R.S. § 41-1026 at 8 A.A.R. 2562, effective May 23, 2002 for a period of 180 days (Supp. 02-2). May 23, 2002 emergency rulemaking renewed under A.R.S. § 41-1026 at 8 A.A.R. 5132, effective November 19, 2002 (Supp. 02-4). Amended by final rulemaking at 9 A.A.R.

1605, effective May 5, 2003 (Supp. 03-2). Former Section R7-2-608 recodified to R7-2-609 at 16 A.A.R. 68, effective December 8, 2008 (Supp. 10-1). New Section R7-2-608 made by exempt rulemaking at 16 A.A.R. 52, effective December 8, 2008 (Supp. 10-1). Amended by exempt rulemaking at 16 A.A.R. 119, effective September 21, 2009 (Supp. 10-2). Amended by exempt rulemaking at 16 A.A.R. 235, effective December 7, 2009 (Supp. 10-3). Amended by final exempt rulemaking at 24 A.A.R. 195, effective August 9, 2017; filed in the Office on January 2, 2018 (Supp. 18-1).

**R7-2-609. Elementary Teaching Certificates**

- A. Except as noted, all certificates are subject to the general certification provisions in R7-2-607 and the renewal requirements in R7-2-619.
- B. Standard Professional Elementary Certificate – grades K through eight. The requirements are:
  - 1. A bachelor's degree,
  - 2. One of the following:
    - a. Completion of a teacher preparation program in elementary education from an accredited institution or a Board-approved teacher preparation program, described in R7-2-604; or
    - b. Forty-five semester hours of education courses which teach the knowledge and skills described in R7-2-602, including at least eight semester hours of practicum in grades K through eight. Two years of verified teaching experience in grades Prekindergarten through eight may be substituted for the eight semester hours of practicum; or
    - c. A valid elementary certificate from another state.
  - 3. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment;
  - 4. A passing score on the subject knowledge portion of the Arizona Teacher Proficiency Assessment unless the applicant has a bachelor's, master's or doctoral degree in a relevant content area or otherwise qualifies for a waiver of the subject knowledge assessment;
  - 5. A valid fingerprint card issued by the Arizona Department of Public Safety; and
  - 6. Forty-five hours or three semester hours of instruction in research-based systematic phonics. An accredited institution or other provider may provide this instruction.
- C. Standard Professional Elementary Certificate – grades kindergarten through eight for applications received on and after August 1, 2018.
  - 1. The requirements include all of the following:
    - a. A bachelor's degree;
    - b. Completion of a teacher preparation program in elementary education from a Board-approved educator preparation program or from an accredited institution offering substantially similar training, addressing the following topics and any others as required by law:
      - i. At least forty-five hours or three semester hours of instruction in research-based systematic phonics, including language and literacy development;
      - ii. For applications received on and after October 15, 2020, at least forty-five hours or three semester hours of instruction in research-based instructional strategies for delivering differentiated reading instruction, assessment, intervention and remediation to support readers of varying ages and ability levels, including students with dyslexia;

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- iii. Developmentally appropriate instructional delivery, facilitation and methodologies for teaching language, math, science, social studies and the arts;
  - iv. Instructional design and lesson planning, including modifications, and accommodations;
  - v. The learning environment, including classroom management;
  - vi. Assessing, monitoring and reporting progress;
  - vii. Teaching students with exceptionalities;
  - viii. Professional responsibility and ethical conduct; and
  - ix. Twelve weeks of capstone experience as described in R7-2-604 in grades kindergarten through eight, which may be completed during the valid period of a teaching intern or student teaching intern certificate. One year of verified full-time teaching experience in grades kindergarten through eight may be substituted for the capstone experience requirement. For individuals seeking dual certification, any capstone experience requirements may be met through separate eight-week capstone experiences in each of the certification areas sought.
  - c. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment;
  - d. A passing score on the subject knowledge portion of the Arizona Teacher Proficiency Assessment, unless the applicant has a bachelor's, master's or doctoral degree in a relevant content area or otherwise qualifies for a waiver of the subject knowledge assessment; and
  - e. A valid fingerprint card issued by the Arizona Department of Public Safety.
2. Applicants may meet the requirements in subsection (C)(1)(b) with the submission of an application for the Standard Professional Elementary certificate that includes evidence of two years of verified full-time teaching experience in grades kindergarten through eight, and Board-approved or accredited training or coursework which teaches the knowledge and skills described in R7-2-602 and subsections (C)(1)(b)(i) through (viii).

**Historical Note**

Adopted effective December 4, 1998 (Supp. 98-4).  
 Amended by final rulemaking at 6 A.A.R. 1132, effective March 10, 2000 (Supp. 00-1). Section R7-2-609 amended by emergency rulemaking under A.R.S. § 41-1026 at 8 A.A.R. 2562, effective May 23, 2002 for a period of 180 days (Supp. 02-2). May 23, 2002 emergency rulemaking renewed under A.R.S. § 41-1026 at 8 A.A.R. 5132, effective November 19, 2002 (Supp. 02-4). Amended by final rulemaking at 9 A.A.R. 1605, effective May 5, 2003 (Supp. 03-2). Former R7-2-609 recodified to R7-2-610; new R7-2-609 recodified from R7-2-608 at 16 A.A.R. 68, effective December 8, 2008 (Supp. 10-1). R7-2-609 "Pre-kindergarten" corrected to "PreK" at request of the Board, Office File No. M09-444, filed November 24, 2009 (Supp. 10-1). Amended by exempt rulemaking at 16 A.A.R. 235, effective December 7, 2009 (Supp. 10-3). Amended by exempt rulemaking at 16 A.A.R. 1249, effective May 24, 2010 (Supp. 10-4). Amended by final exempt rulemaking at 24 A.A.R. 195, effective August 9, 2017; filed in the Office on January 2, 2018 (Supp. 18-1). Amended by final exempt rulemaking at 24 A.A.R. 2947,

effective September 24, 2018 (Supp. 18-3).

**R7-2-609.01. Middle Grades Teaching Certificate**

- A. Except as noted, all certificates are subject to the general certification provisions in R7-2-607 and the renewal requirements in R7-2-619.
- B. Standard Professional Middle Grades Certificate – grades five through nine
  - 1. The requirements include all of the following:
    - a. A bachelor's degree;
    - b. Completion of a teacher preparation program in middle grades education from a Board-approved educator preparation program or from an accredited institution offering substantially similar training, addressing the following topics and any others as required by law:
      - i. Early adolescent psychology;
      - ii. Research-based instructional strategies for delivering differentiated reading instruction, assessment, intervention and remediation to support readers of varying ages and ability levels, including students with dyslexia;
      - iii. Instructional design and lesson planning, including modifications and accommodations;
      - iv. The learning environment, including classroom management;
      - v. Developmentally appropriate instructional delivery, facilitation and methodologies;
      - vi. Assessing, monitoring and reporting progress;
      - vii. Teaching students with exceptionalities;
      - viii. Professional responsibility and ethical conduct; and
    - ix. Twelve weeks of capstone experience as described in R7-2-604 in grades five through nine, which may be completed during the valid period of a teaching intern or student teaching intern certificate. One year of verified full-time teaching experience in grades five through nine may be substituted for the capstone experience requirement. For individuals seeking dual certification, any capstone experience requirements may be met through separate eight-week capstone experiences in each of the certification areas sought.
  - c. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment;
  - d. A passing score on at least one subject knowledge portion of the Arizona Teacher Proficiency Assessment, unless the applicant has a bachelor's, master's or doctoral degree in the relevant content area or otherwise qualifies for a waiver of the subject knowledge assessment; and
  - e. A valid fingerprint card issued by the Arizona Department of Public Safety.
- 2. Applicants may meet the requirements in subsection (B)(1)(b) with the submission of an application for the Standard Professional Middle Grades certificate that includes evidence of two years of verified full-time teaching experience in grades five through nine, and Board-approved or accredited training or coursework which teaches the knowledge and skills described in R7-2-602 and subsections (B)(1)(b)(i) through (viii).

**Historical Note**

New Section by final exempt rulemaking at 24 A.A.R. 791, effective March 26, 2018 (Supp. 18-1).

**R7-2-610. Secondary Teaching Certificates**

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- A. Except as noted, all certificates are subject to the general certification provisions in R7-2-607 and the renewal requirements in R7-2-619.
- B. Standard Professional Secondary Certificate – grades six through 12. The requirements are:
1. A bachelor's degree;
  2. One of the following:
    - a. Completion of a teacher preparation program in secondary education from an accredited institution or a Board-approved teacher preparation program, described in R7-2-604; or
    - b. Thirty semester hours of education courses which teach the knowledge and skills described in R7-2-602, including at least eight semester hours of practicum in grades six through 12. Two years of verified teaching experience in grades six through postsecondary may substitute for the eight semester hours of practicum; or
    - c. A valid secondary certificate from another state.
  3. A passing score on one or more subject knowledge portions of the Arizona Teacher Proficiency Assessment, unless the applicant has a bachelor's, master's or doctoral degree in a relevant subject area or otherwise qualifies for a waiver of the subject knowledge exam;
  4. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment; and
  5. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
- C. Standard Professional Secondary Certificate – grades six through 12 for applications received on and after August 1, 2018.
1. The requirements include all of the following:
    - a. A bachelor's degree;
    - b. Completion of a teacher preparation program in secondary education from a Board-approved educator preparation program or from an accredited institution offering substantially similar training, addressing the following topics and any others as required by law:
      - i. Research-based instructional strategies for delivering differentiated reading instruction, assessment, intervention and remediation to support readers of varying ages and ability levels, including students with dyslexia;
      - ii. Instructional design and lesson planning, including modifications and accommodations;
      - iii. The learning environment, including classroom management;
      - iv. Developmentally appropriate instructional delivery, facilitation and methodologies;
      - v. Assessing, monitoring and reporting progress;
      - vi. Teaching students with exceptionalities;
      - vii. Professional responsibility and ethical conduct;
      - viii. Twelve weeks of capstone experience as described in R7-2-604 in grades six through postsecondary, which may be completed during the valid period of a teaching intern or student teaching intern certificate; one year of verified full-time teaching experience in grades six through postsecondary may substitute for the capstone experience requirement. For individuals seeking dual certification, any capstone experience requirements may be met through separate eight-week capstone experiences in each of the certification areas sought.
  - c. A passing score on one or more subject knowledge portions of the Arizona Teacher Proficiency Assessment unless the applicant has a bachelor's, master's or doctoral degree in a relevant subject area or otherwise qualifies for a waiver of the subject knowledge exam;
  - d. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment; and
  - e. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
2. Applicants may meet the requirements in subsection (C)(1)(b) with the submission of an application for the Standard Professional Secondary certificate that includes evidence of two years of verified full-time teaching experience in grades six through postsecondary, and Board-approved or accredited training or coursework which teaches the knowledge and skills described in R7-2-602 and subsections (C)(1)(b)(i) through (vii). One year of verified full-time teaching experience in grades six through postsecondary may be substituted for the capstone experience.
- D. Notwithstanding any other provision, individuals seeking a secondary certificate with an approved area in science, technology, engineering or mathematics are exempted from the requirements of a passing score on one or more subject knowledge portions of the Arizona Teacher Proficiency Assessment based on:
1. Verified work experience of five or more years in science, technology, engineering or mathematics; and
  2. Demonstrated adequate knowledge of science, technology, engineering or mathematics by:
    - a. A master's or a doctoral degree in an academic subject that is specific to science, technology, engineering or mathematics; or
    - b. Twenty-four semester hours of relevant coursework in an academic subject that is specific to science, technology, engineering or mathematics.

**Historical Note**

Adopted effective December 4, 1998 (Supp. 98-4). Amended by final rulemaking at 6 A.A.R. 1132, effective March 10, 2000 (Supp. 00-1). Section R7-2-610 amended by emergency rulemaking under A.R.S. § 41-1026 at 8 A.A.R. 2562, effective May 23, 2002 for a period of 180 days (Supp. 02-2). May 23, 2002 emergency rulemaking renewed under A.R.S. § 41-1026 at 8 A.A.R. 5132, effective November 19, 2002 (Supp. 02-4). Amended by final rulemaking at 9 A.A.R. 1605, effective May 5, 2003 (Supp. 03-2). Amended by final rulemaking at 10 A.A.R. 2399, effective July 23, 2004 (Supp. 04-2). Amended by exempt rulemaking at 15 A.A.R. 1838, effective August 29, 2006 (Supp. 09-1). Former R7-2-610 recodified to R7-2-611; new R7-2-610 recodified from R7-2-609 at 16 A.A.R. 68, effective December 8, 2008 (Supp. 10-1). Amended by exempt rulemaking at 16 A.A.R. 235, effective December 7, 2009 (Supp. 10-3). Amended by exempt rulemaking at 16 A.A.R. 1249, effective May 24, 2010 (Supp. 10-4). Amended by final exempt rulemaking at 21 A.A.R. 2054, effective December 8, 2014 (Supp. 15-3). Amended by final exempt rulemaking at 24 A.A.R. 195, effective August 9, 2017; filed in the Office on January 2, 2018 (Supp. 18-1).

**R7-2-610.01. Specialized Secondary Teaching Certificates**

Specialized Secondary Certificate – Science, Technology, Engineering or Mathematics – grades six through 12

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- A. The requirements are:
1. One of the following:
    - a. Demonstrate expertise in the subject matter knowledge through:
      - i. A bachelor's, master's or a doctoral degree and 24 semester hours of relevant coursework in an academic subject that is specific to science, technology, engineering or mathematics; or
      - ii. Verified teaching experience for the last two consecutive years, and for a total of at least three years at one or more accredited postsecondary institutions in science, technology, engineering or mathematics
  2. Verified work experience of five or more years in science, technology, engineering or mathematics
  3. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
- B. An individual who meets the requirements of this Section is exempt from the competency requirements of the United States and Arizona Constitutions, and the professional knowledge and the subject knowledge portions of the Arizona Teacher Proficiency Assessments.

**Historical Note**

New Section made by final exempt rulemaking at 24 A.A.R. 195, effective August 9, 2017; filed in the Office on January 2, 2018 (Supp. 18-1).

**R7-2-610.02. Subject Matter Expert Standard Teaching Certificate**

Subject Matter Expert Standard Teaching Certificate – grades six through 12

- A. The requirements are:
1. A bachelor's degree and one of the following:
    - a. Verified teaching experience for the last two consecutive years, and for a total of at least three years at one or more accredited postsecondary institutions in the relevant subject area of certification. An individual seeking certification pursuant to this subdivision is exempt from passing the professional knowledge portion of the Arizona Teacher Proficiency Assessment; or
    - b. A bachelor's, master's or doctoral degree from an accredited postsecondary institution in the specific subject area of certification that is directly relevant to a content area or subject matter taught in public schools; or
    - c. Verification of expertise through work experience of a minimum of five years in the relevant area of certification.
  2. A passing score on the professional knowledge Arizona Teacher Proficiency Assessment within two years except as provided by subsection (A)(1)(a). If an applicant fails to meet this requirement within two years, the Department of Education or the Board shall temporarily suspend the standard certificate, but the suspension is not considered a disciplinary action and the individual shall be allowed to correct the deficiency within the remaining time of the standard certification.
  3. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
- B. An individual who meets the requirements of this Section is exempt from the competency requirements of the United States and Arizona Constitutions and the subject knowledge portion of the Arizona Teacher Proficiency Assessment.

**Historical Note**

New Section made by final exempt rulemaking at 24

A.A.R. 195, effective August 9, 2017; filed in the Office on January 2, 2018 (Supp. 18-1). Amended by final exempt rulemaking at 24 A.A.R. 2947, effective September 24, 2018 (Supp. 18-3).

**R7-2-611. Special Education Teaching Certificates**

- A. Except as noted, all certificates are subject to the general certification provisions in R7-2-607 and the renewal requirements in R7-2-619. An Early Childhood Special Education certificate as described in this Section is not required for individuals who hold the Early Childhood endorsement as described in R7-2-615 in combination with an Arizona cross-categorical, specialized special education, or moderate/severe disabilities teaching certificate as described in this Section. An Early Childhood Special Education certificate as described in this Section is not required for individuals who hold the Early Childhood Teaching Certificate as described in R7-2-608 in combination with an Arizona cross-categorical, specialized special education, or moderate/severe disabilities teaching certificate as described in this Section.
- B. Terms used in this Section are defined in A.R.S. § 15-761.
- C. Standard Professional Mild/Moderate Disabilities Certificate - grades K through 12.
1. The holder is qualified to teach students with mild/moderate disabilities as documented by student needs in the individualized education program and the following categories, including: autism, mild/moderate intellectual disabilities, traumatic brain injury, emotional disability, specific learning disability, orthopedic impairments, developmental delay and/or other health impairments.
  2. The requirements are:
    - a. A bachelor's degree,
    - b. One of the following:
      - i. Completion of a teacher preparation program in special education from an accredited institution which included courses in the instruction and behavior management of students with mild/moderate disabilities; or
      - ii. Forty-five semester hours of education courses which teach the standards described in R7-2-602, including a minimum of 37 semester hours of special education courses and eight semester hours of practicum with students with mild/moderate disabilities. Special education courses shall include foundations of special education, legal aspects, effective collaboration and communication practices, research-based instruction in mathematics, research-based instruction in English language arts, classroom management and behavior analysis, assessment and eligibility, language development and disorders, and electives. Two years of verified teaching experience in mild/moderate special education, grades K through 12 may substitute for the eight semester hours of practicum.
    - c. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment,
    - d. A passing score on the subject knowledge portion of the Arizona Teacher Proficiency Assessment, unless the applicant has a bachelor's, master's or doctoral degree in mild/moderate special education or otherwise qualifies for a waiver of the subject knowledge examination, and
    - e. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.

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- D. Standard Professional Mild/Moderate Disabilities Certificate - grades K through 12 for applications received on or after August 1, 2018.**
1. The holder is qualified to teach students with mild/moderate disabilities as documented by student needs in the individualized education program and the following categories, including: autism, mild/moderate intellectual disabilities, traumatic brain injury, emotional disability, specific learning disability, orthopedic impairments, developmental delay and/or other health impairments.
  2. The requirements include all of the following:
    - a. A bachelor's degree;
    - b. Completion of a teacher preparation program in mild/moderate disabilities special education from a Board-approved educator preparation program or from an accredited institution offering substantially similar training addressing the following topics and any others as required by law:
      - i. Research-based systematic phonics;
      - ii. Research-based instructional strategies for delivering differentiated reading instruction, assessment, intervention and remediation to support readers of varying ages and ability levels, including students with dyslexia;
      - iii. Instructional design and lesson planning, including specially designed instruction;
      - iv. The learning environment, including classroom and behavioral management;
      - v. Instructional delivery, facilitation and methodologies;
      - vi. Legal aspects of special education, including individualized education programs and transition planning;
      - vii. Effective collaboration and communication practices, including modifications and accommodations;
      - viii. Research-based instruction in math;
      - ix. Research-based instruction in English language arts;
      - x. Assessment and eligibility, including monitoring and reporting requirements;
      - xi. Language development and disorders;
      - xii. Professional responsibility and ethical conduct;
      - xiii. Twelve weeks of capstone experience as described in R7-2-604 in mild/moderate special education in grades K through 12, which may be completed during the valid period of a teaching intern certificate. One year of verified teaching experience in mild/moderate special education in grades K through 12 may substitute for the capstone experience requirement. For individuals seeking dual certification, any capstone experience requirements may be met through separate eight-week capstone experiences in each of the certification areas sought.
    - c. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment;
    - d. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
  3. Applicants may meet the requirements in subsection (D)(2)(b) with the submission of an application for the Standard Professional Mild/Moderate Disabilities Certificate grades K through 12 that includes evidence of two years of verified full-time teaching experience in mild/moderate disabilities special education in grades K through 12 and Board-approved or accredited training or coursework which teaches the knowledge and skills described in R7-2-602 and subsections (D)(2)(b)(i) through (xii).
  4. Board approved educator preparation programs leading to dual certification in mild/moderate disabilities and elementary, middle school, or secondary education may exempt a student from the mild/moderate special education capstone experience upon the completion of the following:
    - a. Verification from the applicable district or charter school administrator that the student was employed continuously as a paraprofessional whose primary responsibility was working with students in mild/moderate special education classrooms for the two years preceding commencement of the capstone experience in elementary, middle school, or secondary education;
    - b. Verification from the applicable district or charter school administrator that the student received evaluations, in each of the preceding two years of employment as a paraprofessional, indicating effectiveness in performance; and
    - c. Completion of the capstone experience in elementary, middle school or secondary education and demonstration of all of the following competencies during the dual certification educator preparation program:
      - i. Participation on a multi-disciplinary evaluation team;
      - ii. Participation in and drafting of an acceptable individualized education program; and
      - iii. Planning and delivery of specially designed instruction for a class of students.
- E. Provisional Specialized Special Education Certificate – grades K through 12.**
1. The certificate is valid for three years and is not renewable.
  2. No new applications for a Provisional Specialized Education Certificate will be accepted after December 31, 2015.
  3. The holder is qualified to teach students with intellectual disabilities, emotional disability, specific learning disability, orthopedic impairments or other health impairments, as specified on the certificate.
- F. Standard Professional Specialized Special Education Certificate – grades K through 12.**
1. The certificate is valid for 12 years and may be renewed.
  2. The holder is qualified to teach students with intellectual disabilities, emotional disability, specific learning disability, orthopedic impairments or other health impairments, as specified on the certificate.
  3. The requirements are:
    - a. A valid Arizona Provisional Specialized Special Education certificate, or a Provisional Specialized Special Education certificate which has not expired for more than one year;
    - b. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
- G. Standard Professional Moderate/Severe Disabilities Certificate – grades K through 12.**
1. The holder is qualified to teach students with moderate/severe disabilities as documented by student needs in the individualized education program and the following categories, including: autism, moderate/severe intellectual disabilities, traumatic brain injury, emotional disability, orthopedic impairments, and/or other health impairments.
  2. The requirements are:

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- a. A bachelor's degree;
  - b. One of the following:
    - i. Completion of a teacher preparation program in moderate/severe disabilities education from an accredited institution; or
    - ii. Forty-five semester hours of education courses which teach the standards described in R7-2-602, including a minimum of 37 semester hours of special education courses and eight semester hours of practicum with students with moderate/severe disabilities. Special education courses shall include foundations of low incidence disabilities, legal aspects, effective collaboration and communication practices, adaptive communication, instructional strategies across the curriculum, classroom management and behavior analysis, assessment and eligibility, and electives. Two years of verified special education teaching experience in with students with moderate/severe disabilities, grades K through 12 may substitute for the eight semester hours of practicum.
  - c. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment;
  - d. A passing score on the subject knowledge portion of the Arizona Teacher Proficiency Assessment, unless the applicant has a bachelor's, master's or doctoral degree in moderate/severe special education or otherwise qualifies for a waiver of the subject knowledge examination, and
  - e. A valid fingerprint card issued by the Arizona Department of Public Safety.
- H. Standard Professional Moderate/Severe Disabilities Certificate – grades K through 12 for applications received on or after August 1, 2018.**
- 1. The holder is qualified to teach students with moderate/severe disabilities as documented by student needs in the individualized education program and the following categories, including: autism, moderate/severe intellectual disabilities, traumatic brain injury, emotional disability, orthopedic impairments, and/or other health impairments.
  - 2. The requirements include all of the following:
    - a. A bachelor's degree;
    - b. Completion of a teacher preparation program in moderate/severe disabilities education from a Board-approved educator preparation program or from an accredited institution offering substantially similar training addressing the following topics and any others as required by law:
      - i. Research-based systematic phonics;
      - ii. Research-based instructional strategies for delivering differentiated reading instruction, assessment, intervention and remediation to support readers of varying ages and ability levels, including students with dyslexia;
      - iii. Instructional design and lesson planning, including specially designed instruction;
      - iv. The learning environment, including classroom and individual behavioral management;
      - v. Instructional delivery, facilitation and methodologies for teaching research-based instruction in math and English language arts;
      - vi. Legal aspects of special education, including individualized education programs and transition planning;
    - c. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment;
    - d. A passing score on the subject knowledge portion of the Arizona Teacher Proficiency Assessment, unless the applicant has a bachelor's, master's or doctoral degree in moderate/severe special education or otherwise qualifies for a waiver of the subject knowledge examination, and
    - e. A valid fingerprint card issued by the Arizona Department of Public Safety.
- I. Standard Professional Hearing Impaired Certificate – birth through grade 12. The requirements are:**
- 1. A bachelor's degree;
  - 2. One of the following:
    - a. Completion of a teacher preparation program in hearing impaired education from an accredited institution; or
    - b. Forty-five semester hours of education courses which teach the knowledge and skills described in R7-2-602, including 21 semester hours of special education courses for the hearing impaired and eight semester hours of practicum. Special education courses shall include survey of exceptional students, teaching methodologies for students with hearing impairment, foundations of instruction of students with hearing impairment, and diagnostic and assessment procedures for the hearing impaired. Two years of verified teaching experience in the area of hearing impaired in grade PreK through 12 may be substituted for the eight semester hours of practicum.
  - 3. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment;
  - c. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment;
  - d. A passing score on the subject knowledge portion of the Arizona Teacher Proficiency Assessment unless the applicant has a bachelor's, master's or doctoral degree in moderate/severe special education or otherwise qualifies for a waiver of the subject knowledge examination, and
  - e. A valid fingerprint card issued by the Arizona Department of Public Safety.
3. Applicants may meet the requirements in subsection (H)(2)(b) with the submission of an application for the Standard Professional Moderate/Severe Disabilities Certificate grades K through 12 that includes evidence of two years of verified full-time teaching experience in moderate/severe disabilities special education in grades K through 12 and Board-approved or accredited training or coursework which teaches the knowledge and skills described in R7-2-602 and subsections (H)(2)(b)(i) through (x).

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4. A passing score on the subject knowledge portion of the Arizona Teacher Proficiency Assessment unless the applicant has a bachelor's, master's or doctoral degree in hearing impaired special education or otherwise qualifies for a waiver of the subject knowledge examination, and
  5. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
- J. Standard Professional Hearing Impaired Certificate – birth through grade 12 for applications received on or after August 1, 2018.**
1. The requirements include all of the following:
    - a. A bachelor's degree;
    - b. Completion of a teacher preparation program in hearing impaired education from a Board-approved educator preparation program or from an accredited institution offering substantially similar training addressing the following topics and any others as required by law:
      - i. Research-based systematic phonics;
      - ii. Research-based instructional strategies for delivering differentiated reading instruction, assessment, intervention and remediation to support readers of varying ages and ability levels, including students with dyslexia;
      - iii. Survey of exceptional students;
      - iv. Teaching methodologies for students with hearing impairment;
      - v. Foundations of instruction of students with hearing impairment;
      - vi. Diagnostic and assessment procedures for the hearing impaired;
      - vii. Professional responsibility and ethical conduct;
      - viii. Twelve weeks of capstone experience as described in R7-2-604 in hearing impaired special education birth through grade 12, which may be completed during the valid period of a teaching intern certificate. One year of verified full-time teaching experience in the area of hearing impaired in birth through grade 12 may be substituted for the capstone experience requirement. For individuals seeking dual certification, any capstone experience requirements may be met through separate eight-week capstone experiences in each of the certification areas sought.
    - c. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment;
    - d. A passing score on the subject knowledge portion of the Arizona Teacher Proficiency Assessment unless the applicant has a bachelor's, master's or doctoral degree in hearing impaired special education or otherwise qualifies for a waiver of the subject knowledge examination; and
    - e. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
  2. Applicants may meet the requirements in subsection (J)(1)(b) with the submission of an application for the Standard Professional Hearing Impaired Certificate – birth through grade 12 that includes evidence of receipt of two years of verified full-time teaching experience in hearing impaired special education birth through grade 12 and training or coursework which teaches the knowledge and skills described in R7-2-602 and subsections (J)(1)(b)(i) through (vii).
- K. Standard Professional Visually Impaired Certificate – birth through grade 12. The requirements are:**
1. A bachelor's degree;
  2. One of the following:
    - a. Completion of a teacher preparation program in visual impairment from an accredited institution; or
    - b. Forty-five semester hours of education courses which teach the knowledge and skills described in R7-2-602, including 21 semester hours of special education courses for the visually impaired and eight semester hours of practicum. Special education courses shall include survey of exceptional students, teaching methodologies for students with visual impairment, foundations of instruction of students with visual impairment, and diagnostic and assessment procedures for the visually impaired. Two years of verified teaching experience in the area of visually impaired in grades PreK through 12 may be substituted for the eight semester hours of practicum.
  3. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment;
  4. A passing score on the subject knowledge portion of the Arizona Teacher Proficiency Assessment; and
  5. Demonstration of competency in Braille through one of the following:
    - a. A passing score on the original version of the National Library of Congress certification exam, or
    - b. A valid certificate for a literary Braille transcriber issued by the National Library of Congress, or
    - c. A passing score on a Braille exam administered by another state, or
    - d. A passing score on the Braille exam developed and administered by the University of Arizona. Individuals who take this test and are not students at the University of Arizona may be assessed a fee.
  6. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
- L. Standard Professional Visually Impaired Certificate – birth through grade 12 for applications received on or after August 1, 2018.**
1. The requirements include all of the following:
    - a. A bachelor's degree;
    - b. Completion of a teacher preparation program in visual impairment from a Board-approved educator preparation program or from an accredited institution offering substantially similar training addressing the following topics and any others as required by law:
      - i. Research-based systematic phonics;
      - ii. Research-based instructional strategies for delivering differentiated reading instruction, assessment, intervention and remediation to support readers of varying ages and ability levels, including students with dyslexia;
      - iii. Survey of exceptional students;
      - iv. Teaching methodologies for students with visual impairment;
      - v. Foundations of instruction of students with visual impairment;
      - vi. Diagnostic and assessment procedures for the visually impaired;
      - vii. Professional responsibility and ethical conduct;
      - viii. Twelve weeks of capstone experience as described in R7-2-604 in visually impaired special education birth through grade 12, which may be completed during the valid period of a teaching intern certificate. One year of verified



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- full-time teaching experience in the area of visually impaired in birth through grade 12 may be substituted for the capstone experience requirement. For individuals seeking dual certification, any capstone experience requirements may be met through separate eight-week capstone experiences in each of the certification areas sought.
- c. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment,
  - d. A passing score on the subject knowledge portion of the Arizona Teacher Proficiency Assessment,
  - e. Demonstration of competency in Braille through one of the following:
    - i. A passing score on the original version of the National Library of Congress certification exam, or
    - ii. A valid certificate for a literary Braille transcriber issued by the National Library of Congress, or
    - iii. A passing score on a Braille exam administered by another state, or
    - iv. A passing score on the Braille exam developed and administered by the University of Arizona. Individuals who take this test and are not students at the University of Arizona may be assessed a fee.
  - f. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
2. Applicants may meet the requirements in subsection (L)(1)(b) with the submission of an application for the Standard Professional Visually Impaired Certificate – birth through grade 12 that includes evidence of two years of verified full-time teaching experience in visually impaired special education birth through grade 12 and Board-approved or accredited training or coursework which teaches the knowledge and skills described in R7-2-602 and subsections (L)(1)(b)(i) through (vii).
- M. Standard Professional Early Childhood Special Education Certificate – Birth through age 8 or grade three.**
1. The requirements are:
    - a. A bachelor's degree,
    - b. Completion of a teacher preparation program in early childhood special education from an accredited institution,
    - c. A passing score on the subject knowledge portion of the Arizona Teacher Proficiency Assessment, unless the applicant has a bachelor's, master's or doctoral degree in early childhood special education or otherwise qualifies for a waiver of the subject knowledge examination,
    - d. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment,
    - e. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
  2. Applicants may meet the requirements in subsection (M)(1)(b) with completion of the following:
    - a. Thirty-seven semester hours of early childhood education which teach the standards described in R7-2-602 which include the following areas of study:
      - i. Foundations early childhood education and special education;
      - ii. Behavioral interventions for children with and without disabilities;
      - iii. Characteristics and quality practices for typical and atypical behaviors of young children;
      - iv. Typical and atypical child growth and development, including health, safety and nutrition with an emphasis on special health care needs for children birth through grade three;
      - v. Child, family, cultural and community relationships including community organizations that support and assist children with disabilities and their families;
      - vi. Developmentally appropriate instructional and inclusive methodologies for teaching social and emotional development, language arts, math, science, social studies, and the arts;
      - vii. Diagnosis and remediation of learning difficulties;
      - viii. Early language and literacy development including communication methods in early childhood education/special education;
      - ix. Assessment and evaluation for early childhood special education to include observing, assessing, monitoring and reporting on the progress of young children;
      - x. A minimum of four semester hours in a supervised field experience, practicum, internship or student teaching setting serving children with identified special needs birth through preschool or one year of full-time teaching experience with children identified with special needs birth through preschool; and
      - xi. A minimum of four semester hours in a supervised student teaching setting serving children with identified special needs in kindergarten through grade three or one year of full time teaching experience with children identified with special needs kindergarten through grade three.
- N. Standard Professional Early Childhood Special Education Certificate – birth through age 8 or grade three for applications received on or after August 1, 2018.**
1. The requirements include all of the following:
    - a. A bachelor's degree;
    - b. Completion of a teacher preparation program in early childhood special education from a Board-approved educator preparation program or from an accredited institution offering substantially similar training addressing the following topics and any others as required by law:
      - i. Research-based systematic phonics;
      - ii. Research-based instructional strategies for delivering differentiated reading instruction, assessment, intervention and remediation to support readers of varying ages and ability levels, including students with dyslexia;
      - iii. Teaching students with exceptionalities;
      - iv. Characteristics and quality practices for typical and atypical behaviors of young children, including behavioral interventions for children with and without disabilities;
      - v. Typical and atypical child growth and development, including health, safety and nutrition with an emphasis on special health care needs for children birth through grade three;
      - vi. Child, family, cultural and community relationships including community organizations that support and assist children with disabilities and their families;

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- vii. Developmentally appropriate instructional and inclusive methodologies for teaching social and emotional development, language arts, math, science, social studies, the arts and diagnosis and remediation of learning difficulties;
  - viii. Early language and literacy development including communication methods in early childhood education/special education;
  - ix. Assessment and evaluation for early childhood special education to include observing, assessing, monitoring and reporting on the progress of young children;
  - x. Substantial experience in practicum as described in R7-2-604 serving children with exceptionalities birth through preschool and kindergarten through grade three;
  - xi. Professional responsibility and ethical conduct; and
  - xii. Twelve weeks of capstone experience as described in R7-2-604 serving children with exceptionalities in birth through grade three, which may be completed during the valid period of a teaching intern certificate. For individuals seeking dual certification, any capstone experience requirements may be met through separate eight-week capstone experiences in each of the certification areas sought.
  - c. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment,
  - d. A passing score on the subject knowledge portion of the Arizona Teacher Proficiency Assessment unless the applicant has a bachelor's, master's or doctoral degree in early childhood special education or otherwise qualifies for a waiver of the subject knowledge examination, and
  - e. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
2. Applicants may meet the requirements in subsection (N)(1)(b) with the submission of an application for the Standard Professional Early Childhood Special Education Certificate – birth through age 8 or grade three that includes two years of verified full-time teaching experience in early childhood special education serving children birth through prekindergarten and kindergarten through grade three and Board-approved or accredited training or coursework which teaches the knowledge and skills described in R7-2-602 and subsections (N)(1)(b)(i) through (xi).
  3. Board approved educator preparation programs leading to dual certification in early childhood special education and early childhood teaching may exempt a student from the early childhood special education capstone experience upon completion of the following:
    - a. Verification from the applicable district or charter school administrator that the student was employed continuously as a paraprofessional whose primary responsibility was working with students in early childhood special education for two years preceding commencement of the early childhood teaching capstone experience;
    - b. Verification from the applicable district or charter school administrator that the student received evaluations, in each of the preceding two years of employment as a paraprofessional, indicating effectiveness in performance; and
    - c. Completion of the capstone experience in early childhood education and demonstration of all of the following competencies during the dual certification educator preparation program:
      - i. Participation on a multi-disciplinary evaluation team;
      - ii. Participation in and drafting of an acceptable individualized education program; and
      - iii. Planning and delivery of specially designed instruction for a class of students.
- O. Provisional Cross-Categorical Special Education Certificate – grades K through 12**
1. No new applications for the Provisional Cross-Categorical Special Education certificate are accepted as of December 31, 2015.
  2. Individuals who hold a valid Provisional Cross-Categorical Special Education certificate are qualified to teach students with mild to moderate autism, intellectual disabilities, traumatic brain injury, emotional disability, specific learning disability, orthopedic impairments, developmental delay and/or other health impairments.
  3. The Provisional certificate may not be renewed or extended. Individuals who hold a valid Provisional Cross-Categorical Special Education certificate, or a Provisional Cross-Categorical certificate which has not expired for more than one year, may apply for a Standard Professional Cross-Categorical Special Education certificate.
- P. Standard Professional Cross-Categorical Special Education Certificate – grades K through 12.**
1. The Standard Professional Cross-Categorical is valid for 12 years and may be renewed.
  2. Individuals who hold a valid Standard Professional Cross-Categorical Special Education certificate are qualified to teach students with autism, intellectual disabilities, traumatic brain injury, emotional disability, specific learning disability, orthopedic impairments, developmental delay and/or other health impairments.
  3. The requirements are:
    - a. An Arizona Provisional Cross-Categorical Special Education Certificate that is either valid or has not expired for more than one year.
    - b. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.

**Historical Note**

Adopted effective December 4, 1998 (Supp. 98-4). Amended by final rulemaking at 6 A.A.R. 1132, effective March 10, 2000 (Supp. 00-1). Amended by emergency rulemaking under A.R.S. § 41-1026 at 8 A.A.R. 5139, effective November 19, 2002 for a period of 180 days (Supp. 02-4). Emergency rulemaking renewed under A.R.S. § 41-1026(D) at 9 A.A.R. 1547, effective April 29, 2003 for a period of 180 days (Supp. 03-2). Emergency rulemaking repealed under A.R.S. § 41-1026(E) and permanent R7-2-611 amended by final rulemaking at 9 A.A.R. 3950, effective October 21, 2003 (Supp. 03-3). Former R7-2-611 recodified to R7-2-612; new R7-2-611 recodified from R7-2-610 at 16 A.A.R. 68, effective December 8, 2008 (Supp. 10-1). R7-2-611 "Prekindergarten" corrected to "PreK" at request of the Board, Office File No. M09-444, filed November 24, 2009 (Supp. 10-1). Amended by exempt rulemaking at 16 A.A.R. 119, effective September 21, 2009 (Supp. 10-2). Amended by exempt rulemaking at 16 A.A.R. 235, effective December 7, 2009 (Supp. 10-3). Amended by exempt rulemaking at 16 A.A.R. 1249, effective May 24, 2010 (Supp. 10-4).

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Amended by final exempt rulemaking at 21 A.A.R. 2056, effective December 2, 2013 (Supp. 15-3). Amended by final exempt rulemaking at 24 A.A.R. 195, effective August 9, 2017; filed in the Office on January 2, 2018 (Supp. 18-1). Amended by final exempt rulemaking at 24 A.A.R. 1427, effective April 23, 2018 (Supp. 18-2). The word “kindergarten” has been changed to the letter “K,” the term, “grade 3” has been changed to “grade three,” the word “twelve” has been changed to the numeral “12,” and “age eight” has been changed to “age 8” for consistency in this Section at the request of the Board (Supp. 21-2).

### R7-2-612. Career and Technical Education Teaching Certificates

- A. Except as noted, all certificates are subject to the general certification provisions in R7-2-607, and the renewal requirements in R7-2-619.
- B. For purposes of this Section, the following definitions apply:
  1. “Career and Technical Education means a field of study in any area relating to a CTE program approved by the Arizona Department of Education as described in the Guidance on CTE Teacher Certification, which is on file with the Arizona Department of Education.
  2. “Occupational Area” means employment in any area relating to a CTE program approved by the Department as described in the Guidance on CTE Teacher Certification, which is on file with the Arizona Department of Education.
  3. “Verified Work Experience” means written documentation from a current or former supervisor for paid or unpaid work, a current school superintendent, or the Department of Education Career and Technical Education Programmatic State Supervisor indicating that an applicant for a career and technical education certificate performed work in a business or industry setting related to an approved CTE program occupational area.
- C. Standard Career and Technical Education (CTE) Certificate – CTE Field of Study – grades K through 12
  1. The requirements include all of the following:
    - a. Within three years, obtain a passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment or qualification for a waiver of this assessment.
    - b. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
    - c. At least one of the following options:
      - i. Option A – Bachelor’s degree in the specified CTE field of study – requirements include all of the following:
        - (1) A bachelor’s or more advanced degree in the specified CTE field of study from an accredited institution.
        - (2) Thirty semester hours of courses in the specified CTE field of study.
        - (3) Two hundred forty clock hours of verified work experience in the specified CTE occupational area. Hours may have been accumulated before obtaining a certification.
        - (4) Within three years, complete 15 semester hours of courses in professional knowledge in career and technical education, to include any of the following areas: principles/philosophy of career and technical education, developmentally appropriate instructional delivery, facilitation and
      - ii. Option B – Valid non-CTE Arizona Provisional or Standard teaching certificate or an Arizona CTE teaching certificate in another CTE field of study – requirements include all of the following:
        - (1) A valid Arizona provisional or standard teaching certificate for teachers in birth through grade 12 issued pursuant to this Article.
        - (2) One year of the most recent teacher evaluation(s) approved by a certificated administrator, or the administrator’s designee, in a grades PreK through 12 school setting and issued during the term of the Arizona teaching certificate exhibiting satisfactory performance in the classroom.
        - (3) Three semester hours of courses in professional knowledge in career and technical education to include any of the following areas: principles/philosophy of career and technical education, developmentally appropriate instructional delivery, facilitation and methodologies for career and technical education, or instructional technology. Three semester hours may be obtained through Department or Board-CTE approved professional development. Fifteen clock hours equals one semester hour.
        - (4) Two hundred forty clock hours of verified work experience in the specified CTE occupational area. Hours may have been accumulated before obtaining a certification.
        - (5) Within three years, complete nine semester hours of subject knowledge courses in the CTE field of study.
      - iii. Option C – Business and industry professional - requirements include 6,000 clock hours of verified work experience in an occupational area. Within three years, complete 15 semester hours of courses in professional knowledge in career and technical education to include any of the following areas: principles/philosophy of career and technical education, developmentally appropriate instructional delivery, facilitation and methodologies, instructional design and lesson planning, including modifications and accommodations, assessing, monitoring and reporting progress, instructional technology, instructional design and lesson planning, including modifications and accommodations, assessing, monitoring and reporting progress, the learning environment, including classroom management, teaching students with exceptionalities, or professional responsibility and ethical conduct. Hours may be obtained prior to issuance of the standard career and technical education certificate in the specified CTE field of study. Fifteen semester hours may be obtained through Department or Board-CTE approved professional development. Fifteen clock hours equals one semester hour.

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- ogy, the learning environment, including classroom management, teaching students with exceptionalities, or professional responsibility and ethical conduct. Fifteen semester hours may be obtained through Department or Board-CTE approved professional development. Fifteen clock hours equals one semester hour; and
- iv. Option D – Bachelor’s degree in the specified CTE field of study teacher preparation program – requirements include both of the following:
    - (1) A bachelor’s or more advanced degree that included completion of a Board approved teacher preparation program in the CTE field of study or from an accredited institution offering substantially similar training, addressing the following topics in career and technical education and any others as required by law: Principles/philosophy of career and technical education, instructional design and lesson planning, including modifications and accommodations; the learning environment, including classroom management; developmentally appropriate instructional delivery, facilitation and methodologies; assessing, monitoring and reporting progress; teaching students with exceptionalities; professional responsibility and ethical conduct; and
    - (2) Two hundred forty clock hours of verified work experience in the specified occupational area. Hours shall have been accumulated before obtaining a certification.
  2. If an applicant fails to meet these requirements within the prescribed time period, the Department of Education or the Board shall temporarily suspend the standard certificate, but the suspension is not considered a disciplinary action and the individual shall be allowed to correct the deficiency within the remaining time of the standard certification.

**Historical Note**

Adopted effective December 4, 1998 (Supp. 98-4). Amended by final rulemaking at 6 A.A.R. 1132, effective March 10, 2000 (Supp. 00-1). Section R7-2-612 amended by emergency rulemaking under A.R.S. § 41-1026 at 8 A.A.R. 2562, effective May 23, 2002 for a period of 180 days (Supp. 02-2). May 23, 2002 emergency rulemaking renewed under A.R.S. § 41-1026 at 8 A.A.R. 5132, effective November 19, 2002 (Supp. 02-4). Amended by final rulemaking at 9 A.A.R. 1605, effective May 5, 2003 (Supp. 03-2). Amended by final rulemaking at 11 A.A.R. 1885, effective June 26, 2005 (Supp. 05-2). Amended by exempt rulemaking at 15 A.A.R. 1292, effective June 26, 2006 (Supp. 09-1). Amended by exempt rulemaking at 15 A.A.R. 1893, effective September 25, 2006 (Supp. 09-2). Amended by exempt rulemaking at 15 A.A.R. 2086, effective May 19, 2008 (Supp. 09-3). Former R7-2-612 recodified to R7-2-613 at 15 A.A.R. 2146, effective August 25, 2008 (Supp. 09-4). New Section made by exempt rulemaking at 15 A.A.R. 2143, effective August 25, 2008 (Supp. 09-4). Former R7-2-612 recodified to R7-2-613; new R7-2-612 recodified from R7-2-611 at 16 A.A.R. 68, effective December 8, 2008 (Supp. 10-1). Amended by exempt rulemaking at 16 A.A.R. 102, effective May 1, 2009 (Supp. 10-1). Amended by final exempt rulemaking at 21 A.A.R. 2063, effective August 26, 2013

(Supp. 15-3). Amended by final exempt rulemaking at 23 A.A.R. 725, effective January 23, 2017 (Supp. 17-1). Amended by final exempt rulemaking at 24 A.A.R. 195, effective August 9, 2017; filed in the Office on January 2, 2018 (Supp. 18-1). Amended by final exempt rulemaking at 23 A.A.R. 694, effective February 26, 2018 (Supp. 18-1). The word “fifteen” has been changed to the numeral “15,” the words “six thousand” have been changed to the numeral “6,000,” and the word “rule” has been changed to “Section” to reflect current standards in Chapter style and format (Supp. 21-2).

**R7-2-612.01. Standard Specialized Career and Technical Education (CTE) Certificates – grades K through 12**

- A. Standard Specialized CTE certificates are subject to the general certification provisions in R7-2-607 and the renewal requirements in R7-2-619.
- B. The holder is qualified to teach in an area that is specified on the certificate relating to a CTE program approved by the Arizona Department of Education as described in Guidance on CTE Teacher Certification which is on file with the Arizona Department of Education.
- C. The requirements are:
  1. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
  2. Demonstration of expertise in the specified CTE area through one of the following:
    - a. A Bachelor’s, master’s or doctoral degree in the specified CTE area; or
    - b. A Bachelor’s or more advanced degree and completion of 24 semester hours of coursework in the specified CTE area; or
    - c. An Associate’s degree in the specified CTE area; or
    - d. An industry certification, license, or credential in the specified CTE area approved by the appropriate Department of Education Career and Technical Education Program Specialist or Career and Technical Education Program Services Director; or
    - e. Verified teaching experience for the last two consecutive years, and for a total of at least three years at one or more accredited postsecondary institutions in a subject that is specific to the CTE course being taught.
  3. Verification of five years of work experience in the specified CTE occupational area.
  4. An individual who meets the requirements of this Section is exempt from the competency requirements of the United States and Arizona Constitutions, the professional knowledge and subject knowledge portions of the Arizona Teacher Proficiency Assessments, and structured English immersion endorsement requirements.

**Historical Note**

New Section made by final exempt rulemaking at 22 A.A.R. 2617, effective August 22, 2016 (Supp. 16-4). Amended by final exempt rulemaking at 23 A.A.R. 694, effective February 26, 2018 (Supp. 18-1). The term “twenty-four” has been changed to the numeral “24,” the hyphen between “PreK-12” has been replaced with the word “through” in the Section heading for consistency in Chapter style and format (Supp. 21-1).

**R7-2-613. PreK through 12 Teaching Certificates**

- A. Except as noted, all certificates are subject to the general certification provisions in R7-2-607 and the renewal requirements in R7-2-619.
- B. Standard Professional PreK through 12 Arts Education Certificate: art, dance, dramatic arts or music. The requirements are:

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1. A bachelor's degree.
  2. One of the following:
    - a. Completion of a teacher preparation program in PreK through 12 arts education in one of the following approved areas: art, dance, dramatic arts or music from a Board-approved teacher preparation program, described in R7-2-604; or
    - b. Completion of a teacher preparation program in PreK through 12 arts education in one of the following approved areas: art, dance, dramatic arts or music from an institution accredited by the National Association of Schools of Art and Design, National Association of Schools of Dance, National Association of Schools of Theatre, the National Association of Schools of Music, or National Council for Accreditation of Teacher Education; or
    - c. Thirty semester hours of education or arts education courses which teach the knowledge and skills described in R7-2-602, including at least eight semester hours of elementary and secondary methods in the certificate area and 12 semester hours of practicum in the certificate area grades PreK through 12. Two years of verified full-time teaching experience in the certificate area in grades PreK through 12 may substitute for the 12 semester hours of practicum; or
    - d. A valid PreK through 12 arts education certificate from another state.
  3. A passing score on the appropriate subject knowledge portion of the Arizona Teacher Proficiency Assessment, unless the applicant has a bachelor's, master's or doctoral degree in a relevant content area or otherwise qualifies for a waiver of the subject knowledge assessment. If a proficiency assessment is not offered in a subject area, an approved area shall consist of a minimum of 24 semester hours of courses in the subject.
  4. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment.
  5. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
- C. Standard Professional PreK through 12 Arts Education Certificate for applications received on or after August 1, 2018.**
1. The requirements include all of the following:
    - a. A bachelor's degree;
    - b. Completion of a teacher preparation program in PreK through 12 arts education from a Board-approved teacher educator preparation program or from an accredited institution offering substantially similar training, addressing the following topics and any others as required by law:
      - i. Studio art;
      - ii. Art history and analysis;
      - iii. Advanced work in studio or art application areas;
      - iv. Technical processes;
      - v. Instructional design and lesson planning, including modifications, and accommodations;
      - vi. The learning environment, including classroom management;
      - vii. Assessing, monitoring and reporting progress;
      - viii. Professional responsibility and ethical conduct;
      - ix. Twelve weeks of capstone experience as described in R7-2-604 in grades PreK through 12 arts education, which may be completed during the valid period of a teaching intern or student teaching intern certificate. One year of verified full-time teaching experience in the certificate area in grades PreK through 12 arts education may substitute for the capstone experience requirement;
    - c. A passing score on the appropriate subject knowledge portion of the Arizona Teacher Proficiency Assessment, unless the applicant has a bachelor's, master's or doctoral degree in a relevant content area or otherwise qualifies for a waiver of the subject knowledge assessment.
    - d. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment and
    - e. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
- D. Standard Professional PreK through 12 Dance Education Certificate**
1. The requirements include all of the following:
    - a. A bachelor's degree;
    - b. Completion of a teacher preparation program in PreK through 12 dance education from an accredited institution offering substantially similar training, addressing the following topics and any others as required by law:
      - i. Performance;
      - ii. Choreography;
      - iii. Theoretical and historical studies of dance;
      - iv. Technical processes;
      - v. Instructional design and lesson planning, including modifications, and accommodations;
      - vi. The learning environment, including classroom management;
      - vii. Assessing, monitoring and reporting progress;
      - viii. Professional responsibility and ethical conduct; and
      - ix. Twelve weeks of capstone experience as described in R7-2-604 in grades PreK through 12 dance education, which may be completed during the valid period of a teaching intern or student teaching intern certificate. One year of verified full-time teaching experience in grades PreK through 12 dance education may substitute for the capstone experience requirement; and
    - c. A passing score on the appropriate subject knowledge portion of the Arizona Teacher Proficiency Assessment, unless the applicant has a bachelor's, master's or doctoral degree in a relevant content area or otherwise qualifies for a waiver of the subject knowledge assessment.
    - d. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment; and
    - e. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.

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2. Applicants may meet the requirements in subsection (D)(1)(b) with the submission of an application for the Standard Professional PreK through 12 Dance Education certificate that includes evidence of two years of verified full-time teaching experience in grades PreK through 12 dance education, and Board-approved or accredited training or coursework which teaches the knowledge and skills described in R7-2-602 and subsections (D)(1)(b)(i) through (viii). One year of verified full-time teaching experience in grades PreK through 12 dance education may be substituted for the capstone experience.
- E. Standard Professional PreK through 12 Theatre Education Certificate**
1. The requirements include all of the following:
    - a. A bachelor's degree;
    - b. Completion of a teacher preparation program in PreK through 12 theatre education from an accredited institution offering substantially similar training, addressing the following topics and any others as required by law:
      - i. Foundations of production;
      - ii. Aesthetics, theatre history, literature, theory and criticism;
      - iii. Advanced work in theatre performance;
      - iv. Instructional design and lesson planning, including modifications, and accommodations;
      - v. The learning environment, including classroom management;
      - vi. Assessing, monitoring and reporting progress;
      - vii. Professional responsibility and ethical conduct and;
      - viii. Twelve weeks of capstone experience as described in R7-2-604 in grades PreK through 12 theatre education, which may be completed during the valid period of a teaching intern or student teaching intern certificate. One year of verified full-time teaching experience in grades PreK through 12 theatre education may substitute for the capstone experience requirement; and
    - c. A passing score on the appropriate subject knowledge portion of the Arizona Teacher Proficiency Assessment, unless the applicant has a bachelor's, master's or doctoral degree in a relevant content area or otherwise qualifies for a waiver of the subject knowledge assessment.
    - d. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment; and
    - e. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
  2. Applicants may meet the requirements in subsection (E)(1)(b) with the submission of an application for the Standard Professional PreK through 12 Theatre Education certificate that includes evidence of two years of verified full-time teaching experience in grades PreK through 12 theatre education, and Board-approved or accredited training or coursework which teaches the knowledge and skills described in R7-2-602 and subsections (E)(1)(b)(i) through (vii). One year of verified full-time teaching experience in grades PreK through 12 theatre education may be substituted for the capstone experience.
- F. Standard Professional PreK through 12 Music Education Certificate**
1. The requirements include all of the following:
    - a. A bachelor's degree;
    - b. Completion of a teacher preparation program in PreK through 12 music education from an accredited institution offering substantially similar training, addressing the following topics and any others as required by law:
      - i. Performance;
      - ii. Musicianship skills and analysis;
      - iii. Composition and improvisation;
      - iv. Music history and repertoire;
      - v. Instructional design and lesson planning, including modifications, and accommodations;
      - vi. The learning environment, including classroom management;
      - vii. Assessing, monitoring and reporting progress;
      - viii. Professional responsibility and ethical conduct; and
      - ix. Twelve weeks of capstone experience as described in R7-2-604 in grades PreK through 12 music education, which may be completed during the valid period of a teaching intern or student teaching intern certificate. One year of verified full-time teaching experience in grades PreK through 12 music education may substitute for the capstone experience requirement; and
    - c. A passing score on the appropriate subject knowledge portion of the Arizona Teacher Proficiency Assessment, unless the applicant has a bachelor's, master's or doctoral degree in a relevant content area or otherwise qualifies for a waiver of the subject knowledge assessment.
    - d. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment; and
    - e. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
  2. Applicants may meet the requirements in subsection (F)(1)(b) with the submission of an application for the Standard Professional PreK through 12 Music Education certificate that includes evidence of two years of verified full-time teaching experience in grades PreK through 12 music education, and Board-approved or accredited training or coursework which teaches the knowledge and skills described in R7-2-602 and subsections (F)(1)(b)(i) through (viii). One year of verified full-time teaching experience in grades PreK through 12 music education may be substituted for the capstone experience.
- G. Standard Professional PreK through 12 Physical Education Certificate. The requirements are:**
1. A bachelor's degree.
  2. One of the following:
    - a. Completion of a teacher preparation program in PreK through 12 physical education, including 12 semester practicum hours evenly split between elementary and secondary physical education from an accredited institution or a Board-approved teacher preparation program; or
    - b. Thirty-three semester hours of education or physical education courses, including:
      - i. At least nine semester hours of elementary, secondary and adaptive physical education methods;
      - ii. Foundational coursework in the areas of Growth and Motor Development, Movement Activities, Lifelong Physical Fitness and Com-

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- prehensive School Physical Activity Programming; and
- iii. Twelve semester hours of practicum in physical education in PreK through 12 grades, evenly split between elementary and secondary physical education, and supervised by a licensed or certified physical education teacher. Two years of verified full-time teaching experience in the certificate area in grades PreK through 12 may substitute for the 12 semester hours of practicum; or
  - c. A valid PreK through 12 physical education certificate from another state.
3. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment.
  4. A passing score on the Physical Education subject knowledge portion of the Arizona Teacher Proficiency Assessment, unless the applicant has a bachelor's, master's or doctoral degree in a relevant content area or otherwise qualifies for a waiver of the subject knowledge assessment.
  5. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
- H. Standard Professional PreK through 12 Physical Education Certificate for applications received on or after August 1, 2018.**
1. The requirements include all of the following:
    - a. A bachelor's degree;
    - b. Completion of a teacher preparation program in PreK through 12 physical education a Board-approved educator preparation program or from an accredited institution offering substantially similar training, addressing the following topics and any others as required by law:
      - i. Elementary, secondary and adaptive physical education methods;
      - ii. Foundational coursework in the areas of Growth and Motor Development;
      - iii. Movement Activities;
      - iv. Lifelong Physical Fitness;
      - v. Instructional design and lesson planning, including modifications, and accommodations;
      - vi. The learning environment, including classroom management;
      - vii. Assessing, monitoring and reporting progress;
      - viii. Professional responsibility and ethical conduct and;
      - ix. Twelve weeks of capstone experience as described in R7-2-604 in grades PreK through 12 physical education, serving students in elementary and secondary physical education, which may be completed during the valid period of a teaching intern or student teaching intern certificate. One year of verified full-time teaching experience in the certificate area in grades PreK through 12 physical education may substitute for the capstone experience requirement;
    - c. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment;
    - d. A passing score on the Physical Education subject knowledge portion of the Arizona Teacher Proficiency Assessment, unless the applicant has a bachelor's, master's or doctoral degree in a relevant content area or otherwise qualifies for a waiver of the subject knowledge assessment; and
    - e. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
  2. Applicants may meet the requirements in subsection (H)(1)(b) with the submission of an application for the Standard Professional PreK through 12 Physical Education certificate that includes evidence of two years of verified full-time teaching experience in grades PreK through 12 physical education, and Board-approved or accredited training or coursework which teaches the knowledge and skills described in R7-2-602 and subsections (H)(1)(b)(i) through (viii). One year of verified full-time teaching experience in grades PreK through 12 physical education may be substituted for the capstone experience.

**Historical Note**

Adopted effective December 4, 1998 (Supp. 98-4). Amended by final rulemaking at 10 A.A.R. 4581, effective December 18, 2004 (Supp. 04-4). Amended by final rulemaking at 11 A.A.R. 1885, effective June 26, 2005 (Supp. 05-2). Amended by exempt rulemaking at 15 A.A.R. 1225, effective December 5, 2006 (Supp. 09-1). Amended by exempt rulemaking at 15 A.A.R. 1259, effective March 26, 2007 (Supp. 09-2). Amended by exempt rulemaking at 15 A.A.R. 1298, effective July 18, 2007 (Supp. 09-3). Former R7-2-613 recodified to R7-2-614; new R7-2-613 recodified from R7-2-612 at 15 A.A.R. 2146, effective August 25, 2008 (Supp. 09-4). Former R7-2-613 recodified to R7-2-614; new R7-2-613 recodified from R7-2-612 at 16 A.A.R. 68, effective December 8, 2008 (Supp. 10-1). Amended by exempt rulemaking at 16 A.A.R. 235, effective December 7, 2009 (Supp. 10-3). Amended by exempt rulemaking at 16 A.A.R. 1249, effective May 24, 2010 (Supp. 10-4). Amended by final exempt rulemaking at 21 A.A.R. 2073, effective June 22, 2015 (Supp. 15-3). Amended by final exempt rulemaking at 24 A.A.R. 195, effective August 9, 2017; filed in the Office on January 2, 2018 (Supp. 18-1). The hyphen between "PreK-12" has been changed to the word "through" in the Section heading and subsections for consistency in Chapter style and format (Supp. 21-1).

**R7-2-614. Other Teaching Certificates**

- A.** Except as noted, all certificates are subject to the general certification provisions in R7-2-607.
- B.** Substitute Certificate - PreK through 12
  1. The certificate is valid for six years and renewable by reapplication.
  2. The certificate entitles the holder to substitute in the temporary absence of a regular contract teacher. A person holding only a substitute certificate shall not be assigned a contract teaching position.
  3. An individual who holds a valid teaching or administrator certificate shall not be required to hold a substitute certificate to be employed as a substitute teacher.
  4. A person holding only a substitute certificate shall be limited to teaching 120 days in the same school each school year.
  5. The requirement for issuance is a bachelor's degree and a valid fingerprint clearance card issued by the Arizona Department of Public Safety.
  6. Substitute certificates previously issued as valid for life under this Section shall remain valid for life.
  7. A person holding only a substitute certificate may be exempt from the limit on teaching 120 days in the same school each school year if the school district superintendent has provided verification to the Department of Edu-

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cation that the position is continuously advertised on a statewide basis at a minimum of three sites with at least one being a higher education institution and that a highly qualified and employable candidate was not found. An exemption from teaching 120 days shall not be granted to the same individual more than three times.

**C. Emergency Substitute Certificate - PreK through 12**

1. The certificate is valid for one school year or part thereof. The expiration date shall be the following July 1.
2. The certificate entitles the holder to substitute only in the district that verifies that an emergency employment situation exists.
3. The certificate entitles the holder to substitute in the temporary absence of a regular contract teacher. A person holding only an emergency substitute certificate shall not be assigned a contract teaching position.
4. The holder of an emergency substitute certificate shall be limited to 120 days of substitute teaching per school year.
5. The requirements for initial issuance are:
  - a. High school diploma, General Education diploma, or associate's degree;
  - b. Verification from the school district superintendent that an emergency employment situation exists; and
  - c. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
6. The requirements for each reissuance are:
  - a. Two semester hours of academic courses completed since the last issuance of the Emergency Substitute Certificate. District in-service programs designed for professional development may substitute for academic courses. Fifteen clock hours of in-service is equivalent to one semester hour. In-service hours shall be verified by the district superintendent or personnel director. Individuals who have earned 30 or more semester hours are exempt from this requirement,
  - b. Verification from the school district superintendent that an emergency employment situation exists, and
  - c. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.

**D. Emergency Teaching Certificate - birth through grade 12**

1. The emergency teaching certificate is valid one school year or part thereof. The expiration date shall be the following July 1. Excluding an emergency teaching certificate issued under subsection (D)(6), an emergency teaching certificate shall not be issued more than three times to an individual.
2. The emergency teaching certificate entitles the holder to enter into a teaching contract.
3. Emergency teaching certificates shall be issued for early childhood, elementary and secondary certificates required by A.R.S. § 15-502(B) and required endorsements.
4. The emergency teaching certificate entitles the holder to teach only in the district or charter school that verifies that an emergency employment situation exists.
5. The requirements for initial issuance are:
  - a. A bachelor's degree,
  - b. Verification from the school district superintendent or charter school administrator that an emergency employment situation exists, and
  - c. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
6. Notwithstanding this subsection, an emergency teaching certificate entitling the holder to teach in any Arizona school district or charter school may be issued for early

childhood, elementary, middle grades, secondary, special education, and PreK through 12 teaching certificates for applicants who meet the following requirements:

- a. A bachelor's degree,
- b. Completion of a teacher preparation program in the certification area, as described in R7-2-608, R7-2-609, R7-2-609.01, R7-2-610, R7-2-611 and R7-2-613, from a Board-approved educator preparation program or from an accredited institution offering substantially similar training,
- c. Verification that the applicant was unable to take one or all portions of the proficiency assessments required for the requested certificate as the result of a public health emergency declared by the governor or a public health official, and
- d. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.

7. Emergency teaching certificates issued pursuant to subsection (D)(6) shall not be renewed or re-issued.

**E. Alternative Teaching Certificate - PreK through 12**

1. The certificate is valid for two years from the date of initial issuance and may be extended yearly for no more than two consecutive years at no cost to the applicant if the provisions in subsection (E)(5) are met.
2. The alternative teaching certificate entitles the holder to enter into a teaching contract while completing the requirements for an Arizona teaching certificate. During the valid period of the alternative teaching certificate the holder may teach in a Structured English Immersion classroom, or in any subject area in which the holder has passed the appropriate Arizona Teacher Proficiency Assessment. Alternative Teaching certificate holders who teach in a Structured English Immersion classroom shall hold a valid Provisional or full Structured English Immersion Endorsement, an English as a Second Language Endorsement, or a Bilingual Endorsement, if applicable. The candidate shall be enrolled in a Board authorized alternative path to certification program or a Board approved teacher educator preparation program.
3. An individual is not eligible to hold the alternative teaching certificate more than once in a five year period.
4. The requirements for initial issuance of the alternative teaching certificate are:
  - a. A bachelor's degree or higher from an accredited institution;
  - b. Verification of enrollment in a Board approved alternative path to certification program, or a Board approved educator preparation program; and
  - c. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
5. The requirements for the extension of the alternative teaching certificate are:
  - a. The alternative teaching certificate outlined in subsection (E)(4),
  - b. Verification from the educator preparation program in which the alternative teaching certificate holder is enrolled, that the certificate holder has made adequate progress toward completion of the program,
  - c. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
6. The holder of the alternative teaching certificate may apply for a Standard teaching certificate upon completion of the following:
  - a. Successful completion of a Board authorized alternative path to certification program or a Board-approved educator preparation program.



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- b. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment as applicable;
  - c. A passing score on one or more subject knowledge portions of the Arizona Teacher Proficiency Assessment that corresponds to the Board approved alternative path to certification program in which the applicant is enrolled, unless the applicant has a bachelor's, master's or doctoral degree in the corresponding content area;
  - d. The submission of an application for a Standard teaching certificate to the Department;
  - e. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
- 7. Placement decisions of alternative teaching certificate holders shall only be based on agreements between the educator preparation provider, the provider's partner organizations and the local education agency except as otherwise provided in this subsection.
- F. Standard Adult Education Certificate**
  - 1. The holder is qualified to teach Adult Basic Education, Adult Secondary Education, English Language Acquisition for Adults, or Citizenship.
  - 2. The requirements are:
    - a. A valid fingerprint clearance card issued by the Arizona Department of Public Safety, and
    - b. A bachelor's degree.
  - 3. The renewal requirements are completion of a professional development program, described in R7-2-619.
- G. Junior Reserve Officer Training Corps Teaching Certificate - grades nine through 12**
  - 1. The standard certificate is valid at any local education agency which conducts an approved Junior Reserve Officer Training Corps program of the Air Force, Army, Navy, or Marine Corps.
  - 2. The requirements are:
    - a. Verification by the district of an approved Junior Reserve Officer Training Corps program of instruction in which the applicant will be teaching,
    - b. Verification by the district that the applicant meets the work experience required by the respective military service, and
    - c. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
- H. Athletic coaching certificate - grades seven through 12**
  - 1. The standard certificate entitles the holder to perform coaching duties in interscholastic and extracurricular athletic activities. It is not required for teachers who hold a valid elementary, secondary or special education certificate.
  - 2. The requirements are:
    - a. Valid certification in first aid and Coronary and Pulmonary Resuscitation (CPR);
    - b. Completion of courses, Board-approved or accredited seminars or modules of study which shall include the following:
      - i. Methods of coaching,
      - ii. Anatomy and physiology,
      - iii. Sports psychology,
      - iv. Adolescent psychology,
      - v. The prevention and treatment of athletic injuries; and
      - vi. Signs of physical abuse, emotional abuse, sexual abuse, neglect, bullying, hazing and cyberbullying.
- c. Two hundred fifty hours of verified coaching experience in the sport to be coached. Coaching experience may include experience as a head coach or assistant coach in a school program or in an organized athletic league; and
  - d. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
- 4. Renewal requirements are:
  - a. Completion of a professional development program described in R7-2-619,
  - b. Valid certification in first aid and CPR.
- I. International Teaching Certificate**
  - 1. The International Teaching certificate is issued to teachers from foreign countries who are contracted through the foreign teacher program as authorized by federal statutes enacted by the Congress of the United States or other foreign teacher recruitment programs approved by the United States Department of State or the United States Citizenship and Immigration Services.
  - 2. This certificate is valid for the length of the certificate holder's visa, not to exceed 12 years.
  - 3. The requirements are:
    - a. Verification that the applicant has completed teacher preparation in the home country or country of legal residence that is comparable to the requirements to qualify for an Arizona teaching certificate as provided in R7-2-608, R7-2-609, R7-2-610, R7-2-610.01, R7-2-610.02, R7-2-611 and R7-2-613.
    - b. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
    - c. A valid non-immigrating visa issued by the United States Department of State or the United States Citizenship and Immigration Services for international teachers.
    - d. Verification that the applicant has been contracted by an Arizona school through a foreign teacher program.
  - 4. An individual with an international teaching certificate may qualify for a certificate to instruct students in a language other than English with submission of a letter from a department chair or dean of an accredited institution in another country or in the United States verifying that the applicant is proficient in the language.
  - 5. The international teaching certificate may be extended with the following:
    - a. Verification of an extended visa issued by the United States Department of State or the United States Citizenship and Immigration Services for international teachers. The certificate may be extended to the new expiration date of the visa not to exceed 12 years.
    - b. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
- J. Native American Language Certificate**
  - 1. The standard certificate is optional and issued to individuals to teach only a Native American language in grades PreK through 12.
  - 2. The requirements are:
    - a. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
    - b. Language proficiency in a Native American Language. Proficiency shall be verified on official letterhead by a person, persons, or entity designated by the appropriate tribe.
  - 3. The certificate may be renewed upon completion of professional development, as prescribed in R7-2-619.
- K. Student Teaching Intern Certificate - PreK through 12**

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1. The student teaching intern certificate is optional and is not a requirement for participation in a student teaching capstone experience.
  2. The certificate entitles the holder to perform teaching duties under the supervision of a program supervisor as defined in R7-2-604(14) and is only valid in the school district or charter school requesting the certificate.
  3. The certificate is valid for one year from date of initial issuance and may be extended for one year at no cost to the applicant if the provisions in subsection (K)(4) are met.
  4. The requirements are:
    - a. Verification of enrollment in the culminating student teaching capstone experience of a Board approved educator preparation program pursuant to R7-2-604.01,
    - b. Verification documenting completed coursework with a minimum GPA of 3.0 on a 4.0 scale or the equivalent,
    - c. A passing score on the professional knowledge portion of the Arizona Teacher Proficiency Assessment that corresponds to the teaching certificate the student teaching intern is pursuing,
    - d. A passing score on the subject knowledge portion of the Arizona Teacher Proficiency Assessment that corresponds to the teaching certificate the student teaching intern is pursuing,
    - e. A request for issuance of the student teaching intern certificate from the district superintendent or charter school superintendent and the educator preparation program.
    - f. Verification from the educator preparation provider that a written supervision plan, approved by the Board, includes the following:
      - i. The educator preparation provider's roles and responsibilities for the Program Supervisor, and
      - ii. The onsite mentorship and induction provided by the Local Education Agency.
    - g. A valid fingerprint card issued by the Arizona Department of Public Safety.
  5. Placement decisions of student teaching intern certificate holders shall only be based on collaborative agreements between the Board approved educator preparation provider and the local education agency. Notwithstanding any other provision, a student teaching intern certificate holder may not teach in a special education classroom unless the certificate holder has a bachelor's degree.
  6. The holder of the student teaching certificate may apply for an Arizona Teaching Certificate upon completion of the following:
    - a. Successful completion of a Board approved educator preparation program.
    - b. The submission of an application, and all required documentation including an institutional recommendation, for the Arizona teaching certificate to the Department.
- L. Classroom-Based Standard Teaching Certificate**
1. The requirements are:
    - a. A bachelor's degree;
    - b. Successful completion of a Board-approved Classroom-Based Alternative Preparation Program;
    - c. Verification of satisfactory progress and achievement with students;
    - d. Demonstration of subject knowledge proficiency with:
      - i. Verification of teaching courses relevant to a content area or subject matter for the last two consecutive years, and for a total of at least three years at one or more accredited postsecondary institutions; or
      - ii. A bachelor's, master's or doctoral degree from an accredited institution in the applicable subject area; or
      - iii. Verification of a minimum of five years of work experience in the applicable subject area of certification; or
      - iv. Three years of verified teaching experience in the same area of certification in which the individual is applying for certification; or
      - v. A passing score on the applicable subject knowledge portion of the Arizona Teacher Proficiency Assessment;
    - e. Demonstration of professional knowledge proficiency with:
      - i. Three years of verified teaching experience in the same area of certification in which the individual is applying for certification; or
      - ii. A passing score on the applicable professional knowledge portion of the Arizona Teacher Proficiency Assessment;
    - f. An individual seeking certification who was teaching courses or subjects tested by the statewide assessment must also provide:
      - i. Verified evidence of two years of full-time teaching; and
      - ii. Verified evidence that the individual's students performed at grade level; or
      - iii. Verified evidence that the individual's students achieved at least one year of academic growth at a rate equivalent to the state average for the students' associated peer groups;
    - g. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.

**Historical Note**

Adopted effective December 4, 1998 (Supp. 98-4). Amended by final rulemaking at 6 A.A.R. 1132, effective March 10, 2000 (Supp. 00-1). Section R7-2-614 amended by emergency rulemaking under A.R.S. § 41-1026 at 8 A.A.R. 3739, effective August 5, 2002 for a period of 180 days (Supp. 02-3). Emergency rulemaking renewed under A.R.S. § 41-1026 at 9 A.A.R. 522, effective January 31, 2003 for a period of 180 days (Supp. 03-1). Amended by final rulemaking at 9 A.A.R. 1605, effective May 5, 2003 (Supp. 03-2). Amended by exempt rulemaking at 15 A.A.R. 1304, effective June 26, 2006 (Supp. 09-1). Amended by exempt rulemaking at 15 A.A.R. 1898, effective April 28, 2008 (Supp. 09-2). Former R7-2-614 recodified to R7-2-615; new R7-2-614 recodified from R7-2-613 at 15 A.A.R. 2146, effective August 25, 2008 (Supp. 09-4). Former R7-2-614 recodified to R7-2-615; new R7-2-614 recodified from R7-2-613 at 16 A.A.R. 68, effective December 8, 2008 (Supp. 10-1). Amended by exempt rulemaking at 16 A.A.R. 52, effective December 8, 2008 (Supp. 10-1). Amended by exempt rulemaking at 16 A.A.R. 63, effective June 22, 2009 (Supp. 10-2). Amended by exempt rulemaking at 16 A.A.R. 728, effective March 22, 2010 (Supp. 10-3). Amended by exempt rulemaking at 16 A.A.R. 1249, effective May 24, 2010 (Supp. 10-4). R7-2-614(J) amended by final exempt rulemaking at 21 A.A.R. 2073, effective August 27, 2012; R7-2-614(I) amended by final exempt rulemaking

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at 21 A.A.R. 2073, effective June 24, 2013; R7-2-614(B)(C)(E) amended by final exempt rulemaking at 21 A.A.R. 2073, effective January 26, 2015 (Supp. 15-3). Amended by final exempt rulemaking at 22 A.A.R. 667, effective January 25, 2016; filed in the Office March 1, 2016 (Supp. 16-3). Amended by final exempt rulemaking at 22 A.A.R. 2617, effective August 22, 2016 (Supp. 16-4). Amended by final exempt rulemaking at 23 A.A.R. 725, effective January 23, 2017 (Supp. 17-1). Amended by final exempt rulemaking at 24 A.A.R. 195, effective August 9, 2017; filed in the Office on January 2, 2018 (Supp. 18-1). Amended by final exempt rulemaking at 24 A.A.R. 2947, effective September 24, 2018 (Supp. 18-3). Amended by final exempt rulemaking at 26 A.A.R. 1311, effective May 18, 2020 (Supp. 20-2). The hyphen between “PreK-12” has been changed to the word “through,” and the word “rule” has been changed to “Section” to reflect current standards in Chapter style and format (Supp. 21-2).

**R7-2-615. Endorsements**

- A.** An endorsement shall be automatically renewed with the certificate on which it is posted.
- B.** Except as noted, all endorsements are subject to the general certification provisions in R7-2-607.
- C.** Endorsements which are optional as specified herein may be required by local governing boards.
- D.** Special subject endorsements – grades Pre-K through 12
  1. Special subject endorsements shall be issued in the area of art, computer science, dance, dramatic arts, music, or physical education.
  2. Special subject endorsements are optional.
  3. The requirements are:
    - a. An Arizona elementary, secondary, or special education certificate;
    - b. One course in the methods of teaching the subject at the elementary level and one course in the methods of teaching the subject at the secondary level; and
    - c. One of the following:
      - i. Thirty semester hours of courses in the subject area which may include the courses listed in subsection (D)(3)(b);
      - ii. A passing score on the subject area portion of the Arizona Teacher Proficiency Assessment, if an assessment has been adopted by the Board; or
      - iii. A passing score on a comparable out-of-state subject area assessment.
- E.** Mathematics Specialist Endorsement – grades K through eight. This subsection is valid until June 30, 2011.
  1. The mathematics specialist endorsement is optional.
  2. The requirements are:
    - a. An Arizona elementary or special education certificate,
    - b. Three semester hours of courses in the methods of teaching elementary school mathematics, and
    - c. Fifteen semester hours of courses in mathematics education for teachers of elementary or middle school mathematics.
- F.** Mathematics Endorsement – grades K through eight. This subsection becomes effective on July 1, 2011.
  1. The mathematics endorsement is optional for all K through eight teachers, but recommended for an individual in the position of mathematics specialist, consultant, interventionist, or coach. Nothing in this Section prevents school districts from requiring certified staff to obtain a mathematics endorsement as a condition of employment.
- The mathematics endorsement does not waive the requirements set forth in R7-2-607(J).
2. The requirements are:
  - a. An Arizona elementary or special education certificate;
  - b. Three years of full-time teaching experience in grades K through eight; and
  - c. Eighteen semester hours to include:
    - i. Three semester hours of data analysis, probability, and discrete mathematics;
    - ii. Three semester hours of geometry and measurement;
    - iii. Six semester hours of patterns, algebra, and functions; and
    - iv. Six semester hours of number and operations.
  - d. Six semester hours to include:
    - i. Three semester hours of mathematics classroom assessment;
    - ii. Three semester hours of research-based practices, pedagogy, and instructional leadership in mathematics.
  - e. A passing score on the middle school mathematics knowledge portion of the Arizona Educator Proficiency Assessment may be substituted for the 18 semester hours described in subsection (F)(2)(c).
  - f. Completion of a comparable valid mathematics specialist certificate or endorsement from another state may be substituted for the requirements described in subsection (F)(2)(c) and (d).
- G.** Reading Specialist Endorsement – grades K through 12. This subsection is valid until June 30, 2011.
  1. The reading specialist endorsement shall be required of an individual in the position of reading specialist, reading consultant, remedial reading teacher, special reading teacher, or in a similar position.
  2. The requirements are:
    - a. An Arizona elementary, secondary, or special education certificate; and
    - b. Fifteen semester hours of courses to include decoding, diagnosis and remediation of reading difficulties, and practicum in reading.
- H.** Reading Endorsement. This subsection becomes effective on July 1, 2011.
  1. A reading endorsement shall be required of an individual in the position of reading or literacy specialist, reading or literacy coach, and reading or literacy interventionist.
  2. Reading Endorsement for grades K through eight. The requirements are:
    - a. A valid Arizona elementary special education or early childhood certificate,
    - b. Three years of full-time teaching experience,
    - c. Three semester hours of a supervised field experience or practicum in reading completed for the grades K through eight, and
    - d. One of the following:
      - i. Twenty-one semester hours beyond requirements of initial provisional or standard teaching certificate to include the following:
        - (1) Three semester hours in the theoretical and research foundations of language and literacy;
        - (2) Three semester hours in the essential elements of elementary reading and writing instruction (K through eight);
        - (3) Three semester hours in the elements of elementary content area reading and writ-

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- ing (K through eight);
- (4) Six total semester hours in reading assessment systems;
- (5) Three semester hours in leadership; and
- (6) Three semester hours of elective courses in an area of focus that will deepen knowledge in the teaching of reading to elementary students, such as children's literature, or teaching reading to English Language Learners.
- ii. Proof of a comparable valid reading specialist certificate or endorsement from another state may be substituted for the requirements described in subsections (H)(2)(c) and (d)(i).
- e. A passing score on the reading endorsement subject knowledge portion of the Arizona Educator Proficiency Assessment for grades K through eight may be substituted for 21 semester hours of reading endorsement coursework as described in subsection (H)(2)(d)(i).
- 3. Reading Endorsement for grades six through 12. The requirements are:
  - a. A valid Arizona elementary, secondary, or special education certificate;
  - b. Three years of full-time teaching experience;
  - c. Three semester hours of supervised field experience or practicum in reading completed for the grades six through 12; and
  - d. One of the following:
    - i. Twenty-one semester hours beyond requirements of initial provisional or standard teaching certificate to include the following:
      - (1) Three semester hours in the theoretical and research foundations of language and literacy;
      - (2) Three semester hours in the essential elements of reading and writing instruction for adolescents (grades six through 12);
      - (3) Three semester hours in the elements of content area reading and writing for adolescents (grades six through 12);
      - (4) Six total semester hours in reading assessment systems;
      - (5) Three semester hours in leadership; and
      - (6) Three semester hours of elective courses in an area of focus that will deepen knowledge in the teaching of reading such as adolescent literature, or teaching reading to English Language Learners.
    - ii. Proof of a comparable valid reading specialist certificate or endorsement from another state may be substituted for the requirements described in subsections (H)(3)(c) and (d)(i).
  - e. A passing score on the reading endorsement subject knowledge portion of the Arizona Educator Proficiency Assessment for grades six through 12 may be substituted for 21 semester hours of reading endorsement coursework as described in subsection (H)(3)(d)(i).
- 4. Reading Endorsement – grades K through 12. The requirements are:
  - a. A valid Arizona elementary, secondary, special education certificate or early childhood certificate;
  - b. Three years of full-time teaching experience;
  - c. Three semester hours of a supervised field experience or practicum in reading completed for the grades K through five;
  - d. Three semester hours of a supervised field experience or practicum in reading completed for the grades six through 12; and
  - e. One of the following:
    - i. Twenty-four semester hours beyond requirements of initial provisional or standard teaching certificate to include the following:
      - (1) Three semester hours in the theoretical and research foundations of language and literacy,
      - (2) Three semester hours in the essential elements of elementary reading and writing instruction (grades K through eight),
      - (3) Three semester hours in the essential elements of reading and writing instruction for adolescents (grades six through 12),
      - (4) Three semester hours in the elements of elementary content area reading and writing (grades K through eight),
      - (5) Three semester hours in the elements of content area reading and writing for adolescents (grades six through 12),
      - (6) Six total semester hours in reading assessment systems, and
      - (7) Three semester hours in leadership,
    - ii. Proof of a comparable valid reading specialist certificate or endorsement from another state may be substituted for the requirements described in subsections (H)(4)(c), (d) and (e)(i).
  - f. A passing score on the reading endorsement subject knowledge portion of the Arizona Educator Proficiency Assessment for grades K through eight and a passing score on the reading endorsement professional knowledge portion of the Arizona Educator Proficiency Assessment for grades six through 12 may be substituted for 24 semester hours of reading endorsement coursework as described in subsection (H)(4)(e)(i).
- I. Elementary Foreign Language Endorsement – grades K through eight
  - 1. The elementary foreign language endorsement is optional.
  - 2. The requirements are:
    - a. An Arizona elementary, secondary or special education certificate.
    - b. Proficiency in speaking, reading, and writing a language other than English, verified by the appropriate language department of an accredited institution. American Indian language proficiency shall be verified by an official designated by the appropriate tribe.
    - c. Three semester hours of courses in the methods of teaching a foreign language at the elementary level.
- J. Bilingual Endorsements - PreK through 12
  - 1. A provisional bilingual endorsement or a bilingual endorsement is required of an individual who is a bilingual classroom teacher, bilingual resource teacher, bilingual specialist, or otherwise responsible for providing bilingual instruction.
  - 2. The provisional bilingual endorsement is valid for three years and is not renewable. The requirements are:

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- a. An Arizona elementary, secondary, supervisor, principal, superintendent, special education, early childhood, arts education or CTE certificate; and
  - b. Proficiency in a spoken language other than English, verified by one of the following:
    - i. A passing score on the Arizona Classroom Spanish Proficiency exam;
    - ii. A passing score on a foreign language subject knowledge portion of the Arizona Teacher Proficiency Assessment or a comparable foreign language subject knowledge exam from another state;
    - iii. If an exam in the language is not offered through the Arizona Teacher Proficiency Assessment or the American Council on the Teaching of Foreign Languages, proficiency may be verified by the language department of an accredited institution. A minimum passing score of "Advanced Low" is required on the American Council on the Teaching of Foreign Languages for Speaking and Writing Exams in the foreign language;
    - iv. Proficiency in American Indian languages shall be verified by an official designated by the appropriate tribe; or
  - c. Proficiency in sign language is verified through 24 hours of coursework from an accredited institution.
3. The holder of the bilingual endorsement is also authorized to teach English as a Second Language.
4. The requirements are:
- a. An Arizona elementary, secondary, supervisor, principal, superintendent, special education, early childhood, arts education or CTE certificate;
  - b. Completion of a bilingual education program from an accredited institution or the following courses:
    - i. Three semester hours of foundations of instruction for non-English-language-background students;
    - ii. Three semester hours of bilingual methods;
    - iii. Three semester hours of English as a Second Language for bilingual settings;
    - iv. Three semester hours of courses in bilingual materials and curriculum, assessment of limited-English-proficient students, teaching reading and writing in the native language, or English as a Second Language for bilingual settings;
    - v. Three semester hours of linguistics to include psycholinguistics, sociolinguistics, first language acquisition, and second language acquisition for language minority students, or American Indian language linguistics;
    - vi. Three semester hours of courses dealing with school, community, and family culture and parental involvement in programs of instruction for non-English-language-background students; and
    - vii. Three semester hours of courses in methods of teaching and evaluating handicapped children from non-English-language backgrounds. These hours are only required for bilingual endorsements on special education certificates.
  - c. A valid bilingual certificate or endorsement from another state may be substituted for the courses described in subsection (J)(4)(b);
  - d. Practicum in a bilingual program or two years of verified bilingual teaching experience; and
  - e. Proficiency in a spoken language other than English, verified by one of the following:
    - i. A passing score on the Arizona Classroom Spanish Proficiency exam;
    - ii. A passing score on a foreign language subject knowledge portion of the Arizona Teacher Proficiency Assessment or a comparable foreign language subject knowledge exam from another state;
    - iii. If an exam in the language is not offered through the Arizona Teacher Proficiency Assessment or the American Council on the Teaching of Foreign Languages, proficiency may be verified by the language department of an accredited institution. A minimum passing score of "Advanced Low" is required on the American Council on the Teaching of Foreign Languages for Speaking and Writing Exams in the foreign language;
    - iv. Proficiency in American Indian languages shall be verified by an official designated by the appropriate tribe; or
  - f. Proficiency in sign language is verified through 24 hours of coursework from an accredited institution.
- K. English as a Second Language (ESL) Endorsements – grades Pre-K through 12**
- 1. An ESL or bilingual endorsement is required of an individual who is an ESL classroom teacher, ESL specialist, ESL resource teacher, or otherwise responsible for providing ESL instruction.
  - 2. The provisional ESL endorsement is valid for three years and is not renewable. The requirements are:
    - a. An Arizona elementary, secondary, supervisor, principal, superintendent, special education, early childhood, arts education or CTE certificate; and
    - b. Six semester hours of courses specified in subsection (K)(3)(b), including at least one course in methods of teaching ESL students.
  - 3. The requirements for the ESL endorsement are:
    - a. An Arizona elementary, secondary, supervisor, principal, superintendent, special education, early childhood, arts education or CTE certificate;
    - b. Completion of an ESL education program from an accredited institution or the following courses:
      - i. Three semester hours of courses in foundations of instruction for non-English-language-background students. Three semester hours of courses in the nature and grammar of the English language, taken before January 1, 1999, may be substituted for this requirement;
      - ii. Three semester hours of ESL methods;
      - iii. Three semester hours of teaching of reading and writing to limited-English-proficient students;
      - iv. Three semester hours of assessment of limited-English-proficient students;
      - v. Three semester hours of linguistics; and
      - vi. Three semester hours of courses dealing with school, community, and family culture and parental involvement in programs of instruction for non-English-language-background students.
    - vii. A passing score on a foreign language subject knowledge portion of the Arizona Teacher Pro-

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- iciency Assessment or a comparable foreign language subject knowledge exam from another state; or
- c. Three semester hours of a practicum or two years of verified ESL or bilingual teaching experience, verified by the district superintendent;
  - d. Second language learning experience, which may include sign language. Second language learning experience may be documented by any of the following:
    - i. Six semester hours of courses in a single second language, or the equivalent, verified by the department of language, education, or English at an accredited institution;
    - ii. Completion of intensive language training by the Peace Corps, the Foreign Service Institute, or the Defense Language Institute;
    - iii. Placement by the language department of an accredited institution in a third-semester level;
    - iv. Placement at level 1-intermediate/low or more advanced score on the Oral Proficiency Interview, verified by the American Council for the Teaching of Foreign Languages;
    - v. Passing score on the Arizona Classroom Spanish Proficiency Examination approved by the Board; or
    - vi. Proficiency in an American Indian language, verified by an official designated by the appropriate tribe.
    - vii. A passing score on a foreign language subject knowledge portion of the Arizona Teacher Proficiency Assessment or a comparable foreign language subject knowledge exam from another state; or
  - e. A valid ESL certificate or endorsement from another state may be substituted for the requirements described in subsection (K)(3)(b), (c) and (d).
- L. Structured English Immersion (SEI) Endorsement - Pre-K through 12.** A Provisional or full Structured English Immersion (SEI) endorsement, or an English as a Second Language or Bilingual endorsement, shall be required of a teacher who is instructing students in a sheltered English immersion or structured English immersion model.
1. The provisional SEI endorsement is valid for three years and is not renewable. The requirements are:
    - a. An Arizona elementary, secondary, special education, CTE, early childhood, Pre-K through 12 teaching, supervisor, principal or superintendent certificate; and
    - b. One semester hour or 15 clock hours of professional development in Structured English Immersion methods of teaching English Language Learner (ELL) students, including but not limited to instruction in SEI strategies, teaching with the ELL Proficiency Standards adopted by the Board and monitoring ELL student academic progress using a variety of assessment tools through a training program that meets the requirements of A.R.S. § 15-756.09(B).
  2. The requirements for the SEI endorsement are: an Arizona elementary, secondary, special education, CTE, early childhood, Pre-K through 12 teaching, supervisor, principal, or superintendent certificate; and one of the following:
    - a. Three semester hours of courses related to the teaching of the English Language Learner Proficiency Standards adopted by the Board, including but not limited to instruction in SEI strategies, teaching with the ELL Proficiency Standards adopted by the Board and monitoring ELL student academic progress using a variety of assessment tools through a training program that meets the requirements of A.R.S. § 15-756.09(B).
    - b. Completion of 45 clock hours of professional development in the teaching of the English Language Learner Proficiency Standards adopted by the Board, including but not limited to instruction in SEI strategies, teaching with the ELL Proficiency Standards adopted by the Board and monitoring ELL student academic progress using a variety of assessment tools through a training program that meets the requirements of A.R.S. § 15-756.09(B).
    - c. A passing score on the Structured English Immersion portion of the Arizona Teacher Proficiency Assessment.
  3. Nothing in this Section prevents a school district or charter school from requiring certified staff to obtain an SEI, ESL or bilingual endorsement as a condition of employment.
- M. Gifted Endorsements – grades Pre-K through 12**
1. A gifted endorsement is required of individuals whose primary responsibility is teaching gifted students.
  2. The provisional gifted endorsement is valid for three years and is not renewable. The requirements are an Arizona elementary, secondary, early childhood or special education certificate and one of the following:
    - a. Two years of verified teaching experience in which most students were gifted,
    - b. Ninety clock hours of verified in-service training in gifted education, or
    - c. Six semester hours of courses in gifted education.
  3. Requirements for the gifted endorsement are:
    - a. An Arizona elementary, secondary, early childhood or special education certificate;
    - b. Completion of nine semester hours of upper division or graduate level courses in an academic discipline such as science, mathematics, language arts, foreign language, social studies, psychology, fine arts, or computer science; and
    - c. Two of the following:
      - i. Three years of verified teaching experience in gifted education as a teacher, resource teacher, specialist, or similar position, verified by the district; or
      - ii. A minimum of 135 clock hours of verified in-service training in gifted education; or
      - iii. Completion of 12 semester hours of courses in gifted education. District in-service programs in gifted education may be substituted for up to six semester hours of gifted education courses. Fifteen clock hours of in-service is equivalent to one semester hour. In-service hours shall be verified by the district superintendent or personnel director. Practicum courses shall not be accepted toward this requirement; or
      - iv. Completion of six semester hours of practicum or two years of verified teaching experience in which most students were gifted.
- N. Early Childhood Education Endorsements - birth through age 8**
1. When combined with an Arizona elementary education teaching certificate or an Arizona special education teaching certificate, the early childhood endorsement may be used in lieu of an early childhood education certificate as described in R7-2-608. When combined with

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an Arizona cross-categorical, specialized special education, or severe and profound teaching certificate as described in R7-2-611, the early childhood endorsement may be used in lieu of an Early Childhood Special Education certificate.

2. The provisional early childhood endorsement is valid for three years and is not renewable. The requirements are:
    - a. A valid Arizona elementary teaching certificate as provided in R7-2-609 or a valid Arizona special education teaching certificate as provided in R7-2-611, and
    - b. A passing score on the early childhood subject knowledge portion of the Arizona Teacher Proficiency Assessment.
  3. The requirements for the early childhood endorsement are:
    - a. A valid Arizona elementary education teaching certificate as provided in R7-2-609 or a valid Arizona special education teaching certificate as provided in R7-2-611, and
    - b. Early childhood education coursework and practicum experience which includes both of the following:
      - i. Twenty-one semester hours of early childhood education courses to include all of the following areas of study:
        - (1) Foundations of early childhood education;
        - (2) Child guidance and classroom management;
        - (3) Characteristics and quality practices for typical and atypical behaviors of young children;
        - (4) Child growth and development, including health, safety and nutrition;
        - (5) Child, family, cultural and community relationships;
        - (6) Developmentally appropriate instructional methodologies for teaching language, math, science, social studies and the arts;
        - (7) Early language and literacy development;
        - (8) Assessing, monitoring and reporting progress of young children; and
      - ii. A minimum of eight semester hours of practicum including:
        - (1) A minimum of four semester hours in a supervised field experience, practicum, internship or student teaching setting serving children birth through preschool. One year of full-time verified teaching experience with children in birth through preschool may substitute for this student teaching experience. This verification may come from a school-based education program or center-based program licensed by the Department of Health Services or regulated by tribal or military authorities; and
        - (2) A minimum of four semester hours in a supervised student teaching setting serving children in kindergarten through grade three. One year of full-time verified teaching experience with children in kindergarten through grade three in an accredited school may substitute for this student teaching experience;
  4. Teachers with a valid Arizona elementary education certificate or Arizona special education certificate meet the requirements of this Section with evidence of the following:
    - a. A minimum of three years infant/toddler, preschool or kindergarten through grade three classroom teaching experience; and
    - b. A passing score on the early childhood subject knowledge portion of the Arizona Educator Proficiency Assessment.
- O. Library-Media Specialist Endorsement – grades Pre-K through 12**
1. The library-media specialist endorsement is optional.
  2. Requirements are:
    - a. An Arizona elementary, secondary, early childhood or special education certificate;
    - b. A passing score on the Library Media Specialist portion of the Arizona Teacher Proficiency Assessment. A master's degree in Library Science may be substituted for a passing score on the assessment; and
    - c. One year of teaching experience.
- P. Middle Grade Endorsement – grades five through nine**
1. The middle grade endorsement is optional. The middle grade endorsement may expand the grades a teacher is authorized to teach on an elementary or secondary certificate.
  2. The requirements are:
    - a. An Arizona elementary or secondary certificate, and
    - b. Six semester hours of courses in middle grade education to include:
      - i. One course in early adolescent psychology;
      - ii. One course in middle grade curriculum; and
      - iii. A practicum or one year of verified teaching experience, in grades five through nine.
- Q. Drivers Education Endorsement**
1. The drivers education endorsement is optional.
  2. The requirements are:
    - a. An Arizona teaching certificate,
    - b. A valid Arizona driver's license,
    - c. One course in each of the following:
      - i. Safety education,
      - ii. Driver and highway safety education, and
      - iii. Driver education laboratory experience, and
    - d. A driving record with less than seven violation points and no revocation or suspension of driver's license within the two years preceding application.
  3. For the purposes of this Section, a course is defined as a three hour semester course offered by an accredited institution of higher learning or 45 clock hours of educational classes approved by the Department. Each semester hour of courses shall be equivalent to 15 clock hours of training. If semester hours are used, the required documentation for the semester hours shall be an official transcript.
- R. Cooperative Education Endorsement – grades K through 12**
1. The cooperative education endorsement is required for individuals who coordinate or teach CTE.

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2. The requirements are:
  - a. A provisional or standard CTE certificate in the areas of agriculture, business, family and consumer sciences, health occupations, marketing, or industrial technology; and
  - b. One course in CTE.
- S. Computer Science, PreK through eight Endorsement
  1. The computer science, PreK through eight endorsement authorizes the holder to teach computer science in prekindergarten through grade eight.
  2. The requirements are:
    - a. An Arizona Standard Professional Early Childhood, Elementary, Middle Grades, Secondary, Special Education, or PreK through 12 Teaching certificate;
    - b. Three semester hours in foundations for teaching computer science which addresses the following topics:
      - i. Introduction to computer science;
      - ii. Inclusive recruitment, retention, and pedagogical strategies in computing education;
      - iii. Computational thinking;
      - iv. Instructional planning based on the Arizona state standards for computer science, or comparable computer science standards.
    - c. Six semester hours in computer science to include the following:
      - i. Three semester hours in teaching and learning programming for educators; and
      - ii. Three semester hours in a computer science elective which may include, but is not limited to, physical computing or mobile computing.
  3. Completion of a training program through an Arizona public local education agency or an accredited institution may substitute for the semester hours required in subsection (S)(2)(b) (S)(2)(c). Fifteen clock hours of training, or the equivalent competency-based credential, is equivalent to one semester hour of college coursework. Training programs shall be verified by a superintendent or personnel director of the Arizona local education agency or the appropriate administrator of an accredited institution.
- T. Computer Science, grades six through 12 Endorsement
  1. The computer science, grades six through 12 endorsement authorizes the holder to teach computer science in grades six through 12.
  2. The requirements are:
    - a. A valid Arizona Standard Professional Elementary, Middle Grades, Secondary, Hearing Impaired, Visually Impaired, Mild/Moderate Disabilities, Moderate/Severe Disabilities, or PreK through 12 Teaching certificate;
    - b. Three semester hours in foundations for teaching computer science which addresses the following topics:
      - i. Introduction to computer science;
      - ii. Inclusive recruitment, retention, and pedagogical strategies in computing education;
      - iii. Computational thinking;
      - iv. Instructional planning based on the Arizona state standards for computer science or comparable computer science standards.
    - c. Nine semester hours of courses in computer science to include the following:
      - i. Three semester hours in teaching and learning programming for educators; and
      - ii. Six semester hours in computer science electives which may include, but is not limited to, computer programming, cybersecurity, algorithms and data structures, operating systems, artificial intelligence, machine learning, database development and management, computer networks, and data mining and analytics.
  3. Completion of a training program through an Arizona public local education agency or an accredited institution may substitute for the semester hours required in subsections (T)(2)(b) and (c). Fifteen clock hours of training, or the equivalent competency-based credential, is equivalent to one semester hour of college coursework. Training programs shall be verified by a superintendent or personnel director of the Arizona local education agency or the appropriate administrator of an accredited institution.

**Historical Note**

Adopted effective December 4, 1998 (Supp. 98-4).  
 Amended by final rulemaking at 6 A.A.R. 1132, effective March 10, 2000 (Supp. 00-1). Amended by exempt rulemaking at 15 A.A.R. 1838, effective August 29, 2006 (Supp. 09-1). Amended by exempt rulemaking at 15 A.A.R. 1306, effective September 26, 2006 (Supp. 09-1). Former R7-2-615 recodified to R7-2-616; new R7-2-615 recodified from R7-2-614 at 15 A.A.R. 2146, effective August 25, 2008 (Supp. 09-4). Former R7-2-615 recodified to R7-2-616; new R7-2-615 recodified from R7-2-614 at 16 A.A.R. 68, effective December 8, 2008 (Supp. 10-1). Amended by exempt rulemaking at 16 A.A.R. 52, effective December 8, 2008 (Supp. 10-1). Amended by exempt rulemaking at 16 A.A.R. 119, effective September 21, 2009 (Supp. 10-2). Amended by exempt rulemaking at 16 A.A.R. 129, effective September 21, 2009 (Supp. 10-2). Amended by exempt rulemaking at 16 A.A.R. 734, effective July 1, 2011 (Supp. 10-3). Amended by exempt rulemaking at 16 A.A.R. 1249, effective May 24, 2010 (Supp. 10-4). Amended by exempt rulemaking at 16 A.A.R. 1496, effective July 1, 2011 (Supp. 11-1). Amended by final exempt rulemaking at 22 A.A.R. 227, effective June 23, 2014; filed in the Office January 20, 2016 (Supp. 16-2). Amended by final exempt rulemaking at 22 A.A.R. 1912, effective October 1, 2011; filed in the Office July 1, 2016 (Supp. 16-3). Amended by final exempt rulemaking at 22 A.A.R. 219, effective June 5, 2015; filed in the Office January 20, 2016 (Supp. 16-4). Amended by final exempt rulemaking at 22 A.A.R. 233, effective September 28, 2015 and filed in the Office January 20, 2016 (Supp. 17-1). Amended by final exempt rulemaking at 22 A.A.R. 670, effective January 1, 2016, filed in the Office March 2, 2016; amended by final exempt rulemaking at 22 A.A.R. 2241, effective August 6, 2016, filed in the Office August 5, 2016 (Supp. 17-2). Amended by final exempt rulemaking at 25 A.A.R. 1552, effective May 20, 2019 (Supp. 19-2). The hyphen between “6-12,” “PreK-8,” and “PreK-12” have been corrected to the word “through,” the numeral “6” has been changed to “six,” and the numeral “8” has been changed to “eight” for consistency in Chapter style and format (Supp. 21-2).

**R7-2-615.01 Special Education Endorsements**

- A. Except as noted, special education endorsements are subject to the general certification provisions in R7-2-607.
- B. Mild/Moderate Disabilities Endorsement:
  1. The endorsement authorizes the holder to teach students with mild/moderate disabilities in preschool through grade 12.



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2. A provisional mild/moderate disabilities endorsement is valid for three years and is not renewable. The requirements are:
    - a. A valid Arizona Standard Professional Early Childhood, Elementary, Middle Grades, Secondary, Visually Impaired, Hearing Impaired, Early Childhood Special Education, or Moderate/Severe Disabilities certificate;
    - b. Three years of full-time teaching experience in preschool through grade 12;
    - c. Six semester hours of special education courses to include both of the following:
      - i. Behavior management for students with disabilities; and
      - ii. Special education assessment and individualized education program planning.
    - d. Completion of 15 clock hours of practicum in mild/moderate disabilities special education that may be included in the courses listed in (B)(2)(c).
  3. The requirements for the mild/moderate disabilities endorsement are:
    - a. A valid Arizona Standard Professional Early Childhood, Elementary, Middle Grades, Secondary, Visually Impaired, Hearing Impaired, Early Childhood Special Education, or Moderate/Severe Disabilities certificate;
    - b. Three years of full-time teaching experience in preschool through grade 12;
    - c. Fifteen semester hours of special education courses to include all of the following:
      - i. Methods for teaching students with disabilities;
      - ii. Behavior management for students with disabilities;
      - iii. Special education law;
      - iv. Special education assessment and individualized education program planning;
      - v. Language development and disorders.
    - d. Completion of 45 clock hours of practicum in mild/moderate disabilities special education that may be included in the courses listed in (B)(3)(c).
- C. Moderate/Severe Disabilities Endorsement**
1. The endorsement authorizes the holder to teach students with moderate/severe disabilities in preschool through grade 12.
  2. A provisional moderate/severe disabilities endorsement is valid for three years and is not renewable. The requirements are:
    - a. A valid Arizona Standard Professional Early Childhood, Elementary, Middle Grades, Secondary, Visually Impaired, Hearing Impaired, Early Childhood Special Education, or Mild/Moderate Disabilities certificate;
    - b. Three years of full-time teaching experience in preschool through grade 12; and
    - c. Six semester hours of special education courses to include both of the following:
      - i. Behavior management for students with disabilities; and
      - ii. Special education assessment and individualized education program planning.
    - d. Completion of 15 clock hours of practicum in moderate/severe disabilities special education that may be included in the courses listed in (C)(2)(c).
  3. The requirements are for the moderate/severe disabilities endorsement are:
    - a. A valid Arizona Standard Professional Early Childhood, Elementary, Middle Grades, Secondary, Visually Impaired, Hearing Impaired, Early Childhood Special Education, or Mild/Moderate Disabilities certificate;
    - b. Three years of full-time teaching experience in preschool through grade 12;
    - c. Fifteen semester hours of special education courses to include all of the following:
      - i. Behavior management for students with disabilities;
      - ii. Special education law;
      - iii. Special education assessment and individualized education program planning;
      - iv. Methods for teaching students with severe disabilities;
      - v. Adaptive communication, including language development and disorders.
    - d. Completion of 45 clock hours of practicum in moderate/severe disabilities special education that may be included in the courses listed in (C)(3)(c).
- D. Deaf/Hard of Hearing Endorsement**
1. The endorsement authorizes the holder to teach students who are deaf or hard of hearing from birth through grade 12.
  2. The requirements are:
    - a. A valid Standard Professional Early Childhood, Elementary, Middle Grades, Secondary, Mild/Moderate Disabilities, Moderate/Severe Disabilities, Early Childhood Special Education, Specialized Special Education, Cross-Categorical Special Education, or Visually Impaired teaching certificate.
    - b. Three years of full-time teaching experience in preschool through grade 12.
    - c. Six semester hours of special education courses to include all of the following:
      - i. Special education law and individualized education program planning,
      - ii. Behavior management for students with disabilities,
      - iii. The use of instructional and assistive technologies in the classroom.
    - d. Fifteen semester hours of courses in deaf/hard of hearing education that adhere to a guidance document approved by the Board and include all of the following:
      - i. Methods for facilitating language acquisition and literacy development in children who are deaf or hard of hearing;
      - ii. Auditory skill development for students who are deaf or hard of hearing;
      - iii. Assessment of students who are deaf or hard of hearing;
      - iv. Principles of audiology;
      - v. Social and cultural foundations and family involvement for students who are deaf or hard of hearing;
      - vi. Early intervention and parental involvement to enhance the early language skills of students who are deaf or hard of hearing;
      - vii. Methods for teaching students who are deaf or hard of hearing with multiple disabilities, including deaf-blindness.
    - e. Completion of at least 90 clock hours of supervised practicum in teaching students who are deaf or hard

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- of hearing, which may be included in the courses listed under subsections (2)(c) or (d).
- f. American Sign Language learning experience documented by one of the following:
  - i. A passing score on an American Sign Language proficiency assessment approved by the Board. An applicant who meets the requirement in this subsection under this option shall qualify for a deaf/hard of hearing endorsement with an American Sign Language proficiency designation; or
  - ii. Verification of proficiency in American Sign Language from an accredited institution; or
  - iii. Completion of six semester hours of courses in American Sign Language.

## E. Visually Impaired Endorsement

1. The endorsement authorizes the holder to teach students who are blind or visually impaired in birth through grade 12.
2. The requirements are:
  - a. A valid Standard Professional Early Childhood, Elementary, Middle Grades, Secondary, Mild/Moderate Disabilities, Moderate/Severe Disabilities, Early Childhood Special Education, Specialized Special Education, Cross-Categorical Special Education, or Hearing Impaired teaching certificate.
  - b. Three years of full-time teaching experience in pre-school through grade 12.
  - c. Six semester hours of special education courses to include all of the following:
    - i. Special education law and individualized education program planning,
    - ii. Behavior management for students with disabilities,
    - iii. The use of instructional and assistive technologies in the classroom.
  - d. Fifteen semester hours of courses in visually impaired special education that adhere to a guidance document approved by the Board and include all of the following:
    - i. Instructional approaches for teaching students who have vision impairments;
    - ii. Methods for facilitating literacy development in children who are blind or low vision;
    - iii. Assistive technologies for students with vision impairments;
    - iv. Assessment of students with vision impairment;
    - v. Early intervention and parental involvement to enhance early skills of students with vision impairment;
    - vi. Anatomy and physiology of the eye;
    - vii. Methods for teaching orientation and mobility to students who have visual impairments;
    - viii. Methods for teaching students who have visual impairments with multiple disabilities, including deaf-blindness.
  - e. Completion of a minimum of 90 clock hours of supervised practicum in teaching students who have visual impairments, which may be included in the courses listed under subsections (2)(c) or (d).
  - f. Proficiency in braille verified by one of the following:
    - i. Successful completion of a nationally validated braille test approved by the Board; or

- ii. Successful completion of a braille test developed in the program in visual impairment at the University of Arizona.

**Historical Note**

New Section made by final exempt rulemaking at 26 A.A.R. 595, effective February 24, 2020 (Supp. 20-1).  
Amended by final exempt rulemaking at 27 A.A.R. 743, effective April 26, 2021 (Supp. 21-2).

**R7-2-616. Standard Professional Administrative Certificates**

- A. All certificates are subject to the general certification provisions in R7-2-607 and the renewal requirements in R7-2-619.
- B. Standard Professional Supervisor Certificate – grades PreK through 12
  1. Except for individuals who hold a valid Arizona principal or superintendent certificate, the supervisor certificate is required for all personnel whose primary responsibility is administering instructional programs, supervising certified personnel, or similar administrative duties.
  2. The requirements are:
    - a. A valid Arizona early childhood, elementary, secondary, special education, CTE certificate or other professional certificate issued by the Department;
    - b. A master's or more advanced degree;
    - c. Three years of verified full-time teaching experience or related education services experience in a PreK through 12 setting;
    - d. Completion of a program in educational administration which shall consist of a minimum of 18 graduate semester hours of educational administration courses which teach the knowledge and skills described in R7-2-603 to include three credit hours in school law and three credit hours in school finance;
    - e. A practicum in educational administration or two years of verified educational administrative experience in grades PreK through 12;
    - f. A passing score on the Arizona Administrator Proficiency Assessment;
    - g. An SEI endorsement or an ESL endorsement or a Bilingual Endorsement; and
    - h. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
- C. Standard Professional Principal Certificate – grades PreK through 12
  1. The principal certificate is required for all personnel who hold the title of principal, assistant principal, or perform the duties of principal or assistant principal as delineated in A.R.S. Title 15.
  2. The requirements are:
    - a. A master's or more advanced degree,
    - b. Three years of verified teaching experience in grades PreK through 12,
    - c. Completion of a program in educational administration for principals including at least 30 graduate semester hours of educational administration courses teaching the knowledge and skills described in R7-2-603 to include three credit hours in school law and three credit hours in school finance,
    - d. A practicum as a principal or two years of verified experience as a principal or assistant principal under the supervision of a certified principal in grades PreK through 12,

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- e. A passing score on either the Principal or Superintendent portion of the Arizona Administrator Proficiency Assessment;
  - f. An SEI endorsement or an ESL endorsement or a Bilingual Endorsement; and
  - g. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
- D. Standard Professional Superintendent Certificate – grades PreK through 12**
1. Individuals who hold the title of superintendent, assistant superintendent or associate superintendent and who perform duties directly relevant to curriculum, instruction, certified employee evaluations, and instructional supervision may obtain a superintendent certificate.
  2. The requirements are:
    - a. A master's or more advanced degree including at least 60 graduate semester hours;
    - b. Completion of a program in educational administration for superintendents, including at least 36 graduate semester hours of educational administrative courses which teach the standards described in R7-2-603 to include three credit hours in school law and three credit hours in school finance;
    - c. Three years of verified full-time teaching experience or related education services experience in a PreK through 12 setting;
    - d. A practicum as a superintendent or two years verified experience as a superintendent, assistant superintendent, or associate superintendent in grades PreK through 12;
    - e. A passing score on the Superintendent portion of the Arizona Administrator Proficiency Assessment; and
    - f. An SEI endorsement or an ESL endorsement or a Bilingual endorsement; and
    - g. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
- E. Interim Supervisor Certificate – grades PreK through 12**
1. Except as noted, the administrative interim certificate is subject to the general certification provisions in R7-2-607.
  2. The certificate is valid for one year from the date of initial issuance and may be extended yearly for no more than two consecutive years at no cost to the applicant if the provisions in subsection (F)(6) are met.
  3. The administrative interim certificate entitles the holder to perform the duties described in subsection (B)(1). The candidate shall be enrolled in a Board approved alternative path to certification program, or a Board authorized administrative preparation program.
  4. An individual is not eligible to hold the administrative interim certificate more than once in a five year period.
  5. The requirements for initial issuance of the administrative interim certificate are:
    - a. A valid Arizona early childhood, elementary, secondary, special education, CTE certificate, PreK through 12 Arts, or other professional certificate issued by the Department;
    - b. A bachelor's degree or higher in education from an accredited institution;
    - c. Three years of verified full-time teaching experience or related education services experience in a PreK through 12 setting;
    - d. Verification of enrollment in a Board approved alternative path to administrator certification program, or a Board approved administrator preparation program;
- F. Interim Principal Certificate – grades PreK through 12**
1. Except as noted, the administrative interim certificate is subject to the general certification provisions in R7-2-607.
  2. The certificate is valid for one year from the date of initial issuance and may be extended yearly for no more than two consecutive years at no cost to the applicant if the provisions in subsection (G)(6) are met.
  3. The administrative interim certificate entitles the holder to perform the duties described in subsection (C)(1). The candidate shall be enrolled in a Board approved alternative path to certification program, or a Board authorized administrative preparation program.
  4. An individual is not eligible to hold the administrative interim certificate more than once in a five year period.
  5. The requirements for initial issuance of the administrative interim certificate are:
    - a. A bachelor's degree or higher in education from an accredited institution;
    - b. Three years of verified full-time teaching experience in grades PreK through 12;
    - c. Verification of enrollment in a Board approved alternative path to administrator certification program, or a Board approved administrator preparation program;
    - d. Verification the holder of the interim certificate shall be under the direct supervision of an Arizona certified district administrator or the appropriate county school superintendent; and
- 6. The requirements for the extension of the administrative interim certificate are:**
- a. Qualification for the initial issuance of the administrative interim certificate outlined in subsection (F)(5);
  - b. Official transcripts documenting the completion of required coursework;
  - c. Verification the holder of the interim certificate shall be under the direct supervision of an Arizona certified district administrator; and
  - d. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
- 7. The holder of the administrative interim certificate may apply for an Arizona Standard Professional Supervisor Certificate upon completion of the following:**
- a. Successful completion of a Board approved alternative path to administrator certification program or a Board approved administrator preparation program. This shall include satisfactory completion of a field experience or capstone experience of no less than one full academic year. The field experience or capstone experience shall include performance evaluations in a manner that is consistent with policies for the applicable alternative professional preparation program;
  - b. A passing score on the Arizona Administrator Proficiency Assessment;
  - c. The submission of an application for the Standard Professional Supervisor certificate to the Department; and
  - d. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.

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- fied district principal or superintendent or the appropriate county school superintendent; and
- e. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
6. The requirements for the extension of the administrative interim certificate are:
    - a. Qualification for the initial issuance of the administrative interim certificate outlined in subsection (G)(5),
    - b. Official transcripts documenting the completion of required coursework,
    - c. Verification the holder of the interim certificate shall be under the direct supervision of an Arizona certified district principal or superintendent, and
    - d. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
  7. The holder of the administrative interim certificate may apply for an Arizona Principal Certificate upon completion of the following:
    - a. Successful completion of a Board approved alternative path to administrator certification program or a Board approved administrator preparation program. This shall include satisfactory completion of a field experience or capstone experience of no less than one full academic year. The field experience or capstone experience shall include performance evaluations in a manner that is consistent with policies for the applicable alternative professional preparation program;
    - b. A passing score on either the Principal or Superintendent portion of the Arizona Administrator Proficiency Assessment;
    - c. The submission of an application for the Principal certificate to the Department; and
    - d. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
- G. Interim Superintendent Certificate – grades PreK through 12**
1. Except as noted, the administrative interim certificate is subject to the general certification provisions in R7-2-607.
  2. The certificate is valid for one year from the date of initial issuance and may be extended yearly for no more than two consecutive years at no cost to the applicant if the provisions in subsection (H)(6) are met.
  3. The administrative interim certificate entitles the holder to perform the duties described in subsection (D)(1). The candidate shall be enrolled in a Board approved alternative path to certification program, or a Board authorized administrative preparation program.
  4. An individual is not eligible to hold the administrative interim certificate more than once in a five year period.
  5. The requirements for initial issuance of the administrative interim certificate are:
    - a. A master's degree or higher from an accredited institution;
    - b. Three years of verified full-time teaching experience or related education services experience in a PreK through 12 setting;
    - c. Verification of enrollment in a Board approved alternative path to administrator certification program, or a Board approved administrator preparation program;
    - d. Verification the holder of the interim certificate shall be under the direct supervision of an Arizona certified district superintendent or the appropriate county school superintendent; and
    - e. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
6. The requirements for the extension of the administrative interim certificate are:
    - a. Qualification for the initial issuance of the administrative interim certificate outlined in subsection (H)(5),
    - b. Official transcripts documenting the completion of required coursework,
    - c. Verification the holder of the interim certificate shall be under the direct supervision of an Arizona certified district superintendent or the appropriate county school superintendent, and
    - d. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
  7. The holder of the administrative interim certificate may apply for an Arizona Superintendent Certificate upon completion of the following:
    - a. Successful completion of a Board approved alternative path to administrator certification program or a Board approved administrator preparation program. This shall include satisfactory completion of a field experience or capstone experience of no less than one full academic year. The field experience or capstone experience shall include performance evaluations in a manner that is consistent with policies for the applicable alternative professional preparation program;
    - b. A passing score on the Superintendent portion of the Arizona Administrator Proficiency Assessment;
    - c. The submission of an application for the Superintendent certificate to the Department; and
    - d. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
- H. Interim Administrative Certificates – Public Health Emergency**
1. Notwithstanding this Section, an Interim Administrative Certificate entitling the holder to serve as a supervisor, principal, or superintendent may be issued to an applicant who meets the following requirements:
    - a. Completion of all requirements for the Standard Professional Supervisor, Standard Professional Principal, or Standard Professional Superintendent certificate, as described in subsection (B)(2), (C)(2), and (D)(2), with the exception of a passing score on the Arizona Administrator Proficiency Assessment.
    - b. Verification that the applicant was unable to take the Arizona Administrator Proficiency Assessment required for the Standard Professional Administrative certificate as the result of a public health emergency declared by the governor or a public health official.
  2. A certificate issued pursuant to this subsection shall be issued for one year and shall not be renewed or extended.

**Historical Note**

Adopted effective December 4, 1998 (Supp. 98-4). Former R7-2-616 recodified to R7-2-617; new R7-2-616 recodified from R7-2-615 at 15 A.A.R. 2146, effective August 25, 2008 (Supp. 09-4). Former R7-2-616 recodified to R7-2-617; new R7-2-616 recodified from R7-2-615 at 16 A.A.R. 68, effective December 8, 2008 (Supp. 10-1). Amended by exempt rulemaking at 16 A.A.R. 326, effective January 25, 2010 (Supp. 10-1). Amended by exempt rulemaking at 16 A.A.R. 1249, effective May 24, 2010 (Supp. 10-4). Amended by exempt rulemaking at 16 A.A.R. 2034, effective October 1, 2010 (Supp. 11-1).

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Amended by final exempt rulemaking at 22 A.A.R. 219, effective June 5, 2015; filed in the Office January 20, 2016 (Supp. 16-4). Amended by final exempt rulemaking at 24 A.A.R. 195, effective August 9, 2017; filed in the Office on January 2, 2018 (Supp. 18-1). Amended by final exempt rulemaking at 26 A.A.R. 1311, effective May 18, 2020 (Supp. 20-2).

**R7-2-617. Other Professional Certificates**

- A.** All certificates are subject to the general certification provisions in R7-2-607 and the renewal requirements in R7-2-619.
- B.** Standard School Counselor Certificate - grades PreK through 12.
  1. The school counselor certificate is optional but may be required by local governing boards.
  2. The requirements are:
    - a. A master's or more advanced degree,
    - b. Completion of a graduate program in guidance and counseling,
    - c. A valid fingerprint clearance card issued by the Arizona Department of Public Safety, and
    - d. One of the following:
      - i. Completion of a supervised counseling practicum in school counseling;
      - ii. Two years of verified, full-time experience as a school counselor; or
      - iii. Three years of verified teaching experience.
  3. The certificate may be renewed consistent with the provisions of R7-2-619 that may include continuing education in the area of college and career readiness.
- C.** Standard School Psychologist Certificate - grades PreK through 12
  1. A standard school psychologist certificate is required for all personnel whose primary responsibility is in the role of a school psychologist providing services that include but are not limited to the duties of student psychoeducational assessment, therapeutic consultation and intervention, and involvement in the process of determination of student disabilities or disorders.
  2. The requirements are:
    - a. A master's or more advanced degree;
    - b. Completion of a graduate program in school psychology consisting of at least 60 graduate semester hours, or completion of a doctoral program in psychology and completion of a re-training program in school psychology from an accredited institution or Board approved program with a letter of institutional endorsement from the head of the school psychology program;
    - c. A supervised internship of at least 1200 clock hours with a minimum of 600 of those hours in a school setting. Three years experience as a certified school psychologist within the last 10 years may be substituted for the internship requirement; and
    - d. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
  3. Any of the following may be substituted for the requirement described in subsection (C)(3)(b):
    - a. Five years experience within the last 10 years working full time in the capacity of a school psychologist in a school setting serving any portion of grades kindergarten through 12; or
    - b. A Nationally Certified School Psychologist Credential; or
    - c. A diploma in school psychology from the American Board of School Psychology.
- D.** Standard Speech-Language Pathologist Certificate - grades PreK through 12
  1. The standard speech-language pathologist certificate is required for school-based speech-language pathologists.
  2. The certificate may be renewed consistent with the provisions of R7-2-619 with relevant professional development in the field of speech pathology, or professional development in the areas of articulation, voice, fluency, language, low incidence disabilities, curriculum and instruction, professional issues and ethics, or service delivery models.
  3. The requirements are:
    - a. A master's or more advanced degree, from an accredited institution, in speech pathology or communication disorders;
    - b. A minimum of 250 clinical clock hours supervised by a university or a speech-language pathologist with a certificate of clinical competence;
    - c. A certificate of clinical competence, or a passing score on the national exam, or a passing score on the speech and language impaired special education portion of the Arizona Teacher Proficiency Assessment; and
    - d. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
- E.** Standard Speech-Language Technician - grades PreK through 12
  1. The standard speech-language technician certificate is required for school-based speech-language professionals.
  2. No new applications for a speech-language technician certificate will be accepted after June 30, 2014.
  3. The certificate may be renewed consistent with the provisions of R7-2-619 with professional development in the areas of articulation, voice, fluency, language disorders, low incidence disabilities, professional issues and ethics, or service delivery models.
  4. The requirements are:
    - a. A bachelor's degree from an accredited program in Speech-Language Pathology, Speech Hearing Sciences, or Communication Disorders;
    - b. A minimum of 50 hours of university supervised observation;
    - c. A minimum of 150 university clinical clock hours, or 150 clock hours supervised by a master's level licensed speech-language pathologist, or two years' experience as a school speech-language therapist or technician;
    - d. A passing score on the speech and language impaired special education portion of the Arizona Teacher Proficiency Assessment; and
    - e. A valid fingerprint clearance card issued by the Arizona Department of Public Safety.
- F.** Standard School Social Worker Certificate - grades PreK through 12
  1. The standard School Social Worker certificate is optional but may be required by local governing boards.
  2. The requirements are:
    - a. Master's or more advanced degree in Social Work from an accredited institution or completion of a Board approved school social worker program;
    - b. A valid fingerprint clearance issued by the Arizona Department of Public Safety; and
    - c. One of the following:
      - i. Completion of at least six semester hours of practicum in Social Work in a school setting completed through an accredited institution; or

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- ii. One year of full time experience as a Social Worker in a setting which primarily serves children in preschool through grade 12.

**Historical Note**

Adopted effective December 4, 1998 (Supp. 98-4). Amended by emergency rulemaking under A.R.S. § 41-1026 at 8 A.A.R. 5139, effective November 19, 2002 for a period of 180 days (Supp. 02-4). Emergency rulemaking renewed under A.R.S. § 41-1026(D) at 9 A.A.R. 1547, effective April 29, 2003 for a period of 180 days (Supp. 03-2). Emergency rulemaking repealed under A.R.S. § 41-1026(E) and permanent R7-2-617 amended by final rulemaking at 9 A.A.R. 3950, effective October 21, 2003 (Supp. 03-3). Amended by exempt rulemaking at 15 A.A.R. 1264, effective May 22, 2006 (Supp. 09-1). Former R7-2-617 recodified to R7-2-618; new R7-2-617 recodified from R7-2-616 at 15 A.A.R. 2146, effective August 25, 2008 (Supp. 09-4). Former R7-2-617 recodified to R7-2-618; new R7-2-617 recodified from R7-2-616 at 16 A.A.R. 68, effective December 8, 2008 (Supp. 10-1). R7-2-617 “Prekindergarten” corrected to “PreK” at request of the Board, Office File No. M09-444, filed November 24, 2009 (Supp. 10-1). Office corrected labeling error in subsection (C) under A.R.S. § 41-1011 and A.A.C. R1-1-108 (Supp. 10-4). Amended by final exempt rulemaking at 21 A.A.R. 2077, effective October 28, 2013 (Supp. 15-3). Amended by final exempt rulemaking at 23 A.A.R. 231, effective December 19, 2016 (Supp. 17-1). Amended by final exempt rulemaking at 24 A.A.R. 195, effective August 9, 2017; filed in the Office on January 2, 2018 (Supp. 18-1). Amended by final exempt rulemaking at 24 A.A.R. 2947, effective September 24, 2018 (Supp. 18-3). The hyphen between “PreK-12” has been changed to the word “through” for consistency in Chapter style and format (Supp. 21-2).

**R7-2-618. Fees**

- A. The Superintendent of Public Instruction or the Superintendent’s designee shall collect proper fees for certification services and shall transmit the fees to the state Treasurer. The following fees are established for certification services:
  1. Evaluation of qualification for a certificate: \$30.
  2. Evaluation of qualification for an endorsement: \$30.
  3. Issuance of a certificate, endorsement, or letter of non-qualification: \$30.
  4. Renewal of a certificate: \$20.
  5. Name change, duplicate copy, or changes of coding to existing files or certificates: \$20.
- B. Fees shall be paid by money order, cashier’s check, certified check, business check, or personal check and shall be made payable to the order of the Arizona Department of Education. If a check offered in payment for services is not cleared by the financial institution, the applicant shall be notified to pay the fees by money order or certified check. If a certificate has been issued or renewed and payment is not received within two weeks of notification to the applicant, the Board shall file a statement of complaint pursuant to R7-2-1302. If a certificate or renewal has not been issued, no certificate or renewal shall be issued until the fees are paid by cashier’s check or money order.
- C. Fees paid pursuant to this Section are not refundable.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 2002, effective May 27, 1999 (Supp. 99-2). Former R7-2-618 recodified to R7-2-619; new R7-2-618 recodified from R7-2-617 at 15 A.A.R. 2146, effective August 25,

2008 (Supp. 09-4). Former R7-2-618 recodified to R7-2-619; new R7-2-618 recodified from R7-2-617 at 16 A.A.R. 68, effective December 8, 2008 (Supp. 10-1). Amended by exempt rulemaking at 16 A.A.R. 1249, effective May 24, 2010 (Supp. 10-4).

**R7-2-619. Renewal Requirements**

- A. A certificate may be renewed within six months of its expiration date except that an individual holding multiple valid certificates may renew all certificates at one time in order to align the expiration dates of each certificate. Certificates being aligned shall be renewed at the same time as the certificate that will expire first. Individuals seeking to align certificates shall meet the renewal requirements for each certificate being aligned. Certificates that are renewed or aligned pursuant to this Section shall be valid for 12 years.
- B. A certificate may be renewed within one year after it expires. Individuals whose certificates have been expired for more than one year shall reapply for certification under the requirements in effect at the time of reapplication. Nothing in this Section shall imply that an individual may be employed in a position that requires certification after the expiration of the relevant certificate.
- C. Renewal of certificates requires the completion of continuing education credits after the most recent issuance or renewal of the certificate, except that continuing education credits completed during the valid term of the certificate that expires first meets the requirement of certificates being aligned. Fifteen hours of continuing education credits are required each year of the certificate term to renew a certificate, which may be accumulated in various increments per year prior to renewal. One hour of continuing education credit shall be equivalent to one clock hour of a professional development activity. Continuing education credits must relate to Arizona academic or professional educator standards or apply toward the attainment of an additional Arizona certificate, endorsement, or approved area, and may include training regarding suicide awareness and prevention; child abuse, human trafficking of children and the sexual abuse of children, including warning signs that a child may be a victim of child abuse, human trafficking, or sexual abuses; screening, intervention, accommodation, use of technology and advocacy for students with reading impairments, including dyslexia; or other training programs explicitly permitted by state law. Professional development that may be counted toward the required hours of continuing education credit shall consist of any of the following activities:
  1. Courses related to education or a subject area taught in Arizona schools, taken from an accredited institution. Each semester hour of courses shall be equivalent to 15 clock hours of professional development. The required documentation shall be an official transcript.
  2. Professional activities such as conferences and workshops related to the profession of teaching or the field of public education. A maximum of 30 clock hours per year may be earned by attendance at professional conferences and workshops. The required documentation shall be a conference agenda and a statement or certificate from the sponsoring organization noting the clock hours earned.
  3. District-sponsored or school-sponsored in-services or activities which are specifically designed for professional development. The required documentation shall be written verification from the sponsoring district or school stating the dates of participation and the number of clock hours earned.
  4. Internships in business settings. The internship shall be based on an agreement between a business and a district or school with the stated objective of aligning teaching

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curriculum with workplace skills. A maximum of 80 clock hours may be earned through business internships. The required documentation shall be written verification by the sponsoring business and district or school stating the dates of participation and number of clock hours earned.

5. Educational research. The research shall be sponsored by a research facility or an accredited institution or funded by a grant. The required documentation shall be the published report of the research or verification by the sponsoring agency; and a statement of the dates of participation and the number of clock hours earned.
  6. Serving in a leadership role of a professional organization that provides training, activities, or projects related to the profession of teaching or the field of public education. A maximum of 30 clock hours per year may be earned by serving in a leadership role of a professional organization. The required documentation shall be written verification by the governing body of the professional organization of the dates of service and clock hours earned.
  7. Serving on a visitation team for a school accreditation agency. A maximum of 60 clock hours per year may be earned by serving on a visitation team. The required documentation shall be written verification from the accreditation agency of the dates of service and clock hours earned.
- D.** An individual holding a Standard teaching certificate, a standard administrative certificate, or other professional certificate may renew the certificate for 12 years upon completion of 15 hours of continuing education credits each year of the certificate term which may be accumulated in various increments per year prior to renewal or with one of the following:
1. A valid professional license as a counselor, social worker, psychologist, or speech pathologist issued by the appropriate state agency in this state or in another state;
  2. A valid certificate issued by the National Board of Professional Teaching Standards; or
  3. A valid Certificate of Clinical Competence in Speech-Language Pathology issued by the American Speech-Language Hearing Association.
- E.** An individual who is employed by a school or school district at the time of renewal shall submit the required documentation of professional development to the district superintendent, director of personnel, or other designated administrator for verification. A certified individual who is not employed by a school or school district at the time of renewal shall submit the required documentation of professional development to a county school superintendent, the dean of a college of education, or the Department for verification. The school or district official, county school superintendent, or the dean of a college of education shall verify on forms provided by the Department the number of hours of professional development completed by the individual during the valid period of the certificate being renewed.
- F.** The Department shall issue a Standard teaching certificate of the same type.
- G.** Notwithstanding any other provision in this Section, an individual with a valid fingerprint clearance card who has had a certificate or certificates expire for at least two years but not more than 10 years may renew the expired certificate or certificates and any endorsements or approved areas if the individual had 10 or more years of verified full-time experience in this state in the area the individual is seeking renewed certification and is in good standing. Standard certificates issued to that individual pursuant to this subsection shall be identical to the expired certificate or certificates.

**Historical Note**

New Section made by exempt rulemaking at 8 A.A.R. 2396, effective May 10, 2002 (Supp. 02-2). Amended by exempt rulemaking at 15 A.A.R. 1225, effective December 5, 2006 (Supp. 09-1). Former R7-2-619 recodified to R7-2-620; new R7-2-619 recodified from R7-2-618 at 15 A.A.R. 2146, effective August 25, 2008 (Supp. 09-4). Former R7-2-619 recodified to R7-2-620; new R7-2-619 recodified from R7-2-618 at 16 A.A.R. 68, effective December 8, 2008 (Supp. 10-1). Amended by exempt rulemaking at 16 A.A.R. 242, effective December 7, 2009 (Supp. 10-1). Amended by exempt rulemaking at 16 A.A.R. 1249, effective May 24, 2010 (Supp. 10-4). Amended by final exempt rulemaking at 22 A.A.R. 648, effective January 25, 2016 (Supp. 16-1). Amended by final exempt rulemaking at 22 A.A.R. 2246, effective August 6, 2016 (Supp. 16-3). Amended by final exempt rulemaking at 24 A.A.R. 195, effective August 9, 2017; filed in the Office on January 2, 2018 (Supp. 18-1). Amended by final exempt rulemaking at 26 A.A.R. 214, effective January 27, 2020 (Supp. 20-1).

**R7-2-620. Certification Time-frames**

- A.** For certification by the State Board of Education ("Board"), Certification Division ("Division"), the time-frames required by A.R.S. § 41-1072 et seq are:
1. Overall time-frame: 165 days.
  2. Administrative review time-frame: 45 days.
  3. Substantive review time-frame: 120 days.
- B.** Administrative completeness review time-frame. The Division shall issue a written notice of administrative completeness or deficiency to an applicant for certification within 45 days of receipt of the application.
1. If the Division determines that an application for certification is not administratively complete, the Division shall include a comprehensive list of the specific deficiencies in the written notice.
  2. If the Division issues a written notice of deficiency, the administrative completeness review time-frame and the overall time-frame are suspended from the date the notice is issued until the date that the Division receives the missing information from the applicant.
  3. If the Division does not issue a notice of administrative completeness or deficiency within 45 days of receipt of the application, the application is deemed administratively complete.
- C.** Substantive review time-frame. Within 120 days after the administrative completeness review time-frame is complete, the Division shall determine whether an applicant for certification meets all substantive criteria required by statute or rule.
1. During the substantive review time-frame, the Division may make one comprehensive written request for additional information. If the Division issues a comprehensive written request for additional information, the substantive review time-frame and the overall time-frame are suspended from the date the request is issued until the date that the Division receives the additional information from the applicant.
  2. The Division and the applicant may mutually agree in writing to allow the Division to submit supplemental requests for additional information. If the Division issues a supplemental request by mutual written agreement for additional information, the substantive review time-frame and the overall time-frame are suspended from the date the request is issued until the date that the Division receives the additional information from the applicant.

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- D.** Overall time-frame. The Division shall issue a written notice that the Board has granted or denied a certificate no later than 165 days after receipt of an application for certification, or no later than the time-frame extension allowed under subsection (E).
1. Written notice denying an applicant certification shall include justification for the denial with references to the statutes or rules on which the denial is based and an explanation of the applicant's right to appeal the denial.
  2. The explanation of an applicant's right to appeal the denial shall include the number of days the applicant has to file an appeal challenging the denial and the name and telephone number of the Executive Director of the Board as the contact person who can answer questions regarding the appeals process.
- E.** By mutual written agreement, the Division and an applicant for certification may extend the substantive review time-frame and the overall time-frame. An extension of the substantive review time-frame and the overall time-frame may not exceed 33 days.
- F.** If the Division does not issue to an applicant written notice granting or denying a certificate within the overall time-frame or any extension mutually agreed upon in writing, the Division shall refund to the applicant all fees charged, excuse payment of any fees that have not yet been paid, and pay all penalties required by A.R.S. § 41-1077.
- G.** The Division shall issue all written notices under this Section to the last known address of the applicant by regular, 1st-class mail. The written notices are deemed "issued" on the postmark date.
- H.** By August 1 of each year, the Division shall report to the Executive Director of the Board the Division's compliance with the overall time-frames for the prior fiscal year. The Division shall include the number of certificates issued or denied within the time-frames specified in this Section and the dollar amount of all fees returned or excused. The Division shall also include the amount of all penalties paid to the state general fund due to the Division's failure to comply with the time-frames.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 2399, effective July 23, 2004 (Supp. 04-2). Former R7-2-620 recodified to R7-2-621; new R7-2-620 recodified from R7-2-619 at 15 A.A.R. 2146, effective August 25, 2008 (Supp. 09-4). Former R7-2-620 recodified to R7-2-621; new R7-2-620 recodified from R7-2-619 at 16 A.A.R. 68, effective December 8, 2008 (Supp. 10-1).

**R7-2-621. Reciprocity**

- A.** The Board shall issue a comparable standard Arizona certificate or endorsement as applicable, if one is established pursuant to this Article, to an applicant who holds a valid certificate or endorsement from another state and is in good standing with that other state. These applicants are exempt from all provisions of the Arizona Teacher proficiency examinations.
- B.** Standard certificates shall be valid for 12 years and are renewable.
- C.** The applicant shall possess a valid fingerprint clearance card issued by the Arizona Department of Public Safety.
- D.** The applicant shall have completed the required class or passed a satisfactory examination on the provisions and principles of the Constitutions of the United States and Arizona.
- E.** Notwithstanding any other provision, the deficiencies allowed pursuant to Arizona Revised Statutes in Arizona Constitution and United States Constitution shall be satisfied prior to the

issuance of the same type of certificate prescribed in this Article, but are subject to suspension as follows:

1. An applicant's standard Arizona teaching certificate shall be suspended three years from the date of issuance if the applicant has not completed the required class or passed a satisfactory examination on the provisions and principles of the Constitutions of the United States and Arizona.
2. An applicant's standard Arizona teaching certificate shall be suspended one year from the date of issuance if the applicant has not completed the required class or passed a satisfactory examination on the provisions and principles of the Constitutions of the United States and Arizona if the applicant applies for a certificate authorizing the person to teach an academic course that focuses predominantly on history, government, social studies, citizenship, law or civics.
3. The suspension for a deficiency in the Constitutions of the United States and Arizona is not considered a disciplinary action and the applicant shall be allowed to correct that deficiency within the remaining time of the standard certification.

**Historical Note**

New Section recodified from R7-2-620 at 15 A.A.R. 2146, effective August 25, 2008 (Supp. 09-4). Former R7-2-621 recodified to R7-2-622; new R7-2-621 recodified from R7-2-620 at 16 A.A.R. 68, effective December 8, 2008 (Supp. 10-1). Amended by exempt rulemaking at 16 A.A.R. 135, effective September 21, 2009 (Supp. 10-1). Amended by final exempt rulemaking at 22 A.A.R. 227, effective June 23, 2014; filed in the Office January 20, 2016 (Supp. 16-2). Amended by final exempt rulemaking at 22 A.A.R. 219, effective June 5, 2015; filed in the Office January 20, 2016 (Supp. 16-4). Amended by final exempt rulemaking at 22 A.A.R. 2248, effective August 6, 2016 (Supp. 17-1). Amended by final exempt rulemaking at 24 A.A.R. 195, effective August 9, 2017; filed in the Office on January 2, 2018 (Supp. 18-1).

**R7-2-622. Qualification Requirements of Professional, Non-Teaching School Personnel****A. Definitions:**

1. "Educational Interpreter." For the purposes of this Section, "educational interpreter" means a person trained to translate in sign language for students identified to require such services through an Individualized Education Program (IEP) or a 504 accommodation plan in order to access academic instruction. This does not in any way restrict the provisions of R7-2-401(B)(14) which defines "interpreter" and provides that each student's IEP team determines the level of interpreter skill necessary for the provision of FAPE, nor does it restrict a school district's ability to develop a job description for someone in a position of "educational interpreter" that requires additional job responsibilities.
2. "Accommodation plan developed to comply with Section 504 of the Rehabilitation Act of 1973, 29 USC 794, et seq. ("504 accommodation plan")." For the purposes of this Section, "504 accommodation plan" means a plan developed for the purpose of specifying accommodations and/or services that will be implemented by classroom teachers and other school personnel so that students will benefit from their educational program.

**B. Educational Interpreters for the Hearing Impaired.**

1. Persons employed by or contracting with schools and school districts to provide educational interpreting ser-



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vices for hearing impaired students must meet the following qualifications from and after January 1, 2005:

- a. Have a high school diploma or GED;
  - b. Hold a valid fingerprint clearance card, and
  - c. Show proficiency in interpreting skills through one of the following:
    - i. A minimum passing score of 3.5 or higher on the Educational Interpreter Performance Assessment (EIPA), or
    - ii. Hold a valid Certificate of Interpretation (CI) and/or Certificate of Transliteration (CT) from the Registry of Interpreters for the Deaf (RID), or
    - iii. Hold a valid certificate from the National Association of the Deaf (NAD) at level 3 or higher.
2. If a public education agency (PEA) is unable to find an individual meeting the above qualifications, the PEA may hire an individual with lesser qualifications, but the PEA is required to provide a professional development plan for the individual they employ to provide educational interpreting services. This professional development plan must include the following:
- a. Proof of at least 24 hours of training in interpreting each year that a valid certification is not held or EIPA passing score is not attained, and
  - b. Documentation of a plan for the individual to meet the required qualifications within three years of employment. If the qualifications are not attained within three years, but progress toward attainment is demonstrated, the plan shall be modified to include an intensive program for up to one year to meet the provisions of subsection (B)(1).
3. An individual employed under the provisions of subsection (B)(2) must also have the following:
- a. A valid fingerprint clearance card, and
  - b. A high school diploma or GED.
- C. Compliance with these rules will be reviewed at the same time as a PEA is monitored for compliance with the requirements of the Individuals with Disabilities Education Act (IDEA), 20 U.S.C. § 1400, et seq.

**Historical Note**

New Section recodified from R7-2-621 at 16 A.A.R. 68, effective December 8, 2008 (Supp. 10-1).

**R7-2-623. Certification Requirements in a Public Health Emergency**

- A. As the result of a public health emergency declared by the governor, the Department may temporarily modify certification requirements established in this Article, subject to review and approval by the Board.
- B. A modification made pursuant to this Section shall:
1. Not be more restrictive than requirements in effect at the time the public health emergency is declared.
  2. Comply with statutory requirements.
  3. Be limited to requirements that cannot be feasibly completed as the result of the public health emergency.
  4. Be in effect for no more than one year after Board approval.

**Historical Note**

New Section made by final exempt rulemaking at 26 A.A.R. 1311, effective May 18, 2020 (Supp. 20-2).

**ARTICLE 7. ADJUDICATIONS****R7-2-701. Definitions**

In this Article, unless the context otherwise specifies:

1. "Board" means the State Board of Education.

2. "Chairman" means the chairperson of the Professional Practices Advisory Committee, established pursuant to R7-2-205.
3. "Contested case" means any proceeding in which the legal rights, duties or privileges of a party are required by law to be determined by the State Board of Education after an opportunity for hearing.
4. "Department" means the Department of Education.
5. "Hearing body" means the Board or the Professional Practices Advisory Committee.
6. "Party" means each person or agency named or admitted as a party or properly seeking and entitled as of right to be admitted as a party.
7. "Person" means an individual, partnership, corporation, association, governmental subdivision or unit of a governmental subdivision, a public or private organization of any character, or another agency.
8. "PPAC" means the Professional Practices Advisory Committee, established pursuant to R7-2-205 to conduct hearings related to certification or recertification matters regarding immoral conduct, unprofessional conduct, unfitness to teach and revocation, suspension or surrender of certificates.
9. "Presiding officer" means a hearing officer, with either a minimum of three years of verified experience in the practice of law or a minimum of one year of verified experience in conducting hearings, who shall oversee hearings in regard to certification or recertification matters related to immoral conduct, unprofessional conduct, unfitness to teach, and revocation, suspension, or surrender of certificates.
10. "Pupil" means any student enrolled in an Arizona public or private school. "Pupil" also means any student who was enrolled in an Arizona public or private school at the time of the events which are the subject of a proceeding and who is still of minor age.
11. "Victim" means any person who has been previously identified pursuant to state law as a victim in a criminal proceeding which is the basis for a contested case.

**Historical Note**

Adopted effective May 25, 1978 (Supp. 78-3). Former Section R7-2-701 repealed, new Section R7-2-701 adopted effective December 4, 1978 (Supp. 78-6). Amended effective June 27, 1979 (Supp. 79-3). Amended subsection (A) effective October 7, 1980 (Supp. 80-5). Amended by adding subsection (A)(6) effective April 6, 1984 (Supp. 84-2). Amended effective October 19, 1984 (Supp. 84-5). Section R7-2-701 repealed as an emergency, new Section R7-2-701 adopted as an emergency effective January 2, 1985 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 85-1). Emergency expired. Repealed effective December 17, 1987 (Supp. 87-4). New Section adopted by final rulemaking at 7 A.A.R. 48, effective December 15, 2000 (Supp. 00-4). Amended by final exempt rulemaking at 21 A.A.R. 1775, effective May 20, 2013 (Supp. 15-3). Amended by final exempt rulemaking at 23 A.A.R. 725, effective January 23, 2017 (Supp. 17-1).

**R7-2-702. Filing; Computation of Time; Extension of Time**

- A. All papers concerning a contested case shall be filed within the time limit, if any, for such filing.
- B. All papers filed in any contested case shall be typewritten or legibly written on paper 8 1/2 by 11 inches in size, shall contain the name and address of the party or other correspondent, shall be properly captioned and designate the title and case

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number, shall state the name and address of each party served with a copy, and shall be signed by the party or, if represented, by the party's attorney. The signature certifies that the signer has read the paper, that to the best of the signer's knowledge, information, and belief there are good grounds to support its contents, and that it is not interposed for delay.

- C. In computing any period of time prescribed or allowed by this Article, or any notice or order concerning a contested case, the day of the act, event, or default from which the designated period of time begins to run shall not be included. When the period of time prescribed or allowed is less than 11 days, intermediate Saturdays, Sundays and legal holidays shall not be included in the computation. When that period of time is 11 days or more, intermediate Saturdays, Sundays and legal holidays shall be included in the computation. The last day of the period so computed shall be included, unless it is a Saturday, Sunday or legal holiday, in which event the period runs until the end of the next day which is not a Saturday, Sunday or a legal holiday.
- D. Whenever a party has the right or is required to do some act within a prescribed period after the service of a notice or other paper upon the party by another party, and the notice or other paper is served by mail, five days shall be added to the prescribed period. This subsection has no application to notices, orders, or other papers issued by the hearing body.
- E. For good cause shown, the presiding officer may grant continuances and extensions of time for filing notices or other papers.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 48, effective December 15, 2000 (Supp. 00-4). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 21-2).

**R7-2-703. Contested Cases; Notice; Hearing Records**

- A. In a contested case, the parties shall be afforded an opportunity for hearing after reasonable notice. The notice shall be given at least 20 days prior to the date set for the hearing.
- B. The notice shall include:
  - 1. A statement of the time, place and nature of the hearing.
  - 2. A statement of the legal authority and jurisdiction under which the hearing is to be held.
  - 3. A reference to the particular sections of the statutes and rules involved.
  - 4. A short and plain statement of the matters asserted. If a party is unable to state the matters in detail at the time the notice is served, the initial notice may be limited to a statement of the issues involved. Thereafter upon application a more definite and detailed statement shall be furnished.
- C. A reasonable effort shall be made to notify a victim of the time, place and nature of the hearing, and that the victim may submit a victim impact statement to be included as part of the record in a contested case.
- D. Opportunity shall be afforded all parties to respond and present evidence and argument on the issues involved.
- E. The Board may dispose of any contested case by decision or approved stipulation, agreed settlement, consent agreement or by default.
- F. A hearing before a hearing body in a contested case or any part thereof shall be recorded manually or by a recording device and shall be transcribed on request of any party, unless otherwise provided by law. The cost of such transcript shall be paid by the party making the request, unless otherwise provided by law or unless assessment of the cost is waived by the Board.

- G. The hearing body may reschedule the hearing, maintaining due regard for the interests of justice and the orderly and prompt conduct of the proceedings.
- H. The record in a contested case shall include:
  - 1. All pleadings, motions and interlocutory rulings.
  - 2. Evidence received or considered.
  - 3. A statement of matters officially noticed.
  - 4. Objections and offers of proof and rulings thereon.
  - 5. Proposed findings of fact and conclusions of law and exceptions thereto.
  - 6. Any decision, opinion, recommendation or report of the hearing body.
  - 7. All staff memoranda, other than privileged communications, or data submitted to the hearing body in connection with its consideration of the case.
  - 8. A victim impact statement, if submitted by the victim.
- I. Findings of fact shall be based exclusively on the evidence and on matters officially noticed.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 48, effective December 15, 2000 (Supp. 00-4). Amended by final exempt rulemaking at 21 A.A.R. 1775, effective May 20, 2013 (Supp. 15-3). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 21-2).

**R7-2-704. Service; Proof of Service**

- A. The Board shall serve notices of hearing, findings of fact, conclusions of law, and recommendations of the hearing body, and decisions and final orders of the Board, either by personal service or by certified mail. All other papers required to be served may be served by regular or certified mail or may be personally served.
- B. After service of a notice of hearing in a contested case, a copy of every paper filed by a party, or individual seeking to intervene, shall be served on all parties to the contested case, or their lawyers if represented, at the same time the paper is filed.
- C. The following evidences completed service:
  - 1. If personally served, an affidavit of personal service, sworn to by the individual serving the paper and stating the name of the individual upon whom it was served, where service was made, and the date of such service; or
  - 2. If served by certified mail, the return receipt signed by the party served or someone authorized to act on behalf of the party served; or
  - 3. If served by regular or certified mail, either a statement subscribed on the paper filed, or an affidavit indicating the date mailed and listing those to whom it was mailed.
- D. When a party is represented by an attorney, service shall be made on the attorney. If a notice of hearing shows service on the Attorney General, all papers served thereafter shall be served on the Assistant Attorney General named on the notice of hearing or who later appears on behalf of the Attorney General, or if no Assistant Attorney General is named, then on the Attorney General, Education and Health Section, Education Unit.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 48, effective December 15, 2000 (Supp. 00-4).

**R7-2-705. Hearings and Evidence**

- A. Parties may participate in the hearing in person or through an attorney.
- B. The presiding officer may schedule a prehearing conference. The purpose of a prehearing conference shall be to narrow issues, attempt settlement, address evidentiary issues or for

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any other purpose deemed necessary by the presiding officer.

The presiding officer or hearing body may require that the parties submit proposed findings of fact and conclusions of law prior to the hearing or at the close of evidence.

- C. A hearing in a contested case shall be conducted in an informal manner and without adherence to the rules of evidence required in judicial proceedings. Irrelevant, immaterial or unduly repetitious evidence shall be excluded. A party to such proceedings may be represented by counsel and shall have the right to submit evidence in open hearing and conduct cross examination. Hearings may be held in any location determined by the hearing body.
- D. Copies of documentary evidence may be received in the discretion of the presiding officer. Upon request, the parties shall be given an opportunity to compare the copy with the original.
- E. Notice may be taken of judicially cognizable facts. In addition, notice may be taken of generally recognized technical or scientific facts within the specialized knowledge of the hearing body. Parties shall be notified either before or during the hearing or by reference in preliminary reports or otherwise of the material noticed including any staff memoranda or data and they shall be afforded an opportunity to contest the material so noticed. The hearing body's experience, technical competence and specialized knowledge may be utilized in the evaluation of the evidence.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 48, effective December 15, 2000 (Supp. 00-4). Amended by final exempt rulemaking at 23 A.A.R. 725, effective January 23, 2017 (Supp. 17-1).

**R7-2-706. Request for Hearing**

When a request for a hearing is filed with the Board, the request shall be in writing and shall state the specific grounds which are the basis of the hearing request and the statute, rule or other legal basis entitling the person to a hearing.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 48, effective December 15, 2000 (Supp. 00-4).

**R7-2-707. Denial of Request for Hearing**

If the Board denies the request for a hearing, the denial shall be in writing and shall state the reasons therefor. A denial of a request for hearing is final and not subject to further administrative review.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 48, effective December 15, 2000 (Supp. 00-4). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 21-2).

**R7-2-708. Repealed****Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 48, effective December 15, 2000 (Supp. 00-4). Section repealed by final rulemaking at 11 A.A.R. 696, effective March 29, 2005 (Supp. 05-1).

**R7-2-709. Rehearing and Review of Decisions**

- A. After a hearing is held, a party in a contested case who is aggrieved by a decision rendered by the Board may file with the Board, not later than 30 days after such decision has been made, a written motion for rehearing specifying the particular grounds therefor. A motion for rehearing under this Section may be amended at any time before it is ruled upon by the Board. A response may be filed within 15 days after service of such motion by any other party. The Board may require the fil-

ing of written briefs on the issues raised in the motion or response and may provide for oral argument.

- B. A rehearing of a decision by the Board may be granted for any of the following causes materially affecting the moving party's rights:
  1. Irregularity in the administrative proceedings of the hearing body, or abuse of discretion, whereby the moving party was deprived of a fair hearing.
  2. Misconduct of the hearing body or the prevailing party.
  3. Accident or surprise which could not have been prevented by ordinary prudence.
  4. Newly discovered material evidence which could not with reasonable diligence have been discovered and produced at the hearing.
  5. Excessive or insufficient penalties.
  6. Error in the admission or rejection of evidence or other errors of law occurring at the administrative hearing.
  7. That the decision is not justified by the evidence or is contrary to the law.
- C. The Board may affirm or modify the decision or grant a rehearing to all or any of the parties, on all or part of the issues, for any of the reasons set forth in subsection (B) herein. An order granting a rehearing shall specify with particularity the ground or grounds on which the rehearing is granted, and the rehearing shall cover only those matters so specified.
- D. After giving the parties or their counsel notice and an opportunity to be heard on the matter, the Board may grant a motion for rehearing for a reason not stated in the motion. The order granting such a rehearing shall specify the grounds therefor.
- E. Not later than 20 days after a decision is rendered, the Board may, on its own initiative, order a rehearing of its decision for any reasons for which it might have granted a rehearing on motion of a party. The order granting such a rehearing shall specify the grounds therefor.
- F. When a motion for rehearing is based upon affidavits they shall be served with the motion. An opposing party may, within ten days after service of such motion, serve opposing affidavits and this period may be extended for an additional period not exceeding 20 days, by the Board for good cause shown or by written stipulation of the parties. Reply affidavits may be permitted.
- G. After a hearing has been held and a final administrative decision has been entered, a party is not required to file a motion for rehearing or review of the decision in order to exhaust the party's administrative remedies.
- H. Any party in a contested case who is aggrieved by a decision rendered by the Board may file with the Board, not later than 20 days after such decision has been made, a written request for review of the decision. If a review of the decision is granted, the Board may affirm or modify the previous decision.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 48, effective December 15, 2000 (Supp. 00-4). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 21-2).

**R7-2-710. Intervention**

- A. Any person seeking to intervene in any contested case shall file a written request to intervene. Intervention shall be granted only if the hearing body determines that:
  1. The legal interests of the person requesting to intervene may be substantially affected by the outcome of the contested case;
  2. Intervention will not unduly delay or bias the hearing;

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3. The interest of the person requesting to intervene is not adequately represented by another party to the contested case; and
  4. The proposed intervention is in the interests of justice.
- B.** The request shall state the claims or defenses for which intervention is sought, briefly describing the interests that may be affected by the outcome of the case and including such facts as demonstrate those interests.
- C.** The request shall be filed and served upon all parties at least 15 days prior to hearing.
- D.** Any party may file a response to the request to intervene within five days of service of the request upon the party.
- E.** The hearing body shall decide on the request to intervene at least five days prior to the hearing date and shall, prior to the end of the following business day, notify the persons requesting to intervene and all parties of the decision. The hearing body may reschedule a hearing or prehearing conference to provide sufficient time for the parties to respond to a request to intervene or to prepare for the hearing or prehearing conference.
- F.** The hearing body may limit the intervenor's participation to issues in which the intervenor has a particular interest.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 48, effective December 15, 2000 (Supp. 00-4).

**R7-2-711. Consolidation and Severance**

- A.** When proceedings involving a common question of law or fact or common parties are pending before the hearing body, it may, upon its own volition or upon request of any party, order a joint hearing on any or all the matters at issue.
- B.** In furtherance of convenience, to avoid prejudice, or when separate hearings will be conducive to expedition and economy, the hearing body may, upon its own volition or upon request of any party, order any proceeding severed with respect to some or all issues or parties.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 48, effective December 15, 2000 (Supp. 00-4). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 21-2).

**R7-2-712. Subpoenas**

- A.** The Department may issue subpoenas for the attendance of witnesses and for the production of books, records, documents and other evidence on its own volition or at the request of a party.
- B.** A request for a hearing subpoena shall be in writing and served on each party at least seven days prior to the date set for hearing and shall state:
1. The name of the contested case, the case number, and the time and place where the witness is expected to appear and testify;
  2. The name and address of the witness subpoenaed; and
  3. The documents, if any, sought to be provided.
- C.** On application of a party or the agency and for use as evidence, the hearing body may permit a deposition to be taken, in the manner and upon the terms designated by the hearing body, of a witness who cannot be subpoenaed or is unable to attend the hearing.
- D.** The individual to whom a subpoena is directed shall comply with its provisions unless, prior to the date set for appearance, the hearing body grants a written request to quash or modify the subpoena. The request shall state the reasons why it should be granted. The hearing body shall grant or deny such request by order.

- E.** The party requesting the subpoena shall prepare it and cause it to be served upon the individual to whom it is directed in the same manner as provided for service of subpoenas in civil matters before the superior court. The return of service shall be filed with the hearing body.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 48, effective December 15, 2000 (Supp. 00-4).

**R7-2-713. Conduct of Hearing**

- A.** The presiding officer may conduct all or part of the hearing by telephone, television, or other electronic means, as long as each party has an opportunity to participate in the entire proceeding as it takes place.
- B.** Except for those hearings which may involve presentation of evidence protected by A.R.S. § 15-350, or which are otherwise closed pursuant to an express provision of law, all hearings are open to public observation.
- C.** Conduct at any hearing that is disruptive or shows contempt for the proceedings shall be grounds for exclusion from further participation or observation.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 48, effective December 15, 2000 (Supp. 00-4). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 21-2).

**R7-2-714. Testimony of Pupils**

- A.** All individuals present at a hearing regarding an action against a certificate shall:
1. Keep confidential the name of any pupil involved in the hearing, unless disclosure is with the consent of the pupil's parent or guardian or by order of the superior court. This action does not prevent disclosure of the pupil's name to any party to the hearing.
  2. Keep confidential the testimony of any pupil, all of which shall be taken in executive session, except that the Board office shall be furnished a confidential copy of the pupil's testimony as part of the complete transcript of the hearing. The individuals present during the executive session shall be determined by the presiding officer in consultation with the Attorney General's office except that the respondent and counsel shall always be permitted to be present. The transcripts of testimony taken during executive session shall be maintained by the Board.
- B.** The Board of Education or its designee shall:
1. Make available a consent form which requires the signature of the pupil's parent or guardian prior to disclosure of the pupil's name;
  2. Assign a fictitious name to all witnesses identified as pupils on the witness lists provided by the complainant and respondent if not in receipt of written parental or guardian consent for disclosure;
  3. Notify hearing participants, prior to and during the hearing, of any fictitious names to be used.
- C.** The presiding officer shall instruct all individuals present at the hearing of the confidentiality requirements of A.R.S. § 15-551 and this Section.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 48, effective December 15, 2000 (Supp. 00-4). The Section heading has been updated to title case to reflect current standards in Chapter style and format (Supp. 21-2).

**R7-2-715. Evidence**

- A.** All witnesses shall testify under oath or affirmation.

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- B. The hearing body shall have the power to administer oaths and affirmations.
- C. All parties shall have the right to present such oral or documentary evidence and to conduct such cross-examination as may be required for a full and fair disclosure of the facts.
- D. The hearing body shall receive evidence, rule upon offers of proof, and exclude evidence the hearing body has determined to be irrelevant, immaterial, or unduly repetitious.
- E. Unless otherwise ordered by the hearing body, documentary evidence shall be limited in size when folded to 8 1/2 by 11 inches. The submitting party shall identify documentary exhibits by number or letter and party and furnish a copy of each exhibit to each party present. One additional copy shall be furnished to the hearing body unless the hearing body otherwise directs. When evidence offered by any party appears in a larger work, containing other information, the party shall plainly designate the portion offered. If the evidence offered is so voluminous as would unnecessarily encumber the record, the book, paper, or document shall not be received in evidence but may be marked for identification and, if properly authenticated, the designated portion may be read into or photocopied for the record. All documentary evidence offered shall be subject to appropriate and timely objection.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 48, effective December 15, 2000 (Supp. 00-4).

**R7-2-716. Stipulations**

Parties to any contested case may stipulate, in writing, agreement upon any matter involved in the proceeding. If approved by the presiding officer, agreement on matters of procedure shall be binding upon the parties to the stipulation. The hearing body may require presentation of evidence for proof of stipulated facts for the hearing body's consideration. No substantive matter agreed to by the parties shall be binding upon the Board unless incorporated into the decision of the Board.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 48, effective December 15, 2000 (Supp. 00-4).

**R7-2-717. Recommended Decisions**

- A. A recommended decision shall be prepared for the Board by the PPAC.
- B. A recommended decision shall be delivered to the Board within 30 days after the close of the hearing or the date ordered for submission of proposed findings or legal memoranda, whichever comes last, unless the Board extends the period for good cause.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 48, effective December 15, 2000 (Supp. 00-4).

**R7-2-718. Decisions and Orders**

- A. Any final decision or order adverse to a party in a contested case shall be in writing or stated in the record. Any final decision shall include findings of fact and conclusions of law, separately stated. Findings of fact, if set forth in statutory language, shall be accompanied by a concise and explicit statement of the underlying facts supporting the findings. Parties shall be notified either personally or by mail to their last known address of any decision or order. Upon request, a copy of the decision or order shall be delivered or mailed forthwith to each party and to the party's attorney of record.
- B. When the Board is the hearing body, the decision shall be rendered within 60 days following the final day of the hearing or the date ordered for submission of proposed findings of fact

and conclusions of law or legal memoranda, whichever comes last.

- C. Within 30 days after receipt of any recommended decision from the PPAC, the Board shall render a decision to affirm, reverse, adopt, modify, supplement, amend or reject the findings of fact, conclusions of law and recommendations in whole or in part, may remand the matter to the hearing body with instructions, or may convene itself as the hearing body.
- D. If no request for rehearing or review has been timely filed by a party, a decision in a contested case is effective and final ten days from the date served on that party.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 48, effective December 15, 2000 (Supp. 00-4).

**ARTICLE 8. COMPLIANCE****R7-2-801. Compliance**

- A. Procedures governing noncompliance with laws and rules by school districts.
  - 1. Scope. Except as may be otherwise directed by federal or state statute or by rules adopted by the State Board of Education, this Section shall govern the procedure for determining noncompliance by school districts with laws and rules concerning school districts, the enforcement of which is the statutory responsibility of the State Board of Education or the Department of Education.
  - 2. Preliminary notice of noncompliance and response:
    - a. The Department of Education, upon its own initiative or at the direction of the State Board of Education, shall inform school districts by written notice that the district is in possible noncompliance with laws or rules, the enforcement of which is the statutory responsibility of the Board or the Department.
    - b. A preliminary notice of possible noncompliance shall detail in writing the nature of the possible noncompliance and shall identify:
      - i. The law or rule which the school district may be violating; and
      - ii. The manner in which the school district may be in noncompliance with the identified law or rule.
    - c. A school district may submit a written response to the Department of Education within 20 days of receipt of a preliminary notice of noncompliance.
    - d. Nothing contained in this Section is intended to preclude a reasonable attempt between Department of Education personnel and school district personnel to resolve administratively possible noncompliance prior to sending a written preliminary notice of noncompliance.
  - 3. Scheduling a formal hearing
    - a. Recommendation by the Department of Education
      - i. After giving a school district preliminary notice as provided in this Section, the Department of Education shall submit a written recommendation to the State Board of Education. This recommendation shall be submitted within 10 days after receipt of a written response from the school district or if no response is received within 30 days of the issuance of the preliminary notice. The Department shall recommend one of the following courses of action to be taken by the Board.
        - (1) A formal hearing should be scheduled before noncompliance is probable and achieving voluntary compliance within a

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- reasonable period of time under the circumstances is unlikely; or
- (2) A formal hearing should not be scheduled at this time because, although noncompliance is probable, achieving voluntary compliance within a reasonable period of time is likely; or
  - (3) A formal hearing should not be scheduled because the school district is in compliance with the law or rule in question.
- ii. Any written response of the school district to the preliminary notice of noncompliance shall accompany the written recommendation of the Department of Education.
- b. Within 30 days of receipt of the recommendation of the Department of Education, the State Board of Education shall either:
    - i. Schedule formal hearing;
    - ii. Postpone the decision to schedule a hearing for a stated time period not to exceed six months, or
    - iii. Dismiss the matter.
  - c. When the State Board of Education determines that a formal hearing is necessary, it shall be scheduled within 30 days after such determination, unless an extension of time is granted by the Board.
  - d. When a formal hearing is scheduled, the Board or its designee shall give notice of the hearing as provided in A.R.S. § 41-1009(A) and (B).
  - e. When the Board decides to postpone scheduling a formal hearing, the Board shall specify the extent of the postponement and the Department of Education shall report periodically, at least every 30 days, unless otherwise directed, with respect to progress by the school district toward compliance with the law or rule in question. At the end of the postponement period, the Board shall again make a determination whether to schedule a hearing, further postpone the determination, or dismiss the matter.
  - f. The Board may order further investigation by the Department of Education at any time, and admit into evidence any such report at any subsequent formal hearing.
4. Hearings held pursuant to this Section shall be conducted as provided in A.R.S. § 41-1010.
  5. The Board's decision
    - a. A decision by the State Board of Education shall be determined by a majority of the members of the Board and shall be based upon substantial evidence.
    - b. A decision shall be rendered within 30 days after the hearing.
    - c. Within 30 days after a decision is reached, copies of the written decision shall be delivered to the parties personally or by certified mail.
    - d. The parties shall have the opportunity to provide proposed findings of fact and conclusions of law to the Board no later than five days after the decision of the Board is received.
  6. Rehearing procedure
    - a. Any party aggrieved by a decision rendered by the Board may file with the Board, not later than 15 days after service of the decision, a written motion for rehearing or review of the decision, specifying the particular grounds therefor.
      - b. A motion to alter or amend a decision or order shall be filed not later than 15 days after service of the decision.
      - c. A motion for rehearing under this Section may be amended at any time before it is ruled upon by the Board.
      - d. A response may be filed within 10 days after service of such motion by any other party or by the Attorney General.
      - e. The Board may require the filing of written memoranda upon the issues raised in the motion and may provide for oral argument.
      - f. The Board may consolidate the hearing to consider the motion for rehearing with the requested rehearing.
      - g. A rehearing or review of the decision may be granted for any of the following causes materially affecting the moving party's rights:
        - i. Irregularity in the administrative proceedings of the agency or its hearing officer or the prevailing party, or any order, or abuse of discretion, whereby the moving party was deprived of a fair hearing;
        - ii. Misconduct of the Board of the prevailing party.
        - iii. Accident or surprise which could not have been prevented by ordinary prudence;
        - iv. Newly discovered material evidence which could not with reasonable diligence have been discovered and produced at the original hearing;
        - v. Excessive or insufficient penalty;
        - vi. Error in the admission or rejection of evidence or other errors of law occurring in the administrative hearing;
        - vii. The decision is not justified by the evidence or is contrary to law.
      - h. The Board may affirm or modify the decision or grant a rehearing to all or any of the parties and on all or part of the issues for any of the reasons set forth in subsection (A)(6). An order granting a rehearing shall specify with particularity the ground or grounds on which the rehearing is granted, and the rehearing shall cover only those matters so specified.
      - i. Not later than 15 days after a decision is rendered, the Board may on its own initiative order a rehearing or a review of its decision for any reason for which it might have granted a rehearing on motion of a party. After giving the parties or their counsel notice and an opportunity to be heard on the matter, the Board may grant a motion for rehearing for a reason not stated in the motion. In either case, the order granting such a rehearing shall specify the grounds on which the order is based.
      - j. When a motion for rehearing is based upon affidavits, they shall be served with the motion. An opposing party may, within 10 days after such service, serve opposing affidavits, which period may be extended for an additional period not exceeding 20 days, by the Board for good cause shown, or by the parties by written stipulation. The Board may permit a reply affidavit by the moving party.
- B. Waiver from administrative rules. Upon request of a school district acting either on its own behalf or on behalf of a school within the district's jurisdiction, the State Board of Education

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may grant a waiver exempting such district or school from specific administrative rules.

1. Requests

- a. Requests for exemption from any State Board of Education rule shall include:
  - i. Evidence that the school or school district is currently in compliance with all state laws and State Board of Education rules;
  - ii. A statement identifying goals that will be accomplished and how the waiver will assist in enhancing school improvement;
  - iii. A three-year plan for school improvement;
  - iv. Identification of the specific rules for which the waiver is requested;
  - v. Evidence of a public hearing held by the school or school district which provided for parental and public involvement and input into the proposed three-year plan.
- b. Requests for waiver may be granted by the State Board of Education for a period not to exceed three years. The State Board of Education may at any time rescind approved waivers at its discretion.
- c. Requests for waiver may be submitted by a local governing board and shall be made through the State Superintendent of Public Instruction for consideration by the State Board of Education.
- d. Local governing boards shall adopt policies and procedures which will allow their schools to request waivers from the State Board of Education and shall submit those policies and procedures to the Superintendent of Public Instruction prior to October 1, 1993. Those policies shall be consistent with the criteria specified in subsections (B)(1)(a) and (B)(3). Additionally, those policies shall provide that:
  - i. Requests for such waivers by schools be forwarded within 30 days of receipt by the governing board to the Superintendent of Public Instruction. Requests may include additional information as the governing board deems appropriate.
  - ii. Schools not be required to meet criteria other than those specified in subsection (B)(1)(a).

2. Reporting

- a. Schools or school districts with State Board-approved waivers shall document progress obtained as a result of the waiver and report on or before June 30 of each year to the State Superintendent of Public Instruction.
- b. A school district having a school with an approved waiver may report the effects that such waiver has had on the operation of the school district. Reports shall be submitted on or before June 30 of each year to the State Superintendent of Public Instruction.
- c. The State Superintendent of Public Instruction shall report to the State Board of Education, on or before September 30 of each year, the status of those schools and school districts with approved waivers and, as a minimum, include the following:
  - i. The status of meeting the goals as stated in the three-year plan;
  - ii. Recommendations regarding approved continuance of the waiver, conditions for continuance of the waiver, revision of the three-year plan or rescission of the waiver.

3. Renewal. Upon request from a school district, on behalf of itself or a school within its jurisdiction, waivers may

be approved by the State Board of Education for additional three-year periods. Requests shall be made through the State Superintendent of Public Instruction and requests from schools shall be forwarded by the local governing board to the State Superintendent of Public Instruction within 30 days from receipt.

**Historical Note**

Adopted effective February 27, 1980 (Supp. 80-1). Amended effective April 9, 1993 (Supp. 93-2). The word "rule" has been updated to "Section" to reflect current standards in Chapter style and format (Supp. 21-2).

**R7-2-802. School and School District Compliance with the Uniform System of Financial Records and the Uniform System of Financial Records for Charter Schools**

- A. Upon receipt of a report from the Auditor General that a school or school district has failed to comply with the Uniform System of Financial Records ("USFR") or the Uniform System of Financial Records for Charter Schools ("USFRCS") within 90 days after having received a notice of noncompliance from the Auditor General, the State Board of Education ("Board") shall review the Auditor General's report to determine whether the school or school district is in noncompliance.
- B. When the Board determines that a school or school district is in noncompliance with the USFR or USFRCS, it shall give written notice to the school or district of its determination. The written notice shall advise the school or district of the following:
  1. The Superintendent of Public Instruction shall withhold distribution of state funds to the school or district until such time as the Auditor General reports compliance with the USFR or USFRCS unless a hearing is requested by the school or district.
  2. The school or district has 10 days from the receipt of the written notice of noncompliance by the Board to submit a written request for a hearing.
  3. If the school or district makes a timely request for a hearing, the hearing will be held pursuant to the hearing procedures specified in R7-2-701 et seq.
- C. The Board's decision
  1. The Board shall determine whether the school or school district was in compliance with the USFR or USFRCS within 90 days after having been informed of noncompliance by the Auditor General, and whether the district is in compliance with the USFR or USFRCS at the time of the hearing.
  2. A decision by the Board shall be determined by a majority of the members of the Board and shall be based upon substantial evidence.

**Historical Note**

Adopted effective February 27, 1980 (Supp. 80-1). Amended subsections (A) and (E)(1) and (5) effective December 17, 1981 (Supp. 81-6). Amended effective December 31, 1998 (Supp. 98-4).

**R7-2-803. Implementation of the Uniform System of Financial Records**

All school districts shall implement the current version of the Uniform System of Financial Records, as prescribed by the Auditor General, in conjunction with the Department of Education. The Uniform System of Financial Records shall include standards to ensure that enrollment is determined by all school districts on a uniform basis.

**Historical Note**

Adopted effective November 10, 1980 (Supp. 80-6).

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Amended effective February 20, 1997 (Supp. 97-1).

**R7-2-804. Compliance with Federal Statutes or Regulations**

- A.** This Section prescribes procedures to be used in filing and processing written complaints alleging the failure of a public agency or school district to comply with federal statutes or regulations applicable to federal education programs conducted and subject to Title 34, Code of Federal Regulations, § 76.780.
- B.** The Arizona Department of Education (Department) shall accept and investigate complaints provided that the complaint:
  1. Is written and signed by the complaining party or his or her designated representative;
  2. Sets forth the facts forming the basis of the complaint; the facts set forth in the complaint, if true, could constitute noncompliance by a public agency or school district;
- C.** Upon receipt of a complaint setting forth the criteria contained in (B), the Department shall immediately begin an impartial review which may include onsite investigations. If in the course of the review it is determined that the nature of the complaint is not a matter of noncompliance, the complainant will be so informed and advised of appropriate means of resolving the complaint.
- D.** A written decision with specific findings shall be issued by the Department within 60 calendar days of receipt of the written complaint. If corrective action is required, such action shall be designated in the decision and shall include the time line for correction and possible consequences for continued noncompliance. A copy of the written decision shall be sent to the complaining party and the agency involved on or before the expiration of the 60-day period. An extension of this timeline will be permitted only if exceptional circumstances exist with respect to a particular complaint.
- E.** If there appears to be a failure or refusal to comply with the applicable law or regulations, and if the noncompliance or refusal to comply cannot be corrected or avoided by informal means, compliance shall be effected by the Superintendent and the State Board of Education by any means authorized by law or by rule and regulation. The Superintendent shall retain jurisdiction over the issue of noncompliance with the law or regulations and shall retain jurisdiction over the implementation of any corrective action required. However, nothing herein shall preclude the availability of an informal resolution between the complainant and the agency or school district involved, nor shall this Section preclude the availability of any administrative hearing remedies to resolve such disputes or judicial review of such administrative remedies.
- F.** If, pursuant to an investigation by the Department, the Superintendent finds a failure to comply with applicable law or regulations, he or she shall so inform the agency or school district and compliance shall be obtained by informal means whenever possible. If corrective action is required, such action shall be designated in this decision and shall include the time lines for correction and the possible consequences for continued noncompliance.
- G.** A summary of each complaint received and investigated by the Department and the decision of the Superintendent shall be submitted annually to the State Board of Education for informational purposes only. Any personally identifiable information shall be deleted from the report to the State Board of Education.
- H.** The complainant may request the U.S. Department of Education to review the final decision of the Superintendent. The Department shall inform a complainant of the procedures for requesting a review by the U.S. Department of Education.

**Historical Note**

Adopted effective February 11, 1983 (Supp. 83-1).  
 Amended subsection (B) effective March 13, 1986 (Supp. 86-2). The Section heading has been updated to title case, the word "rule" has been updated to "Section." Both changes reflect current standards in Chapter style and format (Supp. 21-2).

**R7-2-805. Education Division General Administrative Regulations**

- A.** This Section prescribes procedures to be used for appealing a decision by the Arizona Department of Education (Department) relating to federal programs administered by the Department and subject to the Education Division General Administrative Regulations (EDGAR) Title 34, Code of Federal Regulations § 75 and 76.
- B.** A school district or public agency may request a hearing if it alleges that the Department violated a federal statute or regulation by:
  1. Terminating further assistance for an approved project;
  2. Ordering, in accordance with a final state audit resolution determination, the repayment of misspent or misapplied federal funds;
  3. Disapproving or failing to approve the application or project in whole or in part; or
  4. Failing to provide funds in amounts in accordance with the requirements of statutes and regulations.
  5. Not approving the school district or public agency's proposal for funding.
- C.** When a school district or public agency requests a hearing, the Superintendent of Public Instruction (Superintendent) shall select a hearings appeals panel from Department staff other than those within the same division as the federal program area under which the appeal rose.
- D.** Hearing procedures
  1. An applicant must request a hearing by notifying the Superintendent by certified mail of its decision to appeal a decision as set forth in subsection (B). If the applicant is or represents a school district, authorization to seek a hearing must come from the Governing Board of that school district.
  2. The request for hearing must set forth the nature of the complaint and the facts on which the complaint is based.
  3. The applicant shall request a hearing within 30 days of the date notice of the Department action was sent. For purposes of this Section, the date of notice by the Department is the date of sending notice of the Department action.
  4. A hearing shall be scheduled before the appeal panel within 30 days from the receipt of the request.
  5. The appeals panel chairperson shall give at least 10 days' notice of the hearing date to the complainant.
  6. The parties may submit written materials no later than five days prior to the hearing, such materials to consist of six copies.
  7. At the hearing the parties may present evidence in writing and through witnesses and may be represented by counsel.
  8. The length and order of the presentation may be determined by the appeals panel chairperson.
  9. If the complainant or authorized representative fails to appear at the designated time, place and date of the hearing, the appeal shall be considered closed and the process terminated.
- E.** Decision. No later than five days after the hearing, the appeals panel shall forward to the Superintendent its recommendation relating to the school district or agency's request for review.



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Within 10 days after the hearing, the Superintendent shall issue his or her written ruling, including findings of fact and reasons for the ruling. If the Superintendent determines that the Department's action was contrary to the statutes and regulations that govern the applicable program, the Superintendent shall rescind the action.

- F. Appeal. If the Superintendent does not rescind the Department action, the applicant may appeal to the U.S. Department of Education. The applicant shall file a notice of appeal with the U.S. Department of Education within 20 days after the applicant has been notified by the Superintendent of his or her decision by certified mail.
- G. State Board of Education submission. The Superintendent shall annually submit to the State Board of Education as an informational item summaries of all decisions including the findings of fact of hearing procedures conducted pursuant to this Section for State Board of Education review.

**Historical Note**

Adopted effective June 24, 1983 (Supp. 83-3). The Section heading has been updated to title case, the word "rule" has been updated to "Section," the phrase, "of this rule" has been removed to reflect current standards in Chapter style and format (Supp. 21-2).

**R7-2-806. Repealed****Historical Note**

Adopted effective February 6, 1984 (Supp. 84-1). Section repealed by final rulemaking at 7 A.A.R. 182, effective December 15, 2000 (Supp. 00-4).

**R7-2-807. Repealed****Historical Note**

Adopted as an emergency effective August 2, 1984 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Emergency expired. Permanent rule adopted effective November 27, 1984 (Supp. 84-6). Amended effective May 3, 1993 (Supp. 93-2). Repealed effective February 20, 1997 (Supp. 97-1).

**R7-2-808. Pupil Participation in Extracurricular Activities**

The following standards are effective for students in grade six, if part of a middle school, and grades seven through 12.

1. Definition. Extracurricular activities are:
  - a. All interscholastic activities which are of a competitive nature and involve more than one school where a championship, winner, or rating is determined; and all those endeavors of a continuous and ongoing nature for which no credit is earned in meeting graduation or promotional requirements and are organized, planned, and sponsored by the district consistent with district policy.
  - b. Activities which are an integral part of a credit class shall be excepted from the rule.
2. Eligibility requirements and ineligibility.
  - a. Eligibility. To be eligible to participate in extracurricular activities, a student shall be required to:
    - i. Earn a passing grade in each course in which the student is enrolled; and
    - ii. Maintain satisfactory progress toward promotion or graduation.
  - b. Ineligibility. When it is determined that a student has failed to meet the requirements specified for eligibility, the student shall be declared ineligible to participate in extracurricular activities and shall remain ineligible until the requirements of eligibility are met.

- i. The governing board shall establish the criteria for a passing grade and satisfactory progress toward promotion or graduation, taking into account the needs of children placed in special education programs pursuant to R7-2-401 et seq. Passing grades shall be determined on a cumulative basis, from the beginning of instruction to the recording of a final grade for the course.
- ii. Every nine weeks or less, as determined by the governing board, district personnel shall review the progress of students to determine their eligibility status. If a student is declared ineligible, the student shall remain ineligible until a subsequent check is performed and it is determined that the student meets the eligibility requirements specified in subsection (2)(a).

3. Each governing board shall adopt a policy and implement a program pursuant to that policy to provide:
  - a. Oral or written preliminary notice to all district students and their parents or guardian of pending ineligibility;
  - b. Written notice to students and their parents or guardians when ineligibility has been determined;
  - c. Educational support services to students declared ineligible because of this Section, as well as those notified of pending ineligibility.

**Historical Note**

Adopted effective December 31, 1986 (Supp. 86-6). Amended subsection (B) and added a new subsection (D) effective February 17, 1988 (Supp. 88-1). Amended subsection (A) effective August 15, 1988 (Supp. 88-3). Amended effective April 28, 1989 (Supp. 89-2). Amended effective December 20, 1991 (Supp. 91-4). Section R7-2-808 repealed, new Section adopted effective July 10, 1992 (Supp. 92-3). Amended effective September 20, 1996 (Supp. 96-3). Amended effective December 22, 1997 (Supp. 97-4). Numerals were corrected and the word "rule" was replaced with "Section" to reflect current standards in Chapter style and format (Supp. 21-2).

**R7-2-809. Emergency Administration of Auto-Injectable Epinephrine**

**A.** Applicability. This Section applies to:

1. Any school district or charter school that voluntarily chooses to stock auto-injectable epinephrine pursuant to A.R.S. § 15-157.
2. All school districts and charter schools when required to stock auto-injectable epinephrine pursuant to A.R.S. § 15-157.

**B.** Definitions. The following definitions are applicable to this Section:

1. "Anaphylactic shock" is a severe systemic allergic reaction, resulting from exposure to an allergen, which may result in death.
2. "Auto-injectable epinephrine" means a disposable drug delivery device that is easily transportable and contains a premeasured single dose of epinephrine used to treat anaphylactic shock.
3. "Standing order" means a prescription protocol or instructions issued by the chief medical officer of the department of health services, the chief medical officer of a county health department, a doctor of medicine licensed pursuant to A.R.S. Title 32, Chapter 13, a doctor of naturopathic medicine licensed pursuant to A.R.S. Title 32,

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Chapter 14, a doctor of osteopathic medicine licensed pursuant to A.R.S. Title 32, Chapter 17, a nurse practitioner licensed pursuant to A.R.S. Title 32, Chapter 15 or a physician assistant licensed pursuant to A.R.S. Title 32, Chapter 25 for non-individual specific epinephrine.

C. Annual training in the administration of auto-injectable epinephrine.

1. Each school district and charter school shall designate at least two school personnel for each school site who shall be required to receive annual training in the proper administration of auto-injectable epinephrine in cases of anaphylactic shock pursuant to standing order. One or more of the trained personnel may be a school nurse or athletic trainer if they are employed by the school.
2. Training in the administration of auto-injectable epinephrine shall be conducted in accordance with minimum standards and curriculum developed by the Arizona Department of Health Services in consultation with the Arizona Department of Education.
3. At a minimum, training shall include procedures to follow when responding to anaphylactic shock, including direction regarding summoning appropriate emergency care, and documenting, tracking and reporting of the event.
4. Training shall also include standards and procedures for acquiring a supply of at least two juvenile doses and two adult doses of auto-injectable epinephrine, restocking auto-injectable epinephrine upon use or expiration, and storing all auto-injectable epinephrine at room temperature and in secure, easily accessible locations on school sites.
5. Training shall be conducted via courses provided in collaboration with a public health organization or by a regulated health care professional, whose competencies include the administration of auto-injectable epinephrine, including but not limited to a licensed school nurse, certified emergency medical technician or licensed athletic trainer.
6. School districts and charter schools shall maintain and make available upon request a list of those school personnel authorized and trained to administer auto-injectable epinephrine pursuant to a standing order.

D. Annual training on the recognition of anaphylactic shock symptoms and procedures to follow when anaphylactic shock occurs.

1. Each school district and charter school shall require all school site personnel to receive an annual training on the recognition of anaphylactic shock symptoms and procedures to follow when anaphylactic shock occurs.
2. Training shall be conducted in accordance with minimum training standards developed by the Arizona Department of Health Services in consultation with the Arizona Department of Education and shall follow the most current guidelines issued by the American Academy of Pediatrics.
3. Training shall be conducted in collaboration with a public health organization by a regulated health care professional whose competencies include the recognition of anaphylactic shock symptoms and procedures to follow when anaphylactic shock occurs, including but not limited to a licensed school nurse, certified emergency medical technician or licensed athletic trainer.

E. Procedures for annually requesting a standing order for auto-injectable epinephrine.

1. Each school district or charter school shall obtain a standing order from its designated district or charter school

physician licensed pursuant to A.R.S. Title 32, Chapter 13, 14, 17, 15, or 25 and if no such physician is available to provide a standing order, from the chief medical officer of the Department of Health Services or the chief medical officer of a county health department.

2. Standing orders shall be renewed annually and upon the change of any designated school district or charter school physician.
3. Standing orders shall identify the appropriate dosage of auto-injectable epinephrine to administer based upon weight and the frequency at which auto-injectable epinephrine may be administered if symptoms persist or return.

F. Procedures for the administration of auto-injectable epinephrine in emergency situations.

1. All school districts and charters schools shall adopt procedures for the emergency administration of auto-injectable epinephrine by designated trained personnel.
2. Procedures shall address, at a minimum, the following requirements:
  - a. Determining if symptoms indicate possible anaphylactic shock.
  - b. Selecting the appropriate dosage of auto-injectable epinephrine to administer pursuant to a standing order.
  - c. Injecting epinephrine via auto-injector pursuant to a standing order, noting the time and dose given.
  - d. Calling 911 to advise that anaphylactic shock is suspected and epinephrine was administered.
  - e. Keeping the person stable until emergency responders arrive.
  - f. Advising school medical personnel and administration of the incident.
  - g. Repeating dose pursuant to a standing order when symptoms persist and emergency responders have not arrived.
  - h. Providing emergency responders with used epinephrine auto-injector labeled with name, date and time administered.
  - i. Assuring that parents/guardians have been notified and advised to promptly alert student's primary care physician of the incident.
  - j. Completing written documentation of the incident, detailing who administered the injection, the rationale for administering the injection, the approximate time of the injection or injections, and notifications made to school administration, emergency responders, the student's parents or guardians, and the doctor or chief medical officer who issued the standing order.
  - k. Ordering replacement dose or doses of auto-injectable epinephrine.
  - l. Reviewing any incident involving emergency administration of epinephrine to determine the adequacy of response.

G. All school districts and charter schools shall report to the Arizona Department of Health Services all incidents of use of auto-injectable epinephrine pursuant to this Section in the format prescribed by the Arizona Department of Health Services.

**Historical Note**

Adopted effective July 30, 1992 (Supp. 92-3). Amended effective April 9, 1993 (Supp. 93-2). Repealed effective February 20, 1997 (Supp. 97-1). Amended by final exempt rulemaking at 21 A.A.R. 1784, effective February 24, 2014 (Supp. 15-3). Amended by final exempt rulemaking at 24 A.A.R. 3279, effective October 22,

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2018 (Supp. 18-4). The word “rule” has been updated to “Section” to reflect current standards in Chapter style and format (Supp. 21-2). Amended by final exempt rulemaking at 27 A.A.R. 1531, effective August 27, 2021 (Supp. 21-3).

**R7-2-810. Emergency Administration of Inhalers****A. Applicability.** This Section applies to:

1. Any school district or charter school that voluntarily chooses to stock inhalers pursuant to A.R.S. § 15-158.
2. All school districts when required to stock inhalers pursuant to A.R.S. § 15-158.

**B. Definitions.** The following definitions are applicable to this Section:

1. “Authorized Entity” refers to any school district or charter school.
2. “Bronchodilator” means Albuterol or another short-acting bronchodilator that is approved by the United States Food and Drug Administration for the treatment of respiratory distress.
3. “Inhaler” means a device that delivers a bronchodilator to alleviate symptoms of respiratory distress that is manufactured in the form of a metered-dose inhaler or dry-powder inhaler that includes a spacer or holding chamber that attaches to the inhaler to improve the delivery of the bronchodilator.
4. “Personnel” means employees at a school district or charter school or nurses who are under contract with the school district or charter school.
5. “Respiratory distress” includes the perceived or actual presence of coughing, wheezing or shortness of breath.
6. “Standing order” means a prescription protocol or instructions issued by the chief medical officer of a county health department, physicians licensed pursuant to A.R.S. Title 32, Chapter 13, 14, or 17, or nurse practitioners licensed pursuant to A.R.S. Title 32, Chapter 15.

**C. Annual training on recognition of symptoms of respiratory distress and administration of inhalers:**

1. Each school district and charter school that elects to administer inhalers shall designate at least two personnel at each school site who shall be required to be trained in the recognition of respiratory distress symptoms, the procedures to follow when respiratory distress occurs, and the administration of inhalers, as directed on the prescription protocol. While each school is required to have two trained personnel in order to implement the stock inhaler policies, schools may train as many personnel as they feel necessary.
2. Training in the administration of inhalers shall be conducted by a nationally recognized organization or professionally certified medical professionals that are experienced in training laypersons in emergency health treatment.
3. Training may be conducted online or in person and at a minimum shall include:
  - a. How to recognize signs and symptoms of respiratory distress in accordance with good clinical practice.
  - b. Standards and procedures for the storage of inhalers.
  - c. Standards and procedures for the administration of an inhaler, as directed on the prescription protocol.
  - d. If necessary, emergency follow-up procedures after the administration of an inhaler.
4. The organization that conducts the training shall issue a certificate to each person who successfully completes the training. The personnel shall submit this certificate to the school.

5. Annual training is required for all designated personnel of the school.

6. School districts and charter schools shall maintain and make available on request a list of school personnel who are authorized to administer inhalers pursuant to a standing order.

**D. Procedures for annually requesting a standing order and the prescription for the inhaler and holding chamber**

1. Each participating school district or charter school shall obtain a standing order and prescription for inhalers and spacers or holding chambers pursuant to A.R.S. § 15-158 from the chief medical officer of a county health department, a physician licensed pursuant to A.R.S. Title 32, Chapter 13, 14, or 17, or a nurse practitioner pursuant to A.R.S. Title 32, Chapter 15.
2. Standing orders and prescriptions shall be requested and renewed annually.

**E. Procedures for the administration of inhalers in emergency situations:**

1. School districts and charter schools that elect to administer inhalers shall:
  - a. Prescribe and enforce policies and procedures for the emergency administration of inhalers by designated and trained medical and non-medical personnel.
  - b. Designate at least two personnel at each school to be trained to recognize respiratory distress and administer inhalers.
  - c. Require designated personnel to participate in annual training and provide a certificate of successful completion to the school.
  - d. Designate personnel who have completed the required training to be responsible for the storage, maintenance, control and general oversight of the inhalers and spacers or holding chambers acquired by the school.
  - e. Acquire and stock a supply of inhalers and spacers or holding chambers pursuant to a standing order prescription.
  - f. Store medication in a secure, temperature appropriate location, unlocked and readily accessible to designated personnel.
2. Pursuant to a standing order, school district or charter school personnel who are trained in the administration of inhalers may administer or assist in the administration of an inhaler to a pupil or adult whom the personnel believes in good faith to be exhibiting symptoms of respiratory distress while at school or a school-sponsored activity.
3. Procedures adopted by school districts and charter schools shall address at a minimum, the following requirements:
  - a. Determine if symptoms indicate possible respiratory distress or emergency and determine if the use of an inhaler will properly address the respiratory distress or emergency.
  - b. Administer the correct dose of inhaler medication, as directed by the prescription protocol, regardless of whether the individual who is believed to be experiencing respiratory distress has a prescription for an inhaler and spacer or holding chamber or has been previously diagnosed with a condition requiring an inhaler.
  - c. Restrict physical activity, encourage slow breaths and allow the individual to rest.
  - d. Assure that trained personnel stay with the subject who has been administered inhaler medication until

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- it is determined whether the medication alleviates symptoms.
  - e. If applicable, instruct office staff to notify the school nurse if the inhaler is administered by a trained but non-licensed person.
  - f. Instruct school staff to notify the parent or guardian.
  - g. Call 911 if severe respiratory distress continues. Advise that inhaler medication was administered and stay with the person until emergency medical responders arrive.
  - h. If the individual shows improvement, keep the individual under supervision until breathing returns to normal, with no more chest tightness or shortness of breath, and the individual can walk and talk easily.
  - i. Allow a student to return to class if breathing has returned to normal and all symptoms have resolved.
  - j. Notify a parent or guardian once the inhaler has been administered and the student has returned to class.
  - k. Document the incident detailing who administered the inhaler, the approximate time of the incident, notifications made to the school administration, emergency responders, and parents/guardians.
  - l. Retain the incident data on file at the school pursuant to the general records retention schedule regarding health records for school districts and charter schools established by the Arizona State Library, Archives and Public Records.
  - m. Order replacement inhalers, spacers and holding chambers as needed.
  - 4. A school district or charter school may accept monetary donations for or apply for grants for the purchase of inhalers and spacers or holding chamber or may accept donations of inhalers and spacers or holding chambers directly from the product manufacturers.
  - F. Immunity from civil liability is prescribed in A.R.S. § 15-158.
- f. Housekeeping chores, i.e., daily reports, blackboard preparation, etc.
  - 2. School related:
    - a. Teacher conferences,
    - b. Parent conferences,
    - c. Professional association activities,
    - d. Professional days,
    - e. District directed reports,
    - f. Participation in activities related to education scheduled by county, state, or federal agencies.
 Professional association activities must be, in the opinion of the local governing board, for a public purpose and must not be for the sole benefit of the professional association.
  - 3. Other district related:
    - a. Special assignments,
    - b. School board approved leave,
    - c. Home visitation,
    - d. Home instruction,
    - e. Off-site instruction,
    - f. Research,
    - g. In-service training.
 In-service training activities are those approved by the local governing board and intended to promote the educational advancement of the youth of the district. These activities may be conducted either during the regular school day or at other times.
  - C. A local governing board may exercise its option to contract with certified personnel on a less than full-time basis in order to meet local district needs.
  - D. In those instances where a district may contract with certificated personnel, and the responsibilities specified within the contract include activities not related to instruction, then the district must define in terms of "full-time equivalencies" that portion which is instruction-related.

**Historical Note**

New Section made by final exempt rulemaking at 24 A.A.R. 146, effective August 9, 2018; filed in the Office on January 2, 2018 (Supp. 18-1). Amended by final exempt rulemaking at 24 A.A.R. 3279, effective October 22, 2018 (Supp. 18-4). The word "rule" has been updated to "Section" to reflect current standards in Chapter style and format (Supp. 21-2). Amended by final exempt rulemaking at 27 A.A.R. 1531, effective August 27, 2021 (Supp. 21-3).

**ARTICLE 9. SCHOOL DISTRICT BUDGET AND ACCOUNTING****R7-2-901. Teacher Experience Index Provisions**

- A. General purpose. These guidelines are provided for local governing boards to assist in development of policies identifying activities which contribute to the instructional programs at the local school level. The policies will define what constitutes a full-time vs. a part-time teacher position for the purpose of developing a school district's Teacher Experience Index.
- B. Local governing boards may include the following activities in their policies as those which contribute toward an instructional program. This listing is not intended to be exclusive, and districts may utilize additional activities:
  - 1. Classroom related:
    - a. Classroom instruction,
    - b. Preparation time,
    - c. Supervision,
    - d. Evaluation,
    - e. Curriculum development,

**Historical Note**

Adopted as an emergency effective May 21, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-3). Former emergency adoption now adopted without change effective October 7, 1980 (Supp. 80-5).

**R7-2-902. Independent Accounting Responsibilities**

The governing board of a school district applying to operate with full independence from the county school superintendent as provided in Laws 1987, Chapter 132, shall submit a plan for accounting responsibility to the State Board of Education no later than January 1, 1988, which documents the following:

- 1. Administrative and internal accounting controls designed to achieve compliance with the Uniform System of Financial Records and the following objectives:
  - a. Procedures for approving, preparing and signing vouchers and warrants;
  - b. Procedures to ensure verification of administrators' and teachers' certification records with the Department of Education for all classroom and administrative personnel required to hold a certificate by the State Board pursuant to A.R.S. § 15-203, before issuing warrants for their services;
  - c. Procedures to account for all revenues, including allocation of certain revenues to funds as provided in Section III-C of the February 1986 Uniform Accounting Manual for Arizona County School Superintendents, incorporated herein by reference and on file with the Office of the Secretary of State;
  - d. Procedures for reconciling the accounting records monthly to the county treasurer as provided in Sec-

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tion III-G of the February 1986 Uniform Accounting Manual for Arizona County School Superintendents, incorporated herein by reference and on file with the Office of the Secretary of State.

2. No amendments or additions to Sections III-C and G of the February 1986 Uniform Accounting Manual for Arizona County School Superintendents made after the effective date of this Section are included in these procedures. Copies of Sections III-C and G are available at the State Board office and from the Arizona Auditor General.
3. A compilation of resources required to implement accounting responsibility, including personnel, training and equipment, and a comprehensive analysis of the budgetary implications of accounting responsibility for the school district and the county treasurer.

**Historical Note**

Adopted effective February 4, 1988 (Supp. 88-1). The word "rule" has been updated to "Section" to reflect current standards in Chapter style and format (Supp. 21-2).

**ARTICLE 10. SCHOOL DISTRICT PROCUREMENT****PART I. IN GENERAL****R7-2-1001. Definitions**

In Articles 10 and 11, unless the context otherwise requires:

1. "Acceptance period" means the period of time specified in the solicitation that a bid or proposal is irrevocable, except as specified in R7-2-1030.
2. "Actual energy production" means the actual amount of energy that flows from the energy production measure on an annual basis as measured by a meter in kilowatt hours alternating current.
3. "Advantageous to the school district" means in the best interest of the school district, but does not necessarily mean lowest bid/cost.
4. "Affiliate" means any person whose governing instruments require it to be bound by the decision of another person or whose governing board includes enough voting representatives of the other person to cause or prevent action, whether or not the power is exercised. It also may include persons doing business under a variety of names, or where there is a parent-subsidiary relationship between persons.
5. "Alternative project delivery methods for construction" means construction-manager-at-risk, design-build, and job-order-contracting construction services.
6. "Architect services," "engineer services," "land surveying services," "geologist services" and "landscape architect services" mean those professional services within the scope of the practice of those services as provided in A.R.S. Title 32, Chapter 1, Article 1.
7. "Award" means a determination by the school district that it is entering into a contract with one or more bidders or offerors.
8. "Bid" means a response to an invitation for bids and includes an offer to contract with the school district.
9. "Bidder" means a person submitting a bid in response to an invitation for bids.
10. "Brand name or equal specification" means a written description that uses one or more manufacturers' names or catalog numbers to describe the standard of quality, performance, and other characteristics needed to meet the school district's requirements, and that provides for the submission of equivalent products.
11. "Brand name specification" means a written description limited to one or more items by manufacturers' names or catalog numbers.
12. "Business" means any corporation, partnership, individual, sole proprietorship, joint stock company, joint venture or any other private legal entity.
13. "Change order" means a written order that is approved by the governing board and that directs the contractor to make changes that the changes clause of the contract authorizes the governing board to order.
14. "Clergy" means a minister of a religion.
15. "Coefficient" means the contractor's price adjustment to the unit price in a job order contract. Several coefficients may apply to the unit price book.
16. Construction:
  - a. Means the process of building, altering, repairing, improving or demolishing any school district structure or building, or other public improvements of any kind to any public real property.
  - b. Construction does not include:
    - i. The routine operation, routine repair or routine maintenance of existing facilities, structures, buildings or real property.
    - ii. The investigation, characterization, restoration or remediation due to an environmental issue of existing facilities, structures, buildings or real property.
17. "Construction-manager-at-risk" means a project delivery method in which:
  - a. There is a separate contract for design services and a separate contract for construction services, except that instead of a single contract for construction services, the school district may elect separate contracts for preconstruction services during the design phase, for construction during the construction phase and for any other construction services.
  - b. The contract for construction services may be entered into at the same time as the contract for design services or at a later time.
  - c. Design and construction of the project may be either:
    - i. Sequential with the entire design complete before construction commences.
    - ii. Concurrent with the design produced in two or more phases and construction of some phases commencing before the entire design is complete.
  - d. Finance services, maintenance services, operations services, preconstruction services and other related services may be included.
18. "Construction services" means either of the following for construction-manager-at-risk, design-build and job-order-contracting project delivery methods:
  - a. Construction, excluding services, through the construction-manager-at-risk or job-order-contracting project delivery methods.
  - b. A combination of construction and, as elected by the school district, one or more related services, such as finance services, maintenance services, operations services, design services and preconstruction services, as those services are authorized in the definitions of construction-manager-at-risk, design-build or job-order-contracting in this Section.
19. "Contract" means all types of agreements, including purchase orders, regardless of what they may be called, for

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- the procurement of materials, services, construction or construction services, or the disposal of materials.
20. "Contract modification" means any written alteration in the terms and conditions of any contract accomplished by mutual action of the parties to the contract.
  21. "Contractor" means any person who has a contract with a school district.
  22. "Cooperative purchasing" means procurement conducted by, or on behalf of, more than one public procurement unit.
  23. "Cost" means the aggregate cost of all materials and services, including labor performed by school district employees.
  24. "Cost data" means information concerning the actual or estimated cost of labor, material, overhead and other cost elements that have been actually incurred or that are expected to be incurred by the offeror or contractor in performing the contract.
  25. "Cost-plus-a-percentage-of-cost contract" means a contract that, prior to completion of the work, the parties agree that the fee will be a predetermined percentage of the cost of the work.
  26. "Data" means documented information, regardless of form or characteristic.
  27. "Days" means calendar days and shall be computed pursuant to A.R.S. § 1-243.
  28. "Defective data" means data that is inaccurate, incomplete or outdated.
  29. "Dentist" means a person licensed pursuant to A.R.S. Title 32, Chapter 11.
  30. "Descriptive literature" means information available in the ordinary course of business that shows the characteristics, construction or operation of an item offered in a bid or proposal.
  31. "Design-bid-build" means a project delivery method in which:
    - a. There is a sequential award of two separate contracts.
    - b. The first contract is for design services.
    - c. The second contract is for construction.
    - d. Design and construction of the project are in sequential phases.
    - e. Finance services, maintenance services and operations services are not included.
  32. "Design-build" means a project delivery method in which:
    - a. There is a single contract for design services and construction services, except that instead of a single contract for design services and construction services, the school district may elect separate contracts for preconstruction services and design services during the design phase, for construction and design services during the construction phase and for any other construction services.
    - b. Design and construction of the project may be either:
      - i. Sequential with the entire design complete before construction commences.
      - ii. Concurrent with the design produced in two or more phases and construction of some phases commencing before the entire design is complete.
    - c. Finance services, maintenance services, operations services, preconstruction services and other related services may be included.
  33. "Design professional" means an individual or firm that is registered by the state board of technical registration pursuant to A.R.S. Title 32, Chapter 1 to practice architecture, engineering, geology, landscape architecture or land surveying or any combination of those professions and any person employed by the registered individual or firm.
  34. "Design professional service contract" means a written agreement relating to the planning, design, construction administration, study, evaluation, consulting, inspection, surveying, mapping, material sampling, testing or other professional, scientific or technical services furnished in connection with any actual or proposed study, planning, survey, environmental remediation, construction, improvement, alteration, repair, maintenance, relocation, moving, demolition or excavation of a structure, street or roadway, appurtenance, facility or development or other improvement to land.
  35. "Design professional services" means architect services, engineer services, land surveying services, geologist services or landscape architect services or any combination of those services performed by or under the supervision of a design professional or an employee or subconsultant of the design professional.
  36. "Design requirements" means at a minimum:
    - a. The school district's written description of the project or service to be procured, including:
      - i. The required features, functions, characteristics, qualities and properties.
      - ii. The anticipated schedule, including start, duration and completion.
      - iii. The estimated budgets applicable to the specific procurement for design and construction and, if applicable, for operation and maintenance.
    - b. May include:
      - i. Drawings and other documents illustrating the scale and relationship of the features, functions and characteristics of the project, which shall all be prepared by a design professional who is registered pursuant to A.R.S. § 32-121.
      - ii. Additional design information or documents that the school district elects to include.
  37. "Design services" means architect services, engineer services or landscape architect services.
  38. "Designee" means the governing board member or school district employee who has been delegated procurement authority by the governing board as specified by board action.
  39. "Detailed record" means minutes, that shall include the date, time, place, persons in attendance and a summary of what was said by whom and the decisions made. The minutes may be made either in writing or by a recording.
  40. "Discussions" means an exchange or series of exchanges between the school district and a person who has submitted an unpriced technical offer or a proposal, resulting in an opportunity for the person to revise the unpriced technical offer or proposal prior to final evaluation by the school district.
  41. "District representative" means a district employee or the governing board acting within the limits of the district representative's authority. There may be more than one appointed for different purposes and different procurements.
  42. "Earth-moving, material-handling, road maintenance and construction equipment" means a track-type tractor, motor grader, excavator, landfill compactor, wheel tractor

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- scraper, off-highway truck, wheel leader or track loader, having a published manufacturer's minimum unit list price of \$50,000 or more and a minimum expected life cycle of three years.
43. "Effective utility rate" means the average price per kilowatt hour that a school district paid to its utility provider for electricity service to the facility that is the subject of the guaranteed energy production contract over the previous 12 months.
  44. "Eligible procurement unit" means a public procurement unit, a nonprofit corporation, or an external procurement activity.
  45. "Employee" means an individual drawing a salary from a school district and any noncompensated individual performing personal services for any school district.
  46. "Energy baseline" means a calculation of the amount of energy used in an existing facility before the installation or implementation of the energy cost savings measures.
  47. "Energy cost savings measure" means a training program or facility alteration designed to reduce energy consumption, which may include one or more of the measures authorized in A.R.S. § 15-213.01, and any related meters or other measuring devices.
  48. "Energy production measure" means renewable and alternative energy projects or renewable energy power service agreements.
  49. "Established catalog price" means the price included in a catalog, price list, schedule or other form that:
    - a. Is regularly maintained by a manufacturer, distributor or contractor.
    - b. Is either published or otherwise available for inspection by customers.
    - c. States prices at which sales are currently or were last made to a significant number of any category of buyers or buyers constituting the general buying public for the materials or services involved.
  50. "Excess materials" means any materials which have a remaining useful life but which are no longer required by the using school district in possession of the materials.
  51. "External procurement activity" means any buying organization not located in this state that would qualify as a public procurement unit.
  52. "Fair market value" means the price at which sales have been consummated for materials of like type, quality, and quantity in a particular market at the time of acquisition.
  53. "Filed" means delivery to the district representative, school district or its hearing officer, whichever is applicable. A time/date stamp affixed to a document by the school district shall be determinative of the time or delivery for purposes of filing.
  54. "Finance services" means financing for a construction services project.
  55. "General Services Administration contract" means contracts awarded by the United States government General Services Administration.
  56. "Gift or benefit" means a payment, distribution, expenditure, advance, deposit or donation of monies, any intangible personal property or any kind of tangible personal or real property that is not of nominal value such as a greeting card, t-shirt, mug or pen. Gift or benefit does not include either:
    - a. Food or beverage.
    - b. Expenses or sponsorships relating to a special event or function to which individuals involved in procurement and purchasing are invited.
  57. "Governing board" has the meaning defined in A.R.S. § 15-101.
  58. "Governing instruments" means legal documents that establish the existence of an organization and define its powers, including articles of incorporation or association, constitution, charter, by-laws, or similar documents.
  59. "Guaranteed energy cost savings contract" means a contract for implementing one or more energy cost savings measures.
  60. "Guaranteed energy price" means the agreed on price to be charged to the school district for each kilowatt hour alternating current of actual energy production as such may change on an annual basis as set forth in the guaranteed energy production contract.
  61. "Guaranteed energy production" means the amount of energy, measured in kilowatt hours alternating current, that the qualified provider guarantees for each year of the guaranteed energy production contract.
  62. "Guaranteed energy production contract" means a contract for implementing one or more energy production measures between one or more qualified providers and a school district.
  63. "Guaranteed energy production shortfall" means the amount, if any, that the actual energy production is less than the guaranteed energy production in any given year.
  64. "Incremental award" means an award of portions of a definite quantity requirement to more than one contractor. Each portion is for a definite quantity and the sum of the portions is the total definite quantity required.
  65. "Interested party" means an actual or prospective bidder or offeror whose economic interest may be affected substantially and directly by the issuance of a solicitation, the award of a contract or by the failure to award a contract. Whether an actual or prospective bidder or offeror has an economic interest will depend upon the circumstances of each case.
  66. "Internet" means the international computer network of both federal and nonfederal interoperable packet switched data networks, including the graphical subnetwork called the world wide web.
  67. "Invitation for bids" means all documents, whether attached or incorporated by reference, which are used for soliciting bids in accordance with the procedures prescribed in R7-2-1024.
  68. "In writing" has the same meaning as "written" or "writing" in A.R.S. § 47-1201, which includes printing, type-writing, electronic transmission, facsimile, or any other intentional reduction to tangible form.
  69. "Job-order-contracting" means a project delivery method in which:
    - a. The contract is a requirements contract for indefinite quantities of construction.
    - b. The construction to be performed is specified in job orders issued during the contract.
    - c. Finance services, maintenance services, operations services, preconstruction services, design services and other related services may be included.
  70. "Legal counsel" means a person licensed as an attorney by the Arizona Supreme Court.
  71. "Life cycle" means the useful life of the earth-moving, material-handling, road maintenance and construction equipment to the original using school district.
  72. "Local public procurement unit" means any political subdivision, any agency, board, department or other instrumentality of such political subdivision, and any nonprofit

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- corporation created solely for the purpose of administering a cooperative purchase under Articles 10 and 11.
73. "Maintenance services" means routine maintenance, repair and replacement of existing facilities, structures, buildings or real property.
  74. "Materials" means all property, including equipment, supplies, printing, insurance and leases of property, but does not include land, a permanent interest in land or real property or leasing space.
  75. "May" denotes the permissive.
  76. "Minor" means mistakes, excluding judgmental errors, that have negligible effect on price, quantity, quality, delivery or other contractual terms and the waiver or correction of such mistake does not prejudice other bidders or offerors.
  77. "Multiple award" means award of multiple contracts for identical or similar materials or services to more than one bidder or offeror.
  78. "Multistep sealed bidding" means a 2-phase process consisting of a technical first phase composed of one or more steps in which bidders submit unpriced technical offers to be evaluated by the school district and a second phase in which those bidders whose technical offers are determined to be acceptable during the first phase have their price bids considered.
  79. "Negotiation" means an exchange or series of exchanges between the school district and a person with a goal of establishing the terms, conditions and prices in a contract between the school district and the person, where such negotiation is authorized in Articles 10 and 11.
  80. "Nonexpendable materials" means all tangible materials which have an original acquisition cost over an amount set by regulation and a probable useful life of more than one year.
  81. "Nonprofit corporation" means any nonprofit corporation as designated by the Internal Revenue Service under section 501(c)(3) through 501(c)(6) or under section 115, if created by two or more local public procurement units, and includes certified nonprofit agencies that serve individuals with disabilities as defined in A.R.S. § 41-2636.
  82. "Offeror" means a person submitting a proposal in response to a request for proposals.
  83. "Operations services" means routine operation of existing facilities, structures, buildings or real property.
  84. "Outright purchase" means the initial cost to the school district for the earth-moving, material-handling, road maintenance and construction equipment, including all vendor charges and financing costs.
  85. "Owner" means the school district.
  86. "Paper" means newspaper, high-grade office paper, fine paper, bond paper, offset paper, xerographic paper, duplicator paper and related types of cellulosic material containing not more than ten percent by weight or volume of noncellulosic material such as laminates, binders, coatings or saturants.
  87. "Paper product" means paper items or commodities, including paper napkins, towels, corrugated paper and related types of cellulosic products containing not more than ten percent by weight or volume of noncellulosic material such as laminates, binders, coatings or saturates.
  88. "Person" means any corporation, business, individual, union, committee, club, other organization or group of individuals.
  89. "Physician" means a person licensed pursuant to A.R.S. Title 32, Chapters 7, 8, 13, 14, 15.1, 16, or 17.
  90. "Post-consumer material" means a discard generated by a business or residence that has fulfilled its useful life. Post-consumer material does not include discards from industrial or manufacturing processes.
  91. "Posted prices" means the sale price determined by the school district to be fair market value.
  92. "Preconstruction services" means services and other activities during the design phase.
  93. "Pricing data" means information concerning prices, including profit, for materials, services or construction substantially similar to those being procured under a contract or subcontract. In this definition, "prices" refers to offered selling prices, historical selling prices or current selling prices of the items being purchased.
  94. "Prime contractor" means a general contractor, who contracts with a property owner and, in turn, employs a subcontractor, or subcontractors, to perform some or all of the work.
  95. "Procurement" means buying, purchasing, renting, leasing or otherwise acquiring any materials, services, construction or construction services. Procurement also includes all functions that pertain to the obtaining of any material, service, construction, or construction services, including description of requirements, selection and solicitation of sources, preparation and award of contract, and all phases of contract administration.
  96. "Procurement file" means the official procurement records of the school district containing the following:
    - a. List of notified vendors.
    - b. Procurement disclosure statements.
    - c. Final solicitation.
    - d. Solicitation amendments.
    - e. Bids and offers.
    - f. Offer revisions and best and final offers.
    - g. Discussions.
    - h. Clarifications.
    - i. Final evaluation reports.
    - j. Additional information, as necessary.
  97. "Proposal" means a response to a request for proposals and includes an offer to contract with the school district.
  98. "Proprietary specification" means a specification that describes a material made and marketed by a person having the exclusive right to manufacture and sell such material and excludes other material with similar quality, performance or functional characteristics from being responsive to the solicitation.
  99. "Public procurement unit" means either a local public procurement unit, the Arizona Department of Administration, any other state or an agency of the United States.
  100. "Public service corporation" means all corporations other than municipal engaged in furnishing gas, electricity, or water and subject to regulation as a utility by the Arizona Corporation Commission.
  101. "Purchase description" means the words used in a solicitation to describe the materials, services or construction for purchase and includes specifications attached to, or made a part of, the solicitation.
  102. "Purchase requisition" means that document, or electronic transmission, whereby a school district requests that a contract be entered into for a specific need, and may include, but is not limited to, the description of the requested item, delivery schedule, transportation data, criteria for evaluation, suggested source of supply and information supplied for the making of any written determination required by Articles 10 and 11.



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103. "Qualified products list" means an approved list of materials or construction items described by model or catalog numbers that, prior to competitive solicitation, the governing board has determined will meet the applicable specification requirement.
104. "Qualified select bidders list" means a selection process for establishing a list of best-qualified prime contractors or construction material suppliers for a specific, single project. The selection process is based upon listed evaluation criteria and conducted through a request for qualifications. Once the selection process is complete, the qualified bidders are invited to submit a sealed competitive bid based upon architectural/engineering plans and specifications or material specifications.
105. "Reasonably susceptible of being awarded a contract" means those proposals that the school district determines are subject to award after the initial review of all original proposals.
106. "Recycled paper" means paper products which have been manufactured from materials otherwise destined for the waste stream and which contain at least forty percent recovered wastepaper with ten percent of that being post-consumer material.
107. "Regional award" means an award of portions of the total requirement by geographic region.
108. "Request for information" means all documents issued to vendors for the sole purpose of seeking information about the availability in the commercial marketplace of materials or services.
109. "Request for proposals" means all documents, whether attached or incorporated by reference, which are used for soliciting proposals in accordance with procedures prescribed in R7-2-1042.
110. "Request for qualifications" means all documents, whether attached or incorporated by reference, which are used for soliciting statements of qualifications in accordance with procedures prescribed in R7-2-1101, R7-2-1106, R7-2-1108 or R7-2-1117.
111. "Residual value" means the guaranteed minimum market value of the earth-moving, material-handling, road maintenance and construction equipment at the end of the life cycle of the equipment being procured, as determined by a guaranteed minimum value offered by the vendor or other parties in its bid.
112. "Responsible bidder or offeror" means a person who at the time of contract award has the capability to perform the contract requirements and the integrity and reliability which will assure good faith performance.
113. "Responsive bidder or offeror" means a person who submits a bid or proposal which conforms in all material respects to the invitation for bids or request for proposals.
114. "Reverse auction" means a procurement method in which bidders are invited to bid on supplying specified materials over the Internet in a real-time competitive bidding event.
115. "School district" has the meaning defined in A.R.S. § 15-101, whose authority is exercised by the governing board or its designee.
116. "Services" means the furnishing of labor, time or effort by a contractor or subcontractor that does not involve the delivery of a specific end product other than required reports and performance. Services does not include employment agreements or collective bargaining agreements.
117. "Shall" denotes the imperative.
118. "Solicitation" means an invitation for bids, an invitation to submit technical offers, a request for proposals, a request for qualification, or any other invitation or request by which the school district invites a person to participate in a procurement.
119. "Specification" means any description of the physical or functional characteristics, or of the nature of a material, service or construction item. Specification may include a description of any requirement for inspecting, testing or preparing a material, service or construction item for delivery.
120. "Specified professional services" means services of an architect, engineer, land surveyor, assayer, geologist and landscape architect and any combination of those services.
121. "Standard commercial material" means material that, in the normal course of business, is customarily maintained in stock or readily available by a manufacturer, distributor or dealer for the marketing of such material.
122. "Statement of qualifications" means a response to a request for qualifications issued pursuant to R7-2-1101, R7-2-1106, R7-2-1108 or R7-2-1117, or unsolicited qualifications submitted pursuant to R7-2-1062 or R7-2-1122, and does not include an offer to contract with the school district.
123. "Subcontractor" means a person who contracts to perform work or render service to a contractor or to another subcontractor as a part of a contract with a school district.
124. "Subconsultant" means any person, firm, partnership, corporation, association or other organization or a combination of any of them, that has a direct contract with a design professional or another subconsultant to perform a portion of the work under a design professional service contract.
125. "Surplus materials" means any materials that no longer have any use to the school district or materials acquired from the United States government. This includes obsolete materials, scrap materials and nonexpendable materials that have completed their useful life.
126. "Suspension" means an action taken by the governing board under R7-2-1168 temporarily disqualifying a person from participating in school district procurements.
127. "Technical offer" means unpriced written information from a prospective contractor stating the manner in which the prospective contractor intends to perform certain work, its qualifications and its terms and conditions.
128. "Total life cycle cost" means total school district costs and financing costs throughout the life cycle of the earth-moving, material-handling, road maintenance and construction equipment being purchased less residual value.
129. "Total school district costs" means costs to the school district for the earth-moving, material-handling, road maintenance and construction equipment, including repair costs, present value of monies, vendor charges, and all other identifiable school district costs that may be incurred.
130. "Unit price" means the price published in the unit price book for a specific construction or construction related task. Each unit price is comprised of labor, equipment, or material costs to accomplish a specific task, and shall be defined in the contract.
131. "Unit price book" means a comprehensive listing of specific construction related tasks together with a specific unit of measurement and a unit price.
132. "Vendor charges" means the costs of all vendor support, materials, transportation, and all other identifiable costs associated with the vendor's proposal or bid.

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133. "Vendor support" means services provided by the vendor for items such as consulting, education and training.
134. "Wastepaper" means recyclable paper and paperboard, including high-grade office paper, computer paper, fine paper, bond paper, offset paper, xerographic paper, duplicator paper and corrugated paper.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
 Amended effective March 21, 1991 (Supp. 91-1).  
 Amended effective October 22, 1992 (Supp. 92-4).  
 Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1002. Applicability**

- A.** Articles 10 and 11 apply to every expenditure of public monies, including federal assistance monies and grants, by a school district as specified in A.R.S. § 15-213(A) for the procurement of all construction, materials and services when the total procurement cost exceeds the aggregate dollar amount specified in A.R.S. § 41-2535(A). If procurement involves the expenditure of federal assistance or contract monies, the school district shall comply with federal law and authorized regulations which are mandatorily applicable and which are not presently reflected in Articles 10 and 11.
- B.** Articles 10 and 11 apply to the disposal of school district materials regardless of value.
- C.** Articles 10 and 11 do not apply to:
1. Agreements for providing career and technological education and vocational education pursuant to A.R.S. § 15-789;
  2. Contracts between a school district and other governments, including intergovernmental agreements and contracts pursuant to A.R.S. § 11-952, except as provided by R7-2-1191 through R7-2-1196. This exemption also includes the purchase of a fee or license from a local, state or federal public entity required by law to collect said fees;
  3. Purchases for amounts not exceeding the aggregate dollar amount specified in A.R.S. § 41-2535(A). Such procurements shall comply with the guidelines prescribed by the Auditor General in the Uniform System of Financial Records pursuant to A.R.S. § 15-271;
  4. Contracts for professional witnesses if the purpose of such contracts is to provide for professional services or testimony relating to an existing or probable judicial or administrative proceeding in which the school district is or may become a party;
  5. Agreements negotiated by legal counsel representing the school district in settlement of litigation or threatened litigation;
  6. Expenditures from student activity monies as defined in A.R.S. § 15-1121, if no district funds are involved;
  7. Expenditures for governing board adopted textbooks as defined in A.R.S. § 15-721 and A.R.S. § 15-722, if purchased from the publisher;
  8. The placement of a pupil in a private school that provides special education services if such placement is prescribed in the pupil's individualized education program and the private school has been approved by the Department of Education Division of Special Education pursuant to A.R.S. § 15-765;
  9. Purchases of any products, materials and services directly from certified nonprofit agencies that serve individuals with disabilities as defined in A.R.S. § 41-2636, and Ari-

zona Correctional Industries if the delivery and quality of the products, materials or services meet the school district's reasonable requirements;

10. The decision to participate in programs pursuant to A.R.S. § 15-382. A program authorized by A.R.S. § 15-382 is not required to engage in competitive bidding for the services necessary to administer the program or for the purchase of insurance or reinsurance;
  11. The purchase of water, gas or electric utilities from a public service corporation. This exemption expressly does not apply to guaranteed energy cost savings contracts and guaranteed energy production contracts subject to A.R.S. § 15-213.01 and A.R.S. § 15-213.03;
  12. Purchases of professional certifications, professional memberships, conference registrations, conference hotels and airfare that meets Arizona Department of Administration General Travel Principles and Policies;
  13. Purchases, sales or leases of real estate. This exemption expressly does not apply to the services of a real estate broker as defined in A.R.S. § 32-2101;
  14. Purchases of surplus property from the state or United States Federal Government in accordance with R7-2-1132;
  15. Purchases in compliance with the terms and conditions of any grant, gift, bequest or cooperative agreement; and
  16. The cost of special elections, including the preparation of ballots in accordance with A.R.S. § 15-406.
- D.** Unless displaced by the particular provisions of Articles 10 and 11, the principles of law and equity, including the Uniform Commercial Code of this state, the common law of contracts as applied in this state and law relative to agency, fraud, misrepresentation, duress, coercion, and mistake supplement the provisions of Articles 10 and 11.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
 Amended effective March 21, 1991 (Supp. 91-1).  
 Amended effective March 6, 1997 (Supp. 97-1).  
 Amended effective December 4, 1998 (Supp. 98-4).  
 Amended by final exempt rulemaking at 21 A.A.R. 1491, effective October 28, 2013 (Supp. 15-3). Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1003. General Provisions**

- A.** The school district shall not award a contract or incur an obligation on behalf of the school district unless it is reasonable to believe sufficient funds will be available for the procurement. If sufficient funds are not available when a solicitation is issued, the solicitation shall include a statement that funds are not currently available and that any contract awarded will be conditioned upon the availability of funds.
- B.** Projects and purchases shall not be divided or sequenced into separate projects or purchases in order to avoid the limits prescribed in Articles 10 and 11.
- C.** Any bid or proposal that is conditioned upon award to the bidder or offeror of both the particular contract being solicited and another school district contract shall be deemed nonresponsive or unacceptable.
- D.** Except by mutual consent of the parties to the contract, rules in Articles 10 and 11 shall not change any commitment, right or obligation of a school district or of a contractor under a contract in existence on the effective date of the Section.
- E.** If a contractor requests to change the name in which it holds a school district contract, the school district may, upon receipt of

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a document indicating the name change, enter into a contract modification with the contractor to effect the name change. The contract modification shall provide that no other terms and conditions of the contract are changed.

- F. The school district may allow electronic media transactions, including an electronic record or electronic signature, if consistent with state law and advantageous to the school district.
- G. Rights and duties arising from a school district contract may only be transferred, waived or assigned upon the express written consent of both parties.
- H. School district employees and public officers shall not purchase construction, materials or services for their own personal or business use from contracts entered into by the school district.
- I. A person who supervises or participates in contracts, purchases, payments, claims or other financial transactions, or who supervises or participates in the planning, recommending, selecting or contracting for materials, services, goods, construction, or construction services of a school district or school purchasing cooperative is subject to the penalties prescribed in A.R.S. § 15-213(N) if the person solicits, accepts or agrees to accept any personal gift or benefit from a person or vendor that has secured or has taken steps to secure a contract, purchase, payment, claim or financial transaction with a school district or school purchasing cooperative.
- J. Any person or vendor that has secured or has taken steps to secure a contract, purchase, payment, claim or financial transaction with a school district or school purchasing cooperative that offers, confers or agrees to confer any personal gift or benefit on a person who supervises or participates in contracts, purchases, payments, claims or other financial transactions, or on a person who supervises or participates in planning, recommending, selecting or contracting for materials, services, goods, construction or construction services of a school district or school purchasing cooperative is subject to the penalties prescribed in A.R.S. § 15-213(O).
- K. A person who serves on an evaluation committee for a procurement is subject to A.R.S. § 41-2616(C).
- L. A person who contracts for or purchases materials, services, goods, construction or construction services shall be subject to the penalties prescribed in A.R.S. § 15-213 and A.R.S. § 41-2616 for violations of and attempts to avoid Articles 10 and 11.
- M. Pursuant to A.R.S. § 15-213 and A.R.S. Title 41, Chapter 23, the Attorney General shall enforce the provisions of Articles 10 and 11 and may take action prescribed therein.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
 Amended effective March 21, 1991 (Supp. 91-1).  
 Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 24 A.A.R. 3283, effective October 22, 2018 (Supp. 18-4). Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1). The word “rule” has been changed to “Section” to reflect current standards in Chapter style and format (Supp. 21-2).

**R7-2-1004. Written Determinations**

- A. Written determinations required by Articles 10 and 11, including for any specified professional services, construction, construction services or materials to an entity selected from a qualified select bidders list or through a school purchasing cooperative, shall specify the reasons for the determination, including how the determination was made.

- B. The school district is authorized to prescribe methods and operational procedures to be used in preparing written determinations.
- C. The school district shall place the written determination into the school district’s procurement file.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
 Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 24 A.A.R. 3283, effective October 22, 2018 (Supp. 18-4).

**R7-2-1005. Change orders and contract modifications**

Any change order or contract modification that exceeds \$100,000 or five percent, whichever is greater, may be executed only if the governing board determines in writing that the change order or contract modification is advantageous to the school district and the price is determined to be fair and reasonable.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1006. Confidential Information**

- A. If a person believes that a bid, proposal, response to a request for information, technical offer, statement of qualifications, specification, or protest contains confidential trade secrets or other proprietary data not to be disclosed as otherwise required by A.R.S. § 39-121, a statement advising the school district of this fact shall accompany the submission and the information shall be so identified wherever it appears. Contract terms and conditions, pricing, and information generally available to the public are not considered confidential information under this Section.
- B. Until a determination is made under subsection (C), the school district shall not disclose information designated as confidential under subsection (A) except to school district personnel having a legitimate interest in, or persons assisting the school district in evaluation of, the bid, proposal, response to a request for information, technical offer, statement of qualifications, specification, or protest.
- C. Upon receipt of a submission designating information as confidential, the school district shall make one of the following written determinations:
  - 1. The designated information is confidential and the school district shall not disclose the information except to school district personnel having a legitimate interest in, or persons assisting the school district in evaluation of, the bid, proposal, response to a request for information, technical offer, statement of qualifications, specification, or protest.
  - 2. The designated information is not confidential.
- D. The school district may request additional information, if necessary to make the determination required by subsection (C).
- E. If the school district determines that information submitted is not confidential, the person who made the submission shall be notified in writing. The notice shall specify that a request for review of the district representative’s determination may be filed within 10 days of the date of the district representative’s determination.
- F. A request for review of the district representative’s determination shall be filed in writing with the district representative. The request for review shall state the precise legal or factual errors in the district representative’s decision. If a request for review is received:

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1. The district representative shall consider the alleged legal or factual errors in the request for review of the district representative's determination and issue a final written determination to the person filing the request.
2. Until the final determination is made under subsection (C)(2), the school district shall not disclose information designated as confidential under subsection (A) except to school district personnel having a legitimate interest in, or persons assisting the school district in evaluation of, the bid, proposal, response to a request for information, technical offer, statement of qualifications, specification, or protest.

**G.** The school district may release information determined to not be confidential under subsection (C)(2) if:

1. A request for review is not received by the district representative within the time period specified in the notice; or
2. The district representative issues a final written determination under subsection (F)(1) that the designated information is not confidential.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended effective March 21, 1991 (Supp. 91-1). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1007. Delegation of Procurement Authority**

- A.** The governing board may, in a public meeting held in conformity with A.R.S. Title 38, Chapter 3, Article 3.1, delegate procurement authority to a designee. Any delegation shall be accomplished by adopting a governing board policy for this purpose.
1. Delegated procurement authority may include, but is not limited to the following:
    - a. Authority to make determinations required by Articles 10 and 11;
    - b. Authority to award contracts;
    - c. Authority to make sole source and emergency procurements; and
    - d. Authority to approve change orders and contract modifications.
  2. Delegated activities and functions shall be adequately separated among individuals so that one individual does not have complete authority over an entire procurement.
- B.** Any delegation shall specify:
1. The title of the school district employee or employees to whom authority is delegated;
  2. The activity or function authorized;
  3. Any limits or restrictions on the exercise of the delegated authority, including the maximum cost of any procurement;
  4. Whether the authority may be further delegated;
  5. The duration of the delegation; and
  6. The conditions and procedures for revocation and modification of the delegation.
- C.** No person delegated such authority may participate in any aspect of a specific procurement if the person would receive any benefit directly or indirectly from a contract for such procurement. Violation of this prohibition may result in termination or other disciplinary action.
- D.** Delegation of procurement authority does not abrogate the responsibility of the governing board to ensure compliance with Articles 10 and 11 notwithstanding the fact that school district personnel were authorized to make procurement decisions.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1008. Procurement Consultants and Procurement Advisory Groups**

- A.** The school district may contract with a procurement consultant to assist in drafting specifications, in the development of solicitations, or in the management of the procurement process. A procurement consultant may provide guidance or advice to a procurement evaluation committee, but shall not serve as a voting member of such committee. For the purposes of this Section, a school district employee or a contracted business manager or purchasing director for the school district is not a procurement consultant.
- B.** The school district may appoint procurement advisory groups or evaluation committees to assist with respect to specifications, solicitation evaluations or procurement in specific areas. Members of such procurement advisory groups or evaluation committees are not procurement consultants as set forth in this Section. Non-school district employees serving on such procurement advisory groups or evaluation committees are not eligible to receive compensation but are eligible for reimbursement of expenses consistent with the school district's travel policy adopted pursuant to A.R.S. § 15-342(5).
- C.** A procurement consultant, a member of a procurement advisory group, or a member of an evaluation committee who participates in any aspect of a specific procurement shall be prohibited from receiving any benefit directly or indirectly from a contract for such procurement, and shall sign a procurement disclosure statement that the person has no interest in the procurement other than that of a disclosed remote interest, as defined in A.R.S. § 38-502, will have no contact with any representative of a competing vendor related to the particular procurement except those contacts specifically authorized by these rules, and has not accepted any personal gift or benefit from a person or vendor that has secured or has taken steps to secure a contract, purchase, payment, claim or financial transaction with the school district or school purchasing cooperative. The procurement disclosure statements shall be retained in the procurement file.
- D.** Specifications prepared by a procurement consultant or a procurement advisory group shall comply with R7-2-1010 through R7-2-1016.
- E.** The school district shall not delegate to a procurement consultant, a procurement advisory group, or an evaluation committee the authority for the award or administration of any particular contract, or over any dispute, claim or litigation pertaining thereto, and a procurement consultant or a procurement advisory group shall not be authorized to obligate the school district in any manner.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1009. Repealed**

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year

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corrected in Supp. 18-2.

## PART II. SPECIFICATIONS

**R7-2-1010. Preparation of Specifications**

- A. Specifications shall be prepared only by the school district or by contract pursuant to R7-2-1014 and R7-2-1015. Regardless of who prepares the specifications, the governing board retains the authority to disapprove all specifications.
- B. In an emergency under R7-2-1055, any necessary specifications may be utilized by the person designated in R7-2-1055 (C) without regard to the provisions of this Section.
- C. Content of specifications.
  - 1. A specification may provide alternate descriptions of materials, services, or construction items where two or more design, functional, or performance criteria will satisfactorily meet the school district's requirements.
  - 2. To the extent practicable, a specification shall not include any solicitation term or condition or any contract term or condition.
  - 3. If a specification for a common or general use item has been developed in accordance with R7-2-1011(A) or a qualified products list has been developed in accordance with R7-2-1011(D) for a particular material, service, or construction item, it shall be used unless the school district makes a written determination that its use is not advantageous to the school district and that another specification shall be used.
  - 4. To the extent practicable, specifications shall emphasize functional or performance criteria. To facilitate the use of such criteria, the school district shall use reasonable efforts to include the principle functional or performance requirements as a part of their purchase requisitions.
  - 5. All procurement solicitations for volatile organic compound containing commodities shall include a request for substitute commodities with lower or no volatile organic content. Substitute products shall not have increased toxicity compared to the original commodity.

**Historical Note**

Adopted effective October 22, 1992 (Supp. 92-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1011. Types of Specifications**

- A. Specification for common or general use items. To the extent practicable, a specification for common or general use item shall be prepared and utilized when:
  - 1. A material, service or construction item is used repeatedly by the school district, and the characteristics of the material, service, or construction item, as commercially produced or provided, remain relatively stable while the frequency or volume of procurements is significant;
  - 2. The school district's recurring needs require uniquely designed or specially produced items; or
  - 3. The school district finds it to be advantageous to the school district.
- B. Brand name or equal specification. A brand name or equal specification may be used when the school district determines that use of a brand name or equal specification is advantageous to the school district.
- C. Brand name specification. A brand name specification may be prepared and utilized only if the school district makes a determination that only the identified brand name item will satisfy the school district's needs. If only one source can supply the requirement, the procurement shall be made pursuant to R7-2-1053.

- D. Qualified products list. A qualified products list may be prepared and utilized when:

- 1. The school district determines that testing or examination of the materials or construction items prior to issuance of the solicitation is desirable or necessary in order to best satisfy the school district's requirements.
- 2. The school district shall solicit as many potential suppliers as practicable to submit products for testing and examination to determine acceptability for inclusion on a qualified products list. Any potential supplier, even though not solicited, may offer its products for consideration in accordance with the schedule or procedure established for this purpose. The qualified products list shall not be modified after the solicitation is issued.
- 3. Inclusion on a qualified products list shall be based on results of tests or examinations conducted in accordance with requirements established by the school district.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1012. Proprietary Specifications**

The school district shall not use specifications in any way proprietary to one supplier unless the specification includes a statement of the reasons why no other specification is practicable, a description of the essential characteristics of the specified product and a statement specifically permitting an acceptable alternative product to be supplied.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1013. Recycled Products Use**

- A. If the price of a recycled paper product that conforms to specifications is within five percent of a low bid product that is not recycled and the recycled product bidder is otherwise the lowest responsible and responsive bidder, the award shall be made to the bidder offering the recycled product. The governing board may adopt rules requiring a five percent preference for other products made from recycled materials.
- B. Specifications shall emphasize functional or performance criteria which, to the extent practicable, do not discriminate against the use of recycled materials.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1014. Maximum Practicable Competition**

- A. Procurement of any materials, services, goods, construction or construction services pursuant to Article 10 or Article 11, shall seek to achieve maximum practicable competition.
- B. All specifications, including those prepared by architects, engineers, consultants and others for public contracts, shall seek to promote overall economy for the purposes intended and encourage competition in satisfying the school district's needs and shall not be unduly restrictive.
- C. Unless otherwise permitted by R7-2-1010 through R7-2-1016, all specifications shall describe the school district's requirements in a manner that does not unreasonably exclude a material, service, or construction item. Proprietary specifications shall be used only as provided in R7-2-1012.

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- D. To the extent practicable, the school district shall use accepted commercial specifications and shall procure standard commercial materials.
- E. Contracts for the preparation of specifications by persons other than the school district shall require the specification writer to adhere to R7-2-1010 through R7-2-1016.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 24 A.A.R. 3283, effective October 22, 2018 (Supp. 18-4).

**R7-2-1015. Conflict of Interest**

- A. No person preparing specifications pursuant to R7-2-1014 shall receive any direct or indirect benefit from the utilization of such specifications.
- B. The governing board may contract for the preparation of specifications with persons, including, but not limited to, consultants, architects, engineers, designers, and other draftsmen of specifications.
- C. If a person prepares a specification pursuant to subsection (B) of this Section, such person shall comply with the requirements of R7-2-1010 through R7-2-1016.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1016. Confidentiality**

- A. Specifications and any written determination or other document generated or used in the development of a specification shall be available for public inspection pursuant to A.R.S. § 39-121, except to the extent that the withholding of such information is permitted or required by law.
- B. If the supplier believes that the specifications contain confidential trade secrets, test data, or similar information, a statement advising the school district of this fact shall accompany the specification in accordance with R7-2-1006.
- C. Qualified products lists test results shall be made available in a manner to protect the identity of the supplier.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1017. Reserved****PART III. REVERSE AUCTIONS****R7-2-1018. Reverse Auctions**

- A. Using reverse auctions
  - 1. If a governing board determines in writing that use of reverse auctions is more advantageous to the school district than other procurement methods prescribed by Articles 10 and 11, the school district may use reverse auctions for the purchase of materials.
  - 2. The written determination shall include, but is not limited to the following information:
    - a. An estimate of the number of prospective bidders;
    - b. An explanation of how reverse auctions will foster competition;
    - c. An explanation of why reverse auctions is more advantageous to the school district than other prescribed procurement methods; and
    - d. The scope and estimated total dollar value of the proposed procurement.
- B. Reverse auction procedures
  - 1. The school district shall develop and implement procedures prior to conducting procurement via reverse auctions. The procedures shall include:
    - a. The method or methods to ensure the integrity and security of the reverse auctions;
    - b. The method or methods for registering bidders for reverse auctions;
    - c. The method or methods for notifying vendors of reverse auction opportunities;
    - d. The method or methods for receiving reverse auction bids; and
    - e. The school district official or officials authorized to conduct reverse auctions.
  - 2. School districts may require bidders to register before the date and time for opening the reverse auction for submission of bids and, as part of that registration, require bidders to agree to any terms, conditions or other requirements of the invitation for bids.
  - 3. Notice of a reverse auction shall be issued at least 14 days before the date and time for opening the reverse auction for submission of bids, unless a shorter time is determined necessary by the school district. If a shorter time is necessary, the school district shall document the specific reasons in the procurement file. The reverse auction notice shall include:
    - a. The school district's requirements for registering prior to the opening date and time, if any;
    - b. The designated site on the Internet for bidder registration and bid submission;
    - c. A link to the designated site on the Internet;
    - d. The scheduled date and time for opening the reverse auction for bid submission; and
    - e. The scheduled date and time for closing the reverse auction for bid submission.
  - 4. The school district shall issue the notice of reverse auction as follows:
    - a. Mail or otherwise furnish the notice of reverse auctions to all prospective bidders registered with the school district for the specific material being solicited.
    - b. Notice of reverse auction shall be given by the school district pursuant to R7-2-1022.
    - c. In addition to the notice provided in subsections (B)(4)(a) and (b), the school district may give such additional notice as the school district deems appropriate, including posting on a designated site on the Internet.
  - 5. The school district shall prepare an invitation for bids that includes:
    - a. Notice that all information submitted by bidders will be made available for public inspection following the award of the contract, except for bid prices which will be made available to other bidders and the public when submitted by the bidder;
    - b. Information for submitting bids, including:
      - i. The date and time for opening the reverse auction for bid submission;
      - ii. The date and time for closing the reverse auction for bid submission;
      - iii. The provisions for extending the period for bid submission, if any;
      - iv. Instructions for submitting bids and other required information, including the designated site on the Internet for submitting bids;

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- v. Notice that bids shall be accepted electronically at the time and in the manner designated in the invitation for bids;
- vi. Notice that bidders' prices shall be disclosed electronically to other bidders and the public on a real time basis;
- vii. Notice that bidders may submit multiple prices and may reduce their bid prices until the reverse auction bidding is closed;
- viii. Notice that the lowest price offered shall become the official bid price;
- ix. Notice that the bidder is required to certify that submission of the bid did not involve collusion or other anticompetitive practices;
- x. Notice that the bidder is required to declare whether the bidder has been debarred, suspended, or otherwise lawfully prohibited from participating in any public procurement activity, including, but not limited to, being disapproved as a subcontractor of any public procurement unit or other governmental body;
- c. The purchase description, specifications, delivery or performance schedule, and inspection and acceptance requirements, as applicable. If a brand name or equal specification is used, instructions that use of a brand name is for the purpose of describing the standard of quality, performance, and characteristics needed to meet the school district's requirements and is not intended to limit or restrict competition. The invitation for bids shall state that products substantially equivalent to the brands designated qualify for consideration;
- d. The factors to be used in bid evaluations, including criteria to determine acceptability such as inspection, testing, quality, workmanship, delivery and suitability for a particular purpose. Only objectively measurable evaluation criteria shall be included in the invitation for bids. Examples of such criteria include, but are not limited to, transportation cost, energy cost, ownership cost and other identifiable costs. Evaluation factors need not be precise predictors, but to the extent possible the evaluation factors shall be reasonable estimates based upon information the school district has available concerning future use.
- e. The contract terms and conditions, including:
  - i. Warranty and bonding or other security requirements, as applicable;
  - ii. The length of the contract and whether the contract will include an option for extension; and
  - iii. Any other contract terms and conditions;
- f. The name of the district representative or district representatives;
- g. The manner by which the bidder is required to acknowledge amendments;
- h. The minimum required information in the bid;
- i. The specific requirements for designating trade secrets and other proprietary data as confidential;
- j. Any specific responsibility criteria;
- k. A statement specifying where documents incorporated by reference may be obtained;
- l. A statement that the school district may cancel the solicitation or reject a bid in whole or in part if deemed advantageous to the school district;
- m. The date, time and location of bid opening;
- n. A description of all information that will be recorded and available for public inspection at bid opening; and
- o. Procurement of earth-moving, material-handling, road maintenance and construction equipment shall include as price evaluation criteria the total life cycle cost including residual value of the earth-moving, material-handling, road maintenance and construction equipment and, to the extent practicable, outright purchase.
- 6. Amendments to invitations for bids shall be made in accordance with R7-2-1026.
- C. The school district shall accept reverse auction bids as follows:
  - 1. At the date and time for opening the reverse auction for bid submission, the school district shall begin accepting on-line bids and shall continue accepting bids until the reverse auction is officially closed.
  - 2. Bids shall be accepted electronically in the manner designated in the invitation for bids.
  - 3. All reverse auction on-line bids shall be posted electronically and updated on a real-time basis. Bidders' prices shall be disclosed to other bidders and the public.
  - 4. The identity of competing bidders shall not be disclosed until the reverse auction bidding is closed.
  - 5. Bidders shall have the opportunity to submit multiple prices and to reduce their bid prices.
  - 6. The lowest price offered shall become the official bid price.
- D. Bids made through a reverse auction are considered to be opened when a computer generated record of the information contained in all bids that were received by the designated site on the Internet not later than the scheduled or final closing date and time are reviewed publicly by the school district in the presence of one or more witnesses at the time and place designated in the invitation for bids. Bid opening shall not be later than 24 hours after the scheduled or final closing date and time.
- E. The contract shall be awarded to the lowest responsible and responsive bidder whose bid conforms in all material respects to the requirements and evaluation criteria set forth in the invitation for bids. No criteria may be used in bid evaluation that are not set forth in the invitation for bids. The amount of any applicable transaction privilege or use tax of a political subdivision of this state is not a factor in determining the lowest bidder.
- F. The school district shall not modify evaluation criteria after the closing date and time.
- G. In the event that multiple bidders submit identical prices for the same materials, bids will be considered in the order received with the first being considered to be the lowest bid.
- H. If only one bid is received in response to an invitation for bids, the school district shall proceed according to R7-2-1032.
- I. The date and time for closing a reverse auction for bid submission may be fixed or remain open depending on the materials being bid.
- J. After the reverse auction bidding has closed, a bidder may withdraw a bid or correct a mistake in accordance with R7-2-1030. Withdrawal of bids shall also be permitted as provided in R7-2-1028.
- K. The school district shall notify all bidders of an award.
- L. A copy of the invitation for bids shall be made available for public inspection at the school district office.
- M. A record of the bid prices received and the name of each bidder shall be open to public inspection following bid opening.

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- N. A record of the reverse auction shall be maintained by the school district that will include all prices offered by all bidders. This record will become part of the procurement file.
- O. Within 10 days after a contract is awarded, the school district shall make the procurement file, including all bids, available for public inspection.
  1. If the procurement file contains information that is confidential under R7-2-1006, a copy of the applicable documents with the confidential information redacted shall be placed in the procurement file for the purpose of public inspection.
  2. The unredacted original copy of the confidential information shall be placed in a sealed envelope or other appropriate container, identified as confidential information, and maintained in the procurement file.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1019. Reserved****R7-2-1020. Reserved****PART IV. COMPETITIVE SEALED BIDDING****R7-2-1021. Method of Source Selection**

- A. Unless otherwise authorized by law, all school district contracts shall be awarded by competitive sealed bidding as provided in R7-2-1021 through R7-2-1032, except as provided in R7-2-1018, R7-2-1033 through R7-2-1068, R7-2-1100 through R7-2-1123, and R7-2-1196.
- B. A school district may conduct competitive sealed bidding electronically, provided that the electronic competitive sealed bidding process complies with the requirements of R7-2-1021 through R7-2-1032. A determination that conducting competitive sealed bidding electronically is advantageous to the school district shall be in writing and retained in the procurement file.
- C. When using electronic competitive sealed bidding, the school district shall determine whether electronic submission of bids is required or optional and state the electronic submission requirements in the public notice and the invitation for bids.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended effective October 22, 1992 (Supp. 92-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1022. Notice of Competitive Sealed Bidding**

- A. Adequate public notice of the invitation for bids shall be given as provided in R7-2-1024. Notice also may be given as provided in subsection (B). In the event there are four or fewer prospective bidders on the bidders list, then notice also shall be given as provided in subsection (B). If the invitation for bids is for the procurement of services other than those described in R7-2-1061 through R7-2-1068 and R7-2-1100 through R7-2-1123, notice also shall be given as provided in subsection (B).
- B. If required by subsection A, the notice shall include publication in the official newspaper of the county, within which the school district is located, as prescribed in A.R.S. § 11-255. The publication, shall occur in a reasonable time before bid opening, which shall not be less than 14 days before bid opening. The time of publication may be altered if deemed necessary pursuant to R7-2-1024(A).

- C. In addition to the notice provided in subsections (A) and (B), the school district may give such additional notice as the school district deems appropriate, including posting on a designated site on the Internet.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1023. Prospective Bidders Lists**

- A. The school district shall compile and maintain a prospective bidders list. Inclusion of the name of a person shall not indicate whether the person is responsible concerning a particular procurement or otherwise capable of successfully performing a school district contract.
- B. Persons desiring to be included on the prospective bidders list shall notify the school district. Upon notification, the school district shall mail or otherwise provide the person with the school district procedures for inclusion on the bidders list. Within 30 days after receiving the required information, the school district shall add the person to the prospective bidders list unless the school district makes a determination that inclusion is not advantageous to the school district.
- C. Persons who fail to respond to invitations for bids for two consecutive procurements of similar items may be removed from the applicable bidders list after notifying the person in writing. This notice shall not be required if the two invitations for bids which were not responded to both contained the notice that bidders' names may be removed from the bidders list if they fail to respond to invitations for bids for two consecutive procurements of similar items. Persons may be reinstated upon request.
- D. Prospective bidders lists shall be available for public inspection, unless the school district makes a written determination that it is advantageous to the school district that they be kept confidential or private and should not be open for inspection pursuant to A.R.S. § 39-121.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1024. Invitation for Bids**

- A. Invitation for bids shall be issued at least 14 days before the due date and time in the invitation for bids unless a shorter time is deemed necessary for a particular procurement as determined by the school district. If a shorter time is necessary, the school district shall document the specific reasons in the procurement file.
- B. Content.
  1. The invitation for bids shall include the following:
    - a. Notice that all information and bids submitted by bidders will be made available for public inspection following the award of the contract;
    - b. Instructions and information to bidders concerning bid submission requirements, including the means for bid submission such as, hand delivery, U.S. mail, electronic mail, facsimile, or other acceptable means, the bid due date and time, the address of the office at which bids or other documents are to be received, the bid acceptance period, and any other special information or requirements;



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- c. Whether the school district will consider partial bids for award of a contract;
  - d. Notification of whether the school district may award multiple contracts and the school district's basis for determining whether to award multiple contracts. If multiple contracts may be awarded, the invitation for bids shall include the criteria the school district will use for selecting vendors for each contract under the multiple award, including, as applicable, whether contracts will be awarded by individual line items, groups of line items, or categories, whether contracts will be awarded incrementally, and whether contracts will be awarded by designated regions or locations;
  - e. The basis for determining the lowest bidder or bidders;
  - f. Procurement of earth-moving, material-handling, road maintenance and construction equipment shall include as price evaluation criteria the total life cycle cost including residual value of the earth-moving, material-handling, road maintenance and construction equipment and, to the extent practicable, the cost of outright purchase;
  - g. The purchase description, specifications, delivery or performance schedule, and inspection and acceptance requirements, as applicable. If a brand name or equal specification is used, instructions that use of a brand name is for the purpose of describing the standard of quality, performance, and other characteristics needed to meet the school district's requirements and is not intended to limit or restrict competition. The invitation for bids shall state that products substantially equivalent to the brands designated qualify for consideration;
  - h. The factors to be used in bid evaluations, including criteria to determine acceptability such as inspection, testing, quality, workmanship, delivery and suitability for a particular purpose. Only objectively measurable evaluation criteria shall be included in the invitation for bids. Examples of such criteria include, but are not limited to, transportation cost, energy cost, ownership cost and other identifiable costs. Evaluation factors need not be precise predictors, but to the extent possible the evaluation factors shall be reasonable estimates based upon information the school district has available concerning future use;
  - i. The contract terms and conditions, including:
    - i. Warranty and bonding or other security requirements, as applicable;
    - ii. The length of the contract and whether the contract will include an option for extension; and
    - iii. Any other contract terms and conditions;
  - j. The name of the district representative or district representatives;
  - k. The manner by which the bidder is required to acknowledge amendments;
  - l. The minimum information required in the bid;
  - m. The specific requirements for designating trade secrets and other proprietary data as confidential;
  - n. Any specific responsibility criteria;
  - o. A statement specifying where documents incorporated by reference may be obtained;
  - p. A statement that the school district may cancel the solicitation or reject a bid in whole or in part if deemed advantageous to the school district;
  - q. Notice that the bidder is required to certify that submission of the bid did not involve collusion or other anticompetitive practices and that the bidder has taken steps and exercised due diligence to ensure that no violation of A.R.S. § 15-213(O) has occurred;
  - r. Notice that the bidder is required to declare whether the bidder has been debarred, suspended, or otherwise lawfully prohibited from participating in any public procurement activity, including, but not limited to, being disapproved as a subcontractor of any public procurement unit or other governmental body;
  - s. Any bid security required;
  - t. A description of all information that will be recorded and available for public inspection at bid opening; and
  - u. The date, time and location of any pre-bid conference.
2. When using electronic competitive sealed bidding, the invitation for bids shall specify whether electronic submission of bids is required or optional, the electronic submission requirements, and the electronic signature requirements.
- C.** The school district shall mail or otherwise furnish invitation for bids or notices of the availability of invitation for bids to all prospective bidders registered with the school district for the specific material, service or construction being bid.
- D.** A copy of the invitation for bids shall be made available for public inspection at the school district office.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).

Amended effective October 22, 1992 (Supp. 92-4).

Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1025. Pre-bid Conferences**

- A.** The school district may conduct a pre-bid conference to explain the procurement requirements.
- B.** If a pre-bid conference is conducted, it shall be not less than seven days before the bid due date and time, unless the school district makes a written determination that the specific needs of the procurement justify a shorter time. Statements made during a pre-bid conference are not amendments to the solicitation.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).

Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1026. Amendments to Invitation for Bids**

- A.** An amendment to an invitation for bids shall be issued if necessary to:
  - 1. Make changes in the invitation for bids;
  - 2. Correct defects or ambiguities;
  - 3. Furnish to other bidders information given to one bidder if the information will assist the other bidders in submitting bids or if the lack of the information will prejudice the other bidders;
  - 4. Provide additional information or instructions; or
  - 5. Set a later bid due date and time if the school district determines that an extension is advantageous to the school district.

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- B.** Amendments to an invitation for bids shall be so identified and the school district shall ensure that the amendments are distributed or made available to all persons to whom the original invitation for bids was distributed or made available. The school district shall make a copy of the amendments to an invitation for bids available for public inspection at the school district office. If the school district posted the invitation for bids or a notice of the availability of an invitation for bids on a designated site on the Internet, then the school district shall post any amendments to the invitation for bids on the same designated site on the Internet. The school district shall also do one or more of the following:
1. Distribute the amendment, by any method reasonably calculated to ensure delivery, to all prospective bidders to whom the invitation for bids was distributed;
  2. Make the amendment available and issue a notice of amendment which contains instructions for obtaining copies of the amendment. The notice of amendment shall be distributed, by any method reasonably calculated to ensure delivery, to all prospective bidders to whom the invitation for bids was distributed. Upon receipt of such notice of amendment, it is the responsibility of the prospective bidder to obtain the amendment.
- C.** Amendments to invitation for bids shall be issued within a reasonable time before bid opening to allow prospective bidders to consider them in preparing their bids. If the school district determines that the bid due date and time does not permit sufficient time for bid preparation, the bid due date and time shall be extended in the amendment or, if necessary, by telephone, facsimile, email, or other communications methods, and confirmed in the amendment.
- D.** A bidder shall acknowledge receipt of an amendment in the manner specified in the invitation for bids or the amendment on or before the bid due date and time.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1027. Pre-opening Modification or Withdrawal of Bids**

- A.** A bidder may modify or withdraw a bid in writing at any time before bid opening if the modification or withdrawal is received before the bid due date and time at the location designated in the invitation for bids for receipt of bids.
- B.** All documents concerning a modification or withdrawal of a bid shall be retained in the procurement file.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1028. Late Bids, Late Withdrawals and Late Modifications**

- A.** A bid, modification or withdrawal is late if it is received at the location designated in the invitation for bids for receipt of bids after the bid due date and time.
- B.** A late bid, late modification, or late withdrawal shall be rejected, unless the late bid, late modification, or late withdrawal would have been timely received but for the action or inaction of school district personnel and is received before contract award.
- C.** Upon receiving a late bid, late modification, or late withdrawal, the school district shall record the time and date of receipt and promptly send written notice of late receipt to the

bidder. The school district may discard the document 30 days after the date on the notice unless the bidder requests and provides funding for the document to be returned.

- D.** All documents concerning acceptance of a late bid, late modification, or late withdrawal shall be retained in the procurement file.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1029. Receipt, Opening and Recording of Bids**

- A.** A school district shall maintain a record of bids and modifications received for each invitation for bids, shall record the time and date when each bid or modification is received, and shall store each unopened bid or modification in a secure place until the bid due date and time.
1. If required to confirm a vendor's inquiry regarding receipt of its bid prior to the due date and time, a school district may open a bid to identify the vendor. If this occurs, the school district shall record the reason for opening the bid, the date and time the bid was opened, and the solicitation number. The school district shall secure the bid and retain it for public opening.
  2. One or more witnesses shall be present for the opening of a bid under subsection (A)(1).
- B.** Bids and modifications shall be opened publicly at the date, time and place designated in the invitation for bids in the presence of one or more witnesses. The name of each bidder, the amount of each bid, and other relevant information deemed appropriate by the school district shall be recorded. The person opening the bids and all witnesses shall sign the record.
1. The record created in subsection (B) shall be available for public inspection.
  2. The bids shall not be open for public inspection until after a contract is awarded.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1030. Mistakes in Bids**

- A.** If an apparent mistake in a bid, relevant to the award determination, is discovered after opening and before award, a school district shall contact the bidder for written confirmation of the bid. If the bidder fails to act, the bidder is considered nonresponsive and the school district shall place a written determination that the bidder is nonresponsive in the procurement file. The school district shall designate a time-frame within which the bidder shall either:
1. Confirm that no mistake was made and assert that the bid stands as submitted; or
  2. Acknowledge that a mistake was made and include all of the following in a written response:
    - a. An explanation of the mistake and any other relevant information;
    - b. A request for correction including the corrected bid or a request for withdrawal; and
    - c. The reasons why correction or withdrawal is consistent with fair competition and advantageous to the school district.
- B.** A bidder who discovers a mistake in its bid after bid opening and before award, may request correction or withdrawal in

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writing and shall include all of the following in the written request:

1. An explanation of the mistake and any other relevant information;
  2. A request for correction including the corrected bid or a request for withdrawal; and
  3. The reasons why correction or withdrawal is consistent with fair competition and advantageous to the school district.
- C.** After bid opening and before award, a bid mistake based on an error in judgment may not be corrected or withdrawn. Other bid mistakes may be corrected or withdrawn pursuant to subsections (D) through (F).
- D.** After bid opening and before award, the school district shall either waive minor informalities in a bid or allow the bidder to correct them if correction is advantageous to the school district.
- E.** After bid opening and before award, the bid may not be withdrawn and shall be corrected to the intended bid if a bid mistake and the intended bid are evident on the face of the bid.
- F.** After bid opening and before award, the school district may permit a bidder to withdraw a bid if:
1. A nonjudgmental mistake is evident on the face of the bid but the intended bid is not evident; or
  2. The bidder establishes by clear and convincing evidence that a nonjudgmental mistake was made.
- G.** If correction or withdrawal of a bid after bid opening is permitted or denied under subsections (D), (F) and (J), the school district shall prepare a written determination showing that the relief was permitted or denied under this Section.
- H.** Notwithstanding other provisions of this Section, after bid opening and before award, no corrections in bid prices or other provisions of bids prejudicial to the interest of the school district or fair competition shall be permitted.
- I.** If a mistake in the bid is discovered after the award, the bidder may request withdrawal or correction in writing and shall include all of the following in the written request:
1. An explanation of the mistake and any other relevant information;
  2. A request for correction including the corrected bid or a request for withdrawal; and
  3. The reasons why correction or withdrawal is consistent with fair competition and advantageous to the school district.
- J.** Based on the considerations of fair competition and the best interest of the school district, the school district may take one of the following actions regarding a bid mistake discovered after the award:
1. Allow correction of the mistake, if the corrected bid amount is less than the next lowest bid;
  2. Cancel all or part of the award; or
  3. Deny correction or withdrawal.
- K.** After cancellation of all or part of an award in accordance with subsection (J)(2), if the bid acceptance period has not expired, the school district may award all or part of the contract to the next lowest responsible and responsive bidder, based on the considerations of fair competition and the best interest of the school district.
- A.** As provided in subsection (C), the contract or contracts shall be awarded to the lowest responsible and responsive bidder or bidders whose bid or bids conform in all material respects to the requirements and evaluation criteria set forth in the invitation for bids. No criteria may be used in bid evaluation that are not set forth in the invitation for bids. The amount of any applicable transaction privilege or use tax of a political subdivision of this state is not a factor in determining the lowest bidder.
- B.** A product acceptability evaluation shall be conducted solely to determine whether a bidder's product is acceptable as set forth in the invitation for bids and not whether one bidder's product is superior to another bidder's product. Any bidder's offering that does not meet the acceptability requirements shall be rejected as nonresponsive.
- C.** The school district shall award the contract to the single lowest responsible and responsive bidder for all materials or services, except that the school district may make a multiple award if the invitation for bids included notification that multiple contracts may be awarded, the school district's basis for determining whether to award multiple contracts, and the criteria for selecting vendors for the multiple contracts.
- D.** Before making a multiple award, the school district shall determine in writing that a multiple award is necessary and is advantageous to the school district and shall establish procedures for the use of the multiple awarded contracts to ensure that purchases are made from the contracts determined by the school district to offer the lowest cost in satisfying the school district's requirements. A multiple award shall be limited to the least number of suppliers the school district determines in writing to be necessary to meet the school district's requirements, and may include the following types of awards:
1. Awards to the lowest responsible and responsive bidder for individual line items, groups of line items, or categories.
  2. Awards to the lowest responsible and responsive bidders for similar or identical line items, groups of line items, or categories only if the school district determines in writing that such awards are necessary to obtain the required quantity or delivery, and the awards are limited to the least number of bidders necessary to meet the school district's requirements.
  3. An incremental award only if the school district determines in writing that such an award is necessary to obtain the required quantity or delivery. The award shall be made to the lowest responsible and responsive bidder, then the next lowest responsible and responsive bidder or bidders until the total definite quantity required is awarded.
  4. A regional award to the lowest responsible and responsive bidder in designated regions or locations only if the school district determines in writing that such an award is necessary to obtain the required quantity or delivery over widely scattered locations or a particular requirement is of a local nature.
- E.** The procurement file shall contain the basis on which the award or awards are made.
- F.** The school district shall not modify evaluation criteria after the bid due date and time.
- G.** A school district may appoint an evaluation committee to assist in the evaluation of bids. If bids are evaluated by an evaluation committee, the evaluation committee shall prepare an evaluation report for the school district. The school district may:
1. Accept the findings of the evaluation committee;

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525,  
effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

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2. Request additional information from the evaluation committee; or
  3. Reject the findings of the evaluation committee, in which case the school district shall appoint a new evaluation committee to evaluate the existing bids or cancel the solicitation.
- H.** The school district may contact a bidder to confirm the school district's understanding of the bid. Such contact shall be prior to award. The school district shall obtain written confirmation from the bidder and shall retain the confirmation in the procurement file.
- I.** The contract or contracts shall be awarded during the bid acceptance period. If the bid acceptance period expires prior to award of the contract or contracts, the procurement shall be canceled, unless the bid acceptance period is extended in accordance with subsection (J).
- J.** To extend the bid acceptance period, a school district shall notify all bidders in writing of an extension and request written concurrence from each bidder. To be eligible for a contract award, a bidder shall submit a written concurrence to the extension. The school district shall reject a bid as nonresponsive if written concurrence is not provided as requested.
- K.** A contract may not be awarded to a bidder submitting a higher quality item than that designated in the invitation for bids unless the bidder is also the lowest bidder as determined under subsection (A). This Section does not permit negotiations with any bidder, except as provided in subsection (L).
- L.** If all bids for a construction project exceed available monies as certified by the school district, and the lowest responsive bid from a responsible bidder does not exceed such monies by more than five percent, the school district may in situations in which time or economic considerations preclude resolicitation of work of a reduced scope, negotiate an adjustment of the bid price, including changes in the bid requirements, with the lowest responsible and responsive bidder, to bring the bid within the amount of available monies.
- M.** If there are two or more low responsive bids from responsible bidders that are identical in price and that meet all the requirements and criteria set forth in the invitation for bids, award shall be made by drawing lots in the presence of one or more witnesses.
- N.** A record showing the basis for determining the successful bidder shall be retained in the procurement file.
- O.** The school district shall notify all bidders of an award.
- P.** After a contract is awarded, the school district shall return any bid security provided by unsuccessful bidders.
- Q.** Upon execution of the contract, if performance and payment bonds were not required, or upon receipt of the specified bonds, if performance and payment bonds were required, the school district shall return any bid security provided by the successful bidder.
- R.** Within 10 days after a contract is awarded, the school district shall make the procurement file, including all bids, available for public inspection.
1. If the procurement file contains information that is confidential under R7-2-1006, a copy of the applicable documents with the confidential information redacted shall be placed in the procurement file for the purpose of public inspection.
  2. The unredacted original copy of the confidential information shall be placed in a sealed envelope or other appropriate container, identified as confidential information, and maintained in the procurement file.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended effective October 22, 1992 (Supp. 92-4).

Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1032. Only One Bid Received**

If only one responsive bid is received in response to an invitation for bids, an award may be made to the single bidder if the school district determines in writing that the bidder is responsible, that the price submitted is fair and reasonable, and that either other prospective bidders had reasonable opportunity to respond, or there is not adequate time for resolicitation. Otherwise the bid may be rejected in whole or in part as may be specified in the invitation for bids if it is advantageous to the school district. The reasons for cancellation or rejection shall be made part of the procurement file and:

1. New bids may be solicited;
2. The proposed procurement may be canceled; or
3. If the school district determines that the need for the material or service continues and the acceptance of the one bid is not advantageous to the school district, the procurement may then be conducted as follows:
  - a. The school district may follow the sole source procurement procedure if R7-2-1053 applies.
  - b. Notwithstanding any other provision of Articles 10 and 11, the school district may make emergency procurements pursuant to R7-2-1055 and R7-2-1056 if an emergency condition exists pursuant to R7-2-1055.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1033. Simplified School Construction Procurement Program**

- A.** The simplified school construction procurement program is applicable to construction projects which do not exceed the maximum amount specified in A.R.S. § 15-213(A)(2).
- B.** To participate in the simplified school construction procurement program:
1. Each county school superintendent shall maintain a prospective bidders list of persons who desire to receive solicitations to bid on school district construction projects within that county. The prospective bidders list shall be maintained in accordance with R7-2-1023;
  2. The prospective bidders list maintained pursuant to subsection (B)(1) shall be available for public inspection;
  3. A performance bond and a payment bond, as required by A.R.S. § 34-222, shall be provided for contracts for construction by contractors;
  4. All bids for construction shall be opened at a public opening and the bids shall remain confidential until the public opening;
  5. All persons desiring to submit bids shall be treated equitably and the information related to each project shall be available to all eligible persons; and
  6. Competition for construction projects under the simplified school construction procurement program shall be encouraged to the maximum extent possible. School districts shall submit information on each project to all persons listed on the prospective bidders list maintained by the county school superintendent pursuant to subsection (B)(1).

**Historical Note**

Adopted effective December 4, 1998 (Supp. 98-4).

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Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1034. Reserved****PART V. MULTISTEP SEALED BIDDING****R7-2-1035. Multistep Sealed Bidding**

- A. The multistep sealed bidding method may be used if:
1. Available specifications or purchase descriptions are not sufficiently complete to permit full competition without technical evaluations and discussions to ensure mutual understanding between each bidder and the school district;
  2. Definite criteria exist for evaluation of technical offers;
  3. More than one technically qualified source is expected to be available; and
  4. A fixed-price contract will be used.
- B. The multistep sealed bidding method may not be used for construction contracts.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1036. Phase 1 of Multistep Sealed Bidding**

- A. Multistep sealed bidding shall be initiated by the issuance of an invitation to submit technical offers. The invitation to submit technical offers shall be issued according to R7-2-1022 and R7-2-1024(A).
- B. The invitation to submit technical offers shall include the following information:
1. Notice that the procurement shall be conducted in two phases;
  2. The best description of the material or services desired;
  3. A statement that unpriced technical offers only shall be considered in phase 1;
  4. The requirements for the technical offers, such as drawings and descriptive literature;
  5. The criteria for evaluating technical offers;
  6. The due date and time for receipt of technical offers and the location where technical offers shall be delivered or mailed;
  7. A statement that discussions may be held;
  8. A statement that only bids based on technical offers determined to be acceptable in phase 1 shall be considered for award;
  9. The name of the district representative or district representatives;
  10. Notice that all technical offers submitted will be made available for public inspection following the award of the contract; and
  11. The date, time and location of any pre-technical offer conference.
- C. A school district may conduct a pre-technical offer conference open to all persons. If a pre-technical offer conference is conducted, it shall be not less than seven days before the technical offer due date and time, unless the school district makes a written determination that the specific needs of the procurement justify a shorter time. Statements made during the pre-technical offer conference shall not be considered modifications to the invitation to submit technical offers.
- D. The invitation to submit technical offers may be amended before or after the submission of the unpriced technical offers. Amendments to an invitation to submit technical offers shall be so identified and the school district shall ensure that the

amendments are distributed or made available to all persons to whom the original invitation to submit technical offers was distributed or made available. The school district shall make a copy of the amendments to an invitation to submit technical offers available for public inspection at the school district office. If the school district posted the invitation to submit technical offers or a notice of the availability of an invitation to submit technical offers on a designated site on the Internet, then the school district shall post any amendments to the invitation to submit technical offers on the same designated site on the Internet. The school district shall also do one or more of the following:

- a. Distribute the amendment, by any method reasonably calculated to ensure delivery, to all persons to whom the invitation to submit technical offers was distributed;
  - b. Make the amendment available and issue a notice of amendment which contains instructions for obtaining copies of the amendment. The notice of amendment shall be distributed, by any method reasonably calculated to ensure delivery, to all persons to whom the invitation to submit technical offers was distributed. Upon receipt of such notice of amendment, it is the responsibility of the person to obtain the amendment.
2. Amendments shall be issued within a reasonable time before technical offer opening to allow persons to consider them in preparing their technical offers. If the school district determines that the technical offer due date and time does not permit sufficient time for technical offer preparation, the technical offer due date and time shall be extended in the amendment or, if necessary, telephone, facsimile, email, or other communications methods, and confirmed in the amendment.
  3. A person shall acknowledge receipt of an amendment in the manner specified in the invitation to submit technical offers or the amendment on or before the technical offer due date and time.
- E. Unpriced technical offers shall not be opened publicly, but shall be opened in the presence of two or more district officials designated by the school district. The contents of unpriced technical offers shall not be disclosed to unauthorized persons. Late technical offers shall not be considered except under the circumstances set forth in R7-2-1028(B).
- F. Unpriced technical offers shall be evaluated solely in accordance with the criteria set forth in the invitation to submit technical offers and shall be determined to be either acceptable for further consideration or unacceptable. A determination that an unpriced technical offer is unacceptable shall be in writing, state the basis for the determination and be retained in the procurement file. If the school district determines a person's unpriced technical offer is unacceptable, the school district shall notify that person of the determination and that the person shall not be afforded an opportunity to amend the technical offer.
- G. The school district may conduct discussions with any person who submits an acceptable or potentially acceptable technical offer. During discussions, the school district shall not disclose any information derived from one unpriced technical offer to any other person. After discussions, the school district shall establish a due date and time for receipt of final technical offers and shall notify, in writing, persons submitting acceptable or potentially acceptable technical offers of the due date and time. The school district shall keep a detailed record of all discussions.

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- H. At any time during phase 1, technical offers may be withdrawn.
- I. A copy of the invitation to submit technical offers shall be made available for public inspection at the school district office.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1037. Phase 2 of Multistep Sealed Bidding**

- A. Upon completion of phase 1, the school district shall issue an invitation for bids and conduct phase 2 under R7-2-1024 through R7-2-1032 as a competitive sealed bidding procurement, except that the invitation for bids shall be issued only to persons whose technical offers were determined to be acceptable in phase 1.
- B. Unpriced technical offers of unsuccessful persons shall be open to public inspection after contract award, except to the extent set forth in R7-2-1006.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1038. Reserved****R7-2-1039. Reserved****R7-2-1040. Reserved**

## PART VI. COMPETITIVE SEALED PROPOSALS

**R7-2-1041. Competitive Sealed Proposals**

- A. This Section does not apply to procurement of services of clergy, certified public accountants, physicians, dentists, and legal counsel, construction, construction services, or specified professional services. Services of clergy, certified public accountants, physicians, dentists and legal counsel shall be procured pursuant to R7-2-1061 through R7-2-1068. Construction and construction services shall be procured as provided in R7-2-1100. Specified professional services shall be procured pursuant to R7-2-1117 through R7-2-1123.
- B. As an alternative to competitive sealed bidding, competitive sealed proposals may be used in order to:
  - 1. Use a contract other than a fixed-price type;
  - 2. Conduct oral or written discussions with offerors concerning technical and price aspects of their proposals;
  - 3. Afford offerors an opportunity to revise their proposals;
  - 4. Compare the different price, quality, and contractual factors of the proposals submitted; or
  - 5. Award a contract in which price is not the determining factor.
- C. A school district may conduct competitive sealed proposals electronically, provided that the electronic competitive sealed proposals process complies with the requirements of R7-2-1041 through R7-2-1050. A determination that conducting competitive sealed proposals electronically is advantageous to the school district shall be in writing and retained in the procurement file.
- D. When using electronic competitive sealed proposals, the school district shall determine whether electronic submission of proposals is required or optional and state the electronic submission requirements in the public notice and the request for proposals.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended effective March 21, 1991 (Supp. 91-1).  
Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1042. Request for Proposals**

- A. Competitive sealed proposals shall be solicited through a request for proposals. A request for proposals shall include the following:
  - 1. Instructions to offerors, including:
    - a. Instructions and information to offerors concerning proposal submission requirements, including the means for proposal submission such as, hand delivery, U.S. mail, electronic mail, facsimile, or other acceptable means, the proposal due date and time, the address of the office at which proposals or other documents are to be received, the proposal acceptance period, and any other special information or requirements;
    - b. The manner by which the offeror is required to acknowledge amendments;
    - c. Notification of whether the school district may award multiple contracts and the school district's basis for determining whether to award multiple contracts. If multiple contracts may be awarded, the request for proposals shall include the criteria the school district will use for selecting vendors for each contract under the multiple award, including as applicable, whether contracts will be awarded by individual line items, groups of line items, or categories, whether contracts will be awarded incrementally, and whether contracts will be awarded by designated regions or locations;
    - d. The minimum information required in the proposal;
    - e. The specific requirements for designating trade secrets and other proprietary data as confidential;
    - f. Any specific responsibility criteria;
    - g. Whether the offeror is required to submit samples, descriptive literature, and technical data with the proposal;
    - h. Evaluation factors and the relative importance of price and other evaluation factors. Specific numerical weighting is not required;
    - i. Procurement of earth-moving, material-handling, road maintenance and construction equipment shall include as evaluation factors the total life cycle cost including residual value of the earth-moving, material-handling, road maintenance and construction equipment and, to the extent practicable, the cost of outright purchase;
    - j. A statement specifying where documents incorporated by reference may be obtained;
    - k. A statement that the school district may cancel the solicitation or reject a proposal in whole or in part if deemed advantageous to the school district;
    - l. Notice that the offeror is required to certify that submission of the proposal did not involve collusion or other anticompetitive practices and that the offeror has taken steps and exercised due diligence to ensure that no violation of A.R.S. § 15-213(O) has occurred;
    - m. Notice that the offeror is required to declare whether the offeror has been debarred, suspended, or otherwise lawfully prohibited from participating in any public procurement activity, including, but not limited to, the following:
      - 1. Instructions to offerors, including:
        - a. Instructions and information to offerors concerning proposal submission requirements, including the means for proposal submission such as, hand delivery, U.S. mail, electronic mail, facsimile, or other acceptable means, the proposal due date and time, the address of the office at which proposals or other documents are to be received, the proposal acceptance period, and any other special information or requirements;
        - b. The manner by which the offeror is required to acknowledge amendments;
        - c. Notification of whether the school district may award multiple contracts and the school district's basis for determining whether to award multiple contracts. If multiple contracts may be awarded, the request for proposals shall include the criteria the school district will use for selecting vendors for each contract under the multiple award, including as applicable, whether contracts will be awarded by individual line items, groups of line items, or categories, whether contracts will be awarded incrementally, and whether contracts will be awarded by designated regions or locations;
        - d. The minimum information required in the proposal;
        - e. The specific requirements for designating trade secrets and other proprietary data as confidential;
        - f. Any specific responsibility criteria;
        - g. Whether the offeror is required to submit samples, descriptive literature, and technical data with the proposal;
        - h. Evaluation factors and the relative importance of price and other evaluation factors. Specific numerical weighting is not required;
        - i. Procurement of earth-moving, material-handling, road maintenance and construction equipment shall include as evaluation factors the total life cycle cost including residual value of the earth-moving, material-handling, road maintenance and construction equipment and, to the extent practicable, the cost of outright purchase;
        - j. A statement specifying where documents incorporated by reference may be obtained;
        - k. A statement that the school district may cancel the solicitation or reject a proposal in whole or in part if deemed advantageous to the school district;
        - l. Notice that the offeror is required to certify that submission of the proposal did not involve collusion or other anticompetitive practices and that the offeror has taken steps and exercised due diligence to ensure that no violation of A.R.S. § 15-213(O) has occurred;
        - m. Notice that the offeror is required to declare whether the offeror has been debarred, suspended, or otherwise lawfully prohibited from participating in any public procurement activity, including, but not limited to, the following:

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ited to, being disapproved as a subcontractor of any public procurement unit or other governmental body;

- n. Any bid security required;
  - o. Any cost or pricing data required;
  - p. The type of contract to be used;
  - q. A statement that discussions may be conducted with offerors who submit proposals determined to be reasonably susceptible of being awarded a contract;
  - r. The date, time and location of any pre-proposal conference;
  - s. The name of the district representative or district representatives;
  - t. A description of all information that will be recorded and available for public inspection at proposal opening;
  - u. Notice that all information and proposals submitted by offerors will be made available for public inspection following the award of the contract; and
  - v. Whether the school district will consider partial proposals for award of a contract.
2. Specifications, including:
    - a. The purchase description, delivery or performance schedule, and inspection and acceptance requirements, as applicable;
    - b. If a brand name or equal specification is used, instructions that the use of a brand name is for the purpose of describing the standard of quality, performance, and other characteristics needed to meet the school district's requirements and is not intended to limit or restrict competition. The solicitation shall state that products substantially equivalent to those brands designated shall qualify for consideration; and
    - c. Any other specification requirements specific to the solicitation.
  3. Contract terms and conditions, including:
    - a. Warranty and bonding or other security requirements, as applicable;
    - b. The length of the contract and whether the contract will include an option for extension; and
    - c. Any other contract terms and conditions.
  4. When using electronic competitive sealed proposals, the request for proposals shall specify whether electronic submission of proposals is required or optional, the electronic submission requirements, and the electronic signature requirements.
- B. A request for proposals shall be issued at least 14 days before the due date and time for receipt of proposals unless a shorter time is determined necessary by the school district. If a shorter time is necessary, the school district shall document the specific reasons in the procurement file.
  - C. Notice of the request for proposals shall be given by the school district pursuant to R7-2-1022 and R7-2-1024(C).
  - D. Before submission of initial proposals, amendments to requests for proposals shall be made in accordance with R7-2-1026. After submission of proposals, amendments may be made in accordance with R7-2-1036(D).
  - E. A copy of the request for proposals shall be made available for public inspection at the school district office.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
 Amended effective October 22, 1992 (Supp. 92-4).  
 Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemak-

ing at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1043. Pre-proposal Conferences**

Pre-proposal conferences may be convened in accordance with R7-2-1025.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).

**R7-2-1044. Late Proposals, Modifications or Withdrawals**

- A. An offeror may modify or withdraw a proposal in writing at any time before proposal opening if the modification or withdrawal is received before the proposal due date and time at the location designated in the request for proposals for receipt of proposals.
- B. Withdrawal of a proposal after proposal opening is permissible only in accordance with R7-2-1049.
- C. A proposal received after the due date and time for receipt of proposals is late and shall not be considered except under the circumstances set forth in R7-2-1028(B). A best and final offer received after the due date and time for receipt of best and final offers is late and shall not be considered except under the circumstances set forth in R7-2-1028(B).
- D. A modification of a proposal received after the due date and time for receipt of proposals is late and shall not be considered except under the circumstances set forth in R7-2-1028(B).
- E. A modification of a proposal resulting from an amendment issued after the due date and time for receipt of proposals or a modification of a proposal resulting from discussions shall be considered if received by the due date and time set forth in the amendment or by the due date and time for submission of best and final offers, whichever is applicable. If the modifications described in this subsection are received after the respective date and time described in this subsection, the modifications are late and shall not be considered except under the circumstances set forth in R7-2-1028(B).
- F. Upon receiving a late proposal, late modification, or late withdrawal, the school district shall record the time and date of receipt and promptly send written notice of late receipt to the offeror. The school district may discard the document 30 days after the date on the notice unless the offeror requests and provides funding for the document to be returned.
- G. All documents concerning acceptance of a late proposal, late modification, or late withdrawal shall be retained in the procurement file.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
 Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1045. Receipt, Opening and Recording of Proposals**

- A. A school district shall maintain a record of proposals and modifications received for each solicitation, shall record the time and date when each proposal or modification is received, and shall store each unopened proposal or modification in a secure place until the proposal due date and time.
  - 1. If required to confirm a vendor's inquiry regarding receipt of its proposal prior to the due date and time, a school district may open a proposal to identify the vendor. If this occurs, the school district shall record the reason for opening the proposal, the date and time the proposal was opened, and the solicitation number. The school district shall secure the proposal and retain it for public opening.

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2. One or more witnesses shall be present for the opening of a proposal under subsection (A)(1).
- B.** Proposals and modifications shall be opened publicly at the date, time and place designated in the request for proposals in the presence of one or more witnesses. The name of each offeror and other relevant information deemed appropriate by the school district shall be recorded. The person opening the proposals and all witnesses shall sign the record. All other information contained in the proposals shall be confidential so as to avoid disclosure of contents prejudicial to competing offerors during the evaluation of proposals. Proposals and modifications shall be shown only to school district personnel having a legitimate interest in them or persons assisting the school district in evaluation.
  1. The record created in subsection (B) shall be available for public inspection.
  2. The proposals shall not be open for public inspection until after a contract is awarded.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
 Amended by final exempt rulemaking at 21 A.A.R. 1525,  
 effective July 1, 2014 (Supp. 15-3); effective year cor-  
 rected in Supp. 18-2.

**R7-2-1046. Evaluation of Proposals**

- A.** Evaluation of proposals and best and final offers shall be based on the evaluation factors set forth in the request for proposals. Specific numerical weighting may be used.
  1. If only one proposal is received in response to a request for proposals, the school district shall proceed according to R7-2-1032.
  2. The school district shall not modify evaluation factors or the relative importance of price and other evaluation factors after the proposal due date and time.
  3. A school district may appoint an evaluation committee to assist in the evaluation of proposals. If proposals are evaluated by an evaluation committee, the evaluation committee shall prepare an evaluation report for the school district. The school district may:
    - a. Accept the findings of the evaluation committee;
    - b. Request additional information from the evaluation committee; or
    - c. Reject the findings of the evaluation committee, in which case the school district shall appoint a new evaluation committee to evaluate the existing proposals or cancel the solicitation.
- B.** As part of its initial evaluation, the school district may contact an offeror to confirm the school district's understanding of the proposal. Such contact shall be prior to the determination that a proposal is acceptable for further consideration. The school district shall obtain written confirmation from the offeror and shall retain the confirmation in the procurement file.
- C.** The contract or contracts shall be awarded during the proposal acceptance period. If the proposal acceptance period expires prior to award of the contract or contracts, the procurement shall be canceled, unless the proposal acceptance period is extended in accordance with subsection (D).
- D.** To extend the proposal acceptance period, a school district shall notify all offerors in writing of an extension and request written concurrence from each offeror. To be eligible for a contract award, an offeror shall submit a written concurrence to the extension. The school district shall reject a proposal as nonresponsive if written concurrence is not provided as requested.

- E.** For the purpose of conducting discussions, the school district shall determine that proposals are either acceptable for further consideration or unacceptable.
- F.** A proposal is acceptable if it is determined to be reasonably susceptible of being awarded a contract in accordance with the evaluation criteria and a comparison and ranking of original proposals. Proposals to be considered reasonably susceptible of being awarded a contract shall, at a minimum, demonstrate the following:
  1. Affirmative compliance with mandatory requirements designated in the solicitation.
  2. An ability to deliver goods or services on terms advantageous to the school district sufficient to be entitled to continue in the competition.
  3. That the proposal is technically acceptable as submitted.
- G.** A proposal is unacceptable if it is determined to not be reasonably susceptible of being awarded a contract. Those proposals that have no reasonable chance for award when compared on a relative basis with more highly ranked proposals will not be reasonably susceptible of being awarded a contract. The determination shall be in writing, state the basis for the determination and be retained in the procurement file. When there is doubt as to whether a proposal is reasonably susceptible of being awarded a contract, the proposal shall be considered acceptable.
- H.** If the school district determines an offeror's proposal is unacceptable, the school district shall notify that offeror of the determination and that the offeror shall not be afforded an opportunity to amend its proposal.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
 Amended by final exempt rulemaking at 21 A.A.R. 1525,  
 effective July 1, 2014 (Supp. 15-3); effective year cor-  
 rected in Supp. 18-2.

**R7-2-1047. Discussions with Individual Offerors**

- A.** Discussions may be conducted with responsible offerors who submit proposals determined to be acceptable for further consideration. Discussions may be conducted to assure full understanding of the proposal in order to obtain the most advantageous contract for the school district based upon the requirements and evaluation factors in the request for proposals. Offerors shall be afforded fair treatment with respect to any opportunity for discussion and revision of proposals.
- B.** A school district shall establish procedures and schedules for conducting discussions. The school district shall ensure there is no disclosure of one offeror's price or any information derived from competing proposals to another offeror.
- C.** Discussions may be conducted orally or in writing. If oral discussions are conducted, the offeror shall confirm the discussions in writing.
- D.** If discussions are conducted, they shall be conducted with all offerors who submit proposals determined to be acceptable for further consideration. Proposals may not be revised during discussions.
- E.** The school district shall keep a detailed record of all discussions in the procurement file.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
 Amended by final exempt rulemaking at 21 A.A.R. 1525,  
 effective July 1, 2014 (Supp. 15-3); effective year cor-  
 rected in Supp. 18-2.

**R7-2-1048. Best and Final Offers**

- A.** Only if discussions are conducted pursuant to R7-2-1047, the school district shall issue a written request for best and final



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offers to all offerors who submitted proposals determined to be acceptable pursuant to R7-2-1046(E). The request shall set forth the date, time and place for the submission of best and final offers.

- B. Best and final offers shall be requested only once, unless the school district makes a determination that it is advantageous to the school district to conduct further discussions or change the school district's requirements.
- C. The request for best and final offers shall inform offerors that, if they do not submit a notice of withdrawal or a best and final offer, their immediate previous offer will be construed as their best and final offer.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1049. Mistakes in Proposals**

- A. Prior to the due date and time for receipt of best and final offers, any offeror may withdraw a proposal in writing or correct any mistake by modifying the proposal.
- B. After receipt of best and final offers, an offeror may withdraw a proposal or correct a mistake in accordance with R7-2-1030.
- C. The offeror shall withdraw or correct its proposal in writing. The school district shall retain the written withdrawal or correction in the procurement file.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1050. Contract Award**

- A. As provided in subsection (B), the school district shall award a contract or contracts to the responsible offeror or offerors whose proposal or proposals are determined in writing to be most advantageous to the school district based on the factors set forth in the request for proposals. No factors or criteria may be used in proposal evaluation that are not set forth in the request for proposals. The amount of any applicable transaction privilege or use tax of a political subdivision of this state is not a factor in determining the most advantageous proposal.
- B. The school district shall award the contract to the offeror whose proposal is deemed most advantageous to the school district for all materials or services, except that the school district may make a multiple award if the request for proposals included notification that multiple contracts may be awarded, the school district's basis for determining whether to award multiple contracts, and the criteria for selecting vendors for the multiple contracts.
- C. Before making a multiple award, the school district shall determine in writing that a multiple award is necessary and is advantageous to the school district and shall establish procedures for the use of the multiple awarded contracts to ensure that purchases are made from the contracts determined by the school district to be most advantageous to the school district in satisfying the school district's requirements. A multiple award shall be limited to the least number of contracts the school district determines in writing to be necessary to meet the school district's requirements, and may include the following types of awards:
  - 1. Awards to the offerors most advantageous to the school district for individual line items, groups of line items, or categories.

- 2. Awards to the offerors most advantageous to the school district for similar or identical line items, groups of line items, or categories only if the school district determines in writing that such awards are necessary to obtain the required quantity or delivery, and the awards are limited to the least number of offerors necessary to meet the school district's requirements.
- 3. An incremental award only if the school district determines in writing that such an award is necessary to obtain the required quantity or delivery. The award shall be made to the offeror whose proposal is determined to be the most advantageous to the school district, then to the offeror with the next most advantageous proposal, etc., until the total definite quantity required is reached.
- 4. Regional awards to the offerors most advantageous to the school district in designated regions or locations only if the school district determines in writing that such awards are necessary to obtain the required quantity or delivery over widely scattered locations or a particular requirement is of a local nature.
- D. The school district shall notify all offerors of an award.
- E. The procurement file shall contain the basis on which the award or awards are made.
- F. After a contract is awarded, the school district shall return any bid security provided by the unsuccessful offerors.
- G. Upon execution of the contract, if performance and payment bonds were not required, or upon receipt of the specified bonds, if performance and payment bonds were required, the school district shall return any bid security provided by the successful offeror.
- H. Within 10 days after a contract is awarded, the school district shall make the procurement file, including all proposals, available for public inspection.
  - 1. If the procurement file contains information that is confidential under R7-2-1006, a copy of the applicable documents with the confidential information redacted shall be placed in the procurement file for the purpose of public inspection.
  - 2. The unredacted original copy of the confidential information shall be placed in a sealed envelope or other appropriate container, identified as confidential information, and maintained in the procurement file.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended effective October 22, 1992 (Supp. 92-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1051. Reserved****R7-2-1052. Reserved****PART VII. SOLE SOURCE PROCUREMENTS****R7-2-1053. Sole Source Procurements**

- A. A contract may be awarded for a material, service or construction item without competition if the governing board determines in writing that there is only one source for the required material, service or construction item. The school district may require the submission of cost or pricing data in connection with an award under this Section. Sole source procurement shall be avoided, except when no reasonable alternative source exists.
- B. The governing board's determination shall be made before entering the contract and shall include the following information:

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1. A description of the procurement need and the reason why there is only a single source available or why no reasonable alternative exists;
  2. The name of the proposed supplier;
  3. The duration and estimated total dollar value of the proposed procurement;
  4. Documentation that the price submitted is fair and reasonable; and
  5. A description of efforts made to seek other sources.
- C.** The school district shall, to the extent practicable, negotiate with the single supplier a contract advantageous to the school district.
- D.** A copy of the written determination of the basis for the sole source procurement and any cost or pricing data shall be retained in the procurement file by the school district. The school district shall keep a record of all sole source procurements pursuant to R7-2-1086.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1054. Reserved****PART VIII. EMERGENCY PROCUREMENTS****R7-2-1055. Emergency Procurement Procedure**

- A.** An emergency condition creates an immediate and serious need for materials, services, or construction that cannot be met through normal procurement methods and seriously threatens the functioning of the school district, the preservation or protection of property or the public health, welfare or safety. Some examples of emergency conditions are floods, epidemics, or other natural disasters, riots, fire or equipment failures.
- B.** An emergency procurement shall be limited to the materials, services, or construction necessary to satisfy the emergency need.
- C.** The governing board shall designate a board member or members or school district official or officials authorized to make emergency procurements, and may prescribe limiting factors including maximum spending limits with regard to emergency procurements.
- D.** The designated board member or district official shall:
1. Select the contractor to perform the emergency work with as much competition as practicable under the circumstances;
  2. Obtain a price that is fair and reasonable under the circumstances;
  3. Prepare a written statement documenting the basis for the emergency, the basis for the selection of the particular contractor, and why the price paid was fair and reasonable. The statement shall be signed by the designated governing board member or district official authorized to initiate emergency procurements; and
  4. Convene a meeting of the governing board to approve the emergency procurement, unless the nature of the emergency requires that the procurement be made prior to governing board approval.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1056. Emergency Procurement Reporting**

- A.** If the nature of the emergency does not permit convening a meeting of the governing board to approve the emergency pro-

curement, the designated board member or district official who makes an emergency procurement shall, at the first scheduled governing board meeting following the procurement, provide to the governing board a report concerning the emergency procurement including the following information:

1. The written statement documenting the basis for the emergency, the basis for the selection of the particular contractor, and why the price paid was fair and reasonable; and
  2. Why it was impracticable to convene a meeting of the governing board.
- B.** The information and documentation required in this Section shall be included in the procurement file.
- C.** The school district shall keep a record of all emergency procurements pursuant to R7-2-1086.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1057. Repealed****Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**PART IX. REQUEST FOR INFORMATION****R7-2-1058. Request for Information**

- A.** The school district may issue a request for information to obtain data about services or materials available to meet a specific need. Notice of the request for information shall be issued in accordance with R7-2-1024(A) and R7-2-1024(C).
- B.** Responses to a request for information are not offers and cannot be accepted to form a binding contract.
- C.** Information contained in a response to a request for information may be withheld from public inspection until the subsequent procurement is awarded or terminated, two years from the date of the vendor's response, or upon commencement of a new procurement, whichever occurs first.
- D.** There is no required format to be used for requests for information.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1059. Reserved****R7-2-1060. Reserved****PART X. SERVICES OF CLERGY, CERTIFIED PUBLIC ACCOUNTANTS, PHYSICIANS, DENTISTS AND LEGAL COUNSEL****R7-2-1061. Competitive Selection Procedures for Clergy, Certified Public Accountants, Physicians, Dentists and Legal Counsel**

- A.** The services of clergy, certified public accountants, physicians, dentists, or legal counsel shall be procured in accordance with R7-2-1061 through R7-2-1068, except as authorized pursuant to R7-2-1002, R7-2-1053, or R7-2-1055.

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- B. Pursuant to A.R.S. § 15-914, contracts for financial and compliance audits and completed audits shall be approved by the Auditor General as provided in A.R.S. § 41-1279.21.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1062. Statement of Qualifications**

- A. If the services specified in R7-2-1061(A) are needed, persons may submit and the school district may solicit persons engaged in providing the services to submit statements of qualifications on a prescribed form that shall include the following information:
1. Technical education and training;
  2. General or special experience, certifications, licenses, and memberships in professional associations, societies, or boards;
  3. An expression of interest in providing a particular service; and
  4. Any other pertinent information requested by the school district.
- B. Persons who have submitted statements of qualifications may amend those statements at any time by filing a new statement.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1063. Request for Proposals**

- A. Adequate notice of the need for services specified in R7-2-1061(A) shall be given by the school district through a request for proposals. The request for proposals shall be in accordance with R7-2-1042.
- B. In addition to providing notice of the request for proposals pursuant to R7-2-1022 and R7-2-1024(C), the school district shall provide notice to all persons who submitted statements of qualifications for the particular services solicited.
- C. If required to evaluate proposals, the request for proposals shall require all offerors who have not already done so to submit a statement of qualifications pursuant to R7-2-1062.
- D. Pre-proposal conferences may be convened in accordance with R7-2-1025.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1064. Receipt of Proposals**

Proposals shall be received and opened in accordance with R7-2-1045. Late proposals, modifications, or withdrawals shall be considered in accordance with R7-2-1044.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).

**R7-2-1065. Evaluation of Proposals**

Proposals shall be evaluated in accordance with R7-2-1046.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).

**R7-2-1066. Discussions with Individual Offerors**

- A. As part of its initial evaluation, the school district may contact an offeror to confirm the school district's understanding of the

proposal. Such contact shall be prior to the determination that a proposal is acceptable for further consideration. The school district shall obtain written confirmation from the offeror and shall retain the confirmation in the procurement file.

- B. The school district may conduct discussions with any offeror in accordance with R7-2-1047. If such discussions are conducted, the school shall issue a request for best and final offers pursuant to R7-2-1048.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1067. Mistakes in Proposals**

Mistakes in proposals shall be addressed pursuant to R7-2-1049.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1068. Contract Award**

- A. As provided in subsection (B), the school district shall award a contract or contracts to the responsible offeror or offerors best qualified based on the evaluation factors set forth in the request for proposal and after making a written determination that the price is fair and reasonable. The school district shall not award a contract based solely on price. No factors or criteria may be used in proposal evaluation that are not set forth in the request for proposals.
- B. The school district shall award the contract to the best qualified offeror whose price is determined to be fair and reasonable for all services, except that the school district may make a multiple award if the request for proposals included notification that multiple contracts may be awarded, the school district's basis for determining whether to award multiple contracts, and the criteria for selecting vendors for the multiple contracts.
- C. Before making a multiple award, the school district shall determine in writing that a multiple award is necessary and is advantageous to the school district and shall establish procedures for the use of the multiple awarded contracts to ensure that purchases are made from the contracts determined by the school district to be most advantageous to the school district in satisfying the school district's requirements. A multiple award shall be limited to the least number of contracts the school district determines in writing to be necessary to meet the school district's requirements, and may include the following types of awards:
1. Award to the best qualified offeror whose price is determined to be fair and reasonable for individual line items, groups of line items, or categories.
  2. Awards to the best qualified offerors whose prices are determined to be fair and reasonable for similar or identical line items, groups of line items, or categories only if the school district determines in writing that such awards are necessary to obtain the required quantity or delivery, and the awards are limited to the least number of offerors necessary to meet the school district's requirements.
  3. An incremental award only if the school district determines in writing that such an award is necessary to obtain the required quantity or delivery. The award shall be made to the best qualified person whose price is determined to be fair and reasonable, then to the next best qualified person whose price is determined to be fair and

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reasonable, etc., until the total definite quantity required is reached.

4. Regional awards to the best qualified offerors whose prices are determined to be fair and reasonable in designated regions or locations only if the school district determines in writing that such an award is necessary to obtain the required quantity or delivery over widely scattered locations or a particular requirement is of a local nature.
- D. The school district shall notify all offerors of an award.
- E. The procurement file shall contain the basis on which the award or awards are made.
- F. Within 10 days after a contract is awarded, the school district shall make the procurement file, including all proposals, available for public inspection.
  1. If the procurement file contains information that is confidential under R7-2-1006, a copy of the applicable documents with the confidential information redacted shall be placed in the procurement file for the purpose of public inspection.
  2. The unredacted original copy of the confidential information shall be placed in a sealed envelope or other appropriate container, identified as confidential information, and maintained in the procurement file.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**PART XI. GUARANTEED ENERGY CONTRACTS****R7-2-1069. Guaranteed Energy Cost Savings Contracts**

- A. A school district may procure a guaranteed energy cost savings contract with a qualified provider through competitive sealed proposals in accordance with R7-2-1041 through R7-2-1050.
  1. The request for proposal evaluation factors required by R7-2-1042(A)(1)(h) shall include objective criteria for selecting the qualified provider, including the cost of the contract, the energy cost savings, the net projected energy savings, the quality of the technical approach, the quality of the project management plan, the financial solvency of the qualified provider and the experience of the qualified provider with projects of similar size and scope.
  2. Notwithstanding R7-2-1042(A)(1)(h), the request for proposals shall set forth the respective numerical weighting for each evaluation criterion.
  3. At the qualified provider's expense, the proposal shall include an independent third-party validation of cost savings calculations associated with each proposed energy cost savings measure by a licensed, registered professional engineer, with credentials from the national association of energy engineers, who has demonstrated experience in energy analysis. The school district shall approve the selection of the independent third party.
  4. A school district may enter into a guaranteed energy cost savings contract with a qualified provider if the school district determines that the energy savings project will pay for itself within the expected life of the energy cost savings measures implemented (according to the manufacturer's equipment standards), the term of the financial agreement or 25 years, whichever is shortest, if the recommendations in the proposal are followed. The school district shall retain the cost savings achieved by a guaranteed energy cost savings contract, and these cost savings may be used to pay for the contract and project implementation.
5. A qualified provider is a person that is experienced in designing, implementing or installing energy cost savings measures, that has a record of established projects or measures of similar size and scope, that has demonstrated technical, operational, financial and managerial capabilities to design and operate cost savings measures and projects and that has the financial ability to satisfy guarantees for energy cost savings.
- B. In selecting a contractor to perform any construction work related to performing the guaranteed energy cost savings contract, the qualified provider may:
  1. Develop and use a prequalification process for contractors.
  2. Require the contractor to demonstrate that the contractor is adequately bonded to perform the work and that the contractor has not failed to perform on a prior job.
- C. At the selected qualified provider's expense, a study shall be performed by the selected qualified provider in order to establish the exact scope of the guaranteed energy cost savings contract, the fixed cost savings guarantee amount and the methodology for determining actual savings. The selected qualified provider will provide the school district with a final study report which validates that the fixed cost savings guarantee amount will meet or exceed the cost savings calculations contained within the original proposal. The study report shall be reviewed and approved by the school district before the actual installation of any equipment. The qualified provider shall transmit a copy of the approved study report to the school facilities board and the governor's office of energy policy.
- D. The information to develop the energy baseline shall be derived from historical energy costs or actual energy measurements or shall be calculated from energy measurements at the facility where energy cost savings measures are to be installed or implemented. The baseline shall be established before the installation or implementation of energy cost savings measures.
- E. One or more school districts may enter into a financing agreement with a qualified provider or a financial institution, trustee or paying agent for the purchase and installation or implementation of energy cost savings measures. Any required financing may be obtained as part of the original competitive sealed proposal process from the qualified provider, or from a third-party financing institution that is procured separately in accordance with Articles 10 and 11.
- F. The selected qualified provider shall provide a performance bond in accordance with R7-2-1103(A)(1)(c).
- G. The selected qualified provider shall make public information in the subcontractor's bids.
- H. The guaranteed energy cost savings contract shall include the following:
  1. A requirement that, in determining whether the projected energy savings calculations have been met, the energy savings shall be computed by comparing the energy baseline before installation or implementation of the energy cost savings measures with the energy consumed after installation or implementation of the energy cost savings measures. The qualified provider and the school district may agree to make modifications to the energy baseline only for any of the following:
    - a. Changes in utility rates.
    - b. Changes in the number of days in the utility billing cycle.
    - c. Changes in the square footage of the facility.
    - d. Changes in the operational schedule of the facility.

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- e. Changes in facility temperature.
  - f. Significant changes in the weather.
  - g. Significant changes in the amount of equipment or lighting utilized in the facility.
  - h. Significant changes in the nature or intensity of energy use such as the change of classroom space to laboratory space.
2. A payment schedule, with payments over a period of not more than the expected life of the energy cost savings measures implemented (according to the manufacturer's equipment standards), the term of the financial agreement or 25 years, whichever is shortest.
  3. A requirement that all payments, except obligations on termination of the contract before its expiration, be made pursuant to the terms of the financing agreement.
  4. A written guarantee from the qualified provider that the energy savings will meet or exceed the costs of the energy cost savings measures over the expected life of the energy cost savings measures implemented (according to the manufacturer's equipment standards), the term of the financial agreement or 25 years, whichever is shortest. The school district shall ensure that the contractor:
    - a. For the term of the guaranteed energy cost savings contract, prepares a measurement and verification report on an annual basis in addition to an annual reconciliation of savings.
    - b. Reimburses the school district for any shortfall of guaranteed energy cost savings on an annual basis.
    - c. Uses the international performance and measurement and verification protocol standards or the federal energy management program standards to validate the savings guarantee.
- I.** A school district may utilize a simplified energy performance contract for projects less than \$500,000. Simplified energy performance contracts are not required to include an energy savings guarantee and shall comply with all requirements in this Section except for subsections (D), (H)(1)(a) through (h) and (H)(4)(a) through (c).
- J.** This Section does not apply to the construction of new buildings.
- K.** For all projects under this Section, the school district shall report to the governor's office of energy policy:
1. The name of the project.
  2. The qualified provider.
  3. The total cost of the project.
  4. The expected energy cost savings and relevant escalators.
  5. The agreed on baseline in the measurement and verification agreement in both kilowatt hours and dollars.
- Historical Note**
- New Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).
- R7-2-1070. Guaranteed Energy Production Contracts**
- A.** A school district may procure a guaranteed energy production contract with a qualified provider through competitive sealed proposals in accordance with R7-2-1041 through R7-2-1050.
1. The request for proposals evaluation factors required by R7-2-1042(A)(1)(h) shall include objective criteria for selecting the qualified provider, including the guaranteed energy price, the guaranteed energy production, the quality of the technical approach, the quality of the project management plan, the financial solvency of the qualified provider and the experience of the qualified provider with projects of similar size and scope.
  2. Notwithstanding R7-2-1042(A)(1)(h), the request for proposals shall set forth the respective numerical weighting for each evaluation criterion.
  3. The school district may obtain any required financing as part of the original competitive sealed proposal process from the qualified provider, or from a third-party financing institution procured separately in accordance with Articles 10 and 11.
  4. When submitting a proposal for the installation of equipment, the qualified provider shall include information containing the guaranteed energy production associated with each proposed energy production measure. The school district shall review and approve this guarantee before the actual installation of any equipment. The qualified provider shall transmit a copy of the approved guarantee to the school facilities board and the governor's office of energy policy.
  5. A qualified provider is a person that is experienced in designing, implementing or installing energy cost savings measures, that has demonstrated technical, operational, financial and managerial capabilities to design and operate cost savings measures and projects and that has the financial ability to satisfy guarantees for guaranteed energy production, financial solvency and experience for projects of similar size and scope.
- B.** In selecting a contractor to perform any construction work related to performing the guaranteed energy production contract, the qualified provider may:
1. Develop and use a prequalification process for contractors.
  2. Require the contractor to demonstrate that the contractor is adequately bonded to perform the work and that the contractor has not failed to perform on a prior job.
- C.** A guaranteed energy production contract shall include a guaranteed energy price, and a written guaranteed energy production as measured on an annual basis over the expected life of the energy production measures implemented or within twenty-five years, whichever is shorter. The school district shall ensure that the contractor:
1. Prepares a measurement and verification report on an annual basis in addition to an annual reconciliation of any guaranteed energy production shortfall.
  2. Reimburses the school district for any guaranteed energy production shortfall on an annual basis by multiplying any energy production shortfall by either the difference between the guaranteed energy price and the effective utility rate, or an alternative method as mutually agreed on by the school district and the provider.
- D.** The selected qualified provider shall provide a performance bond in accordance with R7-2-1103(A)(1)(c).
- E.** The selected qualified provider shall make public information in the subcontractor's bids.
- F.** For all projects under this Section, the school district shall report to the governor's office of energy policy and the school facilities board:
1. The name of the project.
  2. The qualified provider.
  3. The total cost of the project.
  4. The expected guaranteed energy production and guaranteed energy price, including relevant escalators, if applicable, over the term of the guaranteed energy production contract.
- G.** For all projects under this Section, the school district shall annually report the actual energy production and guaranteed

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energy price to the school facilities board no later than October 15.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**PART XII. GENERAL CONTRACT REQUIREMENTS****R7-2-1071. Reserved****R7-2-1072. Cancellation of Solicitations; Rejection of Bids and Proposals**

Each solicitation issued by the school district shall state that the solicitation may be canceled or bids or proposals rejected if it is advantageous to the school district.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).

**R7-2-1073. Cancellation of Solicitation Before the Due Date and Time**

- A. Before the due date and time, a solicitation may be canceled in whole or in part if the school district determines that cancellation is advantageous to the school district. The reasons for the cancellation shall be made part of the procurement file.
- B. The school district shall notify in writing all persons to whom the original notice or solicitation was distributed by the school district. Notice shall be in the same manner as the original notice or solicitation, including posting on a designated site on the Internet, as applicable.
- C. The school district shall not open bids or proposals after cancellation. The school district may discard the bid or proposal 30 days after notice is given in accordance with subsection (B), unless the bidder or offeror requests the bid or proposal be returned.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1074. Cancellation of Solicitation After Bid or Proposal Opening and Before Award**

- A. After opening of bids or proposals but before award, a solicitation may be canceled in whole or in part if the school district determines that cancellation is advantageous to the school district. The reasons for the cancellation shall be made part of the procurement file.
- B. The school district shall notify bidders or offerors of the cancellation in writing.
- C. The school district shall retain bids or proposals received under the canceled solicitation in the procurement file. If the school district intends to issue another solicitation within six months after cancellation of the procurement, the school district shall withhold the bids or proposals from public inspection. After award of a contract under the subsequent solicitation, the school district shall make bids or proposals submitted in response to the canceled solicitation available for public inspection except for information determined to be confidential pursuant to R7-2-1006.
- D. In the event of cancellation, the school district shall promptly return any bid security provided by a bidder or offeror.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year cor-

rected in Supp. 18-2.

**R7-2-1075. Rejection of Individual Bids and Proposals**

- A. A bid or proposal may be rejected in whole or in part if:
  1. The person responding to the solicitation is determined to be nonresponsive pursuant to R7-2-1076;
  2. It is nonresponsive or unacceptable;
  3. The proposed price is unreasonable; or
  4. It is otherwise not advantageous to the school district.
- B. Bidders or offerors whose bids or proposals are rejected shall be notified. A record of the rejection shall be retained in the procurement file.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1076. Responsibility of Bidders and Offerors**

- A. The school district shall make a written determination that a bidder or offeror is responsible before awarding a contract to that bidder or offeror.
- B. If the school district determines a bidder or offeror is nonresponsive, the school district shall promptly send a determination to the bidder or offeror stating the basis for the determination. The school district shall file a copy of the determination in the procurement file.
- C. A finding of nonresponsibility shall not be construed as a violation of the rights of any person.
- D. If the school district included specific responsibility criteria in the solicitation, such criteria shall be considered in determining if a bidder or offeror is responsible.
- E. Factors to be considered in determining if a bidder or offeror is responsible may include:
  1. The bidder or offeror's financial, material, personnel or other resources, including subcontracts;
  2. The bidder or offeror's record of performance and integrity;
  3. Whether the bidder or offeror has been debarred or suspended; and
  4. Whether the bidder or offeror is qualified legally to contract with the school district.
- F. The unreasonable failure of a bidder or offeror to promptly supply information in connection with an inquiry with respect to responsibility shall be grounds for a determination of nonresponsibility with respect to the bidder or offeror.
- G. As required by A.R.S. § 41-2540(B), information furnished by a bidder or offeror pursuant to this Section shall not be disclosed outside of the school district without prior written consent by the bidder or offeror except to law enforcement agencies.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1077. Prequalification of Contractors for Materials, Services and Construction**

- A. Prospective contractors may be prequalified for particular types of materials, services and construction. Prospective contractors have a continuing duty to provide the school district with information on any material change affecting the basis of prequalification. Solicitation mailing lists of prospective contractors shall include the prequalified contractors.

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- B. A prospective contractor need not be prequalified to be awarded a contract. Prequalification does not represent a determination of responsibility.
- C. The existence of a qualified product list pursuant to R7-2-1011(D) does not constitute prequalification of any prospective supplier of that product.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525,  
effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1078. Bid and Contract Security**

- A. Bid and performance bonds or other security may be required for material or service contracts to guarantee faithful bid and contract performance if the governing board determines that such requirement is advantageous to the school district. In determining the amount and type of security required for each contract, the governing board shall consider the nature of the performance and the need for future protection to the school district. The requirement for bonds or other security shall be included in the solicitation.
- B. Bid or performance bonds shall not be used as a substitute for a determination of bidder or offeror responsibility.
- C. If a bid or proposal is withdrawn at any time before bid or proposal opening, any bid security shall be returned to the bidder or offeror.
- D. After the contract is awarded, any bid security shall be returned to the unsuccessful bidders or offerors. Upon execution of the contract, if performance bonds or other security were not required, or upon receipt of the specified bonds, if performance bonds or other security were required, the school district shall return any bid security provided by the successful bidder or offeror.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525,  
effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1079. Cost or Pricing Data**

- A. The submission of current cost or pricing data may be required in connection with an award in situations in which analysis of the proposed price is essential to determine that the price is fair and reasonable. A contractor shall, except as provided in subsection (C), submit current cost or pricing data and shall certify that, to the best of the contractor's knowledge and belief, the cost or pricing data submitted is accurate, complete and current as of a mutually determined specified date before the date of either:
  1. The pricing of any contract awarded by competitive sealed proposals or pursuant to the sole source procurement authority, if the total contract price is expected to exceed \$100,000.
  2. The pricing of any change order or contract modification which is expected to increase the total contract price which will then exceed \$100,000.
- B. Any contract, change order or contract modification for which certified cost or pricing data is required shall contain a provision that the price to the school district shall be adjusted to exclude any significant amounts by which the school district finds that the price was increased because the contractor-furnished cost or pricing data was inaccurate, incomplete or not current as of the date agreed on between the parties. Such adjustment by the school district may include profit or fee. The

school district may reduce the contract price pursuant to R7-2-1081.

- C. The requirements of this Section may be waived if any of the following apply:
  1. The contract price is based on adequate price competition.
  2. The contract price is based on established catalog prices or market prices.
  3. Contract prices are set by law or regulation.
  4. It is determined in writing by the school district that the waiver is advantageous to the school district. The determination shall include the reasons why the waiver is advantageous to the school district.
- D. When applicable, the solicitation shall include a notice that certified cost or pricing data shall be submitted.
- E. In an emergency, cost or pricing data may be submitted at a reasonable time after the contract is awarded.
- F. A copy of all determinations by the school district that pertain to the submission of cost or pricing data shall be retained in the procurement file.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525,  
effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1080. Refusal to Submit Cost or Pricing Data**

- A. If the offeror fails to submit cost or pricing data in the required form, the school district may reject the proposal.
- B. If a contractor fails to submit data to support a price adjustment in the form required, the school district may:
  1. Reject the price adjustment; or
  2. Set the amount of the price adjustment subject to the contractor's rights under R7-2-1141 through R7-2-1185.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525,  
effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1081. Defective Cost or Pricing Data**

- A. The school district may reduce the contract price if, upon determination, the cost or pricing data are defective.
- B. The contract price shall be reduced in the amount of the defect plus related overhead and profit or fee if the school district relied upon the defective data in awarding the contract.
- C. Any dispute as to the existence of defective cost or pricing data or the amount of an adjustment due to defective cost or pricing data may be appealed as a contract controversy under R7-2-1141 through R7-2-1185. Pending appeal, the adjusted contract price shall remain in effect.
- D. If certification of either current cost or pricing data is required, the awarded contract shall include notice of the right of the school district to a reduction in price if certified cost or pricing data are subsequently determined to be defective.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525,  
effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1082. Right to Inspect Plant**

The school district may at reasonable times inspect the part of the plant or place of business of a contractor or any subcontractor which is related to the performance of any contract awarded or to be awarded by the school district.

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**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).

**R7-2-1083. Right to Audit Records**

- A. The school district may, at reasonable times and places, audit the books and records of any person who submits cost or pricing data as provided in R7-2-1079 to the extent that the books and records relate to the cost or pricing data. Any person who receives a contract, change order or contract modification for which cost or pricing data is required shall maintain the books and records that relate to the cost or pricing data for five years after completion of the contract.
- B. The school district is entitled to audit the books and records of a contractor or any subcontractor under any contract or subcontract to the extent that the books and records relate to the performance of the contract or subcontract. The books and records shall be maintained by the contractor for a period of five years after completion of the contract and by the subcontractor for a period of five years after completion of the subcontract.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525,  
effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1084. Anticompetitive Practices**

- A. If for any reason collusion or other anticompetitive practices are suspected among any bidders or offerors, a notice or the relevant facts shall be transmitted to the governing board and the attorney general. This Section does not require a law enforcement agency conducting an investigation into such practices to convey such notice to the school district.
- B. Upon submitting a bid or proposal, the bidder or offeror shall certify on a form prescribed by the school district that the submission of the bid or proposal did not involve collusion or other anticompetitive practices.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525,  
effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1085. Retention of Procurement Records**

All procurement records shall be retained and disposed of in accordance with records retention guidelines and schedules approved by the Arizona State Library, Archives and Public Records.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525,  
effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1086. Record of Procurement Actions**

- A. The school district shall maintain a record listing all contracts made under R7-2-1053, Sole source procurements, or R7-2-1055, Emergency procurements, for a minimum of five years. The record shall contain:
1. Each contractor's name.
  2. The amount and type of each contract.
  3. A listing of the materials, services or construction procured under each contract.
- B. The record shall be available for public inspection.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
Amended by final exempt rulemaking at 21 A.A.R. 1525,

effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1087. Contract Clauses**

- A. The school district shall include in solicitations and contracts all contract clauses necessary to ensure the school district's interests are addressed. The school district may modify clauses for inclusion in any particular school district contract, provided that any variations are supported by a written determination that states the circumstances justifying the variation and provided that notice of any material variation is stated in the solicitation.
- B. All contract clauses shall be consistent with the provisions of Articles 10 and 11.
- C. The school district may permit or require the inclusion of clauses providing for appropriate remedies, adjustments in prices, time of performance or other contract provisions.
- D. A contract for the procurement of construction or construction services shall include a provision for the recovery of damages related to expenses incurred by the contractor for a delay for which the school district is responsible, that is unreasonable under the circumstances and that was not within the contemplation of the parties to the contract. This subsection does not void any provision in the contract that requires notice of delays, provides for arbitration or any other procedure for settlement or provides for liquidated damages.
- E. A provision, covenant, clause or understanding in, collateral to or affecting a construction contract or design professional service contract that makes the contract subject to the laws of another state or that requires any litigation, arbitration or other dispute resolution proceeding arising from the contract to be conducted in another state is against the public policy of this state and is void and unenforceable.
- F. A provision or clause for contract termination in accordance with A.R.S. § 38-511. The school district may cancel the Contract within three years after Contract execution without penalty or further obligation if any person significantly involved in initiating, negotiating, securing, drafting, or creating the Contract on behalf of the school district is or becomes at any time while the Contract, or an extension of the Contract is in effect an employee of or a consultant to any party to the Contract with respect to the subject matter of the Contract. The cancellation shall be effective when the Contractor receives written notice of the cancellation unless the notice specifies a later time.
- G. A provision or clause for contract termination if it appears that any person has not complied with A.R.S. § 15-213(O). The school district or school purchasing cooperative may, by written notice, terminate the Contract, in whole or in part, if the school district or school purchasing cooperative determines that any person or vendor has offered, conferred or agreed to confer any personal gift or benefit on any employee of the school district or school purchasing cooperative who supervised or participated in the planning, recommending, selecting or contracting of the Contract.
- H. A provision or clause for contract termination for gratuities. The school district or school purchasing cooperative may, by written notice, terminate the Contract in whole or in part, if the school district or school purchasing cooperative determines that employment or a gratuity was offered or made by the Contractor or a representative of the Contractor to any officer or employee of the school district or school purchasing cooperative for the purpose of influencing the outcome of the procurement or securing the Contract, an amendment to the Contract, or favorable treatment concerning the Contract, including making of any determination or decision about contract performance.



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- I.** A covenant, clause or understanding in, collateral to or affecting a construction contract or subcontract or a design professional services contract or subcontract that purports to indemnify, to hold harmless or to defend the promisee of, from or against liability for loss or damage resulting from the negligence of the promisee or the promisee's agents, employees or indemnitee is against the public policy of this state and is void.
- J.** If a design professional provides work, services, studies, planning, surveys or other preparatory work in connection with a public building or improvement, the school district or property owner may require that the design professional services contract or subcontract require the design professional to indemnify and hold harmless the school district or property owner, and its officers and employees, from liabilities, damages, losses and costs, including reasonable attorney fees and court costs, but only to the extent caused by the negligence, recklessness or intentional wrongful conduct of such design professional or other persons employed or used by such design professional in the performance of the contract or subcontract.
- K.** A design professional services subcontract entered into in connection with a public building or improvement may also require any design professional to indemnify and hold harmless the school district or property owner and the indemnified design professional who executed the subcontract, and their respective owners, officers and employees, from liabilities, damages, losses and costs, including reasonable attorney fees and court costs, but only to the extent caused by the negligence, recklessness or intentional wrongful conduct of such design professional, or persons employed or used by the indemnifying design professional in connection with the subcontract.
- L.** Nothing in this Section shall prohibit the requirement of insurance coverage that complies with this Section, including the designation of the school district or property owner as an additional insured on a general liability insurance policy or as a designated insured on an automobile liability policy provided in connection with a construction contract or subcontract or design professional services contract or subcontract.
- M.** Notwithstanding subsection (I), a contractor who is responsible for the performance of a construction contract or subcontract may fully indemnify a person, firm, corporation, state or other agency for whose account the construction contract or subcontract is not being performed and that, as an accommodation, enters into an agreement with the contractor that permits the contractor to enter on or adjacent to its property to perform the construction contract or subcontract for others.
- N.** Except as provided in subsections (J), (K) and (L), a design professional services contract or subcontract entered into in connection with a public building or improvement shall not require that a design professional defend, indemnify, insure or hold harmless the school district or property owner or its employees, officers, directors, agents, contractors or subcontractors from any liability, damage, loss, claim, action or proceeding, and any contract provision that is not permitted by subsections (J), (K) and (L) is against the public policy of this state and is void.
- O.** If any provision or condition contained in this Section conflicts with any provision of a contract between the school district and the federal government, such provision shall not apply to any construction contract or subcontract, or design professional services contract or subcontract to the extent such conflict exists, but all provisions of this Section with which there is no such conflict, shall apply.
- P.** In this Section:
1. "Construction contract or subcontract" means a written or oral agreement relating to the construction, alteration, repair, maintenance, relocation, moving, demolition or excavation of a structure, street or roadway, appurtenance, facility, development, or other improvement to land.
  2. "Design professional services" means architect services, engineer services, land surveying services, geologist services or landscape architect services or any combination of those services performed by or under the supervision of a design professional or any person employed by the design professional.
  3. "Design professional services contract or subcontract" means a written or oral agreement relating to the planning, design, construction administration, study, evaluation, consulting, inspection, surveying, mapping, material sampling, testing or other professional, scientific or technical services furnished in connection with any actual or proposed study, planning, survey, environmental remediation, construction, improvement, alteration, repair, maintenance, relocation, moving, demolition or excavation of a structure, street or roadway, appurtenance, facility, development or other improvement to land.
  4. "Other persons employed or used" means a subcontractor to a contractor or design professional in any tier, or any other person or entity who performs work or design professional services, or provides labor, services, materials or equipment in connection with a construction contract or subcontract or design professional service contract or subcontract subject to this Section.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1088. Reserved**

**R7-2-1089. Reserved**

**R7-2-1090. Reserved**

**PART XIII. CONTRACT TYPES**

**R7-2-1091. Repealed**

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1092. Authority to Use Contract Types**

Subject to the limitations of this Section, any type of contract that would be advantageous to the school district may be used, except that the use of a cost-plus-a-percentage-of-cost contract is prohibited.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed; new Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1093. Multiterm Contracts**

**A.** Unless otherwise provided by law, multiterm contracts for materials or services and contracts for job-order-contracting construction services may be entered into if the duration of the contract and the conditions of renewal or extension, if any, are included in the invitation for bids or the request for proposals and if monies are available for the first fiscal period at the time

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the contract is executed. The duration of contracts for materials or services and contracts for job-order-contracting construction services shall be limited to no more than five years unless the governing board determines in writing before the procurement solicitation is issued that a contract of longer duration would be advantageous to the school district. Payment and performance obligations for succeeding fiscal periods are subject to the availability and appropriation of monies.

- B. Before the use of a multiterm contract, it shall be determined in writing by the governing board that:
  1. Estimated requirements cover the period of the contract and are reasonable and continuing.
  2. Such a contract will be advantageous to the school district by encouraging effective competition or otherwise promoting economies in school district procurement.
- C. The school district shall include in all multiterm contracts a clause specifying that the contract shall be canceled if monies are not appropriated or otherwise made available to support the continuation of performance in a subsequent fiscal year.
- D. If monies are not appropriated or otherwise made available to support continuation of performance in a subsequent fiscal period, the contract shall be canceled and the contractor may only be reimbursed for the reasonable value of any nonrecurring costs incurred but not amortized in the price of the materials or services delivered under the contract or which are otherwise not recoverable. The cost of cancellation may be paid from any appropriations available for such purposes.
- E. A contract for specified professional services shall have a term not to exceed five years after the date of contract award by the school district of the first contract under the procurement, except that the contract may continue in effect after the five year term for projects on which the rendering of specified professional services commences within the five year term.
- F. Notwithstanding this Section, contracts for auditors and auditing firms shall have a term as prescribed in A.R.S. § 15-213.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 24 A.A.R. 3283, effective October 22, 2018 (Supp. 18-4).

**R7-2-1094. Reserved**

**R7-2-1095. Reserved**

**R7-2-1096. Reserved**

**R7-2-1097. Reserved**

**R7-2-1098. Reserved**

**R7-2-1099. Reserved**

## **ARTICLE 11. SCHOOL DISTRICT PROCUREMENT (CONTINUED)**

### **PART XIV. PROCUREMENT OF CONSTRUCTION**

#### **R7-2-1100. Construction Project Delivery Methods**

- A. For the design-bid-build project delivery method, the school district shall procure:
  1. Design services pursuant to R7-2-1117 through R7-2-1123, except as authorized by R7-2-1053 and R7-2-1055.
  2. Construction by competitive sealed bidding pursuant to R7-2-1021 through R7-2-1032 and R7-2-1102 through R7-2-1105, except as authorized by R7-2-1033, R7-2-1053, R7-2-1055, and R7-2-1101.

- B. For construction-manager-at-risk, design-build and job-order-contracting project delivery methods, the school district shall procure construction services pursuant to R7-2-1102 through R7-2-1115.
- C. For construction-manager-at-risk project delivery method, the school district shall purchase design services pursuant to R7-2-1117 through R7-2-1123.
- D. For job-order-contracting project delivery method, the school district may include design services in the job-order-contracting construction services contract, but if the school district does not include design services in the contract, the school district shall procure any design services relating to construction services projects under the contract pursuant to R7-2-1117 through R7-2-1123.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

#### **R7-2-1101. Qualified Select Bidders List**

- A. The school district may use the qualified select bidders list method to determine the vendors who receive the notice of competitive sealed bidding for a construction contract. The qualified select bidders list shall be determined in accordance with this Section.
- B. Sealed prime contractor or construction materials supplier statements of qualifications shall be solicited through requests for qualifications.
  1. Notice of the request for qualifications shall be given by the school district pursuant to R7-2-1022 and R7-2-1024(C).
  2. Requests for qualifications shall be issued at least 21 days before the due date and time for submission.
  3. Use of the qualified select bidders list shall be restricted to the specific project identified in the request for qualifications.
  4. The qualified select bidders list shall consist of at least three prime contractors when a contractor is solicited or three construction material suppliers when material suppliers are solicited.
  5. The qualified select bidders list for any specific project is valid for one year but may be extended for an additional year, at the option of the school district.
- C. The request for qualifications shall include the following:
  1. Notice that all information and statements of qualifications submitted by persons will be made available for public inspection following the establishment of a qualified select bidders list.
  2. Instructions and information to persons concerning the statement of qualifications submission requirements, including the due date and time for submission, the address of the office at which the statements of qualifications are to be received, and any other special information.
  3. The anticipated evaluation period and selection of a qualified select bidders list.
  4. General information on the project site or sites, scope of work, schedule, evaluation criteria, project design and construction budget, or life cycle budget for a procurement that includes maintenance, operations, and finance services.
  5. The weight prescribed by the school district for each of the criteria to be used in making the evaluation.
  6. The criteria to be used in making the evaluation, which shall include at a minimum:

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- a. Person's capabilities and qualifications for performing the scope of work;
  - b. Person's project team, and key members' education, training and qualifications;
  - c. Method of approach, including subcontractor plan, safety plan;
  - d. Safety record and worker's compensation rate;
  - e. Projected construction schedule;
  - f. Current workload;
  - g. Five most recent representative examples of similar work along with references for each example;
  - h. Current bonding availability and capacity;
  - i. Any judgment or liens against the person within the last three years;
  - j. Any current unresolved bond claims against the person;
  - k. Any deficiency orders issued against the prime contractor by the Arizona Registrar of Contractors within the last three years; and
  - l. Any filing under the United States Bankruptcy Code, assignments for the benefit of creditors, or other measures taken for the protection against creditors during the last three years.
7. The type of contract to be used.
  8. The name of the district representative or district representatives.
  9. The expiration date of the qualified select bidders list if less than one year.
  10. A statement that the school district reserves the right to conduct interviews as part of the evaluation process.
  11. The date, time and location of any pre-submittal conference.
- D.** The school district may conduct a pre-submittal conference not less than 14 days prior to the statement of qualifications due date and time for the purposes of explaining the requirements of the request for qualifications.
- E.** Amendments to request for qualifications.
1. An amendment to a request for qualifications shall be issued if necessary to do any of the following:
    - a. Make changes in the request for qualifications;
    - b. Correct defects or ambiguities;
    - c. Furnish to persons information given to any other person, if the information will assist the persons in submitting their statements of qualifications or if the lack of the information will prejudice the persons;
    - d. Provide additional information or instructions; or
    - e. Extend the due date and time if the school district determines that an extension is advantageous to the school district.
  2. Amendments to a request for qualifications shall be so identified and the school district shall ensure that the amendments are distributed or made available to all persons to whom the original request for qualifications was distributed or made available. The school district shall make a copy of the amendments to a request for qualifications available for public inspection at the school district office. If the school district posted the request for qualifications or a notice of the availability of a request for qualifications on a designated site on the Internet, then the school district shall post any amendments to the request for qualifications on the same designated site on the Internet. The school district shall also do one or more of the following:
    - a. Distribute the amendment, by any method reasonably calculated to ensure delivery, to all persons to whom the request for qualifications was distributed;
    - b. Make the amendment available and issue a notice of amendment which contains instructions for obtaining copies of the amendment. The notice of amendment shall be distributed, by any method reasonably calculated to ensure delivery, to all persons to whom the request for qualifications was distributed. Upon receipt of such notice of amendment, it is the responsibility of the person to obtain the amendment.
3. Amendments to request for qualifications shall be issued within a reasonable time before the due date and time to allow persons to consider them in preparing their statements of qualifications. If the school district determines that the due date and time in the request for qualifications does not permit sufficient time for statement of qualifications preparation, the due date and time shall be extended in the amendment or, if necessary, by telephone, facsimile, email, or other communications methods, and confirmed in the amendment.
  4. A person shall acknowledge receipt of an amendment in the manner specified in the request for qualifications or the amendment on or before the due date and time.
- F.** Pre-submittal modification or withdrawal of statements of qualifications
1. A person may modify or withdraw a statement of qualifications in writing at any time before the prescribed due date and time if the modification or withdrawal is received before the due date and time at the location designated in the request for qualifications for receipt of statements of qualifications.
  2. All documents concerning a modification or withdrawal of a statement of qualifications shall be retained in the procurement file.
- G.** Late statements of qualifications, late withdrawals and late modifications
1. A statement of qualifications, modification or withdrawal is late if it is received at the location designated in the request for qualifications for receipt of statements of qualifications after the due date and time.
  2. A late statement of qualifications, late modification, or late withdrawal shall be rejected, unless the statement of qualifications, modification or withdrawal would have been timely received but for the action or inaction of school district personnel and is received before the qualified select bidders list is established.
  3. Upon receiving a late statement of qualifications, late modification, or late withdrawal, the school district shall record the time and date of receipt and promptly send notice of late receipt to the person. The school district may discard the document 30 days after the date on the notice unless the person requests the document be returned.
  4. All documents concerning acceptance of a late statement of qualifications, late modification, or late withdrawal shall be retained in the procurement file.
- H.** Receipt, opening and recording statements of qualifications
1. A school district shall maintain a record of statements of qualifications and modifications received for each solicitation, shall record the time and date when each statement of qualifications or modification is received, and shall store each unopened statement of qualifications or modification in a secure place until the due date and time.
    - a. If required to confirm a vendor's inquiry regarding receipt of its statement of qualifications prior to the due date and time, a school district may open a statement of qualifications to identify the vendor. If this

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occurs, the school district shall record the reason for opening the statement of qualifications, the date and time the statement of qualifications was opened, and the solicitation number. The school district shall secure the statement of qualifications and retain it for public opening.

- b. One or more witnesses shall be present for the opening of a statement of qualifications under subsection (H)(1)(a).
2. Statements of qualifications and modifications shall be opened publicly at the date, time and location designated in the request for qualifications in the presence of one or more witnesses. The name of each person and any other relevant information deemed appropriate by the school district shall be recorded. The person opening the statements of qualifications and all witnesses shall sign the record.
  - a. The record created in subsection (H)(2) shall be available for public inspection.
  - b. The statements of qualifications shall not be open for public inspection until after the qualified select bidders list has been established.
- I. Establishing the qualified select bidders list.**
  1. The qualified select bidders list shall be established by determining the highest rated persons from the statements of qualifications received. This will be a minimum of three and a maximum of five.
  2. For each qualified select bidders list process there will be established by the school district an evaluation committee composed of five members. These members shall include the project designer or construction material specifier, one member from the prime contracting or construction material supplier community that performs commensurate level work and is disinterested in this project, a school district facilities representative and two other members as designated by the school district.
  3. The evaluation committee shall review and score each statement of qualifications received according to the established evaluation criteria. The committee shall rank the statements of qualifications in accordance with the scores.
  4. The committee may conduct interviews before making the final determination of the qualified select bidders list. The committee shall document the interviews in writing.
  5. The committee shall select at least three and not more than five of the highest scoring persons for the qualified select bidders list.
  6. The district representative shall review the committee's qualified select bidders list. The district representative shall:
    - a. Accept the list as submitted;
    - b. Return the list for additional committee review;
    - c. Reject the list and terminate the process.
  7. A one-year eligibility period for the qualified select bidders list shall begin on the date the district representative accepts it. The qualified select bidders list may be extended one year at the option of the school district.
  8. Once the qualified select bidders list is established, a written notice of the selected persons shall be sent to all the persons that submitted statements of qualifications.
  9. After the establishment of the qualified select bidders list, a written record showing the basis for determining the qualified select bidders list shall be prepared by the district representative and retained in the procurement file. Within 10 days after the qualified select bidders list has been established, the school district shall make the pro-

curement file, including all statements of qualifications, available for public inspection.

- a. If the procurement file contains information that is confidential under R7-2-1006, a copy of the applicable documents with the confidential information redacted shall be placed in the procurement file for the purpose of public inspection.
- b. The unredacted original copy of the confidential information shall be placed in a sealed envelope or other appropriate container, identified as confidential information, and maintained in the procurement file.
10. The qualified select bidders shall be provided an invitation for bids in accordance with R7-2-1024 to R7-2-1032. For any projects not identified in the request for qualifications, the school district may not solicit bids on those projects under the qualified select bidders list either in the initial one-year period or the one-year extension period.
11. The project identified in the request for qualifications shall have invitation for bids issued within the initial one-year period, or in the one-year extension period, to be awarded a contract under that qualified select bidders list.
- J. Terminating the process for insufficient response or selection**
  1. In the event that less than three statements of qualifications are received, this procurement process shall cease and the school district may elect to reissue the request for qualifications or pursue other procurement methods.
  2. In the event that less than three persons are identified by the selection committee as being the most highly qualified, this procurement process shall cease and the school district may elect to reissue the request for qualifications or pursue other procurement methods.
- K. A copy of the request for qualifications shall be made available for public inspection at the school district office.**

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1102. Bid Security**

- A.** Bid security shall be required for all competitive sealed bidding for construction contracts, and for all competitive sealed proposals for design-build construction services or job-order-contracting construction services procured pursuant to R7-2-1111, if the price, excluding the cost of any finance services, maintenance services, operations services, design services, preconstruction services, or other related services included in the contract, is estimated by the school district to exceed the amount established by R7-2-1002(A).
- B.** Invitations for bid on school district construction contracts and requests for proposals for design-build construction services or job-order-contracting construction services, shall require submission of bid security as follows:
  1. For design-bid-build construction services, ten percent of the contractor's bid.
  2. For design-build construction services awarded by competitive sealed proposals pursuant to R7-2-1111, ten percent of the school district's construction budget for the project as stated in the request for proposals, excluding finance services, maintenance services, operations services, design services, preconstruction services or any other related services included in the contract.

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3. For job-order-contracting construction services awarded by competitive sealed proposals pursuant to R7-2-1111, the amount prescribed by the school district in the request for proposals, but not more than ten percent of the school district's reasonably estimated budget for construction that the school district believes is likely to actually be done during the first year under the contract, excluding any finance services, maintenance services, operations services, design services, preconstruction services or other related services included in the contract.
  - C. Acceptable bid security shall be limited to:
    1. An annual or one-time bid bond executed and furnished as required by A.R.S. Title 34, Chapter 2 or 6, as applicable; or
    2. A certified check.
  - D. The school district may issue a written determination to accept the bid security if the bid security fails to comply in a nonsubstantial manner when:
    1. Only one bid or proposal is received and there is not sufficient time to rebid or resolicit proposals;
    2. The amount of the bid security submitted, although less than the amount required by the invitation for bids or request for proposals, is equal to or greater than the difference between the apparent low bid or highest scoring proposal and the next higher acceptable bid or next highest scoring proposal; or
    3. The bid security is inadequate as a result of modifying or correcting a bid in accordance with R7-2-1027 or R7-2-1030, if the bidder increases the amount of security to required limits within two days after notification.
  - E. After the bids and proposals are opened, they are irrevocable for the period specified in the invitation for bids or request for proposals, except as provided in R7-2-1030. If a bidder or offeror is permitted to withdraw its bid before award, no action may be had against the bidder or offeror or the bid security.
- Historical Note**
- Adopted effective December 17, 1987 (Supp. 87-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).
- R7-2-1103. Contract Performance and Payment Bonds**
- A. The following bonds or security is required and is binding on the parties to the contract if the value of a construction or construction services award exceeds the amount established by R7-2-1002(A):
    1. A performance bond that is executed and furnished as required under Arizona Revised Statutes Title 34, Chapter 2, Article 2 or Chapter 6, as applicable, in an amount equal to 100 percent of the price specified in the contract conditioned on the faithful performance of the contract in accordance with the plans, specifications and conditions of the contract, except that:
      - a. For job-order-contracting construction services, the performance bond shall cover the full amount of construction under the job-order-contracting construction services contract, shall not include any design services, preconstruction services, finance services, maintenance services, operations services or other related services included in the contract, may be a single bond for the full term of the contract, a separate bond for each year of a multiyear contract or a separate bond for each job order, as determined by the school district, and, if a single bond for the full term of the contract or a separate bond for each year of a multiyear contract, shall initially be based on the school district's reasonable estimate of the amount of construction that the school district believes is likely to actually be done during the full term of the contract or during the particular year of a multiyear contract, as applicable.
      - b. For construction-manager-at-risk construction services and design-build construction services, the amount of the payment bond shall be the price of construction and shall not include the cost of any design services, preconstruction services, finance services, maintenance services, operations services or other related services included in the contract. The conditions and provisions of the payment bond regarding the surety's obligations shall follow the form required under A.R.S. § 34-222(F) or A.R.S. § 34-610(F), as applicable.
    2. A payment bond that is executed and furnished as required by Arizona Revised Statutes Title 34, Chapter 2, Article 2 or Chapter 6, as applicable, in an amount equal to one hundred percent of the price specified in the contract for the protection of all persons supplying labor or material to the contractor or its subcontractors for the performance of the construction provided for in the contract, except that:
      - a. For job-order-contracting construction services, the payment bond shall cover the full amount of construction under the job-order-contracting construction services contract, shall not include any design services, preconstruction services, finance services, maintenance services, operations services or other related services included in the contract, may be a single bond for the full term of the contract, a separate bond for each year of a multiyear contract or a separate bond for each job order, as determined by the school district, and, if a single bond for the full term of the contract or a separate bond for each year of a multiyear contract, shall initially be based on the school district's reasonable estimate of the amount of construction that the school district believes is likely to actually be done during the full term of the contract or during the particular year of a multiyear contract, as applicable.
      - b. For construction-manager-at-risk construction services and design-build construction services, the amount of the payment bond shall be the price of construction and shall not include the cost of any design services, preconstruction services, finance services, maintenance services, operations services or other related services included in the contract. The conditions and provisions of the payment bond regarding the surety's obligations shall follow the form required under A.R.S. § 34-222(F) or A.R.S. § 34-610(F), as applicable.
  - B. For design-bid-build construction, the bonds prescribed in subsection (A) shall be provided on and at the same time as execution of the construction contract. For construction-manager-at-risk, design-build and job-order-contracting construc-

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tion services, the bonds prescribed in subsection (A) shall be provided only on and at the same time as execution of a contract or contract modification that commits the contractor to provide construction for a fixed price, guaranteed maximum price or other fixed amount within a designated time frame.

- C. If the prime contract or specifications require any persons supplying labor or materials in the prosecution of the work to furnish payment or performance bonds, these bonds shall be executed solely by a surety company or companies holding a certificate of authority to transact surety business in this state issued by the director of the Department of Insurance pursuant to Arizona Revised Statutes Title 20, Chapter 2, Article 1. Notwithstanding the provisions of any other statute, the bonds shall not be executed by an individual surety or sureties, even if the requirements of A.R.S. § 7-101 are satisfied.
- D. If a contractor fails to deliver the required performance bond or payment bond, the contractor's bid shall be rejected, its bid security shall be enforced, and award of the contract shall be made pursuant to Articles 10 and 11.
- E. This Section shall not be construed to limit the authority of the school district to require a performance bond or other security in addition to those bonds or in circumstances other than specified in subsection (A).
- F. Any person who furnishes labor or material to the contractor or its subcontractors for the work provided in the contract, in respect of which a payment bond is furnished under this Section, and who has not been paid in full within 90 days from the date on which the last of the labor was performed or material was supplied by the person for whom the claim is made has the right to sue on the payment bond for any amount unpaid at the time the suit is instituted and to prosecute the action for the amount due the person. However, any person who has a contract with a subcontractor of the contractor, but no express or implied contract with the contractor furnishing the payment bond, has a right of action on the payment bond on giving the contractor, only, a written preliminary 20-day notice as provided for in A.R.S. § 33-992.01, subsection (C)(1), (2), (3), and (4) and subsections (D), (E), and (H), and upon giving written notice to the contractor within 90 days from the date on which the last of the labor was performed or material was supplied by the person for whom the claim is made. The person shall state in the notice the amount claimed and the name of the party for whom the labor was performed or to whom the material was supplied. The notice shall be personally served or sent by registered mail, postage prepaid, in an envelope addressed to the contractor at any place the contractor maintains an office or conducts business.

#### Historical Note

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. The term "one hundred" was changed to "100" to reflect current standards in Chapter style and format (Supp. 21-2).

#### R7-2-1104. Contract Payment Retention and Substitute Security

- A. Ten percent of all construction contract payments shall be retained by the school district as insurance of proper performance of the contract or, at the option of the contractor, a substitute security may be provided by the contractor pursuant to this Section. The contractor is entitled to all interest from any such substitute security. When the contract is fifty percent completed, one-half of the amount retained or securities substituted pursuant to this Section shall be paid to the contractor upon the contractor's request provided the contractor is mak-

ing satisfactory progress on the contract and there is no specific cause or claim requiring a greater amount to be retained. After the contract is fifty percent completed, no more than five percent of the amount of any subsequent progress payments made under the contract shall be retained providing the contractor is making satisfactory progress on the project, except if at any time the governing board determines satisfactory progress is not being made, ten percent retention shall be reinstated for all progress payments made under the contract subsequent to the determination.

- B. Notwithstanding subsection (A), there shall be no retention for job-order-contracting construction services contracts. The school district may elect to have no retention for construction-manager-at-risk and design-build construction services contracts. If the school district elects to have retention, then payment retention for construction-manager-at-risk and design-build contracts shall be in accordance with this Section.
- C. Retention applies only to amounts payable for construction and does not apply to amounts payable for design services, preconstruction services, finance services, maintenance services, operations services, or any other related services included in the contract.
- D. The form of substitute security is limited to the following:
  1. An assignment of time certificates of deposit by financial institutions licensed by this state;
  2. Share certificate of a financial institution or credit union authorized to transact business in this state; or
  3. Security issued or guaranteed as to principal and interest by:
    - a. The United States;
    - b. The state;
    - c. Counties, municipalities and school districts within this state.
- E. Conditions for use of substitute security.
  1. A contractor may submit substitute security to replace contract payment retention if:
    - a. The use of substitute security is requested of the school district or designee for work performed under the contract. The contractor shall have the option of submitting the substitute security:
      - i. Prior to each progress payment in an amount of no less than five percent of each progress payment; or
      - ii. Once, prior to the first progress payment in an amount no less than five percent of the total contract amount.
    - b. The interest earned on such security shall accrue to the benefit of the contractor, but shall be retained until the school district has approved completion and acceptance of all work to be performed under the contract;
    - c. The term of such security shall not mature until after the estimated contract completion date; and
    - d. The security shall mature no later than one year after the estimated contract completion date.
  2. The substitute security shall not be released without written approval by the school district.
  3. A contractor may submit a single substitute security for more than one project provided that:
    - a. The amount of such security is sufficient to cover the aggregate retention amount;
    - b. The school district determines that such single substitute security is advantageous to the school district; and
    - c. Such security complies with the requirements of subsection (E)(1).

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- F. Any retention shall be paid or substitute security shall be returned to the contractor within 60 days after final completion and acceptance of work under the contract. Retention of payments by a school district longer than 60 days after final completion and acceptance requires a specific written finding by the governing board of the reasons justifying the delay in payment. No school district may retain any monies after 60 days which are in excess of the amount necessary to pay the expenses the governing board reasonably expects to incur in order to pay or discharge the expenses determined in the finding justifying the retention of monies.
- G. The school district shall not accept any substitute security unless accompanied by a signed and acknowledged waiver of any right or power of the obligor to set off any claim against either the school district or the contractor in relationship to the security assigned. In any instance in which the school district accepts substitute security as provided in this Section, any subcontractor undertaking to perform any part of the contract is entitled to provide such security to the contractor.
- C. A subcontractor or design professional may notify the school district, in writing, requesting that the subcontractor or design professional be notified by the school district in writing within five days from payment of each progress payment made to the contractor. The subcontractor's or design professional's request remains in effect for the duration of the subcontractor's or design professional's work on the project.
- D. If any payment to a contractor is delayed after the date due, interest shall be paid at the rate of one percent per calendar month, or a fraction of a calendar month, on such unpaid balance as may be due.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1105. Progress Payments**

- A. Progress payments may be made by the school district to the contractor on the basis of a duly certified and approved estimate of the work performed during the preceding month if the contractor agrees to adhere to the provisions of A.R.S. § 41-2577(B), (D), and (F). Payment shall be made within 14 days after the estimate of the work is certified and approved, except that a percentage of all estimates shall be retained as provided in R7-2-1104. The estimate of the work shall be deemed received by the school district on submission of the estimate of the work to the school district or a person designated by the school district for the submission, review or approval of the estimate of the work. An estimate of the work submitted under this Section shall be considered approved and certified after seven days from the date of submission unless before that time the school district or designee prepares and issues a specific written finding detailing those items in the estimate of the work that are not approved and certified under the contract or design professional service contract. The school district may withhold an amount from the progress payment sufficient to pay the expenses the school district reasonably expects to incur in correcting the deficiency set forth in the written finding. No contract for construction or design professional service contract may materially alter the rights of any contractor, subcontractor, design professional or material supplier to receive prompt and timely payment as provided under this Section. On completion and acceptance of separate divisions of the contract or design professional service contract on which the price is stated separately in the contract, payment may be made in full including retained percentages, less deductions, unless a substitute security has been provided pursuant to R7-2-1104.
- B. Progress payments pursuant to subsection (A) are authorized for construction services and design professional services contracts. The requirements of subsection (A) apply only to amounts payable in a construction services contract for construction and in a contract for design services and do not apply to amounts payable in a contract for preconstruction services, finance services, maintenance services, operations services or any other related services included in the contract.
- R7-2-1106. Procurement of Construction Using Alternative Project Delivery Methods**
- A. A school district may use an alternative project delivery method if it determines in writing that such alternative project delivery method is advantageous to the school district. The following factors may be used for such determination:
1. Cost and cost control method;
  2. Value engineering;
  3. Market conditions;
  4. Schedule;
  5. Required specialized expertise;
  6. Technical complexity of the project; or
  7. Project management.
- B. Use of alternative project delivery methods
1. Alternative project delivery methods for construction services shall be procured as provided in R7-2-1100.
  2. For design-build construction services and construction-manager-at-risk construction services, the school district is limited to one contract per procurement.
    - a. Alternatively, for construction-manager-at-risk construction services, a school district may elect separate contracts for preconstruction services during the design phase, for construction during the construction phase and for any other construction services.
    - b. Alternatively, for design-build construction services, a school district may elect separate contracts for preconstruction services and design services during the design phase, for construction and design services during the construction phase and for any other construction services.
    - c. If the school district enters into the first contract for preconstruction services or construction services the procurement ends. After execution of that first contract the school district may not use the procurement or the existing final list in the procurement as the basis for entering into a contract with any other person that participated in the procurement.
  3. For job-order-contracting construction services, the school district may award a single contract, or multiple contracts for similar job-order-contracting construction services to be awarded to separate persons. If the school district enters into the number of contracts specified under the request for qualifications, the procurement ends. After that time the school district may not use the procurement or any existing final list in the procurement as the basis for entering into a contract with any other person that participated in the procurement.

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4. All construction-manager-at-risk construction services or design-build construction services included in a procurement shall be limited to construction services to be performed at a single location, a common location or, if the construction services are all for a similar purpose, multiple locations. For construction-manager-at-risk construction services and design-build construction services to be performed at multiple locations:
  - a. At the time the request for qualifications is issued, the school district shall intend to commence all construction at each location within thirty months after execution of the first contract for preconstruction services or other construction services at any of the locations.
  - b. The request for qualifications shall include the information described in R7-2-1108(B)(2).
5. The school district and the selection committee shall not request or consider fees, price, man-hours or any other cost information at any point in the selection process under this Section and R7-2-1107, R7-2-1108, R7-2-1110, and R7-2-1111, including the selection of persons to be interviewed, the selection of persons to be on the final list, in determining the order of preference of persons on the final list or for any other purpose in the selection process, except as provided in R7-2-1110(D) and R7-2-1111.
6. In determining the persons to participate in any interviews, in determining the persons to be on the final list, and in determining the order on the final list, the selection committee shall use and consider only the criteria and weighting of criteria in the request for qualifications. No other factors or criteria may be used in the evaluation, determinations and other actions.
7. Notwithstanding any other provision specifying the number of persons to be interviewed, the number of persons to be on a final list, or any other numerical specification in R7-2-1106 through R7-2-1115:
  - a. If a smaller number of persons respond to the request for qualifications or if one or more persons drop out of the procurement so there is a smaller number of persons participating in the procurement, the school district, as the school district determines necessary and appropriate, may elect to proceed with the participating persons if there are at least two participating responsive and responsible persons. Alternatively, the school district may elect to terminate the procurement.
  - b. As to a request for qualifications to be negotiated pursuant to R7-2-1110(D), if only one responsive and responsible person responds to the request for qualifications or if one or more persons drop out of the procurement so that only one responsive and responsible person remains in the procurement, the school district may elect to proceed with the procurement with only one person if the governing board determines in writing that the negotiated fee is fair and reasonable and that either other prospective persons had reasonable opportunity to respond or there is not adequate time for a resolicitation.
  - c. If a person on the final list withdraws or is removed from the procurement and the selection committee determines that it is advantageous to the school district, the selection committee may replace that person on the final list with another person that submitted qualifications in the procurement and that is selected as the next most qualified.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1107. Selection Committee**

- A. The school district shall initiate an appropriately qualified selection committee for each request for qualifications. The school district shall ensure that selection committee members are competent to serve on the selection committee.
- B. Each selection committee shall include at least one school district representative appointed by the school district.
- C. The selection committee shall not have more than seven members and shall include at least one person who is a senior management employee of a licensed contractor and one person who is an architect or an engineer who is registered pursuant to A.R.S. § 32-121.
- D. Non-school district employees serving on a selection committee shall not receive compensation from the school district for performing this service, but the school district may elect to reimburse non-school district members for travel, lodging and other expenses incurred in connection with service on a selection committee.
- E. A person who is a member of a selection committee shall not be a contractor or subcontractor under a contract awarded under the procurement or provide any specified professional services, construction, construction services, materials or other services under the contract.
- F. For the procurement of multiple contracts for job-order-contracting, the same selection committee shall be used for all contracts in the procurement.

**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1108. Request for Qualifications**

- A. Notice of the need for construction services shall be given by the school district pursuant to R7-2-1022 and R7-2-1024(C). Such notice shall be issued not less than 14 days in advance of when responses shall be received. The notice shall:
  1. Contain a statement of the construction services required that adequately describes the procurement and specifies how a request for qualifications containing specific information on the procurement may be obtained;
  2. Specify whether the procurement is for a single contract or, for job-order-contracting construction services only, for multiple contracts; and
  3. If the procurement is for multiple job-order-contracting construction services contracts:
    - a. Specify that multiple contracts may or will be awarded;
    - b. Specify the number of contracts that may or will be awarded; and
    - c. Describe the construction services to be performed under each contract.
- B. The request for qualifications shall include the following:
  1. Instructions and information to persons concerning the statement of qualifications submission requirements, including the due date and time for receipt of statements of qualifications, the address of the office at which the statements of qualifications are to be received, and any other special information.
  2. In a procurement of construction-manager-at-risk construction services or design-build construction services to be performed at multiple locations, include:



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- a. A brief description of the construction services to be performed at each location;
    - b. The estimated budget for the construction services to be performed at each location; and
    - c. A schedule for the construction services to be performed at each location that shows the school district's intent to commence all construction at each location within thirty months after execution of the first contract for preconstruction services or other construction services at any of the locations.
  3. General information on the project site, scope of work, schedule, selection criteria, project design and construction budget, or life cycle budget for a procurement that includes maintenance, operations, and finance services.
  4. The criteria and the weight prescribed by the school district for each of the criteria to be used in making the evaluation.
    - a. All selection criteria shall be factors that demonstrate competence and qualifications for the type of construction services included in the procurement.
    - b. One of the criteria shall be the person's subcontractor selection plan or procedures to implement the school district's subcontractor selection plan.
    - c. If interviews will be held, state the selection criteria and relative weights to be used in selecting the persons to be interviewed. The request for qualifications may state the selection criteria and relative weights to be used in selecting the persons on the final list and in determining their order on the final list. The final list selection criteria and relative weights may be different than the selection criteria and relative weights used to determine the persons to be interviewed. The request for qualifications also shall state whether the school district will select the persons on the final list and their order on the final list solely through the results of the interview process or through the combined results of both the interview process and the evaluation of statements of qualifications and performance data submitted in response to the school district's request for qualifications.
    - d. If interviews will not be held, state the selection criteria and relative weights to be used in selecting the persons on the final list and in determining their order on the final list.
  5. Whether one contract or multiple contracts may or will be awarded.
    - a. For design-build construction services, construction-manager-at-risk construction services, and a single contract for job-order-contracting construction services, state that one person may or will be awarded the contract.
    - b. For multiple contracts for similar job-order-contracting construction services, state the number of contracts that may or will be awarded, the job-order-contracting construction services to be performed under each of the contracts, and that each of the multiple contracts will be awarded to a separate person.
  6. In a procurement where the contract is to be negotiated under R7-2-1110(D):
    - a. State that there will be a single final list of at least three and not more than five persons for a design-build, construction-manager-at-risk, or single job-order-contracting construction services award.
    - b. In a procurement for multiple contracts for similar job-order-contracting construction services to be awarded to separate persons, state that there will be a single final list and the number of persons on the final list, which shall be the sum of the number of contracts that may or will be awarded, plus another number that is determined by the school district and that is not more than five.
  7. In a procurement in which the contract will be awarded under R7-2-1111:
    - a. State that there will be a single final list and that the number of persons on the final list will be three for a design-build or single job-order-contracting construction services award.
    - b. In a procurement for multiple contracts for similar job-order-contracting construction services to be awarded to separate persons, state that there will be a single final list and the number of persons on the final list, which shall be the sum of the number of contracts that may or will be awarded, plus another number that is determined by the school district and that is not more than five.
  8. The type of contract to be used.
  9. The name of the district representative or district representatives and the publicly available location of the school district's protest policy and procedures.
  10. If the school district will hold interviews as part of the selection process:
    - a. State that interviews will be held and that the interviews will be with at least three and not more than five persons for a design-build, construction-manager-at-risk, or single job-order-contracting construction services procurement.
    - b. In a procurement for multiple contracts for similar job-order-contracting construction services to be awarded to separate persons, state that interviews will be held and that the interviews will be with a specified number of persons. The specified number shall be stated in the request for qualifications, shall be determined by the school district and shall be the sum of the number of contracts that may or will be awarded, plus another number that is determined by the school district and that is not more than five.
  11. The manner in which subcontractors shall be selected, either:
    - a. A requirement that each person submit a proposed subcontractor selection plan and a requirement that the proposed subcontractor selection plan shall select subcontractors based on qualifications alone or on a combination of qualifications and price and shall not select subcontractors based on price alone; or
    - b. A subcontractor selection plan adopted by the school district that applies to the person that is selected to perform the construction services and that requires subcontractors to be selected based on qualifications alone or on a combination of qualifications and price and not based on price alone and a requirement that each person shall submit a description of the procedures it proposes to use to implement the school district's subcontractor selection plan.
  12. Notice that all information and statements of qualifications submitted by persons will be made available for public inspection after the school district has entered into a single contract or all of the multiple contracts.
- C. A copy of the request for qualifications shall be made available for public inspection at the school district office.

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**Historical Note**

New Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1109. Receipt and Opening of Statements of Qualifications, Technical Proposals and Price Proposals for Design-build and Job-order-contracting**

- A. Statements of qualifications, technical proposals and price proposals shall be received and opened in accordance with R7-2-1045. Late statements of qualifications, proposals, modifications, or withdrawals shall be considered in accordance with R7-2-1044 and R7-2-1049.
- B. A school district may cancel a request for qualifications or a request for proposals, reject in whole or in part any or all statements of qualifications or proposals or determine not to enter into a contract as specified in the solicitation if it is advantageous to the school district. The school district shall make the reasons for cancellation, rejection or determination not to enter into a contract part of the procurement file.

**Historical Note**

New Section made by exempt rulemaking at 13 A.A.R. 1266, effective February 26, 2007 (Supp. 07-1). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1110. Committee Evaluation and Contract Award**

- A. If interviews are specified in the request for qualifications:
  1. The selection committee shall determine the persons to be interviewed by evaluating the statements of qualifications and performance data submitted based solely on the selection criteria and relative weights in the request for qualifications to be used to determine the persons to be interviewed.
  2. If the selection criteria and relative weights to be used by the selection committee to select the persons on the final list and to determine their order on the final list are not included in the request for qualifications:
    - a. Before the interviews are held the school district shall distribute to the persons to be interviewed the selection criteria and relative weights to be used to select the persons on the final list and to determine their order on the final list.
    - b. These selection criteria and relative weights may be different than the selection criteria and relative weight used to determine the persons to be interviewed.
  3. The selection committee shall conduct interviews with the number of persons specified in the request for qualifications.
- B. Based solely on the selection criteria and relative weights for selection of the persons on the final list and their order on the final list, the selection committee shall select the persons for the final list and, in the case of a final list for a contract that will be negotiated under subsection (D), rank the persons in order of preference.
- C. The school district shall make the following notifications regarding the final lists:
  1. If the contract will be negotiated under subsection (D) before or at the same time as the school district notifies the highest ranking person on the final list that it is the highest ranking person, the school district shall send actual notice to each of the following that it is not the

highest ranking person or that another person is the highest ranking person:

- a. If interviews were held, the other persons interviewed.
  - b. If interviews were not held, the other persons that made submittals.
2. If the contract will be awarded under R7-2-1111, before or at the same time as the school district notifies the persons on the final list that they are on the final list, the school district shall send actual notice to each of the following persons that they are not on the final list or that other persons are on the final list:
    - a. If interviews were held, the other persons interviewed.
    - b. If interviews were not held, the other persons that made submittals.
- D. The school district shall conduct negotiations with persons on the final list as follows:
    1. The negotiations shall include consideration of compensation and other contract terms that the school district determines to be fair and reasonable to the school district. In making this decision, the school district shall take into account the estimated value, the scope, the complexity and the nature of the construction services to be rendered.
    2. If the procurement is for a single contract, there is one final list and the school district shall enter into negotiations with the highest qualified person on the final list. If the school district is not able to negotiate a satisfactory contract with the highest qualified person on the final list, at compensation and on other contract terms the school district determines to be fair and reasonable, the school district shall formally terminate negotiations with that person. The school district shall then undertake negotiations with the next most qualified person on the final list in sequence until an agreement is reached or a determination is made to reject all persons on the final list.
    3. If the procurement is for multiple contracts for similar job-order-contracting construction services to be awarded to separate persons, there is one final list and the school district shall enter into separate negotiations for contracts with the number of the highest qualified persons on the final list equal to the number of contracts to be awarded. If the school district is not able to negotiate a satisfactory contract with a person with whom the school district has commenced negotiations, the school district shall formally terminate negotiations with that person. The school district shall then undertake negotiations for a contract with the next most qualified person on the final list with whom the school district is not then negotiating and with whom the school district has not previously negotiated in sequence until an agreement is reached for some or all of the multiple contracts included in the request for qualifications or a determination is made to reject all persons on the final list.
    4. If the school district terminates negotiations with a person and commences negotiations with another person on the final list, the school district shall not recommence negotiations or enter into a contract for the construction services covered by the final list with any person with whom the school district terminated negotiations.

**Historical Note**

New Section made by exempt rulemaking at 13 A.A.R. 1266, effective February 26, 2007 (Supp. 07-1). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3);

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effective year corrected in Supp. 18-2.

**R7-2-1111. Alternative Procedure for Design-build or Job-order-contracting Construction Services**

- A. As an alternative to R7-2-1110(D), the school district may award a single contract for design-build construction services or a single or multiple contracts for similar job-order-contracting construction services pursuant to this Section.
- B. The school district shall use the selection committee appointed for the request for qualifications pursuant to R7-2-1107.
- C. The school district shall issue a request for proposals to the persons on the final list developed pursuant to R7-2-1110(A) through (C). The request for proposals shall be issued at least 14 days before the due date and time for receipt of proposals unless a shorter time is determined necessary by the school district.
- D. The request for proposals shall include the following:
  1. A statement that the procurement is for a single contract or, for similar job-order-contracting construction services only, for multiple contracts.
  2. If the procurement is for multiple contracts for similar job-order-contracting construction services, the notice shall specify that multiple contracts will be awarded, shall specify the number of contracts that will be awarded, shall specify the number of offerors to whom contracts will be awarded which shall be the number of contracts in the procurement, and shall describe the job-order-contracting services to be performed under each contract.
  3. Instructions and information to persons concerning the proposal submission requirements, including the due date and time for receipt of proposals, the address of the office at which proposals are to be received, the proposal acceptance period, and any other special information.
  4. The school district's project schedule and project final budget for design and construction or life cycle budget for a procurement that includes maintenance services or operations services.
  5. If a single contract will be awarded, a statement that the contract will be awarded to the person whose proposal receives the highest number of points under a scoring method. If multiple contracts for similar job-order-contracting services will be awarded, a statement that the multiple contracts will be awarded to a specified number of offerors whose proposals receive the highest number of points under a scoring method. The specified number of offerors will be the number of contracts included in the procurement.
  6. A description of the scoring method, including a list of the factors in the scoring method and the number of points allocated to each factor.
  7. For design-build constructions services only, the design requirements, including the required features, functions, characteristics, qualities and properties, the anticipated schedule, including start, duration and completion, and the estimated budgets applicable to the specific procurement for design and construction and, if applicable, for operation and maintenance. Drawings and other documents illustrating the scale and relationship of the features, functions and characteristics of the project, which shall all be prepared by an architect or engineer, as appropriate, and additional design information or documents specified by the school district, may also be included.
  8. A requirement that each offeror submit separately a technical proposal and a price proposal and that the offeror's entire proposal is responsive to the requirements in the request for proposals. For design-build construction services, the price in the price proposal shall be a fixed price or a guaranteed maximum price.
9. A statement that in applying the scoring method, the selection committee will separately evaluate and score the technical proposal before opening, evaluating, and scoring the price proposal.
10. If the school district desires to conduct discussions with offerors, a statement that discussions may be held and a requirement that each offeror submit a preliminary technical proposal before the discussions are held.
11. Type of contract to be used.
12. That offerors may designate as proprietary portions of the proposal.
13. Notice that all information and proposals submitted by offerors, except as stated in subsection (D)(12), will be made available for public inspection after the school district has entered into a single contract or all of the multiple contracts.
14. The contract terms and conditions, including warranty and bonding or other security requirements, as applicable.
15. The name of the district representative or district representatives.
16. If the request for proposals incorporates documents by reference, the request for proposals shall specify where such documents may be obtained.
- E. The factors in the scoring method described in the request for proposals may include:
  1. For design-build construction services only, demonstrated compliance with the design requirements.
  2. Offeror qualifications.
  3. Offeror financial capacity.
  4. Compliance with the school district's project schedule.
  5. For design-build construction services only, if the request for proposals specifies that the school district will spend its project budget and not more than its project budget and is seeking the best proposal for the project budget, compliance of the offeror's price or life cycle price for procurements that include maintenance services, operations services or finance services with the school district's budget as prescribed in the request for proposals.
  6. For design-build construction services if the request for proposals does not contain the specifications prescribed in subsection (E)(5) and for job-order-contracting construction services, the price or life cycle price for procurements that include maintenance services, operations services or finance services.
  7. An offeror quality management plan.
  8. Other evaluation factors that demonstrate competence and qualifications for the type of construction services in the request for proposals as determined by the school district, if any.
- F. If determined by the school district and included in the request for proposals, the selection committee shall conduct discussions with all offerors that submit preliminary technical proposals. Discussions shall be for the purpose of clarification to ensure full understanding of, and responsiveness to, the solicitation requirements. Offerors shall be accorded fair treatment with respect to any opportunity for discussion and for clarification by the school district. Revision of preliminary technical proposals shall be permitted after submission of preliminary technical proposals and before award for the purpose of obtaining best and final proposals. In conducting any discussions, information derived from proposals submitted by competing offerors shall not be disclosed to other competing offerors.

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- G. After completion of any discussions pursuant to subsection (F) or if no discussions are held, each offeror shall submit separately its final technical proposal and its price proposal.
  - H. Before opening any price proposal, the selection committee shall open and evaluate the final technical proposals and score the final technical proposals using the scoring method in the request for proposals. No other factors or criteria may be used in evaluation and scoring.
  - I. After completion of the evaluation and scoring of all final technical proposals, the selection committee shall open, evaluate and score the price proposals, and complete scoring of the entire proposals using the scoring method in the request for proposals. No other factors or criteria may be used in evaluation and scoring.
  - J. The school district shall award the contract to the responsive and responsible offeror whose proposal receives the highest score under the method of scoring in the request for proposals. No other factors or criteria may be used in evaluation and award.
  - K. For procurements of multiple contracts for similar job-order-contracting construction services, the school district may award up to the number of contracts specified in the request for proposals.
  - L. Before or at the same time as the school district notifies the selected offeror of contract award, the school district shall notify all other offerors of the award.
  - M. For design-build construction services only, the school district shall award a stipulated fee equal to a percentage of the school district's project final budget for design and construction, as prescribed in the request for proposals, but not less than two-tenths of one percent of the project final budget for design and construction to each final list offeror who provides a responsive, but unsuccessful, proposal. If the school district does not award a contract, all responsive final list offerors shall receive the stipulated fee based on the school district's project final budget for design and construction as included in the request for proposals. The school district shall pay the stipulated fee to each offeror within 90 days after the award of the initial contract or the decision not to award a contract. In consideration for paying the stipulated fee, the school district may use any ideas or information contained in the proposals in connection with any contract awarded for the project, or in connection with a subsequent procurement, without any obligation to pay any additional compensation to the offerors. Notwithstanding the other provisions of this subsection, an offeror may elect to waive the stipulated fee. If an offeror elects to waive the stipulated fee, the school district may not use ideas and information contained in the offeror's proposal, except that this restriction does not prevent the school district from using any idea or information if the idea or information is also included in a proposal of an offeror that accepts the stipulated fee.
  - N. The procurement file shall contain the basis on which the award is made, including at a minimum the information and documents required under R7-2-1115.
  - O. A copy of the request for proposals shall be made available for public inspection at the school district office.
1. The contractor for design-build or job-order-contracting construction services is not required to be registered to perform design services pursuant to A.R.S. Title 32, Chapter 1 if the person actually performing the design services on behalf of the contractor is appropriately registered.
  2. The contractor for construction-manager-at-risk, design-build or job-order-contracting construction services shall be licensed to perform construction pursuant to A.R.S. Title 32, Chapter 10.
  3. The school district shall obtain and maintain a record of proof in the procurement file that a construction or construction services provider that has been awarded a contract with the school district, or through a cooperative purchasing agreement, has a license in good standing to perform construction work pursuant to A.R.S. Title 32, Chapter 10. The license shall be active on the day the contract is awarded. This subsection does not require licensure for professions that are not licensed pursuant to A.R.S. Title 32, Chapter 10.
- B. In a procurement for construction-manager-at-risk construction services or design-build construction services, except for design-build contracts awarded pursuant to R7-2-1111, the school district shall enter into a written contract with the contractor for preconstruction services under which the school district shall pay the contractor a fee for preconstruction services in an amount agreed by the school district and the contractor, and the school district shall not request or obtain a fixed price or a guaranteed maximum price for the construction from the contractor or enter into a construction contract with the contractor until after the school district has entered into the written contract for preconstruction services and a preconstruction services fee.
  - C. Construction shall not commence under a construction services contract until the school district and contractor agree in writing on either a fixed price that the school district will pay or a guaranteed maximum price for the construction to be commenced. The construction to be commenced may be the entire project or may be one or more phased parts of the project.
  - D. For negotiated construction-manager-at-risk and design-build contracts, preconstruction services, general conditions, schedules, construction contingency, and construction fees shall be part of the contract. For design-build contracts awarded pursuant to a request for proposals, the fees shall be included in the vendor's proposal and shall become part of the awarded contract.
  - E. For job-order-contracting construction services only:
    1. The maximum dollar amount of an individual job order for job-order-contracting construction services shall be one million dollars or a higher or lower amount prescribed by the governing board in a policy adopted in a public meeting held pursuant to A.R.S. Title 38, Chapter 3, Article 3.1. Requirements shall not be artificially divided or fragmented in order to constitute a job order that satisfies the requirements of this subsection.
    2. If the contractor subcontracts or intends to subcontract part or all of the work under a job order and if the job-order-contracting construction services contract includes descriptions of standard individual tasks, standard unit prices for standard individual tasks and pricing of job orders based on the number of units of standard individual tasks in the job order:
      - a. The contractor has a duty to deliver promptly to each subcontractor invited to bid a coefficient to the contractor to do all or part of the work under one or

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1112. Contractor Licenses, Contract and Performance Requirements**

- A. Notwithstanding any other Section:

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more job orders a copy of the descriptions of all standard individual tasks on which the subcontractor is invited to bid and a copy of the standard unit prices for the individual tasks on which the subcontractor is invited to bid.

- b. If not previously delivered to the subcontractor, the contractor has a duty to promptly deliver to each subcontractor invited to or that has agreed to do any of the work included in any job order a copy of the description of each standard individual task that is included in the job order and that the subcontractor is invited to perform, the number of units of each standard individual task that is included in the job order and that the subcontractor is invited to perform, and the standard unit price for each standard individual task that is included in the job order and that the subcontractor is invited to perform.
- F.** For all construction services contracts, the contractor performing the construction services is permitted to self-perform part of the construction work, if and to the extent agreed in writing by the school district and the contractor. The school district may use methods other than competitive bidding to assure itself that the price the school district pays to the contractor for self-performed work is fair and reasonable. Permitted methods to evaluate fairness and reasonableness of the price of self-performed work include evaluation of the contractor's proposed scope of work and price for self-performed work by an estimator who is hired and paid by the school district, who is independent of the contractor and who may be an employee of the school district. Although the school district may elect to so require, nothing in Articles 10 and 11 shall be construed or interpreted to require the school district to require a contractor desiring to self-perform part of the construction work to competitively bid that part of the construction work against other contractors in a bid competition.
- G.** For all construction services contracts, the following requirements apply to the construction work to be performed by subcontractors and do not apply to construction work that the school district and the contractor agree in writing will be self-performed by the contractor:
1. The person selected to perform the construction services shall select subcontractors based on qualifications alone or on a combination of qualifications and price and shall not select subcontractors based on price alone. A qualifications and price selection may be a single-step selection based on a combination of qualifications and price or a two-step selection. In a two-step selection, the first step shall be based on qualifications alone and the second step may be based on a combination of qualifications and price or on price alone.
  2. The school district shall include in each contract:
    - a. If the school district included its subcontractor selection plan in the request for qualifications, the school district's subcontractor selection plan and the procedures to implement the school district's subcontractor selection plan proposed by the awarded contractor in submitting its qualifications with those modifications to the procedures as the school district and the contractor agree.
    - b. If the school district did not include its subcontractor selection plan in the request for qualifications, the subcontractor selection plan proposed by the awarded contractor in submitting its qualifications with those modifications as the school district and the contractor agree.

3. In making the selection of subcontractors, the contractor shall use the subcontractor selection plan and any procedures included in its contract.

- H.** The school district shall include in each contract for construction services the full street or physical address of each separate location at which the construction will be performed and a requirement that the contractor and each subcontractor at any level include in each of its subcontracts the same address information. The contractor and each subcontractor at any level shall include in each subcontract the full street or physical address of each separate location at which construction work will be performed.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 24 A.A.R. 3283, effective October 22, 2018 (Supp. 18-4). The word "rule" has been changed to "Section" to reflect current standards in Chapter style and format (Supp. 21-2).

**R7-2-1113. Prohibitions**

- A.** Notwithstanding any contrary provision of Articles 10 and 11, a school district shall not enter into a contract to provide construction-manager-at-risk construction services, design-build construction services or job-order-contracting construction services.
- B.** The prohibitions prescribed in subsection (A) do not prohibit a school district from providing construction for itself as provided by law.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1114. Bid Security, Contract Performance and Payment Bonds, and Payment and Retention**

- A.** Bid security shall be provided pursuant to R7-2-1102.
- B.** Contract performance and payment bonds shall be provided pursuant to R7-2-1103.
- C.** Contract payment retention and substitute security shall be in accordance with R7-2-1104.
- D.** Progress payments shall be in accordance with R7-2-1105.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Amended effective March 21, 1991 (Supp. 91-1). Amended effective October 22, 1992 (Supp. 92-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1115. Procurement File Contents and Review**

- A.** At a minimum, the school district shall retain the following for each procurement under R7-2-1106 through R7-2-1114:
1. For each request for qualifications procurement process:
    - a. If interviews were not held:
      - i. The submittal of the person listed first on the final list and the submittal of each person with whom the school district enters into a contract.
      - ii. The final list.
      - iii. A list of the selection criteria and relative weight of selection criteria used to select the persons for the final list and to determine their order on the final list.

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- iv. A list that contains the name of each person that submitted qualifications and that shows the person's final overall rank or score.
  - v. Documents that show the final score or rank on each selection criteria of each person that submitted qualifications and that support the final overall rankings and scores of the persons that submitted qualifications. The school district shall retain the individual scoring sheets for individual selection committee members.
- b. If interviews were held:
- i. All submittals of the person listed first on the final list and the submittal of each person with whom the school district enters into a contract.
  - ii. The final list.
  - iii. A list of the selection criteria and relative weight of selection criteria used to select the persons for the final list and to determine their order on the final list.
  - iv. A list that contains the name of each person that was interviewed and that shows the person's final overall rank or score.
  - v. Documents that show the final score or rank on each selection criteria of each person that was interviewed and that support the final overall rankings and scores of the persons that were interviewed. The school district shall retain the individual scoring sheets for individual selection committee members.
  - vi. A list of the selection criteria and relative weight of the selection criteria used to select the persons for the short list to be interviewed.
  - vii. A list that contains the name of each person that submitted qualifications and that shows the person's final overall rank or score in the selection of the persons to be on the short list to be interviewed.
  - viii. Documents that show the final score or rank on each selection criteria of each person that submitted qualifications and that support the final overall rankings and scores of the persons that submitted qualifications. The school district shall retain the individual scoring sheets for individual selection committee members.
2. For each request for proposals procurement process under R7-2-1111:
- a. The entire proposal submitted by the person that received the highest score in the scoring method in the request for proposals and the entire proposal submitted by each person with whom the school district enters into a contract.
  - b. The description of the scoring method, the list of factors in the scoring method and the number of points allocated to each factor, all as included in the request for proposals.
  - c. A list that contains the name of each offeror that submitted a proposal and that shows the offeror's final overall score.
  - d. Documents that show the final score or rank on each factor in the scoring method in the request for proposals of each offeror that submitted a proposal and that support the final overall scores of the offerors that submitted proposals. The school district shall retain the individual scoring sheets for individual selection committee members.
- B.** Information relating to each procurement under R7-2-1106 through R7-2-1114 shall be made available to the public as follows:
- 1. Until the school district awards a single contract or all of the multiple contracts or terminates the procurement, only the name of each person on the final list may be made available to the public. All other information received by the school district in response to the request for qualifications shall be confidential in order to avoid disclosure of the contents that may be prejudicial to competing respondents during the selection process.
  - 2. After the school district awards a single contract or all of the multiple contracts or terminates the procurement, the school district shall make the contents of the procurement file, except the proposals and statements of qualifications submitted in response to a solicitation and the documents described in subsections (A)(1)(a)(v), (A)(1)(b)(v), (A)(1)(b)(viii), and (A)(2)(d), available to the public.
  - 3. After the school district has entered into a single contract or all of the multiple contracts or has terminated the procurement, the school district shall make the proposals and statements of qualifications and the documents described in subsections (A)(1)(a)(v), (A)(1)(b)(v), (A)(1)(b)(viii), and (A)(2)(d) available to the public.
  - 4. To the extent that an offeror designates and the school district concurs, trade secrets and other proprietary data contained in a proposal or statement of qualifications shall remain confidential.
  - 5. If the procurement file contains information that is confidential under R7-2-1006, a copy of the applicable documents with the confidential information redacted shall be placed in the procurement file for the purpose of public inspection. The unredacted original copy of the confidential information shall be placed in a sealed envelope or other appropriate container, identified as confidential information, and maintained in the procurement file.
- C.** The school district shall retain the records of a procurement under R7-2-1106 through R7-2-1114 in accordance with R7-2-1085.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).

Amended effective March 21, 1991 (Supp. 91-1).

Amended effective October 22, 1992 (Supp. 92-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1116. Repealed****Historical Note**

New Section made by exempt rulemaking at 13 A.A.R. 1266, effective February 26, 2007 (Supp. 07-1). Section repealed by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**PART XV. PROCUREMENT OF SPECIFIED PROFESSIONAL SERVICES****R7-2-1117. Procurement of Specified Professional Services**

- A.** Specified professional services, which is defined in R7-2-1001(120), as services of an architect, engineer, land surveyor, assayer, geologist and landscape architect, shall be procured as provided in R7-2-1117 through R7-2-1123, except as authorized in R7-2-1033, R7-2-1053, R7-2-1055, and R7-2-1122.
- B.** Prior to public notice of the need for specified professional services, the school district shall determine that the services to be acquired are specified professional services.

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- C. In the procurement of specified professional services:
1. The school district shall specify whether the procurement is for a single contract or for multiple contracts. Multiple contracts may be awarded to separate persons or may be awarded to a single person as specified in the request for qualifications.
  2. The school district and the selection committee shall not request or consider fees, price, man-hours or any other cost information at any point in the selection process under this Section and R7-2-1120 or R7-2-1121, including the selection of persons to be interviewed, the selection of persons to be on the final list, in determining the order of preference of persons on a final list or for any other purpose in the selection process except as provided in R7-2-1121.
  3. In determining the persons to participate in any interviews, in determining the persons to be on the final list, and in determining the order on the final list, the selection committee shall use and consider only the criteria and weighting of criteria in the request for qualifications. No other factors or criteria may be used in the evaluation, determinations and other actions.
  4. If the school district enters into the number of contracts specified in the request for qualifications, the procurement ends. After that time the school district may not use the procurement or any final list in the procurement as the basis for entering into a contract with any other person that participated in the procurement.
  5. Notwithstanding any other provision specifying the number of persons to be interviewed, the number of persons to be on a final list, or any other numerical specification in this Section or R7-2-1121:
    - a. If a smaller number of persons respond to the request for qualifications or if one or more persons drop out of the procurement so that there is a smaller number of persons participating in the procurement, the school district, as the school district determines necessary and appropriate, may elect to proceed with the participating persons if there are at least two participating responsive and responsible persons. Alternatively, the school district may elect to terminate the procurement.
    - b. As to a request for qualifications to be negotiated pursuant to R7-2-1121(D), if only one responsive and responsible person responds to the request for qualifications, or if one or more persons drop out of the procurement so that only one responsive and responsible person remains in the procurement, the school district may elect to proceed with the procurement with only one person if the governing board determines in writing that the negotiated fee is fair and reasonable and that either other prospective persons had reasonable opportunity to respond or there is not adequate time for a resolicitation.
    - c. If a person on the final list withdraws or is removed from the procurement and the selection committee determines that it is advantageous to the school district, the selection committee may replace that person on the final list with another person that submitted qualifications in the procurement and that is selected as the next most qualified.
- D. The request for qualifications shall:
1. Provide instructions and information to persons concerning the statement of qualifications submission requirements, including the due date and time for receipt of statements of qualifications, the address of the office at which the statements of qualifications are to be received, and any other special information.
  2. State whether one contract or multiple contracts may or will be awarded.
    - a. If one contract will be awarded, state that one contract may or will be awarded, describe the services to be performed under the contract and state that one person may or will be awarded the contract.
    - b. If multiple contracts may or will be awarded, state the number of contracts that may or will be awarded, the services to be performed under each of the multiple contracts, and either that each contract will be awarded to a separate person or that all of the contracts will be awarded to the same person.
  3. State the number of persons to be included on the final list.
    - a. If a single contract will be awarded, state that there will be a single final list of at least three and not more than five persons.
    - b. If multiple contracts will be awarded to a single person, state that there will be a single final list of at least three and not more than five persons.
    - c. In a procurement for multiple contracts for similar specified professional services to be awarded to separate persons, state that there will be a single final list and the number of persons on the final list, which shall be the sum of the number of contracts that may or will be awarded plus another number that is determined by the school district and that is not more than five.
    - d. If multiple contracts for different specified professional services will be awarded to separate persons, state that there will be a separate final list for each type of specified professional services and that the number of persons on each final list will be equal to the number of contracts that may or will be awarded for each type of specified professional services plus a number determined by the school district not to exceed five.
  4. State the selection criteria and relative weight to be used. All selection criteria shall be factors that demonstrate competence and qualifications for the type of specified professional services included in the procurement.
    - a. If interviews will be held, state the selection criteria and relative weights to be used in selecting the persons to be interviewed. The request for qualifications may state the selection criteria and relative weights to be used in selecting the persons on the final list and in determining their order on the final list. The final list selection criteria and relative weights may be different than the selection criteria and relative weights used to determine the persons to be interviewed. The request for qualifications also shall state whether the school district will select the persons on the final list and their order on the final list solely through the results of the interview process or through the combined results of both the interview process and the evaluation of statements of qualifications and performance data submitted in response to the request for qualifications.
    - b. If interviews will not be held, state the selection criteria and relative weights to be used in selecting the persons on the final list and in determining their order on the final list.
  5. State whether interviews will be held.

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- a. If a single contract will be awarded, state that there will be interviews with at least three and not more than five persons.
  - b. If multiple contracts will be awarded to a single person, state that there will be interviews with at least three and not more than five persons.
  - c. In a procurement for multiple contracts for similar specified professional services to be awarded to separate persons, state that interviews will be held and that the interviews will be with a specified number of persons. The specified number shall be stated in the request for qualifications, shall be determined by the school district and shall be the sum of the number of contracts that may or will be awarded, plus another number that is determined by the school district and that is not more than five.
  - d. If multiple contracts for different specified professional services will be awarded to separate persons, state that interviews will be held and that the interviews will be with a specified number of persons. The specified number shall be stated in the request for qualifications, shall be determined by the school district, shall be at least three times the number of contracts that may or will be awarded and shall not be more than five times the number of contracts that may or will be awarded.
- 6. The name of the district representative or district representatives and the publicly available location of the school district's protest policy or procedure.
  - 7. Notice that all information and statements of qualifications submitted by persons will be made available for public inspection after the school district has entered into a single contract or all of the multiple contracts.
- E. Statements of qualifications shall be received and opened in accordance with R7-2-1045. Late statements of qualifications, late modifications, or late withdrawals shall be considered in accordance with R7-2-1044 and R7-2-1049.
  - F. A copy of the request for qualifications shall be made available for public inspection at the school district office.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1118. Public Notice of Specified Professional Services**

- A. Notice of the need for specified professional services shall be given by the school district pursuant to R7-2-1022 and R7-2-1024(C). Such notice shall be issued not less than 14 days in advance of when responses shall be received.
- B. The notice shall:
  - 1. Contain a statement of the services required that adequately describes the procurement and specifies how a request for qualifications containing specific information on the procurement may be obtained.
  - 2. Specify whether the procurement is for a single contract or for multiple contracts; and
  - 3. If the procurement is for multiple contracts:
    - a. Specify that multiple contracts may or will be awarded;
    - b. Specify the number of contracts that may or will be awarded; and
    - c. Describe the specified professional services to be performed under each contract.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1119. Cancellation or Rejection of the Solicitation**

A school district may cancel a request for qualifications, reject in whole or in part any or all statements of qualifications or determine not to enter into a contract as specified in the solicitation if it is advantageous to the school district. The school district shall make the reasons for cancellation, rejection or determination not to enter into a contract part of the procurement file.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1120. Specified Professional Services Selection Committee**

- A. The school district shall initiate an appropriately qualified selection committee for each request for qualifications. The school district shall ensure that selection committee members are competent to serve on the selection committee.
- B. Each selection committee shall include at least one school district representative appointed by the school district.
- C. The school district shall determine the number and qualifications of the selection committee members. These members may be employees of the school district or non-school district appointees.
- D. Non-school district employees serving on a selection committee shall not receive compensation from the school district for performing this service, but the school district may elect to reimburse non-school district members for travel, lodging and other expenses incurred in connection with service on a selection committee.
- E. A person who is a member of a selection committee shall not be a contractor or subcontractor under a contract awarded under the procurement or provide any specified professional services or other services under the contract.
- F. For the procurement of multiple contracts for specified professional services, the same selection committee shall be used for all contracts in the procurement.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1121. Committee Evaluation and Selection**

- A. If interviews are specified in the request for qualifications:
  - 1. The selection committee shall determine the persons to be interviewed by evaluating the statements of qualifications and performance data submitted based solely on the selection criteria and relative weights in the request for qualifications to be used to determine the persons to be interviewed.
  - 2. If the selection criteria and relative weights to be used by the selection committee to select the persons on the final list or final lists and to determine their order on the final list or final lists are not included in the request for qualifications:
    - a. Before the interviews are held the school district shall distribute to the persons to be interviewed the selection criteria and relative weights to be used to



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select the persons on the final list and to determine their order on the final list.

- b. These selection criteria and relative weight may be different than the selection criteria and relative weight used to determine the persons to be interviewed.
3. The selection committee shall conduct interviews with the number of persons specified in the request for qualifications.
- B. Based solely on the selection criteria and relative weights for selection of the persons on the final list or final lists and their order on the final list or final lists, the selection committee shall select the persons for the final list or final lists and rank the persons on the final list or final lists in order of preference. If the procurement is for multiple contracts for different specified professional services to be awarded to separate persons, and if a person submitted qualifications for more than one type of specified professional services, the person may be on more than one final list.
- C. Before or at the same time as the school district notifies the highest ranking person on the final list or final lists that it is the highest ranking person, the school district shall send actual notice to each of the following that it is not the highest ranking person or that another person is the highest ranking person:
  1. If interviews were held, the other persons interviewed.
  2. If interviews were not held, the other persons that made submittals.
- D. The school district shall conduct negotiations with persons on the final list or final lists as follows:
  1. The school district shall negotiate a contract with the highest qualified person for the required specified professional services at compensation determined in writing to be fair and reasonable to the school district. Contract negotiations shall be directed toward:
    - a. Making certain that the person has a clear understanding of the scope of the work, specifically, the essential requirements involved in providing the required services;
    - b. Determining that the person will make available the necessary personnel and facilities to perform the services within the required time; and
    - c. Agreeing upon compensation that is fair and reasonable.
  2. The negotiations shall include consideration of compensation and other contract terms that the school district determines to be fair and reasonable to the school district. In making this decision, the school district shall take into account the estimated value, the scope, the complexity and the nature of the specified professional services to be rendered.
  3. If the procurement is for a single contract, there is one final list and the school district shall enter into negotiations with the highest qualified person on the final list. If the school district is not able to negotiate a satisfactory contract with the highest qualified person on the final list, at compensation and on other contract terms the school district determines to be fair and reasonable, the school district shall formally terminate negotiations with that person. The school district shall then undertake negotiations with the next most qualified person on the final list in sequence until an agreement is reached or a determination is made to reject all persons on the final list.
  4. If the procurement is for multiple contracts for specified professional services to be awarded to a single person on the final list, there is one final list and the school district shall enter into negotiations with the highest qualified

person on the final list. If the school district is not able to negotiate a satisfactory contract with the highest qualified person on the final list, at compensation and on other contract terms the school district determines to be fair and reasonable, the school district shall formally terminate negotiations with that person. The school district shall then undertake negotiations with the next most qualified person on the final list in sequence until an agreement is reached or a determination is made to reject all persons on the final list.

5. If the procurement is for multiple contracts for similar specified professional services to be awarded to separate persons, there is one final list and the school district shall enter into separate negotiations for contracts with the number of the highest qualified persons on the final list equal to the number of contracts to be awarded. If the school district is not able to negotiate a satisfactory contract with a person with whom the school district has commenced negotiations, the school district shall formally terminate negotiations with that person. The school district shall then undertake negotiations for a contract with the next most qualified person on the final list with whom the school district is not then negotiating and with whom the school district has not previously negotiated in sequence until an agreement is reached for some or all of the multiple contracts included in the request for qualifications or a determination is made to reject all persons on the final list.
6. If the procurement is for multiple contracts for different specified professional services to be awarded to separate persons, there is a separate final list for each type of specified professional services and the school district shall enter into separate negotiations for contracts with the number of the highest qualified persons on each final list equal to the number of contracts to be awarded. If the school district is not able to negotiate a satisfactory contract with a person with whom the school district has commenced negotiations, the school district shall formally terminate negotiations with that person. The school district shall then undertake negotiations for a contract with the next most qualified person on the applicable final list with whom the school district is not then negotiating and with whom the school district has not previously negotiated in sequence until an agreement is reached for some or all of the multiple contracts included in the request for qualifications or a determination is made to reject all persons on the final list.
7. If the school district terminates negotiations with a person and commences negotiations with another person on the final list, the school district shall not recommence negotiations or enter into a contract for the specified professional services covered by the final list with any person with whom the school district terminated negotiations.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1122. Specified Professional Services Contracts Not Exceeding Certain Amounts**

- A. A school district may procure a single contract or multiple contracts for specified professional services under this Section if the contract is for specified professional services by an architect or architect firm and the contract amount is \$250,000 or less or if the contract is for specified professional services

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by a person other than an architect and the contract amount is \$500,000 or less. For such procurements, the school district shall encourage persons engaged in the lawful practice of the profession to submit annually a statement of qualifications and experience.

- B. For each procurement of specified professional services under this Section, the school district shall establish a selection committee pursuant to R7-2-1120.
- C. The selection committee shall evaluate current statements of qualifications and experience on file with the school district, together with those that may be submitted by other persons regarding the procurement.
- D. The school district and the selection committee shall not request or consider fees, price, man-hours or any other cost information at any point in the selection process under this Section, including the selection of the persons to be interviewed, the selection of persons to be on a final list, in determining the order of preference of persons on a final list or for any other purpose in the selection process, except as provided in subsection (F).
- E. If possible and practicable, the selection committee shall conduct interviews regarding the procurement and the relative methods of furnishing the required specified professional services and, if possible, shall select, in order of preference and based on criteria established and published by the selection committee, one or more final lists of the persons deemed to be the most qualified to provide the specified professional services required. The selection committee shall base the selection of each final list and the order of preference on demonstrated competence and qualifications only.
  - 1. If the procurement is for a single contract or if the procurement is for multiple contracts to be awarded to a single person, there shall be one final list of three persons.
  - 2. If the procurement is for multiple contracts for different specified professional services to be awarded to separate persons, there shall be a separate final list of three persons for each contract.
  - 3. In a procurement for multiple contracts for similar specified professional services to be awarded to separate persons, there shall be one final list and the number of persons on the final list shall be the number of contracts, plus another number that is determined by the school district and that is not more than five.
- F. The school district shall enter into negotiations with the highest qualified person on each final list or, in the case of a single final list for multiple contracts for the same specified professional services to be awarded to separate persons, the school district shall enter into negotiations with a number of the highest qualified persons on the final list equal to the number of contracts that may or will be awarded.
  - 1. Negotiations shall include consideration of compensation and other contract terms that the school district determines to be fair and reasonable to the school district. In making this determination, the school district shall take into account the estimated value, the scope, the complexity and the nature of the specified professional services to be rendered.
  - 2. If the school district is unable to negotiate a satisfactory contract with a person with whom the school district is negotiating at a price and on other contract terms the school district determines to be fair and reasonable to the school district, the school district shall formally terminate negotiations with that person.
  - 3. The school district may undertake negotiations with the next most qualified person on the final list in sequence

until an agreement is reached or a determination is made to reject all persons on the final list.

- 4. If the school district terminates negotiations with a person on a final list and commences negotiations with another person on the final list, the school district shall not in that procurement recommence negotiations or enter into a contract or contracts with any person with whom the school district has terminated negotiations.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1123. Procurement File Contents and Review for Procurements Conducted under R7-2-1117 through R7-2-1121**

- A. At a minimum, the school district shall retain the following for each procurement under R7-2-1117 through R7-2-1121:
  - 1. If interviews were not held:
    - a. The submittal of the person listed first on the final list and the submittal of each person with whom the school district enters into a contract. If the procurement has multiple final lists, the school district shall retain the submittal of the person listed first on the final list and the submittal of each person with whom the school district enters into a contract, for each final list.
    - b. The final list or final lists.
    - c. A list of the selection criteria and relative weight of selection criteria used to select the persons for the final list or final lists and to determine their order on the final list or final lists.
    - d. A list that contains the name of each person that submitted qualifications and that shows the person's final overall rank or score.
    - e. Documents that show the final score or rank on each selection criteria of each person that submitted qualifications and that support the final overall rankings and scores of the persons that submitted qualifications. The school district shall retain the individual scoring sheets for individual selection committee members.
  - 2. If interviews were held:
    - a. All submittals of the person listed first on the final list and the submittal of each person with whom the school district enters into a contract. If the procurement has multiple final lists, the school district shall retain the submittal of the person listed first on the final list and the submittal of each person with whom the school district enters into a contract, for each final list.
    - b. The final list or final lists.
    - c. A list of the selection criteria and relative weight of selection criteria used to select the persons for the final list or final lists and to determine their order on the final list or final lists.
    - d. A list that contains the name of each person that was interviewed and that shows the person's final overall rank or score.
    - e. Documents that show the final score or rank on each selection criteria of each person that was interviewed and that support the final overall rankings and scores of the persons that were interviewed. The

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- school district shall retain the individual scoring sheets for individual selection committee members.
- f. A list of the selection criteria and relative weight of the selection criteria used to select the persons for the short list or short lists to be interviewed.
  - g. A list that contains the name of each person that submitted qualifications and that shows the person's final overall rank or score in the selection of the persons to be on the short list or short lists to be interviewed.
  - h. Documents that show the final score or rank on each selection criteria of each person that submitted qualifications and that support the final overall rankings and scores of the persons that submitted qualifications. The school district shall retain the individual scoring sheets for individual selection committee members.

**B.** Information relating to each procurement under R7-2-1117 through R7-2-1121 shall be made available to the public as follows:

1. Until the school district awards a single contract or all of the multiple contracts or terminates the procurement, only the name of each person on the final list may be made available to the public. All other information received by the school district in response to the request for qualifications shall be confidential in order to avoid disclosure of the contents that may be prejudicial to competing respondents during the selection process.
2. After the school district awards a single contract or all of the multiple contracts or terminates the procurement, the school district shall make the contents of the procurement file, except the statements of qualifications and the documents described in subsections (A)(1)(e), (A)(2)(e), and (A)(2)(h), available to the public.
3. After the school district has entered into a single contract or all of the multiple contracts or has terminated the procurement, the school district shall make the statements of qualifications and the documents described in subsections (A)(1)(e), (A)(2)(e), and (A)(2)(h) available to the public.
4. To the extent that a person designates and the school district concurs, trade secrets and other proprietary data contained in a statement of qualifications shall remain confidential.
5. If the procurement file contains information that is confidential under R7-2-1006, a copy of the applicable documents with the confidential information redacted shall be placed in the procurement file for the purpose of public inspection. The unredacted original copy of the confidential information shall be placed in a sealed envelope or other appropriate container, identified as confidential information, and maintained in the procurement file.

**C.** The school district shall retain the records of a procurement under R7-2-1117 through R7-2-1121 in accordance with R7-2-1085.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section repealed; new Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1124. Reserved**

**PART XVI. COST PRINCIPLES**

**R7-2-1125. Cost Principles**

The cost principles adopted by the director of the Department of Administration pursuant to A.R.S. § 41-2591 shall be used to deter-

mine the allowability of incurred costs for the purpose of reimbursing costs under contract provisions that provide for the reimbursement of costs.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1126. Reserved**

**R7-2-1127. Reserved**

**R7-2-1128. Reserved**

**R7-2-1129. Reserved**

**R7-2-1130. Reserved**

**PART XVII. MATERIALS MANAGEMENT**

**R7-2-1131. Material Management and Disposition**

- A.** The school district shall ascertain or verify that materials, services, or construction items procured by the school district conform to specifications as set forth in the solicitation.
- B.** The school district shall determine the fair market value of excess and surplus material.
- C.** Disposition of surplus materials.
  1. Except as provided in A.R.S. § 15-342(7) related to sales or leases to the state, a county, a city, another school district, or a tribal government agency, and A.R.S. § 15-342(18) related to the disposition of surplus or outdated learning materials, educational equipment and furnishings, surplus materials, regardless of value, shall be offered through competitive sealed bids, public auction, on-line sales, established markets, trade in, posted prices or state surplus property. If unusual circumstances render the above methods impractical, the school district may employ other disposition methods, including appraisal or barter, provided the school district makes a written determination that such procedure is advantageous to the school district. Only United States Postal Money Orders, certified checks, cashiers' checks or cash shall be accepted for sales of surplus material unless otherwise approved by the school district.
  2. Competitive sealed bidding.
    - a. Notice for sale bids shall be publicly available from the school district at least 10 days before the due date set for bids. Notice of the sale bids shall be provided to prospective bidders, including those bidders on lists maintained by the school district pursuant to R7-2-1023. The notice for sale bids shall list the materials offered for sale, their location, availability for inspection, the terms and conditions of sale and instructions to bidders including the bid due date and time. Bids shall be opened publicly pursuant to the requirements of R7-2-1029.
    - b. The award shall be made in accordance with the provisions of the notice for sale bids to the highest responsive and responsible bidder, provided that the price offered by such bidder is acceptable to the school district. If the school district determines that the bid is not advantageous to the school district, the school district may reject the bids in whole or in part and may resolicit bids or the school district may negotiate the sale, provided that the negotiated sale price is higher than the highest responsive and responsible bidder's price.

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3. Auctions shall be advertised in the official newspaper of the county as prescribed in A.R.S. § 11-255 or a newspaper of general circulation, in accordance with A.R.S. § 41-2533. The publication shall not be less than 14 days before the auction date. All the terms and conditions of any sale shall be available to the public at least 24 hours prior to the auction date. The school district or any agent acting on the school district's behalf may also advertise the auction in any other manner determined advantageous to the school district.
4. Internet-based on-line sales shall not be subject to the advertisement requirements in subsection (C)(3). For such disposal services, the school district shall post and maintain a notice explaining the use of Internet-based on-line sales on a designated site on the Internet. The notice shall include:
  - a. The name of the on-line sales provider and the designated site on the Internet where potential buyers may obtain information or participate in the on-line auctions;
  - b. A link to the Internet-based on-line sales service;
  - c. A link to the terms and conditions of sale;
  - d. Instructions for bidding on the Internet-based on-line sales site; and
  - e. A period of not less than 14 days for each Internet-based on-line sale during which persons may submit offers to purchase the specified materials.
5. Before surplus materials are disposed of by trade-in to a vendor for credit on an acquisition, the school district shall approve such disposal. The school district shall base this determination on whether the trade-in value is expected to exceed the value realized through the sale or other disposition of such materials.
6. An employee of the school district or a governing board member, or an employee of a school district's agent conducting an auction on behalf of the school district, shall not directly or indirectly purchase or agree with another person to purchase surplus property if said employee or board member is, or has been, directly or indirectly involved in the purchase, disposal, maintenance, or preparation for sale of the surplus material.
7. State surplus property manager. The school district may enter into an agreement with the State Surplus Property Manager for the disposition of materials pursuant to Article 8 of the Arizona Procurement Code (A.R.S. § 41-2601 et seq.) and the rules adopted thereunder.
8. Pursuant to A.R.S. § 15-342(35), a school district may offer to sell outdated learning materials, educational equipment or furnishings at a posted price commensurate with the value of the items to pupils who are currently enrolled in that school district before those materials are offered for public sale.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
 Amended effective March 21, 1991 (Supp. 91-1).  
 Amended effective October 22, 1992 (Supp. 92-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1132. State and Federal Surplus Materials Program**

- A. The governing board may acquire surplus materials from the state and the United States government.

- B. The governing board may enter into an agreement with the State Surplus Property Manager for the purpose of acquiring surplus materials from the United States government pursuant to A.R.S. § 41-2603 and the rules adopted thereunder.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
 Amended effective March 21, 1991 (Supp. 91-1).

**R7-2-1133. Authority for Transfer of Material**

Notwithstanding any law to the contrary, the governing board may secure the transfer of surplus materials and obligate its monies to the extent necessary to comply with the laws and conditions of such transfers.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).  
 Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1134. Reserved****R7-2-1135. Reserved****R7-2-1136. Reserved****R7-2-1137. Reserved****R7-2-1138. Reserved****R7-2-1139. Reserved****R7-2-1140. Reserved**

## PART XVIII. BID PROTESTS

**R7-2-1141. Resolution of Bid Protests**

- A. Informal resolution of bid protests. Nothing in Articles 10 and 11 are intended to eliminate the informal resolution of problems by school district personnel.
- B. Formal resolution of bid protests. The governing board pursuant to R7-2- 1007 shall designate a district representative, as defined in R7-2-1001(39), to resolve bid protests. All solicitations issued by the school district shall include the name of the district representative and shall indicate that any bid protest shall be filed with the district representative. Appeal from the decision of the district representative may be made to the hearing officer pursuant to R7-2-1147 and R7-2-1181.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1142. Filing of a Protest**

- A. Any interested party may protest a solicitation issued by the school district, a determination that a proposal is unacceptable, or the proposed award or the award of a school district contract. Protests shall be filed with the district representative.
- B. Content of protest. The protest shall be in writing and shall include the following information:
  1. The name, address and telephone number of the interested party;
  2. The signature of the interested party or the interested party's representative;
  3. Identification of the solicitation or contract number;
  4. A detailed statement of the legal and factual grounds of the protest including copies of relevant documents; and
  5. The form of relief requested.

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- C. The interested party shall supply any other information requested by the district representative within 10 days of the request.
- D. The interested party may file a written request with the district representative for an extension of the time limit for providing additional information set forth in subsection (C). The written request shall be filed before the expiration of the time limit set forth in subsection (C) and shall set forth good cause as to the specific reason that the interested party is unable to provide the additional information with the 10 days. The district representative shall approve or deny the request in writing, state the reasons for the determination, and if an extension is granted, set forth a new date for submission of the filing.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1143. Time for Filing Protests**

- A. Protests based upon alleged improprieties in a solicitation that are apparent before the due date and time for responses to the solicitation, shall be filed before the due date and time for responses to the solicitation.
- B. In cases other than those covered in subsection (A), the interested party shall file the protest within 10 days after the school district makes the procurement file available for public inspection.
- C. The interested party may file a written request with the district representative for an extension of the time limit for protest filing set forth in subsection (B). The written request shall be filed before the expiration of the time limit set forth in subsection (B) and shall set forth good cause as to the specific action or inaction of the school district that resulted in the interested party being unable to file the protest within the 10 days. The district representative shall approve or deny the request in writing, state the reasons for the determination, and, if an extension is granted, set forth a new date for submission of the filing.
- D. If the interested party shows good cause and it is advantageous to the school district, the district representative may consider any protest that is not filed timely.
- E. The district representative shall immediately give notice of the protest to the successful contractor if award has been made or, if no award has been made, to all interested parties.
- F. At any time the district representative or hearing officer may refer the protest to the governing board for resolution in accordance with R7-2-1152.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1144. Stay of Procurements During the Protest**

The district representative may stay all or part of the procurement or contract if it is determined that there is a reasonable probability the protest will be upheld or that a stay is advantageous to the school district. The district representative shall notify the successful contractor if award has been made or, if no award has been made, all interested parties of the stay in writing no later than the time of issuance of the district representative's decision in accordance with R7-2-1145.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1145. Decision by the District Representative**

- A. The district representative shall have the authority granted to the district representative by the governing board to settle and resolve a protest.
- B. The district representative shall issue a written decision within 14 days after a protest has been filed, or after additional information requested by the district representative has been submitted, pursuant to R7-2-1142. The decision shall include:
  1. A statement of the decision of the district representative with supporting rationale; and
  2. A paragraph substantially as follows: "This is the decision of the district representative of the \_\_\_\_\_ School District. The decision may be appealed to a hearing officer. If you appeal, you must file a written notice of appeal with the district representative within 30 days from the date of the decision."
- C. The district representative shall furnish a copy of the decision to the interested party by any method that provides evidence of receipt.
- D. On agreement of all interested parties, the time limit for decisions set forth in subsection (B) may be extended by the district representative for good cause for a reasonable time not to exceed an additional 30 days. The district representative shall notify the interested party in writing that the time for the issuance of a decision has been extended and the date by which a decision will be issued.
- E. If the district representative fails to issue a decision within the time limits set forth in subsections (B) or (D), the interested party may proceed as if the district representative had issued an adverse decision.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1146. Remedies**

- A. If the district representative sustains the protest in whole or part and determines that a solicitation, a determination that a proposal is unacceptable, proposed contract award, or contract award does not comply with Articles 10 and 11, the school district shall implement an appropriate remedy.
- B. In determining an appropriate remedy, the district representative shall consider all the circumstances surrounding the procurement or proposed procurement including, but not limited to, the seriousness of the procurement deficiency, the degree of prejudice to other interested parties or to the integrity of the procurement system, the good faith of the parties, the extent of performance, costs to the school district, the urgency of the procurement, the impact of the relief on the mission of the school district, and other relevant issues.
- C. An appropriate remedy may include one or more of the following:
  1. Decline to exercise an option to renew under the contract;
  2. Terminate the contract;
  3. Amend the solicitation;
  4. Issue a new solicitation;

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5. Award a contract consistent with procurement statutes and regulations; or
6. Such other relief as is determined necessary to ensure compliance with Articles 10 and 11.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1147. Appeals to a Hearing Officer**

- A. An appeal to a hearing officer from a decision entered or deemed to be entered by the district representative shall be filed with the district representative within 30 days from the date of decision.
- B. Content of appeal. The appeal shall contain:
  1. The information set forth in R7-2-1142(B); and
  2. The precise factual or legal error in the decision of the district representative from which an appeal is taken.
- C. All costs associated with conducting a hearing, including the costs of the hearing officer, shall be paid by the school district. If the hearing officer decides in favor of the school district, the other party shall reimburse the school district for the costs of the hearing within 30 days of receipt of a copy of the hearing officer's invoice.
- D. The Executive Director of the State Board of Education ("Executive Director") shall prepare and maintain a list of individuals who meet the qualifications specified in R7-2-1185 to serve as hearing officers.
- E. A hearing officer may be selected by mutual agreement of both parties. If the parties are unable to mutually agree on a hearing officer, three hearing officers shall be selected randomly by the Executive Director and shall be screened to determine availability and possible bias. Once the Executive Director has selected three hearing officers who are available and show no evidence of bias, the three names shall be provided to both parties. Both parties have the opportunity to strike one name from the list provided, but shall do so within 14 calendar days from the date on which the Executive Director provided the list to the parties. If after the time period for striking a hearing officer has passed and more than one person remains on the list, the Executive Director shall select one of the remaining individuals on the list as the hearing officer unless either party objects for cause and provides such reason in writing to the Executive Director. If after the time period for striking a hearing officer has passed and there is only one person remaining on the list, the remaining individual shall be named as the hearing officer unless either party objects for cause and provides such reason in writing to the Executive Director. Objections for cause shall require specific evidence that the individual does not meet the criteria specified in R7-2-1185. The Executive Director shall review the evidence submitted and determine the qualifications of the individual. If the Executive Director determines that the individual is not qualified to serve as the hearing officer, the Executive Director shall repeat the process and select three additional hearing officers to be provided to the parties.
- F. Issuance of a school district purchase order shall constitute the official selection date of the hearing officer.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020

(Supp. 20-1).

**R7-2-1148. Notice of Appeal**

The district representative shall within three working days give notice of the filing of the appeal to the governing board and the successful contractor if award has been made.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1149. Stay of Procurement During Appeal**

If an appeal is filed and the procurement or contract was stayed by the district representative pursuant to R7-2-1144, the filing of an appeal shall automatically continue the stay unless the hearing officer makes a written determination that the award of the contract without delay is necessary to protect substantial interests of the school district. If no such determination is made, the stay shall automatically end upon written decision of the hearing officer pursuant to R7-2-1151 or R7-2-1181.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1150. District Representative's Response**

- A. The district representative shall file a complete response to the appeal within 21 days from the date the appeal is filed or within five days after the hearing officer has been selected, whichever is later. At the same time, the district representative shall furnish a copy of the response to the appellant and to any interested party.
- B. The district representative may submit a written request to the hearing officer for an extension of the period for submission of response, identifying the reasons for the extension. The hearing officer shall approve or deny the request in writing, state the reasons for the determination, and, if an extension is granted, set forth a new date for the submission of filing a response. The hearing officer shall notify the district representative and the interested party of any extension.
- C. The interested party shall file comments on the district representative's response with the hearing officer within 10 days after receipt of the response. The interested party shall provide copies of the comments to the district representative and other interested parties.
- D. The interested party may submit a written request to the hearing officer for an extension of the period for submission of comments, identifying the reasons for the extension. The hearing officer shall approve or deny the request in writing, state the reasons for the determination, and, if an extension is granted, set forth a new date for the submission of filing comments. The hearing officer shall notify the district representative and the interested party of any extension.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1151. Dismissal Before Hearing**

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- A. The hearing officer shall dismiss, upon a written determination, an appeal before scheduling a hearing if:
1. The appeal does not state a valid basis for protest;
  2. The appeal is untimely pursuant to R7-2-1147(A); or
  3. The appeal attempts to raise issues not raised in the protest.
- B. The hearing officer shall notify the interested party and the district representative in writing of a determination to dismiss an appeal before hearing.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1152. Hearing**

Hearings on appeals of bid protest decisions shall be conducted pursuant to R7-2-1181 and A.R.S. § 41-1092.07 as contested cases.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1153. Remedies**

If the hearing officer sustains the appeal in whole or part and determines that a solicitation, a determination that a proposal is unacceptable, proposed award, or award does not comply with Articles 10 and 11, remedies shall be implemented pursuant to R7-2-1146.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1154. Reserved****PART XIX. CONTRACT CLAIMS AND CONTROVERSIES****R7-2-1155. Resolution of Contract Claims and Controversies**

- A. The district representative shall have the authority granted to the district representative by the governing board to settle and resolve contract claims and controversies including claims relating to assignees of the contractor.
- B. The district representative shall receive prior written approval of the governing board for the settlement or resolution of a claim exceeding the dollar amount specified in A.R.S. § 41-2535.
- C. Appeals from decisions of the district representative may be made to the hearing officer pursuant to R7-2-1158.
- D. A claimant shall file a contract claim with the district representative within 180 days after the claim arises. The claim shall include the following:
1. The name, address, and telephone number of the claimant;
  2. The signature of the claimant or claimant's representative;
  3. Identification of the solicitation or contract number;
  4. A detailed statement of the legal and factual grounds of the claim including copies of the relevant documents; and
  5. The form and dollar amount of the relief requested.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020

(Supp. 20-1).

**R7-2-1156. District Representative's Decision**

- A. If a controversy cannot be resolved by mutual agreement, the district representative shall issue a written decision within no more than 60 days from receipt of the contractor's written request for a decision. Before issuing a written decision, the district representative shall review the facts pertinent to the claim and secure any necessary assistance from legal, fiscal, and other advisors.
- B. Decision of the district representative. The district representative shall furnish a copy of the decision to the contractor by any method that provides evidence of receipt. The decision shall include:
1. A description of the claim;
  2. A reference to the pertinent contract provision;
  3. A statement of the factual areas of agreement or disagreement;
  4. A statement of the district representative's decision, with supporting rationale; and
  5. A paragraph substantially as follows:  
"This is the decision of the district representative of the \_\_\_\_\_ School District. This decision may be appealed to a hearing officer. If you appeal, you must file a written notice of appeal with the district representative within 30 days from the date of decision."

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Amended by final rulemaking at 6 A.A.R. 3750, effective September 8, 2000 (Supp. 00-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1157. Issuance of a Timely Decision**

- A. On agreement of all interested parties, the time limit for decisions set forth in R7-2-1156(A) may be extended for good cause for a reasonable time not to exceed 14 days. The district representative shall notify the contractor in writing that the time for the issuance of a decision has been extended and the date by which a decision shall be issued.
- B. If the district representative fails to issue a decision within 60 days after the request is filed or within the time prescribed under subsection (A), the contractor may proceed as if the district representative had issued an adverse decision.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1158. Appeals to a Hearing Officer**

- A. An appeal from a decision entered or deemed to be entered by the district representative on a contract claim or controversy shall be filed with the district representative within 30 days from the date of decision.
- B. The appeal shall contain the basis for the precise factual or legal error in the decision of the district representative from which an appeal is taken.
- C. The district representative shall file a complete response to the appeal within 21 days from the date the appeal is filed or

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within five days after the hearing officer has been selected, whichever is later. At the same time, the district representative shall furnish a copy of the response to the appellant and to any interested party.

- D. The district representative may submit a written request to the hearing officer for an extension of the period for submission of response, identifying the reasons for the extension. The hearing officer shall approve or deny the request in writing, state the reasons for the determination, and, if an extension is granted, set forth a new date for the submission of filing a response. The hearing officer shall notify the district representative and the interested party of any extension.
- E. The interested party shall file comments on the district representative's response with the hearing officer within 10 days after receipt of the response. The interested party shall provide copies of the comments to the district representative and other interested parties.
- F. The interested party may submit a written request to the hearing officer for an extension of the period for submission of comments, identifying the reasons for the extension. The hearing officer shall approve or deny the request in writing, state the reasons for the determination, and, if an extension is granted, set forth a new date for the submission of filing comments. The hearing officer shall notify the district representative and the interested party of any extension.
- G. All costs associated with conducting a hearing, including the costs of the hearing officer, shall be paid by the school district. If the hearing officer decides in favor of the school district, the other party shall reimburse the school district for the costs of the hearing within 30 days of receipt of a copy of the hearing officer's invoice.
- H. The Executive Director of the State Board of Education ("Executive Director") shall prepare and maintain a list of individuals who meet the qualifications specified in R7-2-1185 to serve as hearing officers.
- I. A hearing officer may be selected by mutual agreement of both parties. If the parties are unable to mutually agree on a hearing officer, three hearing officers shall be selected randomly by the Executive Director and shall be screened to determine availability and possible bias. Once the Executive Director has selected three hearing officers who are available and show no evidence of bias, the three names shall be provided to both parties. Both parties have the opportunity to strike one name from the list provided, but shall do so within 14 calendar days from the date on which the Executive Director provided the list to the parties. If after the time period for striking a hearing officer has passed and more than one person remains on the list, the Executive Director shall select one of the remaining individuals on the list as the hearing officer unless either party objects for cause and provides such reason in writing to the Executive Director. If after the time period for striking a hearing officer has passed and there is only one person remaining on the list, the remaining individual shall be named as the hearing officer unless either party objects for cause and provides such reason in writing to the Executive Director. Objections for cause shall require specific evidence that the individual does not meet the criteria specified in R7-2-1185. The Executive Director shall review the evidence submitted and determine the qualifications of the individual. If the Executive Director determines that the individual is not qualified to serve as the hearing officer, the Executive Director shall repeat the process and select three additional hearing officers to be provided to the parties.
- J. Issuance of a school district purchase order shall constitute the official selection date of the hearing officer.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Amended by final rulemaking at 6 A.A.R. 3750, effective September 8, 2000 (Supp. 00-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1159. Hearing**

Hearings on appeals of contract claim and controversy decisions shall be conducted pursuant to R7-2-1181 and A.R.S. § 41-1092.07 as contested cases.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1160. Reserved****PART XX. DEBARMENT AND SUSPENSION****R7-2-1161. Authority to Debar or Suspend**

- A. Except as provided in A.R.S. § 41-1279.21(B), the governing board has the sole authority to debar or suspend a person from participating in school district procurements.
- B. The causes for debarment or suspension include the following:
  1. Conviction of any person or any subsidiary or affiliate of any person for commission of a criminal offense arising out of obtaining or attempting to obtain a public or private contract or subcontract, or in the performance of such contract or subcontract.
  2. Conviction of any person or any subsidiary or affiliate of any person under any statute of the federal government, this state or any other state for embezzlement, theft, fraudulent schemes and artifices, fraudulent schemes and practices, bid rigging, perjury, forgery, bribery, falsification or destruction of records, receiving stolen property or any other offense indicating a lack of business integrity or business honesty which affects responsibility as a school district contractor.
  3. Conviction or civil judgment finding a violation by any person or any subsidiary or affiliate of any person under state or federal antitrust statutes.
  4. Violations of contract provisions of a character which are deemed to be so serious as to justify debarment action, such as either of the following:
    - a. Knowingly fails without good cause to perform in accordance with the specification or within the time limit provided in the contract.
    - b. Failure to perform or unsatisfactory performance in accordance with the terms of one or more contracts, except that failure to perform or unsatisfactory performance caused by acts beyond the control of the contractor shall not be considered to be a basis for debarment.
  5. Any other cause deemed to affect responsibility as a school district contractor, including suspension or debarment of such person or any subsidiary or affiliate of such person by another governmental entity for any cause.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1162. Initiation of Debarment**



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Upon receipt of information concerning a possible cause for debarment, the school district shall investigate the possible cause. If the school district has a reasonable basis to believe that a cause for debarment exists, the school district may propose debarment under R7-2-1164.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).

**R7-2-1163. Period of Debarment**

- A. The period of time for a debarment shall not exceed three years from the date of the debarment determination.
- B. If debarment is based solely upon debarment by another governmental agency including another school district, the period of debarment may run concurrently with the period established by that other debarring agency.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).

**R7-2-1164. Notice**

- A. If the school district proposes debarment, the school district shall notify the person and affected affiliates in writing within seven days of the proposed debarment by any means evidencing receipt, which notice shall indicate that a hearing shall be scheduled, if requested, in accordance with R7-2-1181 as contested cases.
- B. The notice of debarment shall state:
  - 1. The basis for debarment;
  - 2. The period, including dates, of the debarment;
  - 3. That bids or proposals shall not be solicited or accepted from the person and, if received, will not be considered; and
  - 4. That the person is entitled to a hearing on the suspension if the person files a written request for a hearing with a designated district representative within 10 days after receipt of the notice.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1165. Notice to Affiliates**

- A. If the school district proposes to debar an affiliate, the affiliate shall have a right to appear in any hearing on the proposed debarment to show mitigating circumstances.
- B. The affiliate shall in writing advise the school district within 10 days of receipt of the notice under R7-2-1164 of its intention to appear under subsection (A). Failure to provide written notice of appearance within the 10-day period shall be a waiver of the right to appear in the hearing.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1166. Imputed Knowledge**

- A. Improper conduct may be imputed to an affiliate for purposes of debarment where the impropriety occurred in connection with the affiliate's duties for or on behalf of, or with the knowledge, approval, or acquiescence of, the contractor.
- B. The improper conduct of a person or its affiliate having a contract with a contractor may be imputed to the contractor for purposes of debarment where the impropriety occurred in connection with the person's duties for or on behalf of, or with the

actual or constructive knowledge, approval, or acquiescence of, the contractor.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1167. Reinstatement**

- A. The governing board may at any time reinstate a debarred person or rescind the debarment upon a determination that the cause upon which the debarment is based no longer exists or upon a determination that such reinstatement or rescission is advantageous to the school district. The governing board's determination shall include any limitations on the debarred person's ability to contract with the school district.
- B. Any debarred person may request reinstatement by submitting a petition to the school district supported by documentary evidence showing that the cause for debarment no longer exists or has been substantially mitigated.
- C. The school district may require a hearing on the request for reinstatement.
- D. The school district shall make a written decision on reinstatement within 30 days after the request is filed and specify the factors on which it is based.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1168. Suspension**

- A. If adequate grounds for debarment exist, the governing board may suspend a person from participating in any procurement or receiving any award in accordance with the procedures in R7-2-1170.
- B. The governing board shall not suspend a person pending debarment unless compelling reasons require suspension to protect school district interests.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1169. Period and Scope of Suspension**

- A. Unless otherwise agreed to by the parties, the period of suspension shall not exceed 35 days without satisfying the notice requirements of R7-2-1170. If the notice requirements are satisfied the period of suspension shall not exceed six months.
- B. For purpose of suspension, a person's conduct may be imputed to an affiliate or another person in accordance with R7-2-1166.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1170. Notice and Hearing**

- A. The school district shall notify the person suspended by any means evidencing receipt.
- B. The notice of suspension shall state:
  - 1. The basis for suspension;
  - 2. The period, including dates, of the suspension;

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3. That bids or proposals shall not be solicited or accepted from the person and, if received, will not be considered; and
  4. That the person is entitled to a hearing on the suspension if the person files a written request for a hearing, including the basis for the request, with a designated district representative within 10 days after receipt of the notice.
- C. A hearing requested under this Section shall be conducted pursuant to R7-2-1181.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1171. List of Debarments, Suspensions and Voluntary Exclusions**

The school district shall maintain a list of debarment, suspensions, and voluntary exclusions. It is recommended that the school district provide notice of any debarments, suspensions and voluntary exclusions to the state purchasing office.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).

**R7-2-1172. Reserved**

**R7-2-1173. Reserved**

**R7-2-1174. Reserved**

**R7-2-1175. Reserved**

**R7-2-1176. Reserved**

**R7-2-1177. Reserved**

**R7-2-1178. Reserved**

**R7-2-1179. Reserved**

**R7-2-1180. Reserved**

**PART XXI. HEARING PROCEDURES****R7-2-1181. Hearing Procedures**

- A. If a hearing is required or permitted under Articles 10 and 11, this Section shall apply. Hearing officers shall be selected pursuant to R7-2-1147(D) and (E) or R7-2-1158(E) and (F).
- B. The Arizona Administrative Procedure Act (A.R.S. Title 41, Chapter 6) shall apply where the Act is not inconsistent with Articles 10 and 11.
- C. The hearing officer shall arrange for a hearing to be held within 30 days of receiving required responses and comments from both parties and notify the parties in writing of the time and place of the hearing.
- D. The hearing officer may:
  1. Hold pre-hearing conferences to settle, simplify, or identify the issues in a proceeding, or to consider other matters that may aid in the expeditious disposition of the proceeding;
  2. Require parties to state their positions concerning the various issues in the proceeding;
  3. Require parties to produce for examination those relevant witnesses and documents under their control;
  4. Rule on motions and other procedural items on matters pending before such officer;
  5. Regulate the course of the hearing and conduct of participants;
  6. Establish time limits for submission of motions or memoranda;

7. Impose appropriate sanctions against any person failing to obey an order under these procedures, which may include:
    - a. Refusing to allow the person to assert or oppose designated claims or defenses, or prohibiting that person from introducing designated matters in evidence;
    - b. Excluding all testimony of an unresponsive or evasive witness; and
    - c. Expelling person from further participation in the hearing;
  8. Take official notice of any material fact not appearing in evidence in the record, if the fact is among the traditional matters of judicial notice; and
  9. Administer oaths or affirmations.
- E. A transcribed record of the hearing shall be made available at cost to any requesting party.
- F. Decision by the hearing officer. A decision by the hearing officer shall be sent within 30 days after the conclusion of the hearing to all parties by any means evidencing receipt. A decision shall contain:
1. A statement of facts;
  2. A statement of the decision with supporting rationale; and
  3. A statement that the parties may file a motion for rehearing within 15 days from the date a copy of this decision is served upon the party.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Amended by final rulemaking at 6 A.A.R. 3750, effective September 8, 2000 (Supp. 00-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2. Amended by final exempt rulemaking at 26 A.A.R. 597, effective July 1, 2020 (Supp. 20-1).

**R7-2-1182. Rehearing of Decisions**

- A. Procedure; grounds. A decision of the hearing officer may be vacated and new hearing granted on motion of the aggrieved party for any of the following causes materially affecting the party's rights:
  1. Irregularity in the proceedings of the hearing officer or prevailing party, or any order or abuse of discretion, whereby the moving party was deprived of a fair hearing.
  2. Misconduct of the prevailing party.
  3. Accident or surprise not preventable by ordinary prudence.
  4. Material evidence, newly discovered, which despite reasonable diligence was not discovered and produced at the hearing.
  5. Excessive or insufficient damages or penalties.
  6. Error of law occurring at the hearing or during the progress of the proceeding.
  7. That the findings of fact or decision is not justified by the evidence or is contrary to law.
- B. Scope. A rehearing may be granted to all or any of the parties and on all or part of the issues in the proceeding for any of the reasons for which rehearings are authorized by law or rule of court. On a motion for a rehearing, the hearing officer may open the decision, take additional testimony, amend findings of fact and conclusions of law or make new findings and conclusions, and direct the entry of a new decision.
- C. Contents of motion; amendment; rulings reviewable.
  1. The motion for rehearing shall be in writing, shall specify generally the grounds upon which the motion is based, and may be amended at any time before it is ruled upon by the hearing officer.

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2. Upon the general ground that the hearing officer erred in admitting or rejecting evidence, the hearing officer shall review all rulings during the hearing upon objections to evidence.
3. Upon the general ground that the findings of fact or decision are not justified by the evidence, the hearing officer shall review the sufficiency of the evidence.
- D.** Time for motion for rehearing. A motion for rehearing shall be filed not later than 15 days after service of the decision upon the party.
- E.** Time for serving affidavits. When a motion for rehearing is based upon affidavits they shall be served with the motion. The opposing party has 10 days after such service within which to serve opposing affidavits, which period may be extended for an additional period not exceeding 20 days either by the hearing officer for good cause shown or by the parties by written stipulation. The hearing officer may permit reply affidavits.
- F.** On initiative of hearing officer. Not later than 15 days after the date of the decision, the hearing officer may order a rehearing for any reason for which it might have granted a rehearing on motion of a party. After giving the parties notice and an opportunity to be heard on the matter, the hearing officer may grant a motion for a rehearing, timely served, for a reason not stated in the motion. In either case, the hearing officer shall specify in the order the grounds therefor.
- G.** Questions to be considered in rehearing. A rehearing, if granted, shall be only a rehearing of the question or questions with respect to which the decision is found erroneous, if separable. If a rehearing is ordered because the damages or penalties are excessive or inadequate and granted solely for that reason, the decision shall be set aside only in respect of the damages or penalties, and shall stand in all other respects.
- H.** Motion on ground of excessive or inadequate damages. When a motion for rehearing is made upon the ground that the damages or penalties awarded are either excessive or insufficient, the hearing officer may grant the rehearing conditionally upon the filing within a fixed period of time, not to exceed 15 days, of a statement by the party adversely affected by reduction or increase of damages or penalties accepting that amount of damages or penalties which the hearing officer shall designate. If such a statement is filed with the prescribed time, the motion for rehearing shall be regarded as denied as of the date of such filing. If no statement is filed, the motion for rehearing shall be regarded as granted as of the date of the expiration of the time period within which a statement may have been filed. No further written order shall be required to make an order granting or denying the rehearing final. If the conditional order of the hearing officer requires a reduction of or increase in damages or penalties, then the rehearing will be granted in respect of the damages or penalties only and the decision shall stand in all other respects.
- I.** Number of motions for rehearing. Not more than two motions for rehearing shall be granted to any party in the same action.
- J.** Specifications of grounds of rehearing in order. An order granting a motion for rehearing shall specify with particularity the ground or grounds on which the rehearing is granted.
- K.** Final decision.
  1. If a motion for rehearing is denied, the final decision denying the motion for rehearing shall be sent within five days after the denial to all parties by any means evidencing receipt. A final decision shall contain a paragraph substantially as follows: "This is the final decision of the hearing officer in the matter of \_\_\_\_\_."
  2. If the motion for rehearing was granted, after the rehearing is completed, a final decision shall be made and shall

be sent within five days after the conclusion of the rehearing to all parties as required in subsection (K)(1). A final decision shall contain:

- a. A statement of facts;
- b. A statement of the decision with supporting rationale; and
- c. A paragraph substantially as stated in subsection (K)(1).

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Amended by final rulemaking at 6 A.A.R. 3750, effective September 8, 2000 (Supp. 00-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1183. Judicial Review**

Any final decision made as a result of a hearing held pursuant to Articles 10 and 11 are subject to judicial review in accordance with A.R.S. Title 12, Chapter 7, Article 6.

**Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 3750, effective September 8, 2000 (Supp. 00-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1184. Exclusive Remedy**

Articles 10 and 11 (R7-2-1001 et seq.) provide the exclusive procedure for asserting a cause against the school district and its governing board arising in relation to any procurement conducted under Articles 10 and 11.

**Historical Note**

Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1185. Qualifications for Hearing Officers**

- A.** A "hearing officer" means a person assigned to preside at a hearing held pursuant to Articles 10 and 11 and whose duty it is to assure that proper procedures are followed and that the rights of the parties are protected.
- B.** A hearing officer shall be:
  1. Unbiased - not prejudiced for or against any party in the hearing;
  2. Disinterested - not having any personal or professional interest which would conflict with his/her objectivity in the hearing; and
  3. Independent - may not be an officer, employee or agent of the contractor or governing board, or of any other public agency involved in the dispute to be settled. A person who otherwise qualifies to conduct a hearing is not an employee of the contractor or governing board solely because he or she is paid by the parties to serve as a hearing officer.
- C.** A hearing officer shall have:
  1. A minimum of three years of verified experience in the practice of law; or
  2. A minimum of three years of verified experience in school procurement or school facilities management and a minimum of one year of verified experience in conducting hearings. Completion of a course or program in conducting a hearing or arbitration may substitute for the one year of verified experience in conducting hearings.

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**Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 3750, effective September 8, 2000 (Supp. 00-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1186. Reserved**

**R7-2-1187. Reserved**

**R7-2-1188. Reserved**

**R7-2-1189. Reserved**

**R7-2-1190. Reserved**

**PART XXII. INTERGOVERNMENTAL PROCUREMENTS****R7-2-1191. Cooperative Purchasing Authorized**

**A.** A school district may either participate in, sponsor, conduct, or administer a cooperative purchasing agreement for the procurement of any materials, services, specified professional services, construction, or construction services with one or more eligible procurement units in accordance with an agreement entered into between the participants. An agreement entered into as provided in R7-2-1191 through R7-2-1195 is exempt from A.R.S. § 11-952(D) and (E). Parties under a cooperative purchasing agreement may:

1. Sponsor, conduct, or administer a cooperative purchasing agreement for the procurement or disposal of any materials, services or construction.
2. Cooperatively use materials or services.
3. Commonly use or share warehousing facilities, capital equipment and other facilities.
4. Provide personnel, except that the requesting public procurement unit shall pay the public procurement unit providing the personnel the direct and indirect cost of providing the personnel, in accordance with the agreement.
5. On request, make available to other public procurement units informational, technical or other services or software that may assist in improving the efficiency or economy of procurement. The public procurement unit furnishing the informational, technical, or other services or software has the right to request reimbursement for the reasonable and necessary costs of providing such services or software.

**B.** The activities described in subsections (A)(1) through (A)(5) do not limit what parties may do under a cooperative purchasing agreement.

**C.** A nonprofit corporation shall comply with Articles 10 and 11 in any cooperative purchasing agreement the nonprofit corporation administers in which a school district participates.

**D.** Whether administering or purchasing from the agreement, this Section does not abrogate the responsibility of each school district to perform due diligence in order to ensure compliance with Articles 10 and 11 notwithstanding the fact that the cooperative purchase is administered by another eligible procurement unit.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1192. Contract Provisions in a Cooperative Purchasing Agreement**

Any contract entered pursuant to R7-2-1191 shall provide that:

1. Payment for materials and services and inspection and acceptance of materials or services ordered by an eligible procurement unit under a cooperative purchasing agreement shall be the exclusive obligation of such procurement unit;
2. The exercise of any rights or remedies by a using eligible procurement unit shall be the exclusive obligation of such procurement unit. The administering public procurement unit, as the contract administrator and without subjecting itself to any liability, may join in the resolution of any controversy;
3. Any school district may terminate without notice any cooperative purchasing agreement if another eligible procurement unit fails to comply with the terms of the contract;
4. Failure of an eligible procurement unit to secure performance from the contractor in accordance with the terms and conditions of its purchase order does not necessarily require any other eligible procurement unit to exercise its own rights or remedies; and
5. An eligible procurement unit shall not use a cooperative purchasing contract as a method for obtaining concessions or reduced prices for non-contract purchases of similar materials or services.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1193. Use of Payments Received by a Supplying Public Procurement Unit**

All payments received by a public procurement unit supplying personnel or services shall be available to the supplying public procurement unit to defray the cost of the cooperative program.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4).

**R7-2-1194. Public Procurement Units in Compliance with Article Requirements**

**A.** If the eligible procurement unit administering a cooperative purchase complies with the requirements of Articles 10 and 11, any public procurement unit participating in such a purchase is deemed to have complied with Articles 10 and 11. Public procurement units may not enter into a cooperative purchasing agreement for the purpose of circumventing Articles 10 and 11.

**B.** A participating public procurement unit using a contract awarded by another eligible procurement unit shall only purchase awarded materials, services, specified professional services, construction, or construction services in compliance with the terms, conditions and prices in the contract.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1195. Contract Controversies**

**A.** Under a cooperative purchasing agreement in which a school district is a party, controversies arising between an administering public procurement unit and its bidders, offerors or contractors shall be resolved in accordance with Articles 10 and 11.

**B.** Any local public procurement unit which is not subject to R7-2-1181 through R7-2-1185 may enter into an agreement with a

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school district to establish procedures or use such school district's existing procedures to resolve controversies with contractors, whether or not such controversy arose from a cooperative purchasing agreement.

**Historical Note**

Adopted effective December 17, 1987 (Supp. 87-4). Section amended by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1196. General Services Administration Contracts**

A. The governing board may authorize purchases under a current General Services Administration contract for materials or services without complying with the requirements of Articles 10 and 11 if the governing board determines in writing before proceeding with a General Services Administration contract procurement that all of the following apply:

1. The price for materials or services is equal to or less than the contractor's current federal supply contract price with the General Services Administration and is fair and reasonable.
2. The contractor has indicated in writing that the contractor is willing to extend the current federal supply contract pricing, terms and conditions to the school district.
3. The purchase order adequately identifies the federal supply contract on which the order is based, including the name of the contractor, contract number and procurement description.
4. The purchase contract is cost effective based on price, quality and other relevant factors, and is advantageous to the school district.

B. The school district shall only purchase materials or services awarded under the applicable General Services Administration contract.

C. The governing board shall comply with all federal requirements applicable to state and local government use of General Services Administration contracts.

**Historical Note**

Section made by final exempt rulemaking at 21 A.A.R. 1525, effective July 1, 2014 (Supp. 15-3); effective year corrected in Supp. 18-2.

**R7-2-1197. Reserved**

**R7-2-1198. Reserved**

**R7-2-1199. Reserved**

**R7-2-1200. Reserved**

**ARTICLE 12. REPEALED**

**R7-2-1201. Repealed**

**Historical Note**

Adopted effective April 27, 1989 (Supp. 89-2). Repealed effective February 20, 1997 (Supp. 97-1).

**ARTICLE 13. CONDUCT****R7-2-1301. Definitions**

In this Article, unless the context otherwise specifies:

1. "Alleging party" means an individual, partnership, corporation, association, governmental subdivision or unit of a governmental subdivision, a public or private organization of any character or other agency who completes a statement alleging immoral or unprofessional conduct against a certificated individual.
2. "Applicant" means a person who has submitted an application to the Department requesting an evaluation of the

requirements set forth in R7-2-601 et seq., requesting issuance of a certificate pursuant to R7-2-601 et seq., requesting renewal of a certificate issued pursuant to R7-2-601 et seq. or requesting changes of coding to existing files or certificates pursuant to R7-2-601 et seq.

3. "Board" means the State Board of Education.
4. "Certificated individual" means an individual who holds an Arizona certificate issued pursuant to R7-2-601 et seq.
5. "Complaint" means the filing of a charge by the Board against a certificated individual alleging immoral or unprofessional conduct.
6. "Department" means the Arizona Department of Education.
7. "Hearing" means an adjudicative proceeding held pursuant to A.R.S. Title 41, Chapter 6 and R7-2-701 et seq.
8. "PPAC" means the Professional Practices Advisory Committee established pursuant to R7-2-205.

**Historical Note**

Adopted effective December 4, 1998 (Supp. 98-4). Amended by final rulemaking at 6 A.A.R. 1132, effective March 10, 2000 (Supp. 00-1). Amended by final exempt rulemaking at 25 A.A.R. 967, effective March 27, 2019 (Supp. 19-1).

**R7-2-1302. Statement of Allegations**

- A. Any person may file, with the Department, a statement of allegations against a certificated individual on forms provided by the Department.
- B. A statement of allegations shall state the facts under which a party is alleging immoral or unprofessional conduct and shall be signed and notarized.
- C. The facts in a statement of allegations shall clearly state the details of the alleged immoral or unprofessional conduct.
- D. A statement of allegations shall contain the names, addresses and telephone numbers of individuals who can be contacted to provide information regarding the allegations contained in the statement. The list of individuals shall also include a brief summary of the substance and extent of each individual's knowledge regarding the allegations contained in the statement.
- E. The alleging party may attach written or other evidence to a statement of allegations at the time that the statement is filed with the Department.
- F. A statement of allegations may be returned to the alleging party if the statement is not complete or not legible.
- G. The Department shall conduct an investigation of all statements of allegations filed pursuant to this Article.

**Historical Note**

Adopted effective December 4, 1998 (Supp. 98-4). Amended by final rulemaking at 6 A.A.R. 1132, effective March 10, 2000 (Supp. 00-1). Amended by final exempt rulemaking at 25 A.A.R. 967, effective March 27, 2019 (Supp. 19-1).

**R7-2-1303. Complaint**

- A. Upon completion of an investigation resulting from a statement of allegations, the Board may file a complaint against a certificated individual or may issue or deny certification to an applicant.
- B. The Board may, at its own discretion, investigate any matter and file a complaint against a certificated individual upon receiving any information, from any source, indicating immoral or unprofessional conduct has occurred.
- C. A hearing shall be held on a complaint before the PPAC.

**Historical Note**

Adopted effective December 4, 1998 (Supp. 98-4). Sec-

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tion R7-2-1303 renumbered to R7-2-1304; new Section R7-2-1303 renumbered from R7-2-1304 and amended by final rulemaking at 6 A.A.R. 1132, effective March 10, 2000 (Supp. 00-1). Amended by final exempt rulemaking at 25 A.A.R. 967, effective March 27, 2019 (Supp. 19-1).

**R7-2-1304. Notification; Investigation**

The certificated individual shall have 20 days from service by U.S. mail of the notice of investigation to file a written response with the Department.

**Historical Note**

Adopted effective December 4, 1998 (Supp. 98-4). Section R7-2-1304 renumbered to R7-2-1303; new Section R7-2-1304 renumbered from R7-2-1303 and amended by final rulemaking at 6 A.A.R. 1132, effective March 10, 2000 (Supp. 00-1). Amended by final exempt rulemaking at 23 A.A.R. 725, effective January 23, 2017 (Supp. 17-1). Amended by final exempt rulemaking at 25 A.A.R. 967, effective March 27, 2019 (Supp. 19-1).

**R7-2-1305. Investigation**

- A.** Applicants shall certify on forms that are provided by the Department whether the applicant:
1. Has ever received any disciplinary action, including revocation, suspension or reprimand, involving any professional certification or license;
  2. Is currently under investigation or has ever been the subject of any investigation by the Department of Child Safety or a similar department in this state or another jurisdiction;
  3. Has ever been convicted of a felony offense;
  4. Has ever been arrested, cited and released, or received a criminal summons for any offense, regardless if eventually convicted of a crime or if a conviction was set aside or expunged; or
  5. Has ever been arrested, cited and released, or received a criminal summons for any offense involving a child, regardless if eventually convicted of a crime or if a conviction was set aside or expunged.
- B.** Upon receipt of notification that an applicant or certificated individual has engaged in unprofessional or immoral conduct pursuant to R7-2-1308, conduct that would warrant disciplinary action if the person had been certified at the time that the alleged conduct occurred, or conduct listed in subsection A, the Department shall initiate an investigation.
- C.** Applicants and certificated individuals who are alleged to have engaged in unprofessional or immoral conduct pursuant to R7-2-1308, conduct that would warrant disciplinary action if the person had been certified at the time that the alleged conduct occurred, or conduct listed in subsection (A) shall provide the Board with copies of court records and law enforcement reports pertaining to the offense.

**Historical Note**

Adopted effective December 4, 1998 (Supp. 98-4). Amended by final rulemaking at 6 A.A.R. 1132, effective March 10, 2000 (Supp. 00-1). Amended by final exempt rulemaking at 25 A.A.R. 967, effective March 27, 2019 (Supp. 19-1).

**R7-2-1306. Repealed****Historical Note**

Adopted effective December 4, 1998 (Supp. 98-4). Amended by final rulemaking at 6 A.A.R. 1132, effective March 10, 2000 (Supp. 00-1). Repealed by final exempt rulemaking at 25 A.A.R. 967, effective March 27, 2019

(Supp. 19-1).

**R7-2-1307. Criminal Offenses**

- A.** The Board shall revoke, not issue, or not renew the certification of a person who has been convicted of committing or attempting, soliciting, facilitating or conspiring to commit any of the following criminal offenses in this state or similar offenses in another jurisdiction:
1. Sexual abuse of a minor;
  2. Incest;
  3. First-degree murder;
  4. Second-degree murder;
  5. Manslaughter;
  6. Sexual assault;
  7. Sexual exploitation of a minor;
  8. Commercial sexual exploitation of a minor;
  9. A dangerous crime against children as defined in A.R.S. § 13-705;
  10. Armed robbery;
  11. Aggravated assault;
  12. Sexual conduct with a minor;
  13. Molestation of a child;
  14. Exploitation of minors involving drug offenses;
  15. Sexual abuse of a vulnerable adult;
  16. Sexual exploitation of a vulnerable adult;
  17. Commercial sexual exploitation of a vulnerable adult;
  18. Child sex trafficking as prescribed in A.R.S. § 13-3212;
  19. Child abuse;
  20. Abuse of a vulnerable adult;
  21. Molestation of a vulnerable adult;
  22. Taking a child for the purpose of prostitution as prescribed in A.R.S. § 13-3206;
  23. Neglect or abuse of a vulnerable adult;
  24. Sex trafficking;
  25. Sexual abuse;
  26. Production, publication, sale, possession and presentation of obscene items as prescribed in A.R.S. § 13-3502;
  27. Furnishing harmful items to minors as prescribed in A.R.S. § 13-3506;
  28. Furnishing harmful items to minors by internet activity as prescribed in A.R.S. § 13-3506.01;
  29. Obscene or indecent telephone communications to minors for commercial purposes as prescribed in A.R.S. § 13-3512;
  30. Luring a minor for sexual exploitation;
  31. Enticement of persons for purposes of prostitution;
  32. Procurement by false pretenses of person for purposes of prostitution;
  33. Procuring or placing persons in a house of prostitution;
  34. Receiving earnings of a prostitute;
  35. Causing one's spouse to become a prostitute;
  36. Detention of persons in a house of prostitution for debt;
  37. Keeping or residing in a house of prostitution or employment in prostitution;
  38. Pandering;
  39. Transporting persons for the purpose of prostitution, polygamy and concubinage;
  40. Portraying adult as a minor as prescribed in A.R.S. § 13-3555;
  41. Admitting minors to public displays of sexual conduct as prescribed in A.R.S. § 13-3558;
  42. Unlawful sale or purchase of children;
  43. Child bigamy; or
  44. Trafficking of persons for forced labor or services.
- B.** Upon notification by the clerk of the court, magistrate or court of competent jurisdiction, the Board shall immediately and

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permanently revoke the certificate of a person who has been convicted of any of the following offenses:

1. A dangerous crime against children as defined in A.R.S. § 13-705;
  2. Sexual abuse as prescribed in A.R.S. § 13-1404 in which the victim was a minor;
  3. Sexual assault as prescribed in A.R.S. § 13-1406 in which the victim was a minor;
  4. Sexual conduct with a minor as prescribed A.R.S. § 13-1405;
  5. A preparatory offense as prescribed in A.R.S. § 13-1001 of any of the offenses prescribed in subsections (B)(1), (2), (3), or (4) of this subsection;
  6. Any crime that requires the person to register as a sex offender; or
  7. An act committed in another state or territory that if committed in this state would have been one of the offenses listed in paragraphs one, two, three, or four of this subsection.
- C. If the Board does not issue, does not renew, or revokes a certificate due to a person's conviction or admission of an offense listed in subsection (A), but which is not an offense listed in subsection (B), the notice of non-issuance, non-renewal or revocation shall inform the person of that person's right to request a hearing within 20 days of service of the notice.

**Historical Note**

Adopted effective December 4, 1998 (Supp. 98-4).  
Amended by final exempt rulemaking at 23 A.A.R. 725, effective January 23, 2017 (Supp. 17-1). Amended by final rulemaking at 6 A.A.R. 1132, effective March 10, 2000 (Supp. 00-1). Amended by final exempt rulemaking at 25 A.A.R. 967, effective March 27, 2019 (Supp. 19-1).  
The phrase "paragraphs one, two, three or four" was changed to "subsections (B)(1), (2), (3) or (4)" to reflect current standards in Chapter style and format (Supp. 21-2).

**R7-2-1308. Unprofessional and Immoral Conduct**

- A. Individuals holding certificates issued by the Board pursuant to R7-2-601 et seq. and individuals applying for certificates issued by the Board pursuant to R7-2-601 et seq. shall:
1. Make reasonable efforts to protect pupils from conditions harmful to learning, health, or safety;
  2. Account for all funds collected from pupils, parents, or school personnel;
  3. Adhere to provisions of the Uniform System of Financial Records related to use of school property, resources, or equipment; and
  4. Abide by copyright restrictions, security, or administration procedures for a test or assessment.
- B. Individuals holding certificates issued by the Board pursuant to R7-2-601 et seq. and individuals applying for certificates issued by the Board pursuant to R7-2-601 et seq. shall not:
1. Discriminate against or harass any pupil or school employee on the basis of race, national origin, religion, sex, including sexual orientation, disability, color or age;
  2. Deliberately suppress or distort information or facts relevant to a pupil's academic progress;
  3. Misrepresent or falsify pupil, classroom, school, or district-level data from the administration of a test or assessment;
  4. Engage in a pattern of conduct for the sole purpose or with the sole intent of embarrassing or disparaging a pupil;

5. Use professional position or relationships with pupils, parents, or colleagues for improper personal gain or advantage;
  6. Falsify or misrepresent documents, records, or facts related to professional qualifications or educational history or character;
  7. Assist in the professional certification or employment of a person the certificate holder knows to be unqualified to hold a position;
  8. Accept gratuities or gifts that influence judgment in the exercise of professional duties;
  9. Possess, consume, or be under the influence of alcohol on school premises or at school-sponsored activities;
  10. Illegally possess, use, or be under the influence of marijuana, dangerous drugs, or narcotic drugs, as each is defined in A.R.S. § 13-3401;
  11. Make any sexual advance towards a pupil or child, either verbal, written, or physical;
  12. Engage in sexual activity, a romantic relationship, or dating of a pupil or child;
  13. Submit fraudulent requests for reimbursement of expenses or for pay;
  14. Use school equipment to access pornographic, obscene, or illegal materials; or
  15. Engage in conduct which would discredit the teaching profession.
- C. Individuals found to have engaged in unprofessional or immoral conduct shall be subject to, and may be disciplined by, the Board.
- D. Procedures for making allegations, complaints, and investigation of unprofessional or immoral conduct shall be as set forth in this Article.
- E. Application forms and certificates shall include the rules and statutes related to unprofessional and immoral conduct, including resignation from a contracted position without authorization and duties to report as required by law.
- F. Individuals applying for certificates issued by the Board pursuant to R7-2-601 et seq shall certify:
1. That they have read and understood the rules and statutes related to unprofessional and immoral conduct, including resignation from a contracted position without authorization and duties to report as required by law; and
  2. Whether they have been disciplined or are under investigation in another state for engaging in conduct that is immoral or unprofessional.

**Historical Note**

New Section made by final rulemaking at 9 A.A.R. 1544, effective June 28, 2003 (Supp. 03-2). Amended by final exempt rulemaking at 23 A.A.R. 725, effective January 23, 2017 (Supp. 17-1).

**R7-2-1309. Summary Suspension**

- A. If a certificate holder is arrested, cited and released, or received a criminal summons for an offense listed in R7-2-1307 and if the Board finds the public health, safety or welfare imperatively requires emergency action, the Board may proceed under A.R.S. § 41-1064(C) ordering a summary suspension of a certificate while other proceedings are pending. The Board shall provide notice to the certificate holder of the meeting pursuant to R7-2-703 and R7-2-704.
- B. Summary suspensions issued by the Board shall remain in effect pending a public hearing and final decision by the Board pursuant to Article 7.

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**Historical Note**

New Section made by final exempt rulemaking at 26 A.A.R. 66, effective December 13, 2019 (Supp. 19-4).

**R7-2-1400. Reserved****ARTICLE 14. CHARTER SCHOOLS****R7-2-1401. Definitions**

For the purpose of this Article the following definitions shall apply:

1. "Applicant" means a person, public body, or private organization that has applied to the State Board of Education to establish a charter school under the provisions of A.R.S. § 15-181 et seq.
2. "Background check" means a report received related to an applicant and the identified governing board members regarding the status of each person's credit and credit history, and any criminal activity identified by the law enforcement agency processing the applicant and governing board member's fingerprints.
3. "Committee" means the Charter School Committee established pursuant to this Article.
4. "Charter School" means a school chartered pursuant to A.R.S. § 15-181 et seq. and sponsored by the Board of Education.
5. "Contract" means a document outlining the terms and conditions of an agreement between the parties.
6. "Governing board" means the governing body responsible for the policy and operational decisions of the charter school formed pursuant to A.R.S. § 15-183 et seq.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 3211, effective August 24, 1999 (Supp. 99-4).

**R7-2-1402. Charter School Committee**

- A. The Board of Education shall establish a Charter School Committee that shall have the responsibility of reviewing applications and preparing a recommendation for the Board of Education's consideration.
- B. The Board of Education shall appoint the members of the committee. The committee shall consist of seven members as follows:
  1. An individual knowledgeable in building construction or renovation;
  2. An individual knowledgeable in finance and accounting and in generally accepted accounting practices;
  3. An individual representing a city in this state who is knowledgeable about zoning and operating permit requirements;
  4. An individual knowledgeable about elementary and high school curricula and the development and evaluation of curricula;
  5. An individual knowledgeable about assessments and the administration of assessments;
  6. An individual representing the Board of Education;
  7. A current operator of a charter school sponsored by the Board of Education.
- C. Terms of each member of the committee shall be for three years. Members may be appointed for subsequent terms upon approval by the Board of Education.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 3211, effective August 24, 1999 (Supp. 99-4).

**R7-2-1403. Application**

- A. Interested parties or individuals may submit an application for approval by the Board of Education pursuant to A.R.S. § 15-

181 et seq. Applications shall be on forms approved by the Board of Education.

- B. Applications shall be evaluated by the committee. The committee shall prepare a recommendation for the Board of Education's consideration. The recommendation shall be based upon a review of all aspects of the application, including, for example, completeness of the application, the viability of the school including the financial viability, the projected funding sources, the number and population to be served, including school-aged students who are deemed to be unserved or underserved.
  1. The committee may request additional information as needed to assist in evaluating the application and preparing a recommendation for the Board of Education's consideration.
  2. Recommendations of the committee to the Board of Education may include approval of the application, denial of the application, or deferral of the application pending further information or clarification.
  3. Applicants shall be notified in writing at least 10 days prior to the Board of Education meeting of the date, time, and place of the meeting at which the Board of Education shall consider the charter school committee's recommendation related to the application.
  4. Action by the Board of Education may include approval of the application, denial of the application, or deferral of the application pending further information or clarification. The Board of Education shall state the reasons for denial or deferral of the application.
  5. Applicants shall be notified in writing of the decision of the Board of Education. Written notification that the Board of Education has denied an application shall include reasons for denial. Written notification shall be provided to applicants within 15 days following a decision of the Board of Education.
- C. An approved application does not constitute an approved contract, and approval of an application shall not be construed to imply that a contract will be issued.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 3211, effective August 24, 1999 (Supp. 99-4).

**R7-2-1404. Contract**

- A. A contract shall be on forms approved by the Board of Education.
- B. At least once per year, the Board of Education shall consider issuance of a contract to approved applicants.
- C. Upon review and recommendation from the committee, the Board of Education may approve the issuance of a contract, approve the issuance of a contract pending receipt of specific information or completion of requirements, defer the issuance of a contract, or deny the issuance of a contract. The Board of Education shall state the reasons for denial or deferral of issuance of a contract.
- D. Applicants shall be notified in writing at least 10 days prior to the Board of Education meeting of the date, time, and place of the meeting at which the Board of Education shall consider the charter school committee's recommendation related to issuance of a charter.
- E. Applicants shall be notified in writing of the decision of the Board of Education. Written notification that the Board of Education has denied issuance of a contract shall include reasons for denial. Written notification shall be provided to applicants within 15 days following a decision of the Board of Education.



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**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 3211, effective August 24, 1999 (Supp. 99-4).

**R7-2-1405. Execution of a Contract**

- A.** Contracts shall be signed by the applicant, or a person with signatory authority for the applicant, within six months from the date of approval of issuance of the contract by the Board of Education, unless an extension of time is granted by the Board of Education. If issuance of a contract was approved by the Board of Education pending receipt of additional information, the contract shall be signed by the applicant or a person with signatory authority for the applicant within six months of receipt of the additional information by the Board of Education.
- B.** Contracts which have not been signed pursuant to this Section shall require reapplication and approval during a subsequent application cycle.
- C.** The following items shall be submitted to the Board of Education prior to signing of a contract:
  1. Background check, including fingerprint clearance for all authorized signatories and all governing board members approved;
  2. Certificate of Occupancy or a written exemption from the local municipality or county that the certificate is not required for operation of a public school. A set of architectural plans approved by the local planning and zoning office may be submitted in lieu of a certificate of occupancy for the purposes of this subsection for construction of new buildings or renovation of existing buildings. A certificate of occupancy will be required to be submitted prior to opening of the school.
  3. A lease agreement or proof of building availability;
  4. Executed statement of assurances;
  5. Written verification that the facility meets the requirements established by the state and local fire marshal;
  6. Written verification from an insurance company authorized to do business in the state of Arizona that arrangements have been finalized to provide the required amount of insurance;
  7. Proof of local County Health Department approval.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 3211, effective August 24, 1999 (Supp. 99-4). The word “rule” has been changed to “Section” to reflect current standards in Chapter style and format (Supp. 21-2).

**R7-2-1406. Amendments to a Contract**

- A.** Any changes to the contract shall be submitted on forms approved the Board of Education.
- B.** All amendments to the contract shall be accompanied by a signed governing board resolution or an official copy of the minutes of a governing board meeting that the amendment was approved by the governing board.
- C.** No amendment shall be effective or implemented prior to being approved by the governing board, submitted to and approved by the Board of Education.
- D.** Amendments requesting a change in the membership of the governing board shall, in addition to the requirements specified in subsection (B), include a completed fingerprint application and a signed affidavit authorizing a background check.
- E.** If an extension of time was granted pursuant to R7-2-1405(A), amendments to update the application shall be submitted at the time the contract is executed.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R.

3211, effective August 24, 1999 (Supp. 99-4).

**R7-2-1407. Revocation of a Contract**

- A.** The Board of Education may issue a Notice of Intent to Revoke a Contract and Notice of Hearing to any contract holder who is alleged to be in violation of the contract and the governing board.
- B.** Within 10 days of receipt of a Notice of Intent to Revoke a Contract and Notice of Hearing, the governing board shall:
  1. Notify the parents or guardians of the students enrolled in the charter school that a Notice of Intent to Revoke a Contract and Notice of Hearing has been received;
  2. Hold a public meeting to inform the public and discuss the specific charges outlined in the Notice of Intent to Revoke a Contract;
  3. Provide the Board of Education with copies of all correspondence and communications used to comply with subsection (B)(1) and minutes of the meeting as evidence of compliance with subsection (B)(2);
  4. Provide the Board of Education with the names and mailing addresses of parents or guardians of all students enrolled in the charter school at the time the Notice of Intent to Revoke a Contract and Notice of Hearing was received.
- C.** Hearings held pursuant to a Notice of Intent to Revoke a Contract and Notice of Hearing shall be held in accordance with Sections R7-2-701 through R7-2-709.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 3211, effective August 24, 1999 (Supp. 99-4). The word “above” was removed from subsection (3) to reflect current standards in Chapter style and format (Supp. 21-2).

**R7-2-1408. Renewal of Contract**

When considering renewal of a contract, the following, as a minimum, shall be provided to the Board of Education:

1. Assessment results, including scores of the norm-referenced achievement test, the scores of the Arizona’s Instrument to Measure Standards (AIMS), and scores of any school assessment programs;
2. Results of any audits conducted, including independent audits, Uniform System of Financial Records or Uniform System of Financial Records for Charter Schools compliance audits, or any audits conducted by the Auditor General’s Office;
3. Enrollment reports that include enrollment figures, funding sources, budget updates, and financial reporting of expenditures;
4. All complaints received;
5. Copies of Board of Education minutes where consideration and action was taken on all issues related to the charter school;
6. Any other reports, information, or materials pertinent to the charter school.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 3211, effective August 24, 1999 (Supp. 99-4).

**ARTICLE 15. EMPOWERMENT SCHOLARSHIP ACCOUNTS****R7-2-1501. Definitions**

In this Article, unless the context otherwise specifies:

1. “Administratively complete” means an ESA application that contains all components required by statute or this Article.
2. “Board” means the State Board of Education.

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3. "Curriculum" means a course of study for content areas or grade levels, including any supplemental materials required or recommended by the curriculum, approved by the Department.
4. "Department" means the Arizona Department of Education.
5. "Eligible postsecondary institution" means a community college as defined in A.R.S. § 15-1401, a university under the jurisdiction of the Arizona Board of Regents, or an accredited private postsecondary institution.
6. "Empowerment scholarship account" or "ESA" means an account administered by the Department and funded by the state to provide options for the education of qualified students pursuant to A.R.S. § 15-2401 et seq.
7. "Misuse of funds" means the use of ESA funds on goods or services not permitted by A.R.S. § 15-2402, this Article or the Department pursuant to R7-2-1507.
8. "OAH" means the Arizona Office of Administrative Hearing.
9. "Parent" means a resident of this state who is the parent, stepparent or legal guardian of a qualified student.
10. "Program" means the Empowerment Scholarship Account Program.
11. "Qualified school" means a nongovernmental primary or secondary school or a preschool for pupils with disabilities that is located in this state or, for qualified students who reside within the boundaries of an Indian reservation in this state, and that is located in an adjacent state and that is within two miles of the border of the state in which the qualified student resides, and that does not discriminate on the basis of race, color or national origin.
12. "Qualified student" means a resident of this state who:
  - a. Is any of the following:
    - i. Identified as having a disability under section 504 of the rehabilitation act of 1973 (29 United States Code section 794);
    - ii. Identified by a school district or by an independent third party pursuant to A.R.S. § 15-2403(I) as a child with a disability as defined in A.R.S. § 15-731 or § 15-761;
    - iii. A child with a disability who is eligible to receive services from a school district under A.R.S. § 15-763;
    - iv. Attending a school or school district that has been assigned a letter grade of D or F pursuant to A.R.S. § 15-241 or who is currently eligible to attend kindergarten and who resides within the attendance boundary of a school that has been assigned a letter grade of D or F pursuant to A.R.S. § 15-241;
    - v. A previous recipient of a scholarship issued pursuant to A.R.S. § 15-891 or this Section, unless the qualified student's parent has been removed from eligibility in the Program for failure to comply pursuant to A.R.S. § 15-2403(C);
    - vi. A child of a parent who is a member of the armed forces of the United States and who is on active duty or was killed in the line of duty. A child who meets the requirements of this subsection is not subject to R7-2-1501(12)(b);
    - vii. A child who is a ward of the juvenile court and who is residing with a prospective permanent placement pursuant to A.R.S. § 8-862 and the case plan is adoption or permanent guardianship;
    - viii. A child who was a ward of the juvenile court and who achieved permanency through adoption or permanent guardianship;
    - ix. A child who is the sibling of a current or previous ESA recipient or of an eligible qualified student who accepts the terms of and enrolls in an ESA;
    - x. A child who resides within the boundaries of an Indian reservation in this state as determined by the Department or a tribal government; or
    - xi. A child of a parent who is legally blind or deaf or hard of hearing as defined in A.R.S. § 36-1941.
  - b. And, except as provided in R7-2-1501(12)(a)(vi), who meets any of the following requirements:
    - i. Attended a governmental primary or secondary school as a full-time student as defined in A.R.S. § 15-901 for at least the first 100 days of the prior fiscal year and who transferred from a governmental primary or secondary school under a contract to participate in an ESA. First, second and third grade students who are enrolled in Arizona online instruction must receive 400 hours of logged instruction to be eligible pursuant to this subsection. Fourth, fifth and sixth grade students who are enrolled in Arizona online instruction must receive 500 hours of logged instruction to be eligible pursuant to this subsection. Seventh and eighth grade students who are enrolled in Arizona online instruction must receive 550 hours of logged instruction to be eligible pursuant to this subsection. High school students who are enrolled in Arizona online instruction must receive 500 hours of logged instruction to be eligible pursuant to this subsection;
    - ii. Previously participated in an ESA;
    - iii. Received a scholarship under A.R.S. § 43-1505 and who continues to attend a qualified school if the student attended a governmental primary or secondary school as a full-time student as defined in A.R.S. § 15-901 for at least 90 days of the prior fiscal year or one full semester before attending a qualified school;
    - iv. Was eligible for an Arizona scholarship for pupils with disabilities and received monies from a school tuition organization pursuant to A.R.S. § 43-1505 or received an Arizona scholarship for pupils with disabilities but did not receive monies from a school tuition organization pursuant to A.R.S. § 43-1505 and who continues to attend a qualified school if the student attended a governmental primary or secondary school as a full-time student as defined in A.R.S. § 15-901 for at least 90 days of the prior fiscal year or one full semester prior to attending a qualified school;
    - v. Has not previously attended a governmental primary or secondary school but is currently eligible to enroll in a kindergarten program in a school district or charter school in this state or attended a program for preschool children with disabilities; or
    - vi. Has not previously attended a governmental primary or secondary school but is currently

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- eligible to enroll in a program for preschool children with disabilities in this state.
13. "Substantively complete" means an ESA application that meets all substantive criteria required by statute or this Article.
  14. "Supplemental materials" referenced in A.R.S. § 15-2401(2), means relevant materials directly related to the course of study for which they are being used that introduce content and instructional strategies or that enhance, complement, enrich, extend or support the curriculum.
  15. "Treasurer" means the Office of the State Treasurer.
  16. Unless otherwise specifically defined herein, all defined terms shall have the same meaning as those ascribed to them in the A.R.S., Title 41.

**Historical Note**

New Section made by final exempt rulemaking at 26 A.A.R. 2900, effective November 1, 2020 (Supp. 20-4).

**R7-2-1502. General Provisions**

- A. This Section is adopted pursuant to A.R.S. § 15-2403.
- B. The Department and the Treasurer shall administer and provide general supervision and oversight of the Program pursuant to A.R.S. § 15-2401 et seq and this Article.
- C. The Department and the Board shall include intermediate Saturday, Sundays, and legal holidays when computing days under this Article. If the final day of a deadline established pursuant to this Article falls on a Saturday, Sunday or legal holiday, the next business day is the final day of the deadline.
- D. Unless otherwise specified, the Board and the Department shall serve a notice or decision that contains an appealable action under R7-2-1511, through personal delivery, first class mail, or certified mail to the parent's last address with the Department. Each parent shall provide the Department with the parent's address and shall inform the Department of any change of address within 30 days of the change of address. In addition to service through one of the methods described, the Department shall also issue notices or decisions that contain an appealable action by any other method or methods that are reasonably determined to give actual notice to the parent, including electronic mail, text message, phone call, or through an online portal. For all other communications that do not contain appealable actions, the Board and the Department may communicate through any method or methods, including first class mail, certified mail, electronic mail, text message, phone call or through an online portal.
- E. A document is filed with the Board or the Department on the date it is received by the Board or the Department, as established by the Board's or the Department's date stamp on the face of the document. A notice or decision containing an appealable action issued by the Board or the Department pursuant to this Article is served on a party as follows:
  1. On the date it is personally served,
  2. Five days after it is mailed by first class mail, or
  3. On the date of the return receipt if it is mailed by certified mail.

**Historical Note**

New Section made by final exempt rulemaking at 26 A.A.R. 2900, effective January 1, 2021 (Supp. 20-4). The word "rule" has been changed to "Section" to reflect current standards in Chapter style and format (Supp. 21-2).

**R7-2-1503. Department Responsibilities**

The Department shall:

1. On or before March 1 of each year, provide the Board with a handbook, developed in consultation with parents of children on the Program, that includes information

relating to policies and processes of ESAs and complies with A.R.S. § 15-2401 et seq and this Article. The Board shall adopt the handbook on or before May 1 of each year. The Board shall limit substantive changes to the handbook to once every three years. The Board may approve changes to the handbook more frequently than every three years to conform and comply with changes to statute or this Article or at the Board's discretion. The handbook shall be posted on the Department's website and distributed to parents and shall clearly identify changes from the prior version, and include the date and time the new handbook was changed;

2. Establish a dedicated call center for exclusive use for the ESA Program that works in conjunction with the Exceptional Student Services division of the Department or its successor division. Subject to review and approval by the Board, the Department may contract with a third party to operate the call center;
3. Implement customer service performance management policies, procedures, and metrics;
4. Provide training to parents who use the private financial management firm contracted to assist with financial management of the program;
5. Beginning with the first regular Board meeting of 2021, provide a quarterly report to the Board on the ESA Program, including:
  - a. The number of students in the program disaggregated by eligibility, grade level and the school district or charter school associated with each student;
  - b. The annual award amount associated with each student;
  - c. The number of ESA applications received, approved and denied in the preceding quarter, including the justification for the denied applications;
  - d. The number of applications processed within 45 days of receipt and the number of administratively incomplete applications;
  - e. A summary of any parent input or feedback collected pursuant to R7-2-1503(6) and how the Department is responding to concerns submitted as part of the process;
  - f. Information on the private financial management firm contracted to assist with financial management of the Program, including:
    - i. The number and eligibility type of accounts utilizing the firm,
    - ii. The number of providers and vendors on the firm's platform,
    - iii. Communications and training provided to parents,
    - iv. Concerns from parents submitted to the Department, the Treasurer and the private financial management firm and how the Department, Treasurer and private financial management firm are addressing the concerns, and
    - v. Any other information the Board requests.
6. Establish and provide to the Board a process to collect parent input and feedback regarding the Program.

**Historical Note**

New Section made by final exempt rulemaking at 26 A.A.R. 2900, effective January 1, 2021 (Supp. 20-4).

**R7-2-1504. Application and Account Activation**

- A. The Department shall accept applications to participate in the Program between July 1 and June 30 of each year.

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- B. The Department shall provide information for prospective applicants on eligibility.
- C. The Department shall enroll and issue an award letter to eligible applicants within 45 days after receipt of a completed application and all required documentation. The award letter shall include information on how to activate the account and the amount of ESA funding the student will receive.
- D. Within 30 days of issuing the award letter, the Department shall issue the contract to eligible applicants.
- E. Prior to issuing a notice of a denied application, the Department shall provide notice describing the administrative or substantive incompleteness of the application and provide the applicant 30 days to provide the missing documentation or information. The Department shall include the justification for the denial and, if the application was substantively incomplete, the Department shall include the applicant's right to appeal.
- F. Pursuant to R7-2-1511, a person who has had an application denied due to being substantively incomplete may file a written request for a hearing within 30 days after being served the notice of denial. Administratively incomplete applications are not appealable.
- G. If the Board finds in favor of a parent who appealed a denied application, the Department shall expedite the contract and funding to the parent to the extent possible.

**Historical Note**

New Section made by final exempt rulemaking at 26 A.A.R. 2900, effective January 1, 2021 (Supp. 20-4).

**R7-2-1505. Contract Between Parent and Department**

- A. To enroll a qualified student in an ESA, a parent of the qualified student shall sign a contract with the Department. The parent:
  - 1. Shall use a portion of the ESA monies allocated annually to provide an education for the qualified student in at least the subjects of reading, grammar, mathematics, social studies and science, unless the ESA is allocated monies according to a transfer schedule other than quarterly transfers pursuant to A.R.S. § 15-2403(F). This subsection does not require a parent to spend a portion of ESA monies on each subject every quarter;
  - 2. Shall not enroll the qualified student in a school district or charter school, and shall release the school district from all obligations to educate the qualified student. This subsection does not:
    - a. Relieve the school district or charter school that the qualified student previously attended from the obligation to conduct an evaluation pursuant to A.R.S. § 15-766, or
    - b. Require a qualified student to withdraw from a school district or charter school in order to apply for an ESA.
  - 3. Shall not accept a scholarship from a school tuition organization pursuant to A.R.S., Title 43 concurrently with an ESA for the qualified student in the same year a parent signs the contract pursuant to this Section;
  - 4. Shall use the monies deposited in the qualified student's ESA only for the expenses listed in A.R.S. § 15-2402(B)(4);
  - 5. Shall not file an affidavit of intent to homeschool pursuant to A.R.S. § 15-802(B)(2) or (3);
  - 6. Shall not use monies deposited in the qualified student's account for any of the following:
    - a. Computer hardware or other technological devices, except as provided in R7-2-1505(B);
    - b. Transportation of the pupil; or

- c. Consumable educational supplies, including papers, pens or markers.

- 7. Shall submit expense reports as required in R7-2-1508.

- B. If a qualified student meets any of the criteria specified in A.R.S. § 15-2401(7)(a)(i), (ii), or (iii), as determined by a school district or by an independent third party under A.R.S. § 15-2403(I), the qualified student may use the following additional services:
  - 1. Educational therapies from a licensed or accredited practitioner or provider,
  - 2. A licensed or accredited paraprofessional or educational aide,
  - 3. Tuition for vocational and life skills education approved by the department, and
  - 4. Associated goods and services that include, but are not limited to, educational and psychological evaluations, assistive technology rentals and braille translation goods and services approved by the Department. Associated goods as described in this subsection may include computer hardware or technological devices that assist in accessing educational materials or services and that are associated with the qualified student's needs. Parents that are seeking to use Program funds for an associated good or service pursuant to this subsection shall provide to the Department the special education course of study, service or educational need that the good or service is associated with.

**Historical Note**

New Section made by final exempt rulemaking at 26 A.A.R. 2900, effective November 1, 2020 (Supp. 20-4).

**R7-2-1506. Contract Renewal**

- A. A parent is eligible to renew an ESA if:
  - 1. The parent submitted quarterly expense reports as required in R7-2-1508;
  - 2. The Department approved the quarterly expense reports pursuant to R7-2-1508;
  - 3. The parent spent monies to provide an education in at least reading, grammar, mathematics, social studies, and science for the contract year pursuant to R7-2-1505(A)(1); and
  - 4. The parent does not owe the Department monies for disallowed expenses. A parent remains eligible to renew an ESA if the parent has an unresolved appeal regarding a disallowed expense.
- B. A student with a disability as defined in A.R.S. § 15-2401(7)(a)(i), (ii), or (iii), as determined by a school district or by an independent third party under A.R.S. § 15-2403(I), may continue on the Program until the end of the school year in which the student reaches the age of 22, if the student or the parent provides documentation to the Department that demonstrates the student has not finished high school.
- C. A parent shall renew ESAs on an annual basis as follows:
  - 1. The Department shall provide renewal contracts on or before May 1 to each parent who meets R7-2-1506(A) of this Section;
  - 2. Each parent shall submit the renewal contract to the Department on or before June 30; and
  - 3. Within 30 days of receipt, the Department shall notify each parent of the renewal of the contract. The Department may provide notification through an online portal.
- D. If a parent does not submit a renewal contract pursuant to R7-2-1506(C), the Department shall temporarily suspend the account and cease funding to the ESA until the parent submits the appropriate renewal contract.

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- E. If a parent does not submit a renewal contract for a period of three academic years, the Department shall provide notice through certified mail, email and telephone, if applicable, that the ESA will be closed. To renew the ESA, the parent shall submit a renewal contract within 60 days of receipt of the notification. If the parent does not submit a renewal contract within 60 days, the Department shall close the ESA and return any remaining monies in the ESA to the state general fund.
- F. On the qualified student's graduation from a postsecondary institution or after any period of four consecutive years after high school graduation in which the student is not enrolled in an eligible postsecondary institution, the qualified student's Arizona empowerment scholarship account shall be closed and any remaining monies shall be returned to the state general fund.
- G. Pursuant to R7-2-1511, a parent whose contract was not renewed by the Department may file a written request for a hearing within 30 days after being served the notice of the non-renewal.
- H. At the written request of a parent, the Department shall extend the renewal contract timeframe for up to 30 days from the deadline prescribed in this Section if the parent demonstrates hardship, including an act of God or similar circumstance that prevented the parent from responding by the deadline.
- B. The Department shall provide annual notice to each parent of when and how the Department will conduct reviews of expenses and audits. The notice may be provided in the handbook adopted pursuant to R7-2-1503.
- C. Except as provided in R7-2-1508(J), parents shall submit quarterly expense reports, that shall include, but are not limited to, the following:
  1. Invoices for each vendor, individual or product;
  2. Invoices for private schools, which shall include the following:
    - a. The name of the qualified student,
    - b. The name of the private school,
    - c. The transaction date,
    - d. Tuition or fee amounts, and
    - e. Total charged to the card;
  3. Invoices for tutors, paraprofessionals, service type or therapists which shall include:
    - a. Name of the qualified student,
    - b. The name of one of the following: the vendor, facility, therapist or tutor,
    - c. The transaction date,
    - d. The rate amounts,
    - e. Any processing fees, and
    - f. Total charged to the card.

**Historical Note**

New Section made by final exempt rulemaking at 26 A.A.R. 2900, effective January 1, 2021 (Supp. 20-4).

**R7-2-1507. Use of Funds**

- A. The Department shall establish and maintain a database of approved expenses and disallowed expenses for the current and upcoming fiscal years pursuant to A.R.S. § 15-2401 et seq, and this Article. The Department shall make the database available to parents online and disaggregate the approved expenses by eligibility category.
- B. The Department shall establish a process to review an expense before making an administrative decision to deny the expense. The Department shall make the process publicly available and provide a copy to the Board.
- C. The Department shall not request repayment for an expense it has approved for a specific ESA. The Department shall treat similar expenditures by similarly situated account holders in the same manner so long as the account holder provides sufficient documentation to support the expense. This Section does not create authorization for an account holder to expend funds in a manner not permitted by statute.
- D. Pursuant to R7-2-1511, a parent who has had an expense disallowed by the Department may file a written request for a hearing within 30 days after being served the notice of the disallowed expense.

**Historical Note**

New Section made by final exempt rulemaking at 26 A.A.R. 2900, effective January 1, 2021 (Supp. 20-4).

**R7-2-1508. Review of Expenses**

- A. The Department shall conduct or contract for review of quarterly expenses pursuant to this Section to ensure monies are used only for approved expenses. The Department may conduct or contract for random or annual audits as needed to ensure monies are used only for expenses that were approved or allowed at the time the expense was made. The Department shall use record retention requirements that were in place at the time the expense was made to determine compliance. The Department may only audit account activity from the last two fiscal years, including the current fiscal year.
- D. Except as provided for in R7-2-1508(J), a parent shall submit quarterly expense reports to the Department as follows:
  1. On or before September 30 for quarter one,
  2. On or before December 31 for quarter two,
  3. On or before March 31 for quarter three, and
  4. On or before June 30 for quarter four.
- E. The Department shall review and approve quarterly expense reports and make its next quarterly disbursement of funds within 30 days of the deadlines prescribed in R7-2-1508(D). On receipt and approval of the quarterly expense report, the Department shall notify the parent through electronic mail or through an online portal. Notwithstanding any other Section, the Department may review expense reports less frequently based on a risk-based approach. The Department shall not withhold funds for a subsequent quarter if it fails to review a quarterly expense report within 30 days of the deadline. A parent may submit a corrected expense report any time prior to the quarterly submission deadline.
- F. If a parent fails to submit a quarterly expense report by the deadlines prescribed in R7-2-1508(D) or submits an incomplete quarterly expense report, the Department shall:
  1. Serve notice to the parent of the deficiencies,
  2. Provide the parent 10 days from the date of receipt of the notice to submit a complete quarterly expense report, and
  3. Review quarterly expense reports submitted pursuant to this subsection within five days of receipt from the parent.
- G. Following the 10 day period provided in R7-2-1508(F)(2), the Department may remove a parent from the Program for failing to submit a required quarterly expense report or failing to correct the deficiencies in an incomplete quarterly expense report.
- H. Pursuant to R7-2-1511, a parent that has been removed from the Program may file a written request for a hearing within 30 days after being served the notice of removal. Except in cases in which the Board has found misuse of funds or fraud pursuant to R7-2-1509, the Department shall not withhold funding to one qualified student's ESA due to deficiencies in the expense reporting of a sibling's account.
- I. At the written request of a parent, the Department shall extend the quarterly expense report deadlines for up to 30 days from the deadlines prescribed in this Section if the parent demonstrates hardship, including an act of God or similar circum-

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stance that prevented the parent from responding by the deadline.

- J. A parent is not required to submit quarterly expense reports pursuant to this Section if either of the following apply:
  1. No expenses were made in the quarter, or
  2. All expenses in the quarter were preapproved through a private financial management firm contracted with the Treasurer to assist with financial management.
- K. Parents shall attest that they met the conditions of R7-2-1508(J) in a format provided by the Department.

**Historical Note**

New Section made by final exempt rulemaking at 26 A.A.R. 2900, effective January 1, 2021 (Supp. 20-4). The word “rule” has been changed to “Section” to reflect current standards in Chapter style and format (Supp. 21-2).

**R7-2-1509. Misuse of Funds**

- A. Based on a finding that a parent knowingly misuses funds, the Department shall temporarily suspend the account and provide notice to the parent. The notice shall:
  1. Include the reason for the temporary suspension and a detailed description of the disallowed expense; and
  2. Provide the parent 10 days, not including weekends, to either:
    - a. Present documentation that demonstrates the expense is allowable or that the parent was victim to identity theft or fraud; or
    - b. Agree to repay the amount.
- B. The Department shall review the documentation submitted pursuant to R7-2-1509(A)(2)(a) within five days of receipt to determine if the expense is allowable or if the parent was victim to identity theft or fraud. If the Department determines the expense is allowable or that the parent was victim to identity theft or fraud, the Department shall lift the temporary suspension, reinstate the account and make any disbursements that were withheld during the suspension.
- C. If the Department determines the documentation fails to demonstrate the expense is allowable or that the parent was victim to identity theft or fraud, the Department shall provide notification to the parent that the amount must be repaid. The Department shall withhold the disbursement of any additional ESA funds until repayment is made. The Department may agree to a gradual repayment plans at the request of the parent and shall reinstate additional ESA funding once repayment has begun. The Department may remove a parent from the Program that fails to repay an amount or agree to a repayment plan.
- D. Once a parent agrees to a gradual repayment plan or repays an amount pursuant to R7-2-1509(A)(2)(b) or R7-2-1509(C), the Department shall lift the temporary suspension, reinstate the account and make any disbursements that were withheld during the suspension as follows:
  1. Within one day, if the repayment is made by cashier's check or money order; or
  2. Within seven days, if repayment is made by personal check.
- E. Pursuant to R7-2-1511, a parent who has been removed from the Program pursuant to this Section may file a written request for a hearing within 30 days after being served the notice of removal.
- F. The Department shall refer a case to the Board if a parent does not file an appeal pursuant to R7-2-1511 and either:
  1. Fails to repay the amount of a disallowed expense, or
  2. Fails to make a payment on a gradual repayment plan.
- G. On a finding of misuse of monies, the Board may refer the case to the Attorney General who may bring an action to

recover the monies. Upon obtaining evidence of fraudulent use of an account, the Board may refer the case to the Attorney General for the purpose of a criminal investigation.

- H. A parent or qualified student is not eligible to enroll a qualified student in the ESA Program if that parent was an account holder on an account that was referred to the Attorney General for misuse of monies unless the parent's expense was subsequently found to be allowable or the parent was the victim of identity theft or fraud.
- I. If a parent commits fraud, the Department shall withhold funds from all accounts in the parent's name and close the accounts.

**Historical Note**

New Section made by final exempt rulemaking at 26 A.A.R. 2900, effective January 1, 2021 (Supp. 20-4).

**R7-2-1510. Corrective Action**

- A. Except for misuse of funds and failing to submit a quarterly expense report pursuant to R7-2-1508, if the Department finds that a parent violated A.R.S. § 15-2401 et seq, this Article or the terms and conditions set forth by the Department in the contract signed by the parent, the Department shall:
  1. Temporarily suspend the account;
  2. Provide notice to the parent of the violation, including an explanation of the violation; and
  3. Provide the parent 30 days to correct the violation.
- B. The Department may remove a parent or qualified student from the Program for failing to correct a violation pursuant to this Section.
- C. Pursuant to R7-2-1511, a parent or qualified student who has been removed from the Program pursuant to this Section may file a written request for a hearing within 30 days after being served the notice of removal.

**Historical Note**

New Section made by final exempt rulemaking at 26 A.A.R. 2900, effective January 1, 2021 (Supp. 20-4).

**R7-2-1511. Appeals**

- A. A parent may appeal to the Board any administrative decision the Department makes pursuant to Arizona Revised Statutes, Title 15, Chapter 19, Article 1, including determinations of allowable expenses, removal from the Program or enrollment eligibility.
- B. Pending the resolution of an appeal during which an account is suspended, a parent may request a stay on the account suspension.
  1. Included in the request for a hearing filed pursuant to R7-2-1511(F), a parent may file a request to the Board to stay an account suspension. Such request shall be in writing and shall address the matters stated in the Department's notice in R7-2-1511(E).
  2. The Department may file a response to the parent's request to stay the suspension of the account. Such response shall be filed with the Board within five business days of receipt of the parent's request to stay the suspension. Such response shall be in writing and shall address the matters stated in the parent's request.
  3. Within 10 business days after receipt of the Department's response, the executive director of the Board or his/her designee shall make a written determination to either:
    - a. Proceed with suspension of the account, or
    - b. Stay all or part of the suspension of the account if there is a reasonable probability that the appeal will be upheld or that the stay is in the best interest of the State.

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4. The executive director or his/her designee shall provide the parent and the Department with a written copy of the determination including the basis for the determination.
  5. The request for or issuance of a suspension does not toll the 60 day period in which the administrative hearing is to be held.
- C.** Notwithstanding any other Section, the Department may, with the agreement of the account holder on the resolution, informally resolve a disputed administrative action at any time without a formal appeal pursuant to this Article.
- D.** The Department shall provide information on the appeals process on its website.
- E.** The Department shall provide parents with written notice of an appealable action taken by the Department. Such written notice shall inform the parents of his/her right to request a hearing on the action and shall include the following:
1. The statute or rule that is alleged to have been violated or on which the action is based;
  2. Identify, with reasonable particularity, the nature of any alleged violation or action;
  3. Include a description of the parent's right to request a hearing on the appealable agency action; and
  4. Include a description of the parent's right to request an informal settlement conference.
- F.** Within 30 days after being served with notice of an appealable action, a parent may file a request for a hearing to be held before an administrative law judge. The notice must be in writing and shall state the following:
1. The identity of the party requesting the hearing,
  2. The address of the party requesting the hearing,
  3. The agency that rendered the decision related to the appealable action,
  4. Identification of the action being appealed, and
  5. A concise statement of the reasons for the request for hearing.
- G.** If good cause is shown, the Board may accept a request for a hearing that is not filed in a timely manner. Such request must be made in writing and state the basis for not filing the request on time.
- H.** If a parent requests a hearing pursuant to R7-2-1511(E) and includes all of the items listed in R7-2-1511(E), the Board shall notify OAH and request a hearing be scheduled before an administrative law judge.
- I.** The Board shall notify the Department when a hearing date before OAH has been scheduled. The Board shall provide all parties with a written notice at least 30 days prior to the date set for the hearing. The notice shall include:
1. A statement of the time, place and nature of the hearing;
  2. A statement of the legal authority and jurisdiction under which the hearing is to be held;
  3. A reference to the particular sections of the statutes and rules involved; and
  4. A short and plain statement of the matters asserted. If a party is unable to state the matters in detail at the time the notice is served, the initial notice may be limited to a statement of the issues involved. Thereafter upon application a more definite and detailed statement shall be furnished.
- J.** All notices shall be served via personal delivery or certified mail, return receipt requested or by any other method reasonably calculated to effect actual notice on the agency and all parties to the action at each party's last address of record.
- K.** A hearing on the appealable action shall be held 60 days after the notice of appeal is filed and may be advanced or delayed on the agreement of the parties or on a showing of good cause.
- L.** Informal Settlement Conference
1. A parent may request an informal settlement conference be held with the Department. The request shall be in writing and shall be filed with the Department, and a copy provided to the Board, no later than 20 days before the hearing. The Department shall hold an informal settlement conference within 15 days after receiving the request. The Board shall notify OAH of the request and the outcome of the conference, with a copy provided to the Department. The request for an informal settlement conference does not toll the 60 day period in which the administrative hearing is to be held.
  2. If an informal settlement conference is held, a person with the authority to act on behalf of the Department must represent the Department at the conference. The Department representative shall notify the parent in writing that statements, either written or oral, made at the conference, including a written document, created or expressed solely for the purpose of settlement negotiations are inadmissible in any subsequent administrative hearing.
- M.** Informal disposition may be made by stipulation, agreed settlement, consent order or default.
- N.** Hearing Process
1. All hearings shall be conducted before an administrative law judge pursuant to A.R.S. Title 41, Chapter 6, Article 10 and this Section.
  2. The parties to the appealable agency action have the right to be represented by legal counsel or to proceed without counsel, to submit evidence and to cross-examine witnesses.
  3. A prehearing conference may be held upon order of the administrative law judge or upon request of any party. A prehearing conference may be held for the following purposes:
    - a. Clarify or limit procedural, legal or factual issues;
    - b. Consider amendments to any pleading;
    - c. Identify and exchange lists of witnesses and exhibits intended to be introduced at the hearing;
    - d. Obtain stipulations or rulings regarding testimony, exhibits, facts or law;
    - e. Schedule deadlines, hearing dates and locations if not previously set; or
    - f. Allow the parties opportunity to discuss settlement.
  4. All hearings shall be recorded. The administrative law judge shall secure either a court reporter or an electronic means of producing a clear and accurate record of the proceeding.
  5. A hearing may be conducted in an informal manner and without adherence to the rules of evidence required in judicial proceedings. Neither the manner of conducting the hearing nor the failure to adhere to the rules of evidence required in judicial proceedings shall be grounds for reversing any administrative decision or order if the evidence supporting the decision or order is substantial, reliable and probative.
- O.** Final Administrative Decision
1. The administrative law judge shall issue a written decision within 20 days after the hearing is concluded. The written decision shall contain a concise explanation of the reasons supporting the decision, including the findings of fact and conclusions of law.
  2. The administrative law judge shall serve a copy of the decision on the Board. On request of the Board, OAH shall also transmit to the Board the record of the hearing as described in A.R.S. § 12-904.
  3. Within 30 days after the date that OAH sends a copy of the administrative law judge's decision to the Board, the

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Board may review the decision and accept, reject or modify it.

- a. If the Board declines to review the administrative law judge's decision, the Board shall serve a copy of the decision on all parties.
  - b. If the Board rejects or modifies the decision, the Board shall file with the OAH, and serve on all parties, a copy of the administrative law judge's decision with the rejection or modification and a written justification setting forth the reasons for the rejection or modification of each finding of fact or conclusion of law. If there is a rejection or modification of a conclusion of law, the written justification shall be sent to the president of the Senate and the speaker of the House of Representatives.
  - c. Except as otherwise provided in this subsection, if the Board does not accept, reject or modify the administrative law judge's decision within 30 days after the date that OAH sends a copy of the administrative law judge's decision to the Board, as evidenced by receipt of such action by OAH by the thirtieth day, OAH shall certify the administrative law judge's decision as the final administrative decision.
  - d. If the Board meets monthly or less frequently and if OAH sends the administrative law judge's decision at least 30 days before the next meeting of the Board and if the Board does not accept, reject or modify the administrative law judge's decision at the next meeting of the Board, as evidenced by receipt of such action by OAH within five days after the meeting, OAH shall certify the administrative law judge's decision as the final administrative decision.
4. The Board shall provide all parties with at least 20 days written notice of the date, time and location of the public meeting at which the Board will consider the administrative law judge's decision.

5. A copy of the administrative law judge's decision is sent on personal delivery of the decision or five days after the decision is mailed to the Board.
6. A party may appeal a final administrative decision pursuant to A.R.S. Title 12, Chapter 7, Article 6, except that if a party has not requested a hearing on receipt of a notice of appealable agency action pursuant to A.R.S. § 41-1092.03, the appealable agency action is not subject to judicial review.

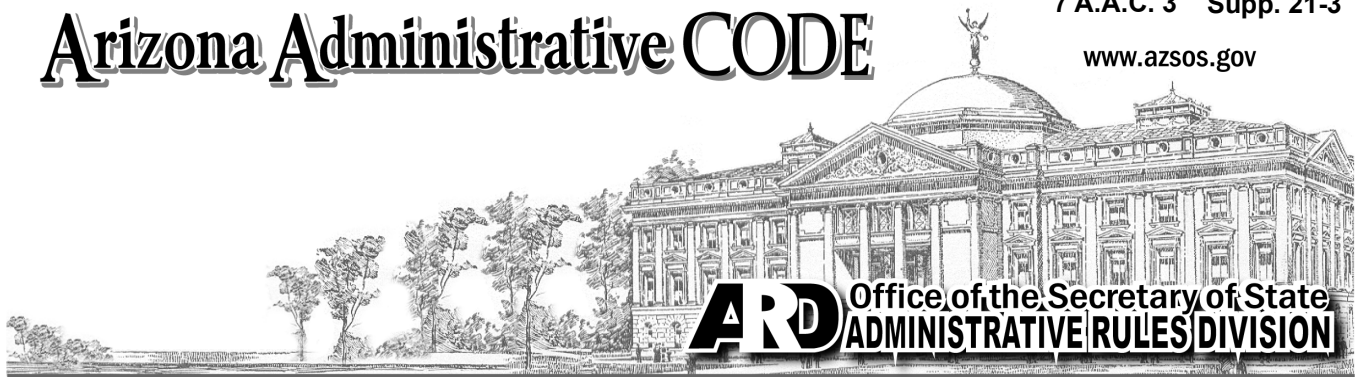
**P. Rehearing and review of decisions**

1. A party may file a motion for rehearing or review within 30 days after service of the final administrative decision. The motion shall be in writing and state the basis upon which the rehearing or review is requested. The motion shall be filed with the Board and a copy provided to the opposing party.
2. The opposing party may file a response to the motion for rehearing within 15 days after the date the motion for rehearing is filed. The response shall be in writing and address the basis upon which the rehearing or review is requested. The motion shall be filed with the Board and a copy provide to the moving party.
3. The Board shall rule on the motion within 15 days after the response to the motion is filed or, if a response is not filed, within five days of the expiration of the response period.
4. Service is complete on personal service or five days after the date the final administrative decision is mailed to the party's last known address.
5. After a hearing has been held and a final administrative decision has been entered a party is not required to file a motion for rehearing or review of the decision in order to exhaust the party's administrative remedies.

**Historical Note**

New Section made by final exempt rulemaking at 26 A.A.R. 2900, effective January 1, 2021 (Supp. 20-4). The word "rule" has been changed to "Section" to reflect current standards in Chapter style and format (Supp. 21-2).





## TITLE 7. EDUCATION

### CHAPTER 3. COMMISSION FOR POSTSECONDARY EDUCATION

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

This Chapter contains rules that were filed to be recodified in the *Arizona Administrative Code* between the dates of  
July 1, 2021 through September 30, 2021

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<a href="#">R7-3-503.</a>	<a href="#">Recodified</a>	<a href="#">..... 10</a>	<a href="#">R7-3-507.</a>	<a href="#">Recodified</a>	<a href="#">..... 11</a>
<a href="#">R7-3-504.</a>	<a href="#">Recodified</a>	<a href="#">..... 10</a>	<a href="#">R7-3-508.</a>	<a href="#">Recodified</a>	<a href="#">..... 11</a>

#### Questions about these rules? Contact:

Commission: Commission for Postsecondary Education  
Address: 1740 W. Adams, Suite 3009  
Phoenix, AZ 85007  
Website: <https://highered.az.gov>  
Telephone: (602) 542-7230  
Fax: (602) 258-2483

#### The release of this Chapter in Supp. 21-3 replaces Supp. 20-2, 1-13 pages

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

## PREFACE

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

Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

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### RULES

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

### THE ADMINISTRATIVE CODE

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

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

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

First Quarter: January 1 - March 31

Second Quarter: April 1 - June 30

Third Quarter: July 1 - September 30

Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2021 is cited as Supp. 21-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. This is why the Office lists only updated codified Sections on the previous page.

### AUTHENTICATION OF PDF CODE CHAPTERS

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

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

### HOW TO USE THE CODE

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

### ARIZONA REVISED STATUTE REFERENCES

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

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

### SESSION LAW REFERENCES

Arizona Session Law references in a Chapter can be found at the Secretary of State’s website, [www.azsos.gov](http://www.azsos.gov) under Services-> Legislative Filings.

### EXEMPTIONS FROM THE APA

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

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

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

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

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

### EXEMPTIONS AND PAPER COLOR

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

### PERSONAL USE/COMMERCIAL USE

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

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



## Administrative Rules Division

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

## TITLE 7. EDUCATION

## CHAPTER 3. COMMISSION FOR POSTSECONDARY EDUCATION

Authority A.R.S. § 15-1852 et seq.

## Supp. 21-3

*Editor's Note: The Office of the Secretary of State publishes all Code Chapters on white paper (01-4).*

*Editor's Note: This Chapter contains rules which were adopted, amended, repealed, or renumbered under an exemption from the Arizona Administrative Procedure Act (A.R.S. Title 41, Chapter 6), pursuant to A.R.S. § 15-1852(C). Exemption from A.R.S. Title 41, Chapter 6 means the Commission was not required to hold public hearings; and the Governor's Regulatory Review Council did not review or approve the rules. Because this Chapter contains rules which are exempt from the regular rulemaking process, it is printed on blue paper.*

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## CHAPTER 3. COMMISSION FOR POSTSECONDARY EDUCATION

**ARTICLE 1. RULEMAKING****R7-3-101. General Provisions**

A. Definitions. In this Article, unless the context otherwise requires:

1. "Agenda item" means a specified matter listed on an agenda included as part of the public notice of a Commission meeting pursuant to A.R.S. § 38-431.02.
2. "Commission" means the Commission for Postsecondary Education.
3. "Person" means an individual, partnership, corporation, association, governmental subdivision or unit of a governmental subdivision, a public or private organization of any character or another agency.
4. "Public meeting" means a meeting held under and subject to the Open Meeting Act, A.R.S. §§ 38-431 through 38-431.09.
5. "Rule" means a statement of general applicability that implements, interprets or prescribes law or policy, or describes the procedure or practice requirements of the Commission. Rule includes the amendment or repeal of a prior rule, but does not include intra-agency memoranda.
6. "Rulemaking" means the process for formulation and adoption of a rule.

B. The Commission shall follow the uniform system for numbering, form and style as prescribed by the Secretary of State in the *Arizona Administrative Code*.

**Historical Note**

Adopted effective August 22, 1996, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 15-1852(C) (Supp. 96-3).

**R7-3-102. Incorporation by Reference**

The Commission may incorporate by reference in its rules and without publishing the incorporated matter in full all or any part of a code, standard, rule, or regulation that is adopted by an agency of the United States or this state, or a nationally recognized organization or association, if incorporation of its text in Commission rules would be unduly cumbersome, expensive, or otherwise inexpedient. The reference in the Commission rules shall fully identify the incorporated matter by location, date, and shall state that the rule does not include any later amendments or editions of the incorporated matter. The Commission shall file three copies of the incorporated matter with the Secretary of State at the time the adopted rule is filed.

**Historical Note**

Adopted effective August 22, 1996, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 15-1852(C) (Supp. 96-3).

**R7-3-103. Commission Rulemaking Record**

The Commission shall maintain an official rulemaking record for each rule proposed. The record and matter incorporated by reference shall be available for public inspection. The Commission rulemaking record shall contain all of the following:

1. Reference to the specific authority under which the rule is proposed to be adopted, amended, or repealed;
2. The name and address of Commission personnel with whom persons may communicate regarding the rule;
3. An informative summary of the proposed rule;
4. The time during which written submissions may be made and the time and place where oral comments may be made;
5. The current status of the proposed rule;
6. Any known timetable for Commission decisions or other action for the rulemaking;

7. A copy of all publications in the *Arizona Administrative Register* or a newspaper of general circulation with respect to the proposed action;
8. All written petitions, requests, submissions, and comments received by the Commission and all other written materials considered or prepared by the Commission in connection with the proposed action;
9. The official minutes of all oral proceedings regarding the rule;
10. A copy of the economic, small business, and consumer impact summary and the minutes of any public meeting at which the rule was considered by the Commission;
11. A statement of the time, place, and nature of the proceedings for the adoption, amendment, or repeal of the rule;
12. A copy of the final rule, including the date of its adoption and the date of its filing and publication.

**Historical Note**

Adopted effective August 22, 1996, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 15-1852(C) (Supp. 96-3).

**R7-3-104. Notice of Oral Proceedings**

The Commission or its staff shall request that the Secretary of State publish in the *Arizona Administrative Register* notice of an oral proceeding concerning proposed action by the Commission regarding a rule. The notice shall include a statement of the date, time, place, and nature of the proceedings, and the name and address of Commission personnel with whom persons may communicate regarding the rule. If the Secretary of State declines to publish such information, the Commission or its staff shall cause the information to be published in a newspaper of general circulation. If an oral proceeding regarding a rule is scheduled, the Commission shall allow at least 30 days to elapse after the publication date of the notice before adopting, amending, or repealing the rule.

**Historical Note**

Adopted effective August 22, 1996, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 15-1852(C) (Supp. 96-3).

**R7-3-105. Economic, Small Business, and Consumer Impact Summary**

The Commission shall cause to be prepared an economic, small business, and consumer impact summary. The economic, small business, and consumer impact summary shall be a brief summary of the following information:

1. An identification of the proposed rulemaking;
2. An identification of the persons who will be directly affected by, bear the costs of, or directly benefit from the proposed rulemaking;
3. An analysis of the probable costs and benefits from the implementation and enforcement of the proposed rulemaking on the Commission, and on any political subdivision or business directly affected by the proposed rulemaking;
4. The probable impact of the proposed rulemaking on employment in business, agencies, and political subdivisions of this state affected by the proposed rulemaking;
5. A statement of the probable impact of the proposed rulemaking on small business;
6. A statement of the probable effect on state revenues;
7. A description of any less intrusive or less costly alternative methods of achieving the purpose of the proposed rulemaking.

## CHAPTER 3. COMMISSION FOR POSTSECONDARY EDUCATION

**Historical Note**

Adopted effective August 22, 1996, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 15-1852(C) (Supp. 96-3).

**R7-3-106. Effective Date of Rules**

A rule adopted by the Commission becomes effective when a certified original and two copies of the rule are delivered to the Office of the Secretary of State unless a later date is required by the constitution of Arizona, statute, or court order, or as specified in the rule.

**Historical Note**

Adopted effective August 22, 1996, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 15-1852(C) (Supp. 96-3).

**R7-3-107. Variance Between Adopted Rule and Published Notice of Proposed Rule Adoption**

- A. If, as a result of public comment or internal review, the Commission determines that a proposed rule requires substantial change pursuant to subsection (B), the Commission shall issue a supplemental notice containing the changes in the proposed rule, in accordance with R7-3-104. The Commission shall provide for additional public comment pursuant to R7-3-108.
- B. In determining whether a rule which the Commission intends to adopt is substantially different from the rule as originally proposed by the Commission, the following shall be considered:
  1. The extent to which the subject matter of the proposed rule or the issues determined by that rule are different from the subject matter or issues involved in the rule which the Commission intends to adopt,
  2. The extent to which the effects of the proposed rule differ from the effects of the rule which the Commission intends to adopt,
  3. The extent to which all persons affected by the rule which the Commission intends to adopt should have understood that the proposed rule would affect their interests.

**Historical Note**

Adopted effective August 22, 1996, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 15-1852(C) (Supp. 96-3).

**R7-3-108. Oral Proceedings**

- A. When the Commission proposes a rule, such proposed action shall be presented as a specifically identified agenda item for review at a public meeting of the Commission, and such public meeting shall take place no less than 30 days prior to the public meeting at which the Commission intends to adopt, amend, or repeal the rule. At the time it proposes a rule, the Commission may schedule an oral proceeding on the proposed action. Any person may submit written statements, arguments, and supporting data on the Commission's proposed action to the Executive Director of the Commission within 30 days following the date the Commission proposes the rule.
- B. The Commission shall schedule an oral proceeding on a proposed rule if, within 30 days after proposing the rule, a written request for an oral proceeding is submitted to the Commission by no fewer than five persons. An oral proceeding may not be held earlier than 30 days after notice of its date, location, and time is published. If an oral proceeding is scheduled, the Commission shall post, in a location as required for notice of a public meeting, a written notice of the place and date of the proceeding no less than 20 days in advance thereof. The Commission, a member of the Commission, or an official of the Commission's staff designated by the Commission, shall preside at the oral proceeding. At the oral proceeding, minutes of the meeting shall be taken and persons may present oral argu-

ment, views, and supporting data on the proposed rule. The person presiding at the hearing shall exclude unduly repetitious argument.

- C. Prior to its meeting at which it intends to adopt, amend, or repeal a rule, the Commission shall be provided with a copy of the proposed action; an informative summary of such action; a memorandum summarizing the written public comment received; the economic, small business, and consumer impact summary; and the minutes of any oral proceeding regarding the proposed action. The Commission shall consider all such information prior to adopting, amending, or repealing the rule.

**Historical Note**

Adopted effective August 22, 1996, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 15-1852(C) (Supp. 96-3).

**ARTICLE 2. EXPIRED****R7-3-201. Expired****Historical Note**

Adopted effective August 22, 1996, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 15-1852(C) (Supp. 96-3). Section expired under A.R.S. § 41-1056(J) at 26 A.A.R. 1322 effective June 10, 2020 (Supp. 20-2).

**R7-3-202. Expired****Historical Note**

Adopted effective August 22, 1996, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 15-1852(C) (Supp. 96-3). Section expired under A.R.S. § 41-1056(J) at 26 A.A.R. 1322 effective June 10, 2020 (Supp. 20-2).

**R7-3-203. Expired****Historical Note**

Adopted effective August 22, 1996, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 15-1852(C) (Supp. 96-3). Section expired under A.R.S. § 41-1056(J) at 26 A.A.R. 1322 effective June 10, 2020 (Supp. 20-2).

**R7-3-204. Expired****Historical Note**

Adopted effective August 22, 1996, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 15-1852(C) (Supp. 96-3). Section expired under A.R.S. § 41-1056(J) at 26 A.A.R. 1322 effective June 10, 2020 (Supp. 20-2).

**R7-3-205. Expired****Historical Note**

Adopted effective August 22, 1996, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 15-1852(C) (Supp. 96-3). Section expired under A.R.S. § 41-1056(J) at 26 A.A.R. 1322 effective June 10, 2020 (Supp. 20-2).

**ARTICLE 3. ARIZONA LEVERAGING EDUCATIONAL ASSISTANCE PARTNERSHIP PROGRAM****R7-3-301. Federal LEAP Requirements**

The federal government requires that a state LEAP Program must:

1. Be administered by a single state agency in accordance with the Federal-State Agreement under Section 1203 of the Higher Education Act, as amended. The Governor of Arizona has designated as the responsible single state agency the Arizona Commission for Postsecondary Edu-

## CHAPTER 3. COMMISSION FOR POSTSECONDARY EDUCATION

- cation, which hereafter shall be referred to as the Commission;
2. Award grants only to students who meet the eligibility and financial need requirements as outlined in R7-3-304(A) and (B);
  3. Provide grants which do not exceed \$5,000 per program year for a full-time student enrolled in an eligible program at a participating postsecondary institution;
  4. Use as state matching funds an amount which is over and above the amount the state expended for grants in the initial program year of FY 1974;
  5. Provide for such fiscal control and fund accounting procedures as may be necessary to assure proper disbursement of the accounting for federal funds paid to the state;
  6. Provide for making such reports, in such form and containing such information, as may be reasonably necessary to enable the U.S. Secretary of Education to perform program analysis;
  7. Provide for the payment of the state matching fund share of grants awarded from direct state appropriated funds;
  8. Provide that no payment may be made to a student under this program unless the student meets the requirements specified in R7-3-304;
  9. Obey all other United States laws and regulations applying to the Federal-State Student Grant Program;
  10. Provide that all institutions of higher education in Arizona which meet the eligibility requirements of R7-3-302 shall be eligible to participate in the program;
  11. Provide that state expenditures shall not be less than:
    - a. The average annual aggregate expenditures for the preceding three years; or
    - b. The average annual expenditure per full-time equivalent student for those years.
  12. Provides assurances that all LEAP grants will be awarded without regard to sex, race, debilitating condition, creed, or economic background.
- Historical Note**
- Adopted effective September 19, 1996, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 15-1852(C) (Supp. 96-3). Amended by exempt rulemaking at 5 A.A.R. 2046, effective June 1, 1999 (Supp. 99-2).
- d. Is accredited by a nationally recognized accrediting agency or association, or if not so accredited, is an institution which has satisfactorily assured the Secretary that it will meet the accreditation standards of an approved agency or association within a reasonable time, considering the resources available to the institution, the period of time it has operated and its efforts to meet accreditation standards, or is an institution whose credits are determined by the Secretary to be accepted on transfer by at least three accredited institutions on the same basis as transfer credits from fully accredited institutions.
  - e. Has a certified Eligibility Letter and a valid written Program Participation Agreement from the Department of Education cited in 34 CFR 668.
2. Be a proprietary institution of postsecondary education which:
    - a. Is not a public or other nonprofit institution;
    - b. Admits as regular students only persons who have a high school diploma, have the recognized equivalent of a high school diploma, or are beyond the age of compulsory school attendance in the state in which the institution is located, and who have the ability to benefit from the training offered;
    - c. Is legally authorized to provide postsecondary education in the state of Arizona;
    - d. Provides at least a six-month or 600 clock hour program of training to prepare students for gainful employment in a recognized occupation;
    - e. Is accredited by a nationally recognized accrediting agency or association; and
    - f. Has been in existence for at least two years. The Secretary considers a school to have been in existence for two years if it has been legally authorized to provide, and has provided, a continuous training program to prepare students for gainful employment in a recognized occupation during the 24 months (except for normal vacation periods) preceding the date of application for eligibility.
    - g. Refer to this subsection (1)(e).

**Historical Note**

Adopted effective September 19, 1996, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 15-1852(C) (Supp. 96-3). Amended by exempt rulemaking at 5 A.A.R. 2046, effective June 1, 1999 (Supp. 99-2).

**R7-3-302. Institutional Eligibility Requirements**

To participate in the Arizona LEAP Program, an Arizona postsecondary educational institution must either:

1. Be a public or other nonprofit institution of higher education which:
  - a. Admits as regular students only persons who have a high school diploma, have the recognized equivalent of a high school diploma, or are beyond the age of compulsory school attendance in the state in which the institution is located, and who have the ability to benefit from the training offered;
  - b. Is legally authorized by the state of Arizona to provide an educational program beyond secondary education;
  - c. Provides an educational program for which it awards an associate, baccalaureate, graduate, or professional degree, or at least a two-year program which is acceptable for full credit toward a baccalaureate degree; or at least a one-year training program which leads to a certificate or degree and prepares students for gainful employment in a recognized occupation; or at least a six-month training program at a postsecondary vocational institution (such as a public com-

**R7-3-303. Receipt and Allocation of Arizona LEAP Program Funds****A. Receipt of funds.**

1. The Commission may receive funds for the Arizona LEAP Program from the following sources:
  - a. The federal government;
  - b. The Arizona Legislature;
  - c. Institutions which are eligible to participate in the program; and,
  - d. Other nonfederal institutions, organizations, or individuals.
2. All funds received will be deposited by the Commission in a properly secured account and appropriate controls will be instituted to assure that accountability will be maintained for all funds received.

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3. Available federal program funds will be matched, on a dollar-for-dollar basis, by state appropriated funds.
4. Funds provided by the eligible participating institutions and nonfederal funds from other institutions, organizations, or individuals shall be used by the Commission to supplement the federal and state program funds for grants and for necessary administrative costs.

**B. Allocation of funds.**

1. Arizona LEAP Program Funds will be allocated to eligible Arizona postsecondary educational institutions according to their proportionate share of the State's total headcount of Arizona resident students enrolled in eligible programs. The Commission will survey each eligible institution in Arizona no later than May of each year to determine the number of eligible Arizona resident students who are enrolled. Headcount will be determined in the following manner:
  - a. Semester or quarter hour schedule institutions will provide data for the preceding fall semester. (For example, allocations for the LEAP program for any given academic year will be based on enrollment data from the previous academic year.)
  - b. Institutions which operate on clock hour or other nontraditional schedules will provide unduplicated student enrollment data for the period from August through April of the previous year. (For example, allocations for the LEAP program for any given year will be based on data for the period August through April.) Enrollment data must be verified by two Administrative Officials of the school.
2. The staff will promptly notify each eligible institution of its preliminary allocation as soon as necessary Commission approvals can be obtained. The total will show the amount of federal and state dollars and also the amount the institution must provide to receive the full allocation. The institution will be asked to select one of the following choices:
  - a. It will provide the full amount of institutional funds in order to receive the full allocation.
  - b. It will provide the full amount of institutional funds and also is prepared to provide additional institutional funds if additional federal and state funds should become available. The institution will be asked to specify the amount of additional institutional funds it will be able to provide.
  - c. It prefers to provide a lesser amount which will be noted in the space provided. In this case the federal and state amounts will be adjusted to meet the reduced institutional amount.
  - d. It chooses not to participate in the LEAP program for this period. In this case it is important that the institution return the form to the Commission to inform them of this choice.
3. A response due date will be included in this notification. Only institutions whose response is received by the Commission by that due date will be eligible to participate in the LEAP Program for that academic year.
4. All institution responses which are received by the Commission on or before the response due date will determine the final list of institutions eligible to participate in the LEAP program. If all institutions elect to participate, the preliminary allocation will become the final allocation list. However, if some institutions choose not to participate, or if some prefer to participate at a reduced level, the staff will calculate a new final allocation list considering only the institutions on the final institutional eligibility list. The staff will then notify each participant institution of its revised allocation, the amount of institutional funds to provide, and instructions for transmitting its funds to the Commission.
5. The Commission will maintain the necessary accounts for each eligible institution which participates in the Arizona LEAP Program. Each account will, as a minimum, show the current status of that account for its source of program funds, and such other information that the Commission deems necessary.

**C. Transfer of institutional funds.** When the institution receives its final allocation notice from the Commission, it shall send its institutional funds to the Commission. This transfer shall take place beginning July 1 of each year. Checks conveying institutional funds shall be made out to the Arizona Commission for Postsecondary Education -- LEAP Program.

**D. Disbursement of Arizona LEAP Program Funds to Participating Institutions.** The Commission will disburse funds from the Arizona LEAP Program Fund to participating institutions for further disbursement to approved student applicants in accordance with the program calendar.

**E. Reallocation of Unused LEAP Program Funds**

1. Schools will be contacted in February, and asked if they will be able to use all their funds or if they wish additional funding and the amount thereof.
2. Schools not awarding 100% of their funds by the middle of February may have the remaining LEAP funds recovered by the Commission for reallocation. Remaining institutional funds, less administrative funds, will then be returned to each of those schools when the final program financial report has been received by the Commission.
3. In March, a reallocation of funds will take place and funds will be available for those schools that asked for additional funds in February.
  - a. If the amount of available funds exceeds the total amount of requests, all requests will be honored. Any remaining available funds will be retained by the Commission for later reallocation.
  - b. If the amount of the requests exceeds the amount of available funds, the Commission will allocate those funds among the requesting institutions based on each institution's proportionate share of Arizona resident students eligible headcount for that institution. The enrollment at non-requesting institutions will not be included in these calculations.
4. The staff will notify each participant institution of its share of the reallocation, the amount of institutional funds to provide, and instructions for transmitting its funds to the Commission.
5. Any LEAP funds retained by the institutions, minus the institutional proportionate share originally paid, must be returned to the Commission in the form of a check by the end of July, along with the signed Financial Report. Any unused program funds remaining in the state treasury will be returned to the institutions in the same proportionate share as was paid in at the beginning of the program year. The Commission may impose a deduction in the amount of those unutilized program funds from a school's following years allocation.

**Historical Note**

Adopted effective September 19, 1996, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 15-1852(C) (Supp. 96-3). Amended by exempt rulemaking at 5 A.A.R. 2046, effective June 1, 1999 (Supp. 99-2).



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**R7-3-304. Arizona LEAP Student Eligibility Requirements**

- A.** Student eligibility requirements. To be eligible for a grant from the Arizona LEAP Program, a student must:
1. Be a resident of the State of Arizona as defined by the A.R.S. §§ 15-1802, 15-1803, 15-1804, and 15-1805;
  2. Be enrolled or accepted for enrollment on at least a half-time basis as defined in R7-3-309(A)(20) in an eligible course or program at an Arizona postsecondary educational institution which has met the institutional eligibility requirements in R7-3-302, and which has been approved by the Commission.
  3. At the discretion of the institution financial aid officer, this may include a person who has attained a baccalaureate or first professional degree and has re-entered an eligible Arizona postsecondary institution for retraining in a program below the baccalaureate level. Such a person will be considered an undergraduate student for LEAP purposes.
  4. Have a substantial demonstrated financial need determined in accordance with the provision given in R7-3-304(B);
  5. Maintain satisfactory progress in a course of study as defined by the institution and not be in default or owe a repayment on a federal grant or loan. Refer to 34 CFR 692.
- B.** Financial Need Determination Procedures. The financial need of eligible students will be determined annually, or more often if need be, by the financial aid officer of the institution the student is attending, or will attend, using the Federal Methodology (FM) system of need analysis approved by the Commission and the U.S. Department of Education. A student must be considered to have substantial need.
- C.** A student is considered to have substantial financial need when:
1. The student has an expected family contribution of \$2,140 or less as a result of the student's FM need analysis for the program year; or,
  2. The difference between the student's cost of education and the student's expected family contribution is at least \$100.

**Historical Note**

Adopted effective September 19, 1996, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 15-1852(C) (Supp. 96-3). Amended by exempt rulemaking at 5 A.A.R. 2046, effective June 1, 1999 (Supp. 99-2).

**R7-3-305. Arizona LEAP Award Procedures**

- A.** Eligible students who wish to apply for a LEAP award will provide to the financial aid office the information needed for the financial need analysis as specified in R7-3-304(B).
- B.** The financial aid office will:
1. Determine whether or not the student meets the eligibility requirements for an Arizona LEAP award as outlined in R7-3-304(A);
  2. Determine the financial need of the student using the need analysis specified in R7-3-309(B);
  3. Exercise due diligence in determining that the student:
    - a. Satisfies verification procedures which may be required for federal Title IV financial aid programs;
    - b. Satisfies requirements listed under 34 CFR 692.4.
  4. Recommending the amount of the LEAP award in accordance with the following guidelines:
    - a. Awards may be made only to students who meet the criteria of R7-3-304(A);
    - b. The total of all LEAP awards to a student may not

exceed \$2,500 for the program year;

- c. The financial aid officer will determine, based on student need, an award of no more than \$2,500 nor less than \$100 (round all awards to the nearest \$1.00).
  - d. The financial aid officer must ensure that all applications are received in a timely fashion so disbursement of funds to students will be made before a semester or training period ends.
  - e. Sign the application form.
- 5.** Send the application form to:  
Arizona Commission For Postsecondary Education  
2020 North Central Avenue, Suite 275  
Phoenix, Arizona 85004-4503  
(Attention: Financial Aid Director)
- 6.** Receive approved applications, assure that LEAP award funds are disbursed to the student, and retain on file disbursement records (signed receipts, canceled checks, etc.) which verify that the student received the funds. No disbursement may be made to a student who, as a result of a change in status, no longer meets the eligibility requirements outlined in R7-3-304.
- 7.** Maintain adequate fiscal control, accounting, and financial aid records at the institution in accordance with approved state and federal procedures.
- 8.** Provide to the Commission such financial and other information as may be required to meet federal reporting and auditing requirements.
- C.** The Arizona Commission for Postsecondary Education will:
1. Receive the application for the Arizona LEAP award;
  2. Verify that the student is eligible and that there are sufficient funds in the LEAP program account to fund the award;
  3. Approve applications which meet these criteria;
  4. Return applications that do not meet the criteria or are in any way incomplete to the financial aid office;
  5. Disburse funds to the institution's financial aid officer for the approved applications.

**Historical Note**

Adopted effective September 19, 1996, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 15-1852(C) (Supp. 96-3). Amended by exempt rulemaking at 5 A.A.R. 2046, effective June 1, 1999 (Supp. 99-2).

**R7-3-306. Award Alterations**

- A.** The Commission will attempt to accommodate any changes which institutional financial aid officers wish to make in individual student awards. These changes might include, for example, cancellation of award, reduction in award level, or increase in award level.
1. Increased LEAP Awards: A student's LEAP award may be increased if the earlier award for that program year is less than the maximum amount specified, and if the student is eligible for such an increase. To increase a LEAP award, the institutional financial aid officer will simply submit to the Commission another LEAP application form, and provide updated financial aid information on the form. In no case may a student receive more than a total of \$2,500 in LEAP awards for a program year.
  2. Reversions: A student's LEAP award may be reduced or canceled. If a student officially or unofficially withdraws or is expelled from the institution, or if the student drops below the minimum number of hours, the institution financial aid officer must attempt to recover all of LEAP



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award funds possible in accordance with the repayment policies of that institution.

3. The reversion procedure includes the following steps:
  - a. Funds are recovered from the student;
  - b. The financial aid officer completes the LEAP Reversion Form;
  - c. The financial aid officer forwards the completed LEAP Reversion Form(s) and the Transmittal Form to the Commission.
4. Reverted LEAP funds recovered by the Commission are redeposited in the secured LEAP program account and credited to the institution's LEAP Program Fund account. Such funds are then available to the institution to be used to make new LEAP awards.

**Historical Note**

Adopted effective September 19, 1996, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 15-1852(C) (Supp. 96-3). Amended by exempt rulemaking at 5 A.A.R. 2046, effective June 1, 1999 (Supp. 99-2).

**R7-3-307. Administrative Costs**

No federal LEAP funds may be used to administer the Arizona LEAP Program. Therefore, administrative expenses will be paid from nonfederal state appropriated or institutional program funds provided such payment does not reduce state appropriated matching funds necessary to receive the maximum federal LEAP funds.

**Historical Note**

Adopted effective September 19, 1996, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 15-1852(C) (Supp. 96-3). Amended by exempt rulemaking at 5 A.A.R. 2046, effective June 1, 1999 (Supp. 99-2).

**R7-3-308. Arizona LEAP Institutional Review**

Commission staff members will review Institutional LEAP Program records for each program year, and each institution participating in the LEAP program will be visited at least once every two years. The purpose of the visit is to review, with institution financial aid and fiscal officers, the LEAP student records which state and federal regulations require be kept. Those records include documentation which verifies that:

1. The student is a resident of the state of Arizona as prescribed by Arizona Revised Statutes.
2. The student is currently enrolled at least half-time in an eligible course or program.
3. The student has a demonstrated need for financial assistance as determined by a Federal Methodology needs analysis system approved by the Commission and the U.S. Department of Education.
4. The student has received the LEAP funds approved for the award (for example, a canceled check, a written receipt, a signed roster, etc.).
5. The institutional financial aid officer must assure that the total amount of financial aid awarded to a student, from all sources, added to the amount of the family contribution, is limited by and does not exceed the student's total cost of education. The LEAP award limits and the treatment of any additional funds which were received after the institutional aid awards were made shall be consistent with the federal regulations which govern the Federal Title IV, Campus-based programs.
6. Repayments and refunds of LEAP disbursements which have been made to students shall be made in accordance with the written policies of the institution. These written policies must be consistent with applicable federal regulations and a copy must be filed at the Commission office at the beginning of each LEAP program year.
7. Verify that the institution has a Certified Letter of Eligibility and a valid Program Participation Agreement from the Department of Education cited in 34 CFR 668.

**Historical Note**

Adopted effective September 19, 1996, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 15-1852(C) (Supp. 96-3). Amended by exempt rulemaking at 5 A.A.R. 2046, effective June 1, 1999 (Supp. 99-2).

**R7-3-309. Definitions**

The following definitions are taken from the Federal Regulations which govern the LEAP program and apply to this Plan as well.

1. "Academic year" means a period of time, usually eight to nine months, during which a full-time student would normally be expected to complete the equivalent of two semesters (24 semester hours), two trimesters (24 trimester hours), three quarters (36 quarter hours), or 900 clock hours of instruction.
2. "Act" means the Higher Education Act of 1998, as amended, of Title IV.
3. "Board" means the Arizona Board of Regents.
4. "CFR" means the Code of Federal Regulations.
5. "Clock hour" means a period of time which is the equivalent of a 50 to 60 minute class, lecture, or recitation, or a 50 to 60 minute period of faculty-supervised laboratory, shop training, or internship.
6. "Commission" means the Commission for Postsecondary Education.
7. "Cost of education" means the cost of attending an institution as defined by the institution.
8. "Dependent student" is a student who does not qualify as an Independent Student.
9. "Eligible course or program" is one which is properly approved by an accrediting agency recognized by the U.S. Department of Education as being an integral part of the curriculum of the institution, is of postsecondary level, and is at least one semester in length at a college or university, or six months in length, or a minimum of 600 clock hours at a proprietary institution.
10. "Expected family contribution of a dependent student" means the sum of amounts which reasonably may be expected from the student to meet the student's costs of education and the amount which reasonably may be expected to be made available to the student by the student's parents for such purpose. Amount is calculated based upon the Federal methodology need analysis for current program year.
11. "Expected Family Contribution of an Independent Student" means the amount which reasonably may be expected from the student or their spouse, or both, to meet the student's cost of education. Amount is calculated based upon the Federal methodology need analysis for current program year.
12. "Federal methodology" means the methodology now mandated by federal regulation for determining financial need for federally funded programs.
13. "Full-time undergraduate student" means a student who has not attained the baccalaureate or first professional degree and who is carrying a full-time academic work load, other than by correspondence, measured in terms of:
  - a. Course work or other required activities as determined by the institution in which the student is enrolled, or by the state whose agency is administering

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- ing the program authorized by the Act, which amounts to the equivalent for institutions utilizing trimester, semester, or quarter hour systems, or which consists of a program requiring a minimum of 24 clock hours per week in a program of at least six months or 600 clock hours for those institutions that do not utilize such systems.
- b. The tuition and fees customarily charged for full-time study by the institution.
14. "Full-time graduate student" is a student who has attained a baccalaureate or first professional degree, has been accepted by the graduate college, and is enrolled in an approved graduate level program at an accredited university or college for a minimum of nine semester, trimester, or quarter hours during a normal length term or five hours during a summer session.
  15. "Independent" means an independent student as defined by federal regulations.
  16. "Program funds" means the awards; reversions (reverted/retained); and un-utilized Funds:
    - a. Awards: Awarded LEAP Funds are dollars given in the form of grants to eligible students attending eligible postsecondary institutions.
    - b. Reversions:
      - i. Reverted LEAP funds are funds that have been awarded and because student is no longer eligible are returned to the Commission for re-use at a later date.
      - ii. Reverted Retained LEAP funds are those funds that institutions have kept and not transferred back to the Commission after the student who has been awarded is considered ineligible for LEAP award.
    - c. Un-utilized: Un-utilized LEAP Program Funds are those Funds that have never been awarded to a student by an eligible institution.
  17. "Public or private nonprofit institution of higher education" means an educational institution which:
    - a. Admits as regular students only persons having a certificate of graduation from a school providing secondary education, or the recognized equivalent of such a certificate.
    - b. Is legally authorized to provide a program of education beyond secondary education.
    - c. Provides an educational program for which it awards an associate, baccalaureate, or professional degree or at least a two-year program which is acceptable for full credit towards a baccalaureate degree, or at least a six-month vocational program which leads to a certificate or degree and prepares students for gainful employment in a recognized occupation.
    - d. Is accredited by a nationally recognized accrediting agency or association or, if not so accredited,
      - i. Is an institution with respect to which the Commission has determined that there is satisfactory assurance, considering the resources available to the institution, the period of time, if any, during which it has operated, the effort it is making to meet accreditation standards, and the purpose for which this determination is being made, that the institution will meet the accreditation standards of such an agency or association within a reasonable time, or
      - ii. Is an institution whose credits are accepted on transfer, by not less than three institutions which are so accredited, for credit on the same basis as if transferred from an institution so accredited. This term also includes a public or nonprofit private educational institution which, in lieu of the requirement in this subsection 309(A)(16)(d)(i) admits as regular students persons who are beyond the age of compulsory school attendance in the state in which the institution is located and who have the ability to benefit from the training offered by the institution.
  18. "Nonprofit" as applied to a school, agency, organization, or institution means a school, agency, organization, or institution owned and operated by one or more nonprofit corporations or associations no part of the net earnings of which may lawfully inure to the benefit of any private shareholder or individual.
  19. "Parent" means the student's mother or father, or both, legal guardians or legally adoptive parents. This does not include foster parents.
  20. "Part-time undergraduate student" is a student who is enrolled at least half-time, but less than full-time, in an eligible program at an eligible and participating Arizona institution. In no case will this be less than six semester, trimester or quarter hours per academic term (including one summer session), or less than 12 clock hours per week for institutions which utilize a clock hour system.
  21. "Part-time graduate student" is a student who has attained a baccalaureate or first professional degree, has been accepted by the graduate college, and is enrolled in an approved graduate level program at an accredited university or college for a minimum of six semester, trimester, or quarter hours during any term, including summer sessions.
  22. "Postsecondary education institution" means an educational institution which offers courses or training programs which are beyond the high school level in scope and complexity and which are open to the general public. Major categories are public universities, private colleges and universities, community colleges and proprietary institutions.
  23. "Program Year" means the consecutive period which begins on July 1 and runs through June 30 of any given year.
  24. "Proprietary institution of higher education" means an educational institution:
    - a. Which provides not less than a six-month or 600 clock hour program of training to prepare students for gainful employment in a recognized occupation;
    - b. Which admits as regular students only persons having a certificate of graduation from a school providing secondary education or the recognized equivalent of such a certificate, or persons who are beyond the age of compulsory school attendance and who have the ability to benefit from the training offered;
    - c. Which is legally authorized by the state in which it is located to provide a program of education beyond secondary education;
    - d. Which is accredited by a nationally recognized accrediting agency or association approved by the U.S. Commissioner of Education for this purpose;
    - e. Which is not a public or other nonprofit institution; and
    - f. Which has been in existence for at least two years. The term also includes any proprietary institution which offers degrees at the associate, baccalaureate

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or graduate level, and which has an agreement with the U.S. Secretary of Education containing the terms and conditions which the Secretary determines to be necessary to ensure that the availability of assistance to students at the school under this program has not resulted, and will not result, in an increase in the tuition, fees, or other changes to students.

25. "State" means, in addition to the several states of the Union, the District of Columbia, the Commonwealth of Puerto Rico, Guam, American Samoa, and Trust Territory of the Pacific Islands, and the Virgin Islands.

**Historical Note**

Adopted effective September 19, 1996, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 15-1852(C) (Supp. 96-3). Amended by exempt rulemaking at 5 A.A.R. 2046, effective June 1, 1999 (Supp. 99-2).

**ARTICLE 4. ARIZONA PRIVATE POSTSECONDARY EDUCATION STUDENT FINANCIAL ASSISTANCE PROGRAM****R7-3-401. Purpose**

The purpose of the Arizona Private Postsecondary Education Student Financial Assistance Program is to enhance the educational opportunities of citizens wishing to attend Arizona private postsecondary colleges or universities by providing financial assistance to eligible students attending eligible postsecondary institutions.

**Historical Note**

Adopted effective September 19, 1996, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 15-1852(C) (Supp. 96-3). Amended by exempt rulemaking at 5 A.A.R. 2006, effective May 24, 1999 (Supp. 99-2).

**R7-3-402. Definitions**

- A. "Award year" means the period from July 1 through June 30 of the succeeding year.
- B. "Commission" means the Commission for Postsecondary Education.
- C. "Eligible postsecondary institution" means any private postsecondary institution:
  - 1. Licensed to provide baccalaureate degrees in Arizona by the Arizona State Board for Private Postsecondary Education; and
  - 2. Accredited by an accrediting body recognized by the United States Department of Education.
- D. "Eligible student" means an individual who:
  - 1. Has obtained an associate degree from a community college under the jurisdiction of the Arizona State Board of Directors for Community Colleges; and
  - 2. Enrolls as a full-time undergraduate student at an eligible postsecondary institution.
- E. "Enrollment" means the establishment and maintenance of an individual's status as a student in an eligible postsecondary institution, regardless of the definition used at that institution.
- F. "FAFSA" means Free Application for Federal Student Aid.
- G. "Financial need" means the cost of attendance less expected family contribution, determined from the student's FAFSA form, minus any grant or scholarship aid.
- H. "Full-time student" means an individual who is enrolled in at least 12 credit hours per semester or an equivalent calculation.
- I. "Undergraduate student" means an individual who has not earned a baccalaureate or professional degree and who is enrolled in a postsecondary educational program which leads to, or is creditable toward, a baccalaureate degree.

- J. "Student financial assistance" means awarding a grant of money to an eligible, undergraduate student for payment of tuition and fees, as defined and allowed under United States Department of Education Title IV student assistance analysis, at an eligible postsecondary institution.

**Historical Note**

Adopted effective September 19, 1996, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 15-1852(C) (Supp. 96-3). Amended by exempt rulemaking at 5 A.A.R. 2006, effective May 24, 1999 (Supp. 99-2).

**R7-3-403. Administration and Allocation of Funds**

- A. The Commission shall administer the Arizona Private Postsecondary Education Student Financial Assistance Program in accordance with A.R.S. § 15-1854 and the rules promulgated thereunder. Administration shall include but not be limited to the award of vouchers to eligible students approved by the Commission.
- B. The Commission shall maintain financial records of all disbursements made under the Program. These records shall include the amount of each student grant and the award year for which it was disbursed.
- C. The Commission shall allocate private postsecondary education student financial assistance grant funds to eligible students based on methodology approved by the Commission under these rules.
- D. Any funds which have been allocated to a student, but are not used by that student, shall be reallocated by the Commission in a subsequent award year.
- E. Student financial assistance will be awarded to renewal students as first priority and then to new students in the order of receipt of completed applications. In the event that there are more new eligible students in an award year than available vouchers for new students, awards shall be made in the following priority:
  - 1. Date of receipt of a completed application,
  - 2. Highest grade point averages for the associate degree.
- F. Student financial assistance in the amount up to \$1,500 may be disbursed to an eligible student for an award year. An amount representing the student financial assistance award shall be paid to the eligible institution towards tuition and fee charges following:
  - 1. Receipt by the Commission of an institutional certification of full-time attendance by the eligible student; and
  - 2. The initial expiration of the institution's refund time period for United States Department of Education Title IV student assistance during the award year. The institution shall then repay the Commission the applicable proportion of the annual award if the eligible student is not enrolled full-time on the date of the expiration of the institution's refund policy during any subsequent portion of the award year.
- G. Student financial assistance in the amount up to \$750 may be awarded to an eligible student for half of an award year. An amount representing the student financial assistance award shall be paid to the eligible institution towards tuition and fee charges following:
  - 1. Receipt by the Commission of an institutional certification of full-time attendance by the eligible student; and
  - 2. The expiration of the institution's refund time period for United States Department of Education Title IV student financial assistance.

**Historical Note**

Adopted effective September 19, 1996, under an exemption from the Administrative Procedure Act pursuant to

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A.R.S. § 15-1852(C) (Supp. 96-3). Amended by exempt rulemaking at 5 A.A.R. 2006, effective May 24, 1999 (Supp. 99-2).

**R7-3-404. Student Eligibility**

- A. To be considered for an initial private postsecondary education student financial assistance, an eligible student, as defined in R7-3-402(D) and R7-3-402(G), shall submit a complete private postsecondary education student financial assistance program application to the Commission. The application shall contain:
1. Assurance of acceptance at an eligible institution;
  2. Assurance of attendance as a full-time student;
  3. Written authorization to inspect any of the academic or financial records of the student which are in the possession or under the control of the institution, which records are necessary to the proper administration of the provision of the Program and the regulations promulgated thereunder;
  4. A signed statement certifying the student's understanding that the award will be used for tuition and fee expenses only; and
  5. Agreement to reimburse the Commission the total amount of Program awards in the event the student fails to receive a baccalaureate degree within a three-year period of the receipt of the initial student financial assistance award.
- B. To be eligible for a renewal of a private postsecondary education student financial assistance, a student shall:
1. Meet the conditions of R7-3-402(D);
  2. Provide verification of full-time enrollment and satisfactory academic progress as determined by the institution for the previous award year; and
  3. Not have exceeded a cumulative total of \$3,000 in awards.

**Historical Note**

Adopted effective September 19, 1996, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 15-1852(C) (Supp. 96-3). Amended by exempt rulemaking at 5 A.A.R. 2006, effective May 24, 1999 (Supp. 99-2).

**R7-3-405. Termination of Award**

- A. Student financial assistance shall be terminated if:
1. A student has withdrawn from the PFAP program; or
  2. A student has been dismissed from the institution for academic or other reasons; or
  3. A student is not in attendance for more than 12 consecutive months.
- B. The remaining student financial assistance award money designated for that student shall no longer be available to that student. This money shall be available for awards to other eligible students.

**Historical Note**

Adopted by exempt rulemaking at 5 A.A.R. 2006, effective May 24, 1999 (Supp. 99-2).

**ARTICLE 5. RECODIFIED****R7-3-501. Recodified****Historical Note**

Adopted effective October 31, 1997, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 15-1852(C) (Supp. 97-4). Amended effective December 21, 1998, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 15-1852(C) (Supp. 98-4). Amended by exempt rulemaking

at 6 A.A.R. 917, effective February 10, 2000 (Supp. 00-1). Amended by exempt rulemaking at 8 A.A.R. 486, effective January 9, 2002 (Supp. 02-1). Amended by exempt rulemaking at 8 A.A.R. 3743, effective August 8, 2002 (Supp. 02-3). Amended by exempt rulemaking at 9 A.A.R. 3886, effective August 14, 2003 (Supp. 03-3). Section R7-3-501 recodified to Section R2-13-201 at 27 A.A.R. 1656, with an immediate effective date of September 23, 2021 (Supp. 21-3).

**R7-3-502. Recodified****Historical Note**

Adopted effective October 31, 1997, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 15-1852(C) (Supp. 97-4). Amended by exempt rulemaking at 9 A.A.R. 3886, effective August 14, 2003 (Supp. 03-3). Section R7-3-502 recodified to Section R2-13-202 at 27 A.A.R. 1656, with an immediate effective date of September 23, 2021 (Supp. 21-3).

**R7-3-503. Recodified****Historical Note**

Adopted effective October 31, 1997, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 15-1852(C) (Supp. 97-4). Section R7-3-503 recodified to Section R2-13-203 at 27 A.A.R. 1656, with an immediate effective date of September 23, 2021 (Supp. 21-3).

**R7-3-504. Recodified****Historical Note**

Adopted effective October 31, 1997, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 15-1852(C) (Supp. 97-4). Section repealed; new Section adopted effective December 21, 1998, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 15-1852(C) (Supp. 98-4). Section R7-3-504 recodified to Section R2-13-204 at 27 A.A.R. 1656, with an immediate effective date of September 23, 2021 (Supp. 21-3).

**R7-3-505. Recodified****Historical Note**

Adopted effective October 31, 1997, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 15-1852(C) (Supp. 97-4). Section repealed; new Section adopted effective December 21, 1998, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 15-1852(C) (Supp. 98-4). Amended by exempt rulemaking at 6 A.A.R. 917, effective February 10, 2000 (Supp. 00-1). Amended by exempt rulemaking at 7 A.A.R. 5699, effective November 26, 2001 (Supp. 01-4). Amended by exempt rulemaking at 9 A.A.R. 3886, effective August 14, 2003 (Supp. 03-3). Section R7-3-505 recodified to Section R2-13-205 at 27 A.A.R. 1656, with an immediate effective date of September 23, 2021 (Supp. 21-3).

**R7-3-506. Recodified****Historical Note**

Adopted effective December 21, 1998, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 15-1852(C) (Supp. 98-4). Amended by exempt rulemaking at 6 A.A.R. 917, effective February 10, 2000 (Supp. 00-1). Amended by exempt rulemaking at 6 A.A.R. 2486, effective June 7, 2000 (Supp. 00-2).

## CHAPTER 3. COMMISSION FOR POSTSECONDARY EDUCATION

Amended by exempt rulemaking at 8 A.A.R. 3743, effective August 8, 2002 (Supp. 02-3). Amended by exempt rulemaking at 9 A.A.R. 3886, effective August 14, 2003 (Supp. 03-3). Section R7-3-506 recodified to Section R2-13-206 at 27 A.A.R. 1656, with an immediate effective date of September 23, 2021 (Supp. 21-3).

**R7-3-507. Recodified****Historical Note**

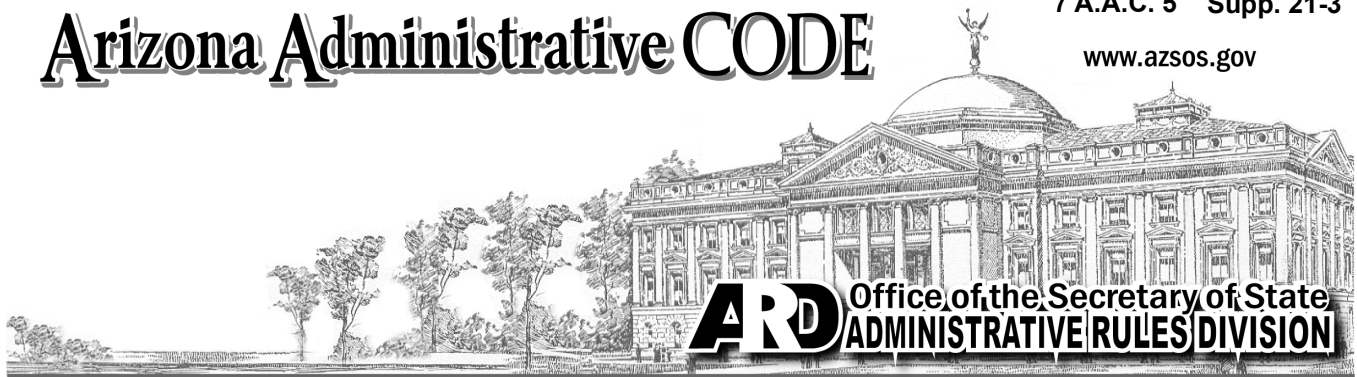
Adopted effective December 21, 1998, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 15-1852(C) (Supp. 98-4). Amended by exempt rulemaking at 8 A.A.R. 3743, effective August 8, 2002

(Supp. 02-3). Amended by exempt rulemaking at 9 A.A.R. 3886, effective August 14, 2003 (Supp. 03-3). Section R7-3-507 recodified to Section R2-13-207 at 27 A.A.R. 1656, with an immediate effective date of September 23, 2021 (Supp. 21-3).

**R7-3-508. Recodified****Historical Note**

New Section made by exempt rulemaking at 8 A.A.R. 3743, effective August 8, 2002 (Supp. 02-3). Section R7-3-508 recodified to Section R2-13-208 at 27 A.A.R. 1656, with an immediate effective date of September 23, 2021 (Supp. 21-3).

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## TITLE 7. EDUCATION

### CHAPTER 5. STATE BOARD FOR CHARTER SCHOOLS

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

This Chapter contains rules that were filed to be codified in the *Arizona Administrative Code* between the dates of  
July 1, 2021 through September 30, 2021

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<a href="#">R7-5-402.</a>	<a href="#">Minimum Financial Performance Expectations ..</a>	<a href="#">11</a>	<a href="#">R7-5-509.</a>	<a href="#">Financial Intervention Submissions .....</a>	<a href="#">19</a>
<a href="#">Table 1.</a>	<a href="#">ADM Category Criteria .....</a>	<a href="#">13</a>	<a href="#">R7-5-511.</a>	<a href="#">Financial Intervention Submissions – On Probation .....</a>	<a href="#">22</a>
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#### Questions about these rules? Contact:

Board: State Board for Charter Schools  
Address: 1616 W. Adams St., Suite 170  
Phoenix, AZ 85007  
or  
P.O. Box 18328  
Phoenix, AZ 85005  
Website: <https://asbcs.az.gov>  
Name: Ashley Berg, Executive Director  
Telephone: (602) 364-3080  
Email: [Ashley.Berg@asbcs.az.gov](mailto:Ashley.Berg@asbcs.az.gov)

**The release of this Chapter in Supp. 21-3 replaces Supp. 21-1, 1-22 pages**

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

## PREFACE

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

Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

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### RULES

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

### THE ADMINISTRATIVE CODE

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

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

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

First Quarter: January 1 - March 31

Second Quarter: April 1 - June 30

Third Quarter: July 1 - September 30

Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2021 is cited as Supp. 21-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. This is why the Office lists only updated codified Sections on the previous page.

### AUTHENTICATION OF PDF CODE CHAPTERS

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

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

### HOW TO USE THE CODE

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

### ARIZONA REVISED STATUTE REFERENCES

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

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

### SESSION LAW REFERENCES

Arizona Session Law references in a Chapter can be found at the Secretary of State’s website, [www.azsos.gov](http://www.azsos.gov) under Services-> Legislative Filings.

### EXEMPTIONS FROM THE APA

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

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

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

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

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

### EXEMPTIONS AND PAPER COLOR

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

### PERSONAL USE/COMMERCIAL USE

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





## Administrative Rules Division

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

## TITLE 7. EDUCATION

## CHAPTER 5. STATE BOARD FOR CHARTER SCHOOLS

Authority: A.R.S. § 15-182

## Supp. 21-3

*Editor's Note: 7 A.A.C. 5 made by final rulemaking at 10 A.A.R. 1141, effective March 2, 2004 (Supp. 04-1).*

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## CHAPTER 5. STATE BOARD FOR CHARTER SCHOOLS

**ARTICLE 1. GENERAL PROVISIONS**

*Article 1, consisting of R7-5-101, made by final rulemaking at 10 A.A.R. 1141, effective March 2, 2004 (Supp. 04-1).*

**R7-5-101. Definitions**

In this Chapter, the following definitions apply:

“Academic performance dashboard” means color-coded graphics that represent a charter school’s academic performance by measure for the three most recent fiscal years and identifies whether the schools operated by the charter holder meet the minimum academic performance expectations.

“Academic Performance Framework” means a document publicly available and posted on the Board’s website that sets forth the minimum academic performance expectations for charter schools, measures of progress towards meeting the expectations, and consequences of failing to meet the expectations.

“Accounting industry regulatory body” means any state or federal regulatory body that has authority to discipline a certified public accountant or audit firm.

“Administrative completeness review time frame” means the number of days from the Board’s receipt of a submission for Board consideration until the Board staff determines whether the submission contains all components and is formatted as required by statute and rule.

“Annual application cycle” means the process the Board conducts each year to receive and review new charter application packages and grant or deny a charter.

“Applicant” means a person that applies to the Board for a new charter.

“Application” means the Board-approved forms and instructions used by an applicant or charter holder to apply for a new charter, transfer a charter as provided under R7-5-302(A)(1), transfer a charter school as provided under R7-5-302(A)(2), or renew or replicate a charter sponsored by the Board.

“Application package” means an application form, narratives, and documents, including exhibits and attachments, submitted by an applicant or charter holder.

“Audit” means a charter holder’s annual audit required under A.R.S. § 15-914.

“Audit contract” means an engagement letter provided by an audit firm that describes the terms of a contract between a charter holder and the audit firm.

“Authorized representative” means an individual with the power to bind an applicant contractually according to the applicant’s Articles of Incorporation, operating agreement, or by-laws.

“Board” means the Arizona State Board for Charter Schools.

“CAP” means corrective action plan.

“Charter” means a contract between a person and the Board to operate a charter school under A.R.S. § 15-181 et seq.

“Charter holder” means a person that enters into a charter with the Board.

“Charter representative” means an individual with the power to bind a charter holder contractually according to the charter holder’s Articles of Incorporation, operating agreement, or by-laws and is the point of contact with the Board for the purposes of communication and accountability to charter terms and conditions.

“Charter school” has the meaning specified at A.R.S. § 15-101.

“Date of notice” means the date on which an electronic notification is sent by the Board to an applicant or charter holder through the authorized representative or charter representative.

“Day” means a business day.

“Demonstration of sufficient progress” means the process for a charter holder to show the charter holder is making progress towards achieving the minimum academic performance expectations specified in the Academic Performance Framework.

“Department” means the Arizona Department of Education.

“Education Service Provider” means an organization that contracts with or has a governance relationship with an applicant or charter holder to provide academic services, administrative services or both. These organizations may also be commonly referred to as Charter Management Organizations or Education Management Organizations.

“Financial performance dashboard” means a color-coded graphic that represents a charter holder’s financial performance by measure for the most recent audited fiscal years and identifies whether the charter holder’s financial performance meets the minimum financial performance expectations.

“Financial Performance Framework” means a document publicly available and posted on the Board’s website, and incorporated herein by reference, that sets forth the minimum financial performance expectations for charter holders, measures of performance, and consequences of failing to meet the expectations.

“Fiscal year” means the 12-month period beginning July 1 and ending June 30.

“Initial financial response” means the first response submitted to the Board by a charter holder assigned a summative financial performance rating of “Intervention” under R7-5-402(F). In its response, the charter holder must:

Provide the agenda and minutes from the meeting where the written notice provided by the Board under R7-5-504(H)(2) of the charter holder’s intervention status, along with the Board’s probation risk levels and associated consequences identified in R7-5-402(H) through (K), were presented to and considered by the charter holder board. Draft minutes will be accepted;

Provide a quarterly financial report for each applicable quarter as defined in R7-5-509(B)(3);

Summarize the factors that caused or contributed to the charter holder’s financial performance in the audited fiscal year; and

Summarize the specific actions taken or being taken to improve the charter holder’s financial performance in the fiscal year that begins on the July 1 following the fiscal year end of the most recent audit conducted under R7-5-504.

“June 30 quarterly financial report” means the report for the quarter ending June 30 submitted to the Board by a charter holder assigned a summative financial performance rating of “Intervention” under R7-5-402(F) or a charter holder identified as “On Probation” and, therefore, under R7-5-402(G) does not meet the minimum financial performance expectations. In the June 30 report, the charter holder must include:

## CHAPTER 5. STATE BOARD FOR CHARTER SCHOOLS

An unaudited balance sheet (statement of financial position) that identifies the charter holder's results at June 30 and the charter holder's unrestricted and restricted cash balances. Minimally, the charter holder's restricted cash balance must include the charter holder's unspent Classroom Site Fund monies;

An unaudited income statement (statement of activities) that identifies the charter holder's results for the year ended June 30;

The charter holder's revenue and expense budget that compares year-to-date actual results for the year ended June 30 to the charter holder's annual budget and, for each line item, identifies the percentage of the annual budget represented by the actual results; and

The charter holder's calculation of its performance on all six Financial Performance Framework measures, including all figures used in the mathematical calculations, completed using the measure calculator spreadsheet available on the Board's website;

If not specifically listed on the unaudited income statement (statement of activities), accounting system reports or lease and debt schedules identifying, as applicable, the facility lease expense and interest expense paid by the charter holder for the fiscal year and used in the charter holder's lease adjusted debt service coverage ratio calculation; and

Accounting system reports or debt schedules identifying, as applicable, the bond, loan and capital lease principal paid by the charter holder for the fiscal year and used in the charter holder's lease adjusted debt service coverage ratio calculation.

"Operational performance dashboard" means a color-coded graphic that represents a charter holder's operational performance by measure for up to the five most recent fiscal years and identifies whether the charter holder's operational performance meets the minimum operational performance expectations.

"Operational Performance Framework" means a document publicly available and posted on the Board's website that sets forth the minimum operational performance expectations for charter holders, measures of performance, and consequences of failing to meet the expectations.

"Overall time frame" means the number of days after receipt of a submission for Board consideration until the Board decides whether to grant or deny the request contained in the submission. The overall time frame consists of both the administrative completeness review time frame and the substantive review time frame.

"Peer review" means an external quality-control review, required by generally accepted government auditing standards, which determines whether an audit firm's internal quality-control system exists, is operating effectively, and provides assurance that established policies and procedures and applicable auditing standards are being followed.

"Performance expectations" means the minimum academic, financial, and operational performance expectations established by the Board.

"Person" means an individual, partnership, corporation, association, or public or private organization of any kind.

"Principals" means the officers, directors, members, partners, or board of an applicant or charter holder.

"Quarterly financial report" means the report for the quarters ending September 30, December 31 and March 31 submitted to the Board by a charter holder assigned a summative financial performance rating of "Intervention" under R7-5-402(F) or a charter holder identified as "On Probation" and, therefore, under R7-5-402(G) does not meet the minimum financial performance expectations. In each quarterly report, the charter holder must include:

An unaudited balance sheet (statement of financial position) that identifies the charter holder's results at the quarter end date and the charter holder's unrestricted and restricted cash balances. Minimally, the charter holder's restricted cash balance must include the charter holder's unspent Classroom Site Fund monies;

An unaudited income statement (statement of activities) that identifies the charter holder's results year-to-date through the quarter end date;

The charter holder's revenue and expense budget that compares year-to-date actual results through the quarter end date to the charter holder's annual budget and, for each line item, identifies the percentage of the annual budget represented by the actual results; and

The charter holder's calculation of its performance on the default, unrestricted days liquidity, adjusted net income and average daily membership measures, including all figures used in the mathematical calculations, completed using the measure calculator spreadsheet available on the Board's website.

"Serious impact finding" means an issue identified by the Board that the Board believes has or potentially has a detrimental impact on the operation of the charter school or students, such as threat to the health and safety of children, failure to meet the academic needs of children, gross violation of generally accepted accounting principles that increases the opportunity for fraud or theft, or repeated issues of noncompliance.

"Substantive review time frame" means the number of days after a submission for Board consideration is determined to be administratively complete until the Board decides whether to grant or deny the request contained in the submission.

"Sufficiently qualified" means the Board's determination that an applicant's knowledge, experience, qualifications, current and prior charter compliance, capacity, personal and professional background, and creditworthiness indicate an ability to implement a charter or operate a charter school in accordance with federal and state law and the performance expectations established by the Board.

"Supervising certified public accountant" means the certified public accountant responsible for leading the audit of a charter school or signing the final audit report.

"Technical Review Panel" means individuals approved by the Executive Director of the Board who use their expertise in charter school development, curriculum, and finance to assist the Executive Director by conducting a preliminary evaluation of an application package.

#### Historical Note

New Section made by final rulemaking at 10 A.A.R. 1141, effective March 2, 2004 (Supp. 04-1). Amended by final rulemaking at 12 A.A.R. 577, effective February 7, 2006 (Supp. 06-1). Amended by final rulemaking at 20

## CHAPTER 5. STATE BOARD FOR CHARTER SCHOOLS

A.A.R. 437, effective April 5, 2014 (Supp. 14-1). Amended by final rulemaking at 23 A.A.R. 693, effective May 6, 2017 (Supp. 17-1). Amended by final exempt rulemaking at 25 A.A.R. 1926, effective July 8, 2019 (Supp. 19-3). Amended by final exempt rulemaking at 26 A.A.R. 3245, effective November 20, 2020 (Supp. 20-4). Amended by final exempt rulemaking at 27 A.A.R. 1423, effective September 30, 2021 (Supp. 21-3).

## ARTICLE 2. APPLICATION FOR A NEW CHARTER; APPLICATION FOR CHARTER REPLICATION

### R7-5-201. Application for a New Charter

- A. By March 31 of each year, the Board shall approve and make available on the Board's web-based interface an application for a new charter for a specified annual application cycle.
- B. A person that wants to establish a charter school shall submit a complete application package by the submission deadline identified in the application.
- C. A person may submit a complete application package by using:
  1. The web-based application on the Board's website; or
  2. An alternative submission process. Before using an alternative submission process, the person shall hand deliver or mail a signed, notarized waiver request to the Board, in the form and by the waiver deadline identified in the application, and shall waive the right to have the Board consider an application package submitted through the Board's web-based interface during the same annual application cycle. The Board shall not accept an application package through the alternative submission process unless a waiver request has been submitted by the waiver deadline and acknowledged as timely by the Board.
- D. An applicant for a new charter shall ensure the submitted application package contains all the information, materials, documents, and attachments identified in the application and A.R.S. § 15-183(A), including the new charter application processing fee specified under R7-5-202, and is in the format specified in the application.

#### Historical Note

New Section made by final rulemaking at 10 A.A.R. 1141, effective March 2, 2004 (Supp. 04-1). Amended by final rulemaking at 20 A.A.R. 437, effective April 5, 2014 (Supp. 14-1). Amended by final rulemaking at 23 A.A.R. 693, effective May 6, 2017 (Supp. 17-1). Amended by final exempt rulemaking at 26 A.A.R. 3245, effective November 20, 2020 (Supp. 20-4).

### R7-5-202. New Charter Application Processing Fee

As specifically authorized under A.R.S. § 15-183(CC), the Board establishes and shall collect a new charter application processing fee of \$6,500 for each application package submitted to the Board.

1. An applicant shall pay the new charter application processing fee in the form of a single personal or cashier's check that:
  - a. Is made payable to Arizona State Board for Charter Schools,
  - b. Has the applicant's name imprinted on the front of the check, and
  - c. Is delivered by mail or hand to the Board office during regular business hours by the submission deadline.
2. Board staff shall deem an application package administratively incomplete under R7-5-203(B) if the new charter application processing fee is not received by the submission deadline.

3. Board staff shall deposit all checks within five days of submission. If an applicant's check is dishonored for any reason, Board staff shall:
  - a. Deem the application package administratively incomplete under R7-5-203(B), and
  - b. Require the applicant to pay any future fees to the Board by cashier's check.
4. If an application package is found to be administratively incomplete under R7-5-203(B) and the applicant paid the new charter application processing fee, the Board shall refund the fee to the applicant by mailing a refund check to the authorized representative at the address provided in the application package.
5. If an application package is found to be administratively complete under R7-5-203(B), the new charter application processing fee becomes non-refundable except as required under A.R.S. § 41-1077(A).

#### Historical Note

New Section made by final rulemaking at 10 A.A.R. 1141, effective March 2, 2004 (Supp. 04-1). Section R7-5-202 renumbered to Section R7-5-203; new Section R7-5-202 made by final rulemaking at 20 A.A.R. 437, effective April 5, 2014 (Supp. 14-1). Amended by final rulemaking at 23 A.A.R. 693, effective May 6, 2017 (Supp. 17-1).

### R7-5-203. Time Frames for Granting or Denying a New Charter

- A. For granting or denying a new charter, the time frames are:
  1. Administrative completeness review time frame: 25 days;
  2. Substantive review time frame: 175 days; and
  3. Overall time frame: 200 days.
- B. An applicant for a new charter shall submit to the Board an administratively complete application package by the submission deadline. An application package is complete if:
  1. The application package is from the current application cycle;
  2. The application package contains all the information, materials, documents, attachments, signatures, and notarizations identified in the application;
  3. All the application package's components are formatted as required;
  4. All curriculum samples address the required standard;
  5. All templates are unmodified and completed; and
  6. The application processing fee required under R7-5-202 is paid.
- C. The administrative completeness review time frame listed in subsection (A)(1) begins the day after the Board receives an application package.
- D. If an application package is administratively complete, Board staff shall send the applicant a written notice of administrative completeness.
- E. If an application package is administratively incomplete, Board staff shall:
  1. Send the applicant a written notice of deficiency that states the reasons the application package is administratively incomplete;
  2. Administratively close the applicant's file; and
  3. Refund the new charter application processing fee paid under R7-5-202.
- F. If an applicant receives a written notice of deficiency under subsection (E) and if the submission deadline has not yet passed, the applicant may correct the deficiencies in the administratively incomplete application package and submit a new application package in the same annual application cycle by complying with R7-5-201.

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- G.** If an applicant receives a written notice of deficiency under subsection (E) and believes the application package was erroneously designated as administratively incomplete, the applicant may submit a written request for reconsideration to the Board within 10 days after the date of the notice of deficiency.
- H.** An applicant that submits a written request for reconsideration under subsection (G) shall ensure the request:
1. Contains a clear statement indicating how the previously submitted application package fulfilled each of the requirements identified as deficient; and
  2. Has no new or additional information, documents, or materials included or attached.
- I.** Within 10 days after receiving a request for reconsideration, Board staff shall review the request and:
1. Determine whether the request complies with the requirements in subsection (H) and if not, send the applicant written notice the request was not submitted properly and the applicant's file remains closed;
  2. If Board staff determines the application package was erroneously designated as administratively incomplete, reopen the applicant's file and send the applicant a written notice of administrative completeness; or
  3. If Board staff determines the application package was correctly designated as administratively incomplete, send the applicant written notice the applicant's file remains closed.
- J.** If Board staff does not provide a notice of deficiency or administrative completeness to the applicant within the administrative completeness review time frame, the application package is deemed administratively complete.
- K.** The substantive review time frame listed in subsection (A)(2) begins when an application package is determined to be administratively complete. Board staff shall ensure the substantive review is conducted according to R7-5-204.
- L.** Within the time provided in subsection (A)(3), Board staff shall provide the applicant with written notice of the Board's decision to grant or deny a charter.
1. The Board shall deny a charter if the Board determines the application package does not meet the requirements of statute or rule or the applicant is not sufficiently qualified to operate a charter school. Board staff shall include in the written notice the basis for the denial and other information required under A.R.S. § 41-1092.03. An applicant that receives a notice of denial may:
    - a. Submit a new application package under R7-5-201 in a later annual application cycle; or
    - b. Appeal the Board's decision under A.R.S. Title 41, Chapter 6, Article 10.
  2. The Board shall grant a charter if it determines that the application package meets the requirements of statute and rule and the applicant is sufficiently qualified to operate a charter school.
- Historical Note**
- New Section made by final rulemaking at 10 A.A.R. 1141, effective March 2, 2004 (Supp. 04-1). Section R7-5-203 renumbered to Section R7-5-204; new Section R7-5-203 renumbered from R7-5-202 and amended by final rulemaking at 20 A.A.R. 437, effective April 5, 2014 (Supp. 14-1). Amended by final rulemaking at 23 A.A.R. 693, effective May 6, 2017 (Supp. 17-1).
- R7-5-204. Review of Administratively Complete Application Package for a New Charter, Technical Assistance, and In-person Interview**
- A.** The Board shall ensure an administratively complete application package for a new charter is reviewed as follows:
1. The Technical Review Panel shall score an application package using the evaluation criteria identified in the application to determine whether the application package meets the Board's requirements.
  2. The Technical Review Panel shall assign an application package a score of "Meets the Criteria," "Approaches the Criteria," or "Falls below the Criteria" for each evaluation criterion.
    - a. The Technical Review Panel shall score an evaluation criterion "Meets the Criteria" when the application section within which that evaluation criterion is identified:
      - i. Addresses the evaluation criterion fully with specific and accurate information;
      - ii. Reflects a thorough understanding of the evaluation criterion; and
      - iii. Is clear and coherent.
    - b. The Technical Review Panel shall score an evaluation criterion "Approaches the Criteria" when the application section within which that evaluation criterion is identified:
      - i. Addresses the evaluation criterion partially or lacks specific and accurate information for some aspect of the evaluation criterion;
      - ii. Presents a partial understanding of the evaluation criterion; or
      - iii. Is not clear and coherent.
    - c. The Technical Review Panel shall score an evaluation criterion "Falls below the Criteria" when the application section within which that evaluation criterion is identified fails to address the evaluation criterion.
  3. An application package meets the Board's requirements if:
    - a. No evaluation criterion is scored "Falls below the Criteria;"
    - b. No more than one evaluation criterion in each application section is scored "Approaches the Criteria;" and
    - c. At least 95 percent of the evaluation criteria in the educational plan, operational plan, and business plan is scored "Meets the Criteria."
- B.** Board staff shall conduct a background and credit check of each principal and authorized representative of the applicant and determine whether each principal and authorized representative possesses a valid fingerprint clearance card issued by the State of Arizona. If an issue arises during the background and credit check of any principal or authorized representative, Board staff shall provide the principal or authorized representative written notice of the issue and an opportunity to provide a written response addressing the issue. The Board shall consider information obtained from the background and credit check when making the decision to grant or deny a new charter.
- C.** If an application package fails to meet the Board's requirements specified under subsection (A)(3), Board staff shall provide written notice to the applicant. Board staff shall include in the notice:
1. The reasons the application package failed to meet the Board's requirements;
  2. Comments of the Technical Review Panel, which will serve as technical assistance and suggestions for improving the application package; and
  3. The options specified under subsection (D).

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- D.** If an applicant receives notice under subsection (C), the applicant may, within 20 days of the date of notice, submit to the Board:
1. A revised application package, or
  2. A written request that the previously submitted and scored application package be forwarded to the Board.
- E.** If an applicant that receives notice under subsection (C) fails to act under subsection (D), Board staff shall close the applicant's file. An applicant whose file is closed and wants to obtain a new charter shall apply again under R7-5-201 in a later annual application cycle.
- F.** If an applicant submits a revised application package under subsection (D), the Technical Review Panel shall score the revised application package as specified under subsection (A). If the revised application package fails to meet the Board's requirements as specified under subsection (A)(3), Board staff shall provide written notice to the applicant of the intent to close the file. Board staff shall include with the notice the comments of the Technical Review Panel.
- G.** An applicant that receives notice under subsection (F) may, within 20 days after the date of notice, submit a written request that the revised application package be forwarded to the Board. If a written request is not submitted, Board staff shall close the applicant's file. An applicant whose file is closed and wants to obtain a new charter shall apply again under R7-5-201 in a later annual application cycle.
- H.** At least 30 days before the last Board meeting before the substantive review time frame expires, and within 90 days after determining an application package meets the Board's requirements under subsection (A)(3) or receiving an applicant's request under subsection (D)(2) or (G), the principals and authorized representative of the applicant shall make themselves available for an in-person interview with two or more members of the Technical Review Panel. In the interview, the members of the Technical Review Panel shall assess:
1. The applicant's understanding of the components presented in the application package;
  2. The applicant's capacity to implement a plan to operate a charter school in accordance with the performance expectations established by the Board;
  3. The applicant's clarification of any issue revealed in the course of the due diligence process for the applicant any principal, authorized representative, or Education Service Provider; and
  4. Any other factor relevant to determining whether the applicant is sufficiently qualified to operate a charter school.
- I.** Board staff shall provide an applicant with at least seven days written notice of the date, time, and place of the meeting at which the Board will consider the applicant's application package and determine whether to grant or deny a new charter to the applicant. The Board shall use the following information to determine whether the applicant is sufficiently qualified to operate a charter school:
1. The application package;
  2. The scoring rubric completed by the Technical Review Panel;
  3. The results of the in-person interview of the applicant's principals and authorized representative;
  4. Information obtained through investigation and verification of the employment, experience, and education backgrounds, fingerprint clearance card, and creditworthiness of each principal and authorized representative of the applicant;
  5. Information concerning any current or former charter operations for any principal, authorized representative, or Education Service Provider of the applicant;
  6. Board staff report; and
  7. Testimony presented at the Board meeting.
- J.** After the Board meeting held under subsection (I), Board staff shall provide written notice to the applicant regarding the Board's decision to grant or deny a new charter to the applicant. If the Board denies a new charter to the applicant, the Board shall include the information required under A.R.S. § 41-1092.03 in the written notice.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 1141, effective March 2, 2004 (Supp. 04-1). Amended by final rulemaking at 12 A.A.R. 577, effective February 7, 2006 (Supp. 06-1). Section R7-5-204 renumbered to Section R7-5-205; new Section R7-5-204 renumbered from R7-5-203 and amended by final rulemaking at 20 A.A.R. 437, effective April 5, 2014 (Supp. 14-1). Amended by final rulemaking at 23 A.A.R. 693, effective May 6, 2017 (Supp. 17-1).

**R7-5-205. Execution of a New Charter**

- A.** After the Board decides to grant a new charter but before the charter is signed, the applicant shall submit to the Board the following:
1. A completed I.R.S. Form W-9, Request for Taxpayer Identification Number and Certification, obtained from the Department or online at <https://www.irs.gov/pub/irs-pdf/fw9.pdf>;
  2. The following information for each charter school approved for educational use:
    - a. Certificate of occupancy; and
    - b. Fire marshal report; or
    - c. If either the certificate of occupancy or fire marshal report is not available, a completed Occupancy Compliance Assurance and Understanding form obtained from the Board;
  3. A completed General Statement of Assurances form obtained from the Department;
  4. A statement indicating where all public notices of meetings will be posted as required under A.R.S. § 38-431.02; and
  5. A copy of the lease agreement or other documentation of a secured charter school facility for each charter school.
- B.** The Board President or designee and authorized representative of the applicant shall sign the charter within 12 months after the Board's decision to grant the charter.
1. If the charter is not timely signed, the Board's decision to grant the new charter expires unless the applicant applies for and is granted a good-cause extension to execute the charter under R7-5-206.
  2. If an applicant that is granted a new charter but does not timely sign the charter and does not obtain a good-cause extension wants to obtain a new charter, the applicant shall apply again under R7-5-201 in a later annual application cycle.
- C.** A charter holder shall begin providing educational instruction no later than the second fiscal year after the Board's decision to grant the charter unless the charter holder is granted a good-cause extension to execute a charter under R7-5-206 or good-cause suspension of a charter under R7-5-207.
1. A charter holder that is granted a good-cause extension to execute a charter under R7-5-206 or good-cause suspension of a charter under R7-5-207 shall begin providing

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educational instruction no later than the third fiscal year after the Board's decision to grant the charter.

2. If a charter holder does not begin providing educational instruction as required under subsection (C) or (C)(1), the Board shall issue the charter holder a notice of intent to revoke the charter in accordance with A.R.S. § 15-183(I).
- D. At least 10 days before beginning to provide educational instruction, a charter holder shall submit to the Board the following written proof that the charter school is in compliance with federal, state, and local laws relating to health, safety, civil rights, and insurance:
  1. Charter school contact information;
  2. Insurance policy binder issued by an insurance company licensed to do business in Arizona;
  3. County health certificate for each charter school at which students will be taught;
  4. Evidence of a public meeting, required by A.R.S. § 15-183(C)(7), at least 30 days before the charter holder opens a charter school;
  5. Certificate of attendance of the charter representative or principal at the special education training for new charters offered by the Department; and
  6. Any other documents required to demonstrate compliance with federal, state, and local laws relating to health, safety, civil rights, and insurance.
- E. If a charter holder submitted an Occupancy Compliance Assurance and Understanding form under subsection (A)(2), the Board shall not advise the Department to initiate state aid funding until Board staff determines the required certificate of occupancy and fire marshal report submissions are complete and sufficient.
- F. A new charter is effective upon signing by both parties for 15 years beginning on the date stated in the charter, unless revoked under A.R.S. § 15-183(I).

**Historical Note**

New Section R7-5-205 renumbered from R7-5-204 and amended by final rulemaking at 20 A.A.R. 437, effective April 5, 2014 (Supp. 14-1). Amended by final rulemaking at 23 A.A.R. 693, effective May 6, 2017 (Supp. 17-1).

**R7-5-206. Good-cause Extension to Execute a New Charter**

- A. Before the Board's decision to grant a new charter expires under R7-5-205(B), an applicant that has not yet executed the charter may submit to the Board a written request for a good-cause extension to execute a charter. The applicant shall ensure the written request for a good-cause extension to execute a charter:
  1. Explains and provides evidence of why the applicant is unable to implement the plans contained in the application package and execute the charter within the allotted 12 months;
  2. Explains the applicant's new timeline for implementing the plans contained in the application package and why the new timeline is viable and adequate to enable the applicant to execute the charter by the new timeline; and
  3. Provides clear and specific action steps with target completion dates that will enable the applicant to implement the plans contained in the application package in accordance with the new timeline and the requirements of R7-5-205(C)(1).
- B. The Board shall grant a good-cause extension to execute a charter if an applicant demonstrates good cause. When deciding whether the applicant demonstrates good cause, the Board shall consider:
  1. The timeliness of the request for a good-cause extension and the proposed extension date;

2. The viability of the applicant's new timeline for implementing the plans contained in the application package;
3. Whether the new timeline is adequate to begin providing educational instruction as required under R7-5-205(C)(1) and complies with the plans contained in the application package;
4. The circumstances the applicant indicates affected the applicant's ability to execute the charter within the allotted 12 months;
5. Whether there have been changes in the principals of the applicant; and
6. The extent to which the applicant is in compliance with all applicable federal, state, and local laws.
- C. The Board shall not grant more than one good-cause extension to execute a particular charter.
- D. If the Board grants a good-cause extension to execute a charter, the Board shall specify the date by which the applicant shall execute the charter and begin providing educational instruction based on the timeline provided by the applicant and the requirements of R7-5-205(C)(1). If the applicant does not execute the charter by the specified date, the Board's decision to grant the charter expires.

**Historical Note**

Section R7-5-206 made by final rulemaking at 20 A.A.R. 437, effective April 5, 2014 (Supp. 14-1). Amended by final rulemaking at 23 A.A.R. 693, effective May 6, 2017 (Supp. 17-1).

**R7-5-207. Good-cause Suspension of a New Charter**

- A. Before the first day of the fiscal year in which a charter holder must begin providing educational instruction, the charter holder, if eligible under subsection (B), may submit to the Board a written request for a good-cause suspension of the charter.
- B. A charter holder is eligible to apply for a good-cause suspension of the charter if:
  1. The charter holder has not been granted a good-cause extension to execute the charter,
  2. The charter holder has not begun providing educational instruction under the charter, and
  3. The charter holder has not received or has returned state equalization or other state or federal funding for which provision of instruction is a requirement of receipt.
- C. The charter holder shall ensure the written request for a good-cause suspension of a charter:
  1. Explains and provides evidence for why the charter holder is unable to implement the plans contained in the application package and begin providing educational instruction as required under R7-5-205(C);
  2. Explains the charter holder's new timeline for implementing the plans contained in the application package and why the new timeline is viable and adequate to enable the charter holder to operate a charter school in accordance with the charter and performance expectations established by the Board; and
  3. Provides clear and specific action steps with target completion dates that will enable the charter holder to implement the plans contained in the application package in accordance with the new timeline and the requirements of R7-5-205(C)(1).
- D. The Board shall grant a good-cause suspension of a charter if the charter holder demonstrates good cause. When deciding whether the charter holder demonstrates good cause, the Board shall consider:
  1. Whether the charter holder is eligible under subsection (B) for a good-cause suspension of a charter;

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2. The timeliness of the request for a good-cause suspension of a charter and the proposed extension date;
  3. The viability of the charter holder's new timeline for implementing the plans contained in the application package;
  4. Whether the new timeline is adequate to begin providing educational instruction as required under R7-5-205(C)(1) and complies with the plans contained in the application package;
  5. The circumstances the charter holder indicates affected the charter holder's ability to begin providing educational instruction as required under R7-5-205(C);
  6. Whether there have been changes in the principals of the charter holder; and
  7. The extent to which the charter holder is in compliance with all applicable federal, state, and local laws and terms of the charter.
- E. The Board shall not grant more than one good-cause suspension of a particular charter to any charter holder.
- F. A charter holder granted a good-cause suspension of the charter shall not apply to receive any state equalization or other state or federal funding for which provision of instruction is a requirement of receipt until the fiscal year in which the charter holder plans to begin providing educational instruction. The holder of a suspended charter shall promptly return any funding it receives before the fiscal year in which it begins providing educational instruction.
- G. A charter holder granted a good-cause suspension of a charter shall begin providing educational instruction as required by R7-5-205(C). If a charter holder does not begin providing educational instruction as required, the Board shall issue the charter holder a notice of intent to revoke the charter in accordance with A.R.S. § 15-183(I).

**Historical Note**

Section R7-5-207 made by final rulemaking at 20 A.A.R. 437, effective April 5, 2014 (Supp. 14-1). Amended by final rulemaking at 23 A.A.R. 693, effective May 6, 2017 (Supp. 17-1).

**R7-5-208. Application for Replication Charter**

- A. The charter holder of an existing high quality charter school may be eligible to apply for a replication charter rather than a new charter. A replication charter allows the charter holder to implement the existing educational program, corporate and governance structure, and financial and operational processes at a new charter school.
- B. A charter holder that wishes to apply for a replication charter shall submit to the Board a Replication Eligibility form. Board staff shall review the form and determine whether the charter holder is eligible to apply for a replication charter. A charter holder is eligible to apply for a replication charter if the charter holder is in compliance with provisions of its charter, contractual agreements with the Board, federal and state law and this Chapter, and meets the academic and financial eligibility requirements specified in the replication application instructions, which are publicly available and posted on the Board's web site.
- C. Within 15 days after receiving a Replication Eligibility form, Board staff shall provide written notice to the charter holder of whether the charter holder may apply for a replication charter and, if eligible, shall make the replication application available to the charter holder.
- D. If a charter holder submits an application package for a replication charter by the last business day of September, Board staff shall process the application package in an expedited

manner and ensure the application package is considered at the Board's meeting in November.

- E. As required under A.R.S. § 41-1073, the Board establishes the following time frames for approving or disapproving a replication charter:
1. Administrative review time frame: 15 days;
  2. Substantive review time frame: 50 days; and
  3. Overall time frame: 65 days.
- F. The provisions at R7-5-205(A), regarding execution of a new charter, apply to a replication charter.
- G. R7-5-206, regarding a good-cause extension to execute a new charter, and R7-5-207, regarding good-cause suspension of a new charter, do not apply to a replication charter.

**Historical Note**

New Section made by final rulemaking at 23 A.A.R. 693, effective May 6, 2017 (Supp. 17-1). Amended by final exempt rulemaking at 25 A.A.R. 1926, effective July 8, 2019 (Supp. 19-3).

**ARTICLE 3. POST-CHARTER ACTIONS****R7-5-301. Application for Charter Renewal; Early Renewal of Charter**

- A. The Board shall make available on its website instructions regarding eligibility and submission requirements for renewal and early renewal of a charter.
- B. A charter holder shall submit to the Board electronically through the Board's web-based interface the renewal application package identified in subsection (E) or the early renewal application package identified in subsection (L). The Board shall not accept a paper submission.
- C. The Board shall provide the charter holder at least 72-hours' written notice of the date, time, and location of the Board meeting at which the Board will consider the charter holder's renewal or early renewal application package. The charter holder shall attend the Board meeting.
- D. At least 18 months before a charter is scheduled to expire, the Board shall provide the charter holder with a renewal application that is customized based on the charter holder's performance history. The Board shall require a charter holder that does not meet the performance expectations specified in Article 4 to submit more information than a charter holder that does meet the performance expectations.
- E. As required under A.R.S. § 15-183(I), a charter holder that intends to seek renewal of the charter shall submit to the Board a renewal application package at least 15 months before the charter is scheduled to expire.
- F. The Board shall not consider a renewal application package that is not submitted by the date specified in subsection (E).
- G. As part of the charter renewal process, Board staff shall conduct an academic-systems-review site visit, as described in R7-5-506, of the charter holder.
- H. The Board shall notify a charter holder of the Board's decision to renew or deny renewal of the charter at least 12 months before the charter is scheduled to expire.
- I. As specified under A.R.S. § 15-183(I), the Board may deny renewal of a charter if the Board determines the charter holder failed to meet or make sufficient progress toward the academic performance expectations or failed to meet the operational performance expectations specified in Article 4, meet the financial performance expectations specified in Article 4, complete the obligations of the charter, or comply with federal or state law or this Chapter. If the Board denies renewal of a charter, Board staff shall provide written notice to the charter holder that includes the information required under A.R.S. § 41-1092.03(A).



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- J.** A charter holder is eligible to apply for early renewal of the charter if the charter holder:
1. Submits to the Board a letter of intent to apply for early renewal at least 24 months before the charter is scheduled to expire;
  2. Has operated a school under the charter for at least five years;
  3. Meets the performance expectations specified in Article 4; and
  4. Had no compliance matters within the last three years that required action by the Board or other governmental entity.
- K.** Within 15 days after receiving a letter of intent to apply for early renewal under subsection (J)(1), Board staff shall provide written notice to the charter holder of whether the charter holder is eligible to apply for early renewal and, if eligible, shall provide the charter holder with the renewal application referenced in subsection (D).
- L.** A charter holder that receives notification under subsection (K) of eligibility to apply for early renewal shall submit to the Board the early renewal application package no later than one month after the charter holder receives notification under subsection (K).
- M.** A charter holder applying for early renewal shall continue to meet the eligibility requirements specified in subsection (J) until the Board considers the early renewal application package at the Board meeting referenced under subsection (C). The Board shall not consider an early renewal application package submitted by a charter holder that has a change in eligibility status.
- N.** Within three months after a charter holder timely submits an early renewal application package, Board staff shall conduct an academic-systems-review site visit, as described in R7-5-506, of the charter holder and shall place the charter holder's early renewal application package on an agenda for Board consideration.
- O.** As specified under A.R.S. § 15-183(I)(2), the Board may deny early renewal of a charter if the Board determines the charter holder failed to meet or make sufficient progress toward the academic performance expectations or failed to meet the operational performance expectations specified in Article 4, meet the financial performance expectations specified in Article 4, complete the obligations of the charter, or comply with federal or state law or this Chapter. If the Board denies early renewal of a charter, Board staff shall provide written notice to the charter holder that includes the information required under A.R.S. § 41-1092.03(A).
- B.** The Board shall make available on its web site instructions regarding eligibility and submission requirements for transfers specified under subsection (A).
- C.** A charter holder that intends to transfer as specified under subsection (A) shall submit to the Board a letter of intent to transfer.
- D.** Within 15 days after receiving a letter of intent to transfer, Board staff shall provide written notice to the charter holder of whether the charter holder may apply for transfer.
- E.** A charter holder eligible to transfer under subsection (D) shall submit to the Board a paper charter transfer application package until electronic submission through the Board's web-based interface is available. After electronic submission through the Board's web-based interface is available, the Board shall not accept a paper submission.
- F.** For a transfer to occur on July 1, a charter holder shall submit the letter of intent to transfer by the last business day of November of the prior fiscal year and the transfer application package by the last business day of February of the prior fiscal year.
- G.** The Board shall provide the charter holder at least 72-hours' written notice of the date, time, and location of the Board meeting at which the Board will consider the charter holder's transfer application package. The charter holder shall attend the Board meeting.
- H.** As required under A.R.S. § 41-1073, the Board establishes the following time frames for approving or disapproving a charter transfer:
1. Administrative review time frame: 15 days;
  2. Substantive review time frame: 60 days; and
  3. Overall time frame: 75 days.

**Historical Note**

New Section made by final rulemaking at 12 A.A.R. 577, effective February 7, 2006 (Supp. 06-1). Section R7-5-302 renumbered to R7-5-510; new Section R7-5-302 made by final rulemaking at 23 A.A.R. 693, effective May 6, 2017 (Supp. 17-1). Amended by final exempt rulemaking at 26 A.A.R. 3245, effective November 20, 2020 (Supp. 20-4).

**R7-5-303. Charter Amendment Requests**

- A.** A change to a charter requires the consent of both the Board and charter holder. To obtain the Board's consent to a change to a charter, the charter holder shall submit a charter amendment request to the Board.
- B.** A charter holder shall not act in a manner contrary to the terms of the charter without obtaining the Board's prior consent to the change.
- C.** The Board shall make available on its web site instructions regarding eligibility and submissions requirements for each amendment request listed under subsection (D).
- D.** The Board shall accept requests for the following charter amendments:
1. Add or remove a grade level to a charter;
  2. Addition of or change to an Arizona Online Instruction Program of Instruction; as expressly authorized under A.R.S. § 15-183(X), the Board shall charge a non-refundable processing fee of \$3,000 for each grade category involved in the charter amendment request;
  3. Change in charter holder entity name;
  4. Change in legal status of the charter holder;
  5. Change of entity that holds the charter;
  6. Change in charter mission;
  7. Increase or decrease the number of annual instructional days;
- R7-5-302. Charter Transfer Application**
- A.** A charter transfer application may be used to do either of the following:
1. Transfer a charter to the Board; or
  2. Transfer a charter school that has operated under an existing charter for at least three years to its own charter with the same educational program and financial and operational processes.

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8. Change in program of instruction including methods of instruction, criteria for promotion, and graduation requirements;
  9. Exception from state procurement requirements;
  10. Exception from the Uniform System of Financial Records for Charter Schools;
  11. Change charter holder governance;
  12. Change the mailing or physical address of the charter holder;
  13. Change charter representative;
  14. Increase or decrease the number of students the charter holder may serve;
  15. Add a charter school to an existing charter;
  16. Close a charter school under an existing charter;
  17. Change membership of a charter school governing body;
  18. Change the name of a charter school;
  19. Change the mailing or physical address of a charter school;
  20. Increase or decrease the grades served at a particular charter school; and
  21. Transfer of a charter school from the current charter to another existing charter with the same educational program and financial and operational processes.
- E.** A charter holder shall submit an amendment request listed under subsection (D) to the Board electronically through the Board's web-based interface. The Board shall not accept a paper amendment request unless agreed to by Board staff and the charter holder before the amendment request is submitted.
- F.** As required under A.R.S. § 41-1073, the Board establishes the following time frames for approving or disapproving a charter amendment request:
1. Administrative review time frame: 20 days;
  2. Substantive review time frame: 40 days; and
  3. Overall time frame: 60 days.
- G.** To determine the date on which the Board will approve or disapprove an amendment request listed under subsection (D), the charter holder shall consult the Board's meeting and submission-deadline schedule, which is posted on the Board's website and the Board's web-based interface.
- H.** The Board shall provide the charter holder at least 72-hours' written notice of the date, time, and location of the Board meeting at which the Board will consider the charter holder's administratively and substantively complete amendment request. The charter holder shall attend the Board meeting.
- I.** The Board has delegated to staff authority to approve charter amendment requests listed under subsection (D) for which the standards for approval can be applied without the exercise of discretion.

**Historical Note**

New Section made by final rulemaking at 12 A.A.R. 577, effective February 7, 2006 (Supp. 06-1). Section R7-5-303 renumbered to R7-5-502; new Section R7-5-303 made by final rulemaking at 23 A.A.R. 693, effective May 6, 2017 (Supp. 17-1). Amended by final exempt rulemaking at 26 A.A.R. 3245, effective November 20, 2020 (Supp. 20-4).

**R7-5-304. Renumbered****Historical Note**

New Section made by final rulemaking at 12 A.A.R. 577, effective February 7, 2006 (Supp. 06-1). Section R7-5-304 renumbered to R7-5-601 at 12 A.A.R. 577, effective February 7, 2006 (Supp. 06-1).

**ARTICLE 4. MINIMUM PERFORMANCE EXPECTATIONS****R7-5-401. Minimum Academic Performance Expectations**

- A.** The Board shall assess a charter holder's achievement of the minimum academic performance expectations using student achievement measures, specified in the Academic Performance Framework, that are indicators of academic performance.
1. The Board may assess a charter holder's achievement of the minimum academic performance expectations at any time.
  2. The Board shall assess a charter holder's achievement of the minimum academic performance expectations:
    - a. Annually when state assessment data are released for the previous year;
    - b. During the five-year-interval review required under A.R.S. § 15-183(I);
    - c. When considering the following submitted by the charter holder:
      - i. An application for a new charter,
      - ii. An application to transfer a charter school from an existing charter contract to a separate charter contract,
      - iii. A request to change the legal status of the charter holder; or
      - iv. A request to change the entity that holds the charter;
    - d. When considering an expansion request submitted by the charter holder to:
      - i. Add a new charter school to an existing charter,
      - ii. Add one or more grade levels to a charter,
      - iii. Increase the number of students the charter holder may serve,
      - iv. Add an Arizona Online Instruction program, or
      - v. Replicate an existing charter;
    - e. When considering a charter contract renewal request submitted by the charter holder;
    - f. Upon receipt of information that a charter school operated by the charter holder failed to meet the minimum academic performance expectations for three consecutive years;
    - g. Upon receipt of information that a charter school operated by the charter holder has been assigned a letter grade of "F" by the Department; and
    - h. When making a decision related to the charter holder's achievement of the minimum academic performance expectations or compliance with its charter, other contractual agreements with the Board, federal and state law, and this Chapter.
- B.** The Board shall annually assign a charter holder an overall academic performance rating that reflects the degree to which the charter holder achieved the minimum academic performance expectations.
- C.** The Board shall determine a charter holder meets the minimum academic performance expectations if all charter schools operated by the charter holder receive an annual overall academic performance rating of "meets standard," "above standard," or "exceeds standard" in the most recent year for which data are available. A charter holder that meets the minimum academic performance expectations may be:
1. Waived from some of the academic performance supervision requirements described in Article 5; and
  2. Entitled to reduced submission requirements:
    - a. Regarding requests made to the Board; and
    - b. During the five-year-interval review required under A.R.S. § 15-183(I).
- D.** The Board shall determine a charter holder does not meet the minimum academic performance expectations if one or more of the charter schools operated by the charter holder did not

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receive an overall academic performance rating of “meets standard,” “above standard,” or “exceeds standard” in the most recent year for which data are available. A charter holder that does not meet the minimum academic performance expectations:

1. Shall be required to demonstrate sufficient progress towards achieving the minimum academic performance expectations;
2. May be subject to heightened submission requirements:
  - a. Regarding requests made to the Board, and
  - b. During the five-year-interval review required under A.R.S. § 15-183(I); and
3. May be subject to charter oversight as specified in Article 6.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 1141, effective March 2, 2004 (Supp. 04-1). Section repealed; new Section R7-5-401 made by final rulemaking at 23 A.A.R. 693, effective May 6, 2017 (Supp. 17-1).

**R7-5-402. Minimum Financial Performance Expectations**

- A. The Board shall assess a charter holder’s achievement of the minimum financial performance expectations using data contained in the annual audit required under A.R.S. § 15-914 and conducted according to the standards specified in R7-5-504 and average daily membership calculations completed by the Department using student attendance data submitted to the Department by the charter holder.
  1. The Board may assess a charter holder’s achievement of the minimum financial performance expectations at any time.
  2. The Board shall assess a charter holder’s achievement of the minimum financial performance expectations:
    - a. During the five-year-interval review required under A.R.S. § 15-183(I);
    - b. When considering a charter contract renewal request submitted by the charter holder;
    - c. Upon receipt of information that a charter school operated by the charter holder failed to meet the minimum academic performance expectations for three consecutive years;
    - d. Upon receipt of information that a charter school operated by the charter holder has been assigned a letter grade of “F” by the Department; and
    - e. When making a decision related to the charter holder’s achievement of the minimum academic performance expectations or compliance with its charter, other contractual agreements with the Board, federal and state law, and this Chapter.
- B. The Board shall annually assign a charter holder a summative financial performance rating, based on measures specified in the Financial Performance Framework.
  1. The Board shall assign a summative financial performance rating of “Good Standing” if the charter holder receives no measures rated “below standard” and no more than one measure rated “approaches standard” based on the most recent audit conducted under R7-5-504.
  2. The Board shall assign a summative financial performance rating of “Adequate Standing” if the charter holder receives no measures rated “below standard” and two or more measures rated “approaches standard” based on the most recent audit conducted under R7-5-504.
  3. The Board shall assign a summative financial performance rating of “Intervention” if the charter holder receives one or more measures rated “below standard” based on the most recent audit conducted under R7-5-504 or if the charter holder has received a summative financial performance rating of “Adequate Standing” for three consecutive years.
- C. A charter holder assigned a summative financial performance rating of “Good Standing” or “Adequate Standing” based on the most recent audit conducted under R7-5-504 is financially eligible to submit to the Board, if the charter holder meets all other eligibility criteria, an expansion request to:
  1. Add a new charter school to an existing charter;
  2. Add one or more grade levels to a charter;
  3. Increase the number of students the charter holder may serve;
  4. Add an Arizona Online Instruction program;
  5. Replicate an existing charter;
  6. Transfer an existing charter school to its own charter contract; or
  7. Transfer an existing charter school or charter contract from the current charter holder to an existing charter holder with a different financial performance dashboard.
- D. A charter holder assigned a summative financial performance rating of “Intervention” or identified as “On Probation” based on the most recent audit conducted under R7-5-504 is not eligible to submit to the Board an expansion request specified in subsection (C).
- E. The Board shall determine that a charter holder meets the minimum financial performance expectations if the charter holder receives a summative financial performance rating of “Good Standing” or “Adequate Standing” based on the most recent audit conducted under R7-5-504.
- F. The Board shall require a charter holder assigned a summative financial performance rating of “Intervention” based on the most recent audit conducted under R7-5-504 to prepare the financial intervention submissions as described in R7-5-509.
- G. A charter holder that receives a summative financial performance rating of “Intervention” for two or more consecutive years shall also be placed “On Probation” and be required to prepare the financial intervention submissions as described in R7-5-511. The Board shall determine that a charter holder placed “On Probation” does not meet the minimum financial performance expectations.
- H. For each charter holder identified as “On Probation” and, therefore, under subsection (G) does not meet the minimum financial performance expectations, Board staff shall:
  1. Determine the charter holder’s “ADM category” using publicly available average daily membership calculations completed by the Department and the criteria set forth in Table 1;
  2. Determine the charter holder’s “default measure category” using the following criteria:
    - a. The Board shall determine the charter holder is “low risk” is the default measure received a rating of “meets standard” based on the two most recent audits conducted under R7-5-504.
    - b. The Board shall determine that a charter holder is “moderate risk” if the default measure received a “below standard” rating:
      - i. Based on the most recent prior audit conducted under R7-5-504; or
      - ii. Based on the most recent audit conducted under R7-5-504 due to the charter holder’s failure to comply with non-payment related requirements.
    - c. The Board shall determine that a charter holder is “high risk” if the default measure received a rating of “below standard” based on the most recent audit

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- conducted under R7-5-504 due to the charter holder's failure to make required payments; and
3. Assign the charter holder a probation risk level using the charter holder's results based on the two most recent audits conducted under R7-5-504 and the criteria set forth in Table 2.
- I.** A charter holder assigned to probation risk level one under subsection (H)(3):
1. Shall be subject to charter oversight specified in Article 6, including a consent agreement with the Board or charter revocation proceedings, or, if applicable, to the denial of renewal under R7-5-301(I);
  2. Shall be required to submit to the Board, within 30 days of the date of the written notice provided under subsection (L), the agenda and minutes from the meeting where the charter holder board or, if applicable, charter school governing body reviewed its current financial plan and approved any necessary changes. Draft minutes will be accepted;
  3. Shall be required to submit to the Board, within 30 days of the date of the written notice provided under subsection (L), the financial plan identified in subsection (I)(2);
  4. Shall be required to submit to the Board, by the deadlines identified in R7-5-511(B), a narrative describing any deviations that have occurred from the financial plan provided under subsection (I)(3); and
  5. Shall be required to prepare the quarterly financial reports required under R7-5-511(A) by the deadlines identified in R7-5-511(B).
- J.** A charter holder assigned to probation risk level two under subsection (H)(3) shall be required to:
1. Submit to the Board, within 30 days of the date of the written notice provided under subsection (L), the agenda and minutes from the meeting where the charter holder board or, if applicable, charter school governing body reviewed its current financial plan and approved any necessary changes. Draft minutes will be accepted;
  2. Submit to the Board, within 30 days of the date of the written notice provided under subsection (L), the financial plan identified in subsection (J)(1);
  3. Submit to the Board, by the deadlines identified in R7-5-511(B), a narrative describing any deviations that have occurred from the financial plan provided under subsection (J)(2); and
  4. Prepare the quarterly financial reports required under R7-5-511(A) by the deadlines identified in R7-5-511(B).
- K.** A charter holder assigned to probation risk level three under subsection (H)(3) shall be required to prepare the quarterly financial reports required under R7-5-511(A) by the deadlines identified in R7-5-511(B).
- L.** For each charter holder identified as "On Probation" and, therefore, under subsection (G) does not meet the minimum financial performance expectations, Board staff shall notify the charter holder in writing of:
1. The probation risk level assigned to the charter holder under subsection (H)(3);
  2. The submission requirements associated with the charter holder's probation risk level; and
  3. The deadline or deadlines for submitting to the Board the information identified in subsection (L)(2).
- M.** Board staff shall report to the Board at a public meeting:
1. The probation risk level assigned to each charter holder identified as "On Probation" and, therefore, under subsection (G) does not meet the minimum financial performance expectations; and
  2. The detail underlying the probation risk level determination for each charter holder assigned to probation risk level one.
- N.** "Improvement plans," for the purpose of A.R.S. § 15-183, shall include:
1. The initial financial response and first four quarterly financial reports, including the June 30 quarterly financial report, submitted to the Board by a charter holder assigned to probation risk level one based on scenario 1, scenario 2, scenario 3, scenario 4 or scenario 5 set forth in Table 2.
  2. The initial financial response and first eight quarterly financial reports, including the June 30 quarterly financial reports, and, if applicable, financial plan and first four narratives submitted to the Board by a charter holder assigned to probation risk level one based on scenario 6 set forth in Table 2.
- O.** A charter holder's submissions associated with its probation risk level shall be made publicly available through the charter holder's financial performance dashboard.
- P.** In general, Board staff does not grant extensions for financial submissions as the Board has an interest and duty to timely review these submissions to better understand the charter holder's current financial status. However, if the deadline has not passed, Board staff may, for good cause, grant the charter holder an extension of time to submit the information pursuant to subsections (I)(2) through (3), subsections (J)(1) through (2), R7-5-509(B), R7-5-509(F) or R7-5-511(B). A charter holder seeking an extension of time must submit the request in writing and include the reason(s) for the request.
- Q.** If a charter holder fails to submit or fails to timely submit by the specified deadline the agenda and minutes required by subsections (I)(2) or (J)(1) or the financial plan required by subsections (I)(3) or (J)(2), Board staff shall:
1. Provide written notice to the charter holder that includes the reason for the finding and provides a three-day window for the charter holder to submit the agenda, minutes or financial plan.
  2. If the charter holder does not submit the agenda, minutes or financial plan to the Board within the window identified in subsection (Q)(1), note the charter holder's failure on its operational performance dashboard and provide written notice to the charter holder of the deadline by which the agenda, minutes or financial plan must be received to avoid charter oversight as specified in Article 6.
- R.** If a charter holder assigned a summative financial performance rating of "Intervention" under subsection (B)(3) or a charter holder identified as "On Probation" and, therefore, under subsection (G) does not meet the minimum financial performance expectations fails to timely submit its next audit conducted under R7-5-504, Board staff shall report the charter holder's intervention status to the Board when the Board considers action under R7-5-504(E).

**Historical Note**

New Section made by final rulemaking at 23 A.A.R. 693, effective May 6, 2017 (Supp. 17-1). Amended by final exempt rulemaking at 25 A.A.R. 1926, effective July 8, 2019 (Supp. 19-3). Amended by final exempt rulemaking at 26 A.A.R. 3245, effective November 20, 2020 (Supp. 20-4). Section amended by final exempt rulemaking at 27 A.A.R. 1423, effective September 30, 2021 (Supp. 21-3).

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Table 1. ADM Category Criteria

Small and Medium Charter Holders (Less than 600 ADM)			
ADM Category	Estimated ADM Measure Performance <sup>1</sup>		Percent Loss of Total ADM <sup>2</sup>
Low Risk	Greater than 0 to negative 4.99%	or	0 to 9.99% decline
Moderate Risk	Negative 5% to negative 14.99%	or	10% to 19.99% decline
High Risk	Negative 15% or more	or	20% or more decline
Large Charter Holders (600 or more ADM)			
ADM Category	Estimated ADM Measure Performance <sup>1</sup>		Percent Loss of Total ADM <sup>2</sup>
Low Risk	Greater than 0 to negative 2.99%	or	0 to 7.99% decline
Moderate Risk	Negative 3% to negative 9.99%	or	8% to 14.99% decline
High Risk	Negative 10% or more	or	15% or more decline

<sup>1</sup> The “Estimated ADM Measure Performance” considers the charter holder’s estimated performance on the Average Daily Membership measure for the fiscal year that begins on the July 1 following the fiscal year end of the most recent audit conducted under R7-5-504.

<sup>2</sup> The “Percent Loss of Total ADM” considers the percent change in the charter holder’s ADM from the oldest year (year 3) to the most recent year (year 1) in a three-year period. To align with the year references used in the average daily membership calculation, the “oldest year” or year 3 is considered the fiscal year of the prior most recent audit conducted under R7-5-504 and the “most recent year” or year 1 is the most recently completed fiscal year.

**Historical Note**

New Table 1. ADM Category Criteria made by final exempt rulemaking at 27 A.A.R. 1423, effective September 30, 2021 (Supp. 21-3).

Table 2. Probation Risk Level Criteria

Probation Risk Level One					
Scenario 1	Scenario 2	Scenario 3	Scenario 4	Scenario 5	Scenario 6
<ul style="list-style-type: none"><li>• “Below standard” rating on the going concern measure for two consecutive fiscal years; and</li><li>• “High risk” ADM category.</li></ul>	<ul style="list-style-type: none"><li>• “Below standard” rating on the going concern measure for two consecutive fiscal years; and</li><li>• Numeric performance positively increased on less than three calculated measures<sup>1</sup>; and</li><li>• Any risk ADM category.</li></ul>	<ul style="list-style-type: none"><li>• “Below standard” rating on the going concern measure in the prior audited fiscal year; and</li><li>• Numeric performance positively increased on one or fewer calculated measures<sup>1</sup>; and</li><li>• “High risk” ADM category.</li></ul>	<ul style="list-style-type: none"><li>• For two consecutive fiscal years, all three calculated measures<sup>1</sup> received “below standard” or “approaches standard” ratings (regardless of if numeric performance positively increased for one or more calculated measures).</li></ul>	<ul style="list-style-type: none"><li>• “High risk” default measure category.</li></ul>	<ul style="list-style-type: none"><li>• Two consecutive probation risk level two determinations; or</li><li>• Two consecutive probation risk level three determinations; or</li><li>• One probation risk level two determination and one probation risk level three determination in two consecutive cycles.</li></ul>
Probation Risk Level Two					
Scenario 1	Scenario 2		Scenario 3	Scenario 4	
<ul style="list-style-type: none"><li>• “Below standard” rating on the going concern measure for two consecutive fiscal years; and</li><li>• Numeric performance positively increased on all three calculated measures<sup>1</sup>; and</li><li>• “Low risk” or “moderate risk” ADM category.</li></ul>	<ul style="list-style-type: none"><li>• “Below standard” rating on the going concern measure in the prior audited fiscal year; and</li><li>• Numeric performance positively increased on two or more calculated measures<sup>1</sup>; and</li><li>• Any risk ADM category.</li></ul>		<ul style="list-style-type: none"><li>• “Below standard” rating on the going concern measure in the most recent audited fiscal year.</li></ul>	<ul style="list-style-type: none"><li>• “Meets standard” rating on the going concern measure for two consecutive fiscal years; and</li><li>• Numeric performance positively increased on one or fewer calculated measures<sup>1</sup>; and</li><li>• “High risk” ADM category.</li></ul>	
Probation Risk Level Three					
Scenario 1			Scenario 2		
<ul style="list-style-type: none"><li>• “Meets standard” rating on the going concern measure for two consecutive fiscal years; and</li><li>• Numeric performance positively increased on one or more calculated measures<sup>1</sup>; and</li><li>• “Low risk” or “moderate risk” ADM category.</li></ul>			<ul style="list-style-type: none"><li>• “Meets standard” rating on the going concern measure for two consecutive fiscal years; and</li><li>• Numeric performance positively increased on all three calculated measures<sup>1</sup>; and</li><li>• Any risk ADM category.</li></ul>		

<sup>1</sup> “Calculated measures” include the unrestricted days liquidity measure, adjusted net income measure and lease adjusted debt service coverage ratio measure. If a charter holder’s performance on a calculated measure has decreased year over year, but continues to be rated “meets standard,” this will not be considered declining performance. The charter holder’s numeric performance will be considered to have “positively increased.”

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**Historical Note**

New Table 2. Probation Risk Level Criteria made by final exempt rulemaking at 27 A.A.R. 1423, effective September 30, 2021 (Supp. 21-3).

**R7-5-403. Minimum Operational Performance Expectations**

- A.** The Board shall assess a charter holder's achievement of the minimum operational performance expectations. To avoid duplicative reporting burdens, the Board shall use data collected from a variety of sources that reflect on the charter holder's compliance with the charter contract, other contractual agreements with the Board, federal and state law, and this Chapter.
1. The Board may assess a charter holder's achievement of the minimum operational performance expectations at any time.
  2. The Board shall assess a charter holder's achievement of the minimum operational performance expectations:
    - a. When considering the following submitted by the charter holder:
      - i. An application for a new charter;
      - ii. An application to transfer a charter school from an existing charter contract to a separate charter contract;
      - iii. A request to change the legal status of the charter holder;
      - iv. A request to change the entity that holds the charter; or
      - v. A request to change program of instruction including methods of instruction, criteria for promotion, or graduation requirements;
    - b. When considering an expansion request submitted by the charter holder to:
      - i. Add a new charter school to an existing charter,
      - ii. Add one or more grade levels to a charter,
      - iii. Increase the number of students the charter holder may serve,
      - iv. Add an Arizona Online Instruction program, or
      - v. Replicate an existing charter;
    - c. During the five-year-interval review required under A.R.S. § 15-183(I);
    - d. When considering an application for charter renewal submitted by the charter holder;
    - e. Upon receipt of information that a charter school operated by the charter holder failed to meet the minimum academic performance expectations for three consecutive years; and
    - f. Upon receipt of information that a charter school operated by the charter holder has been assigned a letter grade of "F" by the Department.
- B.** The Board shall annually assign a charter holder an overall operational performance rating based on the measures specified in the Operational Performance Framework, which reflect the degree to which the charter holder achieved the minimum operational performance expectations. The Board shall make each charter holder's operational performance dashboard publicly available on the Board's website.
- C.** The Board shall determine a charter holder meets the minimum operational performance standard if the charter holder receives no measure rated "falls far below standard" and no more than five measures rated "does not meet standard" for the evaluated year.
- D.** The Board shall determine a charter holder meets the minimum operational performance expectations if the charter holder receives an overall rating of "meets the Board's operational performance standard" in both of the two most recent

years for which an overall rating was calculated and has no measure rated "falls far below standard" in the current year.

- E.** The Board shall determine a charter holder does not meet the minimum operational performance expectations if the charter holder receives an overall rating of "does not meet the Board's operational performance standard" in at least one of the two most recent years for which an overall rating was calculated or has at least one measure rated "falls far below standard" in the current year.
- F.** If the Board determines a charter holder does not meet the minimum operational performance expectations, the Board shall consider charter oversight under Article 6.

**Historical Note**

New Section made by final rulemaking at 23 A.A.R. 693, effective May 6, 2017 (Supp. 17-1). Amended by final exempt rulemaking at 26 A.A.R. 3245, effective November 20, 2020 (Supp. 20-4).

**R7-5-404. Development and Use of Performance Frameworks**

- A.** The Board shall revise the Academic, Financial, and Operational Performance Frameworks as needed. During the process of revision, the Board shall provide the public with notice and an opportunity to comment on proposed revisions. The Board shall adopt revisions at a public meeting.
- B.** The Board shall ensure the Academic Performance Framework includes considerations for non-traditional charter schools, including small charter schools with very low enrollment and those designated by the Department as alternative schools.
- C.** Use of the Academic Performance Framework is contingent on a charter school's receipt of an annual achievement profile under A.R.S. § 15-241. The Board shall assign a rating of "no rating" to a charter school that does not provide enough data to make a calculation.
- D.** If the Department does not timely release annual achievement profiles under A.R.S. § 15-241, rather than assigning a rating of "no rating" to all charter schools, the Board may use the most recent available data for each measure.

**Historical Note**

New Section made by final rulemaking at 23 A.A.R. 693, effective May 6, 2017 (Supp. 17-1).

**ARTICLE 5. CHARTER SUPERVISION****R7-5-501. General Supervision**

- A.** A charter holder shall:
1. Comply with the provisions of its charter, contractual agreements with the Board, federal and state laws, and this Chapter; and
  2. Meet the minimum performance expectations specified in Article 4.
- B.** The Board may supervise a charter holder's compliance with subsection (A) using any of the following means:
1. Oral or written communication with:
    - a. The charter representative or authorized charter school personnel; and
    - b. Representatives of federal, state, and local agencies having jurisdiction over operation of the charter school or having authority to investigate or adjudicate allegations of misconduct by any member of the charter school's staff;

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2. Collection and review of reports, audits, data, records, documents, files, and communication from any source relating to any activity or program conducted by or for the charter school;
  3. A site visit as described in R7-5-502;
  4. Annual academic performance review as described in R7-5-503;
  5. Annual audit and financial performance review as described in R7-5-504 and, if necessary, the financial intervention submissions as described in R7-5-509 and R7-5-511;
  6. Operational performance review as described in R7-5-505;
  7. Five-year-interval review of academic, financial, and operational performance, as described in R7-5-506; and
  8. Complaints as described in R7-5-507.
- C.** A charter holder must report the following to the Board within 10 days of receipt or occurrence:
1. Any notice from a lender or landlord regarding default;
  2. Filing a petition for bankruptcy;
  3. Any notice from the Internal Revenue Service, Arizona State Retirement System, Arizona Department of Revenue, or Arizona Department of Economic Security regarding a tax lien, levy or garnishment;
  4. Correspondence from an insurance provider related to cancellation of health or liability insurance due to non-payment;
  5. Notice of termination of line of credit whether initiated by financial institution or charter holder when replacement credit line is not in effect; or
  6. Withdrawals from debt service reserve funds.
- D.** By September 1 of each year, each charter holder must notify the Board, in writing, of whether they have an agreement or contract with an Education Service Provider for the current school year. If the charter holder has an agreement or contract with an Education Service Provider, then the charter holder must provide:
1. The name of the Education Service Provider; and
  2. A written statement describing the services provided to the charter holder's charter school or schools by the Education Service Provider.
- E.** Each charter school must conspicuously and permanently post a link on its website to the charter school's academic performance dashboard and the charter holder's financial and operational performance dashboards on the Board's website. For new schools, the link must be conspicuously posted by September 1 of the charter school's first school year of operation.
- F.** If the charter holder fails to submit or fails to timely submit the information required in subsection (C) or subsection (D) or fails to post the link required in subsection (E) on the charter school's website, the failure shall be noted in the charter holder's operational performance dashboard.
- G.** If the specified deadline has not passed, Board staff may grant a charter holder an extension to submit a CAP or other response required under subsection (C), subsection (D), subsection (E), R7-5-502(G), R7-5-505(D), R7-5-505(E), or R7-5-506(B)(2). In determining whether to grant an extension, Board staff shall consider the following, as applicable:
1. Whether the charter school at issue was in session when the Board provided notice to the charter holder;
  2. Whether the charter school at issue was in session during the period provided in the notice for the charter holder to respond to the Board; and
  3. Whether additional time is required by the charter holder because of the number or complexity of matters to be addressed.
- H.** If the Department notifies the Board that a charter holder has failed to timely submit, to the Department, the adopted budget, annual financial report, classroom site project narrative results summary, school-level reporting form, food service annual financial report or results-based funding expenditure report or their successor reports, then Board staff shall note such failure on the charter holder's operational performance dashboard. The charter holder may be subject to charter oversight as specified in Article 6.
- I.** Within 30 calendar days of the final audit being issued by the audit firm, each charter school governing body shall meet and publicly accept, by roll call vote, the charter holder's audit conducted under R7-5-504, including the compliance questionnaire. Should the written audit requirements released under R7-5-504(A) establish different submission deadlines for certain audit components (e.g., single audit reports) and should the audit firm not issue all components of the final audit at one time, the charter school governing body shall, within 30 calendar days of each component being issued, meet and publicly accept, by roll call vote, the aforementioned issued audit component.

**Historical Note**

New Section made by final rulemaking at 12 A.A.R. 577, effective February 7, 2006 (Supp. 06-1). Section repealed; new Section renumbered from R7-5-301 and amended by final rulemaking at 23 A.A.R. 693, effective May 6, 2017 (Supp. 17-1). Amended by final exempt rulemaking at 25 A.A.R. 1926, effective July 8, 2019 (Supp. 19-3). Amended by final exempt rulemaking at 26 A.A.R. 3245, effective November 20, 2020 (Supp. 20-4). Amended by final exempt rulemaking at 27 A.A.R. 1423, effective September 30, 2021 (Supp. 21-3).

**R7-5-502. Site Visits**

- A.** A designee of the Board or Department may conduct a site visit of a charter school to review or evaluate the charter holder's compliance with R7-5-501(A).
- B.** A designee of the Board or Department may conduct a site visit to corroborate information submitted to the Board or Department and to gather information, documentation, and testimony that permit the Board to evaluate the charter holder's compliance with R7-5-501(A).
- C.** A designee of the Board or Department who conducts a site visit shall do so during regular operational hours of the charter school or at any other reasonable time.
- D.** A designee of the Board or Department may conduct either an announced or unannounced site visit.
- E.** Upon request by a designee of the Board or Department, a charter holder shall open for inspection all records, documents, and files relating to any activity or program conducted by or for the charter school or the charter holder relating to the charter school.
- F.** Upon request by a designee of the Board or Department, a charter holder shall provide access to all school facilities.
1. During a site visit, a charter holder shall provide access to classrooms for the purpose of counting students, observing a program of instruction, or documenting individuals providing instruction.
  2. In conducting a site visit, the designee of the Board or the Department shall make every effort not to disrupt the classroom environment.
- G.** The Board or Department shall inform a charter holder in writing of any issue identified during a site visit and specify any further action required by the charter holder. To assist with this requirement, Board staff shall direct the charter holder to sub-

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mit a CAP, as described in R7-5-510, which addresses the issue.

**Historical Note**

New Section made by final rulemaking at 12 A.A.R. 577, effective February 7, 2006 (Supp. 06-1). Section repealed; new Section renumbered from R7-5-303 and amended by final rulemaking at 23 A.A.R. 693, effective May 6, 2017 (Supp. 17-1).

**R7-5-503. Annual Academic Performance Review**

- A.** When the Department releases the annual achievement profile under A.R.S. § 15-241, the Board shall:
1. Calculate an overall academic rating for each charter school sponsored by the Board using the Academic Performance Framework, and
  2. Make the annual overall academic performance dashboard publicly available on the Board's website.
- B.** If the Board determines a charter holder does not meet the Board's minimum academic performance expectations, as defined under R7-5-401(D), the Board shall require the charter holder to demonstrate sufficient progress towards achieving the minimum academic performance expectations.

**Historical Note**

New Section made by final rulemaking at 12 A.A.R. 577, effective February 7, 2006 (Supp. 06-1). Section repealed; new Section made by final rulemaking at 23 A.A.R. 693, effective May 6, 2017 (Supp. 17-1). Amended by final exempt rulemaking at 26 A.A.R. 3245, effective November 20, 2020 (Supp. 20-4).

**R7-5-504. Annual Audit and Financial Performance Review**

- A.** By July 1 of each year, the Board shall make available on its website written requirements regarding the audit each charter school is required to submit annually under A.R.S. §§ 15-183(E)(6) and 15-914.
- B.** Before beginning the audit, a charter holder or the audit firm shall submit for the Board's approval a copy of the audit contract the charter holder intends to execute with an audit firm.
1. Board staff shall approve the audit contract unless the Board has knowledge that one of the following is applicable:
    - a. A person employed by the audit firm has been convicted under federal or state law of a crime indicating lack of business integrity or honesty;
    - b. The audit firm or supervising certified public accountant is subject to a current or pending disciplinary action or a regulatory action requiring the audit firm or supervising certified public accountant to complete conditions specified by an accounting industry regulatory body;
    - c. The audit firm violates or fails to meet generally accepted auditing standards or generally accepted government auditing standards as identified by an accounting industry regulatory body;
    - d. The audit firm receives an opinion of "fail" during the audit firm's most recent peer review;
    - e. An auditor scheduled to work on the audit fails to meet the continuing professional education requirements prescribed by generally accepted government auditing standards; or
    - f. The audit firm fails to agree to adhere to the audit requirements specified in subsection (A).
  2. Within 10 days after receiving a copy of an audit contract under subsection (B), the Board shall provide the charter holder and audit firm written notice whether the audit contract is approved.
  3. If the Board disapproves an audit contract submitted under subsection (B), the Board shall include the reason for the disapproval in the written notice provided under subsection (B)(2). If the charter holder or audit firm provides documentation to the Board demonstrating the cause for the disapproval no longer exists, Board staff shall approve the audit contract and provide written notice to the charter holder and audit firm.
- C.** A charter holder or the audit firm that conducts an audit for the charter holder shall submit the annual audit to the Board for a determination whether the audit is complete. Within five days after receiving the annual audit, Board staff shall provide the charter holder and audit firm written notice whether the audit is complete.
- D.** Board staff shall find an audit is incomplete if it does not comply with all requirements specified under subsection (A) or if the audit is prepared by an audit firm that fails to meet the requirements under subsection (B)(1)(a) through (e). If Board staff finds an audit is incomplete, Board staff shall include the reason for the finding in the notice provided under subsection (C). If the charter holder or audit firm provides documentation to the Board demonstrating the reason for the finding no longer exists, Board staff shall find the annual audit is complete and provide written notice to the charter holder and audit firm.
- E.** A charter holder that fails to timely submit a complete audit may be subject to charter oversight as specified in Article 6.
- F.** Board staff shall review each audit deemed complete.
- G.** The Board shall annually calculate a performance rating for each charter holder using the Financial Performance Framework, the annual audit submitted to the Board by the charter holder and the average daily membership calculations completed by the Department using student attendance data submitted to the Department by the charter holder. The Board shall make each charter holder's financial performance dashboard publicly available on the Board's website.
- H.** Board staff shall send notice to a charter holder after the audit is reviewed unless the Board has been notified the charter holder will not be operating during the next fiscal year.
1. If the Board identifies an issue in the audit, Board staff shall direct the charter holder to address the issue and may require the charter holder to submit a CAP, as described in R7-5-510.
  2. The Board shall require a charter holder that receives a summative financial performance rating of "Intervention" under R7-5-402(F) to prepare the financial intervention submissions as described in R7-5-509.
  3. The Board shall require a charter holder identified as "On Probation" and, therefore, pursuant to R7-5-402(G) does not meet the minimum financial performance expectations to prepare the financial intervention submissions as described in R7-5-511.
- I.** If Board staff identifies a serious impact finding in the audit, the charter holder shall be subject to charter oversight as specified in Article 6 unless the charter holder provides credible evidence to the Board that the charter holder's next audit will find the charter holder in compliance.
- J.** In general, Board staff does not grant extensions for corrective action plan submissions under R7-5-504(H)(1) as the Board has an interest and duty to timely review these submissions to better ensure the charter holder addresses identified concerns quickly. However, if the deadline has not passed, Board staff may, for good cause, grant the charter holder an extension of time to submit the CAP pursuant to subsection (H)(1) or any additional information pursuant to R7-5-510. A charter holder seeking an extension of time must submit the request in writing and include the reason or reasons for the request.



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**Historical Note**

New Section made by final rulemaking at 12 A.A.R. 577, effective February 7, 2006 (Supp. 06-1). Section repealed; new Section made by final rulemaking at 23 A.A.R. 693, effective May 6, 2017 (Supp. 17-1). Amended by final exempt rulemaking at 25 A.A.R. 1926, effective July 8, 2019 (Supp. 19-3). Amended by final exempt rulemaking at 26 A.A.R. 3245, effective November 20, 2020 (Supp. 20-4). Amended by final exempt rulemaking at 27 A.A.R. 1423, effective September 30, 2021 (Supp. 21-3).

**R7-5-505. Operational Performance Review**

- A. Board staff shall conduct a site visit to a charter school during the charter school's first year of operation, and thereafter as specified in R7-5-502, to evaluate the charter holder's compliance with its charter, other contractual agreements with the Board, federal and state law, and this Chapter.
- B. Before conducting the first-year site visit specified under subsection (A), Board staff shall ask the charter holder to identify dates within a specified time frame not conducive to an unscheduled first-year site visit. This includes dates of an early release, parent conferences, or school not being in session.
- C. Board staff may conduct a compliance check of a charter holder's operational performance at any time. The Board shall conduct a compliance check when:
  - 1. The charter holder seeks to amend the charter or makes another request of the Board; or
  - 2. A lending institution, bond rating agency, or similar entity that has a loan or bond arrangement with the charter holder contacts Board staff to discuss the charter holder's current standing with the Board.
- D. Within 10 days after completing the site visit under subsection (A), Board staff shall provide the charter holder with written notice of any compliance issues identified and, if applicable, require the charter holder to submit a CAP as described in R7-5-510.
- E. Within 10 days after completing a compliance check under subsection (C), Board staff shall provide the charter holder with written notice of any compliance issues identified and specify a deadline for addressing the issues.
- F. After receiving the notice provided under subsection (E), the charter holder shall provide the Board with written notice demonstrating that all identified compliance issues have been addressed by the specified deadline.
- G. The Board shall require a charter holder that fails to provide the notice required under subsection (F) or fails to demonstrate that all identified compliance issues have been addressed to appear before the Board and:
  - 1. May subject the charter holder's requests to heightened review,
  - 2. Shall not place the charter holder's requests on a Board agenda, and
  - 3. May subject the charter holder to charter oversight as described in Article 6.

**Historical Note**

New Section made by final rulemaking at 23 A.A.R. 693, effective May 6, 2017 (Supp. 17-1).

**R7-5-506. Five-year-interval Review**

- A. As required under A.R.S. § 15-183(I)(3), the Board shall review a charter holder at five-year intervals for:
  - 1. Compliance with its charter, other contractual agreements with the Board, federal and state law, and this Chapter; and
  - 2. Achievement of the minimum performance expectations specified in Article 4.

- B. Board staff shall provide a charter holder with notice of a five-year-interval review. Board staff shall include in the notice:
  - 1. The information the charter holder is required to submit to the Board,
  - 2. The deadline by which the charter holder shall submit the required information, and
  - 3. A request for the charter holder to identify dates within a specified time frame not conducive to an unscheduled academic-systems-review site visit. This includes dates of an early release, parent conferences, or school not being in session.
- C. The Board shall require a charter holder to review and confirm information concerning the charter's mission statement, program of instruction, instructional days, school calendar, charter representative, grade levels served, enrollment cap, principals, school site, and charter holder locations and, as applicable submit requests for appropriate post-charter actions as described in Article 3.
- D. A charter holder that fails to submit the information required by the deadline specified in subsection (B) shall appear before the Board and may be subject to charter oversight as described in Article 6.
- E. As part of a five-year-interval review, Board staff shall conduct an unscheduled academic-systems-review site visit, in accordance with R7-5-502, to gather evidence regarding the charter holder's implementation of a comprehensive program of instruction and a method to measure pupil progress toward outcomes required in the charter. Using the information provided by the charter holder under subsection (B)(3), Board staff shall provide written notice to the charter holder of the two-week interval during which Board staff will conduct the unscheduled academic-systems-review site visit.

**Historical Note**

New Section made by final rulemaking at 23 A.A.R. 693, effective May 6, 2017 (Supp. 17-1). Amended by final exempt rulemaking at 25 A.A.R. 1926, effective July 8, 2019 (Supp. 19-3).

**R7-5-507. Complaints**

- A. To make a complaint regarding a charter holder, a person shall submit to the Board a document that:
  - 1. Alleges, with specificity that the charter holder is not in compliance with its charter, other contractual obligations to the Board, federal or state law, or other legal requirements;
  - 2. Includes a statement of the facts on which the allegation or allegations of contractual or legal noncompliance is or are based; and
  - 3. Includes supporting evidence, if available.
- B. Board staff shall review and process all complaints in accordance with the Board's jurisdiction, its oversight authority, and the procedures set forth herein.
  - 1. Board staff shall determine whether a complaint is within the Board's jurisdiction. A complaint is within the Board's jurisdiction if the complaint alleges one or more allegations that the charter holder is not in compliance with its charter, other contractual obligations with the Board, state or federal law, or other legal requirements.
    - a. If Board staff determines that additional information is needed for a jurisdictional determination, Board staff may, within 10 days after receiving the complaint, request that information be submitted to the Board from either the complainant or charter holder, whichever is appropriate. The information requested shall be submitted to the Board within 15 days of receiving the Board's request.

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- b. If Board staff determines any of the allegations asserted in the complaint are within the Board's jurisdiction, Board staff shall, within 10 days after receiving the complaint or making a determination as to jurisdiction pursuant to subsection (B)(1)(a), whichever is the later, send a copy of the complaint to the charter holder complained against.
  - c. If Board staff determines the complaint is not within the Board's jurisdiction or that it is more appropriately within the jurisdiction of an agency with legal authority in the matter, within 10 days after receiving the complaint or making a determination as to jurisdiction pursuant to subsection (B)(1)(a), whichever is later, Board staff:
    - i. Shall notify the complainant that the Board does not have jurisdiction or that the Board is not the appropriate agency to address the complaint,
    - ii. May inform the complainant of the appropriate agency that may have jurisdiction and legal authority over the matter,
    - iii. May inform the complainant that he or she may file a complaint with the appropriate agency,
    - iv. Shall provide the charter holder with a copy of the complaint, and
    - v. Shall inform the charter holder and complainant that the charter holder is not required to file a response with the Board.
2. Except as provided in subsection (B)(3), if a complaint is filed that asserts an allegation that is within the Board's jurisdiction, the charter holder complained against shall provide the Board with a written response within 15 days after receiving a copy of the complaint pursuant to subsection (B)(1)(b). The response shall address the allegation or allegations and facts that Board staff specifies are within the Board's jurisdiction and provide the information requested by Board staff. The charter holder may address any supporting evidence included in the complaint and include any relevant evidence in its response.
  - a. If the charter holder fails to submit its response within the timeline stated in subsection (B)(2) and/or subsection (B)(2)(b), Board staff shall record the charter holder's untimely response on the charter holder's operational performance dashboard.
  - b. If the charter holder does not respond within the timeline stated in subsection (B)(2), Board staff shall send notification to the charter holder stating the necessity of a timely response and requiring the charter holder to respond within seven calendar days of receipt of the notification.
  - c. If the charter holder fails to submit its response within the timeline stated in subsection (B)(2) and/or subsection (B)(2)(b), Board staff may place the charter holder on the agenda for a subsequent Board meeting for the Board's determination of whether the charter holder is in compliance with its charter, other contractual obligations to the Board, state or federal law, or other legal requirements.
  - d. If a complaint identifies or raises an issue that creates a reasonable belief of a potential threat to the health or safety of a student or a reasonable belief of harm to a student, Board staff may require the charter holder to respond within a shortened timeframe. The shortened timeframe shall be approved by the Executive Director and is within his or her sole discretion.
3. If Board staff determines that the allegations alleged in the complaint are within the Board's jurisdiction and do not violate the charter holder's charter, its other contractual obligations to the Board, federal or state law, or any other legal requirements, Board staff may deem the complaint unsubstantiated, send a copy to the charter holder complained against and notify the charter holder that it is not required to file a response.
  - a. If the Board determines that specific, but not all, allegations alleged in a complaint over which it has jurisdiction do not violate the charter holder's charter, its other contractual obligation to the Board, federal or state law, or any other legal requirements, Board staff may deem those specific allegations unsubstantiated, send a copy to the charter holder complained against and notify the charter holder that it is not required to file a response to the specific allegations that have been deemed unsubstantiated.
  - b. The charter holder is still required to file a response, pursuant to subsection (B)(2), as to those allegations that the Board has jurisdiction but for which the Board has not yet determined does not violate the charter holder's charter, its other contractual obligations to the Board, federal or state law, or any other legal requirements.
4. Board staff may, for good cause, grant the charter holder an extension of time to submit its written response pursuant to subsection (B)(2) or the requested information pursuant to subsection (B)(1)(a). Charter holders must submit requests for extensions of time in writing, or in a manner as directed by staff, and include the reason or reasons for the request. Charter holders shall submit requests for extensions at least two days prior to the date on which the response is due to the Board.
  - a. If a charter holder is required to respond to a complaint within a shortened timeframe pursuant to subsection (2)(d), the charter holder shall submit a request for extension within a reasonable amount of time prior to the deadline, with consideration given to the nature of allegations.
  - b. If a charter holder fails to request an extension within the timeframe set forth in subsection (B)(2), subsection (B)(4), or subsection (B)(4)(a), the charter holder may submit a request for an exemption from the lack of response being recorded on the charter holder's dashboard. The Executive Director, within his or her sole discretion, may grant the request if the charter holder demonstrates that good cause exists for the delay. If the charter holder is granted an exemption, the Executive Director shall establish a deadline for the charter holder to submit its response. A charter holder that fails to submit a response by the deadline set forth by the Executive Director shall be subject to the provisions set forth in R7-5-507(B)(2).
5. Board staff shall review the complaint, the charter holder's response and any other relevant information gathered or received in connection with the complaint to determine whether a violation of the charter, other contractual obligations to the Board, state or federal law, or other legal requirements can be substantiated. In its review of the complaint, Board staff may take, but is not limited to, the following actions:
  - a. Conduct further investigation, including a site visit, if additional information is needed;

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- b. Notwithstanding the Board's jurisdiction, consult with another agency with expertise related to a complaint;
  - c. Place the charter holder on the agenda for a subsequent Board meeting for the Board's determination whether the charter holder is in compliance with its charter, other contractual obligations with the Board, state or federal law, or other legal requirements. In deciding whether to place the charter holder on the Board's agenda, the Board's Executive Director, in consultation with the President of the Board, as appropriate, may consider the seriousness of the allegations, the information presented by the complainant and the charter holder, and the charter holder's willingness to resolve any alleged contractual or legal noncompliance.
  - d. If Board staff determines that the matter is more appropriately within the jurisdiction of an agency with legal authority in the matter and notifies the complainant in accordance with subsection (B)(1)(c), Board staff:
    - i. May rely on the determination and action taken by the agency with legal authority in determining whether to substantiate the complaint and is not obligated to conduct its own investigation or determination.
    - ii. May keep the complaint open until the appropriate agency has made a determination on the complaint.
  - e. If a complaint identifies or raises an issue that creates a reasonable belief of a potential threat to the health or safety of a student or a reasonable belief of harm to a student, Board staff may alert any necessary authorities including law enforcement, the Department of Child Safety, and/or the Arizona Department of Education, and may visit the school.
  - f. If Board staff has reason to believe it is more likely than not that the charter holder may have violated the law, the Executive Director may provide the complaint to the Office of the Arizona Attorney General for further investigation, as appropriate.
6. A claim is substantiated when, based on the documentation received by the Board, it is more likely than not that a violation of the charter, other contractual obligations to the Board, state or federal law, or other legal requirements has occurred. If the complaint is deemed substantiated by Board staff or by another agency, Board staff shall mark the complaint substantiated, make it publicly available, and record the contractual or legal noncompliance issue on the charter holder's operational performance dashboard under the appropriate measure.
7. The Board considers a complaint "closed" when:
- a. Board staff has deemed the complaint as substantiated, the charter holder has had an opportunity to respond, and the charter holder has documented that it has made a good faith effort to address the concern;
  - b. Board staff has deemed the complaint unsubstantiated;
  - c. According to subsection (B)(1)(a) the complainant did not provide a response to Board staff's request for additional information within 15 days of the complainant's receipt of the request; or
  - d. The Board has made a final determination as to the complaint.
- 8. If, at a later date, the complainant or charter holder has additional information to provide to a closed complaint, Board staff shall accept the information and conduct a review. The additional information will be processed in accordance with the existing complaint process.
  - 9. Once a complaint is closed, Board staff shall send the complainant and charter holder notice of the final action taken.
  - 10. After the complaint has been reviewed and closed, the complaint, response and all related documents are retained in accordance with the Board's retention policy and are subject to public records law.

**Historical Note**

New Section made by final rulemaking at 23 A.A.R. 693, effective May 6, 2017 (Supp. 17-1). Amended by final exempt rulemaking at 27 A.A.R. 64, effective December 15, 2020; filed January 6, 2021 (Supp. 21-1).

**R7-5-508. Demonstration of Sufficient Progress towards Minimum Academic Performance Expectations**

- A. The Board shall require a charter holder to demonstrate the charter holder is making sufficient progress towards achieving the minimum academic performance expectations if:
  - 1. The Board determines under R7-5-401(D) the charter holder does not meet the minimum academic performance expectations; or
  - 2. A charter school operated by the charter holder is assigned a letter grade of "F" by the Department.
- B. Within 30 days after issuing overall ratings, the Board shall provide the charter holder with a written notification of the charter holder's progress toward meeting the minimum academic performance expectations.
- C. If a charter school operated by a charter holder receives an overall rating of "does not meet" or "falls far below" for three consecutive years, the Board shall conclude the charter holder has failed to demonstrate sufficient progress.
- D. If the Board concludes a charter holder has failed to demonstrate sufficient progress, the charter holder may be subject to charter oversight as specified in Article 6.

**Historical Note**

New Section made by final rulemaking at 23 A.A.R. 693, effective May 6, 2017 (Supp. 17-1).

**R7-5-509. Financial Intervention Submissions**

- A. The Board shall require a charter holder assigned a summative financial performance rating of "Intervention" under R7-5-402(F) to prepare an initial financial response, quarterly financial reports and a June 30 quarterly financial report. The charter holder shall be required to submit quarterly financial reports, including the June 30 quarterly financial report, to the Board until the Board receives the charter holder's next audit conducted under R7-5-504.
- B. Board staff shall provide written notice to a charter holder that is required to submit an initial financial response. Board staff shall ensure the notice includes the following:
  - 1. Information on how to access the charter holder's financial performance dashboard,
  - 2. The deadline, which will be set 30 calendar days from the date of the written notice, for submitting the initial financial response to the Board, and
  - 3. The quarters that must be addressed in the charter holder's initial financial response.
    - a. If the written notice date is between October 1 and December 31, the initial financial response must address the quarter ending September 30.

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- b. If the written notice date is between January 1 and March 31, the initial financial response must address the quarters ending September 30 and December 31.
  - c. If the written notice date is between April 1 and June 30, the initial financial response must address the quarters ending September 30, December 31 and March 31.
  - d. If the written notice date is after June 30, the initial financial response must address the quarters ending September 30, December 31, March 31 and June 30.
- C. Board staff shall review the initial financial response and prepare a report on the initial financial response. Board staff's report will answer each of the following questions and briefly explain the basis for each answer:
  - 1. Is there a sound explanation for why the charter holder underperformed on the Financial Performance Framework's measures?
  - 2. Did the charter holder perform at a level just below or well below the Financial Performance Framework's measure targets?
  - 3. In what direction is the charter holder's financial health heading?
  - 4. Do the charter holder's proposed or implemented actions address the problems that contributed to or caused the charter holder's underperformance on the Financial Performance Framework's measures and are they realistic to implement?
- D. For each charter holder that submitted an initial financial response, Board staff shall place the charter holder in the intervention tier that aligns with the following criteria:
  - 1. If the charter holder's financial performance dashboard based on the most recent audit conducted under R7-5-504 indicates a rating of "below standard" for the going concern or default measure and indicates a rating of "approaches standard" on zero or more measures, then the charter holder shall be placed in intervention tier 1, except as set forth in subsection (D)(5).
  - 2. If the charter holder's financial performance dashboard based on the most recent audit conducted under R7-5-504 indicates a rating of "below standard" on two or more measures and indicates a rating of "approaches standard" on zero or more measures, then the charter holder shall be placed in intervention tier 1 unless the charter holder is placed in intervention tier 2 under subsection (D)(5).
  - 3. If the charter holder's financial performance dashboard based on the most recent audit conducted under R7-5-504 indicates a rating of "below standard" on one measure other than the going concern measure or default measure and indicates a rating of "approaches standard" on zero or more measures, then the charter holder shall be placed in intervention tier 2 unless the charter holder is placed in intervention tier 1 under subsections (D)(4), (D)(6), (D)(7), (D)(8) or (D)(9).
  - 4. If the report prepared by Board staff identifies a "No" as the answer to the question identified in subsection (C)(4), then the charter holder shall be placed in intervention tier 1.
  - 5. If the charter holder's initial financial response supports that the charter holder has cured the default, then the charter holder shall either be:
    - a. Removed from the intervention process if the default measure was the only measure for which the charter holder received a rating of "below standard" based on the most recent audit conducted under R7-5-504, or
    - b. Placed in intervention tier 2 instead of intervention tier 1 if the charter holder had received a rating of "below standard" on only one other measure based on the most recent audit conducted under R7-5-504.
- 6. If the charter holder was required to submit a corrective action under R7-5-504(H)(1) based on the most recent audit conducted under R7-5-504 for failure to pay taxes or contributions due to the Internal Revenue Service, Arizona Department of Revenue, Arizona Department of Economic Security or Arizona State Retirement System, failure to have sufficient cash at June 30 to cover the charter holder's unspent Classroom Site Fund balance, or failure to maintain worker's compensation insurance or liability insurance, then the charter holder shall be placed in intervention tier 1.
- 7. If the Board has substantiated in the audited fiscal year, subsequent fiscal year or both at least one complaint involving late payroll checks to employees, or health insurance or liability insurance cancellation due to non-payment or if the Board has substantiated in the audited fiscal year, subsequent fiscal year or both at least one complaint involving failure to make required retirement plan contributions or received notification from the Arizona State Retirement System of delinquent retirement contributions, then the charter holder shall be placed in intervention tier 1.
- 8. If the charter holder has been required to make at least one submission under R7-5-501(C) in the audited fiscal year, subsequent fiscal year or both, then the charter holder shall be placed in intervention tier 1.
- 9. If the charter holder's performance fluctuates from a summative financial performance rating of "Intervention" to a summative financial performance rating of "Adequate Standing" and then back to a summative financial performance rating of "Intervention" within the most recent three-year period, then the charter holder shall be placed in intervention tier 1.
- E. Within 30 calendar days after receiving an initial financial response, Board staff shall provide the charter holder with written notice that includes the following:
  - 1. The charter holder's intervention tier as determined under subsection (D);
  - 2. The quarterly financial report requirements and submission deadlines;
  - 3. The availability of Board staff's report specified in subsection (C); and
  - 4. Any differences identified between the calculations included by the charter holder in its initial financial response and those completed by Board staff.
- F. The submission deadlines for quarterly financial reports, including the June 30 quarterly financial report, submitted subsequent to the initial financial response are as follows:
  - 1. October 30 for the quarter ending September 30;
  - 2. January 30 for the quarter ending December 31;
  - 3. April 30 for the quarter ending March 31; and
  - 4. August 15 for the quarter ending June 30.
- G. For each quarterly financial report submitted subsequent to the initial financial response and prior to the June 30 quarterly financial report and for each quarterly financial report submitted subsequent to the June 30 quarterly financial report pursuant to subsection (A), Board staff shall determine the charter holder's current performance and compare Board staff's results to the charter holder's calculation results. Within 30 calendar days of each quarterly financial report's receipt, Board staff shall notify the charter holder in writing of:

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1. The submission deadline for the next quarterly financial report; and
  2. Any differences identified between the calculations completed by the charter holder and those completed by Board staff.
- H.** For each charter holder that submitted a June 30 quarterly financial report, Board staff shall determine whether:
1. The going concern measure received a rating of “below standard” on the most recent audit conducted under R7-5-504.
  2. The measure or measures rated “below standard” based on the most recent audit conducted under R7-5-504 will likely improve to at least an “approaches standard” rating or remain rated “below standard” when calculations are completed using the charter holder’s next audit conducted under R7-5-504.
  3. One or more of the Financial Performance Framework’s other measures will likely be rated “below standard” when calculations are completed using the charter holder’s next audit conducted under R7-5-504.
  4. Since Board staff made the determination in subsection (D), the Board has substantiated any complaint involving late payroll checks to employees, health insurance or liability insurance cancellation due to nonpayment or failure to make required retirement plan contributions, or the Board has received notification from the Arizona State Retirement System of delinquent retirement contributions.
  5. Since Board staff made the determination in subsection (D), the charter holder has been required to make at least one submission under R7-5-501(C).
  6. Within the most recent five-year period the charter holder has been assigned three summative financial performance ratings of “Intervention” and two summative financial performance ratings of “Adequate Standing.”
- I.** Within 45 calendar days after receiving a June 30 quarterly financial report, Board staff shall notify the charter holder in writing of:
1. The determinations made by Board staff under subsection (H);
  2. The submission deadline for the next quarterly financial report required under subsection (A); and
  3. Any differences identified between the calculations completed by the charter holder and those completed by Board staff.
- J.** Subject to the provision set forth in subsection (J)(1), for each charter holder placed in intervention tier 1 under subsection (D), Board staff shall visit each school operated by the charter holder to conduct a physical count of students and compare the information observed and obtained onsite with the number of students reported to the Department.
1. Should extraordinary circumstances preclude Board staff from completing one or more intervention tier 1 site visits, Board staff shall:
    - a. Report to the Board at a public meeting the specific extraordinary circumstance and the number of site visits affected;
    - b. Propose an alternative method for conducting the intervention tier 1 site visits, request a waiver of one or more intervention tier 1 site visits, or both; and
    - c. Provide at least five days’ public notice of the Board meeting identified in subsection (J)(1)(a).
  2. Time permitting, Board staff may visit each school operated by a charter holder placed in intervention tier 2 under subsection (D).
- K.** The charter holder’s initial financial response, quarterly financial reports and June 30 quarterly financial report and Board staff’s report under subsection (C) shall be made publicly available through the charter holder’s financial performance dashboard.
- L.** If a charter holder fails to submit or fails to timely submit an initial financial response, quarterly financial report or June 30 quarterly financial report required under subsection (A), Board staff shall note the failure on the charter holder’s operational performance dashboard. The charter holder may be subject to charter oversight as specified in Article 6.
- M.** If a charter holder fails to submit a complete initial financial response by the specified deadline, Board staff shall:
1. Provide written notice to the charter holder that includes the reason for the finding and provides a three-day window for the charter holder to submit a complete initial financial response.
  2. If the charter holder does not submit a complete initial financial response to the Board within the window identified in subsection (M)(1), note the failure on the charter holder’s operational performance dashboard and provide written notice of the deadline by which a complete initial financial response must be received to avoid charter oversight specified in Article 6.
- N.** Subsequent to the initial financial response submission, if a charter holder fails to submit a complete quarterly financial report or June 30 quarterly financial report required under subsection (A) by the specified deadline, Board staff shall:
1. Provide written notice to the charter holder that includes the reason for the finding and identifies the one-day deadline by which a complete quarterly financial report or June 30 quarterly financial report must be received to avoid charter oversight as specified in Article 6.
  2. Note the failure identified in subsection (N) on the charter holder’s operational performance dashboard.

**Historical Note**

New Section made by final rulemaking at 23 A.A.R. 693, effective May 6, 2017 (Supp. 17-1). Amended by final exempt rulemaking at 25 A.A.R. 1926, effective July 8, 2019 (Supp. 19-3). Amended by final exempt rulemaking at 26 A.A.R. 3245, effective November 20, 2020 (Supp. 20-4). Amended by final exempt rulemaking at 27 A.A.R. 1423, effective September 30, 2021 (Supp. 21-3).

**R7-5-510. Corrective Action Plan**

- A.** Board staff shall require a charter holder to prepare a CAP for:
1. Any issue identified during a site visit described in R7-5-502 or R7-5-505,
  2. An issue identified through the audit described in R7-5-504, or
  3. Actions taken by the Board to withhold up to 10 percent of the charter holder’s monthly state aid as described in R7-5-601 and R7-5-605.
- B.** Board staff shall provide written notice to a charter holder required to prepare a CAP. Board staff shall ensure the written notice includes the following:
1. An explanation of why the charter holder is required to submit a CAP,
  2. A description of the issue,
  3. A list of the specific information required in the CAP,
  4. The deadline for submitting the CAP to the Board,
  5. The time during which the charter holder is required to implement the CAP, and
  6. The consequences if the charter holder fails to submit or implement the CAP.

## CHAPTER 5. STATE BOARD FOR CHARTER SCHOOLS

- C. Within 10 days after receiving the CAP, Board staff shall provide written notice to the charter holder that:
  1. A complete CAP was received and implementation is required; or
  2. Additional information is required and the deadline for submitting the additional information to the Board.
- D. Board staff shall monitor, through site visits and review of documentary evidence, the charter holder's implementation of the CAP until the Board determines the issue has been corrected.
- E. If a charter holder fails to submit a required CAP, fails to submit additional information required under subsection (C)(2), or fails to implement the CAP timely, the charter holder may be subject to charter oversight as specified in Article 6.

**Historical Note**

New Section R7-5-510 renumbered from R7-5-302 and amended by final rulemaking at 23 A.A.R. 693, effective May 6, 2017 (Supp. 17-1).

**R7-5-511. Financial Intervention Submissions – On Probation**

- A. In accordance with R7-5-402(I) through (K), the Board shall require a charter holder identified under R7-5-402(G) as "On Probation" to prepare quarterly financial reports and a June 30 quarterly financial report. The charter holder shall be required to submit quarterly financial reports, including a June 30 quarterly financial report, to the Board until the Board receives the charter holder's next audit conducted under R7-5-504.
- B. After being notified of its probation risk level assigned under R7-5-402(H)(3), the charter holder shall be required to submit its quarterly financial reports, including the June 30 quarterly financial report, and, if applicable, the narratives required under R7-5-402(I)(4) or R7-5-402(J)(3) to the Board by the deadlines identified in subsections (B)(1) through (B)(4). To ensure the Board receives all quarterly reports and narratives required under subsection (A), the charter holder shall submit by the deadline associated with the most recent quarterly report, any required quarterly reports and narratives not previously provided to the Board, as applicable.
  1. October 30 for the quarter ending September 30;
  2. January 30 for the quarter ending December 31;
  3. April 30 for the quarter ending March 31; and
  4. August 15 for the quarter ending June 30.
- C. Within 30 calendar days after receiving the first quarterly financial report submitted in response to the written notice provided under R7-5-402(L), Board staff shall provide the charter holder with written notice that includes the following:
  1. The charter holder's intervention tier as determined under subsection (D);
  2. The submission deadline for the next quarterly financial report required under subsection (A); and
  3. Any differences identified between the calculations completed by the charter holder and those completed by Board staff.
- D. For each charter holder identified as "On Probation," Board staff shall:
  1. Place the charter holder in intervention tier 1.
  2. Determine if the charter holder was required to submit a corrective action plan under R7-5-504(H)(1) based on the most recent audit conducted under R7-5-504 for failure to pay taxes or contributions due to the Internal Revenue Service, Arizona Department of Revenue, Arizona Department of Economic Security or Arizona State Retirement System, failure to have sufficient cash at June 30 to cover the charter holder's unspent Classroom Site Fund balance, or failure to maintain worker's compensation insurance or liability insurance.
- 3. Determine if the Board has substantiated in the audited fiscal year, subsequent fiscal year or both at least one complaint involving late payroll checks to employees, or health insurance or liability insurance cancellation due to nonpayment or if the Board has substantiated in the audited fiscal year, subsequent fiscal year or both at least one complaint involving failure to make required retirement plan contributions or received notification from the Arizona State Retirement System of delinquent retirement contributions.
- 4. Determine if the charter holder has been required to make at least one submission under R7-5-501(C) in the audited fiscal year, subsequent fiscal year or both.
- E. For each quarterly financial report submitted subsequent to the quarterly financial report reviewed under subsection (C) and prior to the June 30 quarterly financial report and for each quarterly financial report submitted subsequent to the June 30 quarterly financial report pursuant to subsection (A), Board staff shall determine the charter holder's current performance and compare Board staff's results to the charter holder's calculation results. Within 30 calendar days of each quarterly financial report's receipt, Board staff shall notify the charter holder in writing of:
  1. The submission deadline for the next quarterly financial report; and
  2. Any differences identified between the calculations completed by the charter holder and those completed by Board staff.
- F. For each charter holder that submitted a June 30 quarterly financial report, Board staff shall determine whether:
  1. The going concern measure received a rating of "below standard" on the most recent audit conducted under R7-5-504.
  2. The measure or measures rated "below standard" based on the most recent audit conducted under R7-5-504 will likely improve to at least an "approaches standard" rating or remain rated "below standard" when calculations are completed using the charter holder's next audit conducted under R7-5-504.
  3. One or more of the Financial Performance Framework's other measures will likely be rated "below standard" when calculations are completed using the charter holder's next audit conducted under R7-5-504.
  4. Since Board staff made the determination in subsection (D), the Board has substantiated any complaint involving late payroll checks to employees, health insurance or liability insurance cancellation due to nonpayment or failure to make required retirement plan contributions, or the Board has received notification from the Arizona State Retirement System of delinquent retirement contributions.
  5. Since Board staff made the determination in subsection (D), the charter holder has been required to make at least one submission under R7-5-501(C).
  6. Within the most recent five-year period the charter holder has been assigned three summative financial performance ratings of "Intervention" and two summative financial performance ratings of "Adequate Standing."
- G. Within 45 calendar days after receiving a June 30 quarterly financial report, Board staff shall notify the charter holder in writing of:
  1. The determinations made by Board staff under subsection (F);

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2. The submission deadline for the next quarterly financial report required under subsection (A); and
  3. Any differences identified between the calculations completed by the charter holder and those completed by Board staff.
- H.** Subject to the provision set forth in R7-5-509(J)(1), for each charter holder placed in intervention tier 1 under subsection (D), Board staff shall visit each school operated by the charter holder to conduct a physical count of students and compare the information observed and obtained onsite with the number of students reported to the Department.
- I.** The charter holder's quarterly financial reports, June 30 quarterly financial report and, if applicable, narratives required under R7-5-402(I)(4) or R7-5-402(J)(3) shall be made publicly available through the charter holder's financial performance dashboard.
- J.** If a charter holder fails to submit or fails to timely submit a quarterly financial report or June 30 quarterly financial report required under subsection (A), Board staff shall note the failure on the charter holder's operational performance dashboard. The charter holder may be subject to charter oversight as specified in Article 6.
- K.** If a charter holder fails to submit by the specified deadline a complete quarterly financial report or June 30 quarterly financial report required under subsection (A) or, if applicable, the narratives required under R7-5-402(I)(4) or R7-5-402(J)(3), Board staff shall:
1. Provide written notice to the charter holder that includes the reason for the finding and identifies the one-day deadline by which a complete quarterly financial report, June 30 quarterly financial report or narrative must be received to avoid charter oversight as specified in Article 6.
  2. Note the failure identified in subsection (K) on the charter holder's operational performance dashboard.
7. Any other factor that bears on the charter holder's ability and willingness to comply with its charter, other contractual agreements with the Board, federal and state laws, and this Chapter.
- D.** Charter oversight actions available to the Board include, but are not limited to the following:
1. Imposing a civil penalty, as authorized under A.R.S. § 15-185 and described under R7-5-604;
  2. Requesting the Department withhold up to 10 percent of a charter holder's monthly state aid as authorized under A.R.S. § 15-185 and described under R7-5-605 and requiring the charter holder to submit a CAP as described under R7-5-510;
  3. Entering into a consent agreement with a charter holder as described under R7-5-606;
  4. Issuing a notice of intent to revoke a charter as authorized under A.R.S. § 15-183 and described under R7-5-607; and
  5. Revoking a charter as authorized under A.R.S. § 15-183 and described under R7-5-607.

**Historical Note**

New Section R7-5-601 renumbered from R7-5-304 and amended by final rulemaking at 23 A.A.R. 693, effective May 6, 2017 (Supp. 17-1).

**R7-5-602. Oversight of Charter Schools Assigned a Letter Grade of "F" by the Department**

- A.** If the Department notifies the Board, as required under A.R.S. § 15-241, that a charter school has been assigned a letter grade of "F," the Board shall require the charter holder to appear before the Board for consideration of whether the Board will issue a notice of intent to revoke the charter under R7-5-607 or restore the charter to acceptable performance through a consent agreement under R7-5-606.
- B.** Upon receipt of the Department's notice under subsection (A), the Board shall provide written notice to the charter holder that the school has been designated a failing school.
- C.** Within 30 days after receipt of the notice provided under subsection (B), the charter holder shall:
1. As required under A.R.S. § 15-241, provide written notice to the parents or guardians of all students attending the school that the Department has assigned the school a letter grade of "F" because the school is demonstrating a failing level of performance. The charter holder shall provide to the Board a copy of the notice required under this subsection;
  2. Provide the Board with a list of the names and mailing addresses of the parents or guardians of all students attending the school; and
  3. Ensure the charter school's public communications that make a statement concerning the charter school's academic performance, including the charter school's web site and promotional materials, accurately describe the charter school's most current annual achievement profile assigned by the Department.
- D.** The Board shall provide the charter holder with at least 72 hours' written notice of the date, time, and location of the public meeting at which the Board will consider whether to restore the charter to acceptable performance or revoke the charter. In making this decision, the Board shall consider all relevant factors including:
1. Whether the charter holder complied fully with the provisions of subsection (C);
  2. Whether the charter holder failed to meet the minimum academic performance expectations based on student

**Historical Note**

New Section by final exempt rulemaking at 27 A.A.R. 1423, effective September 30, 2021 (Supp. 21-3).

**ARTICLE 6. CHARTER OVERSIGHT****R7-5-601. Charter Oversight: General Provisions**

- A.** Before the Board determines a charter holder is not in compliance with its charter, other contractual agreements with the Board, federal or state laws, or this Chapter and decides whether to impose charter oversight, the Board shall provide notice to the charter holder.
- B.** The Board shall provide the charter holder with at least 72-hours' notice of the date, time, and location of the meeting at which the Board will decide whether to impose charter oversight. The Board shall include in the notice the purpose of the meeting and why the Board is considering imposing charter oversight.
- C.** In determining the appropriate charter oversight action to take, the Board shall consider the following, as applicable:
1. Threat to the health or safety of children;
  2. Whether the charter holder's historical compliance record indicates repeated or multiple breaches of the provisions of its charter, other contractual agreements with the Board, federal or state laws, or this Chapter;
  3. Whether the charter holder has failed to meet the minimum academic performance expectations specified under R7-5-401;
  4. Length of time the issue has been occurring;
  5. The charter holder's compliance with and response to Board investigation by providing necessary information and documentation within requested time frames;
  6. Whether there has been a misuse of funds; and

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achievement measures specified in the Academic Performance Framework;

3. Whether the charter holder has demonstrated, under R7-5-508, sufficient progress toward achieving the minimum academic performance expectations;
  4. Whether the charter holder meets the minimum financial performance expectations;
  5. Whether the charter holder timely complied with Board requests for information and documents;
  6. Whether the charter holder's historical compliance record indicates repeated or multiple breaches of its charter, other contractual agreements with the Board, federal or state law, or this Chapter; and
  7. Any other factor the Board determines has a bearing on the charter holder's ability or willingness to comply with the provisions of its charter, other contractual agreements with the Board, federal and state law, and this Chapter.
- E. If the Board decides to restore the charter to acceptable performance, the Board shall enter into a consent agreement with the charter holder as provided under R7-5-606. If the Board decides to revoke the charter, the Board shall issue a notice of intent to revoke the charter as provided under R7-5-607.

**Historical Note**

New Section made by final rulemaking at 23 A.A.R. 693, effective May 6, 2017 (Supp. 17-1). Amended by final exempt rulemaking at 25 A.A.R. 1926, effective July 8, 2019 (Supp. 19-3).

**R7-5-603. Oversight of Charter Schools Assigned a Letter Grade of "D" by the Department**

- A. Within 30 days after the Department notifies a charter holder under A.R.S. § 15-241 that a charter school operated by the charter holder has been assigned a letter grade of "D," the charter holder shall:
1. Comply fully with A.R.S. § 15-241 by providing written notice to the parents or guardians of all students attending the school. The charter holder shall include the following in the notice:
    - a. The Department has assigned the charter school a letter grade of "D;"
    - b. The charter holder is required under A.R.S. § 15-241.02 to prepare an improvement plan within 90 days after the charter school was assigned a letter grade of "D;" and
    - c. The charter holder is required to present the improvement plan to the Board at a public meeting;
  2. Provide the Board a copy of the notice required under subsection (A)(1);
  3. Provide the Board with a list of the names and mailing addresses of the parents or guardians of all students attending the school; and
  4. Ensure the charter school's public communications that make a statement concerning the charter school's academic performance, including the charter school's web site and promotional materials, accurately describe the charter school's most current academic performance rating assigned by the Department.
- B. The Board shall require a charter holder that fails to comply fully with subsection (A) to appear before the Board for consideration of the charter holder's noncompliance and may subject the charter holder to additional charter oversight.
- C. Under A.R.S. § 15-241.02, the Board is required to revoke the charter of a charter school if the Board determines the improvement plan required under subsection (A)(1)(b) was not properly implemented.

**Historical Note**

New Section made by final rulemaking at 23 A.A.R. 693, effective May 6, 2017 (Supp. 17-1).

**R7-5-604. Civil Penalty for Fingerprinting Violation**

- A. After identifying a violation of A.R.S. §§ 15-183, 15-512 or both, Board staff shall provide the charter holder with written notice of noncompliance with statutory fingerprinting requirements and the date, time, and location of the Board meeting at which the Board will consider whether to impose a civil penalty under A.R.S. § 15-185.
- B. If the Board determines a charter holder has failed to comply with the statutory fingerprinting requirements in A.R.S. §§ 15-183 or 15-512, the Board may impose a civil penalty of \$1,000 per occurrence as provided under A.R.S. § 15-185.
- C. Within 30 days after a civil penalty is imposed under subsection (B), the charter holder may submit to the Board a written appeal of the civil penalty. The charter holder shall include the following information in the written appeal:
  1. Name and address of the appellant;
  2. Concise statement of the reason for the appeal;
  3. Relief sought; and
  4. If the appellant will be represented by an attorney, the attorney's name, address, and telephone number.
- D. The Board shall hold a hearing to consider the appeal within 60 days after receiving the appeal.

**Historical Note**

New Section made by final rulemaking at 23 A.A.R. 693, effective May 6, 2017 (Supp. 17-1).

**R7-5-605. Withholding State Funds**

- A. Under A.R.S. § 15-185, if the Board determines at a public meeting that a charter holder is not in compliance with its charter or federal or state law, the Board may request the Department to withhold up to 10 percent of the charter holder's monthly apportionment of state aid.
- B. If the Board decides to request that the Department withhold part of the charter holder's monthly apportionment of state aid, the Board shall provide written notice to the charter holder. The Board shall include the following in the notice:
  1. The reason the withholding is being imposed,
  2. The percentage of the charter holder's monthly apportionment of state aid to be withheld,
  3. The date on which the withholding will begin, and
  4. Actions required by the charter holder before the full amount of state aid is restored.
- C. If a percentage of the charter holder's monthly apportionment of state aid is withheld for six months and the charter holder has not completed the actions required under subsection (B)(4), the Board shall consider the charter holder's noncompliance and may subject the charter holder to additional charter oversight including issuing a notice of intent to revoke under R7-5-607.
- D. If a percentage of the charter holder's monthly apportionment of state aid is withheld for failure to submit an audit for two months, the Board shall consider the charter holder's noncompliance and may subject the charter holder to additional charter oversight including issuing a notice of intent to revoke under R7-5-607.
- E. When the Board determines the charter holder is in compliance with its charter and federal and state law, the Board shall request that the Department restore the full amount of state aid to the charter holder.



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**Historical Note**

New Section made by final rulemaking at 23 A.A.R. 693,  
effective May 6, 2017 (Supp. 17-1).

**R7-5-606. Consent Agreement**

- A.** If the Board determines that a charter holder is not in compliance with its charter, other contractual agreements with the Board, federal or state law, or this Chapter, the Board may enter into a consent agreement with the charter holder to resolve the noncompliance.
- B.** The Board shall include the following in a consent agreement:
1. The reason for the consent agreement;
  2. The facts and conditions to which the Board and charter holder agreed;
  3. The actions the charter holder must take to demonstrate compliance and avoid further charter oversight;
  4. The time within which the charter holder is to complete the actions specified under subsection (B)(3); and
  5. After approval by both the Board and charter holder, the signatures of both the Board president and charter representative.

**Historical Note**

New Section made by final rulemaking at 23 A.A.R. 693,  
effective May 6, 2017 (Supp. 17-1).

**R7-5-607. Revocation**

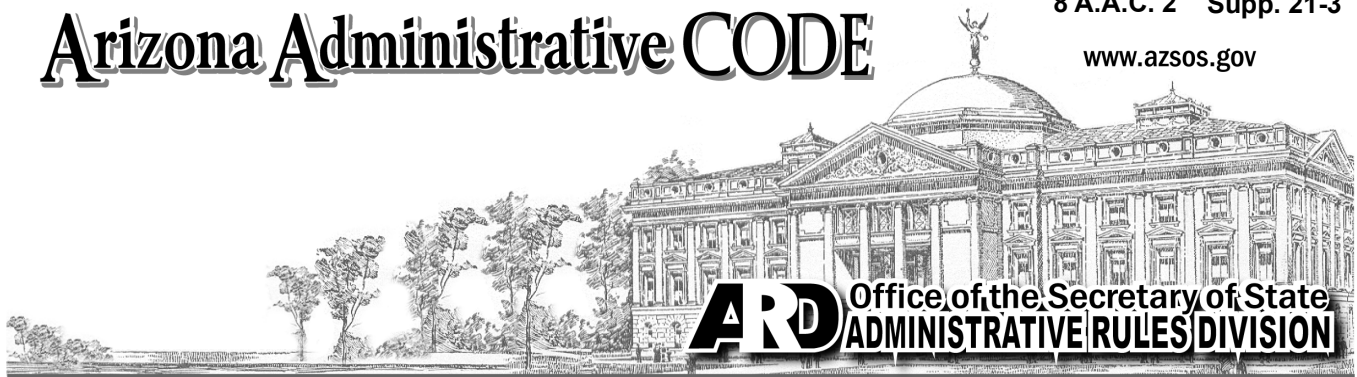
- A.** If the Board determines that a charter holder is not in compliance with its charter, federal or state law, or this Chapter, the Board may issue a written notice of intent to revoke the charter as authorized under A.R.S. § 15-183.

- B.** When a charter holder receives a notice of intent to revoke and notice of hearing, the charter holder shall:
1. Within 48 hours after receiving the notice of intent to revoke and notice of hearing, provide written notice that includes the following to all staff and the parents or guardians of all students attending the school:
    - a. A notice of intent to revoke has been received;
    - b. The notice of intent to revoke may be inspected at the charter school location; and
    - c. The date, time, and location of the hearing set with the Office of Administrative Hearings; and
  2. Within 20 days after receiving the notice of intent to revoke, provide the Board with:
    - a. A copy of the notice required under subsection (B)(1), and
    - b. A list of the names and mailing addresses of the parents or guardians of all students attending the school.
- C.** Both the Board and charter holder shall appear for an administrative hearing before an administrative law judge at the Office of Administrative Hearings on the date provided in the notice of intent to revoke.
- D.** After the administrative hearing under subsection (C) and receipt of the decision of the administrative law judge, the Board shall hold a public meeting at which the Board shall:
1. Decide whether to accept, reject, or modify the decision of the administrative law judge; and
  2. Take action on the charter.

**Historical Note**

New Section made by final rulemaking at 23 A.A.R. 693,  
effective May 6, 2017 (Supp. 17-1).

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## TITLE 8. EMERGENCY AND MILITARY AFFAIRS

### CHAPTER 2. DEPARTMENT OF EMERGENCY AND MILITARY AFFAIRS - DIVISION OF EMERGENCY MANAGEMENT

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

This Chapter contains rules that were filed to be recodified in the *Arizona Administrative Code* between the dates of July 1, 2021 through September 30, 2021

<a href="#">R8-2-601.</a>	<a href="#">Recodified</a> .....	<a href="#">10</a>	<a href="#">R8-2-604.</a>	<a href="#">Recodified</a> .....	<a href="#">10</a>
<a href="#">R8-2-602.</a>	<a href="#">Recodified</a> .....	<a href="#">10</a>	<a href="#">R8-2-605.</a>	<a href="#">Recodified</a> .....	<a href="#">10</a>
<a href="#">R8-2-603.</a>	<a href="#">Recodified</a> .....	<a href="#">10</a>			

#### Questions about the recodification? Contact:

Department: Department of Environmental Quality  
Waste Program Division  
Address: 1110 W. Washington St  
Phoenix, AZ 85007  
Website: <https://azdeq.gov/waste-programs-division>  
Name: Mark Lewandowski  
Telephone: (602) 771-2230  
Fax: (602) 771-4272  
Email: [lewandowski.mark@azdeq.gov](mailto:lewandowski.mark@azdeq.gov)

#### The release of this Chapter in Supp. 21-3 replaces Supp. 15-4, 1-12 pages

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

## PREFACE

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

Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

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### RULES

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

### THE ADMINISTRATIVE CODE

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

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

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

First Quarter: January 1 - March 31  
Second Quarter: April 1 - June 30  
Third Quarter: July 1 - September 30  
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2021 is cited as Supp. 21-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. This is why the Office lists only updated codified Sections on the previous page.

### AUTHENTICATION OF PDF CODE CHAPTERS

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

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

### HOW TO USE THE CODE

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

### ARIZONA REVISED STATUTE REFERENCES

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

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

### SESSION LAW REFERENCES

Arizona Session Law references in a Chapter can be found at the Secretary of State’s website, [www.azsos.gov](http://www.azsos.gov) under Services-> Legislative Filings.

### EXEMPTIONS FROM THE APA

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

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

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

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

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

### EXEMPTIONS AND PAPER COLOR

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

### PERSONAL USE/COMMERCIAL USE

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

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



## Administrative Rules Division

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

## TITLE 8. EMERGENCY AND MILITARY AFFAIRS

## CHAPTER 2. DEPARTMENT OF EMERGENCY AND MILITARY AFFAIRS - DIVISION OF EMERGENCY MANAGEMENT

Authority: A.R.S. §§ 26-301 et seq., 35-192 et seq.

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Article 4, consisting of Section R8-2-41, repealed effective November 16, 1988.

Article 4, consisting of Section R8-2-41, repealed as an emergency effective March 14, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days. Emergency expired.

Article 4, consisting of Section R8-2-41, adopted effective April 2, 1985.

Former Article 4, consisting of Section R8-2-41, repealed effective April 2, 1985.

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**ARTICLE 1. SEARCH AND RESCUE****R8-2-101. Definitions**

In this Article, for purposes of these rules, and unless the text requires otherwise:

1. "Claim" means documentation of eligible expenses associated with the conduct of a search and rescue mission.
2. "Claimant" means a department of the state or a political subdivision eligible to receive state reimbursement for search or rescue operations.
3. "Emergency Operations Center for Search and Rescue" means the State Emergency Operations Center provides coordination, communications, administrative and support assistance. The center is located in the offices of the State Division of Emergency Management.
4. "Mission" means any action required to accomplish that portion of Title 26, Arizona Revised Statutes, relating to the preparation for and conduct of search and rescue operations.
5. "Mission coordinator" means the county sheriff, or sheriff's designee, excluding federal reservations, where agreements are nonexistent.
6. "Mission identifier" means a number assigned by the State Division of Emergency Management to identify a search and rescue mission.
7. "On-scene coordinator" means the individual Search and Rescue (SAR) Coordinator designated by the sheriff as the on-scene person in charge of a particular search and rescue mission.
8. "Political subdivision" means, within the context of this Article, a county sheriff.
9. "Recovery" means to relocate, under direction of the statutory authority, a deceased person from the site of his demise to an appropriate location.
10. "Reimbursement" means the payment of state funds in accordance with A.R.S. § 35-192.01(A) and (B).
11. "Rescue" means to render aid, under the direction of the county sheriff, to persons whose life or health is threatened by circumstances beyond their control and return them to a place of safety.
12. "Search" means to seek out and locate, by the use of air, surface, and/or subsurface equipment and qualified registered personnel, live persons known or thought to be, by the county sheriff, in a distress situation and unable to reach a place of safety by their own efforts.

**Historical Note**

Former Rule Part 3; Amended effective July 18, 1977 (Supp. 77-4). Amended paragraphs (1), (3) and (8) effective June 30, 1986 (Supp. 86-3). Editorial correction, paragraph (2) (Supp. 88-4). Former R8-2-01 amended and renumbered effective March 7, 1990 (Supp. 90-1). Amended by final rulemaking at 21 A.A.R. 3021, effective January 11, 2016 (Supp. 15-4).

**R8-2-102. Support of Search and Rescue Operations**

- A. The Director of the Division of Emergency Management, in accordance with A.R.S. Title 26, is responsible for supporting search or rescue operations of the state, coordinating the use of state resources or the resources of one or more political subdivisions in support of any other political subdivision in the conduct of search and rescue operations and for providing the services of a state search or rescue coordinator.
- B. The Division of Emergency Management shall coordinate activities to include the following:
  1. Mission identifiers for search and rescue operations. Authorized county sheriff search and rescue coordinators may obtain Mission Numbers through the Division of

Emergency Management's Search and Rescue (SAR) data collection system.

2. State government personnel and/or equipment, including the Arizona National Guard.
3. United States military personnel and/or equipment.
4. Resources not readily available locally.
5. Resources to support responsible authorities on federal reservations.
6. Specialized personnel and/or equipment from other states.
7. Reimbursement of eligible claims.
8. Prescribing forms and/or procedures for acquiring mission identifiers, reporting search or rescue mission activities, claiming reimbursement of eligible expenses and similar administrative matters.

**Historical Note**

Former Rule Part 4A Attachment B; Former Rule Part 4 Attachment C; Former Rule Part 4 Attachment D; Amended effective June 30, 1986 (Supp. 86-3). Former R8-2-02 amended and renumbered effective March 7, 1990 (Supp. 90-1). Amended by final rulemaking at 21 A.A.R. 3021, effective January 11, 2016 (Supp. 15-4).

**R8-2-103. Reimbursement to County Governments**

- A. Reimbursement to county governments from the Governor's Emergency Fund is authorized for eligible expenses incurred during the conduct of search and rescue operations. A search and rescue mission, in order to qualify for reimbursement must fall within the purview of A.R.S. § 35-192(C). Claims should be submitted within 60 calendar days after the close or suspension of the mission. Eligible and ineligible expenses are itemized below:
  1. Eligible:
    - a. Salaries or contracts for the services of specialized personnel, provided that prior approval has been obtained from the Director, Division of Emergency Management.
    - b. Overtime pay for eligible government employees. The claimant's overtime policy must be adhered to when submitting for overtime.
    - c. Telephone and data charges directly related to search or rescue missions.
    - d. Reimbursement of recovery expenses should the subject of an eligible search and rescue mission be found deceased. Reimbursement of recovery expenses for a suspected decedent may be authorized with the prior approval of the Director, Division of Emergency Management.
    - e. Cost of materials and supplies procured with public funds or taken from government stocks and consumed, lost, damaged or destroyed during an eligible search and rescue mission.
    - f. Rental costs of specialized equipment or aircraft, provided that the rates do not exceed the lowest rates available for the same or similar equipment. The prior approval of the Director, Division of Emergency Management is required.
    - g. Actual costs of fuel or lubricants paid by a county government for the operation of vehicles, equipment, or aircraft.
    - h. Repairs to surface/subsurface vehicles and equipment damaged during search and rescue missions. Costs are limited to the restoration of the immediate pre-mission condition.

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- i. Reimbursements will be made only for equipment specifically required for the conduct of the search and rescue mission.
- 2. Ineligible:
  - a. Regular salaries or wages of government employees,
  - b. Salaries or wages of elected or appointed officials and employees ineligible for overtime pay,
  - c. Office supplies and equipment,
  - d. Rental of administrative office space,
  - e. Purchase of equipment or facilities,
  - f. Cost of items of personal wearing apparel,
  - g. Firearms.
- B. The eligibility of other expenses shall be determined by the Director, Division of Emergency Management, within the scope of this guidance, on a case-by-case basis.

**Historical Note**

Former Rule Part 5; Amended subsections (B) and (C) effective June 30, 1986 (Supp. 86-3). Former R8-2-03 amended and renumbered effective March 7, 1990 (Supp. 90-1). Amended by final rulemaking at 21 A.A.R. 3021, effective January 11, 2016 (Supp. 15-4).

**R8-2-104. Reimbursement to a Department or Agency of the State**

- A. Expenses incurred, resulting from participation in search and rescue missions, shall be borne initially by the state department or agency. Reimbursement shall be governed by A.R.S. § 35-192.01(B). Claims should be submitted within 60 calendar days after the close or suspension of a mission. Eligible and ineligible expenses are itemized below:
  - 1. Eligible:
    - a. Salaries or wages of employees directly engaged in search or rescue work.
    - b. Salaries or wages of regular employees who are diverted from their normal duties to engage in search or rescue work.
    - c. Overtime pay for eligible regular employees.
    - d. Communications charges directly related to search or rescue operations.
    - e. Travel directly related to search or rescue operations.
    - f. Reimbursement of recovery expenses should the subject of an eligible search and rescue mission be found deceased. Reimbursement of recovery expenses for a suspected decedent may be authorized with the prior approval of the Director, Division of Emergency Management.
    - g. Cost of materials and supplies procured with public funds or taken from government stocks and consumed, lost, damaged or destroyed during an eligible search and rescue mission.
    - h. Rental costs of specialized equipment or aircraft, provided that the rates do not exceed the lowest rates available for the same or similar equipment. Sole source providers will be considered. The prior approval of the Director, Division of Emergency Management is required.
    - i. Actual cost of fuel or lubricants paid by a state department or agency for the operation of vehicles, equipment or aircraft.
    - j. Repairs to surface/subsurface vehicles and equipment damaged during search or rescue mission. Costs are limited to the restoration of the immediate pre-mission condition.

- k. Reimbursements will be made only for equipment specifically required for the conduct of the search and rescue mission.
- 2. Ineligible:
  - a. Salaries or wages of elected or appointed officials,
  - b. Office supplies and equipment,
  - c. Rental of administrative office space,
  - d. Costs of items of personal apparel,
  - e. Firearms.
- B. The eligibility of other expenses shall be determined by the director, Division of Emergency Management, within the scope of this guidance, on a case-by-case basis.

**Historical Note**

Former Rule Part 6; Amended subsections (B) and (C) effective June 30, 1986 (Supp. 86-3). Former R8-2-04 amended and renumbered effective March 7, 1990 (Supp. 90-1). Amended by final rulemaking at 21 A.A.R. 3021, effective January 11, 2016 (Supp. 15-4).

**R8-2-105. Claimant Procedures and Supporting Documentation**

- A. Claims for reimbursement require certification by competent authority. Certification must include:
  - 1. The name of the agency.
  - 2. The date of the claim and the search and rescue mission identifier.
  - 3. The name of each payee and the date the claimant paid each.
  - 4. The item or service for which each payee received payment.
  - 5. The amount paid each payee.
  - 6. A statement that the documents supporting the claim are available in the claimant agency for review by the State Auditor General and/or the auditor from the Division of Emergency Management.
  - 7. The signature of the individual authorized to file claims for the claimant agency.
- B. The amounts claimed for reimbursement from the Governor's Emergency Fund must be based on eligible expenditures for a search and rescue mission to which a mission identifier has been assigned.
- C. Appropriate documents, as prescribed by the Director, Division of Emergency Management, supporting each claim must be retained by the claimant pending audit by the State Auditor General and/or the Division of Emergency Management Auditor. These documents shall be retained following the reimbursement of a claim in accordance with retention schedules established by the Arizona State Library, Archives and Public Records pursuant to A.R.S. § 41-151 *et seq.*

**Historical Note**

Former Rule Part 7 Attachment F; Amended effective July 18, 1977 (Supp. 77-4). Amended effective June 30, 1986 (Supp. 86-3). Former R8-2-05 amended and renumbered effective March 7, 1990 (Supp. 90-1). Amended by final rulemaking at 21 A.A.R. 3021, effective January 11, 2016 (Supp. 15-4).

**R8-2-106. Repealed****Historical Note**

Former Rule Part 8; Amended subsection (A) effective June 30, 1986 (Supp. 86-3). Repealed effective March 7, 1990 (Supp. 90-1).



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**R8-2-107. Repealed****Historical Note**

Former Rule Part 2. Repealed effective March 7, 1990 (Supp. 90-1).

**ARTICLE 2. REPEALED**

*Article 2, consisting of Sections R8-2-18 through R8-2-22, repealed by summary rulemaking at 7 A.A.R. 5655 with an interim effective date of December 21, 2001 (Supp. 01-4). Final summary rules filed April 8, 2002; interim effective date of December 21, 2002 now the permanent effective date (Supp. 02-2).*

**R8-2-18. Repealed****Historical Note**

Section repealed by summary rulemaking at 7 A.A.R. 5655 with an interim effective date of December 21, 2001 (Supp. 01-4). Final summary rules filed April 8, 2002; interim effective date of December 21, 2001 now the permanent effective date (Supp. 02-2).

**R8-2-19. Repealed****Historical Note**

Section repealed by summary rulemaking at 7 A.A.R. 5655 with an interim effective date of December 21, 2001 (Supp. 01-4). Final summary rules filed April 8, 2002; interim effective date of December 21, 2001 now the permanent effective date (Supp. 02-2).

**R8-2-20. Repealed****Historical Note**

Former Rule Part 3; Amended effective July 20, 1977 (Supp. 77-4). Section repealed by summary rulemaking at 7 A.A.R. 5655 with an interim effective date of December 21, 2001 (Supp. 01-4). Final summary rules filed April 8, 2002; interim effective date of December 21, 2001 now the permanent effective date (Supp. 02-2).

**R8-2-21. Repealed****Historical Note**

Former Rules Section 4.06-1, Section 4.06-2, Section 4.07 and Part 4; Amended effective July 20, 1977 (Supp. 77-4). Section repealed by summary rulemaking at 7 A.A.R. 5655 with an interim effective date of December 21, 2001 (Supp. 01-4). Final summary rules filed April 8, 2002; interim effective date of December 21, 2001 now the permanent effective date (Supp. 02-2).

**R8-2-22. Repealed****Historical Note**

Former Rule Part 5; Amended effective July 20, 1977 (Supp. 77-4). Section repealed by summary rulemaking at 7 A.A.R. 5655 with an interim effective date of December 21, 2001 (Supp. 01-4). Final summary rules filed April 8, 2002; interim effective date of December 21, 2001 now the permanent effective date (Supp. 02-2).

**ARTICLE 3. GOVERNOR'S EMERGENCY FUND****R8-2-33. Repealed****Historical Note**

Former Rules 1 and 2; Former Section R8-2-33 repealed, new Section R8-2-33 adopted effective June 11, 1980 (Supp. 80-3). Repealed effective September 18, 1996 (Supp. 96-3).

**R8-2-34. Repealed****Historical Note**

Former Rules 2a and 2b; Former Section R8-2-34 repealed, new Section R8-2-34 adopted effective June 11, 1980 (Supp. 80-3). Repealed effective September 18, 1996 (Supp. 96-3).

**R8-2-35. Repealed****Historical Note**

Former Rules 3, 4, 5 and 6; Former Section R8-2-35 repealed, new Section R8-2-35 adopted effective June 11, 1980 (Supp. 80-3). Repealed effective September 18, 1996 (Supp. 96-3).

**R8-2-36. Repealed****Historical Note**

Former Rule 7; Former Section R8-2-36 repealed, new Section R8-2-36 adopted effective June 11, 1980 (Supp. 80-3). Repealed effective September 18, 1996 (Supp. 96-3).

**R8-2-37. Repealed****Historical Note**

Former Section R8-2-37 repealed, new Section R8-2-37 adopted effective June 11, 1980 (Supp. 80-3). Repealed effective September 18, 1996 (Supp. 96-3).

**R8-2-38. Repealed****Historical Note**

Former Sections A1, A2, B1, B2, C1, C2, D, E Attachment; Former Section R8-2-38 repealed, new Section R8-2-38 adopted effective June 11, 1980 (Supp. 80-3). Repealed effective September 18, 1996 (Supp. 96-3).

**R8-2-39. Repealed****Historical Note**

R8-2-39 and Attachments 1 and 2 adopted effective June 11, 1980 (Supp. 80-3). R8-2-39 and Attachments 1 and 2 repealed effective September 18, 1996 (Supp. 96-3).

**R8-2-301. Definitions**

In addition to the definitions provided in A.R.S. § 26-301, the following definitions apply to this Article, unless specified otherwise:

1. "Administrative Costs" covers direct and indirect costs incurred, in administering the public assistance grant. Direct costs can be identified separately by project and indirect costs are incurred for common or joint purposes. Examples of the activities that the allowance is intended to cover include: establishing project files, providing copies of documentation, collecting cost data and developing cost estimates, working with the State during project monitoring, final inspection, audits and audit preparation.
2. "Applicant" means any state agency or political subdivision of the state that requests emergency assistance from the state.
3. "Applicant's authorized representative" means the person authorized by the governing body of a political subdivision to request funds, time extensions, and attend to other recovery matters related to a specific emergency proclamation.
4. "Application for Assistance" means a written request by an applicant to the Director for assistance in responding to and/or recovering from an emergency.
5. "Contingency proclamation" means the document in which the governor authorizes the Director to pay expenses incurred by political subdivisions or state agen-

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cies that respond to frequently occurring emergencies that pose a significant and constant threat such as search or rescue, and hazardous materials spills.

6. "County" means the county or counties where an emergency is located.
7. "Department" means the Department of Emergency and Military Affairs provided in A.R.S. § 26-101.
8. "Director" means the Director of the Arizona Division of Emergency Management within the Department of Emergency and Military Affairs.
9. "Division" means Arizona Division of Emergency Management.
10. "Eligible work" means actions taken and work performed by an applicant in response to an emergency that are consistent with the intent and purposes set forth in A.R.S. § 35-192 and these rules.
11. "Emergency" means any occasion or instance for which, in the determination of the Governor, state assistance is needed to supplement state agencies' and political subdivisions' efforts and capabilities to save lives, protect property and public health and safety, or to lessen or avert the threat of a disaster in Arizona.
12. "Emergency resolution" means a document by which the governing body of a political subdivision declares an emergency.
13. "Facility" means any building, works, system or equipment, built or manufactured, or an improved and maintained natural feature. Land used for agricultural purposes is not a facility.
14. "Fund" means the portion of the general fund used to pay incurred liabilities and expenses authorized as claims against the state to meet contingencies and emergencies when the Governor declares that a state of emergency exists.
15. "Incident period" means the time interval of an emergency during which damage occurs as documented in the Governor's Declaration of Emergency.
16. "Political subdivision" means any county, incorporated city or town, or school, community college, or other tax levying public improvement district.
17. "Proclamation" means the document in which the Governor declares that a state of emergency exists pursuant to A.R.S. § 35-192(A) and authorizes an expenditure from the fund.
18. "Reimbursement" means the payment of state funds in accordance with A.R.S. § 35-192.
19. "State" means the state of Arizona.
20. "State agency" means any department, commission, board, agency, or division of the state, including the Department of Emergency and Military Affairs.

**Historical Note**

Adopted effective September 18, 1996 (Supp. 96-3).  
Amended by exempt rulemaking at 19 A.A.R. 4216,  
effective December 1, 2013 (Supp 13-4).

**R8-2-302. Applications for Emergency Assistance**

- A. An applicant shall act for the purpose of this Article through its chief executive officer or body, or the applicant's authorized representative.
- B. An applicant shall use forms that are available on the Division's website.

**Historical Note**

Adopted effective September 18, 1996 (Supp. 96-3).  
Amended by exempt rulemaking at 19 A.A.R. 4216,  
effective December 1, 2013 (Supp 13-4).

**R8-2-303. Contents of an Application**

- A. An applicant shall set forth in an application the cause, location, and beginning date of the emergency, a description of the damage caused by the emergency and potential health hazards arising from the emergency, the costs incurred for emergency response, and an estimate of the number of people affected by the emergency and costs for recovery.
- B. Before submitting an application to the Director, the applicant shall use its available resources to respond to the emergency and request assistance from other political subdivisions that might respond to the emergency.
- C. The "emergency" must also be clearly demonstrated to be above and beyond the jurisdiction's ability to recover from without state assistance. Examples as to how to demonstrate this element would be: use of mutual aid, documenting multiple events, lack of physical or personnel resources, depleted contingency funds or redirection of operating funds; which must be attested to in writing by the jurisdiction's chief financial officer.

**Historical Note**

Adopted effective September 18, 1996 (Supp. 96-3).  
Amended by exempt rulemaking at 19 A.A.R. 4216,  
effective December 1, 2013 (Supp 13-4).

**R8-2-304. Application by a Political Subdivision**

- A. A county shall issue an emergency resolution before submitting an application to the Director.
- B. A political subdivision other than a county shall submit an emergency resolution to the county and request that, if necessary, the county issue an emergency resolution and make application to the Director. If the county fails to issue an emergency resolution expeditiously, a political subdivision may apply directly to the Director for assistance.
- C. A political subdivision shall submit an application to the Director using the most expeditious means.
- D. The Director shall reject an application that is not received within 15 days from the start of the emergency unless the political subdivision shows good cause for the delay or that the emergency is of a type that the date the emergency started is difficult to establish.

**Historical Note**

Adopted effective September 18, 1996 (Supp. 96-3).

**R8-2-305. Application by a State Agency**

- A. An applicant that is a state agency shall submit an application directly to the Director using the most expeditious means.
- B. The Director shall reject an application that is not received within 15 days from the start of the emergency unless the state agency shows good cause for the delay or that the emergency is of a type that the date the emergency started is difficult to establish.

**Historical Note**

Adopted effective September 18, 1996 (Supp. 96-3).

**R8-2-306. Action on an Application**

- A. The Director shall make a recommendation to the Governor whether to issue a proclamation.
- B. The Director shall notify the applicant in writing, of the Governor's decision to issue or not to issue a proclamation. If the Governor issues a proclamation, the Division shall forward a copy to the applicant.
- C. State payment of claims submitted by a political subdivision pursuant to a proclamation shall not exceed 75% of eligible costs or such lesser amount established by the Director. In no event should the aggregate amount of payments exceed the

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amount set forth in the Governor's proclamation, unless such amount is authorized pursuant to R8-2-308.

**Historical Note**

Adopted effective September 18, 1996 (Supp. 96-3).  
Amended by exempt rulemaking at 19 A.A.R. 4216,  
effective December 1, 2013 (Supp 13-4).

**R8-2-307. Proclamation File Number**

- A. The Division shall assign a file number to each emergency that is the subject of a proclamation.
- B. All correspondence regarding an emergency to which a file number is assigned shall reference the file number.

**Historical Note**

Adopted effective September 18, 1996 (Supp. 96-3).

**R8-2-308. Limitation of Fund Expenditure**

Expenditure from the fund, as a result of a particular proclamation, shall not exceed the amount authorized in the proclamation unless an additional amount is authorized by the Governor's Emergency Council as prescribed in A.R.S. § 35-192.

**Historical Note**

Adopted effective September 18, 1996 (Supp. 96-3).  
Amended by exempt rulemaking at 19 A.A.R. 4216,  
effective December 1, 2013 (Supp 13-4).

**R8-2-309. Time Limit for Filing Claims**

- A. Following the Governor's proclamation reasonable work completion time limits shall be established by the Division. If the applicant feels, an extension of time is needed to complete work and submit claims arising from an emergency, a request for time extension, stating good cause for request, shall be submitted to the Division prior to identified time limit. If it is determined that good cause exists, an extension of time will be granted and the applicant will be notified of the decision in writing. Time limits are as follows:
- B. Six months for temporary measures and emergency work and 12 months for permanent measures. If no effort has been made to begin work within this timeline, the project can be cancelled and funding withdrawn. If work has begun, a request for time extension should be submitted, as per subsection (A), and needs to include a timeline for project completion. A second extension request will be considered if there are extenuating circumstances outside the applicant's ability to control and/or work is near completion.
- C. All damages attributed to a declared disaster must be identified by the eligible applicant within 60 days of the date of the Governor's Declaration. A final list of projects will be documented for concurrence and signature by both the applicant and a Division representative at the end of that 60 day period. Any damages identified after the 60 days will not be considered for reimbursement under the declared event.
- D. All required information pertaining to the accurate development, review and approval of Project Worksheets identified under subsection (B) must be provided to the Division by the eligible applicant within six months from the date of declaration. Any information not received within that time-frame will not be considered as eligible costs reimbursable under the declared event; with the exception of hidden damages discovered after construction begins.

**Historical Note**

Adopted effective September 18, 1996 (Supp. 96-3).  
Amended by exempt rulemaking at 19 A.A.R. 4216,  
effective December 1, 2013 (Supp 13-4).

**R8-2-310. Retention of Records**

The applicant shall maintain for three years all records relating to claims submitted by the applicant in accordance with A.R.S. § 41-151 and shall make the records available for inspection and audit by the Department auditor and the auditor general.

**Historical Note**

Adopted effective September 18, 1996 (Supp. 96-3).  
Amended by exempt rulemaking at 19 A.A.R. 4216,  
effective December 1, 2013 (Supp 13-4).

**R8-2-311. Establishment of the Incident Period and Termination of the Proclamation**

- A. The Director shall recommend to the Governor, for inclusion in the Governor's proclamation, the beginning and ending dates of the incident period. If the Director determines that the incident period has a beginning or ending date different from that stated in the proclamation, the Director shall recommend to the Governor that the proclamation be amended to reflect the correct dates.
- B. At the Director's recommendation, the Governor shall terminate the proclamation when the following occur:
  - 1. The recovery work is complete,
  - 2. The Division completes a final inspection of all work for which the applicant submits a claim,
  - 3. The applicant submits a claim to the Director for all work which the applicant seeks reimbursement,
  - 4. The Division pays all authorized claims,
  - 5. The required audits are complete, and
  - 6. The applicant receives amount due or pays amount owed.
- C. After the audit and final payment of all eligible applicant's claims, the Governor shall issue a termination proclamation.

**Historical Note**

Adopted effective September 18, 1996 (Supp. 96-3).  
Amended by exempt rulemaking at 19 A.A.R. 4216,  
effective December 1, 2013 (Supp 13-4).

**R8-2-312. Duplication of Benefits**

- A. The state is not liable for any claim arising from an emergency for which the applicant receives funds from another source.
- B. The state is not liable for any claim arising from an emergency unless the applicant applies for and is denied funding from other available sources before submitting the claim to the state.
- C. If an applicant is within the Designated Disaster area of a Presidential Major Disaster Declaration, the state is not liable for any claim deemed ineligible by the Federal Emergency Management Agency (FEMA) under a Presidential Major Disaster Declaration. Claims denied by FEMA will not be considered eligible under the corresponding State Declaration unless otherwise outlined under R8-2-313(B).
- D. If the Director or an applicant determines that the applicant received duplicate funds for a claim from the state and from another source, the applicant shall refund the amount received from the state within 60 days of written notification.

**Historical Note**

Adopted effective September 18, 1996 (Supp. 96-3).  
Amended by exempt rulemaking at 19 A.A.R. 4216,  
effective December 1, 2013 (Supp 13-4).

**R8-2-313. Allowable Claims Against the Fund**

- A. The Director shall allow expenditures from the fund for a claim arising from an emergency only if:
  - 1. The amount claimed is a direct result of response or recovery operations to the emergency,

## CHAPTER 2. DEPARTMENT OF EMERGENCY AND MILITARY AFFAIRS - DIVISION OF EMERGENCY MANAGEMENT

2. The applicant is legally and financially responsible for providing response or recovery operations in the emergency, and
  3. The facility is other than a residential structure, and
  4. The amount claimed is authorized under the provisions of subsection (B) or (D).
  5. Once remediation is complete, projects will comply with appropriate state or federal environmental requirements, building, safety or other appropriate regulatory requirements.
- B.** The Director shall allow the following costs to be paid as claims against the fund:
1. Overtime salaries or wages and benefits of the applicant's budgeted personnel directly engaged in eligible emergency work;
  2. Salaries or wages and benefits of the applicant's budgeted personnel directly engaged in eligible permanent work;
  3. Salaries or wages and benefits of non-budgeted employees directly engaged in eligible emergency or permanent work;
  4. Communication costs directly related to the emergency and directly requested by an eligible applicant;
  5. Travel and per diem costs directly related to the emergency for personnel requested by an eligible applicant;
  6. Materials and supplies consumed directly requested by an eligible applicant, except those listed under subsection (C)(2);
  7. Rental of privately owned equipment at documented contractual rates directly requested by an eligible applicant;
  8. Contributions toward the purchase of equipment if the necessary equipment is not available from federal, state, or local sources, and if the contribution does not exceed the cost of renting the item at prevailing local rates. Contribution will be reduced by the fair market value when the item is no longer needed for the declared disaster;
  9. Owning and operating the applicant's equipment using rates established by the applicant or FEMA, whichever is less;
  10. Work performed by private contractors. Contracts must be of reasonable cost and competitively bid and adhere to all jurisdictional procurement procedures. Jurisdictions may not enter into contracts with any private entity that has been debarred or suspended. Emergency Procurement, as defined in A.A.C. R2-7-E302, means "any condition creating an immediate and serious need for materials, services, or construction in which the state's best interests are not met through the use of other source-selection methods. The condition must seriously threaten the functioning of state government, the preservation or protection of property, or the health or safety of a person". Any procurement need that does not meet this definition would require following standard procurement process/procedures.
  11. Work performed under a mutual-aid agreement between local governments or between a local government and a state agency is eligible for reimbursement by the requesting agency. The providing entity shall submit documented costs to the requesting agency for reimbursement. Eligible work must be paid to the responding jurisdiction by the requesting jurisdiction, and the requesting jurisdiction is then eligible for a cost-share reimbursement by the State; and
  12. Prison labor including amounts paid to prisoners in accordance with established rates, guards (required number based on guard/prisoner ratio) and costs of transporting and feeding prisoners.
  13. Snow Removal: a political subdivision could make Application for State Assistance if they had met the following condition: If a winter storm event pushes the jurisdiction's cumulative snowfall total for a winter season above the average of the last five season's annual snowfall, then the jurisdiction could be eligible for assistance providing the event that pushes the cumulative total above the threshold is above and beyond the capability of the affected jurisdiction. (see R8-2-303) (Snowfall measurement data source will be the National Weather Service and historical snowfall data source will be the National Climatic Data Center.)
- C.** The Director shall not allow the following costs to be paid as claims against the fund:
1. Salaries or wages and benefits of elected or appointed officials responsible for directing governmental activities;
  2. Administrative Costs, office supplies and equipment;
  3. Rental of administrative office space;
  4. Depreciation, insurance, storage, and similar fixed overhead costs;
  5. Repairs and fuel for privately owned rented equipment, except where the rental agreement provides that the applicant will be responsible for repairs and fuel in addition to the rental fee;
  6. Work performed under agreement between a state agency or local government and a federal agency where the work is paid for by federal funds;
  7. Costs incurred under contracts based on cost plus a percentage of costs, unless the Director determines that the performance of immediate emergency work would be unduly delayed and would likely result in an imminent hazard to health or safety, in which case the Director may authorize an exception; and
  8. Prison labor costs for lodging.
- D.** To submit a claim for a cost that cannot be classified under subsection (B), an applicant shall make a written request to the Director for an exception. The Director shall grant a request for an exception if the request explains the nature of the exception justifies why it is needed, and meets all other program guidelines as outlined in R8-2-301 through R8-2-320. The Director shall immediately inform the applicant in writing of the decision to grant or deny the request for an exception.
- E.** When a facility damaged as a result of an emergency is repaired or replaced, the Director shall allow only the costs required to return the facility to the condition it was before the emergency, incorporating current standards and design requirements.

**Historical Note**

Adopted effective September 18, 1996 (Supp. 96-3).

Amended by exempt rulemaking at 19 A.A.R. 4216, effective December 1, 2013 (Supp 13-4).

**R8-2-314. Mitigation of Future Damages or Improvements by the Applicant**

- A.** The applicant shall comply with any mitigation requirements specified by the Director for repair or replacement projects subject to repeated damage from flooding or other threats to life or property.
- B.** The applicant shall identify and request cost effective mitigation opportunities for the damaged element of the facility that would mitigate future impact from a similar event.
- C.** With approval by the Director, the applicant may restore pre-disaster function and make improvements for which the applicant is financially responsible. Claims against the Fund are limited to the State share for the project estimate for the repairs

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necessary to return the facility to the condition it was before the emergency. A written request for improvements is to be submitted as soon as possible following receipt of approved project which will include a statement recognizing financial responsibility for the improvements.

**Historical Note**

Adopted effective September 18, 1996 (Supp. 96-3).  
Amended by exempt rulemaking at 19 A.A.R. 4216,  
effective December 1, 2013 (Supp 13-4).

**R8-2-315. Advance of Funds**

All requests for an advance of funds must be made in writing and shall be signed by the applicant's authorized representative and forwarded to the Director. The Director shall assess a request for an advance to determine whether the request is reasonable and for eligible work that has been completed. The Director shall grant a request for an advance for work not completed only if an applicant has demonstrated that the work cannot be completed without an advance. The amount of an advance will be based upon damage assessment, eligible expenditures to date and the estimated eligible expenditures for the next 60-day period.

**Historical Note**

Adopted effective September 18, 1996 (Supp. 96-3).  
Amended by exempt rulemaking at 19 A.A.R. 4216,  
effective December 1, 2013 (Supp 13-4).

**R8-2-316. Final Inspection and Audit**

Upon completion of all work by an applicant, the Division shall inspect all the work that the applicant claims. The applicant shall provide the Division with access to all claimed work and shall permit review of all records relating to the work. After completion of the final inspection, the Department's chief auditor shall conduct an audit of the applicant's claims. The Director shall use this audit to determine the eligibility of claimed costs and final payment due to the applicant or overpayment due to the Division.

**Historical Note**

Adopted effective September 18, 1996 (Supp. 96-3).  
Amended by exempt rulemaking at 19 A.A.R. 4216,  
effective December 1, 2013 (Supp 13-4).

**R8-2-317. Procurement Requirements**

The Director shall not allow a claim arising from a procurement unless the applicant complies with the Arizona procurement laws set forth in A.R.S. § 41-2501, et seq., and A.A.C. R2-7-101 et seq.

**Historical Note**

Adopted effective September 18, 1996 (Supp. 96-3).

**R8-2-318. Inspection and Audit of Contract Provisions**

If a contract or subcontract for the furnishing of goods, equipment, labor, materials, or services to the applicant may result in a claim, the applicant shall include in the contract or subcontract a provision that all books, accounts, reports, and other records relating to the contract or subcontract shall be subject to inspection and audit by the state for five years after completion of the contract or subcontract.

**Historical Note**

Adopted effective September 18, 1996 (Supp. 96-3).

**R8-2-319. Overpayment**

- A. If the Director determines that an applicant is required to refund an overpayment, as demonstrated by the audit outlined in R8-2-316, the Director shall provide the applicant written notice of the amount owed. The applicant shall reimburse the Division within two months of the date of notification.
- B. An applicant may request a review, as set forth in R8-2-320, of a determination under subsection (A) that an amount must be

refunded. If the review results in a decision that the applicant is required to reimburse the Division, the applicant shall refund the amount required within two months of the decision.

**Historical Note**

Adopted effective September 18, 1996 (Supp. 96-3).  
Amended by exempt rulemaking at 19 A.A.R. 4216,  
effective December 1, 2013 (Supp 13-4).

**R8-2-320. Appeal of the Director's Decision**

- A. Any party aggrieved by a decision rendered by the Director may appeal the decision, in writing, not later than 15 days after receipt of notice of the Director's decision.
- B. When an appeal is filed, the Director shall contact the Office of Administrative Hearings to schedule the case with the office in accordance with A.R.S. § 41-1092.02.

**Historical Note**

Adopted effective September 18, 1996 (Supp. 96-3).

**R8-2-321. Repealed****Historical Note**

Adopted effective September 18, 1996 (Supp. 96-3).  
Repealed by exempt rulemaking at 19 A.A.R. 4216,  
effective December 1, 2013 (Supp 13-4).

**ARTICLE 4. REPEALED****R8-2-41. Repealed****Historical Note**

Adopted as an emergency effective March 24, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-2). Former Section R8-2-41 adopted as an emergency now adopted as a permanent rule effective June 24, 1982 (Supp. 82-3). Adopted as an emergency effective October 12, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-5). Emergency expired. Former Section R8-2-41 repealed, new Section R8-2-41 adopted effective April 2, 1985 (Supp. 85-2). Section R8-2-41 repealed as an emergency effective March 14, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (see R4-34-1101, Arizona State Fire Code, adopted as an emergency pursuant to A.R.S. § 41-1026, valid for only 90 days) (Supp. 88-1). Emergency expired. Section R8-2-41 repealed effective November 16, 1988 (see R4-34-1101, Arizona State Fire Code) (Supp. 88-4).

**ARTICLE 5. EMERGENCY EXPIRED****R8-2-51. Emergency Expired****Historical Note**

Adopted as an emergency effective July 17, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Emergency expired.

**R8-2-52. Emergency Expired****Historical Note**

Adopted as an emergency effective July 17, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Emergency expired.

**R8-2-53. Emergency Expired****Historical Note**

Adopted as an emergency effective July 16, 1985, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 85-4). Emergency expired.

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**R8-2-54. Emergency Expired****Historical Note**

Adopted as an emergency effective July 16, 1985, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 85-4). Emergency expired.

**ARTICLE 6. RECODIFIED AND REPEALED****R8-2-601. Recodified****Historical Note**

Adopted effective March 29, 1988 (Supp. 88-1). Amended by final rulemaking at 9 A.A.R. 309, effective March 18, 2003 (Supp. 03-1). Section R8-2-601 recodified to R18-18-201 at 27 A.A.R. 1535, with an immediate effective date of September 1, 2021 (Supp. 21-3).

**R8-2-602. Recodified****Historical Note**

Adopted effective March 29, 1988 (Supp. 88-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 309, effective March 18, 2003 (Supp. 03-1). Section R8-2-602 recodified to R18-18-202 at 27 A.A.R. 1535, with an immediate effective date of September 1, 2021 (Supp. 21-3).

**R8-2-603. Recodified****Historical Note**

Adopted effective March 29, 1988 (Supp. 88-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 309, effective March 18, 2003 (Supp. 03-1). Section R8-2-603 recodified to R18-18-203 at 27 A.A.R. 1535, with an immediate effective date of September 1, 2021 (Supp. 21-3).

**R8-2-604. Recodified****Historical Note**

Adopted effective March 29, 1988 (Supp. 88-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 309, effective March 18, 2003 (Supp. 03-1). Section R8-2-604 recodified to R18-18-204 at 27 A.A.R. 1535, with an immediate effective date of September 1, 2021 (Supp. 21-3).

**R8-2-605. Recodified****Historical Note**

Adopted effective March 29, 1988 (Supp. 88-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 309, effective March 18, 2003 (Supp. 03-1). Section R8-2-605 recodified to R18-18-205 at 27 A.A.R. 1535, with an immediate effective date of September 1, 2021 (Supp. 21-3).

**R8-2-606. Repealed****Historical Note**

Adopted effective March 29, 1988 (Supp. 88-1). Section repealed by final rulemaking at 9 A.A.R. 309, effective March 18, 2003 (Supp. 03-1).

**R8-2-607. Repealed****Historical Note**

Adopted effective March 29, 1988 (Supp. 88-1). Section repealed by final rulemaking at 9 A.A.R. 309, effective March 18, 2003 (Supp. 03-1).

**R8-2-608. Repealed****Historical Note**

Adopted effective March 29, 1988 (Supp. 88-1). Section repealed by final rulemaking at 9 A.A.R. 309, effective March 18, 2003 (Supp. 03-1).

**R8-2-609. Repealed****Historical Note**

Adopted effective March 29, 1988 (Supp. 88-1). Section repealed by final rulemaking at 9 A.A.R. 309, effective March 18, 2003 (Supp. 03-1).

**R8-2-610. Repealed****Historical Note**

Adopted effective March 29, 1988 (Supp. 88-1). Section repealed by final rulemaking at 9 A.A.R. 309, effective March 18, 2003 (Supp. 03-1).

**R8-2-611. Repealed****Historical Note**

Adopted effective March 29, 1988 (Supp. 88-1). Section repealed by final rulemaking at 9 A.A.R. 309, effective March 18, 2003 (Supp. 03-1).

**R8-2-612. Repealed****Historical Note**

Adopted effective March 29, 1988 (Supp. 88-1). Section repealed by final rulemaking at 9 A.A.R. 309, effective March 18, 2003 (Supp. 03-1).

**ARTICLE 7. REGISTRATION OF EMERGENCY WORKERS****R8-2-701. Scope**

This Article is applicable for the registering of emergency workers in accordance with A.R.S. § 26-314.

**Historical Note**

Section made by final rulemaking at 14 A.A.R. 4519, effective January 31, 2009 (Supp. 08-4).

**R8-2-702. Registration**

Except what is provided in A.R.S. § 26-353, registration is a prerequisite for eligibility of emergency workers for benefits and legal protections under A.R.S. § 26-314.

1. Emergency workers shall register with a department or agency of the state or a political subdivision of the state.
2. The information provided during registration may be used to conduct criminal history and driving record background checks.
3. Temporary registration.
  - a. Temporary registration may be used in emergency situations requiring immediate or on-scene recruitment of emergency workers.
  - b. Persons shall be temporarily registered if they have provided the required registration information in accordance with R8-2-703, but have not provided supporting documentation.
  - c. Period of temporary registration ends when the registering participant has been cleared pursuant to R8-2-702(1) and (2) or when the registering agency determines that the emergency for which the registering participant received a temporary registration is closed whichever occurs first.
4. Registration information shall be reviewed and updated annually.

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**Historical Note**

Section made by final rulemaking at 14 A.A.R. 4519, effective January 31, 2009 (Supp. 08-4).

**R8-2-703. Required Registration Information**

The following information is the minimum information required to register as an emergency worker:

1. Full name;
2. Birth date;
3. Gender;
4. Social Security Number;
5. Citizenship, to include a document verifying citizenship;
6. Provide verification of eligibility to work in the United States;
7. Address;
8. Contact phone number and e-mail address;
9. Driver's license number, issuing state and expiration date;
10. Registering jurisdiction;
11. Registering agency/organization;
12. Employer name, address and phone number;
13. Personal reference name, address and phone number;
14. Emergency contact name, address and phone number;
15. Professional licenses, certificates and registrations, to include numbers and expiration dates (copies will be provided);

16. Court record of felony convictions;
17. Record of misdemeanor convictions involving moral turpitude; and
18. Medical conditions which may limit ability to perform as an emergency worker.

**Historical Note**

Section made by final rulemaking at 14 A.A.R. 4519, effective January 31, 2009 (Supp. 08-4).

**R8-2-704. Registration Denial or Revocation; Denied Compensation**

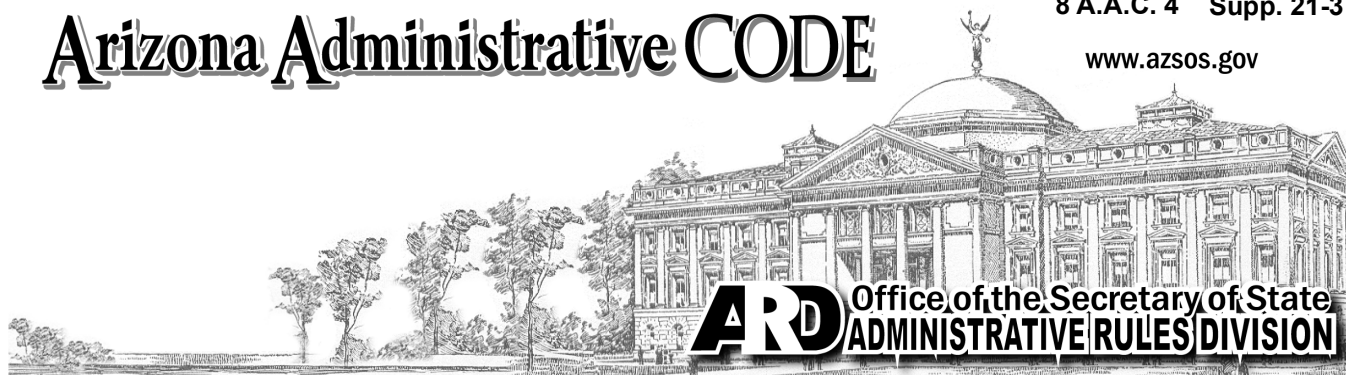
- A.** Failure to truthfully respond to statements set forth on the registration form may result in the denial of registration, revocation of registration as an emergency worker, or denial of compensation for claims arising under A.R.S. § 23-1028(a).
- B.** Registration may be denied or revoked in the event of the following:
  1. Failure to satisfactorily provide the information required in Section R8-2-703,
  2. Health conditions that could limit the applicant's performance as an emergency worker, or
  3. Felony convictions.

**Historical Note**

Section made by final rulemaking at 14 A.A.R. 4519, effective January 31, 2009 (Supp. 08-4).

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## TITLE 8. EMERGENCY AND MILITARY AFFAIRS

### CHAPTER 4. RECODIFIED

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

This Chapter contains rules that were filed to be recodified in the *Arizona Administrative Code* between the dates of  
July 1, 2021 through September 30, 2021

*See the table of contents on page 1 for a list of rules recodified (Supp. 21-3).*

#### Questions about the recodification?

##### Contact:

Department: Department of Environmental Quality  
Waste Program Division  
Address: 1110 W. Washington St  
Phoenix, AZ 85007  
Website: <https://azdeq.gov/waste-programs-division>  
Name: Mark Lewandowski  
Telephone: (602) 771-2230  
Fax: (602) 771-4272  
E-mail: [lewandowski.mark@azdeq.gov](mailto:lewandowski.mark@azdeq.gov)

#### The release of this Chapter in Supp. 21-3 replaces Supp. 14-3, 1-3 pages

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

## PREFACE

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

Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

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### RULES

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

### THE ADMINISTRATIVE CODE

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

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

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

First Quarter: January 1 - March 31  
Second Quarter: April 1 - June 30  
Third Quarter: July 1 - September 30  
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2021 is cited as Supp. 21-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. This is why the Office lists only updated codified Sections on the previous page.

### AUTHENTICATION OF PDF CODE CHAPTERS

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

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

### HOW TO USE THE CODE

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

### ARIZONA REVISED STATUTE REFERENCES

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

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

### SESSION LAW REFERENCES

Arizona Session Law references in a Chapter can be found at the Secretary of State’s website, [www.azsos.gov](http://www.azsos.gov) under Services-> Legislative Filings.

### EXEMPTIONS FROM THE APA

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

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

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

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

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

### EXEMPTIONS AND PAPER COLOR

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

### PERSONAL USE/COMMERCIAL USE

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



Administrative Rules Division

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

**TITLE 8. EMERGENCY AND MILITARY AFFAIRS**

**CHAPTER 4. RECODIFIED**

**Supp. 21-3**

*Editor's Note: Chapter 208 (H.B. 2274), 52 Legislature, 2015 First Regular Session, transferred the duties of the Arizona Emergency Response Commission to the Department of Environmental Quality. The rules in this Chapter were recodified to 18 A.A.C. 18 at 27 A.A.R. 1535, effective September 1, 2021 (Supp. 21-3).*

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*Article 1, consisting of Sections R8-4-101 through R8-4-110, made by final rulemaking at 14 A.A.R. 2931, effective August 30, 2008 (Supp. 08-3).*

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## CHAPTER 4. RECODIFIED

**ARTICLE 1. RECODIFIED****R8-4-101. Recodified****Historical Note**

New Section made by final rulemaking at 14 A.A.R. 2931, effective August 30, 2008 (Supp. 08-3). Section R8-4-101 recodified to R18-18-101 at 27 A.A.R. 1535, effective September 1, 2021 (Supp. 21-3).

**R8-4-102. Recodified****Historical Note**

New Section made by final rulemaking at 14 A.A.R. 2931, effective August 30, 2008 (Supp. 08-3). Section R8-4-102 recodified to R18-18-102 at 27 A.A.R. 1535, effective September 1, 2021 (Supp. 21-3).

**R8-4-103. Recodified****Historical Note**

New Section made by final rulemaking at 14 A.A.R. 2931, effective August 30, 2008 (Supp. 08-3). Section R8-4-103 recodified to R18-18-103 at 27 A.A.R. 1535, effective September 1, 2021 (Supp. 21-3).

**R8-4-104. Recodified****Historical Note**

New Section made by final rulemaking at 14 A.A.R. 2931, effective August 30, 2008 (Supp. 08-3). Section R8-4-104 recodified to R18-18-104 at 27 A.A.R. 1535, effective September 1, 2021 (Supp. 21-3).

**R8-4-105. Recodified****Historical Note**

New Section made by final rulemaking at 14 A.A.R. 2931, effective August 30, 2008 (Supp. 08-3). Section R8-4-105 recodified to R18-18-105 at 27 A.A.R. 1535, effective September 1, 2021 (Supp. 21-3).

**R8-4-106. Recodified****Historical Note**

New Section made by final rulemaking at 14 A.A.R. 2931, effective August 30, 2008 (Supp. 08-3). Section R8-4-106 recodified to R18-18-106 at 27 A.A.R. 1535, effective September 1, 2021 (Supp. 21-3).

**R8-4-107. Recodified****Historical Note**

New Section made by final rulemaking at 14 A.A.R. 2931, effective August 30, 2008 (Supp. 08-3). Amended by final rulemaking at 20 A.A.R. 2524, effective October 17, 2014 (Supp. 14-3). Section R8-4-107 recodified to R18-18-107 at 27 A.A.R. 1535, effective September 1, 2021 (Supp. 21-3).

**R8-4-108. Recodified****Historical Note**

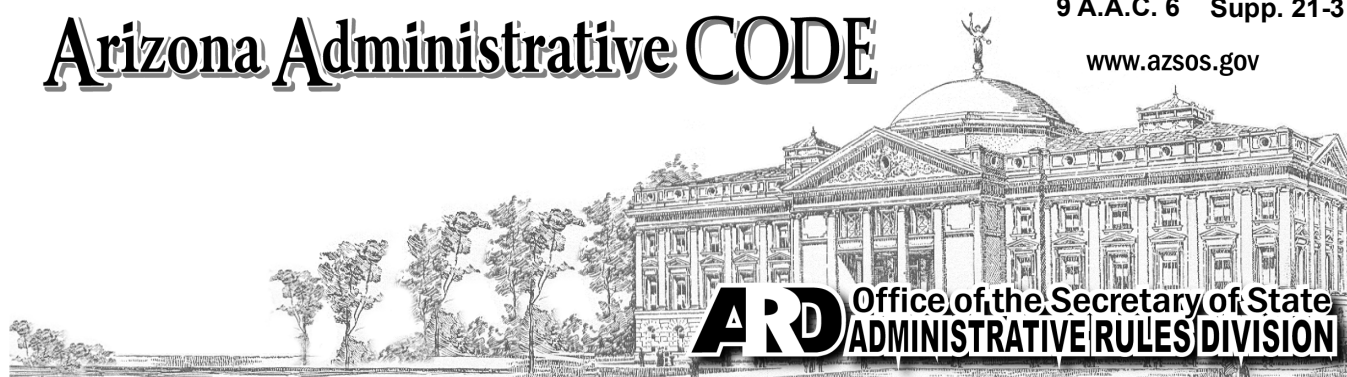
New Section made by final rulemaking at 14 A.A.R. 2931, effective August 30, 2008 (Supp. 08-3). Section R8-4-108 recodified to R18-18-108 at 27 A.A.R. 1535, effective September 1, 2021 (Supp. 21-3).

**R8-4-109. Recodified****Historical Note**

New Section made by final rulemaking at 14 A.A.R. 2931, effective August 30, 2008 (Supp. 08-3). Section R8-4-109 recodified to R18-18-109 at 27 A.A.R. 1535, effective September 1, 2021 (Supp. 21-3).

**R8-4-110. Recodified****Historical Note**

New Section made by final rulemaking at 14 A.A.R. 2931, effective August 30, 2008 (Supp. 08-3). Section R8-4-110 recodified to R18-18-110 at 27 A.A.R. 1535, effective September 1, 2021 (Supp. 21-3).



## TITLE 9. HEALTH SERVICES

### CHAPTER 6. DEPARTMENT OF HEALTH SERVICES - COMMUNICABLE DISEASES AND INFESTATIONS

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

This Chapter contains rules that were filed to be codified in the *Arizona Administrative Code* between the dates of  
July 1, 2021 through September 30, 2021

[R9-6-502.](#)     [Management of Exposed Animals ..... 59](#)

#### Questions about these rules? Contact:

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**The release of this Chapter in Supp. 21-3 replaces Supp. 20-2, 1-81 pages**

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

## PREFACE

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

Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

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### RULES

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

### THE ADMINISTRATIVE CODE

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

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

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

First Quarter: January 1 - March 31

Second Quarter: April 1 - June 30

Third Quarter: July 1 - September 30

Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2021 is cited as Supp. 21-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. This is why the Office lists only updated codified Sections on the previous page.

### AUTHENTICATION OF PDF CODE CHAPTERS

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

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### HOW TO USE THE CODE

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### ARIZONA REVISED STATUTE REFERENCES

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

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

### SESSION LAW REFERENCES

Arizona Session Law references in a Chapter can be found at the Secretary of State’s website, [www.azsos.gov](http://www.azsos.gov) under Services-> Legislative Filings.

### EXEMPTIONS FROM THE APA

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

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

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

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

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

### EXEMPTIONS AND PAPER COLOR

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

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





## Administrative Rules Division

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## TITLE 9. HEALTH SERVICES

## CHAPTER 6. DEPARTMENT OF HEALTH SERVICES - COMMUNICABLE DISEASES AND INFESTATIONS

Authority: A.R.S. §§ 36-132(A)(1) and 36-136(G)

## Supp. 21-3

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*Article 2, consisting of Sections R9-6-201 through R9-6-203, renumbered to Article 5, Sections R9-6-501 through R9-6-503 effective October 19, 1993 (Supp. 93-4).*

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**ARTICLE 5. RABIES CONTROL**

*Article 5, consisting of Sections R9-6-501 through R9-6-503, renumbered from Article 2, Sections R9-6-201 through R9-6-203 effective October 19, 1993 (Supp. 93-4).*

*Article 5, consisting of Sections R9-6-501 through R9-6-506 and Tables 1 and 2, renumbered to Article 7, Sections R9-6-701 through R9-6-706 and Tables 1 and 2 effective October 19, 1993 (Supp. 93-4).*

*Article 5, consisting of Sections R9-6-501 through R9-6-506 and Tables 1 and 2, adopted effective January 20, 1992 (Supp. 92-1).*

*Article 5, consisting of Sections R9-6-501 through R9-6-504, repealed effective January 20, 1992 (Supp. 92-1).*

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**ARTICLE 6. REPORTING POST-EXPOSURE RABIES PROPHYLAXIS**

*Article 6, consisting of Sections R9-6-601 through R9-6-603, adopted effective October 19, 1993 (Supp. 93-4).*

*Article 6, Sections R9-6-601 and R9-6-602, renumbered to Article 2, Sections R9-6-201 and R9-6-202, and Article 6, Sections R9-6-602 through R9-6-605 repealed effective October 19, 1993 (Supp. 93-4).*

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**ARTICLE 7. REQUIRED IMMUNIZATIONS FOR CHILD CARE OR SCHOOL ENTRY**

*Article 7, consisting of Sections R9-6-701 through R9-6-706, renumbered from Article 5 effective October 19, 1993 (Supp. 93-4).*

*Article 7 renumbered to Article 3 effective October 19, 1993 (Please refer to the individual Sections for the appropriate actions and new locations) (Supp. 93-4).*

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**ARTICLE 8. ASSAULTS ON HOSPITAL EMPLOYEES, PUBLIC SAFETY EMPLOYEES AND VOLUNTEERS, OR STATE HOSPITAL EMPLOYEES**

## CHAPTER 6. DEPARTMENT OF HEALTH SERVICES - COMMUNICABLE DISEASES AND INFESTATIONS

*Article 8 heading corrected as amended by final expedited rulemaking at 24 A.A.R. 2758, effective September 11, 2018 (Supp. 19-4).*

*New Article 8, consisting of Sections R9-6-801 through R9-6-803, made by final rulemaking at 8 A.A.R. 5214, effective February 1, 2003 (Supp. 02-4).*

*Article 8, consisting of Sections R9-6-801 through R9-6-808, renumbered to Article 4, Sections R9-6-401 through R9-6-408 (Supp. 93-4).*

*Article 8 consisting of Sections R9-6-801 through R9-6-808 adopted as permanent rules effective May 22, 1989.*

*Article 8 consisting of Sections R9-6-801 through R9-6-808 readopted as an emergency effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days. Emergency expired.*

*Article 8 consisting of Sections R9-6-801 through R9-6-808 readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days. Emergency expired.*

*Article 8 consisting of Sections R9-6-801 through R9-6-809 readopted as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days.*

*Article 8 consisting of Sections R9-6-801 through R9-6-809 adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days. Emergency expired.*

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## CHAPTER 6. DEPARTMENT OF HEALTH SERVICES - COMMUNICABLE DISEASES AND INFESTATIONS

## ARTICLE 1. GENERAL

**R9-6-101. Definitions**

In this Chapter, unless otherwise specified:

1. "Active tuberculosis" means the same as in A.R.S. § 36-711.
2. "Administrator" means the individual who is the senior leader at a child care establishment, health care institution, correctional facility, school, pharmacy, or shelter.
3. "Agency" means any board, commission, department, office, or other administrative unit of the federal government, the state, or a political subdivision of the state.
4. "Agent" means an organism that may cause a disease, either directly or indirectly.
5. "AIDS" means Acquired Immunodeficiency Syndrome.
6. "Airborne precautions" means, in addition to use of standard precautions:
  - a. Either:
    - i. Placing an individual in a private room with negative air-pressure ventilation, at least six air exchanges per hour, and air either:
      - (1) Exhausted directly to the outside of the building containing the room, or
      - (2) Recirculated through a HEPA filtration system before being returned to the interior of the building containing the room; or
    - ii. If the building in which an individual is located does not have an unoccupied room meeting the specifications in subsection (6)(a)(i):
      - (1) Placing the individual in a private room, with the door to the room kept closed when not being used for entering or leaving the room, until the individual is transferred to a health care institution that has a room meeting the specifications in subsection (6)(a)(i) or to the individual's residence, as medically appropriate; and
      - (2) Ensuring that the individual is wearing a mask covering the individual's nose and mouth; and
  - b. Ensuring the use by other individuals, when entering the room in which the individual is located, of a device that is:
    - i. Designed to protect the wearer against inhalation of an atmosphere that may be harmful to the health of the wearer, and
    - ii. At least as protective as a National Institute for Occupational Safety and Health-approved N-95 respirator.
7. "Approved test for tuberculosis" means a Mantoux skin test or other test for tuberculosis recommended by the Centers for Disease Control and Prevention or the Tuberculosis Control Officer appointed under A.R.S. § 36-714.
8. "Arizona State Laboratory" means the part of the Department authorized by A.R.S. Title 36, Chapter 2, Article 2, and A.R.S. § 36-132(A)(11) that performs serological, microbiological, entomological, and chemical analyses.
9. "Average window period" means the typical time between exposure to an agent and the ability to detect infection with the agent in human blood.
10. "Barrier" means a mask, gown, glove, face shield, face mask, or other membrane or filter to prevent the transmission of infectious agents and protect an individual from exposure to body fluids.
11. "Body fluid" means semen, vaginal secretion, tissue, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid, urine, blood, lymph, or saliva.
12. "Carrier" means an infected individual without symptoms who can spread the infection to a susceptible individual.
13. "Case" means an individual:
  - a. With a communicable disease whose condition is documented:
    - i. By laboratory results that support the presence of the agent that causes the disease;
    - ii. By a health care provider's diagnosis based on clinical observation; or
    - iii. By epidemiologic associations with the communicable disease, the agent that causes the disease, or toxic products of the agent;
  - b. Who has experienced diarrhea, nausea, or vomiting as part of an outbreak; or
  - c. Who has experienced a vaccinia-related adverse event.
14. "Case definition" means the disease-specific criteria that must be met for an individual to be classified as a case.
15. "Chief medical officer" means the senior health care provider in a correctional facility or that individual's designee who is also a health care provider.
16. "Child" means an individual younger than 18 years of age.
17. "Child care establishment" means:
  - a. A "child care facility," as defined in A.R.S. § 36-881;
  - b. A "child care group home," as defined in A.R.S. § 36-897;
  - c. A child care home registered with the Arizona Department of Education under A.R.S. § 46-321; or
  - d. A child care home certified by the Arizona Department of Economic Security under A.R.S. Title 46, Chapter 7, Article 1.
18. "Clinical signs and symptoms" means evidence of disease or injury that can be observed by a health care provider or can be inferred by the health care provider from a patient's description of subjective complaints.
19. "Cohort room" means a room housing only individuals infected with the same agent and no other agent.
20. "Communicable disease" means an illness caused by an agent or its toxic products that arises through the transmission of that agent or its products to a susceptible host, either directly or indirectly.
21. "Communicable period" means the time during which an agent may be transmitted directly or indirectly:
  - a. From an infected individual to another individual;
  - b. From an infected animal, arthropod, or vehicle to an individual; or
  - c. From an infected individual to an animal.
22. "Confirmatory test" means a laboratory analysis approved by the U.S. Food and Drug Administration to be used after a screening test to diagnose or monitor the progression of HIV infection.
23. "Contact" means an individual who has been exposed to an infectious agent in a manner that may have allowed transmission of the infectious agent to the individual during the communicable period.
24. "Correctional facility" means any place used for the confinement or control of an individual:
  - a. Charged with or convicted of an offense,
  - b. Held for extradition, or
  - c. Pursuant to a court order for law enforcement purposes.

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25. "Court-ordered subject" means a subject who is required by a court of competent jurisdiction to provide one or more specimens of blood or other body fluids for testing.
26. "Dentist" means an individual licensed under A.R.S. Title 32, Chapter 11, Article 2.
27. "Department" means the Arizona Department of Health Services.
28. "Designated service area" means the same as in R9-18-101.
29. "Diagnosis" means an identification of a disease by an individual authorized by law to make the identification.
30. "Disease" means a condition or disorder that causes the human body to deviate from its normal or healthy state.
31. "Emerging or exotic disease" means:
  - a. A new disease resulting from change in an existing organism;
  - b. A known disease not usually found in the geographic area or population in which it is found;
  - c. A previously unrecognized disease appearing in an area undergoing ecologic transformation; or
  - d. A disease reemerging as a result of a situation such as antimicrobial resistance in a known infectious agent, a breakdown in public health measures, or deliberate release.
32. "Entity" has the same meaning as "person" in A.R.S. § 1-215.
33. "Epidemiologic investigation" means the application of scientific methods to ascertain a diagnosis; identify risk factors for a disease; determine the potential for spreading a disease; institute control measures; and complete forms and reports such as communicable disease, case investigation, and outbreak reports.
34. "Fever" means a temperature of 100.4° F or higher.
35. "Food establishment" has the same meaning as in the document incorporated by reference in A.A.C. R9-8-107.
36. "Food handler" means:
  - a. A paid or volunteer full-time or part-time worker who prepares or serves food or who otherwise touches food in a food establishment; or
  - b. An individual who prepares food for or serves food to a group of two or more individuals in a setting other than a food establishment.
37. "Foodborne" means that food serves as a mode of transmission of an infectious agent.
38. "Guardian" means an individual who is invested with the authority and charged with the duty of caring for an individual by a court of competent jurisdiction.
39. "HBsAg" means hepatitis B surface antigen.
40. "Health care institution" has the same meaning as in A.R.S. § 36-401.
41. "Health care provider" means the same as in A.R.S. § 36-661.
42. "Health education" means supplying to an individual or a group of individuals:
  - a. Information about a communicable disease or options for treatment of a communicable disease, and
  - b. Guidance about methods to reduce the risk that the individual or group of individuals will become infected or infect other individuals.
43. "HIV" means Human Immunodeficiency Virus.
44. "HIV-related test" has the same meaning as in A.R.S. § 36-661.
45. "Infected" or "infection" means when an individual has an agent for a disease in a part of the individual's body where the agent may cause a disease.
46. "Infectious active tuberculosis" means pulmonary or laryngeal active tuberculosis in an individual, which can be transmitted from the infected individual to another individual.
47. "Infectious agent" means an agent that can be transmitted to an individual.
48. "Infant" means a child younger than 12 months of age.
49. "Isolate" means:
  - a. To separate an infected individual or animal from others to limit the transmission of infectious agents, or
  - b. A pure strain of an agent obtained from a specimen.
50. "Isolation" means separation, during the communicable period, of an infected individual or animal from others to limit the transmission of infectious agents.
51. "Laboratory report" means a document that:
  - a. Is produced by a laboratory that conducts a test or tests on a subject's specimen; and
  - b. Shows the outcome of each test, including personal identifying information about the subject.
52. "Local health agency" means a county health department, a public health services district, a tribal health unit, or a U.S. Public Health Service Indian Health Service Unit.
53. "Local health officer" means an individual who has daily control and supervision of a local health agency or the individual's designee.
54. "Medical evaluation" means an assessment of an individual's health by a physician, physician assistant, or registered nurse practitioner.
55. "Medical examiner" means an individual:
  - a. Appointed as a county medical examiner by a county board of supervisors under A.R.S. § 11-592, or
  - b. Employed by a county board of supervisors under A.R.S. § 11-592 to perform the duties of a county medical examiner.
56. "Multi-drug resistant tuberculosis" means active tuberculosis that is caused by bacteria that are not susceptible to the antibiotics isoniazid and rifampin.
57. "Officer in charge" means the individual in the senior leadership position in a correctional facility or that individual's designee.
58. "Outbreak" means an unexpected increase in incidence of a disease, infestation, or sign or symptom of illness.
59. "Parent" means a biological or adoptive mother or father.
60. "Person" has the same meaning as in A.R.S. § 1-215.
61. "Petition" means a formal written application to a court requesting judicial action on a matter.
62. "Pharmacy" has the same meaning as in A.R.S. § 32-1901.
63. "Physician" means an individual licensed as a doctor of:
  - a. Allopathic medicine under A.R.S. Title 32, Chapter 13;
  - b. Naturopathic medicine under A.R.S. Title 32, Chapter 14;
  - c. Osteopathic medicine under A.R.S. Title 32, Chapter 17; or
  - d. Homeopathic medicine under A.R.S. Title 32, Chapter 29.
64. "Physician assistant" has the same meaning as in A.R.S. § 32-2501.
65. "Pupil" means a student attending a school.
66. "Quarantine" means the restriction of activities of an individual or animal that has been exposed to a case or carrier of a communicable disease during the communi-

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- cable period, to prevent transmission of the disease if infection occurs.
67. "Registered nurse practitioner" has the same meaning as in A.R.S. § 32-1601.
  68. "Respiratory disease" means a communicable disease with acute onset of fever and symptoms such as cough, sore throat, or shortness of breath.
  69. "Risk factor" means an activity or circumstance that increases the chances that an individual will become infected with or develop a communicable disease.
  70. "School" means:
    - a. An "accommodation school," as defined in A.R.S. § 15-101;
    - b. A "charter school," as defined in A.R.S. § 15-101;
    - c. A "private school," as defined in A.R.S. § 15-101;
    - d. A "school," as defined in A.R.S. § 15-101;
    - e. A college or university;
    - f. An institution that offers a "private vocational program," as defined in A.R.S. § 32-3001; or
    - g. An institution that grants a "degree," as defined in A.R.S. § 32-3001, for completion of an educational program of study.
  71. "Screening test" means a laboratory analysis approved by the U.S. Food and Drug Administration as an initial test to indicate the possibility that an individual is infected with a communicable disease.
  72. "Sexual contact" means vaginal intercourse, anal intercourse, fellatio, cunnilingus, or other deliberate interaction with another individual's genital area for a non-medical or non-hygienic reason.
  73. "Shelter" means:
    - a. A facility or home that provides "shelter care," as defined in A.R.S. § 8-201;
    - b. A "homeless shelter," as defined in A.R.S. § 16-121; or
    - c. A "shelter for victims of domestic violence," as defined in A.R.S. § 36-3001.
  74. "Significant exposure" means the same as in A.R.S. § 32-3207.
  75. "Standard precautions" means the use of barriers by an individual to prevent parenteral, mucous membrane, and nonintact skin exposure to body fluids and secretions other than sweat.
  76. "Subject" means an individual whose blood or other body fluid has been tested or is to be tested.
  77. "Submitting entity" means the same as in A.R.S. § 13-1415.
  78. "Suspect case" means an individual whose medical history, signs, or symptoms indicate that the individual:
    - a. May have or is developing a communicable disease;
    - b. May have experienced diarrhea, nausea, or vomiting as part of an outbreak; or
    - c. May have experienced a vaccinia-related adverse event.
  79. "Syndrome" means a pattern of signs and symptoms characteristic of a disease.
  80. "Test" means an analysis performed on blood or other body fluid to evaluate for the presence or absence of a disease.
  81. "Test result" means information about the outcome of a laboratory analysis of a subject's specimen and does not include personal identifying information about the subject.
  82. "Treatment" means a procedure or method to cure, improve, or palliate an illness or a disease.
  83. "Tuberculosis control officer" means the same as in A.R.S. § 36-711.
  84. "Vaccine" means a preparation of a weakened or killed agent, a portion of the agent's structure, or a synthetic substitute for a portion of the agent's structure that, upon administration into the body of an individual or animal, stimulates a response in the body to produce or increase immunity to a particular disease.
  85. "Vaccinia-related adverse event" means a reaction to the administration of a vaccine against smallpox that requires medical evaluation of the reaction.
  86. "Victim" means an individual on whom another individual is alleged to have committed a sexual offense, as defined in A.R.S. § 13-1415.
  87. "Viral hemorrhagic fever" means disease characterized by fever and hemorrhaging and caused by a virus.
  88. "Waterborne" means that water serves as a mode of transmission of an infectious agent.
  89. "Working day" means the period from 8:00 a.m. to 5:00 p.m. on a Monday, Tuesday, Wednesday, Thursday, or Friday that is not a state holiday.

**Historical Note**

Adopted effective January 28, 1987 (Supp. 87-1).

Amended effective September 14, 1990 (Supp. 90-3).

Amended effective October 19, 1993 (Supp. 93-4).

Amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Amended by final rulemaking at 15 A.A.R. 215, effective March 7, 2009 (Supp. 09-1). Amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-102. Release of Information**

A person shall release information, including protected health information as defined in 45 CFR 160.103, to the Department or a local health agency upon request if the information is:

1. Requested by the Department or the local health agency for the purpose of:
  - a. Detecting, preventing, or controlling a communicable disease; or
  - b. Preventing injury or disability that may result from a communicable disease; and
2. In the possession of the person.

**Historical Note**

Adopted effective May 2, 1991 (Supp. 91-2). Former Section R9-6-102 renumbered to R9-6-105, new Section R9-6-102 renumbered from R9-6-106 and amended effective October 19, 1993 (Supp. 93-4). Amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Former R9-6-102 renumbered to R9-6-201; new R9-6-102 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Amended by final rulemaking at 14 A.A.R. 4522, effective December 2, 2008 (Supp. 08-4).

**R9-6-103. Disclosure of Communicable Disease-Related Information to a Good Samaritan**

- A. In this Section, unless otherwise specified, the following definitions apply:
  1. "Affidavit" means a voluntary declaration or statement of facts that is made in writing and under oath or affirmation.

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2. "Assisted person" means the individual with whom a Good Samaritan alleges interaction constituting a significant exposure risk.
  3. "Available" means in the possession of or accessible by the Designated Officer who is reviewing a disclosure request.
  4. "Communicable disease-related information" has the same meaning as in A.R.S. § 36-661.
  5. "Designated Officer" means an individual appointed by the Director or a local health officer to:
    - a. Review a disclosure request from a Good Samaritan;
    - b. Determine whether disclosure of communicable disease-related information is required under A.R.S. § 36-664(E) and this Section; and
    - c. Respond to the Good Samaritan.
  6. "Director" has the same meaning as in A.R.S. § 36-101.
  7. "Disclosure request" means the information submitted by a Good Samaritan according to A.R.S. § 36-664(E) and subsection (C) or (D).
  8. "Emergency care or assistance" means actions performed by an individual on or for another individual, which are necessary to prevent death or impairment of the health of the other individual.
  9. "Emergency department" has the same meaning as in A.A.C. R9-11-101.
  10. "Good Samaritan" has the same meaning as in A.R.S. § 36-661.
  11. "In writing" means:
    - a. An original document,
    - b. A photocopy,
    - c. A facsimile, or
    - d. An e-mail.
  12. "Medical consultation" means discussion between a Good Samaritan and:
    - a. A physician or a registered nurse practitioner working in an emergency department or urgent care unit;
    - b. An occupational health provider as defined in A.A.C. R9-6-801; or
    - c. Any other health care provider knowledgeable in determining circumstances when post-exposure prophylaxis is necessary.
  13. "Mucous membrane" means a thin, pliable layer of tissue that lines passageways and cavities in the human body that lead to the outside, such as the mouth, gastrointestinal tract, nose, vagina, and urethra.
  14. "Notarized" means signed and dated by a notary.
  15. "Notary" means any individual authorized to perform the acts specified under A.R.S. § 41-313.
  16. "Post-exposure prophylaxis" means treatment provided to an individual who may have been exposed to a communicable disease, which is intended to prevent infection of the individual.
  17. "Significant exposure risk" has the same meaning as in A.R.S. § 36-661.
  18. "Under oath or affirmation" means a sworn or affirmed statement made by a Good Samaritan to a notary under the penalty of perjury.
  19. "Urgent care unit" has the same meaning as in A.A.C. R9-11-201.
- B.** A significant exposure risk may occur when a Good Samaritan's interaction with an individual results in:
1. A transfer of blood or body fluids from the individual onto the mucous membranes or into breaks in the skin of the Good Samaritan; or
  2. A sharing of airspace between the Good Samaritan and the individual.
- C.** If a Good Samaritan makes a disclosure request to the Department or a local health agency 72 hours or less after an alleged significant exposure risk, the disclosure request shall include:
1. The Good Samaritan's name;
  2. The Good Samaritan's mailing address or e-mail address;
  3. The telephone number at which the Good Samaritan may be reached during a working day;
  4. A description of the accident, fire, or other life-threatening emergency, in which the Good Samaritan rendered emergency care or assistance;
  5. A description of the:
    - a. Emergency care or assistance rendered by the Good Samaritan at the accident, fire, or other life-threatening emergency; and
    - b. Circumstances that the Good Samaritan believes constitute a significant exposure risk;
  6. If known, the name of the assisted person;
  7. If known, the date of birth of the assisted person; and
  8. Any additional information that may identify the assisted person.
- D.** If a Good Samaritan makes a disclosure request to the Department or a local health agency more than 72 hours after an alleged significant exposure risk, the disclosure request shall include:
1. A statement in writing that the Good Samaritan is requesting communicable disease-related information for an assisted person as allowed under A.R.S. § 36-664(E);
  2. Documentation concerning the accident, fire, or other life-threatening emergency in which the Good Samaritan rendered emergency care or assistance; and
  3. A notarized affidavit that contains:
    - a. The information specified in subsections (C)(1) through (8);
    - b. A statement that the Good Samaritan understands that the Good Samaritan may seek medical consultation to determine whether post-exposure prophylaxis for a communicable disease is needed;
    - c. A statement that the Good Samaritan certifies that the declarations contained within the affidavit are truthful to the best of the Good Samaritan's knowledge; and
    - d. The Good Samaritan's signature.
- E.** Within two working days after the Department or a local health agency receives a disclosure request from a Good Samaritan, the Designated Officer shall:
1. If the Designated Officer determines that the information provided as specified in subsection (C) or (D) indicates a significant exposure risk to the Good Samaritan and communicable disease-related information is available for the assisted person:
    - a. Attempt to contact the Good Samaritan by telephone and provide the Good Samaritan with the communicable disease-related information:
      - i. For the assisted person;
      - ii. Pertaining to the specific communicable disease or diseases that may be transmitted through the interaction between the Good Samaritan and the assisted person; and
      - iii. Without revealing the assisted person's name;
    - b. Attempt to contact the Good Samaritan by telephone and notify the Good Samaritan that disclosure of communicable disease-related information for one communicable disease does not rule out the possibility that the Good Samaritan was exposed to other communicable diseases about which information is not available to the Designated Officer;

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- c. Attempt to contact the Good Samaritan by telephone and provide to the Good Samaritan information concerning the agent causing the communicable disease for which the Designated Officer is disclosing communicable disease-related information, including:
  - i. A description of the disease or syndrome caused by the agent, including its symptoms;
  - ii. A description of how the agent is transmitted to others;
  - iii. The average window period for the agent;
  - iv. An explanation that exposure to an individual with a communicable disease does not mean that infection has occurred or will occur;
  - v. Measures to reduce the likelihood of transmitting the agent to others and that it is necessary to continue the measures until a negative test result is obtained after the average window period has passed or until an infection, if detected, is eliminated;
  - vi. That it is necessary to notify others that they may be or may have been exposed to the agent through interaction with the Good Samaritan; and
  - vii. The availability of assistance from the Department, local health agencies, or other resources; and
- d. Send to the Good Samaritan in writing:
  - i. The information specified in subsection (E)(1)(a);
  - ii. The notification specified in subsection (E)(1)(b);
  - iii. The information specified in subsection (E)(1)(c); and
  - iv. A statement that the confidentiality of the disclosed communicable disease-related information is protected by A.R.S. §§ 36-664(G) and 36-666(A)(2);
2. If the Designated Officer determines that the information provided as specified in subsection (C) or (D) indicates a significant exposure risk to the Good Samaritan, but the Designated Officer is unable to provide communicable disease-related information for the assisted person:
  - a. Attempt to contact the Good Samaritan by telephone and notify the Good Samaritan that either:
    - i. Communicable disease-related information, pertaining to the specific communicable disease or diseases that may be transmitted through the interaction between the Good Samaritan and the assisted person, is not available to the Designated Officer; or
    - ii. The Designated Officer is unable to identify the assisted person from the information provided in the Good Samaritan's disclosure request, as specified in subsection (C) or (D);
  - b. Attempt to contact the Good Samaritan by telephone and notify the Good Samaritan that:
    - i. The Good Samaritan's interaction with the assisted person may pose a significant exposure risk to the Good Samaritan; and
    - ii. The Good Samaritan may seek medical consultation on the need for post-exposure prophylaxis; and
  - c. Send to the Good Samaritan in writing the notifications specified in subsections (E)(2)(a) and (b); and
3. If the Designated Officer determines that the information provided as specified in subsection (C) or (D) does not

indicate a significant exposure risk to the Good Samaritan:

- a. Attempt to contact the Good Samaritan by telephone and notify the Good Samaritan that the Designated Officer will not disclose any available communicable disease-related information for the assisted person; and
- b. Send to the Good Samaritan in writing:
  - i. The notification specified in subsection (E)(3)(a);
  - ii. A statement that the Designated Officer's decision not to disclose communicable disease-related information to the Good Samaritan is based on A.R.S. § 36-664(E) and this Section;
  - iii. The Designated Officer's reasons for not disclosing communicable disease-related information to the Good Samaritan; and
  - iv. A statement that the Good Samaritan has the right to obtain a hearing as specified in A.R.S. § 41-1092.03(B).

**Historical Note**

Renumbered from R9-6-107 and amended effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2). Amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Section renumbered to R9-6-301 by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). New Section made by final rulemaking at 14 A.A.R. 4641, effective January 31, 2009 (Supp. 08-4).

**R9-6-104. Repealed****Historical Note**

Renumbered from R9-6-108 and amended effective October 19, 1993 (Supp. 93-4). Section repealed by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2).

**R9-6-105. Renumbered****Historical Note**

Adopted effective January 20, 1992 (Supp. 92-1). Former Section R9-6-105 renumbered to R9-6-107, new Section R9-6-105 renumbered from R9-6-102 and amended effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2). Section renumbered to R9-6-501 by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

**R9-6-106. Renumbered****Historical Note**

Amended effective June 4, 1980 (Supp. 80-3). Former Section R9-6-112 renumbered and amended as Section R9-6-106 effective January 28, 1987 (Supp. 87-1). Former Section R9-6-106 renumbered to R9-6-102, new Section R9-6-106 adopted effective October 19, 1993 (Supp. 93-4). Section renumbered to R9-6-601 by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

**Exhibit I-A. Repealed****Historical Note**

New Exhibit I-A made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Exhibit I-A repealed by final rulemaking at 15 A.A.R. 215, effective March 7, 2009 (Supp. 09-1).

**R9-6-107. Repealed**

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**Historical Note**

Adopted effective September 14, 1990 (Supp. 90-3). Former Section R9-6-107 renumbered to R9-6-103, new Section R9-6-107 renumbered from R9-6-105 and amended effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2). Amended by final rulemaking at 5 A.A.R. 496, effective January 19, 1999 (Supp. 99-1). Section repealed by final rulemaking at 8 A.A.R. 4274, effective September 16, 2002 (Supp. 02-3).

**R9-6-108. Renumbered****Historical Note**

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2). Amended and readopted as an emergency effective August 8, 1988 pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired. Readopted as an emergency and Paragraph (9) corrected effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Adopted without change as a permanent rule effective May 22, 1989 (Supp. 89-2). Renumbered to R9-6-104 effective October 19, 1993 (Supp. 93-4).

**R9-6-109. Reserved****R9-6-110. Reserved****R9-6-111. Repealed****Historical Note**

Corrected Departmental reference in subsection (C) (Supp. 76-5). Amended effective June 4, 1980 (Supp. 80-3). Repealed effective January 28, 1987 (Supp. 87-1).

**R9-6-112. Renumbered****Historical Note**

Amended effective June 4, 1980 (Supp. 80-3). Former Section R9-6-112 renumbered and amended as Section R9-6-106 effective January 28, 1987 (Supp. 87-1).

**R9-6-113. Repealed****Historical Note**

Former Section R9-6-113 repealed, new Section R9-6-113 adopted effective June 4, 1980 (Supp. 80-3). Amended paragraph 4, effective January 31, 1983 (Supp. 83-1). Repealed effective January 28, 1987 (Supp. 87-1).

**R9-6-114. Repealed****Historical Note**

Corrected Departmental reference in subsections (B) and (C) (Supp. 76-5). Former Section R9-6-114 repealed, new Section R9-6-114 adopted effective June 4, 1980 (Supp. 80-3). Repealed effective January 28, 1987 (Supp. 87-1).

**ARTICLE 2. COMMUNICABLE DISEASE AND INFESTATION REPORTING****R9-6-201. Definitions**

In this Article, unless otherwise specified:

1. "Clinical laboratory" has the same meaning as in A.R.S. § 36-451.
2. "Drug" has the same meaning as in A.R.S. § 32-1901.
3. "Epidemiologic curve" means a graphic display of the number of cases over time.

4. "Normally sterile site" means an anatomic location, or tissue or body fluid from an anatomic location, in which microorganisms are not found in the absence of disease and includes:
  - a. The lower respiratory tract;
  - b. Blood;
  - c. Bone marrow;
  - d. Cerebrospinal fluid;
  - e. Pleural fluid;
  - f. Peritoneal fluid;
  - g. Synovial fluid;
  - h. Pericardial fluid;
  - i. Amniotic fluid;
  - j. Lymph;
  - k. A closed abscess; or
  - l. Another anatomic location other than the skin, mouth, eyes, upper respiratory tract, middle ear, urogenital tract, or gastrointestinal tract.
5. "Health care provider required to report" means a physician, physician assistant, registered nurse practitioner, or dentist who diagnoses, treats, or detects a case or suspect case of a communicable disease listed in Table 2.1 or detects an occurrence listed in Table 2.1.
6. "Pharmacist" has the same meaning as in A.R.S. § 32-1901.
7. "Point of contact" means an individual through whom the Department or a local health agency can obtain information upon request.
8. "Whole blood" means human blood from which plasma, erythrocytes, leukocytes, and thrombocytes have not been separated.

**Historical Note**

Former Section R9-6-211 renumbered and amended and subsection (C) renumbered from R9-6-212 and amended effective May 2, 1991 (Supp. 91-2). Former Section R9-6-201 renumbered to R9-6-501, new Section R9-6-201 renumbered from R9-6-601, repealed, and a new Section R9-6-201 adopted effective October 19, 1993 (Supp. 93-4). Former R9-6-201 repealed; new R9-6-201 renumbered from R9-6-102 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-202. Reporting Requirements for a Health Care Provider Required to Report or an Administrator of a Health Care Institution or Correctional Facility**

- A. A health care provider required to report shall, either personally or through a representative, submit a report, in a Department-provided format, to the local health agency within the time limitation in Table 2.1 and as specified in subsection (C) or (D).
- B. An administrator of a health care institution or correctional facility in which a case or suspect case of a communicable disease listed in Table 2.1 is diagnosed, treated, or detected or an occurrence listed in Table 2.1 is detected shall, either personally or through a representative, submit a report, in a Department-provided format, to the local health agency within the time limitation in Table 2.1 and as specified in subsection (C) or (D).
- C. Except as described in subsection (D), for each case, suspect case, or occurrence for which a report on an individual is required by subsection (A) or (B) and Table 2.1, a health care provider required to report or an administrator of a health care



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institution or correctional facility shall submit a report that includes:

1. The following information about the case or suspect case:
  - a. Name;
  - b. Residential and mailing addresses;
  - c. County of residence;
  - d. Whether the individual is living on a reservation and, if so, the name of the reservation;
  - e. Whether the individual is a member of a tribe and, if so, the name of the tribe;
  - f. Telephone number and, if available, email address;
  - g. Date of birth;
  - h. Race and ethnicity;
  - i. Gender;
  - j. If known, whether the individual is pregnant;
  - k. If known, whether the individual is alive or dead;
  - l. If known, the individual's occupation;
  - m. If the individual is attending or working in a school or child care establishment or working in a health care institution or food establishment, the name and address of the school, child care establishment, health care institution, or food establishment; and
  - n. For a case or suspect case who is a child requiring parental consent for treatment, the name, residential address, telephone number, and, if available, email address of the child's parent or guardian, if known;
2. The following information about the disease:
  - a. The name of the disease;
  - b. The date of onset of symptoms;
  - c. The date of diagnosis;
  - d. The date of specimen collection;
  - e. Each type of specimen collected;
  - f. Each type of laboratory test completed;
  - g. The date of the result of each laboratory test; and
  - h. A description of the laboratory test results, including quantitative values if available;
3. If reporting a case or suspect case of tuberculosis:
  - a. The site of infection;
  - b. A description of the treatment prescribed, if any, including:
    - i. The name of each drug prescribed,
    - ii. The dosage prescribed for each drug, and
    - iii. The date of prescription for each drug; and
  - c. Whether the diagnosis was confirmed by a laboratory and, if so, the name, address, and phone number of the laboratory;
4. If reporting a case or suspect case of chancroid, gonorrhea, or *Chlamydia trachomatis* infection:
  - a. The gender of the individuals with whom the case or suspect case had sexual contact;
  - b. A description of the treatment prescribed, if any, including:
    - i. The name of each drug prescribed,
    - ii. The dosage prescribed for each drug, and
    - iii. The date of prescription for each drug;
  - c. The site of infection; and
  - d. Whether the diagnosis was confirmed by a laboratory and, if so, the name, address, and phone number of the laboratory;
5. If reporting a case or suspect case of syphilis:
  - a. The information required under subsection (C)(4); and
  - b. Identification of:
    - i. The stage of the disease, or
    - ii. Whether the syphilis is congenital;
6. If reporting a case of congenital syphilis in an infant, and in addition to the information required under subsection (C)(5) and A.R.S. § 36-694(A), the following information:
  - a. The name and date of birth of the infant's mother;
  - b. The residential address, mailing address, telephone number, and, if available, email address of the infant's mother;
  - c. The date and test results for the infant's mother of the prenatal syphilis test required in A.R.S. § 36-693; and
  - d. If the prenatal syphilis test of the infant's mother indicated that the infant's mother was infected with syphilis:
    - i. Whether the infant's mother received treatment for syphilis,
    - ii. The name and dosage of each drug prescribed to the infant's mother for treatment of syphilis and the date each drug was prescribed, and
    - iii. The name and phone number of the health care provider required to report who treated the infant's mother for syphilis;
7. The name, address, telephone number, and, if available, email address of the individual making the report; and
8. The name, address, telephone number, and, if available, email address of the:
  - a. Health care provider, if reporting under subsection (A) and different from the individual specified in subsection (C)(7); or
  - b. Health care institution or correctional facility, if reporting under subsection (B).
- D. For each outbreak for which a report is required by subsection (A) or (B) and Table 2.1, a health care provider required to report or an administrator of a health care institution or correctional facility shall submit a report that includes:
  1. A description of the signs and symptoms;
  2. If possible, a diagnosis and identification of suspected sources;
  3. The number of known cases and suspect cases;
  4. A description of the location and setting of the outbreak;
  5. The name, address, telephone number, and, if available, email address of the individual making the report; and
  6. The name, address, telephone number, and, if available, email address of the:
    - a. Health care provider, if reporting under subsection (A) and different from the individual specified in subsection (D)(5); or
    - b. Health care institution or correctional facility, if reporting under subsection (B).
- E. When an HIV-related test is ordered for an infant who was perinatally exposed to HIV to determine whether the infant is infected with HIV, the health care provider who orders the HIV-related test or the administrator of the health care institution in which the HIV-related test is ordered shall:
  1. Report the results of the infant's HIV-related test to the Department, either personally or through a representative, within five working days after receiving the results of the HIV-related test;
  2. Include the following information in the report specified in subsection (E)(1):
    - a. The name and date of birth of the infant;
    - b. The residential address, mailing address, and telephone number of the infant;
    - c. The name and date of birth of the infant's mother;
    - d. The date of the last medical evaluation of the infant;
    - e. The types of HIV-related tests ordered for the infant;

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- f. The dates of the infant's HIV-related tests;
  - g. The results of the infant's HIV-related tests; and
  - h. The ordering health care provider's name, address, and telephone number; and
3. Include with the report specified in subsection (E)(1) a report for the infant's mother including the following information:
- a. The name and date of birth of the infant's mother;
  - b. The residential address, mailing address, and telephone number of the infant's mother;
  - c. The date of the last medical evaluation of the infant's mother;
  - d. The types of HIV-related tests ordered for the infant's mother;
  - e. The dates of the HIV-related tests for the infant's mother;
  - f. The results of the HIV-related tests for the infant's mother;
  - g. What HIV-related risk factors the infant's mother has;
  - h. Whether the infant's mother delivered the infant vaginally or by C-section;
  - i. Whether the infant's mother was receiving HIV-related drugs prior to the infant's birth to reduce the risk of perinatal transmission of HIV; and
  - j. The name, address, and telephone number of the health care provider who ordered the HIV-related tests for the infant's mother.

**Historical Note**

Renumbered from R9-6-213 and amended effective May 2, 1991 (Supp. 91-2). Former Section R9-6-202 renumbered to R9-6-502, new Section R9-6-202 renumbered from R9-6-602 and amended effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2). Amended by final rulemaking at 8 A.A.R. 4467, effective December 1, 2002 (Supp. 02-4). Amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**Table 1. Repealed****Historical Note**

New Table 1 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Table 1 amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Table 1 repealed by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

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**Table 2.1. Reporting Requirements for a Health Care Provider Required to Report or an Administrator of a Health Care Institution or Correctional Facility**

☎*,O	Amebiasis	☎	Glanders	O	Respiratory disease in a health care institution or correctional facility
☎	Anaplasmosis	☎	Gonorrhea	☎*	Rubella (German measles)
☎	Anthrax	☎	<i>Haemophilus influenza</i> , invasive disease	☎	Rubella syndrome, congenital
☎	Arboviral infection	☎	Hansen's disease (Leprosy)	☎*,O	Salmonellosis
☎	Babesiosis	☎	Hantavirus infection	O	Scabies
☎	Basidiobolomycosis	☎	Hemolytic uremic syndrome	☎*,O	Shigellosis
☎	Botulism	☎*,O	Hepatitis A	☎	Smallpox
☎	Brucellosis	☎	Hepatitis B and Hepatitis D	☎	Spotted fever rickettsiosis (e.g., Rocky Mountain spotted fever)
☎*,O	Campylobacteriosis	☎	Hepatitis C	☎	Streptococcal group A infection, invasive disease
☎	Chagas infection and related disease (American trypanosomiasis)	☎*,O	Hepatitis E	☎	Streptococcal group B infection in an infant younger than 90 days of age, invasive disease
☎	Chancroid	☎	HIV infection and related disease	☎	<i>Streptococcus pneumoniae</i> infection (pneumococcal invasive disease)
☎	Chikungunya	☎	Influenza-associated mortality in a child	☎ <sup>1</sup>	Syphilis
☎	<i>Chlamydia trachomatis</i> infection	☎	Legionellosis (Legionnaires' disease)	☎*,O	Taeniasis
☎*	Cholera	☎	Leptospirosis	☎	Tetanus
☎	Coccidioidomycosis (Valley Fever)	☎	Listeriosis	☎	Toxic shock syndrome
☎	Colorado tick fever	☎	Lyme disease	☎	Trichinosis
O	Conjunctivitis, acute	☎	Lymphocytic choriomeningitis	☎	Tuberculosis, active disease
☎	Creutzfeldt-Jakob disease	☎	Malaria	☎	Tuberculosis latent infection in a child 5 years of age or younger (positive screening test result)
☎*,O	Cryptosporidiosis	☎	Measles (rubeola)	☎	Tularemia
☎	<i>Cyclospora</i> infection	☎	Melioidosis	☎	Typhoid fever
☎	Cysticercosis	☎	Meningococcal invasive disease	☎	Typhus fever
☎	Dengue	☎	Mumps	☎	Vaccinia-related adverse event
O	Diarrhea, nausea, or vomiting	☎	Novel coronavirus infection (e.g., SARS or MERS)	☎	Vancomycin-resistant or Vancomycin-intermediate <i>Staphylococcus aureus</i>
☎	Diphtheria	☎	Pertussis (whooping cough)	☎	Varicella (chickenpox)
☎	Ehrlichiosis	☎	Plague	☎*,O	<i>Vibrio</i> infection
☎	Emerging or exotic disease	☎	Poliomyelitis (paralytic or non-paralytic)	☎	Viral hemorrhagic fever
☎	Encephalitis, parasitic	☎	Psittacosis (ornithosis)	☎	West Nile virus infection
☎	Encephalitis, viral	☎	Q fever	☎	Yellow fever
☎	<i>Escherichia coli</i> , Shiga toxin-producing	☎	Rabies in a human	☎*,O	Yersiniosis (enteropathogenic <i>Yersinia</i> )
☎*,O	Giardiasis	☎	Relapsing fever (borreliosis)	☎	Zika virus infection

**Key:**

- ☎ Submit a report by telephone or through an electronic reporting system authorized by the Department within 24 hours after a case or suspect case is diagnosed, treated, or detected, or an occurrence is detected.
- \* Submit a report within 24 hours after a case or suspect case is diagnosed, treated, or detected, instead of reporting within the general reporting deadline, if the case or suspect case is a food handler or works in a child care establishment or a health care institution.
- <sup>1</sup> Submit a report within one working day if the case or suspect case is a pregnant woman.
- ☎ Submit a report within one working day after a case or suspect case is diagnosed, treated, or detected.
- ☎ Submit a report within five working days after a case or suspect case is diagnosed, treated, or detected.
- O Submit a report within 24 hours after detecting an outbreak.

**Historical Note**

New Table 2.1 made by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

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**R9-6-203. Reporting Requirements for an Administrator of a School, Child Care Establishment, or Shelter**

- A.** An administrator of a school, child care establishment, or shelter shall, either personally or through a representative, submit a report, in a Department-provided format, to the local health agency within the time limitation in Table 2.2 and as specified in subsection (B).
- B.** For each individual with a disease, infestation, or symptoms of a communicable disease or infestation listed in Table 2.2, or an outbreak of the communicable disease or infestation, an administrator of a school, child care establishment, or shelter shall submit a report that includes:
1. The name and address of the school, child care establishment, or shelter;
  2. The number of individuals with the disease, infestation, or symptoms;
  3. The date and time that the disease or infestation was detected or that the symptoms began;
  4. The number of rooms, grades, or classes affected and the name of each;
  5. The following information about each individual with the disease, infestation, or symptoms:
    - a. Name;
    - b. Date of birth or age;

- c. If the individual is a child, name and contact information for the individual's parent or guardian;
  - d. Residential address and telephone number; and
  - e. Whether the individual is a staff member, a student, a child in care, or a resident;
6. The number of individuals attending or residing at the school, child care establishment, or shelter; and
  7. The name, address, telephone number, and, if available, email address of the individual making the report.


















**Historical Note**

Renumbered from R9-6-214 and amended effective May 2, 1991 (Supp. 91-2). Former Section R9-6-203 renumbered to R9-6-503, new Section R9-6-202 adopted effective October 19, 1993 (Supp. 93-4). Former R9-6-203 renumbered to R9-6-206; new R9-6-203 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).




**Table 2. Renumbered****Historical Note**

New Table 2 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Table 2, renumbered to Table 2.2 by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**Table 2.2. Reporting Requirements for an Administrator of a School, Child Care Establishment, or Shelter**

	Campylobacteriosis		Mumps
	Conjunctivitis, acute		Pertussis (whooping cough)
	Cryptosporidiosis		Rubella (German measles)
	Diarrhea, nausea, or vomiting		Salmonellosis
	<i>Escherichia coli</i> , Shiga toxin-producing		Scabies
	<i>Haemophilus influenzae</i> , invasive disease		Shigellosis
	Hepatitis A		Streptococcal group A infection
	Measles		Varicella (chickenpox)
	Meningococcal invasive disease		

**Key:**

-  Submit a report within 24 hours after detecting a case or suspect case.
-  Submit a report within five working days after detecting a case or suspect case.
-  Submit a report within 24 hours after detecting an outbreak.

**Historical Note**

New Table 2.2 renumbered from Table 2 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-204. Clinical Laboratory Director Reporting Requirements**

- A.** Except as specified in subsection (D), a director of a clinical laboratory that obtains a test result described in Table 2.3 or that receives a specimen for detection of an infectious agent or toxin listed in Table 2.3 shall, either personally or through a representative, submit a report, in a Department-provided format, and, if applicable, an isolate or a specimen to the Department within the time limitation and as specified in Table 2.3 and subsection (B) or (C).
- B.** For each specimen for which an immediate report is required by subsection (A) and Table 2.3, a clinical laboratory director shall ensure the report includes:
1. The name and address of the laboratory;
  2. The name and telephone number of the director of the clinical laboratory;
  3. The name and, as available, the address, telephone number, and email address of the subject;
  4. The date of birth of the subject;
  5. The gender of the subject;
  6. The laboratory identification number;
  7. The specimen type;
  8. The date of collection of the specimen;
  9. The type of test ordered on the specimen; and
  10. The ordering health care provider's name, address, telephone number, and, if available, email address.
- C.** Except as provided in Table 2.3 and as specified in subsection (D), for each test result for a subject for which a report is required by subsection (A) and Table 2.3, a clinical laboratory director shall ensure the report includes:
1. The name and address of the laboratory;
  2. The name and telephone number of the director of the clinical laboratory;
  3. The name and, as available, the address, telephone number, and email address of the subject;
  4. The date of birth of the subject;
  5. The gender of the subject;
  6. The laboratory identification number;

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7. The specimen type;
  8. The date of collection of the specimen;
  9. The date of the result of the test;
  10. The type of test completed on the specimen;
  11. The test result, including quantitative values and reference ranges, if applicable; and
  12. The ordering health care provider's name, address, telephone number, and, if available, email address.
- D.** When the Arizona State Laboratory obtains a test result from anonymous HIV testing sent to the Arizona State Laboratory as described in R9-6-1005, the director of the Arizona State Laboratory shall, either personally or through a representative:
1. Submit a report to the Department within five working days after obtaining a positive test result; and
  2. Include in the report the following information:
    - a. The laboratory identification number of the subject;
    - b. The date of birth, gender, race, and ethnicity of the subject;
    - c. The date the specimen was collected;
    - d. The type of tests completed on the specimen;
    - e. The test results, including quantitative values if available; and
- f. The name, address, and telephone number of the person who submitted the specimen to the Arizona State Laboratory.




**Historical Note**

Adopted effective October 19, 1993 (Supp. 93-4). Former R9-6-204 renumbered to R9-6-302; new R9-6-204 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**Table 3. Repealed****Historical Note**

New Table 3 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Table 3 amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Table 3 repealed by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**Table 2.3. Clinical Laboratory Director Reporting Requirements**

	<i>Anaplasma</i> spp.	 ①, *	<i>Francisella tularensis</i>		<i>Plasmodium</i> spp.
①, *	Arboviruses	①, *	<i>Haemophilus influenzae</i> , from a normally sterile site	①, *	Rabies virus from a human
	<i>Babesia</i> spp.	①	Hantavirus	①, *	Rabies virus from an animal
 ①, *	<i>Bacillus anthracis</i>	① <sup>1</sup>	Hepatitis A virus (anti-HAV-IgM serologies, detection of viral nucleic acid, or genetic sequencing)		Respiratory syncytial virus
①, *	<i>Bordetella pertussis</i>	 <sup>1</sup>	Hepatitis B virus (anti-Hepatitis B core-IgM serologies, Hepatitis B surface or envelope antigen serologies, detection of viral nucleic acid, or genetic sequencing)	①, *	<i>Rickettsia</i> spp. – any test result
①, *	<i>Brucella</i> spp.	 <sup>1</sup>	Hepatitis C virus	① <sup>1</sup> , *	Rubella virus and anti-rubella-IgM serologies
①, *	<i>Burkholderia mallei</i> and <i>B. pseudomallei</i>	 <sup>1</sup>	Hepatitis D virus	①, *	<i>Salmonella</i> spp.
 ①, *	<i>Campylobacter</i> spp.	 <sup>1</sup> , *	Hepatitis E virus	①, *	<i>Shigella</i> spp.
 ①, *	Carbapenem-resistant Enterobacteriaceae (CRE)		HIV—any test result (by culture, antigen, antibodies to the virus, detection of viral nucleic acid, or genetic sequencing), except from a negative screening test	 ①, *	<i>Streptococcus</i> group A, from a normally sterile site
	CD <sub>4</sub> -T-lymphocyte count		HIV—any test result for an infant (by culture, antigen, antibodies to the virus, detection of viral nucleic acid, or genetic sequencing)		<i>Streptococcus</i> group B, from a normally sterile site in an infant younger than 90 days of age
①, *	Chikungunya virus	 ①, *	Influenza virus	 ①, *	<i>Streptococcus pneumoniae</i> and its drug sensitivity pattern, from a normally sterile site
	<i>Chlamydia trachomatis</i>	①, +	<i>Legionella</i> spp. (excluding single serological results)	 <sup>1</sup>	<i>Treponema pallidum</i> (syphilis) or rapid plasma reagin
	<i>Chlamydia psittaci</i> / <i>Chlamydia psittaci</i>	①	<i>Leptospira</i> spp.		<i>Trypanosoma cruzi</i> (Chagas disease)
 ①, *	<i>Clostridium botulinum</i> toxin (botulism)	①	<i>Lymphocytic choriomeningitis</i> virus	①, *	Vancomycin-resistant or Vancomycin-intermediate <i>Staphylococcus aureus</i>
 ①, *	<i>Coccidioides</i> spp.	①, *	<i>Listeria</i> spp., from a normally sterile site	 ①, *	Variola virus (smallpox)

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①	<i>Coxiella burnetti</i>	☎ <sup>1,*</sup>	Measles virus and anti-measles-IgM serologies	①,*	<i>Vibrio</i> spp.
①	<i>Cryptosporidium</i> spp.	☎ <sup>2</sup>	Methicillin-resistant <i>Staphylococcus aureus</i> , from a normally sterile site	☎,☎, *	Viral hemorrhagic fever agent
①	<i>Cyclospora</i> spp.	① <sup>1,*</sup>	Mumps virus and anti-mumps-IgM serologies	☎	West Nile virus
①,* <sup>4</sup>	Dengue virus	①,* <sup>3</sup>	<i>Mycobacterium tuberculosis</i> complex and its drug sensitivity pattern	☎,*	Yellow fever virus
☎	<i>Ehrlichia</i> spp.	☎,* <sup>4</sup>	<i>Neisseria gonorrhoeae</i> and, if performed, the drug sensitivity pattern	☎,☎, *	<i>Yersinia pestis</i> (plague)
☎,☎	Emerging or exotic disease agent	☎,*	<i>Neisseria meningitidis</i> , from a normally sterile site	①,*	<i>Yersinia</i> spp. (other than <i>Y. pestis</i> )
☎	<i>Entamoeba histolytica</i>	①	Norovirus	①,*	Zika virus
①,*	<i>Escherichia coli</i> , <i>Shiga</i> toxin-producing	☎	Novel coronavirus infection (e.g., SARS or MERS)		

**Key:**

- ☎ Submit a report immediately after receiving one specimen for detection of the agent. Report the receipt of subsequent specimens within five working days after receipt.
  - ☎ Submit a report within 24 hours after obtaining a positive test result.
  - ① Submit a report within one working day after obtaining a positive test result.
  - ☎ Submit a report within five working days after obtaining a positive test result or a test result specified in Table 2.3.
  - \* Submit an isolate of the organism for each positive culture, if available, or a specimen for each positive test result to the Arizona State Laboratory within one working day.
  - + Submit an isolate of the organism for each positive culture to the Arizona State Laboratory within one working day.
- When appearing after one of the symbols above, the following modify the requirement:
- <sup>1</sup> When reporting a positive result for any of the specified tests, report the results of all other tests performed for the subject as part of the disease panel or as a reflex test.
  - <sup>2</sup> Submit a report only when an initial positive result is obtained for an individual.
  - <sup>3</sup> Submit an isolate or specimen of the organism, as applicable, only when an initial positive result is obtained for an individual, when a change in resistance pattern is detected, or when a positive result is obtained  $\geq 12$  months after the initial positive result is obtained for an individual.
  - <sup>4</sup> Submit an isolate or specimen, as applicable, only by request.
  - <sup>5</sup> Submit an isolate of the organism, if available, or a specimen when a positive result is obtained for an individual  $< 5$  years of age.

**Historical Note**

Table 2.3 made by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-205. Reporting Requirements for a Pharmacist or an Administrator of a Pharmacy**

- A. A pharmacist who fills an individual's initial prescription for two or more of the drugs listed in subsection (B) or an administrator of a pharmacy in which an individual's initial prescription for two or more of the drugs listed in subsection (B) is filled shall, either personally or through a representative, submit a report, in a Department-provided format, that complies with subsection (C) to the Department within five working days after the prescription is filled.
- B. Any combination of two or more of the following drugs when initially prescribed for an individual triggers the reporting requirement of subsection (A):
  1. Isoniazid,
  2. Streptomycin,
  3. Any rifamycin,
  4. Pyrazinamide, or
  5. Ethambutol.
- C. A pharmacist or an administrator of a pharmacy shall submit a report required under subsection (A) that includes:
  1. The following information about the individual for whom the drugs are prescribed:
    - a. Name,
    - b. Address,
    - c. Telephone number, and
    - d. Date of birth; and
  2. The following information about the prescription:
    - a. The name of the drugs prescribed,

- b. The date of prescription, and
- c. The name and telephone number of the prescribing health care provider.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-206. Local Health Agency Responsibilities Regarding Communicable Disease Reports**

- A. The Department shall notify each local health agency of the format to be used by:
  1. A health care provider required to report when making a report required under R9-6-202(A) and Table 2.1;
  2. An administrator of a health care institution or correctional facility when making a report required under R9-6-202(B) and Table 2.1; and
  3. An administrator of a school, child care establishment, or shelter when making a report required under R9-6-203(A) and Table 2.2.
- B. A local health agency shall inform health care providers required to report and administrators of health care institutions, correctional facilities, schools, child care establishments, and shelters of the format to use when making a report, as specified in subsection (A).

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- C. Except as specified in Table 2.4 and Article 3, a local health agency shall provide to the Department the information contained in each report of a case, suspect case, or occurrence received by the local health agency under R9-6-202 or R9-6-203, including any report of disease in a nonresident of the jurisdiction who is or has been diagnosed or treated in the jurisdiction, within five working days after receipt and shall specify:
1. Which of the following best describes the individual identified in each report:
    - a. The individual meets the case definition for a case of the specific disease,
    - b. The individual is a suspect case,
    - c. The individual does not meet the case definition for a case or suspect case of the specific disease, or
    - d. The local health agency has not yet determined the status of the disease in the individual; and
  2. The status of the epidemiologic investigation for each report.
- D. Except as specified in Table 2.4 and Article 3, a local health agency shall submit to the Department a report, in a Department-provided format, of an epidemiologic investigation conducted by the local health agency:
1. In response to a report of a case, suspect case, or occurrence:
    - a. Submitted under R9-6-202 or R9-6-203, or
    - b. About which the local health agency was notified by the Department;
  2. Within 30 calendar days after receiving the report submitted under R9-6-202 or R9-6-203 or notification by the Department;
  3. If an epidemiologic investigation is required for the reported disease under Article 3; and
  4. Including in the report of the epidemiologic investigation:
    - a. The information described in:
      - i. R9-6-202(C) for a report submitted under R9-6-202,
      - ii. R9-6-203(B) for a report submitted under R9-6-203, or
      - iii. R9-6-202(C) for a report about which the Department notified the local health agency;
    - b. A description of all laboratory or other test results, performed in addition to the laboratory tests described in R9-6-202(C) and contributing to the diagnosis;
    - c. A description of the case's symptoms of the disease and other signs that may be observed that indicate that the individual may have the disease, if applicable;
    - d. A classification of the case according to the case definition;
    - e. A description of the condition or status of the case at the end of the epidemiologic investigation;
    - f. A description of the case's specific risk factors for acquiring the disease or other epidemiologic evidence of how the case acquired the infection that resulted in the disease;
    - g. A description of how the local health agency provided or arranged for the case to receive health education about the nature of the disease and how to prevent transmission or limit disease progression;
    - h. A description of the case's specific risk factors for transmitting the disease considered by the local health agency when conducting an assessment of contacts;
      - i. A description of the control measures used by the local health agency to reduce the spread of the disease; and
      - j. The date the report of the case, suspect case, or occurrence was submitted or the Department notified the local health agency.
- E. For each instance when the local health agency receives a report or reports indicating an outbreak or possible outbreak, the local health agency shall:
1. Within 24 hours after receiving the report or reports, provide to the Department, in a Department-provided format, the following information:
    - a. The location of the outbreak or possible outbreak;
    - b. If known, the number of cases and suspect cases;
    - c. The date that the outbreak was reported or the dates that cases suggestive of an outbreak were reported;
    - d. The setting of the outbreak or possible outbreak;
    - e. The name of the disease suspected or known to be the cause of the outbreak or possible outbreak; and
    - f. The name and telephone number of an individual at the local health agency who can serve as a point of contact regarding the outbreak or possible outbreak; and
  2. Within 30 calendar days after receiving the last report or reports associated with the outbreak, submit to the Department a report, in a Department-provided format, of the epidemiologic investigation conducted by the local health agency in response to the outbreak or possible outbreak, including:
    - a. A description of the outbreak location and setting;
    - b. The date that the local health agency was notified of the outbreak;
    - c. A description of how the local health agency verified the outbreak;
    - d. The number of individuals reported to be ill during the outbreak;
    - e. The number of individuals estimated to be at risk for illness as a result of the outbreak;
    - f. The specific case definition used;
    - g. A summary profile of the signs and symptoms;
    - h. An epidemiologic curve;
    - i. A copy of the laboratory evidence collected, including all laboratory test results, for all specimens submitted for testing to a laboratory other than the Arizona State Laboratory;
    - j. Hypotheses of how the outbreak occurred;
    - k. A description of the control measures used and the dates the control measures were implemented;
    - l. The conclusions drawn based upon the results of the epidemiologic investigation;
    - m. Recommendations for preventing future outbreaks; and
    - n. The name, address, and telephone number of the individual making the report to the Department.

**Historical Note**

Section renumbered from R9-6-203 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**Table 4. Repealed****Historical Note**

New Table 4 made by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Table 4

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repealed by final rulemaking at 23 A.A.R. 2605, effective  
January 1, 2018 (Supp. 17-3).

Table 2.4. Local Health Agency Reporting Requirements

☒, ➔	Amebiasis	☒	Gonorrhea	①, ➔, *	Rubella (German measles)
☒, ➔	Anaplasmosis	①, ➔	<i>Haemophilus influenza</i> , invasive disease	☒, ➔, *	Rubella syndrome, congenital
☒, ➔, *	Anthrax	☒, ➔	Hansen's disease (Leprosy)	①, ➔	Salmonellosis
☒, ➔	Arboviral infection	①, ➔	Hantavirus infection	①, ➔	Shigellosis
☒, ➔	Babesiosis	①, ➔	Hemolytic uremic syndrome	☒, ➔, *	Smallpox
☒, ➔	Basidiobolomycosis	①, ➔	Hepatitis A	①, ➔	Spotted fever rickettsiosis (e.g., Rocky Mountain spotted fever)
☒, ➔, *	Botulism	☒, ➔	Hepatitis B and Hepatitis D	☒	Streptococcal group A infection, invasive disease
☒, ➔, *	Brucellosis	☒, ➔	Hepatitis E	☒	Streptococcal group B infection in an infant younger than 90 days of age, invasive disease
☒, ➔	Campylobacteriosis	☒, ➔	HIV infection and related disease	☒	<i>Streptococcus pneumoniae</i> infec- tion, (pneumococcal invasive dis- ease)
☒, ➔	Chagas infection and related dis- ease (American Trypanosomia- sis)	①, ➔	Influenza-associated mortal- ity in a child	☒, ➔	Syphilis
☒, ➔	Chancroid ( <i>Haemophilus ducreyi</i> )	①, ➔	Legionellosis (Legionnaires' disease)	☒, ➔	Taeniasis
☒, ➔	Chikungunya	①, ➔	Leptospirosis	☒, ➔	Tetanus
☒	<i>Chlamydia trachomatis</i> infection	①, ➔, *	Listeriosis	☒, ➔	Toxic shock syndrome
①, ➔	Cholera	☒, ➔	Lyme disease	①, ➔	Trichinosis
☒	Coccidioidomycosis (Valley Fever)	①, ➔	Lymphocytic choriomeningi- tis	①, ➔, *	Tuberculosis, active disease
☒, ➔	Colorado tick fever	☒, ➔	Malaria	①, ➔	Tuberculosis latent infection in a child five years of age or younger (positive screening test result)
☒, ➔	Creutzfeldt-Jakob disease	☒, ➔, *	Measles (rubeola)	☒, ➔, *	Tularemia
☒, ➔	Cryptosporidiosis	①, ➔, *	Melioidosis	☒, ➔, *	Typhoid fever
☒, ➔	<i>Cyclospora</i> infection	☒, ➔, *	Meningococcal invasive dis- ease	①, ➔	Typhus fever
☒, ➔	Cysticercosis	①, ➔, *	Mumps	①, ➔	Vaccinia-related adverse event
①, ➔	Dengue	☒, ➔	Novel coronavirus (e.g., SARS or MERS)	①, ➔	Vancomycin-resistant or Vanco- mycin-intermediate <i>Staphylococ- cus aureus</i>
☒, ➔	Diphtheria	①, ➔	Pertussis (whooping cough)	①, ➔, *	Varicella (chickenpox)
☒, ➔	Ehrlichiosis	☒, ➔, *	Plague	☒, ➔, 1	<i>Vibrio</i> infection
☒, ➔	Emerging or exotic disease	☒, ➔, *	Poliomyelitis (paralytic or non-paralytic)	①, ➔	Viral hemorrhagic fever
☒, ➔	Encephalitis, parasitic	☒, ➔	Psittacosis (ornithosis)	☒, ➔, *	West Nile virus infection
①, ➔	Encephalitis, viral	①, ➔	Q Fever	☒, ➔, *	Yellow fever
①, ➔	<i>Escherichia coli</i> , Shiga toxin- producing	☒, ➔, *	Rabies in a human	①, ➔, *	Yersiniosis (enteropathogenic <i>Yersinia</i> )
☒, ➔	Giardiasis	①, ➔	Relapsing fever (borreliosis)	①, ➔, *	Zika virus infection
①, ➔, *	Glanders				

## Key:

☒ Notify the Department within 24 hours after receiving a report under R9-6-202 or R9-6-203.

① Notify the Department within one working day after receiving a report under R9-6-202 or R9-6-203.

☒ Notify the Department within five working days after receiving a report under R9-6-202 or R9-6-203.

➔ Submit an epidemiologic investigation report within 30 calendar days after receiving a report under R9-6-202 or R9-6-203 or notifica-  
tion by the Department.



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- \* Ensure that an isolate of the organism for each positive culture, if available, or a specimen for each positive test result is submitted to the Arizona State Laboratory within one working day.
- <sup>1</sup> Submit an epidemiologic investigation report only if a case or suspect case has died as a result of the communicable disease.

**Historical Note**

New Table 2.4 made by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-207. Federal or Tribal Entity Reporting**

A. To the extent permitted by law, a federal or tribal entity shall comply with the reporting requirements in this Article as follows:

1. If the federal or tribal entity is participating in the diagnosis or treatment of an individual, the federal or tribal entity shall comply with the reporting requirements in R9-6-202 and Table 2.1 for a health care provider;
2. If the federal or tribal entity is operating a facility that provides health care services, the federal or tribal entity shall comply with the reporting requirements in R9-6-202 and Table 2.1 for an administrator of a health care institution;
3. If the federal or tribal entity is operating a correctional facility, the federal or tribal entity shall comply with the reporting requirements in R9-6-202 and Table 2.1 for an administrator of a correctional facility;
4. If the federal or tribal entity is operating a facility that provides child care services, the federal or tribal entity shall comply with the reporting requirements in R9-6-203 and Table 2.2 for an administrator of a child care establishment;
5. If the federal or tribal entity is operating a facility that offers instruction to students in a grade level from kindergarten through grade 12, a college or university, a "private vocational program" as defined in A.R.S. § 32-3001, or an institution that grants a "degree" as defined in A.R.S. § 32-3001, the federal or tribal entity shall comply with the reporting requirements in R9-6-203 and Table 2.2 for an administrator of a school;
6. If the federal or tribal entity is operating a clinical laboratory, the federal or tribal entity shall comply with the reporting requirements in R9-6-204 and Table 2.3 for a clinical laboratory director; and
7. If the federal or tribal entity is operating a facility that provides pharmacy services, the federal or tribal entity shall comply with the reporting requirements in R9-6-205 for an administrator of a pharmacy.

B. For the purposes of this Section, "federal or tribal entity" means a person operating within this state, whether on federal or tribal land or otherwise, under the authority of an agency or other administrative subdivision of the federal government or a tribal nation and who is:

1. Licensed as a doctor of allopathic, naturopathic, osteopathic, or homeopathic medicine under the laws of this or another state;
2. Licensed as a physician assistant under the laws of this or another state;
3. Licensed as a registered nurse practitioner under the laws of this or another state;
4. Licensed as a dentist under the laws of this or another state;
5. Operating a facility that provides health care services;
6. Operating a correctional facility;
7. Operating a facility that provides child care services;
8. Operating a facility that offers instruction to students in a grade level from kindergarten through grade 12, a college or university, a "private vocational program" as defined in A.R.S. § 32-3001, or an institution that grants a "degree" as defined in A.R.S. § 32-3001;

9. Operating a clinical laboratory; or
10. Operating a facility that provides pharmacy services.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-208. Reserved**

**R9-6-209. Reserved**

**R9-6-210. Reserved**

**R9-6-211. Renumbered**

**Historical Note**

Renumbered to R9-6-201 effective May 2, 1991 (Supp. 91-2).

**R9-6-212. Renumbered**

**Historical Note**

Renumbered to R9-6-201(C) effective May 2, 1991 (Supp. 91-2).

**R9-6-213. Renumbered**

**Historical Note**

Renumbered to R9-6-202 effective May 2, 1991 (Supp. 91-2).

**R9-6-214. Renumbered**

**Historical Note**

Renumbered to R9-6-203 effective May 2, 1991 (Supp. 91-2).

### ARTICLE 3. CONTROL MEASURES FOR COMMUNICABLE DISEASES AND INFESTATIONS

**R9-6-301. Definitions**

In this Article, unless otherwise specified:

1. "Aquatic venue" means an artificially constructed structure or modified natural structure that:
  - a. Is used:
    - i. For water contact recreation, as defined in A.A.C. R9-8-801; or
    - ii. To treat a diagnosed injury, illness, or medical condition under the supervision of a health professional, as defined in A.R.S. § 32-3201;
  - b. Is open to all individuals or to all residents of a community, members of a club or camp, individuals being treated by a specific health professional, or patrons of other such establishments; and
  - c. Includes a:
    - i. Natural bathing place as defined in A.A.C. R18-5-201,
    - ii. Public spa as defined in A.A.C. R18-5-201,
    - iii. Public swimming pool as defined in A.A.C. R18-5-201,
    - iv. Semi-artificial bathing place as defined in A.A.C. R18-5-201,
    - v. Semi-public spa as defined in A.A.C. R18-5-201,

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- vi. Semi-public swimming pool as defined in A.A.C. R18-5-201, and
  - vii. Water-play area, an artificially constructed depression in which water issues from showers or other nozzles and drains away to leave little or no standing water.
2. "Blood bank" means a facility where human whole blood or a blood component is collected, prepared, tested, processed, or stored, or from which human whole blood or a blood component is distributed.
  3. "Blood center" means a mobile or stationary facility that procures human whole blood or a blood component that is transported to a blood bank.
  4. "Contact precautions" means, in addition to use of standard precautions:
    - a. Placing an individual in a private room or a cohort room with a distance of three or more feet separating the individual's bed from the bed of another individual; and
    - b. Ensuring the use of a gown and gloves by other individuals when entering the room in which the individual is located.
  5. "Contaminated" means to have come in contact with a disease-causing agent or toxin.
  6. "Disinfection" means killing or inactivating communicable-disease-causing agents on inanimate objects by directly applied chemical or physical means.
  7. "Disinfestation" means any physical, biological, or chemical process to reduce or eliminate undesired arthropod or rodent populations.
  8. "Droplet precautions" means, in addition to use of standard precautions:
    - a. Placing an individual in a private room or a cohort room with a distance of three or more feet and a curtain separating the individual's bed from the bed of another individual;
    - b. Ensuring that the individual wears a mask covering the individual's mouth and nose, if medically appropriate, when not in the room described in subsection (8)(a); and
    - c. Ensuring the use of a mask covering the mouth and nose by other individuals when entering the room in which the individual is located.
  9. "Follow-up" means the practice of investigating and monitoring cases, carriers, contacts, or suspect cases to detect, treat, or prevent disease.
  10. "Incapacitated adult" means an individual older than 18 years of age for whom a guardian has been appointed by a court of competent jurisdiction.
  11. "Isolation precautions" means methods to limit the transmission of an infectious agent, based on the infectious agent and the location of infection in or on the infected individual or animal, that includes isolation of the infected individual or animal and may include any one or combination of the following:
    - a. Standard precautions,
    - b. Contact precautions,
    - c. Droplet precautions, or
    - d. Airborne precautions.
  12. "Midwife" has the same meaning as in A.R.S. § 36-751.
  13. "Multi-drug-resistant organism" means a bacterial agent on a Department-provided list that is known to not be killed or whose growth is not slowed by specific classes of antibiotics.
  14. "Pediculocide" means a shampoo or cream rinse manufactured and labeled for controlling head lice.
  15. "Person in charge" means the individual present at a food establishment who is responsible for the food establishment's operation at the time in question.
  16. "Plasma center" means a facility where the process of plasmapheresis or another form of apheresis is conducted.
  17. "State health officer" means the Director of the Department or the Director's designee.
  18. "Vector" means a living animal, usually a mosquito, tick, flea, or other arthropod, that may transmit an infectious agent to an individual.

**Historical Note**

Adopted effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2). Former R9-6-301 repealed; new R9-6-301 renumbered from R9-6-103 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-302. Local Health Agency Control Measures**

A local health agency shall:

1. Review each report received under Article 2 for completeness and accuracy;
2. Confirm each diagnosis;
3. Conduct epidemiologic and other investigations required by this Chapter or in cooperation with the Department;
4. Facilitate notification of known contacts;
5. Conduct surveillance;
6. Determine trends;
7. Implement control measures, quarantines, isolations, and exclusions as required by the Arizona Revised Statutes and this Chapter;
8. Disseminate surveillance information to health care providers;
9. Provide health education to a disease case or contact to reduce the risk of transmission of the respective disease; and
10. Report to the Department, as specified in R9-6-206 and this Article.

**Historical Note**

Renumbered from R9-6-702 and amended effective October 19, 1993 (Supp. 93-4). Former R9-6-302 renumbered to R9-6-304; new R9-6-302 renumbered from R9-6-204 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-303. Isolation, Quarantine, Exclusion, and Other Control Measures**

- A.** When a local health agency is required by this Article to isolate or quarantine an individual or group of individuals, the local health agency:
1. Shall issue a written order:
    - a. For isolation or quarantine and other control measures;
    - b. To each individual or group of individuals and, for each individual who is a minor or incapacitated adult, the individual's parent or guardian, except as provided in subsection (A)(2);
    - c. That specifies:
      - i. The isolation or quarantine and other control measure requirements being imposed, includ-

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- ing, if applicable, requirements for physical examinations and medical testing to ascertain and monitor each individual's health status;
- ii. The identity of each individual or group of individuals subject to the order;
- iii. The premises at which each individual or group of individuals is to be isolated or quarantined;
- iv. The date and time at which isolation or quarantine and other control measure requirements begin; and
- v. The justification for isolation or quarantine and other control measure requirements, including, if known, the disease for which the individual or individuals are believed to be cases, suspect cases, or contacts; and
- d. That may provide information about existing medical treatment, if available and necessary to render an individual less infectious, and the consequences of an individual's failure to obtain the medical treatment; and
- 2. May post the written order in a conspicuous place at the premises at which a group of individuals is to be isolated or quarantined if:
  - a. The written order applies to the group of individuals, and
  - b. It would be impractical to provide a copy to each individual in the group.
- B. A local health agency may issue a written order for additional control measures:
  - 1. Except as provided in subsection (A)(2), to each affected individual, group of individuals, or person and, for each individual who is a minor or incapacitated adult, the individual's parent or guardian;
  - 2. That specifies:
    - a. The control measure requirements being imposed, including, if applicable, requirements for:
      - i. Being excluded from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a school or child care establishment;
      - ii. Avoiding other locations where the individual or an individual in the group of individuals may pose a health risk to other individuals;
      - iii. Observing airborne precautions, droplet precautions, or contact precautions and the methods by which the individual shall comply with the requirement;
      - iv. Prophylaxis or immunization, as applicable, as an alternative to or to reduce the length of exclusion;
      - v. Physical examinations and medical testing to ascertain and monitor the individual's health status; or
      - vi. Not creating a situation where additional individuals may be exposed to the communicable disease;
    - b. The identity of each individual, group of individuals, or person subject to the order;
    - c. The date and time at which the control measure requirements begin; and
    - d. The justification for the control measure requirements, including:
      - i. If known, the disease for which the individual or individuals are believed to be cases, suspect cases, or contacts; and
      - ii. If applicable, the possible consequences of the individual, group of individuals, or person failing to follow the recommendations of the Department or the local health agency to control the spread of the communicable disease; and
  - 3. That may provide information about the disease, existing medical treatment, if applicable, and the consequences of an individual's failure to comply with the order.
- C. Within 10 calendar days after the issuing of a written order described in subsection (A) or (B), if a local health agency determines that isolation, quarantine, or other control measure requirements need to continue for more than 10 calendar days after the date of the order, the local health agency shall file a petition for a court order that:
  - 1. Authorizes the continuation of isolation, quarantine, or other control measure requirements pertaining to an individual, a group of individuals, or a person;
  - 2. Includes the following:
    - a. The isolation, quarantine, or other control measure requirements being imposed, including, if applicable, requirements for physical examinations and medical testing to ascertain and monitor an individual's health status;
    - b. The identity of each individual, group of individuals, or person subject to isolation, quarantine, or other control measure requirements;
    - c. If applicable, the premises at which each individual or group of individuals is isolated or quarantined;
    - d. The date and time at which isolation, quarantine, or other control measure requirements began; and
    - e. The justification for isolation, quarantine, or other control measure requirements, including, if applicable and known, the disease for which the individual or individuals are believed to be cases, suspect cases, or contacts; and
  - 3. Is accompanied by the sworn affidavit of a representative of the local health agency or the Department attesting to the facts asserted in the petition, together with any further information that may be relevant and material to the court's consideration.
- D. A local health agency that files a petition for a court order under subsection (C) shall provide notice to each individual, group of individuals, or person identified in the petition according to the Arizona Rules of Civil Procedure, except that notice shall be provided within 24 hours after the petition is filed.
- E. In the event of noncompliance with a written order issued under subsection (A) or (B), a local health agency may contact law enforcement to request assistance in enforcing the order.
- F. If the Department determines that isolation, quarantine, or other control measure requirements are necessary, the Department, under A.R.S. § 36-136(G), may take any of the actions specified in subsections (A) through (E).

**Historical Note**

Renumbered from R9-6-703 and amended effective October 19, 1993 (Supp. 93-4). Former R9-6-303 renumbered to R9-6-305; new R9-6-303 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-303 renumbered to R9-6-304; new R9-6-303 renumbered from R9-6-388 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-304. Food Establishment Control Measures**

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The person in charge of a food establishment shall ensure compliance with all food handler exclusion requirements in this Article or as ordered by a local health agency or the Department.

**Historical Note**

Renumbered from R9-6-704 and amended effective October 19, 1993 (Supp. 93-4). Former R9-6-304 renumbered to R9-6-306; new R9-6-304 renumbered from R9-6-302 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-304 renumbered to R9-6-305; new R9-6-304 renumbered from R9-6-303 by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-305. Control Measures for Multi-drug-resistant Organisms**

Case control measures:

1. A diagnosing health care provider or an administrator of a health care institution transferring a case with active infection of a bacterial disease, for which the agent is known to be a multi-drug-resistant organism, to another health care provider or health care institution or to a correctional facility shall, either personally or through a representative, ensure that the receiving health care provider, health care institution, or correctional facility is informed that the patient is infected with a multi-drug-resistant organism.
2. An administrator of the correctional facility transferring a case with active infection of a bacterial disease, for which the agent is known to be a multi-drug-resistant organism, to another correctional facility or to a health care institution shall, either personally or through a representative, ensure that the receiving correctional facility or health care institution is informed that the individual is infected with a multi-drug-resistant organism.

**Historical Note**

Renumbered from R9-6-705 and amended effective October 19, 1993 (Supp. 93-4). Former R9-6-305 renumbered to R9-6-308; new R9-6-305 renumbered from R9-6-303 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-305 renumbered to R9-6-306; new R9-6-305 renumbered from R9-6-304 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-305 renumbered to R9-6-306; new Section R9-6-305 made by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-306. Amebiasis**

Case control measures: A local health agency shall:

1. Exclude an amebiasis case or suspect case with diarrhea from:
  - a. Working as a food handler, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution until:
    - i. Either:
      - (1) Treatment with an amebicide is initiated, and
      - (2) A stool specimen negative for amoebae is obtained from the amebiasis case or suspect case; or
    - ii. The local health agency has determined that the amebiasis case or suspect case is unlikely to infect other individuals; and

- b. Using an aquatic venue for two weeks after diarrhea has resolved;
2. Conduct an epidemiologic investigation of each reported amebiasis case or suspect case; and
3. For each amebiasis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

**Historical Note**

Renumbered from R9-6-706 and amended effective October 19, 1993 (Supp. 93-4). Former R9-6-306 renumbered to R9-6-309; new R9-6-306 renumbered from R9-6-304 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-306 renumbered to R9-6-307; new R9-6-306 renumbered from R9-6-305 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-306 renumbered to R9-6-308; new Section R9-6-306 renumbered from R9-6-305 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-307. Anaplasmosis**

Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported anaplasmosis case or suspect case; and
2. For each anaplasmosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

**Historical Note**

Former Section R9-6-115, Paragraph (5), renumbered and amended as R9-6-707 effective January 28, 1987 (Supp. 87-1). Former R9-6-307 renumbered to R9-6-310; new R9-6-307 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-307 renumbered to R9-6-308; new R9-6-307 renumbered from R9-6-306 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-307 repealed; new Section R9-6-307 made by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-308. Anthrax**

A. Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 of an anthrax case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
2. Conduct an epidemiologic investigation of each reported anthrax case or suspect case;
3. For each anthrax case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
4. Ensure that an isolate or a specimen, as available, from each anthrax case or suspect case is submitted to the Arizona State Laboratory.

B. Environmental control measures: A local health agency shall, in conjunction with the Department and applicable federal agencies, provide or arrange for disinfection of areas or objects contaminated by *Bacillus anthracis* through sterilization by dry heating, incineration of objects, or other appropriate means.

**Historical Note**

Adopted effective October 19, 1993 (Supp. 93-4). Amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Former R9-6-308 renumbered to R9-6-311; new R9-6-308 renumbered from R9-

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6-305 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-308 renumbered to R9-6-309; new R9-6-308 renumbered from R9-6-307 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-308 renumbered to R9-6-311; new Section R9-6-308 renumbered from R9-6-306 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-309. Arboviral Infection**

- A.** Case control measures: A local health agency shall:
1. Conduct an epidemiologic investigation of each reported arboviral infection case or suspect case;
  2. For each arboviral infection case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
  3. Ensure that each arboviral infection case is provided with health education that includes measures to:
    - a. Avoid mosquito bites, and
    - b. Reduce mosquito breeding sites.
- B.** Environmental control measures: In cooperation with the Department, a local health agency or another local agency responsible for vector control within a jurisdiction shall conduct an assessment of the environment surrounding each arboviral infection case or suspect case and implement vector control measures as necessary.

**Historical Note**

Renumbered from R9-6-708 and amended effective October 19, 1993 (Supp. 93-4). Amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Former R9-6-309 renumbered to R9-6-312; new R9-6-309 renumbered from R9-6-306 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-309 renumbered to R9-6-310; new R9-6-309 renumbered from R9-6-308 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-309 renumbered to R9-6-312; new Section R9-6-309 made by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-310. Babesiosis**

- Case control measures: A local health agency shall:
1. Conduct an epidemiologic investigation of each reported babesiosis case or suspect case; and
  2. For each babesiosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

**Historical Note**

Renumbered from R9-6-709 and amended effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2). Former R9-6-310 renumbered to R9-6-313; new R9-6-310 renumbered from R9-6-307 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-310 renumbered to R9-6-311; new R9-6-310 renumbered from R9-6-309 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-310 renumbered to R9-6-313; new Section R9-6-310 made by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-311. Basidiobolomycosis**

Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported basidiobolomycosis case or suspect case; and
2. For each basidiobolomycosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

**Historical Note**

Repealed effective May 2, 1991 (Supp. 91-2). New Section R9-6-311 renumbered from R9-6-710 and amended effective October 19, 1993 (Supp. 93-4). Former R9-6-311 renumbered to R9-6-314; new R9-6-311 renumbered from R9-6-308 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-311 renumbered to R9-6-313; new R9-6-311 renumbered from R9-6-310 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-311 renumbered to R9-6-314; new Section R9-6-311 renumbered from R9-6-308 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-312. Botulism**

- A.** Case control measures: A local health agency shall:
1. Upon receiving a report under R9-6-202 of a botulism case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
  2. Conduct an epidemiologic investigation of each reported botulism case or suspect case; and
  3. For each botulism case or suspect case:
    - a. Submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
    - b. Ensure that one or more specimens from each botulism case or suspect case are submitted to the Arizona State Laboratory.
- B.** Environmental control measures: An individual in possession of:
1. Food known to be contaminated by *Clostridium botulinum* or *Clostridium botulinum* toxin shall boil the contaminated food for 10 minutes and then discard it, and
  2. Utensils known to be contaminated by *Clostridium botulinum* or *Clostridium botulinum* toxin shall boil the contaminated utensils for 10 minutes before reuse or disposal.

**Historical Note**

Adopted effective October 19, 1993 (Supp. 93-4). Former R9-6-312 renumbered to R9-6-315; new R9-6-312 renumbered from R9-6-309 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-312 renumbered to R9-6-314; new R9-6-312 made by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-312 renumbered to R9-6-316; new Section R9-6-312 renumbered from R9-6-309 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-313. Brucellosis**

- Case control measures: A local health agency shall:
1. Conduct an epidemiologic investigation of each reported brucellosis case or suspect case;
  2. For each brucellosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
  3. Ensure that an isolate or a specimen, as available, from each brucellosis case is submitted to the Arizona State Laboratory.

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**Historical Note**

Renumbered from R9-6-711 and amended effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2). Former R9-6-313 renumbered to R9-6-316; new R9-6-313 renumbered from R9-6-310 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-313 renumbered to R9-6-315; new R9-6-313 renumbered from R9-6-311 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-313 renumbered to R9-6-317; new Section R9-6-313 renumbered from R9-6-310 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-314. Campylobacteriosis**

Case control measures: A local health agency shall:

1. Exclude a campylobacteriosis case or suspect case with diarrhea from:
  - a. Working as a food handler, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution until:
    - i. Diarrhea has resolved,
    - ii. A stool specimen negative for *Campylobacter* spp. is obtained from the campylobacteriosis case or suspect case, or
    - iii. The local health agency has determined that the case or suspect case is unlikely to infect other individuals; and
  - b. Using an aquatic venue until diarrhea has resolved;
2. Conduct an epidemiologic investigation of each reported campylobacteriosis case or suspect case; and
3. For each campylobacteriosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

**Historical Note**

Adopted effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2). Former R9-6-314 renumbered to R9-6-318; new R9-6-314 renumbered from R9-6-311 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-314 renumbered to R9-6-316; new R9-6-314 renumbered from R9-6-312 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-314 renumbered to R9-6-319; new Section R9-6-314 renumbered from R9-6-311 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-315. Carbapenem-resistant Enterobacteriaceae**

A. Case control measures:

1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall:
  - a. Institute isolation precautions as necessary for a carbapenem-resistant enterobacteriaceae case or carrier to prevent transmission; and
  - b. If a carbapenem-resistant enterobacteriaceae case or carrier is being transferred to another health care provider or health care institution or to a correctional facility, comply with R9-6-305.
2. An administrator of a correctional facility, either personally or through a representative, shall:
  - a. Institute isolation precautions as necessary for a carbapenem-resistant enterobacteriaceae case or carrier to prevent transmission; and

- b. If a carbapenem-resistant enterobacteriaceae case or carrier is being transferred to another correctional facility or to a health care institution, comply with R9-6-305.
3. A local health agency, in consultation with the Department, shall:
    - a. Ensure that a case or carrier of carbapenem-resistant enterobacteriaceae is isolated as necessary to prevent transmission; and
    - b. Upon request, ensure that an isolate or a specimen, as available, from each case or carrier of carbapenem-resistant enterobacteriaceae is submitted to the Arizona State Laboratory.
- B. Outbreak control measures:** A local health agency shall:
1. Conduct an epidemiologic investigation for each outbreak or suspected outbreak of carbapenem-resistant enterobacteriaceae; and
  2. For each outbreak or suspected outbreak of carbapenem-resistant enterobacteriaceae, submit to the Department the information required under R9-6-206(E).

**Historical Note**

Renumbered from R9-6-712 and amended effective October 19, 1993 (Supp. 93-4). Former R9-6-315 renumbered to R9-6-321; new R9-6-315 renumbered from R9-6-312 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-315 renumbered to R9-6-317; new R9-6-315 renumbered from R9-6-313 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-315 renumbered to R9-6-320; new Section R9-6-315 made by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-316. Chagas Infection and Related Disease (*American Trypanosomiasis*)**

Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported Chagas infection or disease case or suspect case; and
2. For each Chagas infection or disease case:
  - a. Submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
  - b. Provide to the Chagas infection or disease case or ensure that another person provides to the Chagas infection or disease case health education that includes:
    - i. The treatment options for Chagas infection or disease,
    - ii. Where the Chagas infection or disease case may receive treatment for Chagas infection or disease, and
    - iii. For women of childbearing age, the risks of transmission of Chagas infection or disease to a fetus.

**Historical Note**

Renumbered from R9-6-713 and amended effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2). Former R9-6-316 repealed; new R9-6-316 renumbered from R9-6-313 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-316 renumbered to R9-6-318; new R9-6-316 renumbered from R9-6-314 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-316 renumbered to R9-6-322; new Section R9-6-316 renumbered

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from R9-6-312 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-317. Chancroid (*Haemophilus ducreyi*)**

- A. Case control measures: A local health agency shall:
1. Conduct an epidemiologic investigation of each reported chancroid case or suspect case;
  2. For each chancroid case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
  3. Comply with the requirements specified in R9-6-1103 concerning treatment and health education for a chancroid case.
- B. Contact control measures: When a chancroid case has named a contact, a local health agency shall comply with the requirements specified in R9-6-1103 concerning notification, testing, treatment, and health education for the contact.

**Historical Note**

Renumbered from R9-6-714 and amended effective October 19, 1993 (Supp. 93-4). Former R9-6-317 renumbered to R9-6-323; new R9-6-317 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-317 renumbered to R9-6-319; new R9-6-317 renumbered from R9-6-315 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-317 renumbered to R9-6-323; new Section R9-6-317 renumbered from R9-6-313 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-318. Chikungunya**

- A. Case control measures: A local health agency shall:
1. Upon receiving a report under R9-6-202 of a chikungunya case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
  2. Conduct an epidemiologic investigation of each reported chikungunya case or suspect case;
  3. For each chikungunya case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
  4. Ensure that each chikungunya case is provided with health education that includes measures to:
    - a. Avoid mosquito bites, and
    - b. Reduce mosquito breeding sites.
- B. Environmental control measures: In cooperation with the Department, a local health agency or another local agency responsible for vector control within a jurisdiction shall conduct an assessment of the environment surrounding each chikungunya case or suspect case and implement vector control measures as necessary.

**Historical Note**

Adopted effective October 19, 1993 (Supp. 93-4). Former R9-6-318 renumbered to R9-6-324; new R9-6-318 renumbered from R9-6-314 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-318 renumbered to R9-6-320; new R9-6-318 renumbered from R9-6-316 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-318 renumbered to R9-6-324; new Section R9-6-318 made by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-319. *Chlamydia trachomatis* Infection**

- A. Case control measures: A local health agency shall comply with the requirements specified in R9-6-1103 concerning treatment and health education for a *Chlamydia trachomatis* infection case that seeks treatment from the local health agency.
- B. Contact control measures: If an individual who may have been exposed to chlamydia through sexual contact with a *Chlamydia trachomatis* infection case seeks treatment for symptoms of chlamydia infection from a local health agency, the local health agency shall comply with the requirements specified in R9-6-1103 concerning treatment and health education for the individual.

**Historical Note**

Renumbered from R9-6-715 and amended effective October 19, 1993 (Supp. 93-4). Former R9-6-319 renumbered to R9-6-326; new R9-6-319 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-319 renumbered to R9-6-321; new R9-6-319 renumbered from R9-6-317 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-319 renumbered to R9-6-325; new Section R9-6-319 renumbered from R9-6-314 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-320. Cholera**

- A. Case control measures: A local health agency shall:
1. Upon receiving a report under R9-6-202 of a cholera case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
  2. Exclude a cholera case or suspect case from:
    - a. Working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until a stool specimen negative for toxigenic *Vibrio cholerae* is obtained from the cholera case or suspect case; and
    - b. Using an aquatic venue until diarrhea has resolved;
  3. Conduct an epidemiologic investigation of each reported cholera case or suspect case; and
  4. For each cholera case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).
- B. Contact control measures: A local health agency shall provide follow-up for each cholera contact for five calendar days after exposure.

**Historical Note**

Renumbered from R9-6-716 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-320 renumbered to Section R9-6-321; new Section R9-6-320 adopted effective April 4, 1997 (Supp. 97-2). Section repealed; new Section made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-320 renumbered to R9-6-322; new R9-6-320 renumbered from R9-6-318 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-320 renumbered to R9-6-326; new Section R9-6-320 renumbered from R9-6-315 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-321. *Clostridium difficile***

- Case control measures:
1. A diagnosing health care provider or an administrator of a health care institution transferring a known *Clostridium difficile* case with active infection and diarrhea to another

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health care provider or health care institution or to a correctional facility shall, either personally or through a representative, ensure that the receiving health care provider, health care institution, or correctional facility is informed that the patient is a known *Clostridium difficile* case.

2. If a known *Clostridium difficile* case with active infection and diarrhea is being transferred from a correctional facility to another correctional facility or to a health care institution, an administrator of the correctional facility, either personally or through a representative, shall ensure that the receiving correctional facility or health care institution is informed that the individual is a known *Clostridium difficile* case.

**Historical Note**

Renumbered from R9-6-717 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-321 renumbered to R9-6-322; new Section R9-6-321 renumbered from R9-6-320 effective April 4, 1997 (Supp. 97-2). Former R9-6-321 renumbered to R9-6-322; new R9-6-321 renumbered from R9-6-315 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-321 renumbered to R9-6-323; new R9-6-321 renumbered from R9-6-319 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-321 renumbered to R9-6-327; new Section R9-6-321 made by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-322. Coccidioidomycosis (Valley Fever)**

Outbreak control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported outbreak of coccidioidomycosis; and
2. For each outbreak of coccidioidomycosis, submit to the Department the information required under R9-6-206(E).

**Historical Note**

Renumbered from R9-6-718 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-322 renumbered to R9-6-323; new Section R9-6-322 renumbered from R9-6-321 effective April 4, 1997 (Supp. 97-2). Former R9-6-322 renumbered to R9-6-329; new R9-6-322 renumbered from R9-6-321 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-322 renumbered to R9-6-324; new R9-6-322 renumbered from R9-6-320 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-322 renumbered to R9-6-328; new Section R9-6-322 renumbered from R9-6-316 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-323. Colorado Tick Fever**

Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported Colorado tick fever case or suspect case; and
2. For each Colorado tick fever case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

**Historical Note**

Renumbered from R9-6-719 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-323 renumbered to R9-6-324; new Section R9-6-323 renumbered from R9-6-322 and amended effective April 4, 1997 (Supp. 97-2). Amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Former R9-6-323 renumbered to R9-6-330; new R9-6-323

renumbered from R9-6-317 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-323 renumbered to R9-6-325; new R9-6-323 renumbered from R9-6-321 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-323 renumbered to R9-6-329; new Section R9-6-323 renumbered from R9-6-317 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-324. Conjunctivitis: Acute**

- A. Case control measures: An administrator of a school or child care establishment, either personally or through a representative, shall exclude an acute conjunctivitis case from attending the school or child care establishment until the symptoms of acute conjunctivitis subside or treatment for acute conjunctivitis is initiated and maintained for 24 hours.
- B. Outbreak control measures: A local health agency shall:
  1. Conduct an epidemiologic investigation of each reported conjunctivitis outbreak; and
  2. For each conjunctivitis outbreak, submit to the Department the information required under R9-6-206(E).

**Historical Note**

Renumbered from R9-6-720 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-324 renumbered to R9-6-326; new Section R9-6-324 renumbered from R9-6-323, effective April 4, 1997 (Supp. 97-2). Former R9-6-324 renumbered to R9-6-331; new R9-6-324 renumbered from R9-6-318 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-324 renumbered to R9-6-326; new R9-6-324 renumbered from R9-6-322 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-324 renumbered to R9-6-330; new Section R9-6-324 renumbered from R9-6-318 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-325. Creutzfeldt-Jakob Disease**

Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported Creutzfeldt-Jakob disease case or suspect case; and
2. For each Creutzfeldt-Jakob disease case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

**Historical Note**

Renumbered from R9-6-721 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-325 renumbered to R9-6-327; new Section R9-6-325 adopted effective April 4, 1997 (Supp. 97-2). Former R9-6-325 renumbered to R9-6-333; new R9-6-325 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-325 renumbered to R9-6-327; new R9-6-325 renumbered from R9-6-323 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-325 renumbered to R9-6-331; new Section R9-6-325 renumbered from R9-6-319 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-326. Cryptosporidiosis**

A. Case control measures: A local health agency shall:

1. Exclude a cryptosporidiosis case or suspect case with diarrhea from:
  - a. Working as a food handler, caring for patients or residents in a health care institution, or caring for chil-



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- dren in or attending a child care establishment until diarrhea has resolved; and
- b. Using an aquatic venue for two weeks after diarrhea has resolved;
- 2. Conduct an epidemiologic investigation of each reported cryptosporidiosis case or suspect case; and
- 3. For each cryptosporidiosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

- B.** Environmental control measures: A local health agency shall conduct a sanitary inspection or ensure that a sanitary inspection is conducted of each facility or location regulated under 9 A.A.C. 8 that is associated with an outbreak of cryptosporidiosis.

**Historical Note**

Adopted effective October 19, 1993 (Supp. 93-4). Former Section R9-6-326 renumbered to R9-6-329; new Section R9-6-326 renumbered from R9-6-324 and amended effective April 4, 1997 (Supp. 97-2). Former R9-6-326 renumbered to R9-6-335; new R9-6-326 renumbered from R9-6-319 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-326 renumbered to R9-6-328; new R9-6-326 renumbered from R9-6-324 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-326 renumbered to R9-6-332; new Section R9-6-326 renumbered from R9-6-320 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-327. Cyclospora Infection**

Case control measures: A local health agency shall:

- 1. Conduct an epidemiologic investigation of each reported *Cyclospora* infection case or suspect case; and
- 2. For each *Cyclospora* infection case submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

**Historical Note**

Renumbered from R9-6-722 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-327 renumbered to R9-6-330; new Section R9-6-327 renumbered from R9-6-325 and amended effective April 4, 1997 (Supp. 97-2). Former R9-6-327 renumbered to R9-6-336; new R9-6-327 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-327 renumbered to R9-6-329; new R9-6-327 renumbered from R9-6-325 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-327 renumbered to R9-6-333; new Section R9-6-327 renumbered from R9-6-321 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-328. Cysticercosis**

Case control measures: A local health agency shall:

- 1. Conduct an epidemiologic investigation of each reported cysticercosis case or suspect case; and
- 2. For each cysticercosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

**Historical Note**

Renumbered from R9-6-701 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-328 renumbered to R9-6-331; new Section R9-6-328 adopted effective April 4, 1997 (Supp. 97-2). Former R9-6-328 renumbered to R9-6-337; new R9-6-328 made by final

rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-328 renumbered to R9-6-330; new R9-6-328 renumbered from R9-6-326 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-328 renumbered to R9-6-334; new Section R9-6-328 renumbered from R9-6-322 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-329. Dengue**

**A.** Case control measures: A local health agency shall:

- 1. Upon receiving a report under R9-6-202 of a dengue case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
- 2. Conduct an epidemiologic investigation of each reported dengue case or suspect case;
- 3. For each dengue case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
- 4. Ensure that each dengue case is provided with health education that includes measures to:
  - a. Avoid mosquito bites, and
  - b. Reduce mosquito breeding sites.

- B.** Environmental control measures: In cooperation with the Department, a local health agency or another local agency responsible for vector control within a jurisdiction shall conduct an assessment of the environment surrounding each dengue case or suspect case and implement vector control measures as necessary.

**Historical Note**

Adopted effective October 19, 1993 (Supp. 93-4). Section R9-6-329 renumbered to R9-6-332; new Section R9-6-329 renumbered from R9-6-326 and amended effective April 4, 1997 (Supp. 97-2). Former R9-6-329 repealed; new R9-6-329 renumbered from R9-6-322 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-329 renumbered to R9-6-331; new R9-6-329 renumbered from R9-6-327 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-329 renumbered to R9-6-335; new Section R9-6-329 renumbered from R9-6-323 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-330. Diarrhea, Nausea, or Vomiting**

**A.** Outbreak control measures: A local health agency shall:

- 1. Conduct an epidemiologic investigation of each reported outbreak of diarrhea, nausea, or vomiting;
- 2. Submit to the Department the information required under R9-6-206(E); and
- 3. Exclude each case that is part of an outbreak of diarrhea, nausea, or vomiting from:
  - a. Working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until:
    - i. Diarrhea and vomiting have resolved, or
    - ii. The local health agency has determined that the case is unlikely to infect other individuals; and
  - b. Using an aquatic venue for two weeks after diarrhea has resolved.

- B.** Environmental control measures: A local health agency shall conduct a sanitary inspection or ensure that a sanitary inspection is conducted of each facility or location regulated under 9 A.A.C. 8 that is associated with an outbreak of diarrhea, nausea, or vomiting.

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**Historical Note**

Renumbered from R9-6-723 and amended effective October 19, 1993 (Supp. 93-4). Section R9-6-330 renumbered to R9-6-333; new Section R9-6-330 renumbered from R9-6-327 effective April 4, 1997 (Supp. 97-2). Amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Former R9-6-330 repealed; new R9-6-330 renumbered from R9-6-323 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-330 renumbered to R9-6-332; new R9-6-330 renumbered from R9-6-328 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section expired under A.R.S. § 41-1056(J) at 19 A.A.R. 1928, effective April 30, 2013 (Supp. 13-3). New Section R9-6-330 renumbered from R9-6-324 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-331. Diphtheria****A. Case control measures:**

1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall:
  - a. Isolate and institute droplet precautions for a pharyngeal diphtheria case or suspect case until two successive sets of cultures negative for *Corynebacterium diphtheriae* are obtained from nose and throat specimens collected from the case or suspect case at least 24 hours apart and at least 24 hours after cessation of treatment; and
  - b. Isolate and institute contact precautions for a cutaneous diphtheria case or suspect case until two successive sets of cultures negative for *Corynebacterium diphtheriae* are obtained from skin specimens collected from the case or suspect case at least 24 hours apart and at least 24 hours after cessation of treatment.
2. A local health agency shall:
  - a. Upon receiving a report under R9-6-202 of a diphtheria case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
  - b. Conduct an epidemiologic investigation of each reported diphtheria case or suspect case; and
  - c. For each diphtheria case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

**B. Contact control measures: A local health agency shall:**

1. Exclude each diphtheria contact from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a school or child care establishment until a set of cultures negative for *Corynebacterium diphtheriae* is obtained from the contact's nose and throat specimens;
2. In consultation with the Department, quarantine a contact of a diphtheria case, if indicated, until two successive sets of cultures negative for *Corynebacterium diphtheriae* are obtained from nose and throat specimens collected from the contact at least 24 hours apart;
3. Offer each previously immunized diphtheria contact prophylaxis and a vaccine containing diphtheria toxoid; and
4. Offer each unimmunized diphtheria contact prophylaxis and the primary vaccine series.

**Historical Note**

Renumbered from R9-6-724 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-331 renumbered to R9-6-334; new Section R9-6-331 renumbered from R9-6-328 effective April 4, 1997 (Supp. 97-2). Amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Former R9-6-331 renumbered to R9-6-339; new R9-6-331 renumbered from R9-6-324 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-331 renumbered to R9-6-333; new R9-6-331 renumbered from R9-6-329 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-331 renumbered to R9-6-336; new Section R9-6-331 renumbered from R9-6-325 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-332. Ehrlichiosis****Case control measures: A local health agency shall:**

1. Conduct an epidemiologic investigation of each reported ehrlichiosis case or suspect case; and
2. For each ehrlichiosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

**Historical Note**

Renumbered from R9-6-725 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-332 renumbered to R9-6-335; new Section R9-6-332 renumbered from R9-6-329 effective April 4, 1997 (Supp. 97-2). Former R9-6-332 repealed; new R9-6-332 renumbered from R9-6-334 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-332 renumbered to R9-6-334; new R9-6-332 renumbered from R9-6-330 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-332 renumbered to R9-6-338; new Section R9-6-332 renumbered from R9-6-326 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-333. Emerging or Exotic Disease****A. Case control measures: A local health agency shall:**

1. Upon receiving a report under R9-6-202 of an emerging or exotic disease case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
2. In consultation with the Department, isolate an emerging or exotic disease case or suspect case as necessary to prevent transmission;
3. Conduct an epidemiologic investigation of each reported emerging or exotic disease case or suspect case; and
4. For each emerging or exotic disease case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

**B. Contact control measures: A local health agency, in consultation with the Department, shall quarantine or exclude an emerging or exotic disease contact as necessary, according to R9-6-303, to prevent transmission.****Historical Note**

Renumbered from R9-6-726 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-333 renumbered to R9-6-336; new Section R9-6-333 renumbered from R9-6-330 effective April 4, 1997 (Supp. 97-2). Former R9-6-333 renumbered to R9-6-341; new R9-

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6-333 renumbered from R9-6-325 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-333 renumbered to R9-6-335; new R9-6-333 renumbered from R9-6-331 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-333 renumbered to R9-6-339; new Section R9-6-333 renumbered from R9-6-327 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-334. Encephalitis, Viral or Parasitic**

Case control measures: A local health agency shall:

1. Upon receiving a report of encephalitis under R9-6-202, notify the Department:
  - a. For a case or suspect case of parasitic encephalitis, within 24 hours after receiving the report and provide to the Department the information contained in the report; and
  - b. For a case or suspect case of viral encephalitis, within one working day after receiving the report and provide to the Department the information contained in the report;
2. Conduct an epidemiologic investigation of each reported viral or parasitic encephalitis case or suspect case; and
3. For each encephalitis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

**Historical Note**

Renumbered from R9-6-727 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-334 renumbered to R9-6-337; new Section R9-6-334 renumbered from R9-6-331 effective April 4, 1997 (Supp. 97-2). Former R9-6-334 renumbered to R9-6-332; new R9-6-334 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-334 renumbered to R9-6-336; new R9-6-334 renumbered from R9-6-332 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-334 renumbered to R9-6-340; new Section R9-6-334 renumbered from R9-6-328 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-335. *Escherichia coli*, Shiga Toxin-producing**

A. Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 or R9-6-203 of a Shiga toxin-producing *Escherichia coli* case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
2. Exclude a Shiga toxin-producing *Escherichia coli* case or suspect case with diarrhea from:
  - a. Working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until:
    - i. Two successive stool specimens, collected from the Shiga toxin-producing *Escherichia coli* case or suspect case at least 24 hours apart, are negative for Shiga toxin-producing *Escherichia coli*;
    - ii. Diarrhea has resolved; or
    - iii. The local health agency has determined that the case or suspect case is unlikely to infect other individuals; and
  - b. Using an aquatic venue for two weeks after diarrhea has resolved;

3. Conduct an epidemiologic investigation of each reported Shiga toxin-producing *Escherichia coli* case or suspect case; and
4. For each Shiga toxin-producing *Escherichia coli* case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

B. Environmental control measures: A local health agency shall:

1. If an animal located in a private residence is suspected to be the source of infection for a Shiga toxin-producing *Escherichia coli* case or outbreak, provide health education for the animal's owner about Shiga toxin-producing *Escherichia coli* and the risks of becoming infected with Shiga toxin-producing *Escherichia coli*; and
2. If an animal located in a setting other than a private residence is suspected to be the source of infection for a Shiga toxin-producing *Escherichia coli* case or outbreak:
  - a. Provide health education for the animal's owner about Shiga toxin-producing *Escherichia coli* and the risks of becoming infected with Shiga toxin-producing *Escherichia coli*; and
  - b. Require the animal's owner to provide information to individuals with whom the animal may come into contact about Shiga toxin-producing *Escherichia coli* and methods to reduce the risk of transmission.

**Historical Note**

Renumbered from R9-6-728 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-335 renumbered to R9-6-338; new Section R9-6-335 renumbered from R9-6-332 effective April 4, 1997 (Supp. 97-2). Former R9-6-335 renumbered to R9-6-342; new R9-6-335 renumbered from R9-6-326 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-335 renumbered to R9-6-337; new R9-6-335 renumbered from R9-6-333 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-335 renumbered to R9-6-341; new Section R9-6-335 renumbered from R9-6-329 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-336. Giardiasis**

Case control measures: A local health agency shall:

1. Exclude a giardiasis case or suspect case with diarrhea from:
  - a. Working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until:
    - i. Treatment for giardiasis is initiated and diarrhea has resolved; or
    - ii. The local health agency has determined that the case or suspect case is unlikely to infect other individuals; and
  - b. Using an aquatic venue for two weeks after diarrhea has resolved;
2. Conduct an epidemiologic investigation of each reported giardiasis case or suspect case; and
3. For each giardiasis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

**Historical Note**

Renumbered from R9-6-729 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-336 renumbered to R9-6-339; new Section R9-6-336 renumbered from R9-6-333 effective April 4, 1997 (Supp. 97-2). Former R9-6-336 renumbered to R9-6-343; new R9-6-336 renumbered from R9-6-327 and amended by final

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rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-336 renumbered to R9-6-338; new R9-6-336 renumbered from R9-6-334 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-336 renumbered to R9-6-342; new Section R9-6-336 renumbered from R9-6-331 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-337. Glanders**

Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 of a glanders case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
2. Conduct an epidemiologic investigation of each reported glanders case or suspect case;
3. For each glanders case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
4. Ensure that an isolate or a specimen, as available, from each glanders case or suspect case is submitted to the Arizona State Laboratory.

**Historical Note**

Renumbered from R9-6-730 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-337 renumbered to R9-6-340; new Section R9-6-337 renumbered from R9-6-334 effective April 4, 1997 (Supp. 97-2). Former R9-6-337 renumbered to R9-6-344; new R9-6-337 renumbered from R9-6-328 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-337 renumbered to R9-6-339; new R9-6-337 renumbered from R9-6-335 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-337 renumbered to R9-6-343; new Section R9-6-337 made by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-338. Gonorrhea**

A. Case control measures:

1. For the prevention of gonorrheal ophthalmia, a physician, physician assistant, registered nurse practitioner, or midwife attending the birth of an infant in this state shall treat the eyes of the infant immediately after the birth with one of the following, unless treatment is refused by the parent or guardian:
  - a. Erythromycin ophthalmic ointment 0.5%, or
  - b. Tetracycline ophthalmic ointment 1%.
2. A local health agency shall comply with the requirements specified in R9-6-1103 concerning treatment and health education for a gonorrhea case that seeks treatment from the local health agency.

B. Contact control measures: If an individual who may have been exposed to gonorrhea through sexual contact with a gonorrhea case seeks treatment for symptoms of gonorrhea from a local health agency, the local health agency shall comply with the requirements specified in R9-6-1103 concerning treatment and health education for the individual.

**Historical Note**

Renumbered from R9-6-731 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-338 renumbered to R9-6-341; new Section R9-6-338 renumbered from R9-6-335 effective April 4, 1997 (Supp. 97-2). Former R9-6-338 renumbered to R9-6-346; new R9-6-338 made by final rulemaking at 10 A.A.R. 3559,

effective October 2, 2004 (Supp. 04-3). Former R9-6-338 renumbered to R9-6-340; new R9-6-338 renumbered from R9-6-336 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-338 renumbered to R9-6-344; new Section R9-6-338 renumbered from R9-6-332 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-339. *Haemophilus influenzae*: Invasive Disease**

A. Case control measures:

1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and institute droplet precautions for a *Haemophilus influenzae* meningitis or epiglottitis case or suspect case for 24 hours after the initiation of treatment.
2. A local health agency shall:
  - a. Upon receiving a report under R9-6-202 or R9-6-203 of a *Haemophilus influenzae* invasive disease case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
  - b. Conduct an epidemiologic investigation of each reported *Haemophilus influenzae* invasive disease case or suspect case; and
  - c. For each *Haemophilus influenzae* invasive disease case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

B. Contact control measures: A local health agency shall evaluate the level of risk of transmission from each contact's exposure to a *Haemophilus influenzae* invasive disease case and, if indicated, shall provide or arrange for each contact to receive immunization or treatment.

**Historical Note**

Renumbered from R9-6-732 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-339 renumbered to R9-6-342; new Section R9-6-339 renumbered from R9-6-336 and amended effective April 4, 1997 (Supp. 97-2). Former R9-6-339 renumbered to R9-6-347; new R9-6-339 renumbered from R9-6-331 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-339 renumbered to R9-6-341; new R9-6-339 renumbered from R9-6-337 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-339 renumbered to R9-6-345; new Section R9-6-339 renumbered from R9-6-333 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-340. Hansen's Disease (Leprosy)**

A. Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported Hansen's disease case or suspect case; and
2. For each Hansen's disease case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

B. Contact control measures: In consultation with the Department, a local health agency shall examine contacts of a Hansen's disease case, if indicated, for signs and symptoms of leprosy at six-to-twelve month intervals for five years after the last exposure to an infectious case.

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**Historical Note**

Renumbered from R9-6-733 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-340 renumbered to R9-6-343; new Section R9-6-340 renumbered from R9-6-337 effective April 4, 1997 (Supp. 97-2). Former R9-6-340 renumbered to R9-6-348; new R9-6-340 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-340 renumbered to R9-6-343; new R9-6-340 renumbered from R9-6-338 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-340 renumbered to R9-6-346; new Section R9-6-340 renumbered from R9-6-334 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-341. Hantavirus Infection****A. Case control measures:** A local health agency shall:

1. Upon receiving a report under R9-6-202 of a hantavirus infection case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
2. Ensure that a hantavirus infection case or, if the case is a child or incapacitated adult, the parent or guardian of the case receives health education about reducing the risks of becoming reinfected with or of having others become infected with hantavirus;
3. Conduct an epidemiologic investigation of each reported hantavirus infection case or suspect case; and
4. For each hantavirus infection case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

**B. Environmental control measures:** A local health agency shall conduct an environmental assessment for each hantavirus infection case or suspect case.**Historical Note**

Renumbered from R9-6-734 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-341 renumbered to R9-6-344; new Section R9-6-341 renumbered from R9-6-338 and amended effective April 4, 1997 (Supp. 97-2). Former R9-6-341 renumbered to R9-6-349; new R9-6-341 renumbered from R9-6-333 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-341 renumbered to R9-6-344; new R9-6-341 renumbered from R9-6-339 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-341 renumbered to R9-6-347; new Section R9-6-341 renumbered from R9-6-335 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-342. Hemolytic Uremic Syndrome****A. Case control measures:** A local health agency shall:

1. Upon receiving a report under R9-6-202 of a hemolytic uremic syndrome case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
2. Conduct an epidemiologic investigation of each reported hemolytic uremic syndrome case or suspect case; and
3. For each hemolytic uremic syndrome case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

**B. Contact control measures:** A local health agency shall exclude a hemolytic uremic syndrome contact with diarrhea of

unknown cause from working as a food handler until diarrhea has resolved.

**Historical Note**

Renumbered from R9-6-735 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-342 renumbered to R9-6-345; new Section R9-6-342 renumbered from R9-6-339 and amended effective April 4, 1997 (Supp. 97-2). Former R9-6-342 renumbered to R9-6-350; new R9-6-342 renumbered from R9-6-335 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-342 renumbered to R9-6-345; new R9-6-342 made by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-342 renumbered to R9-6-348; new Section R9-6-342 renumbered from R9-6-336 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-343. Hepatitis A****A. Case control measures:** A local health agency shall:

1. Upon receiving a report under R9-6-202 or R9-6-203 of a hepatitis A case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
2. Exclude a hepatitis A case or suspect case from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment during the first 14 calendar days of illness or for seven calendar days after onset of jaundice;
3. Conduct an epidemiologic investigation of each reported hepatitis A case or suspect case; and
4. For each hepatitis A case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

**B. Contact control measures:** A local health agency shall:

1. Exclude a hepatitis A contact with symptoms of hepatitis A from working as a food handler during the first 14 calendar days of illness or for seven calendar days after onset of jaundice;
2. For 45 calendar days after exposure, monitor a food handler who was a contact of a hepatitis A case during the infectious period for symptoms of hepatitis A; and
3. Evaluate the level of risk of transmission from each contact's exposure to a hepatitis A case and, if indicated, provide or arrange for each contact to receive prophylaxis and immunization.

**Historical Note**

Renumbered from R9-6-736 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-343 renumbered to R9-6-346; new Section R9-4-343 renumbered from R9-6-340 and amended effective April 4, 1997 (Supp. 97-2). Former R9-6-343 renumbered to R9-6-351; new R9-6-343 renumbered from R9-6-336 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-343 renumbered to R9-6-346; new R9-6-343 renumbered from R9-6-340 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section expired under A.R.S. § 41-1056(J) at 19 A.A.R. 1928, effective April 30, 2013 (Supp. 13-3). New Section R9-6-343 renumbered from R9-6-337 and amended by

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final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-344. Hepatitis B and Hepatitis D****A. Case control measures:**

1. A local health agency shall:
  - a. Evaluate a health care provider identified as the source of hepatitis B virus transmission in the work place and, if indicated, ensure reassignment of the health care provider to a position where the occupational risk of transmission is eliminated;
  - b. Conduct an epidemiologic investigation of each reported case or suspect case of hepatitis B or hepatitis B co-infected with hepatitis D; and
  - c. For each acute case of hepatitis B or hepatitis B co-infected with hepatitis D or case of perinatal hepatitis B, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).
2. The operator of a blood bank, blood center, or plasma center shall notify a donor of a test result with significant evidence suggestive of hepatitis B, as required under A.R.S. § 32-1483 and 21 CFR 630.6.

**B. Contact control measures: A local health agency shall:**

1. Refer each non-immune hepatitis B contact to a health care provider for prophylaxis and initiation of the hepatitis B vaccine series, and
2. Provide health education related to the progression of hepatitis B disease and the prevention of transmission of hepatitis B infection to each non-immune hepatitis B contact.

**Historical Note**

Renumbered from R9-6-737 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-344 renumbered to R9-6-347; new Section R9-6-344 renumbered from R9-6-341 and amended effective April 4, 1997 (Supp. 97-2). Former R9-6-344 renumbered to R9-6-352; new R9-6-344 renumbered from R9-6-337 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-344 renumbered to R9-6-347; new R9-6-344 renumbered from R9-6-341 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-344 renumbered to R9-6-349; new Section R9-6-344 renumbered from R9-6-338 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-345. Hepatitis C****Outbreak control measures: A local health agency shall:**

1. Conduct an epidemiologic investigation of each reported hepatitis C outbreak;
2. For each hepatitis C outbreak, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(E);
3. Evaluate a health care provider identified as the source of hepatitis C virus transmission in the work place and, if indicated, ensure reassignment of the health care provider to a position where the occupational risk of transmission is eliminated; and
4. Ensure that health education related to the progression of hepatitis C disease and the prevention of transmission of hepatitis C infection is provided to each individual who may have been exposed to hepatitis C during the outbreak.

**Historical Note**

Renumbered from R9-6-738 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-345 renumbered to R9-6-348; new Section R9-6-345 renumbered from R9-6-342 and amended effective April 4, 1997 (Supp. 97-2). Former R9-6-345 renumbered to R9-6-353; new R9-6-345 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-345 renumbered to R9-6-348; new R9-6-345 renumbered from R9-6-342 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-345 renumbered to R9-6-350; new Section R9-6-345 renumbered from R9-6-339 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-346. Hepatitis E****Case control measures: A local health agency shall:**

1. Exclude a hepatitis E case or suspect case from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment during the first 14 calendar days of illness or for seven calendar days after onset of jaundice;
2. Conduct an epidemiologic investigation of each reported hepatitis E case or suspect case; and
3. For each hepatitis E case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

**Historical Note**

Renumbered from R9-6-739 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-346 renumbered to R9-6-349; new Section R9-6-346 renumbered from R9-6-343 effective April 4, 1997 (Supp. 97-2). Former R9-6-346 renumbered to R9-6-354; new R9-6-346 renumbered from R9-6-338 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-346 renumbered to R9-6-349; new R9-6-346 renumbered from R9-6-343 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-346 renumbered to R9-6-351; new Section R9-6-346 renumbered from R9-6-340 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-347. HIV Infection and Related Disease****A. Case control measures:**

1. A local health agency shall:
  - a. Conduct an epidemiologic investigation, including a review of medical records, of each reported HIV-infected individual or suspect case; and
  - b. For each HIV-infected individual, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).
2. The operator of a blood bank, blood center, or plasma center shall notify a donor of a test result with significant evidence suggestive of HIV infection, as required under A.R.S. § 32-1483 and 21 CFR 630.6.
3. The Department and a local health agency shall offer anonymous HIV-testing to an individual as specified in R9-6-1005.

**B. Contact control measures: The Department or the Department's designee shall confidentially notify an individual reported to be at risk for HIV infection under A.R.S. § 36-664(I) as specified in R9-6-1006(A).****C. Environmental control measures: An employer, as defined under A.R.S. § 23-401, or health care provider shall comply**

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with the requirements specified in A.R.S. § 23-403 and A.A.C. R20-5-602.

**Historical Note**

Renumbered from R9-6-740 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-347 renumbered to R9-6-350; new Section R9-6-347 renumbered from R9-6-344 effective April 4, 1997 (Supp. 97-2). Former R9-6-347 renumbered to R9-6-355; new R9-6-347 renumbered from R9-6-339 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-347 renumbered to R9-6-350; new R9-6-347 renumbered from R9-6-344 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-347 renumbered to R9-6-352; new Section R9-6-347 renumbered from R9-6-341 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-348. Influenza-Associated Mortality in a Child**

Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 of a case or suspect case of an influenza-associated death of a child, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
2. Conduct an epidemiologic investigation of each reported case or suspect case of influenza-associated mortality in a child; and
3. For each case of influenza-associated mortality in a child, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

**Historical Note**

Renumbered from R9-6-741 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-348 renumbered to R9-6-351; new Section R9-6-348 renumbered from R9-6-345 and amended effective April 4, 1997 (Supp. 97-2). Former R9-6-348 renumbered to R9-6-356; new R9-6-348 renumbered from R9-6-340 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-348 renumbered to R9-6-352; new R9-6-348 renumbered from R9-6-345 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-348 renumbered to R9-6-353; new Section R9-6-348 renumbered from R9-6-342 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-349. Legionellosis (Legionnaires' Disease)**

A. Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 of a legionellosis case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
2. Conduct an epidemiologic investigation of each reported legionellosis case or suspect case; and
3. For each legionellosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

B. Environmental control measures: The owner of a water, cooling, or ventilation system or equipment that is determined by the Department or a local health agency to be associated with a case of *Legionella* infection shall comply with the environmental control measures recommended by the Department or local health agency to prevent the exposure of other individuals.

**Historical Note**

Renumbered from R9-6-742 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-349 renumbered to R9-6-352; new Section R9-6-349 renumbered from R9-6-346 effective April 4, 1997 (Supp. 97-2). Former R9-6-349 renumbered to R9-6-357; new R9-6-349 renumbered from R9-6-341 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-349 renumbered to R9-6-353; new R9-6-349 renumbered from R9-6-346 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-349 renumbered to R9-6-354; new Section R9-6-349 renumbered from R9-6-344 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-350. Leptospirosis**

Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 of a leptospirosis case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
2. Conduct an epidemiologic investigation of each reported leptospirosis case or suspect case; and
3. For each leptospirosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

**Historical Note**

Renumbered from R9-6-743 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-350 renumbered to R9-6-353; new Section R9-6-350 renumbered from R9-6-347 effective April 4, 1997 (Supp. 97-2). Former R9-6-350 renumbered to R9-6-358; new R9-6-350 renumbered from R9-6-342 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-350 renumbered to R9-6-355; new R9-6-350 renumbered from R9-6-347 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-350 renumbered to R9-6-355; new Section R9-6-350 renumbered from R9-6-345 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-351. Listeriosis**

Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 of a listeriosis case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
2. Conduct an epidemiologic investigation of each reported listeriosis case or suspect case;
3. For each listeriosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
4. Ensure that an isolate or a specimen, as available, from each listeriosis case is submitted to the Arizona State Laboratory.

**Historical Note**

Renumbered from R9-6-744 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-351 renumbered to R9-6-354; new Section R9-6-351 renumbered from R9-6-348 effective April 4, 1997 (Supp. 97-2). Former R9-6-351 renumbered to R9-6-359; new R9-6-351 renumbered from R9-6-343 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-351 renumbered to R9-6-356;

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new R9-6-351 made by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-351 renumbered to R9-6-356; new Section R9-6-351 renumbered from R9-6-346 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-352. Lyme Disease**

Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported Lyme disease case or suspect case; and
2. For each Lyme disease case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

**Historical Note**

Renumbered from R9-6-745 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-352 renumbered to R9-6-355; new Section R9-6-352 renumbered from R9-6-349 effective April 4, 1997 (Supp. 97-2). Former R9-6-352 renumbered to R9-6-360; new R9-6-352 renumbered from R9-6-344 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-352 renumbered to R9-6-357; new R9-6-352 renumbered from R9-6-348 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-352 renumbered to R9-6-357; new Section R9-6-352 renumbered from R9-6-347 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-353. Lymphocytic Choriomeningitis**

Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 of a lymphocytic choriomeningitis case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
2. Conduct an epidemiologic investigation of each reported lymphocytic choriomeningitis case or suspect case; and
3. For each lymphocytic choriomeningitis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

**Historical Note**

Renumbered from R9-6-746 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-353 renumbered to R9-6-356; new Section R9-6-353 renumbered from R9-6-350 effective April 4, 1997 (Supp. 97-2). Former R9-6-353 renumbered to R9-6-361; new R9-6-353 renumbered from R9-6-345 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-353 renumbered to R9-6-358; new R9-6-353 renumbered from R9-6-349 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-353 renumbered to R9-6-359; new Section R9-6-353 renumbered from R9-6-348 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-354. Malaria**

A. Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported malaria case or suspect case; and
2. For each malaria case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

B. Environmental control measures: In cooperation with the Department, a local health agency or another local agency responsible for vector control within a jurisdiction shall conduct an assessment of the environment surrounding each malaria case or suspect case and implement vector control measures as necessary.

**Historical Note**

Renumbered from R9-6-748 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-354 renumbered to R9-6-357; new Section R9-6-354 renumbered from R9-6-351 and amended effective April 4, 1997 (Supp. 97-2). Former R9-6-354 renumbered to R9-6-362; new R9-6-354 renumbered from R9-6-346 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-354 renumbered to R9-6-359; new R9-6-354 made by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-354 renumbered to R9-6-360; new Section R9-6-354 renumbered from R9-6-349 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-355. Measles (Rubeola)**

A. Case control measures:

1. An administrator of a school or child care establishment, either personally or through a representative, shall:
  - a. Exclude a measles case from the school or child care establishment and from school- or child-care-establishment-sponsored events from the onset of illness through the fourth calendar day after the rash appears; and
  - b. Exclude a measles suspect case from the school or child care establishment and from school- or child-care-establishment-sponsored events until the local health agency has determined that the suspect case is unlikely to infect other individuals.
2. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and institute airborne precautions for a measles case from onset of illness through the fourth calendar day after the rash appears.
3. An administrator of a health care institution, either personally or through a representative, shall exclude a measles:
  - a. Case from working at the health care institution from the onset of illness through the fourth calendar day after the rash appears; and
  - b. Suspect case from working at the health care institution until the local health agency has determined that the suspect case may return to work.
4. A local health agency shall:
  - a. Upon receiving a report under R9-6-202 or R9-6-203 of a measles case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
  - b. Conduct an epidemiologic investigation of each reported measles case or suspect case;
  - c. For each measles case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
  - d. Ensure that one or more specimens from each measles case or suspect case, as required by the Department, are submitted to the Arizona State Laboratory.
5. An administrator of a correctional facility or shelter, either personally or through a representative, shall com-



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ply with the measles control measures recommended by a local health agency or the Department.

**B. Contact control measures:**

1. When a measles case has been at a school or child care establishment, the administrator of the school or child care establishment, either personally or through a representative, shall:
  - a. Consult with the local health agency to determine who shall be excluded and how long each individual shall be excluded from the school or child care establishment, and
  - b. Comply with the local health agency's recommendations for exclusion.
2. A local health agency shall:
  - a. Determine which measles contacts will be quarantined or excluded, according to R9-6-303, to prevent transmission; and
  - b. Provide or arrange for immunization of each non-immune measles contact within 72 hours after last exposure, if possible.
3. An administrator of a health care institution shall ensure that a paid or volunteer full-time or part-time worker at a health care institution does not participate in the direct care of a measles case or suspect case unless the worker is able to provide evidence of immunity to measles through one of the following:
  - a. A record of immunization against measles with two doses of live virus vaccine given on or after the first birthday and at least one month apart;
  - b. A statement signed by a physician, physician assistant, registered nurse practitioner, state health officer, or local health officer affirming serologic evidence of immunity to measles; or
  - c. Documentary evidence of birth before January 1, 1957.

**Historical Note**

Renumbered from R9-6-749 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-355 renumbered to R9-6-358; new Section R9-6-355 renumbered from R9-6-352 effective April 4, 1997 (Supp. 97-2). Former R9-6-355 renumbered to R9-6-363; new R9-6-355 renumbered from R9-6-347 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-355 renumbered to R9-6-360; new R9-6-355 renumbered from R9-6-350 by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-355 renumbered to R9-6-362; new Section R9-6-355 renumbered from R9-6-350 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-356. Melioidosis**

Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 of a melioidosis case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
2. Conduct an epidemiologic investigation of each reported melioidosis case or suspect case;
3. For each melioidosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
4. Ensure that an isolate or a specimen, as available, from each melioidosis case or suspect case is submitted to the Arizona State Laboratory.

**Historical Note**

Former Section R9-6-115, Paragraph (38), renumbered and amended as R9-6-750 effective January 28, 1987 (Supp. 87-1). Renumbered from R9-6-750 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-356 renumbered to R9-6-360; new Section R9-6-356 renumbered from R9-6-353 and amended effective April 4, 1997 (Supp. 97-2). Former R9-6-356 renumbered to R9-6-365; new R9-6-356 renumbered from R9-6-348 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-356 renumbered to R9-6-361; new R9-6-356 renumbered from R9-6-351 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-356 renumbered to R9-6-363; new Section R9-6-356 renumbered from R9-6-351 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-357. Meningococcal Invasive Disease****A. Case control measures:**

1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and institute droplet precautions for a meningococcal invasive disease case for 24 hours after the initiation of treatment.
2. A local health agency shall:
  - a. Upon receiving a report under R9-6-202 or R9-6-203 of a meningococcal invasive disease case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
  - b. Conduct an epidemiologic investigation of each reported meningococcal invasive disease case or suspect case;
  - c. For each meningococcal invasive disease case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
  - d. Ensure that an isolate or a specimen, as available, from each meningococcal invasive disease case is submitted to the Arizona State Laboratory.

- B. Contact control measures:** A local health agency shall evaluate the level of risk of transmission from each contact's exposure to a meningococcal invasive disease case and, if indicated, provide or arrange for each contact to receive prophylaxis.

**Historical Note**

Adopted effective October 19, 1993 (Supp. 93-4). Former Section R9-6-357 renumbered to R9-6-361; new Section R9-6-357 renumbered from R9-6-354 and amended effective April 4, 1997 (Supp. 97-2). Former R9-6-357 repealed; new R9-6-357 renumbered from R9-6-349 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-357 renumbered to R9-6-362; new R9-6-357 renumbered from R9-6-352 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-357 renumbered to R9-6-364; new Section R9-6-357 renumbered from R9-6-352 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-358. Methicillin-resistant *Staphylococcus aureus* (MRSA)****A. Case control measures:**

1. A diagnosing health care provider or an administrator of a health care institution transferring a known methicillin-resistant *Staphylococcus aureus* case with active infection

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to another health care provider or health care institution or to a correctional facility shall, either personally or through a representative, ensure that the receiving health care provider, health care institution, or correctional facility is informed that the patient is a known methicillin-resistant *Staphylococcus aureus* case.

2. If a known methicillin-resistant *Staphylococcus aureus* case with active infection is being transferred from a correctional facility to another correctional facility or to a health care institution, an administrator of the correctional facility, either personally or through a representative, shall ensure that the receiving correctional facility or health care institution is informed that the individual is a known methicillin-resistant *Staphylococcus aureus* case.

**B. Outbreak control measures:**

1. A local health agency, in consultation with the Department, shall:
  - a. Conduct an epidemiologic investigation of each reported outbreak of methicillin-resistant *Staphylococcus aureus* in a health care institution or correctional facility; and
  - b. For each outbreak of methicillin-resistant *Staphylococcus aureus* in a health care institution or correctional facility, submit to the Department the information required under R9-6-206(E).
2. When an outbreak of methicillin-resistant *Staphylococcus aureus* occurs in a health care institution or correctional facility, the administrator of the health care institution or correctional facility, either personally or through a representative, shall comply with the control measures recommended by a local health agency or the Department.

**Historical Note**

Former Section R9-6-115, Paragraph (39), renumbered and amended as R9-6-751 effective January 28, 1987 (Supp. 87-1). Renumbered from R9-6-751 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-358 renumbered to R9-6-362; new Section R9-6-358 renumbered from R9-6-355 and amended effective April 4, 1997 (Supp. 97-2). Former R9-6-358 renumbered to R9-6-367; new R9-6-358 renumbered from R9-6-350 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-358 renumbered to R9-6-363; new R9-6-358 renumbered from R9-6-353 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-358 renumbered to R9-6-365; new Section R9-6-358 made by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-359. Mumps**

**A. Case control measures:**

1. An administrator of a school or child care establishment, either personally or through a representative, shall:
  - a. Exclude a mumps case from the school or child care establishment for five calendar days after the onset of glandular swelling; and
  - b. Exclude a mumps suspect case from the school or child care establishment and from school- or child-care-establishment-sponsored events until evaluated and determined to be noninfectious by a physician, physician assistant, registered nurse practitioner, or local health agency.
2. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and institute droplet precautions

with a mumps case for five calendar days after the onset of glandular swelling.

3. An administrator of a health care institution, either personally or through a representative, shall exclude a mumps:
  - a. Case from working at the health care institution for five calendar days after the onset of glandular swelling; and
  - b. Suspect case from working at the health care institution until evaluated and determined to be noninfectious by a physician, physician assistant, registered nurse practitioner, or local health agency.
4. A local health agency shall:
  - a. Upon receiving a report under R9-6-202 or R9-6-203 of a mumps case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
  - b. Conduct an epidemiologic investigation of each reported mumps case or suspect case;
  - c. For each mumps case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
  - d. Ensure that one or more specimens from each mumps case or suspect case, as required by the Department, are submitted to the Arizona State Laboratory.
5. An administrator of a correctional facility or shelter, either personally or through a representative, shall comply with the mumps control measures recommended by a local health agency or the Department.

**B. Contact control measures:**

1. When a mumps case has been at a school or child care establishment, the administrator of the school or child care establishment, either personally or through a representative, shall:
  - a. Consult with the local health agency to determine who shall be excluded and how long each individual shall be excluded from the school or child care establishment, and
  - b. Comply with the local health agency's recommendations for exclusion.
2. An administrator of a health care institution shall ensure that a paid or volunteer full-time or part-time worker at a health care institution does not participate in the direct care of a mumps case or suspect case unless the worker is able to provide evidence of immunity to mumps through one of the following:
  - a. A record of immunization against mumps with two doses of live virus vaccine given on or after the first birthday and at least one month apart; or
  - b. A statement signed by a physician, physician assistant, registered nurse practitioner, state health officer, or local health officer affirming serologic evidence of immunity to mumps.
3. A local health agency shall determine which mumps contacts will be:
  - a. Quarantined or excluded, according to R9-6-303, to prevent transmission; and
  - b. Advised to obtain an immunization against mumps.

**Historical Note**

Adopted effective January 28, 1987 (Supp. 87-1). Renumbered from R9-6-752 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-359 renumbered to R9-6-363; new Section R9-6-359 adopted effective April 4, 1997 (Supp. 97-2). Former R9-6-359

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repealed; new R9-6-359 renumbered from R9-6-351 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-359 renumbered to R9-6-364; new R9-6-359 renumbered from R9-6-354 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-359 renumbered to R9-6-366; new Section R9-6-359 renumbered from R9-6-353 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-360. Norovirus**

- A.** Outbreak control measures: A local health agency shall:
1. Conduct an epidemiologic investigation of each reported norovirus outbreak;
  2. Submit to the Department the information required under R9-6-206(E); and
  3. Exclude each case that is part of a norovirus outbreak from working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until:
    - a. Diarrhea has resolved, or
    - b. The local health agency has determined that the case or suspect case is unlikely to infect other individuals.
- B.** Environmental control measures: A local health agency shall conduct a sanitary inspection or ensure that a sanitary inspection is conducted of each facility or location regulated under 9 A.A.C. 8 that is associated with a norovirus outbreak.

**Historical Note**

Former Section R9-6-115, Paragraph (40), renumbered and amended as R9-6-753 effective January 28, 1987 (Supp. 87-1). Renumbered from R9-6-753 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-360 renumbered to R9-6-364; new Section R9-6-360 renumbered from R9-6-356 and amended effective April 4, 1997 (Supp. 97-2). Amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Former R9-6-360 renumbered to R9-6-368; new R9-6-360 renumbered from R9-6-352 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-360 renumbered to R9-6-365; new R9-6-360 renumbered from R9-6-355 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-360 renumbered to R9-6-367; new Section R9-6-360 renumbered from R9-6-354 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-361. Novel Coronavirus (e.g., SARS or MERS)**

- A.** Case control measures:
1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and institute both airborne precautions and contact precautions for a novel coronavirus case or suspect case, including a case or suspect case of severe acute respiratory syndrome or Middle East respiratory syndrome, until evaluated and determined to be non-infectious by a physician, physician assistant, or registered nurse practitioner.
  2. A local health agency shall:
    - a. Upon receiving a report under R9-6-202 of a novel coronavirus case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;

- b. In consultation with the Department, ensure that isolation and both airborne precautions and contact precautions have been instituted for a novel coronavirus case or suspect case to prevent transmission;
- c. Conduct an epidemiologic investigation of each reported novel coronavirus case or suspect case; and
- d. For each novel coronavirus case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

- B.** Contact control measures: A local health agency, in consultation with the Department, shall determine which novel coronavirus contacts will be quarantined or excluded, according to R9-6-303, to prevent transmission.

**Historical Note**

Former Section R9-6-115, Paragraph (41), renumbered and amended as R9-6-754 effective January 28, 1987 (Supp. 87-1). Renumbered from R9-6-754 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-361 renumbered to R9-6-365; new Section R9-6-361 renumbered from R9-6-357 effective April 4, 1997 (Supp. 97-2). Former R9-6-361 renumbered to R9-6-369; new R9-6-361 renumbered from R9-6-353 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-361 renumbered to R9-6-366; new R9-6-361 renumbered from R9-6-356 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-361 renumbered to R9-6-368; new Section R9-6-361 made by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-362. Pediculosis (Lice Infestation)**

- A.** Case control measures:
1. An administrator of a school or child care establishment, either personally or through a representative, shall exclude a pediculosis case from the school or child care establishment until the case is treated with a pediculocide.
  2. An administrator of a shelter shall ensure that a pediculosis case is treated with a pediculocide and that the case's clothing and personal articles are disinfested.
- B.** Contact control measures: An administrator of a school or child care establishment that excludes a pediculosis case from the school or child care establishment, either personally or through a representative, shall ensure that a parent or guardian of a child who is a contact is notified that a pediculosis case was identified at the school or child care establishment.

**Historical Note**

Former Section R9-6-115, Paragraph (42), renumbered and amended as R9-6-755 effective January 28, 1987 (Supp. 87-1). Renumbered from R9-6-755 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-362 renumbered to R9-6-366; new Section R9-6-362 renumbered from R9-6-358 effective April 4, 1997 (Supp. 97-2). Former R9-6-362 renumbered to R9-6-370; new R9-6-362 renumbered from R9-6-354 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-362 renumbered to R9-6-367; new R9-6-362 renumbered from R9-6-357 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-362 renumbered to R9-6-369; new Section R9-6-362 renumbered from R9-6-355 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-363. Pertussis (Whooping Cough)**

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**A. Case control measures:**

1. An administrator of a school or child care establishment, either personally or through a representative, shall:
  - a. Exclude a pertussis case from the school or child care establishment for 21 calendar days after the date of onset of cough or for five calendar days after the date of initiation of antibiotic treatment for pertussis; and
  - b. Exclude a pertussis suspect case from the school or child care establishment until evaluated and determined to be noninfectious by a physician, physician assistant, registered nurse practitioner, or local health agency.
2. An administrator of a health care institution, either personally or through a representative, shall:
  - a. Exclude a pertussis case from working at the health care institution for 21 calendar days after the date of onset of cough or for five calendar days after the date of initiation of antibiotic treatment for pertussis; and
  - b. Exclude a pertussis suspect case from working at the health care institution until evaluated and determined to be noninfectious by a physician, physician assistant, registered nurse practitioner, or local health agency.
3. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and initiate droplet precautions for a pertussis case for five calendar days after the date of initiation of antibiotic treatment for pertussis.
4. A local health agency shall:
  - a. Upon receiving a report under R9-6-202 or R9-6-203 of a pertussis case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
  - b. Conduct an epidemiologic investigation of each reported pertussis case or suspect case; and
  - c. For each pertussis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).
5. An administrator of a correctional facility or shelter, either personally or through a representative, shall comply with the pertussis control measures recommended by a local health agency or the Department.

**B. Contact control measures:**

1. When a pertussis case has been at a school or child care establishment, the administrator of the school or child care establishment, either personally or through a representative, shall:
  - a. Consult with the local health agency to determine who shall be excluded and how long each individual shall be excluded from the school or child care establishment, and
  - b. Comply with the local health agency's recommendations for exclusion.
2. A local health agency shall identify contacts of a pertussis case and shall:
  - a. Determine which pertussis contacts will be quarantined or excluded, according to R9-6-303, to prevent transmission; and
  - b. If indicated, provide or arrange for a pertussis contact to receive antibiotic prophylaxis.

**Historical Note**

Former Section R9-6-115, Paragraph (43), renumbered and amended as R9-6-756 effective January 28, 1987

(Supp. 87-1). Renumbered from R9-6-756 and amended effective October 19, 1993 (Supp. 93-4). Section R9-6-363 renumbered to R9-6-367; new Section R9-6-363 renumbered from R9-6-359 effective April 4, 1997 (Supp. 97-2). Former R9-6-363 renumbered to R9-6-371; new R9-6-363 renumbered from R9-6-355 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-363 renumbered to R9-6-368; new R9-6-363 renumbered from R9-6-358 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section expired under A.R.S. § 41-1056(J) at 19 A.A.R. 1928, effective April 30, 2013 (Supp. 13-3). New Section R9-6-363 renumbered from R9-6-356 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-364. Plague****A. Case control measures:**

1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and institute droplet precautions for a pneumonic plague case or suspect case until 72 hours of antibiotic therapy have been completed with favorable clinical response.
2. An individual handling the body of a deceased plague case shall use droplet precautions.
3. A local health agency shall:
  - a. Upon receiving a report under R9-6-202 of a plague case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
  - b. Conduct an epidemiologic investigation of each reported plague case or suspect case;
  - c. For each plague case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
  - d. Ensure that an isolate or a specimen, as available, from each plague case or suspect case is submitted to the Arizona State Laboratory.

- B. Contact control measures:** A local health agency shall provide follow-up to pneumonic plague contacts for seven calendar days after last exposure to a pneumonic plague case.

**Historical Note**

Former Section R9-6-115, Paragraph (44), renumbered and amended as R9-6-757 effective January 28, 1987 (Supp. 87-1). Renumbered from R9-6-757 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-364 renumbered to R9-6-368; new Section R9-6-364 renumbered from R9-6-360 effective April 4, 1997 (Supp. 97-2). Former R9-6-364 renumbered to R9-6-372; new R9-6-364 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-364 renumbered to R9-6-369; new R9-6-364 renumbered from R9-6-359 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-364 repealed; new Section R9-6-364 renumbered from R9-6-357 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-365. Poliomyelitis (Paralytic or Non-paralytic)**

Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 of a poliomyelitis case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;

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2. Conduct an epidemiologic investigation of each reported poliomyelitis case or suspect case;
3. For each poliomyelitis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
4. Ensure that one or more specimens from each poliomyelitis case or suspect case, as required by the Department, are submitted to the Arizona State Laboratory.

**Historical Note**

Former Section R9-6-115, Paragraph (4), renumbered and amended as R9-6-758 effective January 28, 1987 (Supp. 87-1). Renumbered from R9-6-758 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-365 renumbered to R9-6-372; new Section R9-6-365 renumbered from R9-6-361 effective April 4, 1997 (Supp. 97-2). Former R9-6-365 renumbered to R9-6-373; new R9-6-365 renumbered from R9-6-356 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-365 renumbered to R9-6-370; new R9-6-365 renumbered from R9-6-360 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-365 renumbered to R9-6-371; new Section R9-6-365 renumbered from R9-6-358 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-366. Psittacosis (Ornithosis)**

- A. Case control measures: A local health agency shall:
  1. Conduct an epidemiologic investigation of each reported psittacosis case or suspect case; and
  2. For each psittacosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).
- B. Environmental control measures: A local health agency shall:
  1. If a bird infected with *Chlamydia psittaci* or *Chlamydophila psittaci* is located in a private residence:
    - a. Provide health education for the bird's owner about psittacosis and the risks of becoming infected with psittacosis, and
    - b. Advise the bird's owner to obtain treatment for the bird; and
  2. If a bird infected with *Chlamydia psittaci* or *Chlamydophila psittaci* is located in a setting other than a private residence:
    - a. Provide health education for the bird's owner about psittacosis and the risks of becoming infected with psittacosis,
    - b. Ensure that the bird is treated or destroyed and any contaminated structures are disinfected, and
    - c. Require the bird's owner to isolate the bird from contact with members of the public and from other birds until treatment of the bird is completed or the bird is destroyed.

**Historical Note**

Former Section R9-6-115, Paragraph (46), renumbered and amended as R9-6-759 effective January 28, 1987 (Supp. 87-1). Renumbered from R9-6-759 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-366 renumbered to R9-6-374; new Section R9-6-366 renumbered from R9-6-362 effective April 4, 1997 (Supp. 97-2). Former R9-6-366 renumbered to R9-6-374; new R9-6-366 made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-366 renumbered to R9-6-371; new R9-6-366 renumbered from R9-6-361 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2).

Section R9-6-366 renumbered to R9-6-372; new Section R9-6-366 renumbered from R9-6-359 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-367. Q Fever**

Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 of a Q fever case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
2. Conduct an epidemiologic investigation of each reported Q fever case or suspect case; and
3. For each Q fever case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

**Historical Note**

Section R9-6-367 renumbered from R9-6-363 effective April 4, 1997 (Supp. 97-2). Former R9-6-367 renumbered to R9-6-375; new R9-6-367 renumbered from R9-6-358 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-367 renumbered to R9-6-372; new R9-6-367 renumbered from R9-6-362 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-367 renumbered to R9-6-373; new Section R9-6-367 renumbered from R9-6-360 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-368. Rabies in a Human**

A. Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 of a human rabies case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
2. Conduct an epidemiologic investigation of each reported human rabies case or suspect case;
3. For each human rabies case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
4. Ensure that a specimen from each human rabies case or suspect case, as required by the Department, is submitted to the Arizona State Laboratory.

B. Contact control measures: A local health agency shall evaluate the level of risk of transmission from each contact's exposure to a human rabies case and, if indicated, provide or arrange for each contact to receive prophylaxis.

**Historical Note**

Section R9-6-368 renumbered from R9-6-364 effective April 4, 1997 (Supp. 97-2). Former R9-6-368 renumbered to R9-6-376; new R9-6-368 renumbered from R9-6-360 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-368 renumbered to R9-6-375; new R9-6-368 renumbered from R9-6-363 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-368 renumbered to R9-6-374; new Section R9-6-368 renumbered from R9-6-361 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-369. Relapsing Fever (Borreliosis)**

Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 of a borreliosis case or suspect case, notify the Department within one

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- working day after receiving the report and provide to the Department the information contained in the report;
2. Conduct an epidemiologic investigation of each reported borreliosis case or suspect case; and
  3. For each borreliosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

**Historical Note**

Adopted effective April 4, 1997 (Supp. 97-2). Former R9-6-369 renumbered to R9-6-379; new R9-6-369 renumbered from R9-6-361 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-369 renumbered to R9-6-376; new R9-6-369 renumbered from R9-6-364 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-369 repealed; new Section R9-6-369 renumbered from R9-6-362 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-370. Respiratory Disease in a Health Care Institution or Correctional Facility**

Outbreak control measures:

1. A local health agency shall:
  - a. Conduct an epidemiologic investigation of each reported outbreak of respiratory disease in a health care institution or correctional facility; and
  - b. For each outbreak of respiratory disease in a health care institution or correctional facility, submit to the Department the information required under R9-6-206(E).
2. When an outbreak of respiratory disease occurs in a health care institution or correctional facility, the administrator of the health care institution or correctional facility, either personally or through a representative, shall comply with the control measures recommended by a local health agency.

**Historical Note**

Adopted effective April 4, 1997 (Supp. 97-2). Former R9-6-370 renumbered to R9-6-380; new R9-6-370 renumbered from R9-6-362 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-370 renumbered to R9-6-377; new R9-6-370 renumbered from R9-6-365 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-370 renumbered to R9-6-375; new Section R9-6-370 made by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-371. Rubella (German Measles)**

**A.** Case control measures:

1. An administrator of a school or child care establishment, either personally or through a representative, shall:
  - a. Exclude a rubella case from the school or child care establishment and from school- or child-care-establishment-sponsored events from the onset of illness through the seventh calendar day after the rash appears; and
  - b. Exclude a rubella suspect case from the school or child care establishment and from school- or child-care-establishment-sponsored events until evaluated and determined to be noninfectious by a physician, physician assistant, registered nurse practitioner, or local health agency.

2. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative and in consultation with the local health agency, shall isolate and institute droplet precautions for a rubella case through the seventh calendar day after the rash appears.
3. An administrator of a health care institution, either personally or through a representative, shall exclude a rubella:
  - a. Case from working at the health care institution from the onset of illness through the seventh calendar day after the rash appears; and
  - b. Suspect case from working at the health care institution until evaluated and determined to be noninfectious by a physician, physician assistant, registered nurse practitioner, or local health agency.
4. A local health agency shall:
  - a. Upon receiving a report under R9-6-202 or R9-6-203 of a rubella case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
  - b. Conduct an epidemiologic investigation of each reported rubella case or suspect case;
  - c. For each rubella case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
  - d. Ensure that one or more specimens from each rubella case or suspect case, as required by the Department, are submitted to the Arizona State Laboratory.
5. An administrator of a correctional facility or shelter, either personally or through a representative, shall comply with the rubella control measures recommended by a local health agency or the Department.

**B.** Contact control measures:

1. An administrator of a health care institution shall ensure that a paid or volunteer full-time or part-time worker at a health care institution does not participate in the direct care of a rubella case or suspect case or of a patient who is or may be pregnant unless the worker first provides evidence of immunity to rubella consisting of:
  - a. A record of immunization against rubella given on or after the first birthday; or
  - b. A statement signed by a physician, physician assistant, registered nurse practitioner, state health officer, or local health officer affirming serologic evidence of immunity to rubella.
2. When a rubella case has been at a school or child care establishment, the administrator of the school or child care establishment, either personally or through a representative, shall:
  - a. Consult with the local health agency to determine who shall be excluded and how long each individual shall be excluded from the school or child care establishment, and
  - b. Comply with the local health agency's recommendations for exclusion.
3. A local health agency shall:
  - a. Determine which rubella contacts will be quarantined or excluded, according to R9-6-303, to prevent transmission; and
  - b. Provide or arrange for immunization of each non-immune rubella contact within 72 hours after last exposure, if possible.

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**Historical Note**

Adopted effective April 4, 1997 (Supp. 97-2). Former R9-6-371 renumbered to R9-6-381; new R9-6-371 renumbered from R9-6-363 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-371 renumbered to R9-6-378; new R9-6-371 renumbered from R9-6-366 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-371 renumbered to R9-6-376; new Section R9-6-371 renumbered from R9-6-365 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-372. Rubella Syndrome, Congenital****A. Case control measures:**

1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and implement contact precautions for an infant congenital rubella syndrome case until:
  - a. The infant congenital rubella syndrome case reaches one year of age; or
  - b. Two successive negative virus cultures, from specimens collected at least one month apart, are obtained from the infant congenital rubella syndrome case after the infant congenital rubella syndrome case reaches three months of age.
2. A local health agency shall:
  - a. Upon receiving a report under R9-6-202 of a congenital rubella syndrome case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
  - b. Conduct an epidemiologic investigation of each reported congenital rubella syndrome case or suspect case;
  - c. For each congenital rubella syndrome case, as specified in Table 2.4, the information required under R9-6-206(D); and
  - d. Ensure that one or more specimens from each congenital rubella syndrome case or suspect case, as required by the Department, are submitted to the Arizona State Laboratory.

- B. Contact control measures:** An administrator of a health care institution shall ensure that a paid or volunteer full-time or part-time worker at a health care institution who is known to be pregnant does not participate in the direct care of a congenital rubella syndrome case or suspect case unless the worker first provides evidence of immunity to rubella that complies with R9-6-371(B)(1).

**Historical Note**

Section R9-6-372 renumbered from R9-6-365 and amended effective April 4, 1997 (Supp. 97-2). Former R9-6-372 renumbered to R9-6-382; new R9-6-372 renumbered from R9-6-364 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-372 renumbered to R9-6-379; new R9-6-372 renumbered from R9-6-367 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-372 renumbered to R9-6-378; new Section R9-6-372 renumbered from R9-6-366 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-373. Salmonellosis****A. Case control measures:** A local health agency shall:

1. Upon receiving a report under R9-6-202 or R9-6-203 of a salmonellosis case or suspect case, notify the Department

within one working day after receiving the report and provide to the Department the information contained in the report;

2. Exclude a salmonellosis case or suspect case with diarrhea from:
  - a. Working as a food handler, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution until:
    - i. Diarrhea has resolved,
    - ii. A stool specimen negative for *Salmonella* spp. is obtained from the salmonellosis case or suspect case, or
    - iii. The local health agency has determined that the case or suspect case is unlikely to infect other individuals; and
  - b. Using an aquatic venue until diarrhea has resolved;
3. Conduct an epidemiologic investigation of each reported salmonellosis case or suspect case; and
4. For each salmonellosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

- B. Environmental control measures:** A local health agency shall:
  1. If an animal infected with *Salmonella* spp. is located in a private residence, provide health education for the animal's owner about salmonellosis and the risks of becoming infected with *Salmonella* spp.; and
  2. If an animal infected with *Salmonella* spp. is located in a setting other than a private residence:
    - a. Provide health education for the animal's owner about salmonellosis and the risks of becoming infected with *Salmonella* spp., and
    - b. Require the animal's owner to provide information to individuals with whom the animal may come into contact about salmonellosis and methods to reduce the risk of transmission.

**Historical Note**

Adopted effective April 4, 1997 (Supp. 97-2). Former R9-6-373 renumbered to R9-6-383; new R9-6-373 renumbered from R9-6-365 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-373 renumbered to R9-6-380; new R9-6-373 made by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-373 renumbered to R9-6-379; new Section R9-6-373 renumbered from R9-6-367 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-374. Scabies****A. Case control measures:**

1. An administrator of a school or child care establishment, either personally or through a representative, shall exclude a scabies case from the school or child care establishment until treatment for scabies is completed.
2. An administrator of a health care institution or shelter, either personally or through a representative, shall exclude a scabies case from participating in the direct care of a patient or resident until treatment for scabies is completed.
3. An administrator of a shelter, either personally or through a representative, shall ensure that a scabies case receives treatment for scabies and that the case's clothing and personal articles are disinfested.
4. An administrator of a correctional facility, either personally or through a representative, shall ensure that a sca-

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bies case receives treatment for scabies and that the case's clothing and personal articles are disinfested.

- B. Contact control measures: An administrator of a school, child care establishment, health care institution, or shelter, either personally or through a representative, shall advise a scabies contact with symptoms of scabies to obtain examination and, if necessary, treatment.
- C. Outbreak control measures: A local health agency shall:
  1. Provide health education regarding prevention, control, and treatment of scabies to individuals affected by a scabies outbreak;
  2. When a scabies outbreak occurs in a health care institution, notify the licensing agency of the outbreak; and
  3. For each scabies outbreak, submit to the Department the information required under R9-6-202(D).

**Historical Note**

Section R9-6-374 renumbered from R9-6-366 effective April 4, 1997 (Supp. 97-2). Former R9-6-374 renumbered to R9-6-386; new R9-6-374 renumbered from R9-6-366 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-374 renumbered to R9-6-381; new R9-6-374 made by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-374 renumbered to R9-6-380; new Section R9-6-374 renumbered from R9-6-368 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-375. Shigellosis**

Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 or R9-6-203 of a shigellosis case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
2. Exclude a shigellosis case or suspect case with diarrhea from:
  - a. Working as a food handler, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution until:
    - i. Diarrhea has resolved,
    - ii. A stool specimen negative for *Shigella* spp. is obtained from the shigellosis case or suspect case, or
    - iii. The local health agency has determined that the case or suspect case is unlikely to infect other individuals; and
  - b. Using an aquatic venue for one week after diarrhea has resolved;
3. Conduct an epidemiologic investigation of each reported shigellosis case or suspect case; and
4. For each shigellosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

**Historical Note**

Adopted effective April 4, 1997 (Supp. 97-2). Former R9-6-375 renumbered to R9-6-387; new R9-6-375 renumbered from R9-6-367 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-375 renumbered to R9-6-382; new R9-6-375 renumbered from R9-6-368 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-375 renumbered to R9-6-381; new Section R9-6-375 renumbered from R9-6-370

and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-376. Smallpox**

A. Case control measures:

1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and institute both airborne precautions and contact precautions for a smallpox case or suspect case, until evaluated and determined to be noninfectious by a physician, physician assistant, or registered nurse practitioner.
2. A local health agency shall:
  - a. Upon receiving a report under R9-6-202 of a smallpox case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
  - b. In consultation with the Department:
    - i. Ensure that isolation and both airborne precautions and contact precautions have been instituted for a smallpox case or suspect case to prevent transmission, and
    - ii. Conduct an epidemiologic investigation of each reported smallpox case or suspect case;
  - c. For each smallpox case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
  - d. Ensure that a specimen from each smallpox case or suspect case, as required by the Department, is submitted to the Arizona State Laboratory.

B. Contact control measures: A local health agency, in consultation with the Department, shall:

1. Quarantine or exclude a smallpox contact as necessary, according to R9-6-303, to prevent transmission; and
2. Monitor the contact for smallpox symptoms, including fever, each day for 21 calendar days after last exposure.

**Historical Note**

Section renumbered from R9-6-368 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-376 renumbered to R9-6-383; new R9-6-376 renumbered from R9-6-369 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-376 renumbered to R9-6-382; new Section R9-6-376 renumbered from R9-6-371 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-377. Spotted Fever Rickettsiosis (e.g., Rocky Mountain Spotted Fever)**

A. Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 of a spotted fever rickettsiosis case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
2. Ensure that a spotted fever rickettsiosis case or, if the case is a child or incapacitated adult, the parent or guardian of the case receives health education about reducing the risks of becoming reinfected with or of having others become infected with spotted fever rickettsiosis;
3. Conduct an epidemiologic investigation of each reported spotted fever rickettsiosis case or suspect case; and
4. For each spotted fever rickettsiosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).



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- B.** Environmental control measures: In cooperation with the Department, a local health agency or another local agency responsible for vector control within a jurisdiction shall conduct an assessment of the environment surrounding each spotted fever rickettsiosis case or suspect case and implement vector control measures as necessary.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-377 renumbered to R9-6-384; new R9-6-377 renumbered from R9-6-370 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-377 renumbered to R9-6-383; new Section R9-6-377 made by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-378. Streptococcal Group A Infection**

- A.** Streptococcal group A infection, invasive or non-invasive: Case control measures: An administrator of a school, child care establishment, or health care institution or a person in charge of a food establishment, either personally or through a representative, shall exclude a streptococcal group A infection case with streptococcal lesions or streptococcal sore throat from working as a food handler, attending or working in a school, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution for 24 hours after the initiation of treatment for streptococcal group A infection.
- B.** Invasive streptococcal group A infection: Outbreak control measures: A local health agency shall:
1. Conduct an epidemiologic investigation of each reported outbreak of streptococcal group A invasive infection;
  2. For each streptococcal group A invasive infection case involved in an outbreak, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
  3. For each outbreak of streptococcal group A invasive infection, submit to the Department the information required under R9-6-206(E).

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-378 renumbered to R9-6-385; new R9-6-378 renumbered from R9-6-371 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-378 renumbered to R9-6-384; new Section R9-6-378 renumbered from R9-6-372 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-379. Streptococcal Group B Invasive Infection in an Infant Younger Than 90 Days of Age**

Case control measures: A local health agency shall:

1. Confirm the diagnosis of streptococcal group B invasive infection for each reported case or suspect case of streptococcal group B invasive infection in an infant younger than 90 days of age; and
2. For each case of streptococcal group B infection in an infant younger than 90 days of age, submit to the Department the information required under R9-6-202(C).

**Historical Note**

Section renumbered from R9-6-369 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Section repealed; new Section renumbered from R9-6-372 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Sec-

tion R9-6-379 renumbered to R9-6-385; new Section R9-6-379 renumbered from R9-6-373 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-380. Streptococcus pneumoniae Invasive Infection**

Outbreak control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported outbreak of *Streptococcus pneumoniae* invasive infection; and
2. For each outbreak of *Streptococcus pneumoniae* invasive infection, submit to the Department the information required under R9-6-206(E).

**Historical Note**

Section renumbered from R9-6-370 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-380 renumbered to R9-6-386; new R9-6-380 renumbered from R9-6-373 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-380 renumbered to R9-6-386; new Section R9-6-380 renumbered from R9-6-374 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-381. Syphilis**

**A.** Case control measures:

1. A syphilis case shall obtain serologic testing for syphilis three months, six months, and one year after initiating treatment, unless more frequent or longer testing is recommended by a local health agency.
2. A health care provider for a pregnant syphilis case shall order serologic testing for syphilis at 28 to 32 weeks gestation and at delivery.
3. A local health agency shall:
  - a. Conduct an epidemiologic investigation, including a review of medical records, of each reported syphilis case or suspect case, confirming the stage of the disease;
  - b. For each syphilis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D);
  - c. If the syphilis case is pregnant, ensure that the syphilis case obtains the serologic testing for syphilis required in subsection (A)(1) and (A)(2); and
  - d. Comply with the requirements specified in R9-6-1103 concerning treatment and health education for a syphilis case.
4. The operator of a blood bank, blood center, or plasma center shall notify a donor of a test result with significant evidence suggestive of syphilis, as required under A.R.S. § 32-1483 and 21 CFR 630.6.

**B.** Contact control measures: When a syphilis case has named a contact, a local health agency shall comply with the requirements specified in R9-6-1103 concerning notification, testing, treatment, and health education for the contact.

**C.** Outbreak control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported syphilis outbreak; and
2. For each syphilis outbreak, submit to the Department the information required under R9-6-206(E).

**Historical Note**

Section renumbered from R9-6-371 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-381 renumbered to R9-6-387; new R9-6-381 renumbered from R9-6-374 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1,

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2008 (Supp. 08-2). Section R9-6-381 renumbered to R9-6-387; new Section R9-6-381 renumbered from R9-6-375 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-382. Taeniasis**

Case control measures: A local health agency shall:

1. Exclude a taeniasis case with *Taenia* spp. from working as a food handler, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution until free of infestation;
2. Conduct an epidemiologic investigation of each reported taeniasis case; and
3. For each taeniasis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

**Historical Note**

Section renumbered from R9-6-372 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-382 renumbered to R9-6-388; new R9-6-382 renumbered from R9-6-375 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-382 renumbered to R9-6-388; new Section R9-6-382 renumbered from R9-6-376 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-383. Tetanus**

Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported tetanus case or suspect case; and
2. For each tetanus case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

**Historical Note**

Section renumbered from R9-6-373 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-383 renumbered to R9-6-389; new R9-6-383 renumbered from R9-6-376 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-383 renumbered to R9-6-389; new Section R9-6-383 renumbered from R9-6-377 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-384. Toxic Shock Syndrome**

Case control measures: A local health agency shall:

1. Conduct an epidemiologic investigation of each reported toxic shock syndrome case or suspect case; and
2. For each toxic shock syndrome case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-384 renumbered to R9-6-390; new R9-6-384 renumbered from R9-6-377 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section expired under A.R.S. § 41-1056(J) at 19 A.A.R. 1928, effective April 30, 2013 (Supp. 13-3). New Section R9-6-384 renumbered from R9-6-378 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-385. Trichinosis**

Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 of a trichinosis case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
2. Conduct an epidemiologic investigation of each reported trichinosis case or suspect case; and
3. For each trichinosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-385 renumbered to R9-6-391; new R9-6-385 renumbered from R9-6-378 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-385 renumbered to R9-6-390; new Section R9-6-385 renumbered from R9-6-379 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-386. Tuberculosis**

A. Case control measures:

1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and institute airborne precautions for:
  - a. An individual with infectious active tuberculosis until:
    - i. At least three successive sputum smears collected at least eight hours apart, at least one of which is taken first thing in the morning as soon as possible after the individual awakens from sleep, are negative for acid-fast bacilli;
    - ii. Anti-tuberculosis treatment is initiated with multiple antibiotics; and
    - iii. Clinical signs and symptoms of active tuberculosis are improved;
  - b. A suspect case of infectious active tuberculosis until:
    - i. At least two successive tests for tuberculosis, using a product and methodology approved by the U.S. Food and Drug Administration for use when making decisions whether to discontinue isolation and airborne precautions, for the suspect case are negative; or
    - ii. At least three successive sputum smears collected from the suspect case as specified in subsection (A)(1)(a)(i) are negative for acid-fast bacilli, anti-tuberculosis treatment of the suspect case is initiated with multiple antibiotics, and clinical signs and symptoms of active tuberculosis are improved; and
  - c. A case or suspect case of multi-drug resistant active tuberculosis until a tuberculosis control officer has approved the release of the case or suspect case.
2. An administrator of a health care institution, either personally or through a representative, shall notify a local health agency at least one working day before discharging a tuberculosis case or suspect case.
3. A local health agency shall:
  - a. Upon receiving a report under R9-6-202 of a tuberculosis case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;

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- b. Exclude an individual with infectious active tuberculosis or a suspect case from working, unless the individual's work setting has been approved by a tuberculosis control officer, until the individual with infectious active tuberculosis or suspect case is released from airborne precautions according to the applicable criteria in subsection (A)(1);
- c. Conduct an epidemiologic investigation of each reported tuberculosis case, suspect case, or latent infection in a child five years of age or younger;
- d. For each tuberculosis case or suspect case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D);
- e. Ensure that an isolate or a specimen, as available, from each tuberculosis case is submitted to the Arizona State Laboratory; and
- f. Comply with the requirements specified in R9-6-1202.

**B. Contact control measures:**

- 1. A contact of an individual with infectious active tuberculosis shall allow a local health agency to evaluate the contact's tuberculosis status.
- 2. A local health agency shall comply with the tuberculosis contact control measures specified in R9-6-1202.

**C. An individual is not a tuberculosis case if the individual has a positive result from an approved test for tuberculosis but does not have clinical signs or symptoms of disease.****Historical Note**

Section renumbered from R9-6-374 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-386 renumbered to R9-6-392; new R9-6-386 renumbered from R9-6-380 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-386 renumbered to R9-6-391; new Section R9-6-386 renumbered from R9-6-380 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-387. Tularemia****Case control measures:**

- 1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate a pneumonic tularemia case until 72 hours of antibiotic therapy have been completed with favorable clinical response.
- 2. A local health agency shall:
  - a. Upon receiving a report under R9-6-202 of a tularemia case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
  - b. Conduct an epidemiologic investigation of each reported tularemia case or suspect case;
  - c. For each tularemia case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
  - d. Ensure that an isolate or a specimen, as available, from each tularemia case or suspect case is submitted to the Arizona State Laboratory.

**Historical Note**

Section renumbered from R9-6-375 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-387 renumbered to R9-6-393; new R9-6-387 renumbered from R9-6-381 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-387 repealed; new Sec-

tion R9-6-387 renumbered from R9-6-381 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-388. Typhoid Fever****A. Case control measures: A local health agency shall:**

- 1. Upon receiving a report under R9-6-202 of a typhoid fever case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
- 2. Conduct an epidemiologic investigation of each reported typhoid fever case or suspect case;
- 3. For each typhoid fever case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D);
- 4. Exclude a typhoid fever case or suspect case from working as a food handler, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution until:
  - a. At least one month after the date of onset of illness; and
  - b. After two successive stool specimens, collected from the typhoid fever case at least 24 hours apart and at least 48 hours after cessation of antibiotic therapy, are negative for *Salmonella typhi*;
- 5. If a stool specimen from a typhoid fever case who has received antibiotic therapy is positive for *Salmonella typhi*, enforce the exclusions specified in subsection (A)(4) until two successive stool specimens, collected from the typhoid fever case at least one month apart and 12 or fewer months after the date of onset of illness, are negative for *Salmonella typhi*;
- 6. If a positive stool specimen, collected at least 12 months after onset of illness, is obtained from a typhoid fever case who has received antibiotic therapy, redesignate the case as a carrier; and
- 7. Exclude a typhoid fever carrier from working as a food handler, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution until three successive stool specimens, collected from the typhoid fever carrier at least one month apart, are negative for *Salmonella typhi*.

**B. Contact control measures: A local health agency shall exclude a typhoid fever contact from working as a food handler, caring for children in or attending a child care establishment, or caring for patients or residents in a health care institution until two successive stool specimens, collected from the typhoid fever contact at least 24 hours apart, are negative for *Salmonella typhi*.****Historical Note**

New Section made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former R9-6-388 renumbered to R9-6-303; new R9-6-388 renumbered from R9-6-382 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-388 renumbered to R9-6-392; new Section R9-6-388 renumbered from R9-6-382 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-389. Typhus Fever****Case control measures: A local health agency shall:**

- 1. Upon receiving a report under R9-6-202 of a typhus fever case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;

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2. Conduct an epidemiologic investigation of each reported typhus fever case or suspect case; and
3. For each typhus fever case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

**Historical Note**

New Section recodified from R9-19-313 at 11 A.A.R. 3578, effective September 2, 2005 (Supp. 05-4). Former R9-6-389 renumbered to R9-6-394; new R9-6-389 renumbered from R9-6-383 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-389 renumbered to R9-6-393; new Section R9-6-389 renumbered from R9-6-383 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-390. Vaccinia-related Adverse Event**

Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 of a case or suspect case of a vaccinia-related adverse event, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
2. Conduct an epidemiologic investigation of each reported case or suspect case of a vaccinia-related adverse event; and
3. For each case of a vaccinia-related adverse event, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

**Historical Note**

Section R9-6-390 renumbered from R9-6-384 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-390 renumbered to R9-6-394; new Section R9-6-390 renumbered from R9-6-385 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-391. Vancomycin-Resistant or Vancomycin-Intermediate *Staphylococcus aureus***

Case control measures:

1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and implement contact precautions for a case or suspect case of vancomycin-resistant or vancomycin-intermediate *Staphylococcus aureus*.
2. A diagnosing health care provider or an administrator of a health care institution transferring a known case with active infection or a known carrier of vancomycin-resistant or vancomycin-intermediate *Staphylococcus aureus* to another health care provider or health care institution shall, either personally or through a representative, comply with R9-6-305.
3. A local health agency, in consultation with the Department, shall:
  - a. Upon receiving a report under R9-6-202 of a case or suspect case of vancomycin-resistant or vancomycin-intermediate *Staphylococcus aureus*, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
  - b. Ensure that a case or suspect case of vancomycin-resistant or vancomycin-intermediate *Staphylococcus aureus* is isolated as necessary to prevent transmission;
  - c. Conduct an epidemiologic investigation of each reported case or suspect case of vancomycin-resistant or vancomycin-intermediate *Staphylococcus aureus*;

or vancomycin-intermediate *Staphylococcus aureus*;

- d. For each case of vancomycin-resistant or vancomycin-intermediate *Staphylococcus aureus*, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
- e. Ensure that an isolate or a specimen, as available, from each case of vancomycin-resistant or vancomycin-intermediate *Staphylococcus aureus* is submitted to the Arizona State Laboratory.

**Historical Note**

Section R9-6-391 renumbered from R9-6-385 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-391 renumbered to R9-6-395; new Section R9-6-391 renumbered from R9-6-386 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-392. Varicella (Chickenpox)**

A. Case control measures:

1. An administrator of a school or child care establishment, either personally or through a representative, shall exclude a varicella case from the school or child care establishment and from school- or child-care-establishment-sponsored events until lesions are dry and crusted.
2. An administrator of a health care institution, either personally or through a representative, shall isolate and implement airborne precautions for a varicella case until the case is no longer infectious.
3. A local health agency shall:
  - a. Conduct an epidemiologic investigation of each reported case of death due to primary varicella infection; and
  - b. For each reported case of death due to varicella infection, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

B. Contact control measures:

1. When a varicella case has been at a school or child care establishment, the administrator of the school or child care establishment, either personally or through a representative, shall:
  - a. Consult with the local health agency to determine who shall be excluded and how long each individual shall be excluded from the school or child care establishment, and
  - b. Comply with the local health agency's recommendations for exclusion.
2. A local health agency shall determine which contacts of a varicella case will be:
  - a. Excluded from a school or child care establishment, and
  - b. Advised to obtain an immunization against varicella.

**Historical Note**

Section R9-6-392 renumbered from R9-6-386 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-392 renumbered to R9-6-396; new Section R9-6-392 renumbered from R9-6-388 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-393. *Vibrio* Infection**

Case control measures: A local health agency shall:

1. Upon receiving a report under R9-6-202 of a *Vibrio* infection case or suspect case, notify the Department within

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one working day after receiving the report and provide to the Department the information contained in the report;

2. Exclude a *Vibrio* infection case or suspect case with diarrhea from:
  - a. Working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until:
    - i. Diarrhea has resolved, or
    - ii. The local health agency has determined that the case or suspect case is unlikely to infect other individuals; and
  - b. Using an aquatic venue until diarrhea has resolved;
3. Conduct an epidemiologic investigation of each reported *Vibrio* infection case or suspect case; and
4. For each *Vibrio* infection case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D).

**Historical Note**

Section R9-6-393 renumbered from R9-6-387 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section R9-6-393 renumbered to R9-6-397; new Section R9-6-393 renumbered from R9-6-389 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-394. Viral Hemorrhagic Fever**

- A. Case control measures:
  1. A diagnosing health care provider or an administrator of a health care institution, either personally or through a representative, shall isolate and implement both droplet precautions and contact precautions for a viral hemorrhagic fever case or suspect case for the duration of the illness.
  2. A local health agency shall:
    - a. Upon receiving a report under R9-6-202 of a viral hemorrhagic fever case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
    - b. Conduct an epidemiologic investigation of each reported viral hemorrhagic fever case or suspect case;
    - c. For each viral hemorrhagic fever case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
    - d. Ensure that one or more specimens from each viral hemorrhagic fever case or suspect case are submitted to the Arizona State Laboratory.
- B. Contact control measures: A local health agency, in consultation with the Department, shall quarantine a viral hemorrhagic fever contact as necessary to prevent transmission.

**Historical Note**

Section R9-6-394 renumbered from R9-6-389 by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section expired under A.R.S. § 41-1056(J) at 19 A.A.R. 1928, effective April 30, 2013 (Supp. 13-3). New Section R9-6-394 renumbered from R9-6-390 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-395. West Nile Virus Infection**

- A. Case control measures: A local health agency shall:
  1. Conduct an epidemiologic investigation of each reported West Nile virus infection case or suspect case;
  2. For each case of West Nile virus infection, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and

3. Ensure that each West Nile virus infection case is provided with health education that includes measures to:
  - a. Avoid mosquito bites, and
  - b. Reduce mosquito breeding sites.

- B. Environmental control measures: In cooperation with the Department, a local health agency or another local agency responsible for vector control within a jurisdiction shall conduct an assessment of the environment surrounding each West Nile virus infection case or suspect case and implement vector control measures as necessary.

**Historical Note**

New Section R9-6-395 renumbered from R9-6-391 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-396. Yellow Fever**

- A. Case control measures: A local health agency shall:
  1. Upon receiving a report under R9-6-202 of a yellow fever case or suspect case, notify the Department within 24 hours after receiving the report and provide to the Department the information contained in the report;
  2. Conduct an epidemiologic investigation of each reported yellow fever case or suspect case;
  3. For each yellow fever case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D);
  4. Ensure that each yellow fever case is provided with health education that includes measures to:
    - a. Avoid mosquito bites, and
    - b. Reduce mosquito breeding sites; and
  5. Ensure that an isolate or a specimen, as available, from each yellow fever case or suspect case is submitted to the Arizona State Laboratory.
- B. Environmental control measures: In cooperation with the Department, a local health agency or another local agency responsible for vector control within a jurisdiction shall conduct an assessment of the environment surrounding each yellow fever case or suspect case and implement vector control measures as necessary.

**Historical Note**

New Section R9-6-396 renumbered from R9-6-392 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-397. Yersiniosis (Enteropathogenic *Yersinia*)**

- Case control measures: A local health agency shall:
1. Upon receiving a report under R9-6-202 of a yersiniosis case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
  2. Exclude a yersiniosis case or suspect case with diarrhea from:
    - a. Working as a food handler, caring for patients or residents in a health care institution, or caring for children in or attending a child care establishment until:
      - i. Diarrhea has resolved,
      - ii. A stool specimen negative for enteropathogenic *Yersinia* is obtained from the case or suspect case, or
      - iii. The local health agency has determined that the case or suspect case is unlikely to infect other individuals; and
    - b. Using an aquatic venue for two weeks after diarrhea has resolved;
  3. Conduct an epidemiologic investigation of each reported yersiniosis case or suspect case;

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4. For each yersiniosis case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D); and
5. Ensure that an isolate or a specimen, as available, from each yersiniosis case is submitted to the Arizona State Laboratory.

**Historical Note**

New Section R9-6-397 renumbered from R9-6-393 and amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-398. Zika Virus Infection**

- A.** Case control measures: A local health agency shall:
1. Upon receiving a report under R9-6-202 of a Zika virus infection case or suspect case, notify the Department within one working day after receiving the report and provide to the Department the information contained in the report;
  2. Conduct an epidemiologic investigation of each reported Zika virus infection case or suspect case;
  3. For each Zika virus infection case, submit to the Department, as specified in Table 2.4, the information required under R9-6-206(D);
  4. Ensure that one or more specimens from each Zika virus infection case or suspect case, as required by the Department, are submitted to the Arizona State Laboratory; and
  5. Provide to the Zika virus infection case or ensure that another person provides to the Zika virus infection case health education that includes measures to:
    - a. Avoid mosquito bites,
    - b. Reduce mosquito breeding sites, and
    - c. Reduce the risk of sexual or congenital transmission of Zika virus.
- B.** Environmental control measures: In cooperation with the Department, a local health agency or another local agency responsible for vector control within a jurisdiction shall conduct an assessment of the environment surrounding each Zika virus infection case or suspect case and implement vector control measures as necessary.

**Historical Note**

New Section R9-6-398 made by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**Exhibit III-A. Repealed****Historical Note**

Exhibit III-A made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Exhibit III-A repealed by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2).

**Exhibit III-B. Repealed****Historical Note**

Exhibit III-B made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Exhibit III-B repealed by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2).

**Exhibit III-C. Repealed****Historical Note**

Exhibit III-C made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Exhibit III-C repealed by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2).

**Exhibit III-D. Repealed****Historical Note**

Exhibit III-D made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Exhibit III-D repealed by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2).

**Exhibit III-E. Repealed****Historical Note**

Exhibit III-E made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Exhibit III-E repealed by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2).

**Exhibit III-F. Repealed****Historical Note**

Exhibit III-F made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Exhibit III-F repealed by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2).

**Exhibit III-G. Repealed****Historical Note**

Exhibit III-G made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Exhibit III-G repealed by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2).

**Exhibit III-H. Repealed****Historical Note**

Exhibit III-H made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Exhibit III-H repealed by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2).

**Exhibit III-I. Repealed****Historical Note**

Exhibit III-I made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Exhibit III-I repealed by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2).

**Exhibit III-J. Repealed****Historical Note**

Exhibit III-J made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Exhibit III-J repealed by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2).

**Exhibit III-K. Repealed****Historical Note**

Exhibit III-K made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Exhibit III-K repealed by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2).

**Exhibit III-L. Repealed****Historical Note**

Exhibit III-L made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Exhibit III-L repealed by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2).

**Exhibit III-M. Repealed**

## CHAPTER 6. DEPARTMENT OF HEALTH SERVICES - COMMUNICABLE DISEASES AND INFESTATIONS

**Historical Note**

Exhibit III-M made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Exhibit III-M repealed by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2).

**Exhibit III-N. Repealed****Historical Note**

Exhibit III-N made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Exhibit III-N repealed by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2).

**ARTICLE 4. AIDS DRUG ASSISTANCE PROGRAM (ADAP)****R9-6-401. Definitions**

In this Article, unless otherwise specified:

1. "ADAP" means the AIDS Drug Assistance Program.
2. "Adult" means an individual who is:
  - a. Eighteen or more years old;
  - b. Married; or
  - c. Emancipated, as specified in A.R.S. Title 12, Chapter 15.
3. "AHCCCS" means the Arizona Health Care Cost Containment System.
4. "Annual household income" means the adjusted gross income of all adult individuals within a household, as would be reported on the federal income tax return for an individual in the household, modified to include:
  - a. Federal taxable wages,
  - b. Tips,
  - c. Unemployment compensation,
  - d. Social security income,
  - e. Self-employment income,
  - f. Social security disability income,
  - g. Retirement or pension income,
  - h. Capital gains,
  - i. Investment income,
  - j. Rental and royalty income,
  - k. Excluded (untaxed) foreign income, and
  - l. Alimony.
5. "Applicant" means an individual for whom a request for initial enrollment in ADAP is submitted to the Department, as specified in R9-6-404.
6. "Applying for a low-income subsidy" means submitting forms and supporting documentation to the Social Security Administration for determining eligibility for receiving a low-income subsidy.
7. "Calendar day" means any day of the week, including a Saturday, Sunday, or legal holiday.
8. "Case manager" means an individual who:
  - a. Assesses the needs of a person living with HIV for:
    - i. Medical services, nursing services, or health-related services, as defined in A.R.S. § 36-401;
    - ii. Services not related to the treatment of HIV infection, intended to maintain or improve the physical, mental, or psychosocial capabilities of a person living with HIV or an individual in the person living with HIV's household;
    - iii. Housing; or
    - iv. Financial assistance;
  - b. If applicable, assists the person living with HIV with obtaining housing, financial assistance, or the services specified in subsection (8)(a)(i) and (ii);
- c. Coordinates the interaction of the person living with HIV with individuals providing the services specified in subsection (8)(a)(i) and (ii); and
- d. Monitors the interaction of the person living with HIV with individuals providing the services specified in subsection (8)(a)(i) and (ii) to:
  - i. Determine the effects of the activities of individuals providing the services specified in subsection (8)(a)(i) and (ii) on the needs of the person living with HIV, and
  - ii. Develop strategies to reduce unmet needs.
9. "CD4-T-lymphocyte count" means the number of a specific type of white blood cell in a cubic millimeter of blood.
10. "Contract pharmacy" means an entity that has a legally binding agreement with the Department to dispense drugs through ADAP to enrolled individuals.
11. "Current" means within the six months before the date on which an:
  - a. Individual submits the documents specified in R9-6-404 to the Department as an application for initial enrollment in ADAP, or
  - b. Enrolled individual submits to the Department the documents required in R9-6-407 for continuing enrollment.
12. "Date of application" means the month, day, and year that the Department receives the documents specified in R9-6-404 for enrollment in ADAP.
13. "Drug" means a chemical substance or a compound made by or derived from a plant or animal source that:
  - a. Has been determined by the U.S. Food and Drug Administration to be useful in the treatment of individuals with HIV infection, and
  - b. Is available through a prescription order.
14. "Formulary" means a list of drugs that are available to an individual through the individual's health insurance or ADAP.
15. "Health insurance enrollment period" means an interval of time during which an individual may apply for health insurance coverage, including:
  - a. An annual interval of time, and
  - b. Any additional intervals of time due to a change in the individual's situation or circumstances.
16. "HIV infection" means the same as in A.R.S. § 36-661.
17. "HIV-care provider" means the physician, registered nurse practitioner, or physician assistant who is treating an applicant or enrolled individual for HIV infection.
18. "Household" means an applicant or enrolled individual and any of the following individuals, as applicable, residing with the applicant or enrolled individual:
  - a. The applicant's or enrolled individual's spouse;
  - b. A dependent parent;
  - c. A parent of a child who is:
    - i. The applicant or enrolled individual, and
    - ii. Claimed as a dependent by the parent;
  - d. A dependent sibling or other relative;
  - e. A dependent child of the applicant or enrolled individual, regardless of age and including an adopted child or a foster child;
  - f. A non-dependent child or other relative if claimed or could be claimed as a dependent on the applicant's or enrolled individual's taxes; and
  - g. A child who is a part of a shared custody agreement of the applicant or enrolled individual, in years for which the child is claimed or could be claimed as a

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- dependent on the applicant's or enrolled individual's taxes.
19. "Job" means a position in which an individual is employed.
  20. "Low-income subsidy" means Medicare-provided assistance that may partially or fully cover the costs of drugs and is based on the annual household income for an individual.
  21. "Medicare" means a federal health insurance program established under Title XVIII of the Social Security Act.
  22. "Medicare drug plan" means insurance approved by Medicare to cover some of the costs of drugs for individuals enrolled in Medicare.
  23. "Non-permanent housing" means a situation in which an individual is:
    - a. Living in a place that is not designed to be a sleeping place for human beings or ordinarily used as a primary nighttime sleeping place for human beings, or
    - b. Living in a shelter or other temporary living arrangement.
  24. "Person living with HIV" means an individual who is HIV-infected.
  25. "Physician" means an individual licensed as a:
    - a. Doctor of allopathic medicine under A.R.S. Title 32, Chapter 13, or through a similar licensing board in another state; or
    - b. Doctor of osteopathic medicine under A.R.S. Title 32, Chapter 17, or through a similar licensing board in another state.
  26. "Physician assistant" means an individual licensed under A.R.S. Title 32, Chapter 25, or through a similar licensing board in another state.
  27. "Poverty level" means the annual household income for a household of a particular size, as specified in the poverty guidelines updated annually in the Federal Register by the U.S. Department of Health and Human Services.
  28. "Pre-approved enrollment status" means that an applicant may receive drugs or other services through ADAP on a temporary basis.
  29. "Prescription order" means the same as in A.R.S. § 32-1901.
  30. "Registered nurse practitioner" means an individual who meets the definition of registered nurse practitioner in A.R.S. § 32-1601 and is licensed under A.R.S. Title 32, Chapter 15, or through a similar licensing board in another state.
  31. "Regular" means recurring at fixed intervals.
  32. "Representative" means the:
    - a. Guardian of an individual;
    - b. Parent of an individual who is not an adult; or
    - c. Person designated as an agent for an individual through a power of attorney, as specified in A.R.S. Title 14, Chapter 5, Article 5.
  33. "Resident" means an individual who has a place of habitation in Arizona and is living in Arizona.
  34. "Self-employed" means receiving money as a direct result of the work performed by an individual rather than from wages or a salary paid to the individual.
  35. "Valid" means still in effect or having legal force.
  36. "Viral load" means the amount of HIV circulating in the body of an individual.

**Historical Note**

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant

to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2).

Amended and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired.

Readopted without change as an emergency effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired.

Adopted without change as a permanent rule effective May 22, 1989. Amended as an emergency effective June 26, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Emergency amendment readopted without change effective October 17, 1989 (Supp. 89-4). Amended effective September 19, 1990 (Supp. 90-3). Renumbered from R9-6-801 effective October 19, 1993 (Supp. 93-4). Former Section R9-6-401

renumbered to R9-6-402; new Section R9-6-401 made by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Amended by final rulemaking at 13 A.A.R. 3329, effective November 10, 2007 (Supp. 07-3).

Amended by final rulemaking at 25 A.A.R. 3614, effective December 3, 2019 (Supp. 19-4).

**R9-6-402. Limitations and Termination of Program**

ADAP ceases to provide drugs when available funding is exhausted or terminated. ADAP is not an entitlement program and does not create a right to assistance absent available funding.

**Historical Note**

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2).

Amended and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired.

Readopted without change as an emergency effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired.

Adopted without change as a permanent rule effective May 22, 1989 (Supp. 89-2). Amended effective September 19, 1990 (Supp. 90-3). Amended as an emergency effective August 8, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-3). Emergency expired.

Emergency amendments re-adopted without change effective November 19, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-4). Emergency expired. Emergency amendments re-adopted without change effective February 28, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-1). Emergency expired. Renumbered from R9-6-802 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-402 renumbered to R9-6-403; new Section R9-6-402

renumbered from R9-6-401 and amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2).

**R9-6-403. Eligibility Requirements**

An individual is eligible to enroll in ADAP if the individual:

1. Has a diagnosis of HIV infection from a physician, registered nurse practitioner, or physician assistant;
2. Is a resident of Arizona, as established by documentation that complies with R9-6-404(A)(8);
3. Has an annual household income that is less than or equal to 400% of the poverty level; and
4. Satisfies one of the following:
  - a. Has no health insurance coverage;



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- b. Has inadequate health insurance coverage, which may include Medicare or an AHCCCS health plan, limiting the ability of the individual to obtain drugs, such as health insurance coverage that:
  - i. Does not cover drugs,
  - ii. Does not include on its formulary at least one of the drugs prescribed for the individual, or
  - iii. Requires the use of specific pharmacies or higher co-payments for obtaining a drug;
- c. Has health insurance that is unaffordable because premiums exceed 9.5% of the applicant's annual household income;
- d. Is an American Indian or Alaska Native who:
  - i. Is eligible for, but chooses not to use, the Indian Health Service or a clinic operated by a sovereign tribal nation to receive drugs; and
  - ii. Either has no other health insurance coverage or has other health insurance coverage that is inadequate or unaffordable, as described in subsections (4)(b) and (c); or
- e. Is an individual who has served in the United States Armed Forces and who:
  - i. Is eligible for, but chooses not to use, Veterans Health Administration benefits to receive drugs; and
  - ii. Either has no other health insurance coverage or has other health insurance coverage that is inadequate or unaffordable, as described in subsections (4)(b) and (c).

**Historical Note**

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2).

Amended and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired.

Readopted without change as an emergency effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired.

Amended subsection (B) and adopted as a permanent rule effective May 22, 1989 (Supp. 89-2). Amended as an emergency effective August 8, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-3). Emergency expired.

Emergency amendments re-adopted without change effective November 19, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-4). Emergency expired.

Emergency amendments re-adopted without change effective February 28, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-1). Emergency expired.

Renumbered from R9-6-803 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-403 renumbered to R9-6-404; new Section R9-6-403 renumbered from R9-6-402 and amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Amended by final rulemaking at 13 A.A.R. 3329, effective November 10, 2007 (Supp. 07-3). Amended by final rulemaking at 25 A.A.R. 3614, effective December 3, 2019 (Supp. 19-4).

**R9-6-404. Initial Application Process**

- A. An applicant for initial enrollment in ADAP or the applicant's representative shall submit to the Department the following application packet:

- 1. An application in a Department-provided format, completed by the applicant or the applicant's representative, containing:
  - a. The applicant's name, date of birth, and gender;
  - b. Except as provided in subsection (A)(1)(c), the applicant's residential address and mailing address;
  - c. If the applicant is in non-permanent housing, the address of a person that has agreed to receive written communications for the applicant;
  - d. If applicable, the address in Arizona to which the applicant would want drugs to be shipped;
  - e. If applicable, the name of the applicant's representative and the mailing address of the applicant's representative, if different from the applicant's mailing address;
  - f. Either:
    - i. The telephone number of the applicant or a person that has agreed to receive telephone communications for the applicant, or
    - ii. An email address for the applicant;
  - g. The number of individuals in the applicant's household that can be claimed on the applicant's income taxes and the names and ages of the individuals;
  - h. The names of individuals, other than the persons specified in subsection (A)(1)(s)(v), with whom the applicant authorizes the Department to speak about the applicant's enrollment in ADAP;
  - i. The applicant's annual household income;
  - j. The applicant's race and ethnicity;
  - k. Whether the applicant or an adult in the applicant's household:
    - i. Is employed;
    - ii. Is self-employed;
    - iii. Is receiving regular monetary payments from a source not specified in subsection (A)(1)(k)(i) or (ii) and, if so, an identification of the source of the monetary payments; or
    - iv. Is using a source not specified in subsections (A)(1)(k)(i) through (iii) or savings to assist the applicant in obtaining food, water, housing, or clothing for the applicant and if so, an identification of the source;
  - l. Whether the applicant is receiving health insurance coverage from AHCCCS and:
    - i. If so, the name of the AHCCCS health plan and the date enrolled; and
    - ii. If the applicant's eligibility determination for AHCCCS is pending, the date the application for AHCCCS was submitted;
  - m. Whether the applicant is eligible for Medicare health insurance coverage and, if not, the date on which the applicant will be eligible for Medicare health insurance coverage;
  - n. If the applicant is eligible for Medicare health insurance coverage, whether:
    - i. The applicant, or the applicant's representative has applied for a low-income subsidy for the applicant and, if so, the date of the application for the low-income subsidy; and
    - ii. Either:
      - (1) The applicant or the applicant's representative has applied for a Medicare drug plan for the applicant and, if so, the date of the application for the Medicare drug plan; or
      - (2) The applicant is enrolled in a Medicare drug plan;

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- o. Whether the applicant or the applicant's spouse has or is eligible to enroll in health insurance coverage other than AHCCCS or Medicare that would pay for drugs on the ADAP formulary;
- p. If the applicant or the applicant's spouse is eligible to enroll in health insurance coverage other than Medicare that would pay for drugs on the ADAP formulary but enrollment is closed, the date the next health insurance enrollment period begins;
- q. Whether the applicant is eligible to receive benefits from:
  - i. The Indian Health Service or a clinic operated by a sovereign tribal nation, or
  - ii. The Veterans Health Administration;
- r. Whether the applicant is living in non-permanent housing or is in another situation in which the applicant's financial records to verify annual household income, as specified in subsection (A)(6), are not available to the applicant;
- s. A statement by the applicant or the applicant's representative confirming that the applicant or the applicant's representative:
  - i. Understands that, if the annual household income of the applicant is at an amount that may make the applicant eligible for enrollment in AHCCCS, the applicant or the applicant's representative is required to submit to the Department documentation stating the applicant's status for enrollment in AHCCCS before the end of the month after the month in which the applicant applied for ADAP, if not provided to the Department with the application;
  - ii. Except as provided in R9-6-405(E), if the applicant is eligible for Medicare, understands that the applicant or the applicant's representative is required to submit to the Department proof of enrollment in a Medicare drug plan before the end of the month after the month in which the applicant applied for ADAP, if not provided to the Department with the application;
  - iii. Except as provided in R9-6-405(E), if the applicant is eligible for Medicare and the annual household income of the applicant is less than 175% of the poverty level, understands that the applicant or the applicant's representative is required to submit to Department documentation of the applicant's status for a low-income subsidy before the end of the month after the month in which the applicant applied for ADAP, if not provided to the Department with the application;
  - iv. Except as provided in R9-6-405(E), if the applicant or the applicant's spouse has or is eligible for health insurance coverage other than AHCCCS or Medicare, understands that the applicant or the applicant's representative is required to submit to the Department information about the health insurance coverage to enable the Department to determine if the health insurance coverage is inadequate, according to R9-6-403(4)(b), or unaffordable, according to R9-6-403(4)(c), before the end of the month after the month in which the applicant applied for ADAP, if not provided to the Department with the application;
  - v. Grants permission to the Department to discuss the information provided to the Department under subsection (A) with:
    - (1) AHCCCS, for the purpose of determining AHCCCS eligibility;
    - (2) Medicare and the Social Security Administration, for the purpose of determining eligibility for a low-income subsidy and enrollment in a Medicare drug plan;
    - (3) The applicant's HIV-care provider or designee;
    - (4) The contract pharmacy or a pharmacy at which the applicant or the applicant's representative may request a drug through ADAP, to assist with drug distribution;
    - (5) Other providers of services for persons living with HIV that are funded through Ryan White;
    - (6) Other providers of HIV-related services, as applicable to the applicant; and
    - (7) Any other entity as necessary to establish eligibility for enrollment in ADAP or assist with drug distribution to the applicant or payment of prescription co-payment costs;
  - vi. Understands that the applicant or the applicant's representative is required to submit to the Department proof of the applicant's annual household income as part of the application; and
  - vii. Understands that the applicant or the applicant's representative is required to notify the Department of changes specified in R9-6-406(A);
- t. A statement by the applicant or the applicant's representative attesting that:
  - i. To the best of the knowledge and belief of the applicant or the applicant's representative, the information and documents provided to the Department in the application packet is accurate and complete;
  - ii. The applicant meets the eligibility criteria specified in R9-6-403; and
  - iii. The applicant or applicant's representative understands that eligibility does not guarantee that the Department will be able to provide drugs and understands that an individual's enrollment in ADAP may be terminated as specified in R9-6-408; and
  - u. The dated signature of the applicant or the applicant's representative;
- 2. The information specified in subsection (B), completed by the applicant's HIV-care provider in a Department-provided format;
- 3. If the annual household income of the applicant is an amount that may make the applicant eligible for enrollment in AHCCCS, a copy of documentation from AHCCCS, dated within 60 calendar days before the date of application, stating the status of the applicant's eligibility for enrollment in AHCCCS;
- 4. If the applicant is eligible for Medicare, a copy of valid documentation stating:
  - a. The applicant's enrollment in a Medicare drug plan; and

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- b. If the applicant's annual household income is at or below 175% of the poverty level, the status of the applicant's eligibility for a low-income subsidy;
  5. If the applicant or the applicant's spouse has or is eligible for health insurance coverage other than AHCCCS or Medicare:
    - a. Information about the health insurance coverage to enable the Department to determine whether the health insurance coverage is inadequate, according to R9-6-403(4)(b), or unaffordable, according to R9-6-403(4)(c); and
    - b. If the applicant has other health insurance coverage, documentation confirming the health insurance coverage;
  6. Except as provided in subsection (C), proof of the applicant's annual household income, including the following items as applicable to the applicant's household:
    - a. An income tax return submitted by the applicant for the previous tax year to the U.S. Internal Revenue Service or the Arizona Department of Revenue;
    - b. If an income tax return in subsection (A)(6)(a) is not available, for each job held by an adult in the household:
      - i. Paycheck stubs from within 60 calendar days before the date of application, or
      - ii. A statement from the employer listing gross wages for the 30 calendar days before the date of application;
    - c. If an income tax return in subsection (A)(6)(a) is not available, from each self-employed adult in the household, documentation of the net income from self-employment, such as:
      - i. The Internal Revenue Service Forms 1099 prepared for the previous tax year for the self-employed adult in the household;
      - ii. A profit and loss statement for the self-employed adult's business, covering a period ending no earlier than three months before the date of application; or
      - iii. Bank statements from the self-employed adult's checking and savings accounts, covering a period ending no earlier than three months before the date of application; and
    - d. Documentation showing the amount and source of any regular monetary payments received by an adult in the household from sources other than those specified in subsection (A)(6)(a) through subsection (A)(6)(c);
  7. If the applicant or the applicant's representative has stated according to subsection (A)(1)(k)(v) that the applicant has no source of regular monetary payments and is unable to provide any of the documentation specified in subsection (A)(6), the following, in a Department-provided format, completed and signed within 30 calendar days before the date of application, containing:
    - a. Information completed by the applicant or the applicant's representative stating whether:
      - i. An adult in the applicant's household receives money from intermittent work performed by the adult in the household for which no paycheck stub is received and, if so, the average monthly earnings, and the adult's occupation;
      - ii. The applicant is living in non-permanent housing;
      - iii. The applicant is receiving assistance from another individual; and
      - iv. The applicant has another source of assistance for obtaining food, water, housing, and clothing, and, if so, an identification of the source;
    - b. A statement by the applicant or the applicant's representative attesting that, to the best of the knowledge and belief of the applicant or the applicant's representative, the information submitted under subsection (A)(7)(a) is accurate and complete; and
    - c. The dated signature of the applicant or the applicant's representative;
  8. Proof that the applicant is a resident of Arizona that includes:
    - a. One of the following that shows the Arizona residential address specified according to subsection (A)(1)(b) and the name of the applicant or an adult in the applicant's household:
      - i. Documentation issued by a governmental entity related to the applicant's eligibility for benefits, dated within 60 calendar days before the date of application;
      - ii. Valid documentation from the Social Security Administration or the Department of Veterans Affairs related to the applicant's eligibility for benefits;
      - iii. A property tax statement for the most recent tax year issued by a governmental entity;
      - iv. A homeowners' association assessment or fee statement, dated within 60 calendar days before the date of application;
      - v. A valid lease agreement;
      - vi. A mortgage statement for the most recent tax year;
      - vii. A letter issued by an entity providing non-permanent housing to the applicant, dated within 30 calendar days before the date of application;
      - viii. Any document or mail dated within 60 calendar days before the date of application and received by the applicant, including a utility bill, check stub, or statement of direct deposit issued by an employer, a bank or credit union statement, a credit card statement, a mobile telephone company billing statement, a billing statement or receipt from an HIV-care provider's office, or a document from an insurance company;
      - ix. A non-expired Arizona driver license issued by the Arizona Department of Transportation's Motor Vehicle Division within the previous 12 months;
      - x. A non-expired Arizona vehicle registration issued by the Arizona Department of Transportation's Motor Vehicle Division within the previous 12 months;
      - xi. A non-expired Arizona identification card issued by the Arizona Department of Transportation's Motor Vehicle Division within the previous 12 months; or
      - xii. A tribal enrollment card or other type of tribal identification; or
    - b. If the applicant is unable to produce documentation that satisfies subsection (A)(8)(a), one of the following that includes the name of the applicant or an adult in the applicant's household and is dated within 30 calendar days before the date of application:
      - i. A written statement issued by the applicant's case manager verifying that the applicant is liv-

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- ing in non-permanent housing and a resident of Arizona;
  - ii. A written statement issued by the applicant's case manager indicating that the case manager has conducted a home visit with the applicant at the Arizona residential address specified according to subsection (A)(1)(b); or
  - iii. A written statement issued by the applicant's HIV-care provider, verifying that the applicant is a resident of Arizona; and
9. If the applicant or the applicant's representative has stated according to subsection (A)(7) that the applicant receives assistance from another individual, a letter from the individual to support the statement of the applicant or the applicant's representative.
- B.** The HIV-care provider of an applicant for initial enrollment in ADAP shall provide:
1. The following information for the applicant in a Department-provided format:
    - a. The applicant's name;
    - b. The HIV-care provider's name, business address, telephone number, email address, fax number, and professional license number;
    - c. A statement that the applicant has been diagnosed with HIV infection;
    - d. A list of each drug prescribed for the applicant by the HIV-care provider;
    - e. A statement by the HIV-care provider attesting that, to the best of the HIV-care provider's knowledge and belief, the information provided to the Department as specified in subsection (B) is accurate and complete; and
    - f. The dated signature of the HIV-care provider;
  2. Documentation confirming HIV-infection of the applicant; and
  3. A copy of the most recent laboratory report of a test for viral load and, if available, CD4-T-lymphocyte count conducted for the applicant.
- C.** If an applicant or the applicant's representative stated in subsection (A)(1)(r) that the applicant is in a situation in which the applicant's financial records to verify annual household income, as required in subsection (A)(6), are not available to the applicant, the applicant or the applicant's representative may submit to the Department a statement describing the applicant's situation and provide whatever documentation the applicant has available to demonstrate the applicant's annual household income.

**Historical Note**

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2).

Amended and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired. Readopted as an emergency and subsection (A) corrected effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Amended subsection (B) and adopted as a permanent rule effective May 22, 1989 (Supp. 89-2).

Renumbered from R9-6-804 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-404 renumbered to R9-6-405; new Section R9-6-404 renumbered from R9-6-403 and amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2).

Amended by final rulemaking at 13 A.A.R. 3329, effective November 10, 2007 (Supp. 07-3). Amended by final rulemaking at 25 A.A.R. 3614, effective December 3, 2019 (Supp. 19-4).

**R9-6-405. Enrollment Process; Pre-approved Enrollment Status**

- A.** The Department shall:
1. Review the documents submitted by an applicant as required in R9-6-404(A);
  2. Determine whether the applicant is eligible under R9-6-403;
  3. Grant or deny enrollment based on applicant eligibility, the date of application, and the availability of funds; and
  4. Notify the applicant or the applicant's representative of the Department's decision within five working days after receiving the documents specified in R9-6-404(A).
- B.** An applicant or the applicant's representative shall execute any consent forms or releases of information necessary for the Department to verify eligibility.
- C.** The Department shall send an applicant or the applicant's representative a written notice of denial, setting forth the information required under A.R.S. § 41-1092.03, if:
1. The applicant does not qualify for enrollment in ADAP, based on the documentation provided to establish eligibility;
  2. The documentation submitted to the Department under R9-6-404 is found to contain false information; or
  3. The Department does not have funds available to enroll the applicant in ADAP.
- D.** The Department shall grant pre-approved enrollment status in ADAP to an applicant, lasting until the end of the month after the month in which an applicant applied for ADAP, if:
1. The Department determines that the applicant meets the requirement in R9-6-403(1);
  2. The applicant, whose annual household income is an amount that may make the applicant eligible for enrollment in AHCCCS, or the applicant's representative attests in writing that the applicant has applied for AHCCCS enrollment but is unable to provide documentation that states the status of the applicant's enrollment in AHCCCS;
  3. Except as provided in subsection (E), the applicant, who is eligible for Medicare or other health insurance coverage, or the applicant's representative attests in writing that the applicant has applied for, but is unable to provide documentation of, enrollment in Medicare and a Medicare drug plan or in other health insurance coverage, as applicable; and
  4. The applicant or the applicant's representative attests in writing that the applicant or the applicant's representative will provide, before the end of the period during which the applicant has pre-approved enrollment status, a missing component of:
    - a. Proof of the applicant's annual household income, according to R9-6-404(A)(6) or (7); or
    - b. Proof of residency, according to R9-6-404(A)(8).
- E.** The Department shall grant pre-approved enrollment status in ADAP, lasting until the end of the month after the month in which an applicant may apply for Medicare or other health insurance, if the applicant or the applicant's representative provides documentation that the applicant would be eligible for Medicare or other health insurance coverage during the next health insurance enrollment period, but that enrollment was closed on the date of application for ADAP.
- F.** The Department shall provide an applicant to whom the Department has granted pre-approved enrollment status in

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ADAP with the drugs on the ADAP formulary during the period during which the applicant has pre-approved enrollment status.

- G. Except as specified in subsection (I), to continue ADAP enrollment beyond the period in subsection (D) or (E) during which the applicant has pre-approved enrollment status, an applicant or the applicant's representative shall provide to the Department, before the end of the period, documentation that establishes eligibility according to R9-6-403.
- H. Except as specified in subsection (I), if an applicant with pre-approved enrollment status or the applicant's representative fails to provide documentation as required in subsection (G) to the Department before the end of the period during which the applicant has pre-approved enrollment status, the Department shall send the applicant or the applicant's representative a written notice of denial, setting forth the information required under A.R.S. § 41-1092.03.
- I. The Department may grant an extension of pre-approved enrollment status to an applicant beyond the period in subsection (D) or (E) if the applicant or the applicant's representative provides a justification for needing more time to obtain the required documentation to verify eligibility because of missing:
  1. Documentation of health insurance coverage;
  2. Financial records to verify annual household income, specified in R9-6-404(A)(6);
  3. Proof of residency, specified in R9-6-404(A)(8); or
  4. Viral load test results on the laboratory report required in R9-6-404(B)(2).
- J. Based on the information provided by an applicant about the applicant's health insurance coverage and except as provided in R9-6-409(F), the Department shall:
  1. For an applicant with no health insurance coverage, provide a drug on the ADAP formulary through the contract pharmacy;
  2. For an applicant with health insurance coverage that is inadequate, according to R9-6-403(4)(b), provide a drug on the ADAP formulary that is not covered by the applicant's health insurance, as documented according to R9-6-409(E), through the contract pharmacy; or
  3. For an applicant with health insurance coverage that is unaffordable, according to R9-6-403(4)(c), provide a drug on the ADAP formulary with no copayment cost to the applicant when requesting the filling of a prescription for the drug or obtaining a refill of the drug through ADAP.

**Historical Note**

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2).

Amended and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired.

Readopted as an emergency and subsection (B), Paragraph (2) corrected effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Adopted without change as a permanent rule effective May 22, 1989 (Supp. 89-2).

Renumbered from R9-6-805 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-405 renumbered to R9-6-406; new Section R9-6-405 renumbered from R9-6-404 and amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2).

Amended by final rulemaking at 13 A.A.R. 3329, effective

November 10, 2007 (Supp. 07-3). Amended by final rulemaking at 25 A.A.R. 3614, effective December 3, 2019 (Supp. 19-4).

**R9-6-406. Notification Requirements**

- A. An enrolled individual or the enrolled individual's representative shall notify the Department in writing or by telephone and comply with the applicable requirements specified in R9-6-407 within 30 calendar days after any of the following occurs:
  1. The residential or mailing address or the telephone number of the enrolled individual changes from that provided to the Department under R9-6-404(A)(1) or R9-6-407;
  2. The enrolled individual adds or removes an individual with whom the Department may speak about the enrolled individual's ADAP enrollment from the list specified in R9-6-404(A)(1)(h);
  3. The enrolled individual has:
    - a. Lost health insurance coverage;
    - b. Been determined eligible for and enrolled to receive drug coverage through AHCCCS;
    - c. Been determined eligible for or obtained health insurance coverage, other than through AHCCCS, the Indian Health Service, the Veterans Health Administration, or the health insurance coverage previously used by the enrolled individual; or
    - d. Been determined eligible for a low-income subsidy;
  4. The enrolled individual's annual household income has changed; or
  5. The enrolled individual establishes residency outside Arizona.
- B. Within 30 calendar days after an enrolled individual loses health insurance coverage, the enrolled individual shall provide to the Department documentation stating the loss of health insurance coverage.
- C. An enrolled individual's case manager shall notify the Department in writing or by telephone within 30 calendar days after the case manager learns that:
  1. The residential or mailing address or the telephone number of the enrolled individual has changed from that provided to the Department under R9-6-404(A)(1) or R9-6-407;
  2. The enrolled individual:
    - a. Has been determined eligible for and enrolled to receive drug coverage through AHCCCS;
    - b. Obtained health insurance coverage other than AHCCCS, the Indian Health Service, or the Veterans Health Administration; or
    - c. Has been determined eligible for a low-income subsidy;
  3. The enrolled individual's annual household income has changed;
  4. The enrolled individual has established residency outside Arizona; or
  5. The enrolled individual has died.

**Historical Note**

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2).

Amended and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired.

Readopted without change as an emergency effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired.

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Adopted without change as a permanent rule effective May 22, 1989 (Supp. 89-2). Amended effective September 19, 1990 (Supp. 90-3). Renumbered from R9-6-806 effective October 19, 1993 (Supp. 93-4). Former Section R9-6-406 renumbered to R9-6-407; new Section R9-6-406 renumbered from R9-6-405 and amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Former R9-6-406 renumbered to R9-6-407; new R9-6-406 made by final rulemaking at 13 A.A.R. 3329, effective November 10, 2007 (Supp. 07-3). Amended by final rulemaking at 25 A.A.R. 3614, effective December 3, 2019 (Supp. 19-4).

**R9-6-407. Continuing Enrollment**

- A.** To continue enrollment in ADAP, an enrolled individual or the enrolled individual's representative shall:
1. When the enrolled individual's residential address changes, comply with subsection (B);
  2. When the enrolled individual's annual household income changes, comply with subsection (C);
  3. When the enrolled individual becomes eligible for Medicare or other health insurance coverage, comply with subsection (D);
  4. Before the end of the month that is six months after the enrolled individual's month of birth, comply with subsection (E); and
  5. Before the end of the enrolled individual's month of birth each year after an individual's initial enrollment, comply with subsection (F).
- B.** When an enrolled individual's residential address changes, the enrolled individual or the enrolled individual's representative shall submit to the Department:
1. The following information for the enrolled individual in a Department-provided format:
    - a. The enrolled individual's name and date of birth;
    - b. The new residential address and mailing address for the enrolled individual;
    - c. If the enrolled individual is in non-permanent housing, the address of a person that has agreed to receive written communications for the enrolled individual; and
    - d. If applicable, the address in Arizona to which the enrolled individual would want drugs to be shipped; and
  2. Proof of Arizona residency, as specified in R9-6-404(A)(8), showing the new Arizona residential address specified in subsection (B)(1)(b).
- C.** When an enrolled individual's annual household income changes, the enrolled individual or the enrolled individual's representative shall:
1. Submit to the Department, within 30 calendar days after the change, documentation of the enrolled individual's annual household income, as specified in R9-6-404(A)(6) or (7); and
  2. If the enrolled individual's annual household income has decreased to an amount that may make the individual eligible for enrollment in AHCCCS:
    - a. Apply for enrollment in AHCCCS within 30 calendar days after the change in annual household income; and
    - b. Submit to the Department, within 30 calendar days after the change, documentation that states the status of the enrolled individual's enrollment in AHCCCS.
- D.** When an enrolled individual becomes eligible for Medicare or other health insurance coverage, the enrolled individual or the enrolled individual's representative shall, within 30 calendar days after the enrolled individual becomes eligible for Medicare or other health insurance coverage:
1. If eligible for Medicare:
    - a. Enroll in a Medicare drug plan; and
    - b. If the enrolled individual's annual household income is at or below 175% of the poverty level, apply for a low-income subsidy; and
    - c. Submit to the Department a copy of valid documentation stating:
      - i. The enrolled individual's enrollment in a Medicare drug plan; and
      - ii. If the enrolled individual's annual household income is at or below 175% of the poverty level, the status of the enrolled individual's eligibility for a low-income subsidy; and
  2. If eligible for other health insurance coverage, submit to the Department information about the health insurance coverage to enable the Department to determine if the health insurance coverage is inadequate, according to R9-6-403(4)(b), or unaffordable, according to R9-6-403(4)(c).
- E.** Before the end of the month that is six months after the enrolled individual's month of birth, the enrolled individual or the enrolled individual's representative shall:
1. Either:
    - a. Submit to the Department an attestation, in a Department-provided format, that there have been no changes specified in subsection (A)(1), (2), or (3); or
    - b. Comply with subsections (B), (C), and (D), as applicable; and
  2. Obtain from the enrolled individual's HIV-care provider and submit to the Department a copy of the most recent laboratory report of a test for viral load, and, if available, CD4-T-lymphocyte count conducted for the applicant.
- F.** Before the end of an enrolled individual's month of birth each year, an enrolled individual or the enrolled individual's representative shall submit to the Department the application packet required in R9-6-404(A).
- G.** The Department shall:
1. Review information about an enrolled individual and determine eligibility for continuing enrollment for the enrolled individual:
    - a. At the end of the enrolled individual's month of birth each year,
    - b. At the end of the month that is six months after the enrolled individual's month of birth each year,
    - c. When the Department receives information from the enrolled individual or the enrolled individual's representative under subsection (A), or
    - d. When the Department no longer has sufficient funds to provide continuing enrollment to all enrolled individuals;
  2. Grant continuing enrollment to an enrolled individual, subject to the availability of funds, when:
    - a. The enrolled individual or the enrolled individual's representative complies with subsection (A); and
    - b. The Department determines that:
      - i. The information in the documents submitted to the Department is accurate and complete, and
      - ii. The enrolled individual is eligible under R9-6-403; and
  3. Notify the enrolled individual or the enrolled individual's representative of the Department's decision within five working days after receipt of the documents required in subsection (A).

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- H. The Department may grant pre-approved enrollment status in ADAP, according to R9-6-405(D) or (E) and ending according to R9-6-405(G), to an enrolled individual who is missing documentation to establish eligibility under R9-6-403.
- I. If the Department denies continuing enrollment to an enrolled individual, the Department shall send to the enrolled individual or the enrolled individual's representative a written notice of denial setting forth the information required under A.R.S. § 41-1092.03.

**Historical Note**

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2). Emergency not renewed. Former Section R9-6-808 renumbered as Section R9-6-807, amended, and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired. Readopted as an emergency and subsection (C) corrected effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Adopted without change as a permanent rule effective May 22, 1989 (Supp. 89-2). Renumbered from R9-6-807 effective October 19, 1993 (Supp. 93-4). Former Section R9-6-407 repealed; new Section R9-6-407 renumbered from R9-6-406 and amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Former R9-6-407 renumbered to R9-6-409; new R9-6-407 renumbered from R9-6-406 and amended by final rulemaking at 13 A.A.R. 3329, effective November 10, 2007 (Supp. 07-3). Amended by final rulemaking at 25 A.A.R. 3614, effective December 3, 2019 (Supp. 19-4).

**R9-6-408. Termination from ADAP Services**

- A. The Department may terminate an enrolled individual's enrollment in ADAP if:
  - 1. The Department learns that information submitted to the Department by the enrolled individual or the enrolled individual's representative under R9-6-404(A) or (C), R9-6-407(A), or R9-6-409(E) or (F) is inaccurate or incomplete;
  - 2. The enrolled individual or the enrolled individual's representative does not request a refill of any drug through ADAP for a period of 90 calendar days; or
  - 3. The enrolled individual or the enrolled individual's representative exhibits violent or threatening behavior to an employee of the Department, the contract pharmacy, or a pharmacy in which the enrolled individual or the enrolled individual's representative is filling a prescription for a drug or requesting a refill of a drug through ADAP, as established by documentation such as a police report or a written document from the individual.
- B. The Department may terminate approval of a drug approved under R9-6-409(E) or (F) for an enrolled individual if funding is no longer available to pay for the drug approved under R9-6-409(E) or (F).
- C. The Department shall send to an enrolled individual or the enrolled individual's representative a written notice of termination setting forth the information required under A.R.S. § 41-1092.03 if the Department terminates:
  - 1. The enrolled individual's enrollment in ADAP, or
  - 2. Approval of a drug approved under R9-6-409(E) or (F) for the enrolled individual.

**Historical Note**

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2). Former Section R9-6-809 renumbered as Section R9-6-808, amended and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired. Readopted without change as an emergency effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Adopted without change as a permanent rule effective May 22, 1989 (Supp. 89-2). Renumbered from R9-6-808 effective October 19, 1993 (Supp. 93-4). Former Section R9-6-408 renumbered to R9-6-409; new Section R9-6-408 made by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Section repealed; new Section made by final rulemaking at 13 A.A.R. 3329, effective November 10, 2007 (Supp. 07-3). Amended by final rulemaking at 25 A.A.R. 3614, effective December 3, 2019 (Supp. 19-4).

**R9-6-409. Drug Prescription and Distribution Requirements**

- A. A HIV-care provider shall:
  - 1. Issue a prescription order:
    - a. For each drug on the ADAP formulary prescribed for an applicant or enrolled individual by the HIV-care provider; and
    - b. For dispensing up to a 30-day supply of the drug; and
  - 2. Provide a written prescription order to the applicant or enrolled individual or an electronic prescription order to the contract pharmacy or a pharmacy at which the applicant or enrolled individual may request a drug through ADAP.
- B. The Department shall:
  - 1. Except as specified in subsection (D), provide up to a 30-day supply of a drug to an enrolled individual; and
  - 2. Ensure that a drug to be shipped to an enrolled individual is sent to the address in Arizona provided by the enrolled individual according to R9-6-404(A)(1)(d) or R9-6-407(B)(1)(d).
- C. The Department may authorize replacement of a drug when:
  - 1. The drug has been dispensed by the contract pharmacy or a pharmacy in which the enrolled individual or the enrolled individual's representative requested a refill of the drug through ADAP; and
  - 2. The enrolled individual or the enrolled individual's representative claims the dispensed drug was lost, stolen, or damaged.
- D. The Department may authorize an enrolled individual to receive more than a 30-day supply of a drug if the enrolled individual:
  - 1. Submits to the Department:
    - a. The enrolled individual's name and date of birth;
    - b. The number of days for which the enrolled individual is requesting a supply of the drug; and
    - c. A justification for receiving more than a 30-day supply of a drug, such as that:
      - i. The enrolled individual will be out of Arizona for more than 30 days without changing residency, or

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- ii. The enrolled individual's health insurance coverage will allow for more than a 30-day supply of a drug; and
  - 2. Is expected to continue to be enrolled in ADAP:
    - a. Past the number of days for which the enrolled individual is requesting a supply of the drug; and
    - b. Without needing to submit information or documentation for continuing enrollment, according to R9-6-407(E) or (F), during the time period.
- E. For an enrolled individual who has health insurance coverage, the HIV-care provider of the enrolled individual, independently or through the contract pharmacy, may request approval of a drug on the ADAP formulary that is not covered by the enrolled individual's health insurance by submitting to the Department documentation that:
  - 1. The drug is not covered by the enrolled individual's health insurance;
  - 2. A request for health insurance coverage of the drug as a medical exception has been denied by the enrolled individual's health insurance; and
  - 3. An appeal of the denial of the request in subsection (E)(2) has been denied by the enrolled individual's health insurance.
- F. The HIV-care provider of an enrolled individual, independently or through the contract pharmacy, may request approval of a drug that is not covered by health insurance and not on the ADAP formulary for the enrolled individual by:
  - 1. Providing to the Department the following information, in a Department-provided format, for each requested drug:
    - a. The name, business address, email address, and telephone number of the HIV-care provider;
    - b. The date of the request;
    - c. The enrolled individual's name and date of birth;
    - d. The name and any other identifier of the drug;
    - e. The cost of the drug, if available;
    - f. The expected duration of the enrolled individual's use of the drug, including whether:
      - i. Use of the drug is expected to be a one-time occurrence; or
      - ii. The enrolled individual is expected to need multiple refills of the drug and the expected number of refills;
    - g. A justification for use of the drug that is not on the ADAP formulary by the enrolled individual;
    - h. Whether the Department should consider adding the drug to the ADAP formulary and the reasons for the recommendation; and
    - i. The dated signature of the HIV-care provider;
  - 2. Issuing a valid prescription order for the drug that is not on the ADAP formulary to the contract pharmacy; and
  - 3. Unless the enrolled individual has no health insurance coverage, submitting to the Department the documentation required in subsections (E)(1) through (3).
- G. When the Department receives a request under subsection (E) or (F) for an enrolled individual, the Department shall:
  - 1. Review the documents submitted according to subsection (E) or (F), as applicable;
  - 2. Determine whether the information submitted to the Department:
    - a. Is complete; and
    - b. Substantiates that the enrolled individual's use of the drug is indicated; and
  - 3. Notify, through the contract pharmacy, the following of the Department's decision within five working days after receiving the request:
    - a. The enrolled individual or the enrolled individual's representative; and
    - b. The enrolled individual's HIV-care provider.
- H. If the Department denies a request under subsection (E) or (F) for an enrolled individual, the Department shall send to the enrolled individual or the enrolled individual's representative a written notice of denial setting forth the information required under A.R.S. § 41-1092.03.
- I. The Department shall only authorize the distribution of drugs that are included on the ADAP formulary or approved for an enrolled individual according to subsection (F).

**Historical Note**

Adopted effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2). Former Section R9-6-409 renumbered to R9-6-902; new Section R9-6-409 renumbered from R9-6-408 and amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Former R9-6-409 renumbered to R9-6-410; new R9-6-409 renumbered from R9-6-407 and amended by final rulemaking at 13 A.A.R. 3329, effective November 10, 2007 (Supp. 07-3). Amended by final rulemaking at 25 A.A.R. 3614, effective December 3, 2019 (Supp. 19-4).

**Exhibit A. Renumbered****Historical Note**

Exhibit A "Consent for HIV Testing" (English) form adopted effective April 4, 1997 (Supp. 97-2). Exhibit A renumbered to Article 9 by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2).

**Exhibit B. Renumbered****Historical Note**

Exhibit B "Consentimiento Para la Prueba de VIH" (Consent for HIV Testing-Spanish) form adopted effective April 4, 1997 (Supp. 97-2). Exhibit B renumbered to Article 9 by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2).

**R9-6-410. Confidentiality**

In administering ADAP, the Department shall comply with all applicable federal and state laws relating to confidentiality of information.

**Historical Note**

Adopted effective October 19, 1993 (Supp. 93-4). Section renumbered to R9-6-903 by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Section R9-6-410 renumbered from R9-6-409 and amended by final rulemaking at 13 A.A.R. 3329, effective November 10, 2007 (Supp. 07-3).

**R9-6-411. Repealed****Historical Note**

Amended effective February 25, 1976 (Supp. 76-1). Repealed effective October 19, 1993 (Supp. 93-4).

**R9-6-412. Repealed****Historical Note**

Correction, adding Historical Note: Amended effective February 25, 1976 (Supp. 87-1). Repealed effective October 19, 1993 (Supp. 93-4).

**R9-6-413. Repealed**



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**Historical Note**

Amended effective February 25, 1976 (Supp. 76-1).  
Amended effective June 4, 1980 (Supp. 80-3). Amended  
effective January 28, 1987 (Supp. 87-1). Repealed effec-  
tive October 19, 1993 (Supp. 93-4).

**R9-6-414. Repealed****Historical Note**

Amended effective February 25, 1976 (Supp. 76-1).  
Repealed effective October 19, 1993 (Supp. 93-4).

**R9-6-415. Repealed****Historical Note**

Amended effective February 25, 1976 (Supp. 76-1).  
Repealed effective October 19, 1993 (Supp. 93-4).

**R9-6-416. Repealed****Historical Note**

Amended effective February 25, 1976 (Supp. 76-1).  
Repealed effective October 19, 1993 (Supp. 93-4).

**R9-6-417. Repealed****Historical Note**

Repealed effective October 19, 1993 (Supp. 93-4).

**R9-6-418. Repealed****Historical Note**

Amended effective February 25, 1976 (Supp. 76-1).  
Repealed effective October 19, 1993 (Supp. 93-4).

**R9-6-419. Repealed****Historical Note**

Repealed effective October 19, 1993 (Supp. 93-4).

**R9-6-420. Reserved****R9-6-421. Reserved****R9-6-422. Reserved****R9-6-423. Reserved****R9-6-424. Reserved****R9-6-425. Reserved****R9-6-426. Reserved****R9-6-427. Reserved****R9-6-428. Reserved****R9-6-429. Reserved****R9-6-430. Reserved****R9-6-431. Repealed****Historical Note**

Repealed effective October 19, 1993 (Supp. 93-4).

**R9-6-432. Repealed****Historical Note**

Amended effective February 25, 1976 (Supp. 76-1).  
Repealed effective October 19, 1993 (Supp. 93-4).

**R9-6-433. Repealed****Historical Note**

Repealed effective October 19, 1993 (Supp. 93-4).

**ARTICLE 5. RABIES CONTROL****R9-6-501. Definitions**

In this Article, unless otherwise specified:

1. “Animal control agency” means a board, commission, department, office, or other administrative unit of federal or state government or of a political subdivision of the state that has the responsibility for controlling rabies in animals in a particular geographic area.
2. “Approved rabies vaccine” means a rabies vaccine authorized for use in this state by the state veterinarian under A.A.C. R3-2-409.
3. “Cat” means an animal of the genus species *Felis domesticus*.
4. “Currently vaccinated” means that an animal was last immunized against rabies with an approved rabies vaccine:
  - a. At least 28 days and no longer than one year before being exposed, if the animal has only received an initial dose of approved rabies vaccine;
  - b. No longer than one year before being exposed, if the approved rabies vaccine is approved for annual use under A.A.C. R3-2-409; or
  - c. No longer than three years before being exposed, if the approved rabies vaccine is approved for triennial use under A.A.C. R3-2-409.
5. “Dog” means an animal of the genus species *Canis familiaris*.
6. “Euthanize” means to kill an animal painlessly.
7. “Exposed” means bitten by or having touched a rabid animal or an animal suspected of being rabid.
8. “Ferret” means an animal of the genus species *Mustela putorius*.
9. “Not currently vaccinated” means that an animal does not meet the definition of “currently vaccinated.”
10. “Rabid” means infected with rabies virus, a rhabdovirus of the genus *Lyssavirus*.
11. “Suspect case” means an animal whose signs or symptoms indicate that the animal may be rabid.

**Historical Note**

Amended effective December 22, 1976 (Supp. 76-5).  
Correction, this Section shown as amended effective December 22, 1976 should read amended effective May 12, 1977 (Supp. 77-3). Corrections, subsections (A), (B) and (C) (Supp. 77-5). Amended effective April 10, 1980 (Supp. 80-2). Former Section R9-6-116 renumbered without change as R9-6-501 effective January 28, 1987 (Supp. 87-1). Section R9-6-501 repealed, new Section adopted effective January 20, 1992 (Supp. 92-1). Former Section R9-6-501 renumbered to R9-6-701, new Section R9-6-501 renumbered from R9-6-201 and amended effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2). Former R9-6-501 renumbered to R9-6-502; new R9-6-501 renumbered from R9-6-105 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

**R9-6-502. Management of Exposed Animals**

- A. An animal control agency shall manage an exposed dog, cat, or ferret as follows:
1. If the exposed dog, cat, or ferret is currently vaccinated, the animal control agency shall:
    - a. Revaccinate the animal with an approved rabies vaccine within seven days after the date that the animal is exposed; and
    - b. Confine and observe the animal in the owner’s home or, at the owner’s expense, in a veterinary hospital or the animal control agency’s facility, as determined

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- by the animal control agency, for 45 days after the animal is exposed; or
2. If the exposed dog, cat, or ferret is not currently vaccinated, the animal control agency shall:
    - a. Euthanize the animal; or
    - b. At the owner's request, confine the animal for 120 days, at the owner's expense, in a veterinary hospital or the animal control agency's facility, as determined by the animal control agency, and vaccinate the animal with an approved rabies vaccine 28 days before it is released from confinement.
- B.** An animal control agency that is aware of an exposed animal, other than a cat, dog, ferret, or livestock, shall:
1. Make every effort to capture the exposed animal as soon as it is identified, and
  2. Euthanize the animal as soon as it is captured.
- C.** An animal control agency shall release from confinement a dog, cat, or ferret exposed to a suspect case when the animal control agency receives a negative rabies report on the suspect case from the Department.
- D.** Livestock shall be handled according to A.A.C. R3-2-408.

**Historical Note**

Amended effective December 22, 1976 (Supp. 76-5).  
Correction, this Section shown as amended effective December 22, 1976 should read amended effective May 12, 1977 (Supp. 77-3). Amended effective April 10, 1980 (Supp. 80-2). Amended as an emergency effective August 31, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-4). Emergency expired. Former R9-6-117 amended as a permanent rule by adding a new subsection (C) and repealing the former subsections (C), (D) and (E) effective January 21, 1983 (Supp. 83-1). Former Section R9-6-117 renumbered without change as R9-6-502 effective January 28, 1987 (Supp. 87-1). Section R9-6-502 repealed, new Section adopted effective January 20, 1992 (Supp. 92-1). Former Section R9-6-502 renumbered to R9-6-702, new Section R9-6-502 renumbered from R9-6-202 and amended effective October 19, 1993 (Supp. 93-4). Former R9-6-502 renumbered to R9-6-503; new R9-6-502 renumbered from R9-6-501 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Amended by final expedited rulemaking at 27 A.A.R. 1329, with an immediate effective date of August 4, 2021 (Supp. 21-3).

**R9-6-503. Suspect Cases**

- A.** An animal control agency shall ensure confinement of a dog, cat, or ferret that is a suspect case until:
1. The animal dies,
  2. The animal is euthanized, or
  3. A veterinarian determines that the animal is not rabid.
- B.** When an animal control agency euthanizes a suspect case, the animal control agency shall avoid damaging the brain, so that rabies testing can be performed.

**Historical Note**

Amended effective December 22, 1976 (Supp. 76-5).  
Correction, this Section shown as amended effective December 22, 1976 should read amended effective May 12, 1977 (Supp. 77-3). Amended effective April 10, 1980 (Supp. 80-2). Amended as an emergency effective August 31, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-4). Emergency expired. Former R9-6-118 amended as a permanent rule by repealing subsection (C) and renumbering subsections (D) through (I) effective January 21, 1983 (Supp. 83-1). Former Section R9-6-118 renumbered without change as R9-6-503 effective

January 28, 1987 (Supp. 87-1). Section R9-6-503 repealed, new Section adopted effective January 20, 1992 (Supp. 92-1). Former Section R9-6-503 renumbered to R9-6-703, new Section R9-6-503 renumbered from R9-6-203 and amended effective October 19, 1993 (Supp. 93-4). Former R9-6-503 renumbered to R9-6-504; new R9-6-503 renumbered from R9-6-502 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

**R9-6-504. Animal Control Agency Reporting Requirements**

By April 30 of each year, an animal control agency shall submit a report to the Department that contains the number of animal bites to humans reported as occurring in the animal control agency's jurisdiction during the preceding calendar year and a breakdown of the bites by:

1. Species of animal,
2. Age of victim, and
3. Month of occurrence.

**Historical Note**

Amended effective December 22, 1976 (Supp. 76-5).  
Correction, this Section shown as amended effective December 22, 1976 should read amended effective May 12, 1977 (Supp. 77-3). Amended effective April 10, 1980 (Supp. 80-2). Amended as an emergency effective August 31, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-4). Emergency expired. Former R9-6-119 amended as a permanent rule by repealing subsections (A) and (B), renumbering and amending subsections (C) through (I) effective January 21, 1983 (Supp. 83-1). Former Section R9-6-119 renumbered without change as R9-6-504 effective January 28, 1987 (Supp. 87-1). Section R9-6-504 repealed, new Section adopted effective January 20, 1992 (Supp. 92-1). Former Section R9-6-504 renumbered to R9-6-704 effective October 19, 1993 (Supp. 93-4). Section renumbered from R9-6-503 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3).

**R9-6-505. Renumbered****Historical Note**

Adopted effective January 20, 1992 (Supp. 92-1). Former Section R9-6-505 renumbered to R9-6-705 effective October 19, 1993 (Supp. 93-4).

**R9-6-506. Renumbered****Historical Note**

Adopted effective January 20, 1992 (Supp. 92-1). Former Section R9-6-506 renumbered to R9-6-706 effective October 19, 1993 (Supp. 93-4).

**Table 1. Renumbered****Historical Note**

Adopted effective January 20, 1992 (Supp. 92-1). Former Section R9-6-506, Table 1 renumbered to R9-6-706 Table 1 effective October 19, 1993 (Supp. 93-4).

**Table 2. Renumbered****Historical Note**

Adopted effective January 20, 1992 (Supp. 92-1). Former Section R9-6-506, Table 2 renumbered to R9-6-706, Table 2 effective October 19, 1993 (Supp. 93-4).

**ARTICLE 6. REPORTING POST-EXPOSURE RABIES PROPHYLAXIS****R9-6-601. Reporting Requirements**

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A physician or an authorized designee shall submit a written or electronic report to the Department for each individual exposed who receive post-exposure rabies prophylaxis that includes:

1. Name, age, address, and telephone number of the individual exposed;
2. Date of report;
3. Reporting institution or physician;
4. Date of exposure;
5. Body part exposed;
6. Type of exposure: Bite or saliva contact (non-bite);
7. Species of animal;
8. Animal disposition: quarantined, euthanized, died, unable to locate;
9. Animal rabies test results, if any: positive or negative;
10. Treatment regimen; and
11. Date treatment was initiated.

**Historical Note**

Adopted effective January 28, 1987 (Supp. 87-1). Former Section R9-6-601 renumbered to R9-6-201, new Section R9-6-601 adopted effective October 19, 1993 (Supp. 93-4). Section renumbered from R9-6-106 and amended by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former Section R9-6-601 renumbered to R9-6-1201; new Section R9-6-601 made by final rulemaking at 13 A.A.R. 4106, effective January 5, 2008 (Supp. 07-4). Section amended by final expedited rulemaking at 24 A.A.R. 261, effective January 9, 2018 (Supp. 18-1).

**R9-6-602. Renumbered****Historical Note**

Adopted effective January 28, 1987 (Supp. 87-1). Former Section R9-6-602 renumbered to R9-6-202, new Section R9-6-601 adopted effective October 19, 1993 (Supp. 93-4). Section repealed; new Section made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former Section R9-6-602 renumbered to R9-6-1202 by final rulemaking at 13 A.A.R. 4106, effective January 5, 2008 (Supp. 07-4).

**R9-6-603. Renumbered****Historical Note**

Adopted effective January 28, 1987 (Supp. 87-1). Amended effective September 14, 1990 (Supp. 90-3). Repealed effective October 19, 1993 (Supp. 93-4), new Section R9-6-603 adopted effective October 19, 1993 (Supp. 93-4). Section repealed; new Section made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former Section R9-6-603 renumbered to R9-6-1203 by final rulemaking at 13 A.A.R. 4106, effective January 5, 2008 (Supp. 07-4).

**R9-6-604. Renumbered****Historical Note**

Adopted effective January 28, 1987 (Supp. 87-1). Amended effective September 14, 1990 (Supp. 90-3). Repealed effective October 19, 1993 (Supp. 93-4). New Section made by final rulemaking at 10 A.A.R. 3559, effective October 2, 2004 (Supp. 04-3). Former Section R9-6-604 renumbered to R9-6-1204 by final rulemaking at 13 A.A.R. 4106, effective January 5, 2008 (Supp. 07-4).

**R9-6-605. Repealed****Historical Note**

Adopted effective January 28, 1987 (Supp. 87-1). Amended effective September 14, 1990 (Supp. 90-3). Repealed effective October 19, 1993 (Supp. 93-4).

**R9-6-606. Emergency Expired****Historical Note**

Adopted as an emergency effective October 12, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-4). Emergency expired. Emergency rule readopted without change effective February 22, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-1). Emergency expired. Emergency rule readopted with changes effective July 3, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-3). Emergency expired.

**ARTICLE 7. REQUIRED IMMUNIZATIONS FOR CHILD CARE OR SCHOOL ENTRY****R9-6-701. Definitions**

In addition to the definitions in A.R.S. § 36-671 and R9-6-101, the following definitions apply in this Article, unless otherwise specified:

1. "Child" means:
  - a. An individual 18 years of age or less, or
  - b. An individual more than 18 years of age attending school.
2. "Child care" means:
  - a. A child care facility as defined in A.R.S. § 36-881; or
  - b. A child care group home as defined in A.R.S. § 36-897.
3. "Child care administrator" means an individual, or the individual's designee, having daily control and supervision of a child care.
4. "Day" means a calendar day, and excludes the:
  - a. Day of the act or event from which a designated period of time begins to run, and
  - b. Last day of the period if a Saturday, Sunday, or official state holiday.
5. "Document" means information in written, photographic, electronic, or other permanent form.
6. "Enroll" means to accept for attendance at a school or child care.
7. "Entry" means the first day of attendance at a child care or at a specific grade level in a school.
8. "Immunization registry" means an electronic database maintained by a governmental health agency for the storage of immunization data for vaccines.
9. "In writing" means on paper or in a printable electronic format.
10. "Medical exemption" means the written certification described in A.R.S. § 15-873(A)(2).
11. "Nurse" means a:
  - a. Registered nurse, as defined in A.R.S. § 32-1601; or
  - b. Practical nurse, as defined in A.R.S. § 32-1601.
12. "Parent" means:
  - a. A natural or adoptive mother or father,
  - b. A legal guardian appointed by a court of competent jurisdiction, or
  - c. A "custodian" as defined in A.R.S. § 8-201.
13. "Physician" has the same meaning as in A.R.S. § 15-871.
14. "Registered nurse practitioner" has the same meaning as in A.R.S. § 32-1601.
15. "School-based or child care-based vaccination information system" means an electronic database used and

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maintained by a school, child care, or group of schools or child cares for the storage of immunization data for vaccines.

16. "Signature" means:
- A handwritten or stamped representation of an individual's name or a symbol intended to represent an individual's name, or
  - An electronic signature as defined in A.R.S. § 44-7002.

**Historical Note**

Former Section R9-6-115, Paragraph (47), renumbered and amended as R9-6-701 effective January 28, 1987 (Supp. 87-1). Amended effective September 14, 1990 (Supp. 90-3). Former Section R9-6-701 renumbered to Section R9-6-328, new Section R9-6-701 renumbered from R9-6-501 and amended effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2). Amended by final rulemaking at 5 A.A.R. 496, effective January 19, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 1310, effective March 17, 2000 (Supp. 00-1). Former Section R9-6-701 renumbered to R9-6-702; new Section R9-6-701 made by final rulemaking at 8 A.A.R. 4274, effective September 16, 2002 (Supp. 02-3). Amended by final rulemaking at 11 A.A.R. 2283, effective June 7, 2005 (Supp. 05-2). Amended by final rulemaking at 13 A.A.R. 4106, effective January 5, 2008 (Supp. 07-4). Amended by final expedited rulemaking at 24 A.A.R. 2682, effective September 4, 2018 (Supp. 18-3).

**R9-6-702. Required Immunizations for Child Care or School Entry**

Except as provided in R9-6-706, documentary proof of immunization, according to Table 7.1 or Table 7.2, for each of the following diseases is required for child care or school entry:

1. Diphtheria;
2. Tetanus;
3. Pertussis;
4. Hepatitis A, for a child 1 through 5 years of age in child care in Maricopa County;
5. Hepatitis B;
6. Poliomyelitis;
7. Measles (rubeola);
8. Mumps;
9. Rubella (German Measles);
10. *Haemophilus influenzae* type b, for a child two months through 59 months of age;
11. Varicella; and
12. Meningococcal disease.

**Historical Note**

Former Section R9-6-115, Paragraph (1), renumbered and amended as R9-6-702 effective January 28, 1987 (Supp. 87-1). Former Section R9-6-702 renumbered to Section R9-6-302, new Section R9-6-702 renumbered from R9-6-502 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-702 renumbered to R9-6-703; new Section R9-6-702 renumbered from R9-6-701 and amended by final rulemaking at 8 A.A.R. 4274, effective September 16, 2002 (Supp. 02-3). Amended by final rulemaking at 11 A.A.R. 2283, effective June 7, 2005 (Supp. 05-2). Amended by final rulemaking at 13 A.A.R. 4106, effective January 5, 2008 (Supp. 07-4). Amended by final expedited rulemaking at 24 A.A.R. 2682, effective September 4, 2018 (Supp. 18-3).

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**Table 7.1. Immunization Requirements for Child Care or School Entry**

Key:

DTaP = Diphtheria, tetanus, and acellular pertussis vaccine

DTP = Diphtheria, tetanus, and pertussis vaccine

Hep A = Hepatitis A vaccine

Hep B = Hepatitis B vaccine

Hib = *Haemophilus influenzae* type b vaccine

MMR = Measles, mumps, and rubella vaccine

MCV4 = Quadrivalent meningococcal vaccine

Polio = Inactivated poliomyelitis vaccine (IPV) or trivalent oral poliomyelitis vaccine (tOPV)

Td = Tetanus and diphtheria vaccine

Tdap = Tetanus, diphtheria, and acellular pertussis vaccine

VAR = Varicella vaccine

Kindergarten = The grade level in a school that precedes first grade

**A. Vaccine Doses Required for Child Care Attendance**

Vaccine Against ↓	Age →	2 months	4 months	6 months	12 months	15 months	18 months	19-59 months
Diphtheria, Tetanus, Pertussis		DTaP 1	DTaP 2	DTaP 3	---	DTaP 4	---	Documented 4 DTaP
Hepatitis B		Hep B 1	Hep B 2	---	Hep B 3	---	---	Documented 3 Hep B
<i>Haemophilus influenzae</i> type b		Hib 1	Hib 2	Hib 3 <sup>1</sup>	---	Hib 3 or 4 <sup>1</sup>	---	Documented 3-4 Hib, as specified in Note 3
Poliomyelitis		Polio 1 <sup>2</sup>	Polio 2 <sup>2</sup>	---	Polio 3 <sup>2</sup>	---	---	Documented 3 Polio
Measles, Mumps, Rubella		---	---	---	MMR 1	---	---	Documented 1 MMR
Varicella		---	---	---	VAR 1	---	---	Documented 1 VAR
Hepatitis A (Maricopa County only)		---	---	---	Hep A 1	---	Hep A 2	Documented 2 Hep A

<sup>1</sup> The recommended schedule for a four-dose Hib vaccine is two, four, and six months of age with a booster dose at 12-15 months of age. The recommended schedule for a three-dose Hib vaccine is two and four months of age with a booster dose at 12-15 months of age.

<sup>2</sup> Bivalent and monovalent oral poliomyelitis vaccines do not meet these immunization requirements. An oral poliomyelitis vaccine received before April 2016 is assumed to be trivalent oral poliomyelitis vaccine, unless otherwise specified, and to satisfy immunization requirements.

**B. Vaccine Doses Required for School Attendance. A child at any age within the range designated by the black bar is required to have documentation of the indicated number of doses of the specified vaccine.**

Vaccine Against ↓	Age →	4 - 6 years and attendance in Kindergarten or 1st grade	7 - 10 years	11 years or older
Diphtheria, Tetanus, Pertussis		4 to 6 DTP/DTaP <sup>1</sup>	3 or 4 tetanus-diphtheria containing vaccines <sup>2</sup>	3 to 5 tetanus-diphtheria-containing vaccines, including 1 Tdap <sup>2,3</sup>
Meningococcal invasive disease		---	---	1 MCV4
Hepatitis B		3 to 4 Hep B <sup>4</sup>		2 to 4 Hep B <sup>4,5</sup>
Poliomyelitis		3 or 4 Polio <sup>6</sup>		
Measles, Mumps, Rubella		2 MMR		
Varicella zoster		1-2 VAR <sup>7</sup>		

<sup>1</sup> Only four doses of DTP/DTaP are required if the fourth dose of DTP/DTaP was received after the child's fourth birthday; otherwise an additional dose is required after the child's fourth birthday, up to a maximum of six doses.

<sup>2</sup> Only three doses of tetanus-diphtheria-containing vaccine are required if the first dose of tetanus-diphtheria-containing vaccine was received on or after the child's first birthday; otherwise four are required.

<sup>3</sup> One dose of Tdap is required if five years have passed since the date of the child's last dose of tetanus-diphtheria-containing vaccine and the child has not received Tdap. At least one dose of a tetanus-diphtheria-containing vaccine is required to have been administered within the previous 10 years.

<sup>4</sup> Only three doses are required if the third dose was received at or after the child was 24 weeks of age; otherwise four are required.

<sup>5</sup> Only two doses, at least four months apart, are required if the child received the adolescent series using the Merck Recombivax HB Adult Formulation vaccine when the child was 11-15 years of age.

<sup>6</sup> Bivalent and monovalent oral poliomyelitis vaccines do not meet these immunization requirements. An oral poliomyelitis vaccine received before April 2016 is assumed to be trivalent oral poliomyelitis vaccine, unless otherwise specified, and to satisfy immunization

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requirements. Only three doses are required if the third dose was received after the child's fourth birthday and at least six months after the second dose; otherwise four doses are required, with the last received after the child's fourth birthday. Poliomyelitis vaccine is not required for individuals 18 years of age or older.

- 7 One dose is required if received by a child between 12 months and 12 years of age. A child who received a first dose of VAR at 13 years of age or older is required to receive a second dose if at least four weeks have passed since the date of the first dose.

**Historical Note**

Table 7.1 made by final expedited rulemaking at 24 A.A.R. 2682, effective September 4, 2018 (Supp. 18-3).

**Table 7.2. Immunization Schedule for a Child Who Has Not Completed the Vaccine Series Required in Table 7.1 before Entry into a Child Care or School**

- A. If a child does not meet the applicable requirements in Table 7.1, the child is required to have the first dose of vaccine for each of the diseases indicated in R9-6-702 before school entry or no later than 15 calendar days after child care entry.
- B. If a child does not meet the applicable requirements in Table 7.1, the child is required to have the second and subsequent doses of vaccine for each of the diseases indicated in R9-6-702 either:
1. Before school entry or no later than 15 calendar days after child care entry, or
  2. At the intervals specified below.

		Intervals between Doses			
Vaccine Against ↓	Dose →	2nd Dose	3rd Dose	4th Dose	5th Dose
Diphtheria, Tetanus, Pertussis					
Child < 7 years of age  (DTP or a combination of DTP and DTaP)		No sooner than four weeks after the first dose	No sooner than four weeks after the second dose	No sooner than six months after the third dose	No sooner than six months after the fourth dose, if the fourth dose was received at < 4 years of age
Child 7 through 10 years of age  (Tetanus-diphtheria containing vaccines)		No sooner than four weeks after the first dose	No sooner than six months after the second dose	No sooner than six months after the third dose, if the first dose was received at < 12 months of age	---
Child > 10 years of age  (Tetanus-diphtheria containing vaccine, including one Tdap)		No sooner than four weeks after the first dose	No sooner than six months after the second dose	No sooner than six months after the third dose, if the first dose was received at < 12 months of age	---
Poliomyelitis					
Child < 4 years of age		No sooner than four weeks after the first dose	No sooner than four weeks after the second dose	No sooner than six months after the third dose, if the third dose was received at < 4 years of age	---
Child between 4 and 18 years of age		No sooner than four weeks after the first dose	No sooner than six months after the second dose	No sooner than six months after the third dose, if the third dose was received at < 4 years of age	---
Measles, Mumps, Rubella Child 4 years of age or older		No sooner than one month after the first dose	---	---	---
Haemophilus influenzae type b					
Child 7-11 months of age		No sooner than two months after the first dose	---	---	---
Child 12-14 months of age		No sooner than two months after the first dose	No sooner than two months after the second dose if the first or second dose was received at < 12 months of age	---	---

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Child 15-59 months of age	---	---	---	---
	(A child 15 through 59 months of age is required to have one dose of vaccine.)			
<b>Hepatitis B</b>	No sooner than four weeks after the first dose  (Only two doses, at least four months apart, are required if the child received the adolescent series using the Merck Recombivax HB Adult Formulation vaccine when the child was 11-15 years of age.)	No sooner than four months after the first dose and two months after the second dose for a child $\geq 24$ weeks of age who did not receive the adolescent series.	---	---
<b>Hepatitis A</b> (Maricopa County only)	No sooner than six months after the first dose	---	---	---
<b>Varicella</b> (A child 12 months through 12 years of age is required to have one dose of vaccine.)	No sooner than one month after the first dose for a child 13 years of age or older	---	---	---

**Historical Note**

Table 7.2 made by final expedited rulemaking at 24 A.A.R. 2682, effective September 4, 2018 (Supp. 18-3).

**R9-6-703. Responsibilities of Individuals and Local Health Agencies for Administering Vaccines**

- A. Upon request of a parent, a local health agency shall provide for the immunization of a child against any disease listed in R9-6-702.
- B. An individual administering a vaccine shall ensure that the dosage and route by which the vaccine is administered is:
  1. As recommended by the Centers for Disease Control and Prevention, or
  2. According to the manufacturer's recommendations.
- C. Before administering a vaccine to a child, the individual administering the vaccine shall:
  1. Provide the child's parent with the following information in writing:
    - a. A description of the disease,
    - b. A description of the vaccine,
    - c. A statement of the risks of the disease and the risks and benefits of immunization, and
    - d. Contraindications for administering the vaccine; and
  2. Obtain documentation from the child's parent confirming that the child's parent:
    - a. Was provided the information described in subsection (C)(1),
    - b. Was provided an opportunity to read the information described in subsection (C)(1),
    - c. Was provided an opportunity to ask questions, and
    - d. Requests that the designated vaccine be administered to the child.
- D. Following the administration of a vaccine, the individual administering the vaccine shall provide to the child's parent or, if a child is immunized at school, to the child to give to the child's parent:
  1. Information in writing about:
    - a. The vaccine administered,
    - b. The reactions to the vaccine that might be expected, and

- c. The course of action if a reaction to the vaccine occurs that may require medical attention; and
2. Documentary proof of immunization, according to A.R.S. § 36-674 and R9-6-704(A).

**Historical Note**

Former Section R9-6-115, Paragraph (2), renumbered and amended as R9-6-703 effective January 28, 1987 (Supp. 87-1). Former Section R9-6-703 renumbered to Section R9-6-303, new Section R9-6-703 renumbered from R9-6-503 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-703 renumbered to R9-6-704; new Section R9-6-703 renumbered from R9-6-702 and amended by final rulemaking at 8 A.A.R. 4274, effective September 16, 2002 (Supp. 02-3). Amended by final expedited rulemaking at 24 A.A.R. 2682, effective September 4, 2018 (Supp. 18-3).

**R9-6-704. Standards for Documentary Proof of Immunization or Immunity**

- A. An administrator of a school or a child care administrator shall accept any of the following as documentary proof of immunization for a child:
  1. A copy of a document recording the immunizations administered to the child that contains:
    - a. The child's name;
    - b. The child's date of birth;
    - c. The type of vaccine administered;
    - d. The month, day, and year of each immunization; and
    - e. The name of the individual administering the vaccine or the name of the entity that the individual administering the vaccine represents;
  2. A document from an Arizona school or child care recording the child's immunizations, including a print-out from a school-based or child care-based vaccination information system, that contains, in a Department-provided format:

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- a. The child's name;
  - b. The child's date of birth;
  - c. The type of vaccine administered;
  - d. The month, day, and year of each immunization;
  - e. The name and address of the school or child care; and
  - f. The name and signature of the individual at the school or child care providing the document to the child's parent and the date signed;
3. A document from a school in another state recording the child's immunizations; or
  4. A printout from an immunization registry containing the information in subsections (A)(1)(a) through (e).
- B.** An administrator of a school or a child care administrator shall accept a certification of medical exemption from immunization due to immunity, as specified in R9-6-706(D), as documentary proof of immunity for a child.
- Historical Note**
- Adopted effective January 28, 1987 (Supp. 87-1). Former Section R9-6-704 renumbered to Section R9-6-304, new Section R9-6-704 renumbered from R9-6-504 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-704 renumbered to R9-6-705; new Section R9-6-704 renumbered from R9-6-703 and amended by final rulemaking at 8 A.A.R. 4274, effective September 16, 2002 (Supp. 02-3). Amended by final rulemaking at 11 A.A.R. 2283, effective June 7, 2005 (Supp. 05-2). Amended by final expedited rulemaking at 24 A.A.R. 2682, effective September 4, 2018 (Supp. 18-3).
- R9-6-705. Responsibilities of Administrators of Schools, Child Care Administrators, and the Department**
- A.** An administrator of a school or a child care administrator shall ensure that:
1. For each child attending the school or child care, one of the following is maintained at the school or child care for each disease listed in R9-6-702:
    - a. Documentary proof of immunization, as specified in R9-6-704(A), according to Table 7.1;
    - b. Documentary proof of immunization, as specified in R9-6-704(A), demonstrating compliance with Table 7.2;
    - c. Documentary proof of immunity, as specified in R9-6-704(B) and according to R9-6-706(D); or
    - d. A statement of exemption from immunization, as specified in R9-6-706(A) through (C);
  2. Lists are maintained at the school or child care of children who:
    - a. Do not have documentary proof of:
      - i. Immunization for each disease listed in R9-6-702, according to Table 7.1; or
      - ii. Immunity for each disease listed in R9-6-702, according to R9-6-706(D);
    - b. Do not have documentary proof according to subsection (A)(1)(a) or (c) but are in compliance with Table 7.2; or
    - c. Have a statement of exemption from immunization, according to R9-6-706(A), (B), or (C), for any of the diseases listed in R9-6-702;
  3. Except as provided in subsection (D), for a child enrolled in school who does not have one of the documents in subsection (A)(1) for each disease listed in R9-6-702:
    - a. The child's parent is notified in writing at the time of school enrollment or, for an enrolled child, at the time of review of immunization documentation that the child:
      - i. Is not in compliance with Arizona immunization requirements; and
      - ii. Except as required by 42 U.S.C. 11301, will be excluded from school entry, according to A.R.S. § 15-872(B), unless the documentation required in subsection (A)(1) is provided for each disease listed in R9-6-702 before school entry; and
    - b. The child is excluded from school entry if the required documentation is not provided before school entry; and
- 4.** Except as provided in subsection (D), for a child enrolled in a child care who does not have one of the documents in subsection (A)(1) for each disease listed in R9-6-702:
- a. The child's parent is notified in writing before or at the time of child care entry or, for an enrolled child, at the time of review of immunization documentation that the child:
    - i. Is not in compliance with Arizona immunization requirements; and
    - ii. May attend the child care for not more than 15 days from the date of child care entry without providing one of the documents in subsection (A)(1) for each disease listed in R9-6-702; and
  - b. The child is excluded from child care entry if the required documentation is not provided for the child within 15 days following child care entry.
- B.** If an administrator of a school or a child care administrator questions the accuracy of a document provided for a child as documentary proof of immunization or immunity and is unable to verify the accuracy of the document, the administrator of the school or the child care administrator shall notify the child's parent in writing that:
1. For a child attending a school:
    - a. The administrator of the school cannot verify compliance with Arizona immunization requirements on the basis of the documents provided; and
    - b. Except as required by 42 U.S.C. 11301, the child will be excluded from school entry, according to A.R.S. § 15-872(B), until the child's parent provides to the school documentation that meets the requirements in R9-6-704 or R9-6-706;
  2. For a child attending a child care:
    - a. The child care administrator cannot verify compliance with Arizona immunization requirements on the basis of the documents provided; and
    - b. The child may attend the child care for not more than 15 days after the date of child care entry without the child's parent providing to the child care documentation that meets the requirements in R9-6-704 or R9-6-706; and
  3. The child's parent may bring the child to a physician, a registered nurse practitioner, a local health agency, or, as authorized under A.R.S. § 32-1974, a pharmacist as defined in A.R.S. § 32-1901 to:
    - a. Review the child's immunization history,
    - b. Provide needed immunizations, and
    - c. Provide the required documentation.
- C.** An administrator of a school or a child care administrator shall not allow a child to attend the school or child care during an outbreak of a disease listed in R9-6-702, as determined by the Department or a local health agency, for which the child lacks:
1. Documentary proof of immunization, according to R9-6-704(A); or



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2. Documentary proof of immunity, according to R9-6-704(B).
- D. If the Department receives notification from the Centers for Disease Control and Prevention that there is a shortage of a vaccine for a disease listed in R9-6-702, or that the amount of a vaccine for a disease listed in R9-6-702 is being limited, the Department shall:
  1. Determine whether:
    - a. Compliance with exclusion requirements in subsections (A)(3) and (4) is suspended for the vaccine in limited supply, or
    - b. A different vaccine or a combination of different vaccines may substitute for the vaccine in limited supply;
  2. Provide notification in writing to each school and child care in this state:
    - a. Of the shortage or limitation of the vaccine;
    - b. Whether the Department is:
      - i. Suspending compliance with exclusion requirements in subsections (A)(3) and (4) on the basis of the vaccine in limited supply; or
      - ii. Recommending an alternative vaccine or combination of vaccines to satisfy the requirement R9-6-702 for the vaccine in limited supply and, if so, the Department's recommendation; and
    - c. If known, when the shortage or limitation of the vaccine is expected to end and the vaccine to be available; and
  3. Upon receiving notification from the Centers for Disease Control and Prevention that the vaccine is available, notify each school and child care in this state:
    - a. That the vaccine is available, and
    - b. If applicable, the date that compliance with exclusion requirements in subsections (A)(3) and (4) will be reinstated.
- E. The Department shall notify each school and child care in this state if the Department no longer requires compliance with subsection (A) for a disease listed in R9-6-702.

**Historical Note**

Adopted effective January 28, 1987 (Supp. 87-1). Former Section R9-6-705 renumbered to Section R9-6-305, new Section R9-6-705 renumbered from R9-6-505 and amended effective October 19, 1993 (Supp. 93-4). Former Section R9-6-705 renumbered to R9-6-706; new Section R9-6-705 renumbered from R9-6-704 and amended by final rulemaking at 8 A.A.R. 4274, effective September 16, 2002 (Supp. 02-3). Amended by final expedited rulemaking at 24 A.A.R. 2682, effective September 4, 2018 (Supp. 18-3).

**R9-6-706. Exemptions from Immunizations**

- A. For a child attending a school, the child is exempt from the applicable immunization requirements in R9-6-702 for personal beliefs, as allowed by A.R.S. § 15-873(A)(1), if the child's parent submits to the school a statement of exemption from immunization for personal beliefs, in a Department-provided format, that contains:
  1. The parent's name;
  2. The child's name;
  3. The child's date of birth;
  4. The immunizations from which the child's parent is requesting an exemption;
  5. A statement that the parent is requesting the exemption based on personal beliefs, and
  6. The signature of the child's parent and the date signed.
- B. For a child attending a child care, the child is exempt from the applicable immunization requirements in R9-6-702 for religious beliefs, as allowed in A.R.S. § 36-883(C), if the child's parent submits to the child care a statement of exemption from immunization for religious beliefs, in a Department-provided format, that contains:
  1. The parent's name;
  2. The child's name;
  3. The child's date of birth;
  4. The immunizations from which the child's parent is requesting an exemption;
  5. A statement that the parent is requesting the exemption based on religious beliefs, and
  6. The signature of the child's parent and the date signed.
- C. A child is exempt from the applicable immunization requirements in R9-6-702, as allowed by A.R.S. § 15-873(A)(2), if the child's parent submits to a school or child care a certification of medical exemption from immunization, in a Department-provided format, that contains:
  1. The parent's name;
  2. The child's name;
  3. The child's date of birth;
  4. The immunizations from which the child's parent is requesting an exemption;
  5. A statement that the parent is requesting a medical exemption according to A.R.S. § 15-873(A)(2);
  6. Statements from a physician or registered nurse practitioner that:
    - a. The immunizations specified according to subsection (C)(4) may be harmful to the child's health;
    - b. Indicate the specific nature of the medical condition or circumstance that precludes immunization;
    - c. Indicate whether the medical exemption is permanent or temporary; and
    - d. If the medical exemption is temporary, provide the date the medical exemption ends;
  7. The signature of the physician or registered nurse practitioner providing the medical exemption and the date signed; and
  8. The signature of the child's parent and the date signed;
- D. A child is exempt from the applicable immunization requirements in R9-6-702 due to immunity if the child's parent submits to a school or child care:
  1. A certification of medical exemption from immunization due to immunity, in a Department-provided format, that contains:
    - a. The parent's name;
    - b. The child's name;
    - c. The child's date of birth;
    - d. The name of each disease for which the child's parent is requesting an exemption from immunization requirements;
    - e. A statement that the parent is requesting a medical exemption from immunization due to the child's immunity to a disease;
    - f. A statement from a physician or registered nurse practitioner that the physician or registered nurse practitioner has determined that the child is immune to the disease specified according to subsection (D)(1)(d), for which an exemption from immunization requirements is being requested, based on:
      - i. For measles, rubella, or varicella, a review by the physician or registered nurse practitioner of laboratory evidence of immunity for the child; or

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- ii. For a disease other than measles, rubella, or varicella, a review by the physician or registered nurse practitioner of either:
      - (1) Laboratory evidence of immunity for the child, or
      - (2) The medical records of the physician or registered nurse practitioner;
    - g. The signature of the physician or registered nurse practitioner providing the medical exemption and the date signed; and
    - h. The signature of the child's parent and the date signed; and
  - 2. If applicable, a copy of the laboratory evidence of immunity.
- E. An administrator of a school or a child care administrator shall:
- 1. Include a child's exemption from the requirements in R9-6-702 in the documentation required in R9-6-705(A)(1); and
  - 2. If a child has a temporary medical exemption:
    - a. Allow the child to attend a school or child care until the date the temporary exemption ends; and
    - b. At least 30 calendar days before the temporary medical exemption ends, notify the child's parent in writing of the date by which the child is required to complete all immunizations.

**Historical Note**

Former Section R9-6-115, Paragraph (3), renumbered and amended as R9-6-706 effective January 28, 1987 (Supp. 87-1). Former Section R9-6-706 renumbered to Section R9-6-306, new Section R9-6-706 renumbered from R9-6-506 and amended effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2). Former Section R9-6-706 renumbered to R9-6-707; new Section R9-6-706 renumbered from R9-6-705 and amended by final rulemaking at 8 A.A.R. 4274, effective September 16, 2002 (Supp. 02-3). Amended by final rulemaking at 11 A.A.R. 2283, effective June 7, 2005 (Supp. 05-2). Amended by final rulemaking at 13 A.A.R. 4106, effective January 5, 2008 (Supp. 07-4). Amended by final expedited rulemaking at 24 A.A.R. 2682, effective September 4, 2018 (Supp. 18-3).

**Table 1. Renumbered****Historical Note**

Adopted effective January 20, 1992 (Supp. 92-1). Article 7, Table 1 renumbered from Article 5, Table 1 and amended effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2). Amended by final rulemaking at 5 A.A.R. 496, effective January 19, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 1310, effective March 17, 2000 (Supp. 00-1). Table 1 renumbered to follow R9-6-707 by final rulemaking at 8 A.A.R. 4274, effective September 16, 2002 (Supp. 02-3).

**Table 2. Renumbered****Historical Note**

Adopted effective January 20, 1992 (Supp. 92-1). Article 7, Table 2 renumbered from Article 5, Table 2 and amended effective October 19, 1993 (Supp. 93-4). Amended effective April 4, 1997 (Supp. 97-2). Amended by final rulemaking at 5 A.A.R. 496, effective January 19, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 1310, effective March 17, 2000 (Supp. 00-1). Table 2 renumbered to follow R9-6-707 by final rulemak-

ing at 8 A.A.R. 4274, effective September 16, 2002 (Supp. 02-3).

**R9-6-707. Reporting Requirements**

- A. By November 15 of each year, an administrator of a school shall submit to the Department a report, in a Department-provided format, that contains:
- 1. The name, the physical address, and, if different, the mailing address of the school;
  - 2. The date of the report;
  - 3. Whether the school is a:
    - a. Charter school, as defined in A.R.S. § 15-101;
    - b. Private school, as defined in A.R.S. § 15-101; or
    - c. Public school, as defined in A.R.S. § 15-101;
  - 4. The name, email address, and telephone number of an individual to contact for the school;
  - 5. The name and district number of the school district, if applicable;
  - 6. The county in which the school is located;
  - 7. The number of children enrolled at the school in designated grades, as of the date of the report; and
  - 8. The number of children in each of the designated grades who:
    - a. Have received each immunization required according to Table 7.1;
    - b. Have received an immunization required according to Table 7.1 or submitted a certification of medical exemption from immunization due to immunity, according to R9-6-706(D), for each of the diseases in R9-6-702, including the number for each disease for which certification of medical exemption from immunization due to immunity was submitted;
    - c. Have an exemption from immunization for personal beliefs, according to R9-6-706(A), for one or more of the diseases in R9-6-702, including the number for each disease;
    - d. Have a medical exemption from immunization, according to R9-6-706(C) for one or more of the diseases in R9-6-702, including:
      - i. The number for each disease, and
      - ii. Whether the medical exemption is temporary or permanent; or
    - e. Are receiving immunizations required according to Table 7.2, and the number of doses of each vaccine received.
- B. By November 15 of each year, a child care administrator shall submit to the Department a report, in a Department-provided format, that contains:
- 1. The name, the physical address, and, if different, the mailing address of the child care;
  - 2. The date of the report;
  - 3. The name, email address, and telephone number of an individual to contact for the child care;
  - 4. The Department license or certificate number of the child care, as applicable;
  - 5. The name of the child care administrator; and
  - 6. The number of children attending the child care who are at least 18 months of age and not attending a school, as of the date of submission of the report, in each of the following categories:
    - a. Children who have received each immunization required according to Table 7.1;
    - b. Children who have received an immunization required according to Table 7.1 or submitted a certification of medical exemption from immunization due to immunity, according to R9-6-706(D), for each of the diseases in R9-6-702, including the num-

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ber for each disease for which laboratory evidence of immunity was submitted;

- c. Children who have an exemption from immunization for religious beliefs, according to R9-6-706(B), for one or more of the diseases in R9-6-702, including the number for each disease;
- d. Children who have a medical exemption from immunization, according to R9-6-706(C), for one or more of the diseases in R9-6-702, including:
  - i. The number for each disease, and
  - ii. Whether the medical exemption is temporary or permanent; or
- e. Children who are receiving immunizations required according to Table 7.2, and the number of doses of each vaccine received.

**Historical Note**

Former Section R9-6-115, Paragraph (5), renumbered and amended as R9-6-707 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-307 effective October 19, 1993 (Supp. 93-4). Adopted effective April 4, 1997 (Supp. 97-4). Former Section R9-6-707 renumbered to R9-6-708; new Section R9-6-707 renumbered from R9-6-706 and amended by final rulemaking at 8 A.A.R. 4274, effective September 16, 2002 (Supp. 02-3). Amended by final rulemaking at 13 A.A.R. 4106, effective January 5, 2008 (Supp. 07-4). Amended by final expedited rulemaking at 24 A.A.R. 2682, effective September 4, 2018 (Supp. 18-3).

**Table 1. Repealed****Historical Note**

Table 1 renumbered from placement after R9-6-706 and amended by final rulemaking at 8 A.A.R. 4274, effective September 16, 2002 (Supp. 02-3). Amended by final rulemaking at 11 A.A.R. 2283, effective June 7, 2005 (Supp. 05-2). Amended by final rulemaking at 13 A.A.R. 4106, effective January 5, 2008 (Supp. 07-4). Table 1 repealed by final expedited rulemaking at 24 A.A.R. 2682, effective September 4, 2018 (Supp. 18-3).

**Table 2. Repealed****Historical Note**

Table 2 renumbered from placement after R9-6-706 and amended by final rulemaking at 8 A.A.R. 4274, effective September 16, 2002 (Supp. 02-3). Amended by final rulemaking at 11 A.A.R. 2283, effective June 7, 2005 (Supp. 05-2). Amended by final rulemaking at 13 A.A.R. 4106, effective January 5, 2008 (Supp. 07-4). Table 2 repealed by final expedited rulemaking at 24 A.A.R. 2682, effective September 4, 2018 (Supp. 18-3).

**R9-6-708. Release of Immunization Information**

In addition to the persons who have access to immunization information according to A.R.S. § 36-135(D), and consistent with the limitations in A.R.S. § 36-135(E) and (H), the Department may release immunization information to:

1. An authorized representative of a local health agency for the control, investigation, analysis, or follow-up of disease;
2. A child care administrator, to determine the immunization status of a child in the child care;
3. An authorized representative of the federal Women, Infants, and Children Program administered by the Department, to determine the immunization status of children enrolled in the federal Women, Infants, and Children Program;

4. An individual or organization authorized by the Department to conduct medical research to evaluate medical services and health-related services, as defined in A.R.S. § 36-401, health quality, immunizations data quality, and efficacy; or
5. An authorized representative of an out-of-state agency, including:
  - a. A state health department,
  - b. A health agency,
  - c. A school or child care,
  - d. A health care provider, or
  - e. A state agency that has legal custody of a child.

**Historical Note**

Adopted effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-309 effective October 19, 1993 (Supp. 93-4). New Section R9-6-708 renumbered from R9-6-707 and amended by final rulemaking at 8 A.A.R. 4274, effective September 16, 2002 (Supp. 02-3). Amended by final expedited rulemaking at 24 A.A.R. 2682, effective September 4, 2018 (Supp. 18-3).

**R9-6-709. Renumbered****Historical Note**

Former Section R9-6-115, Paragraph (6), renumbered and amended as R9-6-709 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-310 effective October 19, 1993 (Supp. 93-4).

**R9-6-710. Renumbered****Historical Note**

Former Section R9-115, Paragraph (7), renumbered and amended as R9-6-710 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-311 effective October 19, 1993 (Supp. 93-4).

**R9-6-711. Renumbered****Historical Note**

Former Section R9-6-115, Paragraph (8), renumbered and amended as R9-6-711 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-313 effective October 19, 1993 (Supp. 93-4).

**R9-6-712. Renumbered****Historical Note**

Adopted effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-315 effective October 19, 1993 (Supp. 93-4).

**R9-6-713. Renumbered****Historical Note**

Former Section R9-6-115, Paragraph (9), renumbered and amended as R9-6-713 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-316 effective October 19, 1993 (Supp. 93-4).

**R9-6-714. Renumbered****Historical Note**

Former Section R9-6-115, Paragraph (10), renumbered and amended as R9-6-714 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-317 effective October 19, 1993 (Supp. 93-4).

**R9-6-715. Renumbered**

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**Historical Note**

Former Section R9-6-115, Paragraph (11), renumbered and amended as R9-6-715 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-319 effective October 19, 1993 (Supp. 93-4).

**R9-6-716. Renumbered****Historical Note**

Adopted effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-320 effective October 19, 1993 (Supp. 93-4).

**R9-6-717. Renumbered****Historical Note**

Former Section R9-6-115, Paragraph (12), renumbered and amended as R9-6-717 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-321 effective October 19, 1993 (Supp. 93-4).

**R9-6-718. Renumbered****Historical Note**

Former Section R9-6-115, Paragraph (13), renumbered and amended as R9-6-718 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-322 effective October 19, 1993 (Supp. 93-4).

**R9-6-719. Renumbered****Historical Note**

Adopted effective January 28, 1987 (Supp. 87-1) Renumbered to Section R9-6-323 effective October 19, 1993 (Supp. 93-4).

**R9-6-720. Renumbered****Historical Note**

Former Section R9-6-115, Paragraph (14), renumbered and amended as R9-6-720 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-324 effective October 19, 1993 (Supp. 93-4).

**R9-6-721. Renumbered****Historical Note**

Former Section R9-6-115, Paragraph (15), renumbered and amended as R9-6-721 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-325 effective October 19, 1993 (Supp. 93-4).

**R9-6-722. Renumbered****Historical Note**

Former Section R9-6-115, Paragraph (18), renumbered and amended as R9-6-722 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-327 effective October 19, 1993 (Supp. 93-4).

**R9-6-723. Renumbered****Historical Note**

Former Section R9-6-115, Paragraph (16), renumbered and amended as R9-6-723 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-330 effective October 19, 1993 (Supp. 93-4).

**R9-6-724. Renumbered****Historical Note**

Former Section R9-6-115, Paragraph (17), renumbered and amended as R9-6-724 effective January 28, 1987

(Supp. 87-1). Renumbered to Section R9-6-331 effective October 19, 1993 (Supp. 93-4).

**R9-6-725. Renumbered****Historical Note**

Adopted effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-332 effective October 19, 1993 (Supp. 93-4).

**R9-6-726. Renumbered****Historical Note**

Adopted effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-333 effective October 19, 1993 (Supp. 93-4).

**R9-6-727. Renumbered****Historical Note**

Adopted effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-334 effective October 19, 1993 (Supp. 93-4).

**R9-6-728. Renumbered****Historical Note**

Former Section R9-6-115, Paragraph (19), renumbered and amended as R9-6-728 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-335 effective October 19, 1993 (Supp. 93-4).

**R9-6-729. Renumbered****Historical Note**

Former Section R9-6-115, Paragraph (20), renumbered and amended as R9-6-729 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-336 effective October 19, 1993 (Supp. 93-4).

**R9-6-730. Renumbered****Historical Note**

Former Section R9-6-115, Paragraph (21), renumbered and amended as R9-6-730 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-337 effective October 19, 1993 (Supp. 93-4).

**R9-6-731. Renumbered****Historical Note**

Former Section R9-6-115, Paragraph (22), renumbered and amended as R9-6-731 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-338 effective October 19, 1993 (Supp. 93-4).

**R9-6-732. Renumbered****Historical Note**

Former Section R9-6-115, Paragraph (23), renumbered and amended as R9-6-732 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-339 effective October 19, 1993 (Supp. 93-4).

**R9-6-733. Renumbered****Historical Note**

Former Section R9-6-115, Paragraph (45), renumbered and amended as R9-6-733 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-340 effective October 19, 1993 (Supp. 93-4).

**R9-6-734. Renumbered**

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**Historical Note**

Former Section R9-6-115, Paragraph (24), renumbered and amended as R9-6-734 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-341 effective October 19, 1993 (Supp. 93-4).

**R9-6-735. Renumbered****Historical Note**

Former Section R9-6-115, Paragraph (25), renumbered and amended as R9-6-735 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-342 effective October 19, 1993 (Supp. 93-4).

**R9-6-736. Renumbered****Historical Note**

Former R9-6-115, Paragraph (26), renumbered and amended as R9-6-736 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-343 effective October 19, 1993 (Supp. 93-4).

**R9-6-737. Renumbered****Historical Note**

Adopted effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-344 effective October 19, 1993 (Supp. 93-4).

**R9-6-738. Renumbered****Historical Note**

Former Section R9-6-115, Paragraph (27), renumbered and amended as R9-6-738 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-345 effective October 19, 1993 (Supp. 93-4).

**R9-6-739. Renumbered****Historical Note**

Adopted effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-346 effective October 19, 1993 (Supp. 93-4).

**R9-6-740. Renumbered****Historical Note**

Former Section R9-6-115, Paragraph (28), renumbered and amended as R9-6-740 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-347 effective October 19, 1993 (Supp. 93-4).

**R9-6-741. Renumbered****Historical Note**

Former Section R9-6-115, Paragraph (29), renumbered and amended as R9-6-741 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-348 effective October 19, 1993 (Supp. 93-4).

**R9-6-742. Renumbered****Historical Note**

Former Section R9-6-115, Paragraph (30), renumbered and amended as R9-6-742 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-349 effective October 19, 1993 (Supp. 93-4).

**R9-6-743. Renumbered****Historical Note**

Former Section R9-6-115, Paragraph (31), renumbered and amended as R9-6-743 effective January 28, 1987

(Supp. 87-1). Renumbered to Section R9-6-350 effective October 19, 1993 (Supp. 93-4).

**R9-6-744. Renumbered****Historical Note**

Former Section R9-6-115, Paragraph (32), renumbered and amended as R9-6-744 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-351 effective October 19, 1993 (Supp. 93-4).

**R9-6-745. Renumbered****Historical Note**

Former Section R9-6-115, Paragraph (33), renumbered and amended as R9-6-745 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-352 effective October 19, 1993 (Supp. 93-4).

**R9-6-746. Renumbered****Historical Note**

Former Section R9-6-115, Paragraph (34.) renumbered and amended as R9-6-746 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-353 effective October 19, 1993 (Supp. 93-4).

**R9-6-747. Repealed****Historical Note**

Former Section R9-6-115, Paragraph (35), renumbered and amended as R9-6-747 effective January 28, 1987 (Supp. 87-1). Repealed effective October 19, 1993 (Supp. 93-4).

**R9-6-748. Renumbered****Historical Note**

Former Section R9-6-115, Paragraph (36), renumbered and amended as R9-6-748 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-354 effective October 19, 1993 (Supp. 93-4).

**R9-6-749. Renumbered****Historical Note**

Former Section R9-6-115, Paragraph (37), renumbered and amended as R9-6-749 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-355 effective October 19, 1993 (Supp. 93-4).

**R9-6-750. Renumbered****Historical Note**

Former Section R9-6-115, Paragraph (38), renumbered and amended as R9-6-750 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-356 effective October 19, 1993 (Supp. 93-4).

**R9-6-751. Renumbered****Historical Note**

Former Section R9-6-115, Paragraph (39), renumbered and amended as R9-6-751 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-358 effective October 19, 1993 (Supp. 93-4).

**R9-6-752. Renumbered****Historical Note**

Adopted effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-359 effective October 19, 1993 (Supp. 93-4).

**R9-6-753. Renumbered**

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**Historical Note**

Former Section R9-6-115, Paragraph (40), renumbered and amended as R9-6-753 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-360 effective October 19, 1993 (Supp. 93-4).

**R9-6-754. Renumbered****Historical Note**

Former Section R9-6-115, Paragraph (41), renumbered and amended as R9-6-754 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-361 effective October 19, 1993 (Supp. 93-4).

**R9-6-755. Renumbered****Historical Note**

Former Section R9-6-115, Paragraph (42), renumbered and amended as R9-6-755 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-362 effective October 19, 1993 (Supp. 93-4).

**R9-6-756. Renumbered****Historical Note**

Former Section R9-6-115, Paragraph (43), renumbered and amended as R9-6-756 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-363 effective October 19, 1993 (Supp. 93-4).

**R9-6-757. Renumbered****Historical Note**

Former Section R9-6-115, Paragraph (44), renumbered and amended as R9-6-757 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-364 effective October 19, 1993 (Supp. 93-4).

**R9-6-758. Renumbered****Historical Note**

Former Section R9-6-115, Paragraph (4), renumbered and amended as R9-6-758 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-365 effective October 19, 1993 (Supp. 93-4).

**R9-6-759. Renumbered****Historical Note**

Former Section R9-6-115, Paragraph (46), renumbered and amended as R9-6-759 effective January 28, 1987 (Supp. 87-1). Renumbered to Section R9-6-366 effective October 19, 1993 (Supp. 93-4).

**ARTICLE 8. ASSAULTS ON HOSPITAL EMPLOYEES, PUBLIC SAFETY EMPLOYEES AND VOLUNTEERS, OR STATE HOSPITAL EMPLOYEES**

*Article 8 heading corrected as amended by final expedited rulemaking at 24 A.A.R. 2758, effective September 11, 2018 (Supp. 19-4).*

*New Article 8, consisting of Sections R9-6-801 through R9-6-803, made by final rulemaking at 8 A.A.R. 5214, effective February 1, 2003 (Supp. 02-4).*

**R9-6-801. Definitions**

In addition to the definitions in A.R.S. § 13-1210 and R9-6-101, the following definitions apply in this Article unless otherwise specified:

1. “Employer” means an individual in the senior leadership position with an agency or entity for which a named employee or volunteer works or that individual’s designee.

2. “Named employee or volunteer” means one of the following who is listed as the assaulted individual in a petition, filed under A.R.S. § 13-1210 and granted by a court:
  - a. Hospital employee,
  - b. Public safety employee or volunteer, or
  - c. Arizona State Hospital employee.
3. “Occupational health provider” means a physician, physician assistant, registered nurse practitioner, or registered nurse, as defined in A.R.S. § 32-1601, who provides medical services for work-related health conditions for an agency or entity for which a named employee or volunteer works.

**Historical Note**

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2). Amended and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired. Readopted without change as an emergency effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Adopted without change as a permanent rule effective May 22, 1989. Amended as an emergency effective June 26, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Emergency amendment readopted without change effective October 17, 1989 (Supp. 89-4). Amended effective September 19, 1990 (Supp. 90-3). Renumbered to R9-6-401 effective October 19, 1993 (Supp. 93-4). New Section made by final rulemaking at 8 A.A.R. 5214, effective February 1, 2003 (Supp. 02-4). Amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Amended by final expedited rulemaking at 24 A.A.R. 2758, effective September 11, 2018 (Supp. 18-3). Amended by final expedited rulemaking at 26 A.A.R. 1065, with an immediate effective date of May 7, 2020 (Supp. 20-2).

**R9-6-802. Notice of Test Results**

- A. Within 10 working days after the date of receipt of a laboratory report for a test ordered by a health care provider as a result of a court order issued under A.R.S. § 13-1210, the ordering health care provider shall:
  1. If the test is conducted on the blood of a court-ordered subject who is incarcerated or detained:
    - a. Provide a written copy of the laboratory report to the chief medical officer of the correctional facility in which the court-ordered subject is incarcerated or detained; and
    - b. Notify the occupational health provider in writing of the results of the test; and
  2. If the test is conducted on the blood of a court-ordered subject who is not incarcerated or detained:
    - a. Unless the court-ordered subject is deceased, notify the court-ordered subject as specified in subsection (D);
    - b. If requested by the court-ordered subject, provide a written copy of the laboratory report to the court-ordered subject; and
    - c. Notify the occupational health provider in writing of the results of the test.
- B. Within five working days after the date of receipt of a laboratory report for a court-ordered subject who is incarcerated or

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detained, the chief medical officer of the correctional facility in which the court-ordered subject is incarcerated or detained shall:

1. Notify the court-ordered subject as specified in subsection (D);
  2. If requested by the court-ordered subject, provide a written copy of the laboratory report to the court-ordered subject; and
  3. Notify the officer in charge of the correctional facility as specified in subsection (E).
- C. Within five working days after an occupational health provider receives written notice of test results as required in subsection (A), the occupational health provider shall notify:
1. The named employee or volunteer as specified in subsection (D); and
  2. The employer as specified in subsection (E).
- D. An individual who provides notice to a court-ordered subject or named employee or volunteer as required under subsection (A), (B), or (C) shall describe the test results and provide or arrange for the court-ordered subject or named employee or volunteer to receive the following information about each agent for which the court-ordered subject was tested:
1. A description of the disease or syndrome caused by the agent, including its symptoms;
  2. A description of how the agent is transmitted to others;
  3. The average window period for the agent;
  4. An explanation that a negative test result does not rule out infection and that retesting for the agent after the average window period has passed is necessary to rule out infection;
  5. Measures to reduce the likelihood of transmitting the agent to others and that it is necessary to continue the measures until a negative test result is obtained after the average window period has passed or until an infection, if detected, is eliminated;
  6. That it is necessary to notify others that they may be or may have been exposed to the agent by the individual receiving notice;
  7. The availability of assistance from local health agencies or other resources; and
  8. The confidential nature of the court-ordered subject's test results.
- E. An individual who provides notice to the officer in charge of a correctional facility, as required under subsection (B), or to an employer, as required under subsection (C), shall describe the test results and provide or arrange for the officer in charge of the facility or the employer to receive the following information about each agent for which a court-ordered subject's test results indicate the presence of infection:
1. A description of the disease or syndrome caused by the agent, including its symptoms;
  2. A description of how the agent is transmitted to others;
  3. Measures to reduce the likelihood of transmitting the agent to others;
  4. The availability of assistance from local health agencies or other resources; and
  5. The confidential nature of the court-ordered subject's test results.
- F. An individual who provides notice under this Section shall not provide a copy of the laboratory report to anyone other than the court-ordered subject and, if the court-ordered subject is incarcerated or detained, the chief medical officer of the correctional facility in which the court-ordered subject is incarcerated or detained.
- G. An individual who provides notice under this Section shall protect the confidentiality of the court-ordered subject's personal identifying information and test results.
- H. A health care provider who orders a test on the blood of a court-ordered subject who is not incarcerated or detained may, at the time the court-ordered subject is seen by the ordering health care provider, present the court-ordered subject with a telephone number and instruct the court-ordered subject to contact the ordering health care provider after a stated period of time for notification of the test results.
- I. A health care provider who orders a test has not satisfied the obligation of the health care provider to notify under subsection (A) if:
1. The health care provider provides a telephone number and instructions, as allowed by subsection (H), for a court-ordered subject to contact the ordering health care provider and receive the information specified in subsection (D); and
  2. The court-ordered subject does not contact the ordering health care provider.
- J. A health care provider who orders a test on a court-ordered subject's blood shall comply with all applicable reporting requirements contained in this Chapter.

**Historical Note**

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2).

Amended and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired.

Readopted without change as an emergency effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired.

Adopted without change as a permanent rule effective May 22, 1989 (Supp. 89-2). Amended effective September 19, 1990 (Supp. 90-3). Amended as an emergency effective August 8, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-3). Emergency expired.

Emergency amendments re-adopted without change effective November 19, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-4). Emergency expired. Emergency amendments re-adopted without change effective February 28, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-1). Emergency expired. Renumbered to R9-6-402 effective October 19, 1993 (Supp. 93-4). New Section made by final rulemaking at 8 A.A.R. 5214, effective February 1, 2003 (Supp. 02-4). Amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Amended by final expedited rulemaking at 24 A.A.R. 2758, effective September 11, 2018 (Supp. 18-3).

**R9-6-803. Repealed****Historical Note**

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2).

Amended and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired.

Readopted without change as an emergency effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid

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for only 90 days (Supp. 88-4). Emergency expired. Amended subsection (B) and adopted as a permanent rule effective May 22, 1989 (Supp. 89-2). Amended as an emergency effective August 8, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-3). Emergency expired. Emergency amendments re-adopted without change effective November 19, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-4). Emergency expired. Emergency amendments re-adopted without change effective February 28, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-1). Emergency expired. Renumbered to R9-6-403 effective October 19, 1993 (Supp. 93-4). New Section made by final rulemaking at 8 A.A.R. 5214, effective February 1, 2003 (Supp. 02-4). Section repealed by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2).

**R9-6-804. Renumbered****Historical Note**

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2). Amended and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired. Readopted as an emergency and subsection (A) corrected effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Amended subsection (B) and adopted as a permanent rule effective May 22, 1989 (Supp. 89-2). Renumbered to R9-6-404 effective October 19, 1993 (Supp. 93-4).

**R9-6-805. Renumbered****Historical Note**

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2). Amended and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired. Readopted as an emergency and subsection (B), Paragraph (2) corrected effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Adopted without change as a permanent rule effective May 22, 1989 (Supp. 89-2). Renumbered to R9-6-405 effective October 19, 1993 (Supp. 93-4).

**R9-6-806. Renumbered****Historical Note**

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2). Amended and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired. Readopted without change as an emergency effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired.

Adopted without change as a permanent rule effective May 22, 1989 (Supp. 89-2). Amended effective September 19, 1990 (Supp. 90-3). Renumbered to R9-6-406 effective October 19, 1993 (Supp. 93-4).

**R9-6-807. Renumbered****Historical Note**

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2). Emergency not renewed. Former Section R9-6-808 renumbered as Section R9-6-807, amended, and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired. Readopted as an emergency and subsection (C) corrected effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Adopted without change as a permanent rule effective May 22, 1989 (Supp. 89-2). Renumbered to R9-6-407 effective October 19, 1993 (Supp. 93-4).

**R9-6-808. Renumbered****Historical Note**

Adopted as an emergency effective January 12, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Readopted without change as an emergency effective May 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2). Former Section R9-6-809 renumbered as Section R9-6-808, amended and readopted as an emergency effective August 8, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Emergency expired. Readopted without change as an emergency effective November 16, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Adopted without change as a permanent rule effective May 22, 1989 (Supp. 89-2). Renumbered to R9-6-408 effective October 19, 1993 (Supp. 93-4).

**ARTICLE 9. HEALTH PROFESSIONAL EXPOSURES****R9-6-901. Definitions**

In this Article, unless otherwise specified:

1. "Employer" means an individual in the senior leadership position with the agency or entity for which a health professional works or that individual's designee.
2. "Health professional" means the same as in A.R.S. § 32-3201.
3. "Occupational health provider" means a physician, physician assistant, registered nurse practitioner, or registered nurse, as defined in A.R.S. § 32-1601, who provides medical services for work-related health conditions for an agency or entity for which a health professional works.
4. "Petitioner" means a health professional who petitions a court, under A.R.S. § 32-3207, to order testing of an individual.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Section R9-6-901 recodified to R9-6-1001 at 13 A.A.R. 1745, effective April 27, 2007 (Supp. 07-2). New Section made by final



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rulemaking at 14 A.A.R. 1502, effective April 1, 2008  
(Supp. 08-2).

**R9-6-902. Notice of Test Results**

- A.** Within 10 working days after the date of receipt of a laboratory report for a test ordered by a health care provider as a result of a court order issued under A.R.S. § 32-3207, the ordering health care provider shall:
1. If the test is conducted on the blood of a court-ordered subject who is incarcerated or detained:
    - a. Provide a written copy of the laboratory report to the chief medical officer of the correctional facility in which the court-ordered subject is incarcerated or detained; and
    - b. Notify the petitioner's occupational health provider in writing of the results of the test; and
  2. If the test is conducted on the blood of a court-ordered subject who is not incarcerated or detained:
    - a. Unless the court-ordered subject is deceased, notify the court-ordered subject as specified in subsection (D);
    - b. If requested by the court-ordered subject, provide a written copy of the laboratory report to the court-ordered subject; and
    - c. Notify the petitioner's occupational health provider in writing of the results of the test.
- B.** Within five working days after the date of receipt of a laboratory report for a court-ordered subject who is incarcerated or detained, the chief medical officer of the correctional facility in which the court-ordered subject is incarcerated or detained shall:
1. Notify the court-ordered subject as specified in subsection (D);
  2. If requested by the court-ordered subject, provide a written copy of the laboratory report to the court-ordered subject; and
  3. Notify the officer in charge of the correctional facility as specified in subsection (E).
- C.** Within five working days after the petitioner's occupational health provider receives written notice of test results as required in subsection (A), the petitioner's occupational health provider shall notify the petitioner, as specified in subsection (D), and the petitioner's employer, as specified in subsection (E).
- D.** An individual who provides notice to a court-ordered subject or petitioner as required under subsection (A), (B) or (C) shall describe the test results and provide or arrange for the court-ordered subject or petitioner to receive the following information about each agent for which the court-ordered subject was tested:
1. A description of the disease or syndrome caused by the agent, including its symptoms;
  2. A description of how the agent is transmitted to others;
  3. The average window period for the agent;
  4. An explanation that a negative test result does not rule out infection and that retesting for the agent after the average window period has passed is necessary to rule out infection;
  5. Measures to reduce the likelihood of transmitting the agent to others and that it is necessary to continue the measures until a negative test result is obtained after the average window period has passed or until an infection, if detected, is eliminated;
  6. That it is necessary to notify others that they may be or may have been exposed to the agent by the individual receiving notice;
  7. The availability of assistance from local health agencies or other resources; and
  8. The confidential nature of the court-ordered subject's test results.
- E.** An individual who provides notice to the officer in charge of a correctional facility, as required under subsection (B), or to the petitioner's employer, as required under subsection (C), shall describe the test results and provide or arrange for the officer in charge of the facility or the employer to receive the following information about each agent for which a court-ordered subject's test results indicate the presence of infection:
1. A description of the disease or syndrome caused by the agent, including its symptoms;
  2. A description of how the agent is transmitted to others;
  3. Measures to reduce the likelihood of transmitting the agent to others;
  4. The availability of assistance from local health agencies or other resources; and
  5. The confidential nature of the court-ordered subject's test results.
- F.** An individual who provides notice under this Section shall not provide a copy of the laboratory report to anyone other than the court-ordered subject and, if the court-ordered subject is incarcerated or detained, the chief medical officer of the correctional facility in which the court-ordered subject is incarcerated or detained.
- G.** An individual who provides notice under this Section shall protect the confidentiality of the court-ordered subject's personal identifying information and test results.
- H.** A health care provider who orders a test on the blood of a court-ordered subject who is not incarcerated or detained may, at the time the court-ordered subject is seen by the ordering health care provider, present the court-ordered subject with a telephone number and instruct the court-ordered subject to contact the ordering health care provider after a stated period of time for notification of the test results.
- I.** A health care provider who orders a test has not satisfied the obligation of the health care provider to notify under subsection (A) if:
1. The health care provider provides a telephone number and instructions, as allowed by subsection (H), for a court-ordered subject to contact the ordering health care provider and receive the information specified in subsection (D); and
  2. The court-ordered subject does not contact the ordering health care provider.
- J.** A health care provider who orders a test on a court-ordered subject's blood shall comply with all applicable reporting requirements contained in this Chapter.

**Historical Note**

Section renumbered from R9-6-409 and amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Section R9-6-902 recodified to R9-6-1002 at 13 A.A.R. 1745, effective April 27, 2007 (Supp. 07-2).  
New Section made by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2).

**Exhibit A. Recodified****Historical Note**

Exhibit A renumbered from Article 4, Exhibit A and amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Exhibit A recodified to Article 10, Exhibit A at 13 A.A.R. 1745, effective April 27, 2007 (Supp. 07-2).

**Exhibit B. Recodified**

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**Historical Note**

Exhibit A renumbered from Article 4, Exhibit A and amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Exhibit B recodified to Article 10, Exhibit B at 13 A.A.R. 1745, effective April 27, 2007 (Supp. 07-2).

**R9-6-903. Recodified****Historical Note**

Section renumbered from R9-6-410 and amended by final rulemaking at 8 A.A.R. 1953, effective April 3, 2002 (Supp. 02-2). Section R9-6-903 recodified to R9-6-1003 at 13 A.A.R. 1745, effective April 27, 2007 (Supp. 07-2).

**ARTICLE 10. HIV-RELATED TESTING AND NOTIFICATION****R9-6-1001. Definitions**

In this Article, unless otherwise specified:

1. "Governing board" means a group of individuals, elected as specified in A.R.S. Title 15, Chapter 4, Article 2, to carry out the duties and functions specified in A.R.S. Title 15, Chapter 3, Article 3.
2. "School district" means the same as in A.R.S. § 15-101.
3. "Superintendent of a school district" means an individual appointed by the governing board of a school district to oversee the operation of schools within the school district.

**Historical Note**

New Section recodified from R9-6-901 at 13 A.A.R. 1745, effective April 27, 2007 (Supp. 07-2). Amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Amended by final expedited rulemaking at 24 A.A.R. 2761, effective September 11, 2018 (Supp. 18-3).

**R9-6-1002. Local Health Agency Requirements**

For each HIV-infected individual or suspect case, a local health agency shall comply with the requirements in R9-6-347.

**Historical Note**

New Section recodified from R9-6-902 at 13 A.A.R. 1745, effective April 27, 2007 (Supp. 07-2). Former R9-6-1002 renumbered to R9-6-1003; new R9-6-1002 made by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-1003. Expired****Historical Note**

New Section recodified from R9-6-903 at 13 A.A.R. 1745, effective April 27, 2007 (Supp. 07-2). Former R9-6-1003 renumbered to R9-6-1004; new R9-6-1003 renumbered from R9-6-1002 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Section expired under A.R.S. § 41-1056(J) at 19 A.A.R. 1928, effective April 30, 2013 (Supp. 13-3).

**Exhibit A. Expired****Historical Note**

Exhibit A recodified from Article 9, Exhibit A at 13 A.A.R. 1745, effective April 27, 2007 (Supp. 07-2). Exhibit A repealed; new Exhibit A made by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Exhibit A expired under A.R.S. § 41-

1056(J) at 19 A.A.R. 1928, effective April 30, 2013 (Supp. 13-3).

**Exhibit B. Repealed****Historical Note**

Exhibit B recodified from Article 9, Exhibit B at 13 A.A.R. 1745, effective April 27, 2007 (Supp. 07-2). Exhibit B repealed by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2).

**R9-6-1004. Court-ordered HIV-related Testing**

- A. A health care provider who receives the results of a test, ordered by the health care provider to detect HIV infection and performed as a result of a court order issued under A.R.S. § 13-1210, shall comply with the requirements in 9 A.A.C. 6, Article 8.
- B. A health care provider who receives the results of a test, ordered by the health care provider to detect HIV infection and performed as a result of a court order issued under A.R.S. § 32-3207, shall comply with the requirements in 9 A.A.C. 6, Article 9.
- C. When a court orders a test under A.R.S. § 8-341 or 13-1415 to detect HIV infection, the prosecuting attorney who petitioned the court for the order shall provide to the Department:
  1. A copy of the court order, including an identifying number associated with the court order;
  2. The name and address of the victim; and
  3. The name and telephone number of the prosecuting attorney or the prosecuting attorney's designee.
- D. A person who tests a specimen of blood or another body fluid from a subject to detect HIV infection as authorized by a court order issued under A.R.S. § 8-341 or 13-1415 shall:
  1. Use a screening test; and
  2. If the test results from a screening test on the specimen indicate a positive result, retest the specimen using a confirmatory test.
- E. A person who performs a test described in subsection (D) shall report the test results for each subject to the submitting entity within five working days after obtaining the test results.
- F. A submitting entity that receives the results of a test to detect HIV infection that was performed for a subject as a result of a court order issued under A.R.S. § 8-341 or 13-1415 shall:
  1. Notify the Department within five working days after receiving the results of the test to detect HIV infection;
  2. Provide to the Department:
    - a. A written copy of the court order,
    - b. A written copy of the results of the test to detect HIV infection, and
    - c. The name and telephone number of the submitting entity or submitting entity's designee; and
  3. Either:
    - a. Comply with the requirements in:
      - i. R9-6-802(A)(2)(a) and (b), R9-6-802(D), and R9-6-802(F) through (J) for a subject who is not incarcerated or detained; and
      - ii. R9-6-802(B), R9-6-802(D) through (G), and R9-6-802(J) for a subject who is incarcerated or detained; or
    - b. Provide to the Department or the local health agency in whose designated service area the subject is living:
      - i. The name and address of the subject;
      - ii. A written copy of the results of the test to detect HIV infection, if not provided as specified in subsection (F)(2)(b); and

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- iii. Notice that the submitting entity did not provide notification as specified in subsection (F)(3)(a).
- G. If the Department or a local health agency is notified by a submitting entity as specified in subsection (F)(3)(b), the Department or local health agency shall comply with the requirements in:
  1. R9-6-802(A)(2)(a) and (b), R9-6-802(D), and R9-6-802(F) through (J) for a subject who is not incarcerated or detained; and
  2. R9-6-802(B), R9-6-802(D) through (G), and R9-6-802(J) for a subject who is incarcerated or detained.
- H. When the Department receives a written copy of the results of a test to detect HIV infection that was performed for a subject as a result of a court order issued under A.R.S. § 8-341 or 13-1415, the Department shall either:
  1. Provide to the victim:
    - a. A description of the results of the test to detect HIV infection;
    - b. The information specified in R9-6-802(D); and
    - c. A written copy of the test results; or
  2. Provide to the local health agency in whose designated service area the victim is living:
    - a. The name and address of the victim,
    - b. A written copy of the results of the test to detect HIV infection, and
    - c. Notice that the Department did not provide notification as specified in subsection (H)(1).
- I. If a local health agency is notified by the Department as specified in subsection (H)(2), the local health agency shall:
  1. Provide to the victim:
    - a. A description of the results of the test to detect HIV infection;
    - b. The information specified in R9-6-802(D); and
    - c. A written copy of the test results; or
  2. If the local health agency is unable to locate the victim, notify the Department that the local health agency did not inform the victim of the results of the test to detect HIV infection.
- f. Information about the individual's risk factors for becoming infected with or transmitting HIV; and
- g. The name, address, and telephone number of the person collecting the blood specimen;
- 4. Before the individual leaves the building occupied by the Department or local health agency:
  - a. Test the individual's specimen of blood using the screening test for HIV specified in subsection (B)(3);
  - b. Provide the results of the screening test to the individual;
  - c. Enter the test results in the record established according to subsection (B)(3); and
  - d. If the test results from the screening test on the specimen of blood indicate that the individual may be HIV-infected:
    - i. Assist the individual to connect with persons that may have additional resources available for the individual; and
    - ii. Provide confirmatory testing or submit the specimen of blood to the Arizona State Laboratory for confirmatory testing by:
      - (1) Assigning to the blood specimen an identification number corresponding to the record established according to subsection (B)(3);
      - (2) Giving the individual requesting anonymous HIV testing the identification number assigned to the blood specimen and information about how to obtain the results of the confirmatory test; and
      - (3) Sending the blood specimen and the record specified in subsection (B)(3) to the Arizona State Laboratory for confirmatory testing; and
- 5. If anonymous HIV testing is provided by a local health agency, submit the record specified in subsection (B)(3) to the Department.

**Historical Note**

Section R9-6-1004 renumbered from R9-6-1003 and amended by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Amended by final expedited rulemaking at 24 A.A.R. 2761, effective September 11, 2018 (Supp. 18-3).

**R9-6-1005. Anonymous HIV Testing**

- A. A local health agency and the Department shall offer anonymous HIV testing to individuals.
- B. If an individual requests anonymous HIV testing, the Department or a local health agency shall:
  1. Provide to the individual requesting anonymous HIV testing:
    - a. Health education about HIV,
    - b. The meaning of HIV test results, and
    - c. The risk factors for becoming infected with HIV or transmitting HIV to other individuals;
  2. Collect a specimen of blood from the individual;
  3. Record the following information in a Department-provided format:
    - a. The individual's date of birth;
    - b. The individual's race and ethnicity;
    - c. The individual's gender;
    - d. The date and time the blood specimen was collected;
    - e. The type of screening test;

**Historical Note**

New Section made by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Amended by final expedited rulemaking at 24 A.A.R. 2761, effective September 11, 2018 (Supp. 18-3).

**R9-6-1006. Notification**

- A. The Department or the Department's designee shall confidentially notify an individual reported to be at risk for HIV infection, as required under A.R.S. § 36-664(I), if all of the following conditions are met:
  1. The Department receives the report of risk for HIV infection in a document that includes the following:
    - a. The name and address of the individual reported to be at risk for HIV infection or enough other identifying information about the individual to enable the individual to be recognized and located,
    - b. The name and address of the HIV-infected individual placing the individual named under subsection (A)(1)(a) at risk for HIV infection,
    - c. The name and address of the individual making the report, and
    - d. The type of exposure placing the individual named under subsection (A)(1)(a) at risk for HIV infection;
  2. The individual making the report is in possession of confidential HIV-related information; and
  3. The Department determines that the information provided in the report is accurate and contains sufficient detail to:

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- a. Indicate that the exposure described as required in subsection (A)(1)(d) constitutes a significant exposure for the individual reported to be at risk for HIV infection, and
  - b. Enable the individual reported to be at risk for HIV infection to be recognized
- B.** As authorized under A.R.S. § 36-136(M), the Department shall notify the superintendent of a school district in a confidential document that a pupil of the school district tested positive for HIV if the Department determines that:
1. The pupil places others in the school setting at risk for HIV infection; and
  2. The school district has an HIV policy that includes the following provisions:
    - a. That a school shall not exclude a pupil who tested positive for HIV from attending school or school functions or from participating in school activities solely due to HIV infection;
    - b. That school district personnel who are informed that a pupil tested positive for HIV shall keep the information confidential; and
    - c. That the school district shall provide HIV-education programs to pupils, parents or guardians of pupils, and school district personnel through age-appropriate curricula, workshops, or in-service training sessions.
  3. Report the information required in R9-6-202 to a local health agency; and
  4. If the subject is pregnant and is a syphilis case, inform the subject of the requirement that the subject obtain serologic testing for syphilis according to R9-6-381.

**Historical Note**

New Section made by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).

**R9-6-1103. Local Health Agency Requirements**

- A.** For each STD case, a local health agency shall:
1. Comply with the requirements in:
    - a. R9-6-317(A)(1) and (2) for each chancroid case reported to the local health agency, and
    - b. R9-6-381(A)(3)(a) through (c) for each syphilis case reported to the local health agency;
  2. Offer or arrange for treatment for each STD case that seeks treatment from the local health agency for symptoms of:
    - a. Chancroid,
    - b. Chlamydia infection,
    - c. Gonorrhea, or
    - d. Syphilis;
  3. Provide information about the following to each STD case that seeks treatment from the local health agency:
    - a. A description of the disease or syndrome caused by the applicable STD, including its symptoms;
    - b. Treatment options for the applicable STD;
    - c. A description of measures to reduce the likelihood of transmitting the STD to others and that it is necessary to continue the measures until the infection is eliminated; and
    - d. The confidential nature of the STD case's test results; and
  4. Inform the STD case that:
    - a. A chlamydia or gonorrhea case must notify each individual, with whom the chlamydia or gonorrhea case has had sexual contact within 60 days preceding the onset of chlamydia or gonorrhea symptoms up to the date the chlamydia or gonorrhea case began treatment for chlamydia or gonorrhea infection, of the need for the individual to be tested for chlamydia or gonorrhea; and
    - b. The Department or local health agency will notify, as specified in subsection (B), each contact named by a chancroid or syphilis case.
- B.** For each contact named by a chancroid or syphilis case, the Department or a local health agency shall:
1. Notify the contact named by a chancroid or syphilis case of the contact's exposure to chancroid or syphilis and of the need for the contact to be tested for:

**Historical Note**

New Section made by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Amended by final expedited rulemaking at 24 A.A.R. 2761, effective September 11, 2018 (Supp. 18-3).

**ARTICLE 11. STD-RELATED TESTING AND NOTIFICATION****R9-6-1101. Definitions**

In this Article, unless otherwise specified:

1. "Primary syphilis" means the initial stage of syphilis infection characterized by the appearance of one or more open sores in the genital area, anus, or mouth of an infected individual.
2. "Secondary syphilis" means the stage of syphilis infection occurring after primary syphilis and characterized by a rash that does not itch, fever, swollen lymph glands, and fatigue in an infected individual.
3. "Sexually transmitted diseases" means the same as in A.R.S. § 13-1415.
4. "STD" means a sexually transmitted disease or other disease that may be transmitted through sexual contact.

**Historical Note**

New Section made by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2).

**R9-6-1102. Health Care Provider Requirements**

When a laboratory report for a test ordered by a health care provider for a subject indicates that the subject is infected with an STD, the ordering health care provider or the ordering health care provider's designee shall:

1. Describe the test results to the subject;
2. Provide or arrange for the subject to receive the following information about the STD for which the subject was tested:
  - a. A description of the disease or syndrome caused by the STD, including its symptoms;
  - b. Treatment options for the STD and where treatment may be obtained;

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- a. Chancroid, if the chancroid case has had sexual contact with the contact within 10 days preceding the onset of chancroid symptoms up to the date the chancroid case began treatment for chancroid infection; or
  - b. Syphilis, if the syphilis case has had sexual contact with the contact within:
    - i. 90 days preceding the onset of symptoms of primary syphilis up to the date the syphilis case began treatment for primary syphilis infection;
    - ii. Six months preceding the onset of symptoms of secondary syphilis up to the date the syphilis case began treatment for secondary syphilis infection; or
    - iii. 12 months preceding the date the syphilis case was diagnosed with syphilis if the syphilis case cannot identify when symptoms of primary or secondary syphilis began;
  - 2. Offer or arrange for each contact named by a chancroid or syphilis case to receive testing and, if appropriate, treatment for chancroid or syphilis; and
  - 3. Provide information to each contact named by a chancroid or syphilis case about:
    - a. The characteristics of the applicable STD,
    - b. The syndrome caused by the applicable STD,
    - c. Measures to reduce the likelihood of transmitting the applicable STD, and
    - d. The confidential nature of the contact's test results.
  - C. For each contact of a chlamydia or gonorrhea case who seeks treatment from a local health agency for symptoms of chlamydia or gonorrhea, the local health agency shall:
    - 1. Offer or arrange for treatment for chlamydia or gonorrhea;
    - 2. Provide information to each contact of a chlamydia or gonorrhea case about:
      - a. The characteristics of the applicable STD,
      - b. The syndrome caused by the applicable STD,
      - c. Measures to reduce the likelihood of transmitting the applicable STD, and
      - d. The confidential nature of the contact's test results.
- Historical Note**
- New Section made by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2). Amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3).
- R9-6-1104. Court-ordered STD-related Testing**
- A. A health care provider who receives the results of a test, ordered by the health care provider to detect an STD and performed as a result of a court order issued under A.R.S. § 13-1210, shall comply with the requirements in 9 A.A.C. 6, Article 8.
  - B. A health care provider who receives the results of a test, ordered by the health care provider to detect an STD and performed as a result of a court order issued under A.R.S. § 32-3207, shall comply with the requirements in 9 A.A.C. 6, Article 9.
  - C. When a court orders a test under A.R.S. § 13-1415 to detect a sexually-transmitted disease, the prosecuting attorney who petitioned the court for the order shall provide to the Department:
    - 1. A copy of the court order, including an identifying number associated with the court order;
    - 2. The name and address of the victim; and
    - 3. The name and telephone number of the prosecuting attorney or the prosecuting attorney's designee.
  - D. A person who tests a specimen of blood or another body fluid from a subject to detect a sexually-transmitted disease as authorized by a court order issued under A.R.S. § 13-1415 shall:
    - 1. Be a certified laboratory, as defined in A.R.S. § 36-451;
    - 2. Use a test approved by the U.S. Food and Drug Administration for use in STD-related testing; and
    - 3. Report the test results for each subject to the submitting entity within five working days after obtaining the test results.
  - E. A submitting entity that receives the results of a test to detect a sexually-transmitted disease that was performed as a result of a court order issued under A.R.S. § 13-1415 shall:
    - 1. Notify the Department within five working days after receiving the results of the test to detect a sexually-transmitted disease;
    - 2. Provide to the Department:
      - a. A written copy of the court order,
      - b. A written copy of the results of the test to detect a sexually-transmitted disease, and
      - c. The name and telephone number of the submitting entity or submitting entity's designee; and
    - 3. Either:
      - a. Comply with the requirements in:
        - i. R9-6-802(A)(2)(a) and (b), R9-6-802(D), and R9-6-802(F) through (J) for a subject who is not incarcerated or detained; and
        - ii. R9-6-802(B), R9-6-802(D) through (G), and R9-6-802(J) for a subject who is incarcerated or detained; or
      - b. Provide to the Department or the local health agency in whose designated service area the subject is living:
        - i. The name and address of the subject;
        - ii. A written copy of the results of the test to detect a sexually-transmitted disease, if not provided as specified in subsection (E)(2)(b); and
        - iii. Notice that the submitting entity did not provide notification as specified in subsection (E)(3)(a).
  - F. If the Department or a local health agency is notified by a submitting entity as specified in subsection (E)(3)(b), the Department or local health agency shall comply with the requirements in:
    - 1. R9-6-802(A)(2)(a) and (b), R9-6-802(D), and R9-6-802(F) through (J) for a subject who is not incarcerated or detained; and
    - 2. R9-6-802(B), R9-6-802(D) through (G), and R9-6-802(J) for a subject who is incarcerated or detained.
  - G. When the Department receives the results of a test to detect a sexually-transmitted disease that was performed for a subject as a result of a court order issued under A.R.S. § 13-1415, the Department shall:
    - 1. Provide to the victim:
      - a. A description of the results of the test to detect the sexually-transmitted disease,
      - b. The information specified in R9-6-802(D), and
      - c. A written copy of the test results for the sexually-transmitted disease; or
    - 2. Provide to the local health agency in whose designated service area the victim is living:
      - a. The name and address of the victim,
      - b. A written copy of the results of the test to detect the sexually-transmitted disease, and
      - c. Notice that the Department did not provide notification as specified in subsection (G)(1).

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- H. If a local health agency is notified by the Department as specified in subsection (G)(2), the local health agency shall:
1. Provide to the victim:
    - a. A description of the results of the test to detect the sexually-transmitted disease;
    - b. The information specified in R9-6-802(D); and
    - c. A written copy of the test results for the sexually-transmitted disease; or
  2. If the local health agency is unable to locate the victim, notify the Department that the local health agency did not inform the victim of the results of the test to detect the sexually-transmitted disease.

**Historical Note**

New Section made by final rulemaking at 14 A.A.R. 1502, effective April 1, 2008 (Supp. 08-2).

**ARTICLE 12. TUBERCULOSIS CONTROL****R9-6-1201. Definitions**

In addition to the definitions in A.R.S. § 36-711, the following definitions apply in this Article, unless otherwise specified:

1. "Inmate" means an individual who is incarcerated in a correctional facility.
2. "Latent tuberculosis infection" means the presence of *Mycobacterium tuberculosis*, as evidenced by a positive result from an approved test for tuberculosis, in an individual who:
  - a. Has no symptoms of active tuberculosis,
  - b. Has no clinical signs of tuberculosis other than the positive result from the approved test for tuberculosis, and
  - c. Is not infectious to others.
3. "Symptoms suggestive of tuberculosis" means any of the following that cannot be attributed to a disease or condition other than tuberculosis:
  - a. A productive cough that has lasted for at least three weeks;
  - b. Coughing up blood; or
  - c. A combination of at least three of the following:
    - i. Fever,
    - ii. Chills,
    - iii. Night sweats,
    - iv. Fatigue,
    - v. Chest pain, and
    - vi. Weight loss.

**Historical Note**

Section R9-6-1201 renumbered from R9-6-601 by final rulemaking at 13 A.A.R. 4106, effective January 5, 2008 (Supp. 07-4). Amended by final expedited rulemaking at 25 A.A.R. 255, effective January 8, 2019 (Supp. 19-1).

**R9-6-1202. Local Health Agency Reporting Requirements**

A local health agency shall report to the Department:

1. Regarding each individual in its jurisdiction who:
  - a. Has been diagnosed with active tuberculosis,
  - b. Is suspected of having active tuberculosis, or
  - c. Is believed to have been exposed to an individual with infectious active tuberculosis;
2. According to R9-6-206:
  - a. After receiving information according to R9-6-202; and
  - b. After conducting an epidemiologic investigation of a case, suspect case, or contact;
3. Within 30 days after receiving the information needed to complete an initial summary for a case of active tuberculosis, in a Department-provided format, containing:
  - a. Demographic information about the case,

- b. Information specific to the case's diagnosis of active tuberculosis,
  - c. Information about the case's risk factors for tuberculosis, and
  - d. Information specific to the treatment being provided to the case;
4. As applicable, within 30 days after receiving the information needed to complete a summary of laboratory test results for a case of active tuberculosis, in a Department-provided format, including:
    - a. The results from the analysis of the agent causing tuberculosis in the case, and
    - b. The drug sensitivity pattern of the agent causing tuberculosis in the case;
  5. Within 30 days after determining the final disposition of a case or, except for a case still receiving treatment, two years after the case's initial diagnosis of active tuberculosis, whichever is earlier, in a Department-provided format, including:
    - a. Whether the case:
      - i. Completed treatment, including confirmation of the case's freedom from active tuberculosis;
      - ii. Refused treatment;
      - iii. Was lost to follow-up before completing treatment;
      - iv. Left the jurisdiction of the local health agency before completing treatment; or
      - v. Died;
    - b. If applicable, the method by which the local health agency has knowledge of completion of treatment;
    - c. If the period of treatment was longer than 12 months, the reason for the extended treatment; and
    - d. A description of each course or method of treatment provided to the case, including the date each treatment was initiated.

**Historical Note**

Section R9-6-1202 renumbered from R9-6-602 by final rulemaking at 13 A.A.R. 4106, effective January 5, 2008 (Supp. 07-4). Amended by final rulemaking at 23 A.A.R. 2605, effective January 1, 2018 (Supp. 17-3). Amended by final expedited rulemaking at 25 A.A.R. 255, effective January 8, 2019 (Supp. 19-1).

**R9-6-1203. Tuberculosis Control in Correctional Facilities**

- A. An administrator of a correctional facility shall ensure that:
1. Each new inmate in the correctional facility undergoes a symptom screening for tuberculosis while processing into the correctional facility;
  2. An inmate in whom symptoms suggestive of tuberculosis are detected during screening:
    - a. Is immediately:
      - i. Placed in airborne infection isolation, or
      - ii. Required to wear a surgical mask and retained in an environment where exposure to the general inmate population is minimal and the inmate can be observed at all times to be wearing the mask;
    - b. If not immediately placed in airborne infection isolation, is within 24 hours after screening:
      - i. Given a medical evaluation for active tuberculosis, or
      - ii. Transported to a health care institution to be placed in airborne infection isolation; and
    - c. Is given a medical evaluation for active tuberculosis before being released from airborne infection isolation or permitted to stop wearing a surgical mask

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and released from the environment described in subsection (A)(2)(a)(ii).

3. Except as provided in subsection (A)(5), each new inmate who does not have a documented history of a positive result from an approved test for tuberculosis or who has not received an approved test for tuberculosis within the previous 12 months is given an approved test for tuberculosis within seven days after processing into the correctional facility;
  4. Except as provided in subsection (A)(8), each new inmate who has a positive result from an approved test for tuberculosis or who has a documented history of a positive result from an approved test for tuberculosis is given a chest x-ray and a medical evaluation, within 14 days after processing into the correctional facility, to determine whether the inmate has active tuberculosis;
  5. Each new inmate who is HIV-positive, in addition to receiving an approved test for tuberculosis, is given a chest x-ray and a medical evaluation within seven days after processing into the correctional facility, to determine whether the inmate has active tuberculosis;
  6. Each inmate who had a negative result from an approved test for tuberculosis when tested according to subsection (A)(3) during processing has a repeat approved test for tuberculosis after 12 months of incarceration and every 12 months thereafter during the inmate's term of incarceration;
  7. Each inmate who has a positive result on a repeat approved test for tuberculosis after a negative result on a previous approved test for tuberculosis is given a chest x-ray and a medical evaluation within 14 days after the date of the positive result on the repeat approved test to determine whether the inmate has active tuberculosis;
  8. An inmate is not required to have another chest x-ray unless the inmate has symptoms suggestive of tuberculosis if the inmate has had a documented negative chest x-ray;
  9. Each inmate with active tuberculosis is:
    - a. Provided medical treatment that meets accepted standards of medical practice, and
    - b. Placed in airborne infection isolation until no longer infectious; and
  10. All applicable requirements in 9 A.A.C. 6, Articles 2 and 3 are complied with.
- B.** The requirements of subsection (A) apply to each correctional facility that houses inmates for 14 days or longer and to each inmate who will be incarcerated for 14 days or longer.
- C.** An administrator of a correctional facility, either personally or through a representative, shall:
1. Unless unable to provide prior notification because of security concerns, notify the local health agency at least one working day before releasing a tuberculosis case or suspect case;
  2. If unable to provide prior notification because of security concerns, notify the local health agency within 24 hours after releasing a tuberculosis case or suspect case;
  3. Provide to a local health agency, within three working days after the local health agency's request, the information required by the local health agency to comply with R9-6-1202(5); and
  4. Provide a tuberculosis case or suspect case or an inmate being treated for latent tuberculosis infection the name and address of the local health agency before the case, suspect case, or inmate is released.

**Historical Note**

Section R9-6-1203 renumbered from R9-6-603 by final rulemaking at 13 A.A.R. 4106, effective January 5, 2008 (Supp. 07-4). Amended by final expedited rulemaking at 25 A.A.R. 255, effective January 8, 2019 (Supp. 19-1).

**R9-6-1204. Standards of Medical Care**

- A.** Unless a health care provider believes, based on the health care provider's professional judgment, that deviation is medically necessary, a health care provider caring for an afflicted person shall comply with the recommendations for treatment of tuberculosis in the Official American Thoracic Society/Centers for Disease Control and Prevention/Infectious Diseases Society of America Clinical Practice Guidelines: Treatment of Drug-Susceptible Tuberculosis (October 2016), which is incorporated by reference, on file with the Department, and available from the American Thoracic Society, 25 Broadway, New York, NY 10004 or at [www.atsjournals.org](http://www.atsjournals.org).
- B.** If a health care provider caring for an afflicted person deviates from the recommendations for treatment of tuberculosis specified in subsection (A), the health care provider shall, upon request, explain to the Department or a local health agency the rationale for the deviation.
- C.** If the tuberculosis control officer determines that deviation from the recommendations for treatment of tuberculosis specified in subsection (A) is inappropriate and that the public health and welfare require intervention, the tuberculosis control officer may take charge of the afflicted person's treatment as authorized under A.R.S. § 36-723(C).

**Historical Note**

Section R9-6-1204 renumbered from R9-6-604 by final rulemaking at 13 A.A.R. 4106, effective January 5, 2008 (Supp. 07-4). Amended by final expedited rulemaking at 25 A.A.R. 255, effective January 8, 2019 (Supp. 19-1).

**ARTICLE 13. IMMUNIZATIONS OR VACCINES REQUIRING PRESCRIPTIONS FOR PHARMACIST ADMINISTRATION****R9-6-1301. Immunizations or Vaccines Requiring a Prescription Order for Pharmacist Administration**

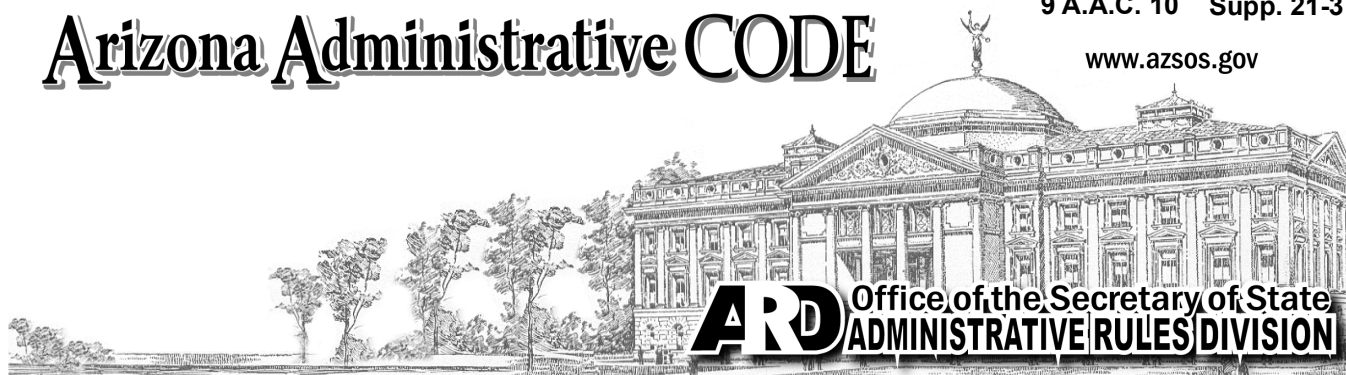
- A.** In this Section, unless otherwise specified, the following definitions apply:
1. "Certified pharmacist" means an individual licensed under A.R.S. Title 32, Chapter 18, who is authorized under A.A.C. R4-23-411 to administer immunizations or vaccines.
  2. "Immunization" has the same meaning as in A.R.S. § 36-671.
  3. "Prescription order" has the same meaning as in A.R.S. § 32-1901.
- B.** The following immunizations or vaccines require a prescription order before the immunization or vaccine may be administered under A.A.C. R4-23-411 by a certified pharmacist:
1. Japanese Encephalitis vaccine,
  2. Rabies vaccine,
  3. Typhoid vaccines,
  4. Yellow fever vaccine, and
  5. Cholera vaccine.

**Historical Note**

New Section made by exempt rulemaking at 15 A.A.R. 1793, effective October 5, 2009 (Supp. 09-4). Amended by exempt rulemaking at 23 A.A.R. 3360, effective November 14, 2017 (Supp. 17-4).

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## TITLE 9. HEALTH SERVICES

### CHAPTER 10. DEPARTMENT OF HEALTH SERVICES - HEALTH CARE INSTITUTIONS: LICENSING

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

Due to a Department error published at 26 A.A.R. 551, subsections R9-10-706(I), (J), and (K) have been corrected as amended at 25 A.A.R. 1583. No other changes have been made to this file since supplement 21-2 (Supp. 21-3).

#### Questions about these rules? Contact:

Department: Arizona Department of Health Services  
Health Care Institution Licensing  
Address: 150 N. 18th Ave., Suite 450  
Phoenix, AZ 85007  
Website: [www.azdhs.gov/licensing](http://www.azdhs.gov/licensing)  
Name: Odette Colburn, Bureau Chief  
Telephone: (602) 364-3446  
Fax: (602) 364-4808  
E-mail: [Odette.Colburn@azdhs.gov](mailto:Odette.Colburn@azdhs.gov)

#### The release of this Chapter in Supp. 21-3 replaces Supp. 21-2, 1-301 pages

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

## PREFACE

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

Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

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### RULES

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

### THE ADMINISTRATIVE CODE

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

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

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

First Quarter: January 1 - March 31

Second Quarter: April 1 - June 30

Third Quarter: July 1 - September 30

Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2021 is cited as Supp. 21-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. This is why the Office lists only updated codified Sections on the previous page.

### AUTHENTICATION OF PDF CODE CHAPTERS

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

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

### HOW TO USE THE CODE

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

### ARIZONA REVISED STATUTE REFERENCES

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

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

### SESSION LAW REFERENCES

Arizona Session Law references in a Chapter can be found at the Secretary of State’s website, [www.azsos.gov](http://www.azsos.gov) under Services-> Legislative Filings.

### EXEMPTIONS FROM THE APA

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

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

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

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

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

### EXEMPTIONS AND PAPER COLOR

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

### PERSONAL USE/COMMERCIAL USE

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



## Administrative Rules Division

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

## TITLE 9. HEALTH SERVICES

## CHAPTER 10. DEPARTMENT OF HEALTH SERVICES - HEALTH CARE INSTITUTIONS: LICENSING

Authority: A.R.S. §§ 36-132(A)(1), 36-136(G)

## Supp. 21-3

*Editor's Note: The heading for 9 A.A.C. 10 changed from "Licensure" to "Licensing" per a request from the Department of Health Services (Supp. 03-4).*

*Editor's Note: The Office of the Secretary of State publishes all Chapters on white paper (Supp. 01-2).*

*Editor's Note: This Chapter contains rules which were adopted, amended, and repealed under exemptions from the provisions of the Administrative Procedure Act (A.R.S. Title 41, Chapter 6) pursuant to Laws 1993, Ch. 163, § 3(B); Laws 1996, Ch. 329, § 5; Laws 1998, Ch. 178 § 17, and Laws 1999, Ch. 311. Exemption from A.R.S. Title 41, Chapter 6 means that the Department of Health Services did not submit these rules to the Governor's Regulatory Review Council for review; the Department may not have submitted notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the Department was not required to hold public hearings on these rules; and the Attorney General did not certify these rules. Because this Chapter contains rules which are exempt from the regular rulemaking process, the Chapter is printed on blue paper.*

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*as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days.*

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*Former Article 2, consisting of Sections R9-10-201 through R9-10-250, renumbered as Sections R9-10-301 through R9-10-335*

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*Article 3, consisting of Sections R9-10-301 through R9-10-333, adopted effective February 4, 1981.*

*Former Article 3, consisting of Sections R9-10-301 through R9-10-335, repealed effective February 4, 1981.*

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*Article 5, consisting of Sections R9-10-501 through R9-10-514, adopted effective April 4, 1994 (Supp. 94-2).*

*Article 5, consisting of Sections R9-10-501 through R9-10-518, repealed effective April 4, 1994 (Supp. 94-2).*

*Article 5, consisting of Sections R9-10-501 through R9-10-518, adopted as permanent rules effective October 30, 1989.*

*Article 5, consisting of Sections R9-10-501 through R9-10-518, readopted as an emergency effective July 31, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days.*

*Article 5, consisting of Sections R9-10-501 through R9-10-518, readopted as an emergency effective April 27, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days.*

*Article 5, consisting of Sections R9-10-501 through R9-10-518, readopted as an emergency effective January 27, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days.*

*New Article 5, consisting of Sections R9-10-501 through R9-10-518, adopted as an emergency effective October 26, 1988 pursuant to A.R.S. § 41-1026, valid for only 90 days. Emergency expired.*

*Former Article 5, consisting of Sections R9-10-501 through R9-10-574, repealed effective October 20, 1982.*

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*Article 6, consisting of Sections R9-10-601 through R9-10-618, made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).*

*Article 6, consisting of Sections R9-10-611 through R9-10-624, repealed effective November 1, 1998, under an exemption from the Administrative Procedure Act; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).*

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**ARTICLE 7. BEHAVIORAL HEALTH RESIDENTIAL FACILITIES**

*Article 7, consisting of Sections R9-10-701 through R9-7-710, repealed; New Article 7, consisting of Sections R9-10-701 through R9-7-724 adopted; both actions effective November 1, 1998 under an exemption from the Administrative Procedure Act; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).*

*Article 7, consisting of Sections R9-10-701 through R9-10-710, adopted as permanent rules effective October 30, 1989.*

*Article 7, consisting of Sections R9-10-701 through R9-10-710, readopted as an emergency effective July 31, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days.*

*Article 7, consisting of Sections R9-10-701 through R9-10-710, readopted as an emergency effective April 27, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days.*

*Article 7, consisting of Sections R9-10-701 through R9-10-710, readopted as an emergency effective January 27, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days.*

*New Article 7, consisting of Sections R9-10-701 through R9-10-710, adopted as an emergency effective October 26, 1988 pursuant to A.R.S. § 41-1026, valid for only 90 days. Emergency expired.*

*Former Article 7, consisting of Sections R9-10-701 through R9-10-737, repealed effective October 20, 1982.*

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*Article 8 (Sections R9-10-801 through R9-10-812) adopted as permanent rules effective October 30, 1989.*

*Article 8, consisting of Sections R9-10-801 through R9-10-812, readopted as an emergency effective July 31, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days.*

*Article 8, consisting of Sections R9-10-801 through R9-10-812, readopted as an emergency effective April 27, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days.*

*Article 8, consisting of Sections R9-10-801 through R9-10-812, readopted as an emergency effective January 27, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days.*

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*New Article 8, consisting of Sections R9-10-801 through R9-10-812, adopted as an emergency effective October 26, 1988 pursuant to A.R.S. § 41-1026, valid for only 90 days. Emergency expired.*

*Former Article 8, consisting of Sections R9-10-801 through R9-10-867, repealed effective October 20, 1982.*

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*Article 9, consisting of Sections R9-10-901 through R9-10-917 adopted effective February 17, 1995 (Supp. 95-1).*

*Article 9, consisting of Sections R9-10-911 through R9-10-925, repealed effective February 17, 1995 (Supp. 95-1).*

*Article 9, consisting of Sections R9-10-911 through R9-10-925, adopted effective October 20, 1982 (Supp. 82-5).*

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*1017, made new by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1).*

*Article 10, consisting of Sections R9-10-1011 through R9-10-1030, repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2).*

*The proposed summary action repealing R9-10-1011 through R9-10-1030 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rules. Sections in effect before the proposed summary action have been restored (Supp. 97-1).*

*Article 10, consisting of R9-10-1011 through R9-10-1030, repealed by summary action, interim effective date of July 21, 1995.*

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*Article 11, consisting of Sections R9-10-1111 through R9-10-1127 repealed effective July 22, 1994 (Supp. 94-3).*

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*Article 12, consisting of Sections R9-10-1201 through R9-10-1230, adopted effective February 4, 1981.*

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*New Article 13, consisting of Sections R9-10-1301 through R9-10-1317, made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).*

*Article 13, consisting of Sections R9-10-1301 through R9-10-1314, repealed effective November 1, 1998, under an exemption from the Administrative Procedure Act; filed with the Office of the*

*Secretary of State October 2, 1998 (Supp. 98-4).*

*Article 13, consisting of Sections R9-10-1301 through R9-10-1314, adopted as permanent rules effective November 25, 1992 (Supp. 92-4).*

*Article 13, consisting of Sections R9-10-1301 through R9-10-1314, adopted again as an emergency effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3).*

*Article 13, consisting of Sections R9-10-1301 through R9-10-1314, adopted again as an emergency effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2).*

*Article 13, consisting of Sections R9-10-1301 through R9-10-1314, adopted again as an emergency effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1).*

*Article 13, consisting of Sections R9-10-1301 through R9-10-1314, adopted as an emergency effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4).*

*Article 13, consisting of Sections R9-10-1301 through R9-10-1306, adopted as an emergency effective March 29, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-1). Emergency expired.*

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1515, were either amended, renumbered and repealed by final rulemaking which means the public had the opportunity to comment on the rules and they were reviewed and approved by the Governor's Regulatory Review Council. Section editor's notes referring to the adoption under an exemption have been removed in this Article (Supp. 18-4).

Selected Sections in Article 15 were subsequently amended by final rulemaking in Supp. 10-2 which means the public had the opportunity to comment on the rules and they were reviewed and approved by the Governor's Regulatory Review Council. Refer to the historical notes for more information (Supp. 18-4).

Article 15, consisting of Sections R9-10-1501 through R9-10-1514, adopted under an exemption from the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311, filed in the Office of the Secretary of State December 23, 1999 (Supp. 99-4).

Article 15, consisting of Sections R9-10-1501 through R9-10-1514, repealed effective November 1, 1998, under an exemption from the Administrative Procedure Act; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

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Article 17, consisting of Sections R9-10-1711 through R9-10-1713, R9-10-1715 through R9-10-1723, and R9-10-1731 through R9-10-1734, repealed effective July 6, 1994 (Supp. 94-3).

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**ARTICLE 21. RECOVERY CARE CENTERS**

*New Article 21, consisting of Sections R9-10-2101 through R9-10-2118, renumbered from R1-10-501 through R1-1-518 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).*

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## ARTICLE 1. GENERAL

**R9-10-101. Definitions**

In addition to the definitions in A.R.S. §§ 36-401(A) and 36-439, the following definitions apply in this Chapter unless otherwise specified:

1. "Abortion clinic" has the same meaning as in A.R.S. § 36-449.01.
2. "Abuse" means:
  - a. The same:
    - i. For an individual 18 years of age or older, as in A.R.S. § 46-451; and
    - ii. For an individual less than 18 years of age, as in A.R.S. § 8-201;
  - b. A pattern of ridiculing or demeaning a patient;
  - c. Making derogatory remarks or verbally harassing a patient; or
  - d. Threatening to inflict physical harm on a patient.
3. "Accredited" has the same meaning as in A.R.S. § 36-422.
4. "Active malignancy" means a cancer for which:
  - a. A patient is undergoing treatment, such as through:
    - i. One or more surgical procedures to remove the cancer;
    - ii. Chemotherapy, as defined in A.A.C. R9-4-401; or
    - iii. Radiation treatment, as defined in A.A.C. R9-4-401;
  - b. There is no treatment; or
  - c. A patient is refusing treatment.
5. "Activities of daily living" means ambulating, bathing, toileting, grooming, eating, and getting in or out of a bed or a chair.
6. "Acuity" means a patient's need for medical services, nursing services, or behavioral health services based on the patient's medical condition or behavioral health issue.
7. "Acuity plan" means a method for establishing nursing personnel requirements by unit based on a patient's acuity.
8. "Adjacent" means not intersected by:
  - a. Property owned, operated, or controlled by a person other than the applicant or licensee; or
  - b. A public thoroughfare.
9. "Administrative completeness review time-frame" has the same meaning as in A.R.S. § 41-1072.
10. "Administrative office" means a location used by personnel for recordkeeping and record retention but not for providing medical services, nursing services, behavioral health services, or health-related services.
11. "Admission" or "admitted" means, after completion of an individual's screening or registration by a health care institution, the individual begins receiving physical health services or behavioral health services and is accepted as a patient of the health care institution.
12. "Adult" has the same meaning as in A.R.S. § 1-215.
13. "Adult behavioral health therapeutic home" means a residence that provides room and board, assists in acquiring daily living skills, coordinates transportation to scheduled appointments, monitors behaviors, assists in the self-administration of medication, and provides feedback to a case manager related to behavior for an individual 18 years of age or older based on the individual's behavioral health issue and need for behavioral health services and may provide behavioral health services under the clinical oversight of a behavioral health professional.
14. "Adult residential care institution" means a subclass of behavioral health residential facility that only admits residents 18 years of age and older and provides recidivism reduction services.
15. "Adverse reaction" means an unexpected outcome that threatens the health or safety of a patient as a result of a medical service, nursing service, or health-related service provided to the patient.
16. "Affiliated counseling facility" means a counseling facility that shares administrative support with one or more other counseling facilities that operate under the same governing authority.
17. "Affiliated outpatient treatment center" means an outpatient treatment center authorized by the Department to provide behavioral health services that provides administrative support to a counseling facility or counseling facilities that operate under the same governing authority as the outpatient treatment center.
18. "Alternate licensing fee due date" means the last calendar day in a month each year, other than the anniversary date of a facility's health care institution license, by which a licensee is required to pay the applicable fees in R9-10-106.
19. "Ancillary services" means services other than medical services, nursing services, or health-related services provided to a patient.
20. "Anesthesiologist" means a physician granted clinical privileges to administer anesthesia.
21. "Applicant" means a governing authority requesting:
  - a. Approval of a health care institution's architectural plans and specifications for construction or modification,
  - b. Approval of a modification,
  - c. Approval of an alternate licensing fee due date, or
  - d. A health care institution license.
22. "Application packet" means the information, documents, and fees required by the Department for the:
  - a. Approval of a health care institution's architectural plans and specifications for construction or modification,
  - b. Approval of a modification,
  - c. Approval of an alternate licensing fee due date, or
  - d. Licensing of a health care institution.
23. "Assessment" means an analysis of a patient's need for physical health services or behavioral health services to determine which services a health care institution will provide to the patient.
24. "Assistance in the self-administration of medication" means restricting a patient's access to the patient's medication and providing support to the patient while the patient takes the medication to ensure that the medication is taken as ordered.
25. "Attending physician" means a physician designated by a patient to participate in or coordinate the medical services provided to the patient.
26. "Authenticate" means to establish authorship of a document or an entry in a medical record by:
  - a. A written signature;
  - b. An individual's initials, if the individual's written signature appears on the document or in the medical record;
  - c. A rubber-stamp signature; or
  - d. An electronic signature code.
27. "Authorized service" means specific medical services, nursing services, behavioral health services, or health-related services provided by a specific health care institution class or subclass for which the health care institution is required to obtain approval from the Department before

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- providing the medical services, nursing services, or health-related services.
28. "Available" means:
- For an individual, the ability to be contacted and to provide an immediate response by any means possible;
  - For equipment and supplies, physically retrievable at a health care institution; and
  - For a document, retrievable by a health care institution or accessible according to the applicable timeframes in this Chapter.
29. "Behavioral care"
- Means limited behavioral health services, provided to a patient whose primary admitting diagnosis is related to the patient's need for physical health services, that include:
    - Assistance with the patient's psychosocial interactions to manage the patient's behavior that can be performed by an individual without a professional license or certificate including:
      - Direction provided by a behavioral health professional, and
      - Medication ordered by a medical practitioner or behavioral health professional; or
    - Behavioral health services provided by a behavioral health professional on an intermittent basis to address the patient's significant psychological or behavioral response to an identifiable stressor or stressors; and
  - Does not include court-ordered behavioral health services.
30. "Behavioral health facility" means a behavioral health inpatient facility, a behavioral health residential facility, a substance abuse transitional facility, a behavioral health specialized transitional facility, an outpatient treatment center that only provides behavioral health services, an adult behavioral health therapeutic home, a behavioral health respite home, or a counseling facility.
31. "Behavioral health inpatient facility" means a health care institution that provides continuous treatment to an individual experiencing a behavioral health issue that causes the individual to:
- Have a limited or reduced ability to meet the individual's basic physical needs;
  - Suffer harm that significantly impairs the individual's judgment, reason, behavior, or capacity to recognize reality;
  - Be a danger to self;
  - Be a danger to others;
  - Be persistently or acutely disabled, as defined in A.R.S. § 36-501; or
  - Be gravely disabled.
32. "Behavioral health issue" means an individual's condition related to a mental disorder, a personality disorder, substance abuse, or a significant psychological or behavioral response to an identifiable stressor or stressors.
33. "Behavioral health observation/stabilization services" means crisis services provided, in an outpatient setting, to an individual whose behavior or condition indicates that the individual:
- Requires nursing services,
  - May require medical services, and
  - May be a danger to others or a danger to self.
34. "Behavioral health paraprofessional" means an individual who is not a behavioral health professional who provides the following services to a patient to address the patient's behavioral health issue:
- Under supervision by a behavioral health professional, services that, if provided in a setting other than a health care institution, would be required to be provided by an individual licensed under A.R.S. Title 32, Chapter 33; or
  - Health-related services.
35. "Behavioral health professional" means:
- An individual licensed under A.R.S. Title 32, Chapter 33, whose scope of practice allows the individual to:
    - Independently engage in the practice of behavioral health, as defined in A.R.S. § 32-3251; or
    - Except for a licensed substance abuse technician, engage in the practice of behavioral health, as defined in A.R.S. § 32-3251, under direct supervision as defined in A.A.C. R4-6-101;
  - A psychiatrist as defined in A.R.S. § 36-501;
  - A psychologist as defined in A.R.S. § 32-2061;
  - A physician;
  - A behavior analyst as defined in A.R.S. § 32-2091; or
  - A registered nurse practitioner licensed as an adult psychiatric and mental health nurse; or
  - A registered nurse with:
    - A psychiatric-mental health nursing certification, or
    - One year of experience providing behavioral health services.
36. "Behavioral health residential facility" means a health care institution that provides treatment to an individual experiencing a behavioral health issue that:
- Limits the individual's ability to be independent, or
  - Causes the individual to require treatment to maintain or enhance independence.
37. "Behavioral health respite home" means a residence where respite care services, which may include assistance in the self-administration of medication, are provided to an individual based on the individual's behavioral health issue and need for behavioral health services.
38. "Behavioral health specialized transitional facility" means a health care institution that provides inpatient behavioral health services and physical health services to an individual determined to be a sexually violent person according to A.R.S. Title 36, Chapter 37.
39. "Behavioral health technician" means an individual who is not a behavioral health professional who provides the following services to a patient to address the patient's behavioral health issue:
- With clinical oversight by a behavioral health professional, services that, if provided in a setting other than a health care institution, would be required to be provided by an individual licensed under A.R.S. Title 32, Chapter 33; or
  - Health-related services.
40. "Benzodiazepine" means any one of a class of sedative-hypnotic medications, characterized by a chemical structure that includes a benzene ring linked to a seven-membered ring containing two nitrogen atoms, that are commonly used in the treatment of anxiety.
41. "Biohazardous medical waste" has the same meaning as in A.A.C. R18-13-1401.
42. "Calendar day" means each day, not including the day of the act, event, or default from which a designated period

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- of time begins to run, but including the last day of the period unless it is a Saturday, Sunday, statewide furlough day, or legal holiday, in which case the period runs until the end of the next day that is not a Saturday, Sunday, statewide furlough day, or legal holiday.
43. "Case manager" means an individual assigned by an entity other than a health care institution to coordinate the physical health services or behavioral health services provided to a patient at the health care institution.
  44. "Certification" means, in this Article, a written statement that an item or a system complies with the applicable requirements incorporated by reference in R9-10-104.01.
  45. "Certified health physicist" means an individual recognized by the American Board of Health Physics as complying with the health physics criteria and examination requirements established by the American Board of Health Physics.
  46. "Change in ownership" means conveyance of the ability to appoint, elect, or otherwise designate a health care institution's governing authority from an owner of the health care institution to another person.
  47. "Chief administrative officer" or "administrator" means an individual designated by a governing authority to implement the governing authority's direction in a health care institution.
  48. "Clinical laboratory services" means the biological, microbiological, serological, chemical, immunohematological, hematological, biophysical, cytological, pathological, or other examination of materials derived from the human body for the purpose of providing information for the diagnosis, prevention, or treatment of a disease or impairment of a human being, or for the assessment of the health of a human being, including procedures to determine, measure, or otherwise describe the presence or absence of various substances or organisms in the body.
  49. "Clinical oversight" means:
    - a. Monitoring the behavioral health services provided by a behavioral health technician to ensure that the behavioral health technician is providing the behavioral health services according to the health care institution's policies and procedures and, if applicable, a patient's treatment plan;
    - b. Providing on-going review of a behavioral health technician's skills and knowledge related to the provision of behavioral health services;
    - c. Providing guidance to improve a behavioral health technician's skills and knowledge related to the provision of behavioral health services; and
    - d. Recommending training for a behavior health technician to improve the behavioral health technician's skills and knowledge related to the provision of behavioral health services.
  50. "Clinical privileges" means authorization to a medical staff member to provide medical services granted by a governing authority or according to medical staff bylaws.
  51. "Collaborating health care institution" means a health care institution licensed to provide outpatient behavioral health services that has a written agreement with an adult behavioral health therapeutic home or a behavioral health respite home to:
    - a. Coordinate behavioral health services provided to a resident at the adult behavioral health therapeutic home or a recipient at a behavioral health respite home, and
    - b. Work with the provider to ensure a resident at the adult behavioral health therapeutic home or a recipient at a behavioral health respite home receives behavioral health services according to the resident's treatment plan.
  52. "Common area" means licensed space in health care institution that is:
    - a. Not a resident's bedroom or a residential unit,
    - b. Not restricted to use by employees or volunteers of the health care institution, and
    - c. Available for use by visitors and other individuals on the premises.
  53. "Communicable disease" has the same meaning as in A.R.S. § 36-661.
  54. "Conspicuously posted" means placed:
    - a. At a location that is visible and accessible; and
    - b. Unless otherwise specified in the rules, within the area where the public enters the premises of a health care institution.
  55. "Consultation" means an evaluation of a patient requested by a medical staff member or personnel member.
  56. "Contracted services" means medical services, nursing services, behavioral health services, health-related services, ancillary services, or environmental services provided according to a documented agreement between a health care institution and the person providing the medical services, nursing services, health-related services, ancillary services, or environmental services.
  57. "Contractor" has the same meaning as in A.R.S. § 32-1101.
  58. "Controlled substance" has the same meaning as in A.R.S. § 36-2501.
  59. "Counseling" has the same meaning as "practice of professional counseling" in A.R.S. § 32-3251.
  60. "Counseling facility" means a health care institution that only provides counseling, which may include:
    - a. DUI screening, education, or treatment according to the requirements in 9 A.A.C. 20, Article 1; or
    - b. Misdemeanor domestic violence offender treatment according to the requirements in 9 A.A.C. 20, Article 2.
  61. "Court-ordered evaluation" has the same meaning as "evaluation" in A.R.S. § 36-501.
  62. "Court-ordered treatment" means treatment provided according to A.R.S. Title 36, Chapter 5.
  63. "Crisis services" means immediate and unscheduled behavioral health services provided to a patient to address an acute behavioral health issue affecting the patient.
  64. "Current" means up-to-date, extending to the present time.
  65. "Daily living skills" means activities necessary for an individual to live independently and include meal preparation, laundry, housecleaning, home maintenance, money management, and appropriate social interactions.
  66. "Danger to others" has the same meaning as in A.R.S. § 36-501.
  67. "Danger to self" has the same meaning as in A.R.S. § 36-501.
  68. "Detoxification services" means behavioral health services and medical services provided to an individual to:
    - a. Treat the individual's signs or symptoms of withdrawal from alcohol or other drugs, and
    - b. Reduce or eliminate the individual's dependence on alcohol or other drugs.
  69. "Diagnostic procedure" means a method or process performed to determine whether an individual has a medical condition or behavioral health issue.

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70. "Dialysis" means the process of removing dissolved substances from a patient's body by diffusion from one fluid compartment to another across a semi-permeable membrane.
71. "Dialysis services" means medical services, nursing services, and health-related services provided to a patient receiving dialysis.
72. "Dialysis station" means a designated treatment area approved by the Department for use by a patient receiving dialysis or dialysis services.
73. "Dialyzer" means an apparatus containing semi-permeable membranes used as a filter to remove wastes and excess fluid from a patient's blood.
74. "Disaster" means an unexpected occurrence that adversely affects a health care institution's ability to provide services.
75. "Discharge" means a documented termination of services to a patient by a health care institution.
76. "Discharge instructions" means documented information relevant to a patient's medical condition or behavioral health issue provided by a health care institution to the patient or the patient's representative at the time of the patient's discharge.
77. "Discharge planning" means a process of establishing goals and objectives for a patient in preparation for the patient's discharge.
78. "Discharge summary" means a documented brief review of services provided to a patient, current patient status, and reasons for the patient's discharge.
79. "Disinfect" means to clean in order to prevent the growth of or to destroy disease-causing microorganisms.
80. "Documentation" or "documented" means information in written, photographic, electronic, or other permanent form.
81. "Drill" means a response to a planned, simulated event.
82. "Drug" has the same meaning as in A.R.S. § 32-1901.
83. "Electronic" has the same meaning as in A.R.S. § 44-7002.
84. "Electronic signature" has the same meaning as in A.R.S. § 44-7002.
85. "Emergency" means an immediate threat to the life or health of a patient.
86. "Emergency medical services provider" has the same meaning as in A.R.S. § 36-2201.
87. "Emergency services" means unscheduled medical services provided in a designated area to an outpatient in an emergency.
88. "End-of-life" means that a patient has a documented life expectancy of six months or less.
89. "Environmental services" means activities such as house-keeping, laundry, facility maintenance, or equipment maintenance.
90. "Equipment" means, in this Article, an apparatus, a device, a machine, or a unit that is required to comply with the specifications incorporated by reference in R9-10-104.01.
91. "Exploitation" has the same meaning as in A.R.S. § 46-451.
92. "Factory-built building" has the same meaning as in A.R.S. § 41-4001.
93. "Family" or "family member" means an individual's spouse, sibling, child, parent, grandparent, or another individual designated by the individual.
94. "Follow-up instructions" means information relevant to a patient's medical condition or behavioral health issue that is provided to the patient, the patient's representative, or a health care institution.
95. "Food services" means the storage, preparation, serving, and cleaning up of food intended for consumption in a health care institution.
96. "Full-time" means 40 hours or more every consecutive seven calendar days.
97. "Garbage" has the same meaning as in A.A.C. R18-13-302.
98. "General consent" means documentation of an agreement from an individual or the individual's representative to receive physical health services to address the individual's medical condition or behavioral health services to address the individual's behavioral health issues.
99. "General hospital" means a subclass of hospital that provides surgical services and emergency services.
100. "Gravely disabled" has the same meaning as "grave disability" in A.R.S. § 36-501.
101. "Hazard" or "hazardous" means a condition or situation where a patient or other individual may suffer physical injury.
102. "Health care directive" has the same meaning as in A.R.S. § 36-3201.
103. "Hemodialysis" means the process for removing wastes and excess fluids from a patient's blood by passing the blood through a dialyzer.
104. "Home health agency" has the same meaning as in A.R.S. § 36-151.
105. "Home health aide" means an individual employed by a home health agency to provide home health services under the direction of a registered nurse or therapist.
106. "Home health aide services" means those tasks that are provided to a patient by a home health aide under the direction of a registered nurse or therapist.
107. "Home health services" has the same meaning as in A.R.S. § 36-151.
108. "Hospice inpatient facility" means a subclass of hospice that provides hospice services to a patient on a continuous basis with the expectation that the patient will remain on the hospice's premises for 24 hours or more.
109. "Hospital" means a class of health care institution that provides, through an organized medical staff, inpatient beds, medical services, continuous nursing services, and diagnosis or treatment to a patient.
110. "Immediate" means without delay.
111. "Incident" means an unexpected occurrence that harms or has the potential to harm a patient, while the patient is:
  - a. On the premises of a health care institution, or
  - b. Not on the premises of a health care institution but directly receiving physical health services or behavioral health services from a personnel member who is providing the physical health services or behavioral health services on behalf of the health care institution.
112. "Infection control" means to identify, prevent, monitor, and minimize infections.
113. "Infectious tuberculosis" has the same meaning as "infectious active tuberculosis" in A.A.C. R9-6-101.
114. "Informed consent" means:
  - a. Advising a patient of a proposed treatment, surgical procedure, psychotropic medication, opioid, or diagnostic procedure; alternatives to the treatment, surgical procedure, psychotropic medication, opioid, or diagnostic procedure; and associated risks and possible complications; and

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- b. Obtaining documented authorization for the proposed treatment, surgical procedure, psychotropic medication, opioid, or diagnostic procedure from the patient or the patient's representative.
- 115. "In-service education" means organized instruction or information that is related to physical health services or behavioral health services and that is provided to a medical staff member, personnel member, employee, or volunteer.
- 116. "Interdisciplinary team" means a group of individuals consisting of a resident's attending physician, a registered nurse responsible for the resident, and other individuals as determined in the resident's comprehensive assessment or, if applicable, placement evaluation.
- 117. "Intermediate care facility for individuals with intellectual disabilities" or "ICF/IID" has the same meaning as in A.R.S. § 36-551.
- 118. "Interval note" means documentation updating a patient's:
  - a. Medical condition after a medical history and physical examination is performed, or
  - b. Behavioral health issue after an assessment is performed.
- 119. "Isolation" means the separation, during the communicable period, of infected individuals from others, to limit the transmission of infectious agents.
- 120. "Leased facility" means a facility occupied or used during a set time period in exchange for compensation.
- 121. "License" means:
  - a. Written approval issued by the Department to a person to operate a class or subclass of health care institution at a specific location; or
  - b. Written approval issued to an individual to practice a profession in this state.
- 122. "Licensed occupancy" means the total number of individuals for whom a health care institution is authorized by the Department to provide crisis services in a unit providing behavioral health observation/stabilization services.
- 123. "Licensee" means an owner approved by the Department to operate a health care institution.
- 124. "Manage" means to implement policies and procedures established by a governing authority, an administrator, or an individual providing direction to a personnel member.
- 125. "Medical condition" means the state of a patient's physical or mental health, including the patient's illness, injury, or disease.
- 126. "Medical director" means a physician who is responsible for the coordination of medical services provided to patients in a health care institution.
- 127. "Medical history" means an account of a patient's health, including past and present illnesses, diseases, or medical conditions.
- 128. "Medical practitioner" means a physician, physician assistant, or registered nurse practitioner.
- 129. "Medical record" has the same meaning as "medical records" in A.R.S. § 12-2291.
- 130. "Medical staff" means physicians and other individuals licensed pursuant to A.R.S. Title 32 who have clinical privileges at a health care institution.
- 131. "Medical staff bylaws" means standards, approved by the medical staff and the governing authority, that provide the framework for the organization, responsibilities, and self-governance of the medical staff.
- 132. "Medical staff member" means an individual who is part of the medical staff of a health care institution.
- 133. "Medication" means one of the following used to maintain health or to prevent or treat a medical condition or behavioral health issue:
  - a. Biologicals as defined in A.A.C. R18-13-1401,
  - b. Prescription medication as defined in A.R.S. § 32-1901, or
  - c. Nonprescription drug as defined in A.R.S. § 32-1901.
- 134. "Medication administration" means restricting a patient's access to the patient's medication and providing the medication to the patient or applying the medication to the patient's body, as ordered by a medical practitioner.
- 135. "Medication error" means:
  - a. The failure to administer an ordered medication;
  - b. The administration of a medication not ordered; or
  - c. The administration of a medication:
    - i. In an incorrect dosage,
    - ii. More than 60 minutes before or after the ordered time of administration unless ordered to do so, or
    - iii. By an incorrect route of administration.
- 136. "Mental disorder" means the same as in A.R.S. § 36-501.
- 137. "Mobile clinic" means a movable structure that:
  - a. Is not physically attached to a health care institution's facility;
  - b. Provides medical services, nursing services, behavioral health services, or health related service to an outpatient under the direction of the health care institution's personnel; and
  - c. Is not intended to remain in one location indefinitely.
- 138. "Monitor" or "monitoring" means to check systematically on a specific condition or situation.
- 139. "Neglect" has the same meaning:
  - a. For an individual less than 18 years of age, as in A.R.S. § 8-201; and
  - b. For an individual 18 years of age or older, as in A.R.S. § 46-451.
- 140. "Nephrologist" means a physician who is board eligible or board certified in nephrology by a professional credentialing board.
- 141. "Nurse" has the same meaning as "registered nurse" or "practical nurse" as defined in A.R.S. § 32-1601.
- 142. "Nursing personnel" means individuals authorized according to A.R.S. Title 32, Chapter 15 to provide nursing services.
- 143. "Observation chair" means a physical piece of equipment that:
  - a. Is located in a designated area where behavioral health observation/stabilization services are provided,
  - b. Allows an individual to fully recline, and
  - c. Is used by the individual while receiving crisis services.
- 144. "Occupational therapist" has the same meaning as in A.R.S. § 32-3401.
- 145. "Occupational therapy assistant" has the same meaning as in A.R.S. § 32-3401.
- 146. "Ombudsman" means a resident advocate who performs the duties described in A.R.S. § 46-452.02.
- 147. "On-call" means a time during which an individual is available and required to come to a health care institution when requested by the health care institution.
- 148. "Opioid" means a controlled substance, as defined in A.R.S. § 36-2501, that meets the definition of "opiate" in A.R.S. § 36-2501.

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149. "Opioid agonist treatment medication" means a prescription medication that is approved by the U.S. Food and Drug Administration under 21 U.S.C. § 355 for use in the treatment of opioid-related substance use disorder.
150. "Opioid antagonist" means a prescription medication, as defined in A.R.S. § 32-1901, that:
  - a. Is approved by the U.S. Department of Health and Human Services, Food and Drug Administration; and
  - b. When administered, reverses, in whole or in part, the pharmacological effects of an opioid in the body.
151. "Opioid treatment" means providing medical services, nursing services, behavioral health services, health-related services, and ancillary services to a patient receiving an opioid agonist treatment medication for opioid-related substance use disorder.
152. "Order" means instructions to provide:
  - a. Physical health services to a patient from a medical practitioner or as otherwise provided by law; or
  - b. Behavioral health services to a patient from a behavioral health professional.
153. "Orientation" means the initial instruction and information provided to an individual before the individual starts work or volunteer services in a health care institution.
154. "Outing" means a social or recreational activity that:
  - a. Occurs away from the premises,
  - b. Is not part of a behavioral health inpatient facility's or behavioral health residential facility's daily routine, and
  - c. Lasts longer than four hours.
155. "Outpatient surgical center" means a class of health care institution that has the facility, staffing, and equipment to provide surgery and anesthesia services to a patient whose recovery, in the opinions of the patient's surgeon and, if an anesthesiologist would be providing anesthesia services to the patient, the anesthesiologist, does not require inpatient care in a hospital.
156. "Outpatient treatment center" means a class of health care institution without inpatient beds that provides physical health services or behavioral health services for the diagnosis and treatment of patients.
157. "Overall time-frame" means the same as in A.R.S. § 41-1072.
158. "Owner" means a person who appoints, elects, or designates a health care institution's governing authority.
159. "Pain management clinic" has the same meaning as in A.R.S. § 36-448.01.
160. "Participant" means a patient receiving physical health services or behavioral health services from an adult day health care facility or a substance abuse transitional facility.
161. "Participant's representative" means the same as "patient's representative" for a participant.
162. "Patient" means an individual receiving physical health services or behavioral health services from a health care institution.
163. "Patient's representative" means:
  - a. A patient's legal guardian;
  - b. If a patient is less than 18 years of age and not an emancipated minor, the patient's parent;
  - c. If a patient is 18 years of age or older or an emancipated minor, an individual acting on behalf of the patient with the written consent of the patient or patient's legal guardian; or
  - d. A surrogate as defined in A.R.S. § 36-3201.
164. "Person" means the same as in A.R.S. § 1-215 and includes a governmental agency.
165. "Personnel member" means, except as defined in specific Articles in this Chapter and excluding a medical staff member, a student, or an intern, an individual providing physical health services or behavioral health services to a patient.
166. "Pest control program" means activities that minimize the presence of insects and vermin in a health care institution to ensure that a patient's health and safety is not at risk.
167. "Pharmacist" has the same meaning as in A.R.S. § 32-1901.
168. "Physical examination" means to observe, test, or inspect an individual's body to evaluate health or determine cause of illness, injury, or disease.
169. "Physical health services" means medical services, nursing services, health-related services, or ancillary services provided to an individual to address the individual's medical condition.
170. "Physical therapist" has the same meaning as in A.R.S. § 32-2001.
171. "Physical therapist assistant" has the same meaning as in A.R.S. § 32-2001.
172. "Physician assistant" has the same meaning as in A.R.S. § 32-2501.
173. "Placement evaluation" means the same as in A.R.S. § 36-551.
174. "Pre-petition screening" has the same meaning as "prepetition screening" in A.R.S. § 36-501.
175. "Premises" means property that is designated by an applicant or licensee and licensed by the Department as part of a health care institution where physical health services or behavioral health services are provided to a patient.
176. "Prescribe" means to issue written or electronic instructions to a pharmacist to deliver to the ultimate user, or another individual on the ultimate user's behalf, a specific dose of a specific medication in a specific quantity and route of administration.
177. "Professional credentialing board" means a non-governmental organization that designates individuals who have met or exceeded established standards for experience and competency in a specific field.
178. "Progress note" means documentation by a medical staff member, nurse, or personnel member of:
  - a. An observed patient response to a physical health service or behavioral health service provided to the patient,
  - b. A patient's significant change in condition, or
  - c. Observed behavior of a patient related to the patient's medical condition or behavioral health issue.
179. "PRN" means *pro re nata* or given as needed.
180. "Project" means specific construction or modification of a facility stated on an architectural plans and specifications approval application.
181. "Provider" means an individual to whom the Department issues a license to operate an adult behavioral health therapeutic home or a behavioral health respite home in the individual's place of residence.
182. "Provisional license" means the Department's written approval to operate a health care institution issued to an applicant or licensee that is not in substantial compliance with the applicable laws and rules for the health care institution.
183. "Psychotropic medication" means a chemical substance that:

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- a. Crosses the blood-brain barrier and acts primarily on the central nervous system where it affects brain function, resulting in alterations in perception, mood, consciousness, cognition, and behavior; and
- b. Is provided to a patient to address the patient's behavioral health issue.
184. "Quality management program" means ongoing activities designed and implemented by a health care institution to improve the delivery of medical services, nursing services, health-related services, and ancillary services provided by the health care institution.
185. "Recovery care center" has the same meaning as in A.R.S. § 36-448.51.
186. "Referral" means providing an individual with a list of the class or subclass of health care institution or type of health care professional that may be able to provide the behavioral health services or physical health services that the individual may need and may include the name or names of specific health care institutions or health care professionals.
187. "Registered dietitian" means an individual approved to work as a dietitian by the American Dietetic Association's Commission on Dietetic Registration.
188. "Registered nurse" has the same meaning as in A.R.S. § 32-1601.
189. "Registered nurse practitioner" has the same meaning as A.R.S. § 32-1601.
190. "Regular basis" means at recurring, fixed, or uniform intervals.
191. "Rehabilitation services" means medical services provided to a patient to restore or to optimize functional capability.
192. "Research" means the use of a human subject in the systematic study, observation, or evaluation of factors related to the prevention, assessment, treatment, or understanding of a medical condition or behavioral health issue.
193. "Resident" means an individual living in and receiving physical health services or behavioral health services, including rehabilitation services or habilitation services if applicable, from a nursing care institution, an intermediate care facility for individuals with intellectual disabilities, a behavioral health residential facility, an assisted living facility, or an adult behavioral health therapeutic home.
194. "Resident's representative" means the same as "patient's representative" for a resident.
195. "Respiratory care services" has the same meaning as "practice of respiratory care" as defined in A.R.S. § 32-3501.
196. "Respiratory therapist" has the same meaning as in A.R.S. § 32-3501.
197. "Respite capacity" means the total number of children who do not stay overnight for whom an outpatient treatment center or a behavioral health residential facility is authorized by the Department to provide respite services on the premises of the outpatient treatment center or behavioral health residential facility.
198. "Respite services" means respite care services provided to an individual who is receiving behavioral health services.
199. "Restraint" means any physical or chemical method of restricting a patient's freedom of movement, physical activity, or access to the patient's own body.
200. "Risk" means potential for an adverse outcome.
201. "Room" means space contained by a floor, a ceiling, and walls extending from the floor to the ceiling that has at least one door.
202. "Rural general hospital" means a subclass of hospital:
  - a. Having 50 or fewer inpatient beds,
  - b. Located more than 20 surface miles from a general hospital or another rural general hospital, and
  - c. Requesting to be and being licensed as a rural general hospital rather than a general hospital.
203. "Satellite facility" has the same meaning as in A.R.S. § 36-422.
204. "Scope of services" means a list of the behavioral health services or physical health services the governing authority of a health care institution has designated as being available to a patient at the health care institution.
205. "Seclusion" means the involuntary solitary confinement of a patient in a room or an area where the patient is prevented from leaving.
206. "Sedative-hypnotic medication" means any one of several classes of drugs that have sleep-inducing, anti-anxiety, anti-convulsant, and muscle-relaxing properties.
207. "Self-administration of medication" means a patient having access to and control of the patient's medication and may include the patient receiving limited support while taking the medication.
208. "Sexual abuse" means the same as in A.R.S. § 13-1404(A).
209. "Sexual assault" means the same as in A.R.S. § 13-1406(A).
210. "Shift" means the beginning and ending time of a continuous work period established by a health care institution's policies and procedures.
211. "Short-acting opioid antagonist" means an opioid antagonist that, when administered, quickly but for a small period of time reverses, in whole or in part, the pharmacological effects of an opioid in the body.
212. "Signature" means:
  - a. A handwritten or stamped representation of an individual's name or a symbol intended to represent an individual's name, or
  - b. An electronic signature.
213. "Significant change" means an observable deterioration or improvement in a patient's physical, cognitive, behavioral, or functional condition that may require an alteration to the physical health services or behavioral health services provided to the patient.
214. "Single group license" means a license that includes authorization to operate health care institutions according to A.R.S. § 36-422(F) or (G).
215. "Speech-language pathologist" means an individual licensed according A.R.S. Title 36, Chapter 17, Article 4 to engage in the practice of speech-language pathology, as defined in A.R.S. § 36-1901.
216. "Special hospital" means a subclass of hospital that:
  - a. Is licensed to provide hospital services within a specific branch of medicine; or
  - b. Limits admission according to age, gender, type of disease, or medical condition.
217. "Student" means an individual attending an educational institution and working under supervision in a health care institution through an arrangement between the health care institution and the educational institution.
218. "Substance abuse" means an individual's misuse of alcohol or other drug or chemical that:
  - a. Alters the individual's behavior or mental functioning;



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- b. Has the potential to cause the individual to be psychologically or physiologically dependent on alcohol or other drug or chemical; and
  - c. Impairs, reduces, or destroys the individual's social or economic functioning.
219. "Substance abuse transitional facility" means a class of health care institution that provides behavioral health services to an individual over 18 years of age who is intoxicated or may have a substance abuse problem.
220. "Substance use disorder" means a condition in which the misuse or dependence on alcohol or a drug results in adverse physical, mental, or social effects on an individual.
221. "Substance use risk" means an individual's unique likelihood for addiction, misuse, diversion, or another adverse consequence resulting from the individual being prescribed or receiving treatment with opioids.
222. "Substantial" when used in connection with a modification means:
- a. An addition or removal of an authorized service;
  - b. The addition or removal of a colocator;
  - c. A change in a health care institution's licensed capacity, licensed occupancy, respite capacity, or the number of dialysis stations;
  - d. A change in the physical plant, including facilities or equipment, that costs more than \$300,000; or
  - e. A change in the building where a health care institution is located that affects compliance with:
    - i. Applicable physical plant codes and standards incorporated by reference in R9-10-104.01, or
    - ii. Physical plant requirements in the specific Article in this Chapter applicable to the health care institution.
223. "Substantive review time-frame" means the same as in A.R.S. § 41-1072.
224. "Supportive services" has the same meaning as in A.R.S. § 36-151.
225. "Surgical procedure" means the excision of or incision in a patient's body for the:
- a. Correction of a deformity or defect;
  - b. Repair of an injury; or
  - c. Diagnosis, amelioration, or cure of disease.
226. "Swimming pool" has the same meaning as "semipublic swimming pool" in A.A.C. R18-5-201.
227. "System" means interrelated, interacting, or interdependent elements that form a whole.
228. "Tapering" means the gradual reduction in the dosage of a medication administered to a patient, often with the intent of eventually discontinuing the use of the medication for the patient.
229. "Tax ID number" means a numeric identifier that a person uses to report financial information to the United States Internal Revenue Service.
230. "Telemedicine" has the same meaning as in A.R.S. § 36-3601.
231. "Therapeutic diet" means foods or the manner in which food is to be prepared that are ordered for a patient.
232. "Therapist" means an occupational therapist, a physical therapist, a respiratory therapist, or a speech-language pathologist.
233. "Time-out" means providing a patient a voluntary opportunity to regain self-control in a designated area from which the patient is not physically prevented from leaving.
234. "Transfer" means a health care institution discharging a patient and sending the patient to another licensed health care institution as an inpatient or resident without intending that the patient be returned to the sending health care institution.
235. "Transport" means a licensed health care institution:
- a. Sending a patient to a receiving licensed health care institution for outpatient services with the intent of the patient returning to the sending licensed health care institution, or
  - b. Discharging a patient to return to a sending licensed health care institution after the patient received outpatient services from the receiving licensed health care institution.
236. "Treatment" means a procedure or method to cure, improve, or palliate an individual's medical condition or behavioral health issue.
237. "Treatment plan" means a description of the specific physical health services or behavioral health services that a health care institution anticipates providing to a patient.
238. "Unclassified health care institution" means a health care institution not classified or subclassified in statute or in rule.
239. "Vascular access" means the point on a patient's body where blood lines are connected for hemodialysis.
240. "Volunteer" means an individual authorized by a health care institution to work for the health care institution on a regular basis without compensation from the health care institution and does not include a medical staff member who has clinical privileges at the health care institution.
241. "Working day" means a Monday, Tuesday, Wednesday, Thursday, or Friday that is not a state and federal holiday or a statewide furlough day.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4). Amended by exempt rulemaking at 22 A.A.R. 1035, pursuant to Laws 2015, Ch. 158, § 3; effective May 1, 2016 (Supp. 16-2). Amended by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4). Amended by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4).

**R9-10-102. Health Care Institution Classes and Subclasses; Requirements**

- A.** A person may apply for a license as one of the following classes or subclasses of health care institution:
1. General hospital,
  2. Rural general hospital,
  3. Special hospital,
  4. Behavioral health inpatient facility,
  5. Nursing care institution,
  6. Intermediate care facility for individuals with intellectual disabilities,
  7. Recovery care center,
  8. Hospice inpatient facility,
  9. Hospice service agency,
  10. Behavioral health residential facility,

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11. Adult residential care institution,
12. Assisted living center,
13. Assisted living home,
14. Adult foster care home,
15. Outpatient surgical center,
16. Outpatient treatment center,
17. Abortion clinic,
18. Adult day health care facility,
19. Home health agency,
20. Substance abuse transitional facility,
21. Behavioral health specialized transitional facility,
22. Counseling facility,
23. Adult behavioral health therapeutic home,
24. Behavioral health respite home,
25. Unclassified health care institution, or
26. Pain management clinic.

- B.** A person shall apply for a license for the class or subclass that authorizes the provision of the highest level of physical health services or behavioral health services the proposed health care institution plans to provide.
- C.** The Department shall review a proposed health care institution's scope of services to determine whether the requested health care institution class or subclass is appropriate.
- D.** A health care institution shall comply with the requirements in Article 17 of this Chapter if:
1. There are no specific rules in another Article of this Chapter for the health care institution's class or subclass, or
  2. The Department determines that the health care institution is an unclassified health care institution.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4). Amended by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-103. Licensing Exceptions**

- A.** A health care institution license is required for each health care institution facility except:
1. A facility exempt from licensing under A.R.S. § 36-402, or
  2. A health care institution's administrative office.
- B.** The Department does not require a separate health care institution license for:
1. A satellite facility of a hospital under A.R.S. § 36-422(F);
  2. An accredited facility of an accredited hospital under A.R.S. § 36-422(G);
  3. A facility operated by a licensed health care institution that is:
    - a. Adjacent to and contiguous with the licensed health care institution premises; or
    - b. Not adjacent to or contiguous with the licensed health care institution but connected to the licensed health care institution facility by an all-weather enclosure and:
      - i. Owned by the health care institution, or
      - ii. Leased by the health care institution with exclusive rights of possession;

4. A mobile clinic operated by a licensed health care institution; or
5. A facility located on grounds that are not adjacent to or contiguous with the health care institution premises where only ancillary services are provided to a patient of the health care institution.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-104. Approval of Architectural Plans and Specifications**

- A.** For approval of architectural plans and specifications for the construction or modification of a health care institution that is required by this Chapter to comply with any of the physical plant codes and standards incorporated by reference in R9-10-104.01, an applicant shall submit to the Department an application packet including:
1. An application in a Department-provided format that contains:
    - a. For construction of a new health care institution:
      - i. The health care institution's name, street address, city, state, zip code, telephone number, and e-mail address;
      - ii. The name and mailing address of the health care institution's governing authority;
      - iii. The requested health care institution class or subclass; and
      - iv. If applicable, the requested licensed capacity, licensed occupancy, respite capacity, and number of dialysis stations for the health care institution;
    - b. For modification of a licensed health care institution that requires approval of architectural plans and specifications:
      - i. The health care institution's license number,
      - ii. The name and mailing address of the licensee,
      - iii. The health care institution's class or subclass, and
      - iv. The health care institution's existing licensed capacity, licensed occupancy, respite capacity, or number of dialysis stations; and the requested licensed capacity, licensed occupancy, respite capacity, or number of dialysis stations for the health care institution;
    - c. The health care institution's contact person's name, street mailing address, city, state, zip code, telephone number, and e-mail address;
    - d. The name, street mailing address, city, state, zip code, telephone number, and e-mail address of:
      - i. The project architect; or
      - ii. If the construction or modification of the health care institution does not require a project architect, the project engineer or other individual responsible for the completion of the construction or modification;
    - e. A narrative description of the project;
    - f. The estimated total project cost including the costs of:
      - i. Site acquisition,
      - ii. General construction,
      - iii. Architect fees,

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- iv. Fixed equipment, and
  - v. Movable equipment;
  - g. If providing or planning to provide medical services, nursing services, or health-related services that require compliance with specific physical plant codes and standards incorporated by reference in R9-10-104.01, the number of rooms or inpatient beds designated for providing the medical services, nursing services, or health-related services;
  - h. If providing or planning to provide behavioral health observation/stabilization services, the number of behavioral health observation/stabilization observation chairs designated for providing the behavioral health observation/stabilization services;
  - i. For construction of a new health care institution and if modification of a health care institution requires a project architect, a statement signed and sealed by the project architect, according to the requirements in 4 A.A.C. 30, Article 3, that the:
    - i. Project architect has complied with A.A.C. R4-30-301; and
    - ii. Architectural plans and specifications comply with applicable licensing requirements in A.R.S. Title 36, Chapter 4 and this Chapter;
  - j. If construction or modification of a health care institution requires a project engineer, a statement signed and sealed by the project engineer, according to the requirements in 4 A.A.C. 30, Article 3, that the project engineer has complied with A.A.C. R4-30-301; and
  - k. A statement signed by the governing authority or the licensee that the architectural plans and specifications comply with applicable licensing requirements in A.R.S. Title 36, Chapter 4 and this Chapter;
2. If the health care institution is located on land under the jurisdiction of a local governmental agency, one of the following:
- a. A building permit for the construction or modification issued by the local governmental agency; or
  - b. If a building permit issued by the local governmental agency is not required, zoning clearance issued by the local governmental agency that includes:
    - i. The health care institution's name, street address, city, state, zip code, and county;
    - ii. The health care institution's class or subclass and each type of medical services, nursing services, or health-related services to be provided; and
    - iii. A statement signed by a representative of the local governmental agency stating that the address listed is zoned for the health care institution's class or subclass;
3. The following information that is as necessary to demonstrate that the project described on the application complies with applicable codes and standards incorporated by reference in R9-10-104.01:
- a. A table of contents containing:
    - i. The architectural plans and specifications submitted;
    - ii. The physical plant codes and standards incorporated by reference in R9-10-104.01 that apply to the project;
    - iii. The physical plant codes and standards that are required by a local governmental agency, if applicable;
  - iv. An index of the abbreviations and symbols used in the architectural plans and specifications; and
  - v. The facility's specific International Building Code construction type and International Building Code occupancy type;
- b. If the facility is larger than 3,000 square feet and is or will be occupied by more than 20 individuals, the seal of an architect on the architectural plans and specifications according to the requirements in A.R.S. Title 32, Chapter 1 and 4 A.A.C. 30, Article 3;
- c. A site plan, drawn to scale, of the entire premises showing streets, property lines, facilities, parking areas, outdoor areas, fences, swimming pools, fire access roads, fire hydrants, and access to water mains;
- d. For each facility, on architectural plans and specifications:
- i. A floor plan, drawn to scale, for each level of the facility, showing the layout and dimensions of each room, the name and function of each room, means of egress, and natural and artificial lighting sources;
  - ii. A diagram of a section of the facility, drawn to scale, showing the vertical cross-section view from foundation to roof and specifying construction materials;
  - iii. Building elevations, drawn to scale, showing the outside appearance of each facility;
  - iv. The materials used for ceilings, walls, and floors;
  - v. The location, size, and fire rating of each door and each window and the materials and hardware used, including safety features such as fire exit door hardware and fireproofing materials;
  - vi. A ceiling plan, drawn to scale, showing the layout of each light fixture, each fire protection device, and each element of the mechanical ventilation system;
  - vii. An electrical floor plan, drawn to scale, showing the wiring diagram and the layout of each lighting fixture, each outlet, each switch, each electrical panel, and electrical equipment;
  - viii. A mechanical floor plan, drawn to scale, showing the layout of heating, ventilation, and air conditioning systems;
  - ix. A plumbing floor plan, drawn to scale, showing the layout and materials used for water, sewer, and medical gas systems, including the water supply and plumbing fixtures;
  - x. A floor plan, drawn to scale, showing the communication system within the health care institution including the nurse call system, if applicable;
  - xi. A floor plan, drawn to scale, showing the automatic fire extinguishing, fire detection, and fire alarm systems; and
  - xii. Technical specifications or drawings describing installation of equipment or medical gas and the materials used for installation in the health care institution;
4. The estimated total project cost including the costs of:
- a. Site acquisition,
  - b. General construction,
  - c. Architect fees,

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- d. Fixed equipment, and
- e. Movable equipment;
- 5. The following, as applicable:
  - a. If the health care institution is located on land under the jurisdiction of a local governmental agency, one of the following provided by the local governmental agency:
    - i. A copy of the certificate of occupancy for the facility,
    - ii. Documentation that the facility was approved for occupancy, or
    - iii. Documentation that a certificate of occupancy for the facility is not available;
  - b. A certification and a statement that the construction or modification of the facility is in substantial compliance with applicable licensing requirements in A.R.S. Title 36, Article 4 and this Chapter signed by the project architect, the contractor, and the owner;
  - c. A written description of any work necessary to complete the construction or modification submitted by the project architect;
  - d. If the construction or modification affects the health care institution's fire alarm system, a contractor certification and description of the fire alarm system in a Department-provided format provided by the Department;
  - e. If the construction or modification affects the health care institution's automatic fire extinguishing system, a contractor certification of the automatic fire extinguishing system in a Department-provided format provided by the Department;
  - f. If the construction or modification affects the health care institution's heating, ventilation, or air conditioning system, a copy of the heating, ventilation, air conditioning, and air balance tests and a contractor certification of the heating, ventilation, or air conditioning system;
  - g. If draperies, cubicle curtains, or floor coverings are installed or replaced, a copy of the manufacturer's certification of flame spread for the draperies, cubicle curtains, or floor coverings;
  - h. For a health care institution using inhalation anesthetics or nonflammable medical gas, a copy of the Compliance Certification for Inhalation Anesthetics or Nonflammable Medical Gas System required in the National Fire Codes incorporated by reference in R9-10-104.01;
  - i. If a generator is installed, a copy of the installation acceptance required in the National Fire Codes incorporated by reference in R9-10-104.01;
  - j. If equipment is installed, a certification from an engineer or from a technical representative of the equipment's manufacturer that the equipment has been installed according to the manufacturer's recommendations and, if applicable, calibrated;
  - k. For a health care institution providing radiology, a written report from a certified health physicist of the location, type, and amount of radiation protection; and
  - l. If a factory-built building is used by a health care institution:
    - i. A copy of the installation permit and the copy of a certificate of occupancy for the factory-built building from the Office of Manufactured Housing; or
    - ii. A written report from an individual registered as an architect or a professional structural engineer under 4 A.A.C. 30, Article 2, stating that the factory-built building complies with applicable design standards;
- 6. For construction of a new health care institution and for a modification of a health care institution that requires a project architect, a statement signed by the project architect that final architectural plans and specifications have been submitted to the person applying for a health care institution license or the licensee of the health care institution;
- 7. For modification of a health care institution that does not require a project architect, a statement signed by the project engineer or other individual responsible for the completion of the modification that final architectural plans and specifications have been submitted to the person applying for a health care institution license or the licensee of the health care institution; and
- 8. The applicable fee required by R9-10-106.
- B.** Before an applicant submits an application for approval of architectural plans and specifications for the construction or modification of a health care institution, an applicant may request an architectural evaluation by providing the documents in subsection (A)(3) to the Department.
- C.** The Department may conduct on-site facility reviews during the construction or modification of a health care institution.
- D.** The Department shall approve or deny an application for approval of architectural plans and specifications of a health care institution in this Section according to R9-10-108.
- E.** In addition to obtaining an approval of a health care institution's architectural plans and specifications, a person shall obtain a health care institution license before operating the health care institution.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4). Publication error corrected in R9-10-104(A)(1) removing "provided by the Department;" publication error corrected in R9-10-104(B) removing "submitting;" with both amendments made at 25 A.A.R. 1583. Publication error corrected in R9-10-104(A), incorporated by reference Section updated as amended at 25 A.A.R. 3481 (Supp. 21-2).

**R9-10-104.01. Codes and Standards**

- A.** For a health care institution that is required by this Chapter to comply with any of the physical plant codes and standards incorporated by reference in this Section, an applicant shall follow the requirements in subsection (B), except as follows:
  - 1. Physical plant standards specified in applicable Articles of this Chapter shall govern over the codes and standards incorporated by reference in subsection (B); and
  - 2. If a conflict occurs among the codes and standards incorporated by reference in subsection (B), the more restrictive codes and standards shall govern over the less restrictive.
- B.** The following physical plant health and safety codes and standards are incorporated by reference as modified, are on file

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with the Department, and include no future editions or amendments:

1. Guidelines for Design and Construction of Health Care Facilities (2018 ed.), published by the American Society for Healthcare Engineering and available from The Facility Guidelines Institute at [www.fgiguidelines.org](http://www.fgiguidelines.org);
  2. The following National Fire Codes (2012), published by and available from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269, and at [www.nfpa.org/catalog](http://www.nfpa.org/catalog):
    - a. NFPA70 National Electrical Code,
    - b. NFPA101 Life Safety Code, and
    - c. 2012 Supplements;
  3. ICC/A117.1-2017, American National Standard: Accessible and Usable Buildings and Facilities (2017), published by and available from the International Code Council, Inc., Publications, 4051 W. Flossmoor Road, Country Club Hills, IL 60478-5795, and at [www.iccsafe.org](http://www.iccsafe.org);
  4. International Building Code (2018), published by and available from the International Code Council, Inc., Publications, 4051 W. Flossmoor Road, Country Club Hills, IL 60478-5795, and at [www.iccsafe.org](http://www.iccsafe.org), with the following modifications:
    - a. Section 101.1 is modified by deleting “of [NAME OF JURISDICTION]”;
    - b. Section 101.2 is modified by deleting the “Exception”;
    - c. Section 101.4.7 is deleted;
    - d. Sections 103.1 through 103.3 are deleted;
    - e. Sections 104.1 through 104.11.2 are deleted;
    - f. Sections 105.1 through 105.7 are deleted;
    - g. Sections 106.1 through 106.3 are deleted;
    - h. Sections 107.1 through 107.5 are deleted;
    - i. Sections 108.1 through 108.4 are deleted;
    - j. Sections 109.1 through 109.6 are deleted;
    - k. Sections 110.1 through 110.6 are deleted;
    - l. Sections 111.1 through 111.4 are deleted;
    - m. Sections 112.1 through 112.3 are deleted;
    - n. Sections 113.1 through 113.3 are deleted;
    - o. Sections 114.1 through 114.4 are deleted;
    - p. Sections 115.1 through 115.3 are deleted;
    - q. Sections 116.1 through 116.5 are deleted; and
    - r. Appendices A, B, C, D, K, L, and M are deleted;
  5. International Mechanical Code (2018), published by and available from the International Code Council, Inc., Publications, 4051 W. Flossmoor Road, Country Club Hills, IL 60478-5795, and at [www.iccsafe.org](http://www.iccsafe.org), with the following modifications:
    - a. Section 101.1 is modified by deleting “of [NAME OF JURISDICTION]”;
    - b. Sections 103.1 through 103.4.1 are deleted,
    - c. Sections 104.1 through 104.7 are deleted,
    - d. Sections 105.1 through 105.5 are deleted,
    - e. Sections 106.1 through 106.5.3 are deleted,
    - f. Sections 107.1 through 107.6 are deleted,
    - g. Sections 108.1 through 108.7.3 are deleted,
    - h. Sections 109.1 through 109.7 are deleted,
    - i. Sections 110.1 through 110.4 are deleted, and
    - j. Appendix B is deleted;
  6. International Plumbing Code (2018), published by and available from the International Code Council, Inc., Publications, 4051 W. Flossmoor Road, Country Club Hills, IL 60478-5795, and at [www.iccsafe.org](http://www.iccsafe.org), with the following modifications:
    - a. Section 101.1 is modified by deleting “of [NAME OF JURISDICTION]”;
    - b. Sections 103.1 through 103.4.1 are deleted,
    - c. Sections 104.1 through 104.7 are deleted,
    - d. Sections 105.1 through 105.4.1 are deleted,
    - e. Sections 106.1 through 106.6.3 are deleted,
    - f. Sections 107.1 through 107.7 are deleted,
    - g. Sections 108.1 through 108.7.3 are deleted,
    - h. Sections 109.1 through 109.7 are deleted,
    - i. Sections 110.1 through 110.4 are deleted, and
    - j. Appendix A is deleted;
  7. International Fire Code (2018), published by and available from the International Code Council, Inc., Publications, 4051 W. Flossmoor Road, Country Club Hills, IL 60478-5795, and at [www.iccsafe.org](http://www.iccsafe.org), with the following modifications:
    - a. Section 101.1 is modified by deleting “of [NAME OF JURISDICTION]”;
    - b. Sections 102.3 and 102.5 are deleted,
    - c. Sections 103.1 through 103.4.1 are deleted,
    - d. Sections 104.1 through 104.11.3 are deleted,
    - e. Sections 105.1 through 105.7.25 are deleted,
    - f. Sections 106.1 through 106.5 are deleted,
    - g. Sections 107.1 through 107.4 are deleted,
    - h. Sections 109.1 through 109.3 are deleted,
    - i. Sections 110.1 through 110.4.1 are deleted,
    - j. Sections 111.1 through 111.4 are deleted,
    - k. Section 112.1 through 112.4 is deleted,
    - l. Section 113.1 is deleted, and
    - m. Appendix A is deleted;
  8. International Fuel Gas Code (2018), published by and available from the International Code Council, Inc., Publications, 4051 W. Flossmoor Road, Country Club Hills, IL 60478-5795, and at [www.iccsafe.org](http://www.iccsafe.org), with the following modifications:
    - a. Section 101.1 is modified by deleting “of [NAME OF JURISDICTION]”;
    - b. Section 101.2 is modified by deleting the “Exception”;
    - c. Sections 103.1 through 103.4.1 are deleted,
    - d. Sections 104.1 through 104.7 are deleted,
    - e. Sections 105.1 through 105.5 are deleted,
    - f. Sections 106.1 through 106.6.3 are deleted,
    - g. Sections 107.1 through 107.6 are deleted,
    - h. Sections 108.1 through 108.7.3 are deleted,
    - i. Sections 109.1 through 109.7 are deleted, and
    - j. Sections 110.1 through 110.4 are deleted;
  9. International Private Sewage Disposal Code (2018), published by and available from the International Code Council, Inc., Publications, 4051 W. Flossmoor Road, Country Club Hills, IL 60478-5795, and at [www.iccsafe.org](http://www.iccsafe.org), with the following modifications:
    - a. Section 101.1 is modified by deleting “of [NAME OF JURISDICTION]”;
    - b. Sections 103.1 through 103.4.1 are deleted,
    - c. Sections 104.1 through 104.7 are deleted,
    - d. Sections 105.1 through 105.5 are deleted,
    - e. Sections 106.1 through 106.4.3 are deleted,
    - f. Sections 107.1 through 107.9 are deleted,
    - g. Sections 108.1 through 108.7.2 are deleted,
    - h. Sections 109.1 through 109.7 are deleted, and
    - i. Sections 110.1 through 110.4 are deleted.
- C. The Department shall not assess any penalty or fee specified in the physical plant health and safety codes and standards that are incorporated by reference in this Section.

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**Historical Note**

New Section made by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4).

**R9-10-105. License Application**

- A.** A person applying for an initial a health care institution license shall submit to the Department an application packet that contains:
1. An application in a Department-provided format provided by the Department including:
    - a. The health care institution's:
      - i. Name;
      - ii. Street address, city, state, zip code;
      - iii. Mailing address;
      - iv. Telephone number, and;
      - v. E-mail address;
      - vi. Tax ID number; and
      - vii. Class or subclass listed in R9-10-102 for which licensing is requested;
    - b. Except for a home health agency, or hospice service agency, or behavioral health facility, whether the health care institution is located within 1/4 mile of agricultural land;
    - c. Whether the health care institution is located in a leased facility;
    - d. Whether the health care institution is ready for a licensing inspection by the Department;
    - e. If the health care institution is not ready for a licensing inspection by the Department, the date the health care institution will be ready for a licensing inspection;
    - f. Whether the applicant agrees to allow the Department to submit supplemental requests for information under R9-10-108;
    - g. Owner information including:
      - i. The owner's name, mailing address, telephone number, and e-mail address;
      - ii. Whether the owner is a sole proprietorship, a corporation, a partnership, a limited liability partnership, a limited liability company, or a governmental agency;
      - iii. If the owner is a partnership or a limited liability partnership, the name of each partner;
      - iv. If the owner is a limited liability company, the name of the designated manager or, if no manager is designated, the names of any two members of the limited liability company;
      - v. If the owner is a corporation, the name and title of each corporate officer;
      - vi. If the owner is a governmental agency, the name and title of the individual in charge of the governmental agency or the name of an individual in charge of the health care institution designated in writing by the individual in charge of the governmental agency;
      - vii. Whether the owner or any person with 10% or more business interest in the health care institution has had a license to operate a health care institution denied, revoked, or suspended; the reason for the denial, suspension, or revocation; the date of the denial, suspension, or revocation; and the name and address of the licensing agency that denied, suspended, or revoked the license;
      - viii. Whether the owner or any person with 10% or more business interest in the health care institution has had a health care professional license or certificate denied, revoked, or suspended; the reason for the denial, suspension, or revocation; the date of the denial, suspension, or revocation; and the name and address of the licensing agency that denied, suspended, or revoked the license or certificate; and
    - ix. The name, title, address, and telephone number of the owner's statutory agent or the individual designated by the owner to accept service of process and subpoenas;
    - h. The name and mailing address of the governing authority;
    - i. The chief administrative officer's:
      - i. Name,
      - ii. Title,
      - iii. Highest educational degree, and
      - iv. Work experience related to the health care institution class or subclass for which licensing is requested; and
    - j. Signature required in A.R.S. § 36-422(B);
  2. If the health care institution is located in a leased facility, a copy of the lease showing the rights and responsibilities of the parties and exclusive rights of possession of the leased facility;
  3. If applicable, a copy of the owner's articles of incorporation, partnership or joint venture documents, or limited liability documents;
  4. If applicable, the name and mailing address of each owner or lessee of any agricultural land regulated under A.R.S. § 3-365 and a copy of the written agreement between the applicant and the owner or lessee of agricultural land as prescribed in A.R.S. § 36-421(D);
  5. Except for a home health agency or a hospice service agency, one of the following:
    - a. If the health care institution or a part of the health care institution is required by this Chapter to comply with any of the physical plant codes and standards incorporated by reference in R9-10-104.01:
      - i. An application packet for approval of architectural plans and specifications in R9-10-104(A), or
      - ii. Documentation of the Department's approval of the health care institution's architectural plans and specifications approval in R9-10-104 R9-10-104(D); or
    - b. If a no part of the health care institution or a part of the health care institution is not required by this Chapter to comply with any of the physical plant codes and standards incorporated by reference in R9-10-104.01:
      - i. One of the following:
        - (1) Documentation from the local jurisdiction of compliance with applicable local building codes and zoning ordinances; or
        - (2) If documentation from the local jurisdiction is not available, documentation of the unavailability of the local jurisdiction compliance and documentation of a general contractor's inspection of the facility that states the facility is safe for occupancy as the applicable health care institution class or subclass;
      - ii. The licensed capacity requested by the applicant for the health care institution;

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- iii. If applicable, the licensed occupancy requested by the applicant for the health care institution;
  - iv. If applicable, the respite capacity requested by the applicant for the health care institution;
  - v. A site plan showing each facility, the property lines of the health care institution, each street and walkway adjacent to the health care institution, parking for the health care institution, fencing and each gate on the health care institution premises, and, if applicable, each swimming pool on the health care institution premises; and
  - vi. A floor plan showing, for each story of a facility, the room layout, room usage, each door and each window, plumbing fixtures, each exit, and the location of each fire protection device;
6. The health care institution's proposed scope of services; and
7. The applicable application fee required by R9-10-106.
- B.** In addition to the initial license application requirements in this Section, an applicant shall comply with the supplemental application requirements in specific rules in this Chapter for the health care institution class or subclass for which licensing is requested.
- C.** The Department shall approve or deny a license application in this Section according to R9-10-108.
- D.** A health care institution license is valid:
- 1. Unless, as specified in A.R.S. § 36-425(C):
    - a. The Department revokes or suspends the license according to R9-10-112, or
    - b. The license is considered void because the licensee did not pay the applicable fees in R9-10-106 according to R9-10-107; or
  - 2. Until a licensee voluntarily surrenders the license to the Department when terminating the operation of the health care institution, according to R9-10-109(B).
- Historical Note**
- New Section made by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4).
- R9-10-106. Fees**
- A.** An applicant who submits to the Department architectural plans and specifications for the construction or modification of a health care institution shall also submit an architectural plans and specifications review fee as follows:
- 1. Fifty dollars for a project with a cost of \$100,000 or less;
  - 2. One hundred dollars for a project with a cost of more than \$100,000 but less than \$500,000; or
  - 3. One hundred fifty dollars for a project with a cost of \$500,000 or more.
- B.** An applicant submitting an application for a health care institution license shall submit to the Department an application fee of \$50.
- C.** Except as provided in subsection (D) or (E), an applicant submitting an application for a health care institution license or a licensee submitting annual health care institution licensing fees shall submit to the Department the following licensing fee:
- 1. For an adult day health care facility, assisted living home, or assisted living center:
    - a. For a facility with no licensed capacity, \$280;
    - b. For a facility with a licensed capacity of one to 59 beds, \$280, plus the licensed capacity times \$70;
    - c. For a facility with a licensed capacity of 60 to 99 beds, \$560, plus the licensed capacity times \$70;
    - d. For a facility with a licensed capacity of 100 to 149 beds, \$840, plus the licensed capacity times \$70; or
    - e. For a facility with a licensed capacity of 150 beds or more, \$1,400, plus the licensed capacity times \$70;
  - 2. For a behavioral health facility:
    - a. For a facility with no licensed capacity, \$375;
    - b. For a facility with a licensed capacity of one to 59 beds, \$375, plus the licensed capacity times \$94;
    - c. For a facility with a licensed capacity of 60 to 99 beds, \$750, plus the licensed capacity times \$94;
    - d. For a facility with a licensed capacity of 100 to 149 beds, \$1,125, plus the licensed capacity times \$94; or
    - e. For a facility with a licensed capacity of 150 beds or more, \$1,875, plus the licensed capacity times \$94;
  - 3. For a behavioral health facility providing behavioral health observation/stabilization services, in addition to the applicable fee in subsection (C)(2), the licensed occupancy times \$94;
  - 4. For a nursing care institution or an intermediate care facility for individuals with intellectual disabilities:
    - a. For a facility with a licensed capacity of one to 59 beds, \$290, plus the licensed capacity times \$73;
    - b. For a facility with a licensed capacity of 60 to 99 beds, \$580, plus the licensed capacity times \$73;
    - c. For a facility with a licensed capacity of 100 to 149 beds, \$870, plus the licensed capacity times \$73; or
    - d. For a facility with a licensed capacity of 150 beds or more, \$1,450, plus the licensed capacity times \$73;
  - 5. For a hospital, a home health agency, a hospice service agency, a hospice inpatient facility, an abortion clinic, a recovery care center, an outpatient surgical center, an outpatient treatment center that is not a behavioral health facility, a pain management clinic, or an unclassified health care institution:
    - a. For a facility with no licensed capacity, \$365;
    - b. For a facility with a licensed capacity of one to 59 beds, \$365, plus the licensed capacity times \$91;
    - c. For a facility with a licensed capacity of 60 to 99 beds, \$730, plus the licensed capacity times \$91;
    - d. For a facility with a licensed capacity of 100 to 149 beds, \$1,095, plus the licensed capacity times \$91; or
    - e. For a facility with a licensed capacity of 150 beds or more, \$1,825, plus the licensed capacity times \$91;
  - 6. For a hospital providing behavioral health observation/stabilization services, in addition to the applicable fee in subsection (C)(5), the licensed occupancy times \$91; and
  - 7. For an outpatient treatment center that is not a behavioral health facility and provides:
    - a. Dialysis services, in addition to the applicable fee in subsection (C)(5), the number of dialysis stations times \$91; and
    - b. Behavioral health observation/stabilization services, in addition to the applicable fee in subsection (C)(5), the licensed occupancy times \$91.
- D.** In addition to the applicable fees in subsections (C)(5) and (C)(6), an applicant submitting an application for a single group hospital license or a licensee with a single group license

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submitting annual health care institution licensing fees shall submit to the Department an additional fee of \$365 for each of the hospital's satellite facilities and, if applicable, the fees required in subsection (C)(7).

- E. Subsections (C) and (D) do not apply to a health care institution operated by a state agency according to state or federal law or to an adult foster care home.
- F. In addition to the applicable fees in subsections (C) and (D), a licensee shall submit a late payment fee of \$250 if submitting annual licensing fees according to R9-10-107(E)(1) or (2)(d).
- G. All fees are nonrefundable except as provided in A.R.S. § 41-1077.

**Historical Note**

New Section R9-10-106 renumbered from R9-10-122 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4). Amended by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-107. Submission of Health Care Institution Licensing Fees**

- A. An applicant for a health care institution license shall submit the applicable licensing fees in R9-10-106 to the Department:
  1. Within 60 calendar days after the date of the written notice of approval in R9-10-108(C)(3); or
  2. Within 90 calendar days after the date of the written notice of approval in R9-10-108(C)(3), with the payment of an additional late payment fee of \$250.
- B. The Department shall notify a licensee of the due date of the facility's health care institution licensing fees no later than 90 calendar days before the date the facility's health care institution licensing fee is due to the Department.
- C. Except as specified in subsection (E), a licensee shall submit to the Department, no earlier than 60 calendar days before the anniversary date of the facility's health care institution license:
  1. The following information in a Department-provided format:
    - a. The licensee's name, and
    - b. The facility's name and license number;
  2. Verification of the information in the Department's current records for the health care institution;
  3. If applicable, information or documentation required in another Article of this Chapter, specific to the health care institution, to be submitted with the relevant fees required in R9-10-106; and
  4. The applicable annual licensing fees in R9-10-106.
- D. If any information in the Department's current records for a health care institution is incorrect, before a licensee submits annual licensing fees according to subsection (C), the licensee shall comply with the applicable requirements in R9-10-109 or R9-10-110 to update the Department's records for the health care institution.
- E. A licensee may submit to the Department the information in subsection (C)(1), verification in subsection (C)(2), applicable information or documentation in subsection (C)(3), and applicable annual licensing fees in R9-10-106:
  1. Within 30 calendar days after the anniversary date of the facility's health care institution license, with the payment of the additional late payment fee in R9-10-106(F); or
  2. If an alternate licensing fee due date has been established for the licensee according to subsections (F) and (G):

- a. By the anniversary date of the facility's health care institution license, with the appropriate fee amount to prorate the annual licensing fees in R9-10-106 for a facility to the alternate licensing fee due date;
- b. By the alternate licensing fee due date;
- c. If a new alternate licensing fee due date has been established, by the current alternate licensing fee due date, with the appropriate fee amount to prorate the annual licensing fees in R9-10-106 for a facility to the new alternate licensing fee due date; or
- d. Within 30 calendar days after the alternate licensing fee due date, with the payment of the additional late payment fee in R9-10-106(F).

- F. Except as specified in subsection (H), a licensee may request a licensing fee due date for a facility that is different from the anniversary date of a facility's health care institution license by submitting an application for an alternate licensing fee due date to the Department, at least 30 calendar days before the anniversary date of the facility's health care institution license, that includes the following information in a Department-provided format:
  1. The licensee's name and e-mail address,
  2. The facility's name and license number,
  3. The current licensing fee due date,
  4. The proposed alternate licensing fee due date,
  5. The reason the licensee is requesting an alternate licensing fee due date, and
  6. The name of the health care institution's administrator's or individual representing the health care institution as designated in A.R.S. § 36-422 and the dated signature of the administrator or individual.
- G. The Department shall review a request made according to subsection (F) according to R9-10-108.
- H. A licensee may not request an alternate licensing fee due date according to subsection (F):
  1. More frequently than once in each three-year period, or
  2. For a facility for which the payment of licensing fees is not up-to-date.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section repealed; new Section made by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-108. Time-frames**

- A. The overall time-frame for each type of approval granted by the Department is listed in Table 1.1. The applicant and the Department may agree in writing to extend the substantive review time-frame and the overall time-frame. The substantive review time-frame and the overall time-frame may not be extended by more than 25% of the overall time-frame.
- B. The administrative completeness review time-frame for each type of approval granted by the Department as prescribed in this Article is listed in Table 1.1. The administrative completeness review time-frame begins on the date the Department receives an application packet or a written request for an alternate licensing fee due date.
  1. The application packet for a health care institution license is not complete until the applicant provides the Department with written notice that the health care institution is ready for a licensing inspection by the Department.



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2. If the application packet or written request is incomplete, the Department shall provide a written notice to the applicant specifying the missing document or incomplete information. The administrative completeness review time-frame and the overall time-frame are suspended from the date of the notice until the date the Department receives the missing document or information from the applicant.
  3. When an application packet or written request is complete, the Department shall provide a written notice of administrative completeness to the applicant.
  4. For an application packet for review of architectural plans and specifications, a health care institution license application packet, an application packet for a modification not requiring review of architectural plans and specifications, or a written request for an alternate licensing fee due date, the Department shall consider the application or written request withdrawn if the applicant fails to supply the missing documents or information included in the notice described in subsection (B)(2) within 60 calendar days after the date of the notice described in subsection (B)(2).
  5. If the Department issues a license or grants an approval during the time provided to assess administrative completeness, the Department shall not issue a separate written notice of administrative completeness.
- C. The substantive review time-frame is listed in Table 1.1 and begins on the date of the notice of administrative completeness.
1. The Department may conduct an onsite inspection of the facility:
    - a. As part of the substantive review for approval of architectural plans and specifications;
    - b. As part of the substantive review for issuing a health care institution license; or
    - c. As part of the substantive review for approving a modification of a health care institution's license.
  2. During the substantive review time-frame, the Department may make one comprehensive written request for additional information or documentation. If the Department and the applicant agree in writing, the Department may make supplemental requests for additional information or documentation. The time-frame for the Department to complete the substantive review is suspended from the date of a written request for additional information or documentation until the Department receives the additional information or documentation.
  3. The Department shall send a written notice of approval to an applicant that is in substantial compliance with applicable requirements in A.R.S. Title 36, Chapter 4 and this Chapter.
  4. After an applicant for a health care institution license receives the written notice of approval in subsection (C)(3), the applicant shall submit the applicable health care institution license fee in R9-10-106 according to R9-10-107(A).
  5. After receiving the applicable health care institution licensing fee from an applicant according to subsection (C)(4) and R9-10-107(A), the Department shall send a health care institution license to the applicant.
  6. The Department shall provide a written notice of denial that complies with A.R.S. § 41-1076 to an applicant who does not:
    - a. For a health care institution license application or a request for approval of a modification of a health care institution requiring architectural plans and specifications, submit the information or documentation in subsection (C)(2) within 120 calendar days after the Department's written request to the applicant;
    - b. For a request for approval of a modification of a health care institution not requiring architectural plans and specifications or a written request for an alternate licensing fee due date, submit the information or documentation in subsection (C)(2) within 30 calendar days after the Department's written request to the applicant;
    - c. Comply with the applicable requirements in A.R.S. Title 36, Chapter 4 and this Chapter; or
    - d. If applicable, submit a fee required in R9-10-106 or R9-10-107.
  7. An applicant may file a written notice of appeal with the Department within 30 calendar days after receiving the notice described in subsection (C)(6). The appeal shall be conducted according to A.R.S. Title 41, Chapter 6, Article 10.
  8. If a time-frame's last day falls on a Saturday, a Sunday, or an official state holiday, the Department shall consider the next working day to be the time-frame's last day.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). Amended by final rulemaking at 11 A.A.R. 859, effective April 2, 2005 (Supp. 05-1). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**Table 1.1 Time-frames**

Type of Approval	Statutory Authority	Overall Time-frame	Administrative Completeness Time-frame	Substantive Review Time-frame
Approval of architectural plans and specifications R9-10-104	A.R.S. §§ 36-405, 36-406(1)(b), and 36-421	105 calendar days	45 calendar days	60 calendar days
Health care institution license R9-10-105	A.R.S. §§ 36-405, 36-407, 36-421, 36-422, 36-424, and 36-425	120 calendar days	30 calendar days	90 calendar days

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Approval of an alternate licensing fee due date R9-10-107	A.R.S. § 36-405	30 calendar days	10 calendar days	20 calendar days
Approval of a modification of a health care institution R9-10-110	A.R.S. §§ 36-405, 36-407, and 36-422	75 calendar days	15 calendar days	60 calendar days

**Historical Note**

New Table 1 made by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). Amended by final rulemaking at 11 A.A.R. 859, effective April 2, 2005 (Supp. 05-1). Table 1 number amended to Table 1.1 and contents amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Table 1.1 amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Table 1.1 amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Table 1.1 heading added for clarity by the Division (21-2).

**R9-10-109. Changes Affecting a License****A.** A licensee shall ensure that:

1. The Department is notified in writing at least 30 calendar days before the effective date of:
  - a. Except as provided in subsection (I), a change in the name of:
    - i. A health care institution, or
    - ii. The licensee;
  - b. A change in the hours of operation:
    - i. Of an administrative office, or
    - ii. For providing physical health services or behavioral health services to patients of the health care institution;
  - c. A change in the address of a health care institution that does not provide medical services, nursing services, behavioral health services, or health-related services on the premises; or
  - d. A change in the geographic region to be served by the hospice service agency or home health agency; and
2. Documentation supporting the change is provided to the Department with the notification required in subsection (A)(1).

**B.** If a licensee intends to terminate the operation of a health care institution, the licensee shall ensure that the Department is notified in writing of:

1. The termination of the health care institution's operations, as required in A.R.S. § 36-422(D), at least 30 calendar days before the termination, and
2. The address and contact information for the location where the health care institution's medical records will be retained as required in A.R.S. § 12-2297.

**C.** A licensee shall ensure that the Department is notified in writing, according to A.R.S. § 36-425(I), of a change in the chief administrative officer of the health care institution.**D.** If a health care institution is accredited by a nationally recognized accrediting organization, a licensee may submit to the Department the health care institution's current accreditation report.**E.** Except as provided in A.R.S. § 36-424(B), if a licensee submits to the Department a health care institution's current accreditation report from a nationally recognized accrediting organization, the Department shall not conduct an onsite compliance inspection of the health care institution during the time the accreditation report is valid.**F.** If a licensee is an adult behavioral health therapeutic home or a behavioral health respite home, the licensee shall ensure that:

1. The Department is notified in writing if the licensee does not have a written agreement with a collaborating health care institution, as required in R9-10-1603(A)(3) or R9-10-1803(A)(3) as applicable; and

before the counseling facility begins receiving adminis-

2. The adult behavioral health therapeutic home or behavioral health respite home does not accept an individual as a resident or recipient, as applicable, or provide services to a resident or recipient, as applicable, until:

- a. The adult behavioral health therapeutic home or behavioral health respite home has a written agreement with a collaborating health care institution;
- b. The collaborating health care institution has approved the adult behavioral health therapeutic home's or behavioral health respite home's:
  - i. Scope of services, and
  - ii. Policies and procedures; and
- c. The collaborating health care institution has verified the provider's skills and knowledge.

**G.** If a licensee is an affiliated outpatient treatment center, the licensee shall ensure that if the affiliated outpatient treatment center:

1. Plans to begin providing administrative support to a counseling facility at a time other than during the affiliated outpatient treatment center's license application process, the following information for each counseling facility is submitted to the Department before the affiliated outpatient treatment center begins providing administrative support:
  - a. The counseling facility's name,
  - b. The license number assigned to the counseling facility by the Department, and
  - c. The date the affiliated outpatient treatment center will begin providing administrative support to the counseling facility; or
2. No longer provides administrative support to a counseling facility previously identified by the affiliated outpatient treatment center as receiving administrative support from the affiliated outpatient treatment center, the following information for each counseling facility is submitted to the Department within 30 calendar days after the affiliated outpatient treatment center no longer provides administrative support:
  - a. The counseling facility's name,
  - b. The license number assigned to the counseling facility by the Department, and
  - c. The date the affiliated outpatient treatment center stopped providing administrative support to the counseling facility.

**H.** If a licensee is a counseling facility, the licensee shall ensure that if the counseling facility:

1. Plans to begin receiving administrative support from an affiliated outpatient treatment center at a time other than during the counseling facility's license application process, the following information for the affiliated outpatient treatment center is submitted to the Department before the counseling facility begins receiving administrative support:

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- a. The affiliated outpatient treatment center's name,
- b. The license number assigned to the affiliated outpatient treatment center by the Department, and
- c. The date the counseling facility will begin receiving administrative support;
2. No longer receives administrative support from an affiliated outpatient treatment center previously identified by the counseling facility as providing administrative support to the counseling facility, the following information for the affiliated outpatient treatment center is submitted to the Department within 30 calendar days after the counseling facility no longer receives administrative support from the affiliated outpatient treatment center:
  - a. The affiliated outpatient treatment center's name,
  - b. The license number assigned to the affiliated outpatient treatment center by the Department, and
  - c. The date the counseling facility stopped receiving administrative support from the affiliated outpatient treatment center;
3. Plans to begin sharing administrative support with an affiliated counseling facility at a time other than during the counseling facility's license application process, the following information for each affiliated counseling facility sharing administrative support with the counseling facility is submitted to the Department before the counseling facility and affiliated counseling facility begin sharing administrative support:
  - a. The affiliated counseling facility's name,
  - b. The license number assigned to the affiliated counseling facility by the Department, and
  - c. The date the counseling facility and the affiliated counseling facility will begin sharing administrative support; or
4. No longer shares administrative support with an affiliated counseling facility previously identified by the counseling facility as sharing administrative support with the counseling facility, the following information is submitted for each affiliated counseling facility within 30 calendar days after the counseling facility and affiliated counseling facility no longer share administrative support:
  - a. The affiliated counseling facility's name,
  - b. The license number assigned to the affiliated counseling facility by the Department, and
  - c. The date the counseling facility and affiliated counseling facility will no longer be sharing administrative support.
- I. A governing authority shall submit a license application required in R9-10-105 for:
  1. A change in ownership of a health care institution;
  2. A change in the address or location of a health care institution that provides medical services, nursing services, health-related services, or behavioral health services on the premises; or
  3. A change in a health care institution's class or subclass.
- J. A governing authority is not required to submit the documentation required in R9-10-105(A)(5) for a license application if:
  1. The health care institution has not ceased operations for more than 30 calendar days,
  2. A modification has not been made to the health care institution,
  3. The services the health care institution is authorized by the Department to provide are not changed, and
  4. The location of the health care institution's premises is not changed.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking at 26 A.A.R. 551, with an immediate effective date of March 3, 2020 (Supp. 20-1).

**R9-10-110. Modification of a Health Care Institution**

- A. A licensee shall submit a request for approval of a modification of a health care institution when planning to make:
  1. An addition or removal of an authorized service;
  2. An addition or removal of a collocator;
  3. A change in a health care institution's licensed capacity, licensed occupancy, respite capacity, or the number of dialysis stations;
  4. A change in the physical plant, including facilities or equipment, that costs more than \$300,000; or
  5. A change in the building where a health care institution is located that affects compliance with:
    - a. Applicable physical plant codes and standards incorporated by reference in R9-10-104.01, or
    - b. Physical plant requirements in the specific Article in this Chapter applicable to the health care institution.
- B. A licensee of a health care institution that is required by this Chapter to comply with any of the physical plant codes and standards incorporated by reference in R9-10-104.01 shall submit an application packet, according to R9-10-104(A), for approval of architectural plans and specifications for a modification of the health care institution described in subsections (A)(3) through (5).
- C. A licensee of a health care institution shall submit a written request an application packet for a modification of the health care institution in a Department-provided format that contains:
  1. The following information in a Department-provided format:
    - a. The health care institution's name, mailing address, e-mail address, and license number;
    - b. A narrative description of the modification, including as applicable:
      - i. The services the licensee is requesting be added or removed as an authorized service;
      - ii. The name and license number of an associated licensed provider being added or removed as a collocator;
      - iii. The name and professional license number of an exempt health care provider being added or removed as a collocator;
      - iv. If an associated licensed provider or exempt health care provider is being added as a collocator, the proposed scope of services;
      - v. The current and proposed licensed capacity, licensed occupancy, respite capacity, and number of dialysis stations;
      - vi. The change being made in the physical plant; and
      - vii. The change being made that affects compliance with applicable physical plant codes and standards incorporated by reference in R9-10-104.01; and

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- c. The name and e-mail address of the health care institution's administrator's or individual representing the health care institution as designated in according to A.R.S. § 36-422 and the dated signature of the administrator or individual; and
- 2. Documentation that demonstrates that the requested modification complies with applicable requirements in this Chapter, including as applicable:
  - a. A floor plan showing the location of each collocator's proposed treatment area and the areas of the collaborating outpatient treatment center's premises shared with a collocator;
  - b. For a change in the licensed capacity, licensed occupancy, respite capacity, or number of dialysis stations or a modification of the physical plant:
    - i. A floor plan showing, for each story of the facility affected by the modification, the room layout, room usage, each door and each window, plumbing fixtures, each exit, and the location of each fire protection device; or
    - ii. For a health care institution or part of the health care institution that is required to comply with the physical plant codes and standards incorporated by reference in R9-10-104.01 or the building, documentation of the Department's approval of the health care institution's architectural plans and specifications in R9-10-104(D); and
  - c. Any other documentation to support the requested modification; and
- 3. If applicable, a copy of the written agreement the associated licensed provider or exempt health care provider has with the collaborating outpatient treatment center.
- D. The Department shall approve or deny a request for a modification described in subsection (C) according to R9-10-108.
- E. A licensee shall not implement a modification described in subsection (C) until an approval or amended license is issued by the Department.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-110 renumbered to Section R9-10-111; new Section R9-10-110 made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4).

**R9-10-111. Enforcement Actions**

- A. If the Department determines that an applicant or licensee is violating applicable statutes and rules and the violation poses a direct risk to the life, health, or safety of a patient, the Department may:
  - 1. Issue a provisional license to the applicant or licensee under A.R.S. § 36-425,
  - 2. Assess a civil penalty under A.R.S. § 36-431.01,
  - 3. Impose an intermediate sanction under A.R.S. § 36-427,
  - 4. Remove a licensee and appoint another person to continue operation of the health care institution pending further action under A.R.S. § 36-429,
  - 5. Suspend or revoke a license under A.R.S. § 36-427 and R9-10-112,
  - 6. Deny a license under A.R.S. § 36-425 and R9-10-112, or

- 7. Issue an injunction under A.R.S. § 36-430.
- B. In determining which action in subsection (A) is appropriate, the Department shall consider the direct risk to the life, health, or safety of a patient in the health care institution based on:
  - 1. Repeated violations of statutes or rules,
  - 2. Pattern of violations,
  - 3. Types of violation,
  - 4. Severity of violation, and
  - 5. Number of violations.

**Historical Note**

Amended effective February 4, 1981 (Supp. 81-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 97, effective January 1, 2014 (Supp. 13-4). Section R9-10-111 renumbered to Section R9-10-112; new Section R9-10-111 renumbered from R9-10-110 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-112. Denial, Revocation, or Suspension of License**

- A. The Department may deny, revoke, or suspend a license to operate a health care institution if an applicant, a licensee, or a controlling person of the health care institution:
  - 1. Provides false or misleading information to the Department;
  - 2. Has had in any state or jurisdiction any of the following:
    - a. An application or license to operate a health care institution denied, suspended, or revoked, unless the denial was based on failure to complete the licensing process or to pay a required licensing fee within a required time-frame; or
    - b. A health care professional license or certificate denied, revoked, or suspended;
  - 3. Does not comply with the applicable requirements in A.R.S. Title 36, Chapter 4 and this Chapter; or
  - 4. Has operated a health care institution, within the preceding ten years, in violation of A.R.S. Title 36, Chapter 4 or this Chapter, that posed a direct risk to the life, health, or safety of a patient.
- B. The Department shall suspend or revoke a hospital's license if the Department receives, pursuant to A.R.S. § 36-2901.08(H), notice from the Arizona Health Care Cost Containment System that the hospital's provider agreement registration with the Arizona Health Care Cost Containment System has been suspended or revoked.

**Historical Note**

Amended effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). New Section made by exempt rulemaking at 9 A.A.R. 526, effective April 1, 2003 (Supp. 03-1). Section R9-10-112 renumbered to R9-10-113; new Section R9-10-112 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-112 renumbered to Section R9-10-113; new Section R9-10-112 renumbered from R9-10-111 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019

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(Supp. 19-3).

**R9-10-113. Tuberculosis Screening**

- A.** A health care institution's chief administrative officer shall ensure that the health care institution complies with one of the following if tuberculosis screening is required by this Chapter at the health care institution:
1. Screens for infectious tuberculosis according to subsection (B); or
  2. Establishes, documents, and implements a tuberculosis infection control program that complies with the Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-care Settings, 2005, published by the U.S. Department of Health and Human Services, Atlanta, GA 30333 and available at <http://www.cdc.gov/mmwr/PDF/RR/rr5417.pdf>, incorporated by reference, on file with the Department, and including no future editions or amendments and includes:
    - a. Conducting tuberculosis risk assessments, conducting tuberculosis screening testing, screening for signs or symptoms of tuberculosis, and providing training and education related to recognizing the signs and symptoms of tuberculosis; and
    - b. Maintaining documentation of any:
      - i. Tuberculosis risk assessment;
      - ii. Tuberculosis screening test of an individual who is employed by the health care institution, provides volunteer services for the health care institution, or is admitted to the health care institution; and
      - iii. Screening for signs or symptoms of tuberculosis of an individual who is employed by the health care institution, provides volunteer services for the health care institution, or is admitted to the health care institution.
- B.** For each individual required to be screened for infectious tuberculosis, a health care institution's chief administrative officer shall obtain from the individual:
1. On or before the date specified in the applicable Section of this Chapter, one of the following as evidence of freedom from infectious tuberculosis:
    - a. Documentation of a negative Mantoux skin test or other tuberculosis screening test recommended by the U.S. Centers for Disease Control and Prevention (CDC) administered within 12 months before the date the individual begins providing services at or on behalf of the health care institution or is admitted to the health care institution that includes the date and the type of tuberculosis screening test; or
    - b. If the individual had a positive Mantoux skin test or other tuberculosis screening test, a written statement that the individual is free from infectious tuberculosis signed by a medical practitioner dated within 12 months before the date the individual begins providing services at or on behalf of the health care institution or is admitted to the health care institution; and
  2. Every 12 months after the date of the individual's most recent tuberculosis screening test or written statement, one of the following as evidence of freedom from infectious tuberculosis:
    - a. Documentation of a negative Mantoux skin test or other tuberculosis screening test recommended by the CDC administered to the individual within 30 calendar days before or after the anniversary date of the most recent tuberculosis screening test or written statement that includes the date and the type of tuberculosis screening test; or

- b. If the individual has had a positive Mantoux skin test or other tuberculosis screening test, a written statement that the individual is free from infectious tuberculosis signed by a medical practitioner dated within 30 calendar days before or after the anniversary date of the most recent tuberculosis screening test or written statement.

**Historical Note**

Former Section R9-10-113 repealed, new Section R9-10-113 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). New Section R9-10-113 renumbered from R9-10-112 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-113 renumbered to Section R9-10-114; new Section R9-10-113 renumbered from R9-10-112 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-114. Clinical Practice Restrictions for Hemodialysis Technician Trainees**

- A.** The following definitions apply in this Section:
1. "Assess" means collecting data about a patient by:
    - a. Obtaining a history of the patient,
    - b. Listening to the patient's heart and lungs, and
    - c. Checking the patient for edema.
  2. "Blood-flow rate" means the quantity of blood pumped into a dialyzer per minute of hemodialysis.
  3. "Blood lines" means the tubing used during hemodialysis to carry blood between a vascular access and a dialyzer.
  4. "Central line catheter" means a type of vascular access created by surgically implanting a tube into a large vein.
  5. "Clinical practice restriction" means a limitation on the hemodialysis tasks that may be performed by a hemodialysis technician trainee.
  6. "Conductivity test" means a determination of the electrolytes in a dialysate.
  7. "Dialysate" means a mixture of water and chemicals used in hemodialysis to remove wastes and excess fluid from a patient's body.
  8. "Dialysate-flow rate" means the quantity of dialysate pumped per minute of hemodialysis.
  9. "Directly observing" or "direct observation" means a medical person stands next to an inexperienced hemodialysis technician trainee and watches the inexperienced hemodialysis technician trainee perform a hemodialysis task.
  10. "Direct supervision" has the same meaning as "supervision" in A.R.S. § 36-401.
  11. "Electrolytes" means chemical compounds that break apart into electrically charged particles, such as sodium, potassium, or calcium, when dissolved in water.
  12. "Experienced hemodialysis technician trainee" means an individual who has passed all didactic, skills, and competency examinations provided by a health care institution that measure the individual's knowledge and ability to perform hemodialysis.
  13. "Fistula" means a type of vascular access created by a surgical connection between an artery and vein.
  14. "Fluid-removal rate" means the quantity of wastes and excess fluid eliminated from a patient's blood per minute of hemodialysis to achieve the patient's prescribed weight, determined by:

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- a. Dialyzer size,
  - b. Blood-flow rate,
  - c. Dialysate-flow rate, and
  - d. Hemodialysis duration.
15. "Germicide-negative test" means a determination that a chemical used to kill microorganisms is not present.
  16. "Germicide-positive test" means a determination that a chemical used to kill microorganisms is present.
  17. "Graft" means a vascular access created by a surgical connection between an artery and vein using a synthetic tube.
  18. "Hemodialysis machine" means a mechanical pump that controls:
    - a. The blood-flow rate,
    - b. The mixing and temperature of dialysate,
    - c. The dialysate-flow rate,
    - d. The addition of anticoagulant, and
    - e. The fluid-removal rate.
  19. "Hemodialysis technician" has the same meaning as in A.R.S. § 36-423(A).
  20. "Hemodialysis technician trainee" means an individual who is working in a health care institution to assist in providing hemodialysis and who is not certified as a hemodialysis technician according to A.R.S. § 36-423(A).
  21. "Inexperienced hemodialysis technician trainee" means an individual who has not passed all didactic, skills, and competency examinations provided by a health care institution that measure the individual's knowledge and ability to perform hemodialysis.
  22. "Medical person" means:
    - a. A physician who is experienced in dialysis;
    - b. A registered nurse practitioner who is experienced in dialysis;
    - c. A nurse who is experienced in dialysis;
    - d. A hemodialysis technician who meets the requirements in A.R.S. § 36-423(A) approved by the governing authority; and
    - e. An experienced hemodialysis technician trainee approved by the governing authority.
  23. "Not established" means not approved by a patient's nephrologist for use in hemodialysis.
  24. "Patient" means an individual who receives hemodialysis.
  25. "pH test" means a determination of the acidity of a dialysate.
  26. "Preceptor course" means a health care institution's instruction and evaluation provided to a nurse, hemodialysis technician, or hemodialysis technician trainee that enables the nurse, hemodialysis technician, or hemodialysis technician trainee to provide direct observation and education to hemodialysis technician trainees.
  27. "Respond" means to mute, shut off, reset, or troubleshoot an alarm.
  28. "Safety check" means successful completion of tests recommended by the manufacturer of a hemodialysis machine, a dialyzer, or a water system used for hemodialysis before initiating a patient's hemodialysis.
  29. "Water-contaminant test" means a determination of the presence of chlorine or chloramine in a water system used for hemodialysis.
- B.** An experienced hemodialysis technician trainee may:
    1. Perform hemodialysis under direct supervision, and
    2. Provide direct observation to another hemodialysis technician trainee only after completing the health care institution's preceptor course approved by the governing authority.
  - C.** An experienced hemodialysis technician trainee shall not access a patient's:
    1. Fistula that is not established, or
    2. Graft that is not established.
  - D.** An inexperienced hemodialysis technician trainee may perform the following hemodialysis tasks only under direct observation:
    1. Access a patient's central line catheter;
    2. Respond to a hemodialysis-machine alarm;
    3. Draw blood for laboratory tests;
    4. Perform a water-contaminant test on a water system used for hemodialysis;
    5. Inspect a dialyzer and perform a germicide-positive test before priming a dialyzer;
    6. Set up a hemodialysis machine and blood lines before priming a dialyzer;
    7. Prime a dialyzer;
    8. Test a hemodialysis machine for germicide presence;
    9. Perform a hemodialysis machine safety check;
    10. Prepare a dialysate;
    11. Perform a conductivity test and a pH test on a dialysate;
    12. Assess a patient;
    13. Check and record a patient's vital signs, weight, and temperature;
    14. Determine the amount and rate of fluid removal from a patient;
    15. Administer local anesthetic at an established fistula or graft, administer anticoagulant, or administer replacement saline solution;
    16. Perform a germicide-negative test on a dialyzer before initiating hemodialysis;
    17. Initiate or discontinue a patient's hemodialysis;
    18. Adjust blood-flow rate, dialysate-flow rate, or fluid-removal rate during hemodialysis; or
    19. Prepare a blood, water, or dialysate culture to determine microorganism presence.
  - E.** An inexperienced hemodialysis technician trainee shall not:
    1. Access a patient's:
      - a. Fistula that is not established, or
      - b. Graft that is not established; or
    2. Provide direct observation.
  - F.** When a hemodialysis technician trainee performs hemodialysis tasks for a patient, the patient's medical record shall include:
    1. The name of the hemodialysis technician trainee;
    2. The date, time, and hemodialysis task performed;
    3. The name of the medical person directly observing or the nurse or physician directly supervising the hemodialysis technician trainee; and
    4. The initials or signature of the medical person directly observing or the nurse or physician directly supervising the hemodialysis technician trainee.
  - G.** If the Department determines that a health care institution is not in substantial compliance with this Section, the Department may take enforcement action according to R9-10-111.

**Historical Note**

Former Section R9-10-114 repealed, new Section R9-10-114 adopted effective February 4, 1981 (Supp. 81-1). Amended by adding paragraph (7) as an emergency effective November 17, 1983 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Amended by adding paragraph (7) as a permanent amendment effective August 2, 1984 (Supp. 84-4). Section repealed by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). New Section R9-10-114 made by exempt rulemaking at 19 A.A.R. 2015, effective October

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1, 2013 (Supp. 13-2). Section R9-10-114 renumbered to Section R9-10-115; new Section R9-10-114 renumbered from R9-10-113 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-115. Behavioral Health Paraprofessionals; Behavioral Health Technicians**

If a health care institution is a behavioral health facility or is authorized by the Department to provide behavioral health services, an administrator shall ensure that:

1. Policies and procedures are established, documented, and implemented that:
  - a. Delineate the services a behavioral health paraprofessional is allowed to provide at or for the health care institution;
  - b. Cover supervision of a behavioral health paraprofessional, including documentation of supervision;
  - c. Establish the qualifications for a behavioral health professional providing supervision to a behavioral health paraprofessional;
  - d. Delineate the services a behavioral health technician is allowed to provide at or for the health care institution;
  - e. Cover clinical oversight for a behavioral health technician, including documentation of clinical oversight;
  - f. Establish the qualifications for a behavioral health professional providing clinical oversight to a behavioral health technician;
  - g. Delineate the methods used to provide clinical oversight, including when clinical oversight is provided on an individual basis or in a group setting; and
  - h. Establish the process by which information pertaining to services provided by a behavioral health technician is provided to the behavioral health professional who is responsible for the clinical oversight of the behavioral health technician;
2. A behavioral health paraprofessional receives supervision according to policies and procedures;
3. Clinical oversight is provided to a behavioral health technician to ensure that patient needs are met based on, for each behavioral health technician:
  - a. The scope and extent of the services provided,
  - b. The acuity of the patients receiving services, and
  - c. The number of patients receiving services;
4. A behavioral health technician receives clinical oversight at least once during each two week period, if the behavioral health technician provides services related to patient care at the health care institution during the two week period;
5. When clinical oversight is provided electronically:
  - a. The clinical oversight is provided verbally with direct and immediate interaction between the behavioral health professional providing and the behavioral health technician receiving the clinical oversight,
  - b. A secure connection is used, and
  - c. The identities of the behavioral health professional providing and the behavioral health technician receiving the clinical oversight are verified before clinical oversight is provided; and
6. A behavioral health professional provides supervision to a behavioral health paraprofessional or clinical oversight to behavioral health technician within the behavioral

health professional's scope of practice established in the applicable licensing requirements under A.R.S. Title 32.

**Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1). Amended by final rulemaking 16 A.A.R. 688, effective November 1, 2010 (Supp. 10-2). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-115 renumbered to Section R9-10-116; new Section R9-10-115 renumbered from R9-10-114 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-116. Nutrition and Feeding Assistant Training Programs**

- A. For the purposes of this Section, "agency" means an entity other than a nursing care institution that provides the nutrition and feeding assistant training required in A.R.S. § 36-413.
- B. An agency shall apply for approval to operate a nutrition and feeding assistant training program by submitting:
  1. An application in a Department-provided format that contains:
    - a. The name of the agency;
    - b. The name, telephone number, and e-mail address of the individual in charge of the proposed nutrition and feeding assistant training program;
    - c. The address where the nutrition and feeding assistant training program records are maintained;
    - d. A description of the training course being offered by the nutrition and feeding assistant training program including for each topic in subsection (I):
      - i. The information presented for each topic,
      - ii. The amount of time allotted to each topic,
      - iii. The skills an individual is expected to acquire for each topic, and
      - iv. The testing method used to verify an individual has acquired the stated skills for each topic;
    - e. Whether the agency agrees to allow the Department to submit supplemental requests for information as specified in subsection (F)(2); and
    - f. The signature of the individual in charge of the proposed nutrition and feeding assistant training program and the date signed; and
  2. A copy of the materials used for providing the nutrition and feeding assistant training program.
- C. For an application for an approval of a nutrition and feeding assistant training program, the administrative review time-frame is 30 calendar days, the substantive review time-frame is 30 calendar days, and the overall time-frame is 60 calendar days.
- D. Within 30 calendar days after the receipt of an application in subsection (B), the Department shall:
  1. Issue an approval of the agency's nutrition and feeding assistant training program;
  2. Provide a notice of administrative completeness to the agency that submitted the application; or
  3. Provide a notice of deficiencies to the agency that submitted the application, including a list of the information or documents needed to complete the application.
- E. If the Department provides a notice of deficiencies to an agency:
  1. The administrative completeness review time-frame and the overall time-frame are suspended from the date of the notice of deficiencies until the date the Department

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- receives the missing information or documents from the agency;
2. If the agency does not submit the missing information or documents to the Department within 30 calendar days, the Department shall consider the application withdrawn; and
  3. If the agency submits the missing information or documents to the Department within 30 calendar days, the substantive review time-frame begins on the date the Department receives the missing information or documents.
- F.** Within the substantive review time-frame, the Department:
1. Shall issue or deny an approval of a nutrition and feeding assistant training program; and
  2. May make one written comprehensive request for more information, unless the Department and the agency agree in writing to allow the Department to submit supplemental requests for information.
- G.** If the Department issues a written comprehensive request or a supplemental request for information:
1. The substantive review time-frame and the overall time-frame are suspended from the date of the written comprehensive request or the supplemental request for information until the date the Department receives the information requested, and
  2. The agency shall submit to the Department the information and documents listed in the written comprehensive request or supplemental request for information within 10 working days after the date of the comprehensive written request or supplemental request for information.
- H.** The Department shall issue:
1. An approval for an agency to operate a nutrition and feeding assistant training program if the Department determines that the agency and the application comply with A.R.S. § 36-413 and this Section; or
  2. A denial for an agency that includes the reason for the denial and the process for appeal of the Department's decision if:
    - a. The Department determines that the agency does not comply with A.R.S. § 36-413 and this Section; or
    - b. The agency does not submit information and documents listed in the written comprehensive request or supplemental request for information within 10 working days after the date of the comprehensive written request or supplemental request for information.
- I.** An individual in charge of a nutrition and feeding assistant training program shall ensure that:
1. The materials and coursework for the nutrition and feeding assistant training program demonstrate the inclusion of the following topics:
    - a. Feeding techniques;
    - b. Assistance with feeding and hydration;
    - c. Communication and interpersonal skills;
    - d. Appropriate responses to resident behavior;
    - e. Safety and emergency procedures, including the Heimlich maneuver;
    - f. Infection control;
    - g. Resident rights;
    - h. Recognizing a change in a resident that is inconsistent with the resident's normal behavior; and
    - i. Reporting a change in subsection (I)(1)(h) to a nurse at a nursing care institution;
  2. An individual providing the training course is:
    - a. A physician,
    - b. A physician assistant,
    - c. A registered nurse practitioner,
    - d. A registered nurse,
    - e. A registered dietitian,
    - f. A licensed practical nurse,
    - g. A speech-language pathologist, or
    - h. An occupational therapist; and
  3. An individual taking the training course completes:
    - a. At least eight hours of classroom time, and
    - b. Demonstrates that the individual has acquired the skills the individual was expected to acquire.
- J.** An individual in charge of a nutrition and feeding assistant training program shall issue a certificate of completion to an individual who completes the training course and demonstrates the skills the individual was expected to acquire as a result of completing the training course that contains:
1. The name of the agency approved to operate the nutrition and feeding assistant training program;
  2. The name of the individual completing the training course;
  3. The date of completion;
  4. The name, signature, and professional license of the individual providing the training course; and
  5. The name and signature of the individual in charge of the nutrition and feeding assistant training program.
- K.** The Department may deny, revoke, or suspend an approval to operate a nutrition and feeding assistant training program if an agency operating or applying to operate a nutrition and feeding assistance training program:
1. Provides false or misleading information to the Department;
  2. Does not comply with the applicable statutes and rules;
  3. Issues a training completion certificate to an individual who did not:
    - a. Complete the nutrition and feeding assistant training program, or
    - b. Demonstrate the skills the individual was expected to acquire; or
  4. Does not implement the nutrition and feeding assistant training program as described in or use the materials submitted with the agency's application.
- L.** In determining which action in subsection (K) is appropriate, the Department shall consider the following:
1. Repeated violations of statutes or rules,
  2. Pattern of non-compliance,
  3. Types of violations,
  4. Severity of violations, and
  5. Number of violations.

**Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-116 renumbered to Section R9-10-117; new Section R9-10-116 renumbered from R9-10-115 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-117. Repealed****Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October



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1, 2013 (Supp. 13-2). Section R9-10-117 renumbered to Section R9-10-118; new Section R9-10-117 renumbered from R9-10-116 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Repealed by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4).

**R9-10-118. Collaborating Health Care Institution**

**A.** An administrator of a collaborating health care institution shall ensure that:

1. A list is maintained of adult behavioral health therapeutic homes and behavioral health respite homes for which the collaborating health care institution serves as a collaborating health care institution;
2. For each adult behavioral health therapeutic home or behavioral health respite home in subsection (A)(1), the collaborating health care institution maintains the following information:
  - a. A copy of the documented agreement that establishes the responsibilities of the adult behavioral health therapeutic home or behavioral health respite home and the collaborating health care institution consistent with the requirements in this Chapter;
  - b. For the adult behavioral health therapeutic home or behavioral health respite home, the following information:
    - i. Provider's name;
    - ii. Street address;
    - iii. License number;
    - iv. Whether the residence is an adult behavioral health therapeutic home or a behavioral health respite home;
    - v. If the residence is a behavioral health respite home, whether the behavioral health respite home provides respite care services to:
      - (1) Individuals 18 years of age or older, or
      - (2) Individuals less than 18 years of age;
    - vi. The beginning and ending dates of the documented agreement in subsection (A)(2)(a); and
    - vii. The name and contact information for the individual assigned by the collaborating health care institution to monitor the adult behavioral health therapeutic home or behavioral health respite home;
  - c. For the adult behavioral health therapeutic home or behavioral health respite home, a copy of the following that have been approved by the collaborating health care institution:
    - i. Scope of services,
    - ii. Policies and procedures, and
    - iii. Documentation of the review and update of policies and procedures;
  - d. A description of the required skills and knowledge for a provider, based on the scope of services of the adult behavioral health therapeutic home or behavioral health respite home, as established by the collaborating health care institution; and
  - e. For a provider in the adult behavioral health therapeutic home or behavioral health respite home, documentation of:
    - i. The provider's skills and knowledge;
    - ii. If applicable, the provider's completion of training in assistance in the self-administration of medication;
    - iii. Verification of the provider's skills and knowledge; and

iv. If the provider is required to have clinical oversight according to R9-10-1805(C), the provider's receiving clinical oversight;

3. A provider's skills and knowledge are verified by a personnel member according to policies and procedures;
4. A provider who provides behavioral health services receives clinical oversight, required in R9-10-1805(C), from a behavioral health professional; and
5. A provider, other than a provider who is a medical practitioner or nurse, receives training in assistance in the self-administration of medication:
  - a. From a medical practitioner or registered nurse or from a personnel member of the collaborating health care institution trained by a medical practitioner or registered nurse;
  - b. That includes:
    - i. A demonstration of the provider's skills and knowledge necessary to provide assistance in the self-administration of medication,
    - ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and
    - iii. The process for notifying the appropriate entities when an emergency medical intervention is needed; and
  - c. That is documented.

**B.** For a patient referred to an adult behavioral health therapeutic home or a behavioral health respite home, an administrator shall ensure that:

1. A resident or recipient accepted by and receiving services from the adult behavioral health therapeutic home or behavioral health respite home does not present a threat to the referred patient, based on the resident's or recipient's developmental levels, social skills, verbal skills, and personal history;
2. The referred patient does not present a threat to a resident or recipient accepted by and receiving services from the adult behavioral health therapeutic home or behavioral health respite home based the referred patient's developmental levels, social skills, verbal skills, and personal history;
3. The referred patient requires services within the adult behavioral health therapeutic home's or behavioral health respite home's scope of services;
4. A provider of the adult behavioral health therapeutic home or behavioral health respite home has the verified skills and knowledge to provide behavioral health services to the referred patient;
5. A treatment plan for the referred patient, which includes information necessary for a provider to meet the referred patient's needs for behavioral health services, is completed and forwarded to the provider before the referred patient is accepted as a resident or recipient;
6. A patient's treatment plan is reviewed and updated at least once every 12 months, and a copy of the patient's updated treatment plan is forwarded to the patient's provider;
7. If documentation of a significant change in a patient's behavioral, physical, cognitive, or functional condition and the action taken by a provider to address patient's changing needs is received by the collaborating health care institution, a behavioral health professional or behavioral health technician reviews the documentation and:
  - a. Documents the review; and
  - b. If applicable:

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- i. Updates the patient's treatment plan, and
  - ii. Forwards the updated treatment plan to the provider within 10 working days after receipt of the documentation of a significant change;
- 8. If the review and updated treatment plan required in subsection (B)(7) is performed by a behavioral health technician, a behavioral health professional reviews and signs the review and updated treatment plan to ensure the patient is receiving the appropriate behavioral health services; and
- 9. In addition to the requirements for a medical record for a patient in this Chapter, a referred patient's medical record contains:
  - a. The provider's name and the street address and license number of the adult behavioral health therapeutic home or behavioral health respite home to which the patient is referred,
  - b. A copy of the treatment plan provided to the adult behavioral health therapeutic home or behavioral health respite home,
  - c. Documentation received according to and required by subsection (B)(7),
  - d. Any information about the patient received from the adult behavioral health therapeutic home or behavioral health respite home, and
  - e. Any follow-up actions taken by the collaborating health care institution related to the patient.
- C. For a patient referred to an adult behavioral health therapeutic home, an administrator shall ensure that the collaborating health care institution has documentation in the patient's medical record of evidence of freedom from infectious tuberculosis that meets the requirements in R9-10-113.

**Historical Note**

New Section R9-10-118 renumbered from R9-10-117 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). The word twelve has been changed to the numeral 12 in subsection (B)(6) for consistency in Chapter style and format (Supp. 21-2).

**R9-10-119. Abortion Reporting**

- A. A licensed health care institution where abortions are performed shall submit to the Department, in a Department-provided format and according to A.R.S. § 36-2161(D) and (E), a report that contains the information required in A.R.S. § 36-2161(A) and the following:
  - 1. The final disposition of the fetal tissue from the abortion; and
  - 2. Except as provided in subsection (B), if custody of the fetal tissue is transferred to another person or persons:
    - a. The name and address of the person or persons accepting custody of the fetal tissue,
    - b. The amount of any compensation received by the licensed health care institution for the transferred fetal tissue, and
    - c. Whether a patient provided informed consent for the transfer of custody of the fetal tissue.
- B. A licensed health care institution where abortions are performed is not required to include the information specified in subsections (A)(2)(a) through (c) in the report required in subsection (A) if the licensed health care institution where abortions are performed:
  - 1. Transfers custody of the fetal tissue:
    - a. To a funeral establishment, as defined in A.R.S. § 32-1301;
    - b. To a crematory, as defined in A.R.S. § 32-1301; or
    - c. According to requirements in A.A.C. R18-13-1406, A.A.C. R18-13-1407, and A.A.C. R18-13-1408; or
  - 2. Complies with requirements in A.A.C. R18-13-1405.
- C. For purposes of this Section, the following definition applies: "Fetal tissue" means cells, or groups of cells with a specific function, obtained from an aborted human embryo or fetus.

**Historical Note**

New Section made by emergency rulemaking at 21 A.A.R. 1787, effective August 14, 2015 for 180 days (Supp. 15-3). Emergency expired February 10, 2016. Section amended by emergency rulemaking at 22 A.A.R. 420, effective February 11, 2016, for an additional 180 days; filed in the Office February 8, 2016 (Supp. 16-1). New Section made by final rulemaking at 22 A.A.R. 1343, with an immediate effective date upon filing under A.R.S. § 41-1032(A)(1) and (4) of May 5, 2016 (Supp. 16-2). Amended by final expedited rulemaking at 25 A.A.R. 1893, effective July 2, 2019 (Supp. 19-3).

**R9-10-120. Opioid Prescribing and Treatment**

- A. This Section does not apply to a health care institution licensed under Article 20 of this Chapter.
- B. In addition to the definitions in A.R.S. § 36-401(A) and R9-10-101, the following definitions apply in this Section:
  - 1. "Episode of care" means medical services, nursing services, or health-related services provided by a health care institution to a patient for a specific period of time, ending in discharge or the completion of the patient's treatment plan, whichever is later.
  - 2. "Order" means to issue written, verbal, or electronic instructions for a specific dose of a specific medication in a specific quantity and route of administration to be obtained and administered to a patient in a health care institution.
- C. An administrator of a health care institution where opioids are prescribed or ordered as part of treatment shall:
  - 1. Establish, document, and implement policies and procedures for prescribing or ordering an opioid as part of treatment, to protect the health and safety of a patient, that:
    - a. Cover which personnel members may prescribe or order an opioid in treating a patient and the required knowledge and qualifications of these personnel members;
    - b. As applicable and except when contrary to medical judgment for a patient, are consistent with the Arizona Opioid Prescribing Guidelines or national opioid-prescribing guidelines, such as guidelines developed by the:
      - i. Centers for Disease Control and Prevention, or
      - ii. U.S. Department of Veterans Affairs and the U.S. Department of Defense;
    - c. Include how, when, and by whom:
      - i. A patient's profile on the Arizona Board of Pharmacy Controlled Substances Prescription Monitoring Program database is reviewed;
      - ii. An assessment is conducted of a patient's substance use risk;
      - iii. The potential risks, adverse outcomes, and complications, including death, associated with the use of opioids are explained to a patient or the patient's representative;

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- iv. Alternatives to a prescribed or ordered opioid are explained to a patient or the patient's representative;
  - v. Informed consent is obtained from a patient or the patient's representative and, if applicable, in what situations, described in subsection (G) or (H), informed consent would not be obtained before an opioid is prescribed or ordered for a patient;
  - vi. A patient receiving an opioid is monitored; and
  - vii. The actions taken according to subsections (C)(1)(c)(i) through (vi) are documented;
  - d. Address conditions that may impose a higher risk to a patient when prescribing or ordering an opioid as part of treatment, including:
    - i. Concurrent use of a benzodiazepine or other sedative-hypnotic medication,
    - ii. History of substance use disorder,
    - iii. Co-occurring behavioral health issue, or
    - iv. Pregnancy;
  - e. Cover the criteria for co-prescribing a short-acting opioid antagonist for a patient;
  - f. Include that, if continuing control of a patient's pain after discharge is medically indicated due to the patient's medical condition, a method for continuing pain control will be addressed as part of discharge planning;
  - g. Include the frequency of the following for a patient being prescribed or ordered an opioid for longer than a 30-calendar-day period:
    - i. Face-to-face interactions with the patient,
    - ii. Conducting an assessment of a patient's substance use risk,
    - iii. Renewal of a prescription or order for an opioid without a face-to-face interaction with the patient, and
    - iv. Monitoring the effectiveness of the treatment;
  - h. If applicable according to A.R.S. § 36-2608, include documenting a dispensed opioid in the Arizona Board of Pharmacy Controlled Substances Prescription Monitoring Program database;
  - i. Cover the criteria and procedures for tapering opioid prescription or ordering as part of treatment; and
  - j. Cover the criteria and procedures for offering or referring a patient for treatment for substance use disorder;
2. Include in the plan for the health care institution's quality management program a process for:
    - a. Review of known incidents of opioid-related adverse reactions or other negative outcomes a patient experiences or opioid-related deaths, and
    - b. Surveillance and monitoring of adherence to the policies and procedures in subsection (C)(1);
  3. Except as prohibited by Title 42 Code of Federal Regulations, Chapter I, Subchapter A, Part 2, or as provided in subsection (H)(1), ensure that, if a patient's death may be related to an opioid prescribed or ordered as part of treatment, written notification, in a Department-provided format, is provided to the Department of the patient's death within one working day after the health care institution learns of the patient's death; and
  4. Ensure that informed consent required from a patient or the patient's representative includes:
    - a. The patient's:
      - i. Name,
      - ii. Date of birth or other patient identifier, and
    - iii. Condition for which opioids are being prescribed;
    - b. That an opioid is being prescribed or ordered;
    - c. The potential risks, adverse reactions, complications, and medication interactions associated with the use of an opioid;
    - d. If applicable, the potential risks, adverse outcomes, and complications associated with the concurrent use of an opioid and a benzodiazepine or another sedative-hypnotic medication;
    - e. Alternatives to a prescribed or ordered opioid;
    - f. The name and signature of the individual explaining the use of an opioid to the patient; and
    - g. The signature of the patient or the patient's representative and the date signed.
- D.** Except as provided in subsection (H), an administrator of a health care institution where opioids are prescribed as part of treatment shall ensure that a medical practitioner authorized by policies and procedures to prescribe an opioid in treating a patient:
1. Before prescribing an opioid for a patient of the health care institution:
    - a. Conducts a physical examination of the patient or reviews the documentation from a physical examination conducted during the patient's same episode of care;
    - b. Except as exempted by A.R.S. § 36-2606(G), reviews the patient's profile on the Arizona Board of Pharmacy Controlled Substances Prescription Monitoring Program database;
    - c. Conducts an assessment of the patient's substance use risk or reviews the documentation from an assessment of the patient's substance use risk conducted during the same episode of care by an individual licensed under A.R.S. Title 32 and authorized by policies and procedures to conduct an assessment of the patient's substance use risk;
    - d. Explains to the patient or the patient's representative the risks and benefits associated with the use of opioids or ensures that the patient or the patient's representative understands the risks and benefits associated with the use of opioids, as explained to the patient or the patient's representative by an individual licensed under A.R.S. Title 32 and authorized by policies and procedures to explain to the patient or the patient's representative the risks and benefits associated with the use of opioids;
    - e. Explains alternatives to a prescribed opioid; and
    - f. Obtains informed consent from the patient or the patient's representative that meets the requirements in subsection (C)(4), including the potential risks, adverse outcomes, and complications associated with the concurrent use of an opioid and a benzodiazepine or another sedative-hypnotic medication, if the patient:
      - i. Is also prescribed or ordered a sedative-hypnotic medication, or
      - ii. Has been prescribed a sedative-hypnotic medication by another medical practitioner;
  2. Includes the following information in the patient's medical record, an existing treatment plan, or a new treatment plan developed for the patient:
    - a. The patient's diagnosis;
    - b. The patient's medical history, including co-occurring disorders;
    - c. The opioid to be prescribed;

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- d. Other medications or herbal supplements being taken by the patient;
  - e. If applicable:
    - i. The effectiveness of the patient's current treatment,
    - ii. The duration of the current treatment, and
    - iii. Alternative treatments tried by or planned for the patient;
  - f. The expected benefit of the treatment and, if applicable, the benefit of the new treatment compared with continuing the current treatment; and
  - g. Other factors relevant to the patient's being prescribed an opioid; and
3. If applicable, specifies in the patient's discharge plan how medically indicated pain control will occur after discharge to meet the patient's needs.
- E.** Except as provided in subsection (G) or (H), an administrator of a health care institution where opioids are ordered for administration to a patient in the health care institution as part of treatment shall ensure that a medical practitioner authorized by policies and procedures to order an opioid in treating a patient:
- 1. Before ordering an opioid for a patient of the health care institution:
    - a. Conducts a physical examination of the patient or reviews the documentation from a physical examination conducted:
      - i. During the patient's same episode of care; or
      - ii. Within the previous 30 calendar days, at a health care institution transferring the patient to the health care institution or by the medical practitioner who referred the patient for admission to the health care institution;
    - b. Except as exempted by A.R.S. § 36-2606(G), reviews the patient's profile on the Arizona Board of Pharmacy Controlled Substances Prescription Monitoring Program database;
    - c. Conducts an assessment of the patient's substance use risk or reviews the documentation from an assessment of the patient's substance use risk conducted within the previous 30 calendar days by an individual licensed under A.R.S. Title 32 and authorized by policies and procedures to conduct an assessment of the patient's substance use risk;
    - d. Explains to the patient or the patient's representative the risks and benefits associated with the use of opioids or ensures that the patient or the patient's representative understands the risks and benefits associated with the use of opioids, as explained to the patient or the patient's representative by an individual licensed under A.R.S. Title 32 and authorized by policies and procedures to explain to the patient or the patient's representative the risks and benefits associated with the use of opioids;
    - e. If applicable, explains alternatives to an ordered opioid; and
    - f. Obtains informed consent from the patient or the patient's representative, according to subsection (D)(1)(f); and
  - 2. Includes the following information in the patient's medical record, an existing treatment plan, or a new treatment plan developed for the patient:
    - a. The patient's diagnosis;
    - b. The patient's medical history, including co-occurring disorders;
    - c. The opioid being ordered and the reason for the order;
    - d. Other medications or herbal supplements being taken by the patient; and
    - e. If applicable:
      - i. The effectiveness of the patient's current treatment,
      - ii. The duration of the current treatment,
      - iii. Alternative treatments tried by or planned for the patient,
      - iv. The expected benefit of a new treatment compared with continuing the current treatment, and
      - v. Other factors relevant to the patient's being ordered an opioid.
- F.** For a health care institution where opioids are administered as part of treatment or where a patient is provided assistance in the self-administration of medication for a prescribed opioid, including a health care institution in which an opioid may be prescribed or ordered as part of treatment, an administrator, a manager as defined in R9-10-801, or a provider, as applicable to the health care institution, shall:
- 1. Establish, document, and implement policies and procedures for administering an opioid as part of treatment or providing assistance in the self-administration of medication for a prescribed opioid, to protect the health and safety of a patient, that:
    - a. Cover which personnel members may administer an opioid in treating a patient and the required knowledge and qualifications of these personnel members;
    - b. Cover which personnel members may provide assistance in the self-administration of medication for a prescribed opioid and the required knowledge and qualifications of these personnel members;
    - c. Include how, when, and by whom a patient's need for opioid administration is assessed;
    - d. Include how, when, and by whom a patient receiving an opioid is monitored; and
    - e. Cover how, when, and by whom the actions taken according to subsections (F)(1)(c) and (d) are documented;
  - 2. Include in the plan for the health care institution's quality management program a process for:
    - a. Review of incidents of opioid-related adverse reactions or other negative outcomes a patient experiences or opioid-related deaths, and
    - b. Surveillance and monitoring of adherence to the policies and procedures in subsection (F)(1);
  - 3. Except as prohibited by Title 42 Code of Federal Regulations, Chapter I, Subchapter A, Part 2, or as provided in subsection (H)(1), ensure that, if a patient's death may be related to an opioid administered as part of treatment, written notification, in a Department-provided format, is provided to the Department of the patient's death within one working day after the patient's death; and
  - 4. Except as provided in subsection (H), ensure that an individual authorized by policies and procedures to administer an opioid in treating a patient or to provide assistance in the self-administration of medication for a prescribed opioid:
    - a. Before administering an opioid or providing assistance in the self-administration of medication for a prescribed opioid in compliance with an order as part of the treatment for a patient, identifies the patient's need for the opioid;
    - b. Monitors the patient's response to the opioid; and

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- c. Documents in the patient's medical record:
  - i. An identification of the patient's need for the opioid before the opioid was administered or assistance in the self-administration of medication for a prescribed opioid was provided, and
  - ii. The effect of the opioid administered or for which assistance in the self-administration of medication for a prescribed opioid was provided.
- G. A medical practitioner authorized by a health care institution's policies and procedures to order an opioid in treating a patient is exempt from the requirements in subsection (E), if:
  - 1. The health care institution's policies and procedures, required in subsection (C)(1) or the applicable Article in 9 A.A.C. 10, contain procedures for:
    - a. Providing treatment without obtaining the consent of a patient or the patient's representative,
    - b. Ordering and administering opioids in an emergency situation, and
    - c. Complying with the requirements in subsection (E) after the emergency is resolved;
  - 2. The order for the administration of an opioid is:
    - a. Part of the treatment for a patient in an emergency, and
    - b. Issued in accordance with policies and procedures; and
  - 3. The emergency situation is documented in the patient's medical record.
- H. The requirements in subsections (D), (E), and (F)(4), as applicable, do not apply to a health care institution's:
  - 1. Prescribing, ordering, or administration of an opioid as part of treatment for a patient with an end-of-life condition or pain associated with an active malignancy;
  - 2. Prescribing an opioid as part of treatment for a patient when changing the type or dosage of an opioid, which had previously been prescribed by a medical practitioner of the health care institution for the patient according to the requirements in subsection (D):
    - a. Before a pharmacist dispenses the opioid for the patient; or
    - b. If changing the opioid because of an adverse reaction to the opioid experienced by the patient, within 72 hours after the opioid was dispensed for the patient by a pharmacist;
  - 3. Ordering an opioid as part of treatment for no longer than three calendar days for a patient remaining in the health care institution and receiving continuous medical services or nursing services from the health care institution; or
  - 4. Ordering an opioid as part of treatment:
    - a. For a patient receiving a surgical procedure or other invasive procedure; or
    - b. When changing the type, dosage, or route of administration of an opioid, which had previously been ordered by a medical practitioner of the health care institution for a patient according to the requirements in subsection (E), to meet the patient's needs.

**Historical Note**

New Section made by emergency rulemaking at 23 A.A.R. 2203, effective July 28, 2017, for 180 days (Supp. 17-3). Emergency expired; new Section renewed by emergency rulemaking at 24 A.A.R. 303, effective January 25, 2018, for 180 days; new Section made by final rulemaking at 24 A.A.R. 657, with an immediate effective date of March 6, 2018 (Supp. 18-1). Amended by final rulemaking at 24 A.A.R. 3020, effective January 1,

2019 (Supp. 18-4).

**R9-10-121. Disease Prevention and Control**

- A. This Section applies:
  - 1. When the Governor has declared a state of emergency, as defined in A.R.S. § 26-301, to address a situation described under A.R.S. § 36-787; and
  - 2. To health care institutions licensed under Article 4, 5, or 8 of this Chapter.
- B. The following definitions apply in this Section:
  - 1. "Communicable disease" has the same meaning as in A.A.C. R9-6-101.
  - 2. "Infection" has the same meaning as in A.A.C. R9-6-101.
  - 3. "Respiratory symptoms" means coughing, shortness of breath, or wheezing not known to be caused by asthma or another chronic lung-related disease.
- C. An administrator or manager, as applicable, shall ensure that policies and procedures are established, documented, and implemented, to protect the health and safety of a resident, that:
  - 1. Cover screening and triage of personnel members, employees, visitors, and, except as provided in subsection (E), any other individuals entering the facility;
  - 2. Cover the manner and frequency of assessing residents to determine a change in a resident's medical condition;
  - 3. Establish disinfection protocols and schedules for frequently touched surfaces; and
  - 4. Specify requirements for distancing residents who exhibit symptoms of a communicable disease from other residents to reduce the chance for infection of another individual.
- D. An administrator or manager, as applicable, shall ensure that:
  - 1. Except as provided in subsection (E), before entering the facility, each individual, including a personnel member, employee, or visitor, is screened for fever or respiratory symptoms indicative of a communicable disease;
  - 2. If an individual refuses to be screened, the individual is excluded from entry to the facility;
  - 3. If an individual is determined to have a fever or respiratory symptoms, the individual is excluded from entry to the facility until symptoms have resolved or the individual has been evaluated and cleared by a medical practitioner;
  - 4. If an individual, other than a resident, develops a fever or respiratory symptoms while in the facility, the individual is required to leave the facility and not return until symptoms have resolved or the individual has been evaluated and cleared by a medical practitioner; and
  - 5. If insufficient personnel members are available to meet the needs of all residents in the facility, the administrator or manager, as applicable, implements the disaster plan required in R9-10-424, R9-10-523, or R9-10-818, as applicable, which may include moving a resident to a different facility.
- E. An administrator or manager, as applicable, may allow an emergency medical care technician, as defined in A.R.S. § 36-2201, to enter the facility without screening if the emergency medical care technician is responding to a call for providing emergency medical services, as defined in A.R.S. § 36-2201, to a resident or other individual in the facility.
- F. An administrator or manager, as applicable, shall ensure that:
  - 1. An assessment of a resident includes whether the resident has a fever or respiratory symptoms indicative of a communicable disease and is documented in the resident's medical record; and
  - 2. If a resident is found to have a fever or respiratory symptoms indicative of a communicable disease:

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- a. The resident is evaluated by a medical practitioner within 24 hours to determine what services need to be provided to the resident and what precautions need to be taken by the facility, and the evaluation is documented in the resident's medical record;
- b. To reduce the chance for infection of another individual, the resident is:
  - i. Kept at a distance of at least six feet from other residents; or
  - ii. If not possible to keep the resident at a distance from other residents, required to wear a face mask;
- c. A personnel member:
  - i. Takes precautions, which may include the use of gloves and a facemask or other personal protection equipment, while providing services to the resident; and
  - ii. Removes and, if applicable, disposes of the personal protection equipment and washes the personnel member's hands with soap and water for at least 20 seconds or, if soap and water are not available, uses a hand sanitizer containing at least 60% alcohol immediately after providing services to the resident and before providing services to another resident;
- d. Linens, dishes, utensils, and other items used by the resident are:
  - i. Kept separate from similar items used by a resident who does not have a fever or respiratory symptoms indicative of a communicable disease, and
  - ii. Disinfected or disposed of in a manner to reduce the chance for infection of another individual; and
- e. Surfaces touched by the resident are disinfected before another individual touches the surface.

- G.** An administrator or manager, as applicable, shall ensure that door handles, tables, chair backs and arm rests, light switches, and other frequently touched surfaces are cleaned and disinfected, according to policies and procedures, with:
- 1. An alcohol solution containing at least 70% alcohol;
  - 2. A bleach solution containing four teaspoons of bleach per quart of water; or
  - 3. An EPA-approved household disinfectant specified in a list, which is incorporated by reference, available at <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19>, and does not include any later amendments or editions of the incorporated matter.

**Historical Note**

Amended effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3). New Section made by emergency rulemaking at 26 A.A.R. 509, with an immediate effective date of March 16, 2020, for 180 days (Supp. 19-1). Emergency expired. New Section made by final rulemaking at 26 A.A.R. 2793, with an immediate effective date of October 7, 2020 (Supp. 20-4).

**R9-10-122. Repealed****Historical Note**

New Section made by final rulemaking at 7 A.A.R. 2145, effective May 1, 2001 (Supp. 01-2). Amended by final rulemaking at 8 A.A.R. 3578, effective July 26, 2002 (Supp. 02-3). Amended by exempt rulemaking at 14 A.A.R. 3958, effective September 26, 2008 (Supp. 08-3).

Amended by exempt rulemaking at 15 A.A.R. 2100, effective January 1, 2010 (Supp. 09-4). Section repealed by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

**R9-10-123. Repealed****Historical Note**

Amended effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3).

**R9-10-124. Repealed****Historical Note**

Former Section R9-10-124 repealed, new Section R9-10-124 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3559, effective August 1, 2002 (Supp. 02-3).

**ARTICLE 2. HOSPITALS****R9-10-201. Definitions**

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following definitions apply in this Article unless otherwise specified:

1. "Adult" means an individual the hospital designates as an adult based on the hospital's criteria.
2. "Aftercare" means assistance provided to a patient by another individual in the patient's residence, which is not part of a health care institution, following care provided at a hospital, and may include:
  - a. Assisting the patient with activities of daily living, and
  - b. Following the discharge instructions provided by the hospital.
3. "Aftercare provider" means an individual who:
  - a. May be a friend or relative of a patient or be the patient's representative,
  - b. Is designated by the patient or the patient's representative to perform aftercare tasks, and
  - c. Is not compensated for performing aftercare tasks for the patient.
4. "Care plan" means a documented guide for providing nursing services and rehabilitation services to a patient that includes measurable objectives and the methods for meeting the objectives.
5. "Continuing care nursery" means a nursery where medical services and nursing services are provided to a neonate who does not require intensive care services.
6. "Critically ill inpatient" means an inpatient whose severity of medical condition requires the nursing services of specially trained registered nurses for:
  - a. Continuous monitoring and multi-system assessment,
  - b. Complex and specialized rapid intervention, and
  - c. Education of the inpatient or inpatient's representative.
7. "Device" has the same meaning as in A.R.S. § 32-1901.
8. "Diet" means food and drink provided to a patient.
9. "Diet manual" means a written compilation of diets.
10. "Dietary services" means providing food and drink to a patient according to an order.
11. "Diversion" means notification to an emergency medical services provider, as defined in A.R.S. § 36-2201, that a hospital is unable to receive a patient from an emergency medical services provider.

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12. "Drug formulary" means a written list of medications available and authorized for use developed according to R9-10-218.
13. "Gynecological services" means medical services for the diagnosis, treatment, and management of conditions or diseases of the female reproductive organs or breasts.
14. "Hospital services" means medical services, nursing services, and health-related services provided in a hospital.
15. "Infection control risk assessment" means determining the probability for transmission of communicable diseases.
16. "Inpatient" means an individual who:
  - a. Is admitted to a hospital as an inpatient according to policies and procedures,
  - b. Is admitted to a hospital with the expectation that the individual will remain and receive hospital services for 24 consecutive hours or more, or
  - c. Receives hospital services for 24 consecutive hours or more.
17. "Intensive care services" means hospital services provided to a critically ill inpatient who requires the services of specially trained nursing and other personnel members as specified in policies and procedures.
18. "Medical staff regulations" means standards, approved by the medical staff, that govern the day-to-day conduct of the medical staff members.
19. "Multi-organized service unit" means an inpatient unit in a hospital where more than one organized service may be provided to a patient in the inpatient unit.
20. "Neonate" means an individual:
  - a. From birth until discharge following birth, or
  - b. Who is designated as a neonate by hospital criteria.
21. "Nurse anesthetist" means a registered nurse who meets the requirements of A.R.S. § 32-1601 and who has clinical privileges to administer anesthesia.
22. "Nurse executive" means a registered nurse accountable for the direction of nursing services provided in a hospital.
23. "Nursery" means an area in a hospital designated only for neonates.
24. "Nurse supervisor" means a registered nurse accountable for managing nursing services provided in an organized service in a hospital.
25. "Nutrition assessment" means a process for determining a patient's dietary needs using information contained in the patient's medical record.
26. "On duty" means that an individual is at work and performing assigned responsibilities.
27. "Organized service" means specific medical services, such as surgical services or emergency services, provided in an area of a hospital designated for the provision of those medical services.
28. "Outpatient" means an individual who:
  - a. Is admitted to a hospital with the expectation that the individual will receive hospital services for less than 24 consecutive hours; or
  - b. Except as provided in subsection (17) receives, hospital services for less than 24 consecutive hours.
29. "Pathology" means an examination of human tissue for the purpose of diagnosis or treatment of an illness or disease.
30. "Patient care" means hospital services provided to a patient by a personnel member or a medical staff member.
31. "Pediatric" means pertaining to an individual designated by a hospital as a child based on the hospital's criteria.
32. "Perinatal services" means medical services for the treatment and management of obstetrical patients and neonates.
33. "Post-anesthesia care unit" means a designated area for monitoring a patient following a medical procedure for which anesthesia was administered to the patient.
34. "Private duty staff" means an individual, excluding a personnel member, compensated by a patient or the patient's representative.
35. "Psychiatric services" means the diagnosis, treatment, and management of a mental disorder.
36. "Social services" means assistance, other than medical services or nursing services, provided by a personnel member to a patient to assist the patient to cope with concerns about the patient's illness or injury while in the hospital or the anticipated needs of the patient after discharge.
37. "Specialty" means a specific branch of medicine practiced by a licensed individual who has obtained education or qualifications in the specific branch in addition to the education or qualifications required for the individual's license.
38. "Surgical services" means medical services involving a surgical procedure.
39. "Transfusion" means the introduction of blood or blood products from one individual into the body of another individual.
40. "Unit" means a designated area of an organized service.
41. "Vital record" has the same meaning as in A.R.S. § 36-301.
42. "Well-baby bassinet" means a receptacle used for holding a neonate who does not require treatment and whose anticipated discharge is within 96 hours after birth.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1). Amended by final rulemaking at 14 A.A.R. 4646, effective December 2, 2008 (Supp. 08-4). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final rulemaking at 26 A.A.R. 2797, with an effective date of January 1, 2021 (Supp. 20-4).

**R9-10-202. Supplemental Application, Notification, and Documentation Submission Requirements**

- A. In addition to the license application requirements in A.R.S. § 36-422 and Article 1 of this Chapter, an applicant for a hospital license shall include:
  1. On the application the requested licensed capacity for the hospital, including:
    - a. The number of inpatient beds for each organized service, not including well-baby bassinets; and
    - b. If applicable, the number of inpatient beds for each multi-organized service unit;
  2. On the application, if applicable, the requested licensed occupancy for providing behavioral health observation/stabilization services to:
    - a. Individuals who are under 18 years of age, and
    - b. Individuals 18 years of age and older; and
  3. A list, in a Department-provided format, of medical staff specialties and subspecialties.

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- B.** For a single group license authorized in A.R.S. § 36-422(F), in addition to the requirements in subsection (A), a governing authority applying for a license shall submit the following to the Department, in a Department-provided format, for each satellite facility under the single group license:
1. The name, address, e-mail address, and telephone number of the satellite facility;
  2. The class or subclass of the satellite facility, according to R9-10-102;
  3. The name and e-mail address of the administrator;
  4. A list of services to be provided at the satellite facility; and
  5. The hours of operation during which the satellite facility provides medical services, nursing services, behavioral health services, or health-related services.
- C.** For a single group license authorized in A.R.S. § 36-422(G), in addition to the requirements in subsection (A), a governing authority applying for a license shall submit the following to the Department in a Department-provided format for each accredited satellite facility under the single group license:
1. The name, address, e-mail address, and telephone number of the accredited satellite facility;
  2. The class or subclass of the accredited satellite facility, according to R9-10-102;
  3. The name and e-mail address of the administrator;
  4. A list of services to be provided at the accredited satellite facility;
  5. The hours of operation during which the accredited satellite facility provides medical services, nursing services, behavioral health services, or health-related services; and
  6. A copy of the accredited satellite facility's current accreditation report.
- D.** A licensee with a single group license shall submit to the Department, with the relevant fees required in R9-10-106(D) and in a Department-provided format, the following, as applicable:
1. The information required in subsections (B)(1) through (5), or
  2. The information and documentation required in subsections (C)(1) through (6).
- E.** A governing authority shall:
1. Notify the Department:
    - a. At least 30 calendar days before a satellite facility or an accredited satellite facility on a single group license terminates operations;
    - b. Within 30 calendar days after adding a satellite facility or an accredited satellite facility under a single group license and provide, as applicable:
      - i. The information required in subsections (B)(1) through (5), or
      - ii. The information and documentation required in subsections (C)(1) through (6); and
    - c. At least 60 calendar days before a satellite facility or an accredited satellite facility licensed under a single group license anticipates providing medical services, nursing services, behavioral health services, or health-related services under a license separate from the single group license; and
  2. Upon notifying the Department according to subsection (E)(1)(c), submit an application, according to the requirements in 9 A.A.C. 10, Article 1, at least 60 calendar days but not more than 120 calendar days before a satellite facility or an accredited satellite facility licensed under a single group license anticipates providing medical services, nursing services, behavioral health services, or

health-related services under a license separate from the single group license.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 14 A.A.R. 4646, effective December 2, 2008 (Supp. 08-4). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-203. Administration**

- A.** A governing authority shall:
1. Consist of one or more individuals responsible for the organization, operation, and administration of a hospital;
  2. Establish, in writing:
    - a. A hospital's scope of services,
    - b. Qualifications for an administrator,
    - c. Which organized services are to be provided in the hospital, and
    - d. The organized services that are to be provided in a multi-organized service unit according to R9-10-228(A);
  3. Designate, in writing, an administrator who has the qualifications established in subsection (A)(2)(b);
  4. Grant, deny, suspend, or revoke a clinical privilege of a medical staff member or delegate authority to an individual to grant or suspend a clinical privilege for a limited time, according to medical staff bylaws;
  5. Adopt a quality management program according to R9-10-204;
  6. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
  7. Designate, in writing, an acting administrator who has the qualifications established in subsection (A)(2)(b) if the administrator is:
    - a. Expected not to be present on a hospital's premises for more than 30 calendar days, or
    - b. Not present on a hospital's premises for more than 30 calendar days;
  8. Except as provided in subsection (A)(7), notify the Department according to A.R.S. § 36-425(I) if there is a change of administrator and identify the name and qualifications of the new administrator; and
  9. For a health care institution under a single group license, ensure that the health care institution complies with the applicable requirements in this Chapter for the class or subclass of the health care institution.
- B.** An administrator:
1. Is directly accountable to the governing authority of a hospital for the daily operation of the hospital and hospital services and environmental services provided by or at the hospital;
  2. Has the authority and responsibility to manage the hospital; and
  3. Except as provided in subsection (A)(7), shall designate, in writing, an individual who is present on a hospital's premises and available and accountable for hospital services and environmental services when the administrator is not present on the hospital's premises.
- C.** An administrator shall ensure that:
1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:



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- a. Cover job descriptions, duties, and qualifications, including required skills and knowledge for personnel members, employees, volunteers, and students;
  - b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
  - c. Include how a personnel member may submit a complaint relating to patient care;
  - d. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
  - e. Cover cardiopulmonary resuscitation training required in R9-10-206(5) including:
    - i. The method and content of cardiopulmonary resuscitation training;
    - ii. The qualifications for an individual to provide cardiopulmonary resuscitation training;
    - iii. The time-frame for renewal of cardiopulmonary resuscitation training; and
    - iv. The documentation that verifies an individual has received cardiopulmonary resuscitation training;
  - f. Cover use of private duty staff, if applicable;
  - g. Cover diversion, including:
    - i. The criteria for initiating diversion;
    - ii. The categories or levels of personnel or medical staff that may authorize or terminate diversion;
    - iii. The method for notifying emergency medical services providers of initiation of diversion, the type of diversion, and termination of diversion; and
    - iv. When the need for diversion will be reevaluated;
  - h. Include a method to identify a patient to ensure the patient receives hospital services as ordered;
  - i. Cover patient rights, including assisting a patient who does not speak English or who has a disability to become aware of patient rights;
  - j. Cover health care directives;
  - k. Cover medical records, including electronic medical records;
  - l. Cover quality management, including incident reports and supporting documentation;
  - m. Cover contracted services;
  - n. Cover tissue and organ procurement and transplant; and
  - o. Cover when an individual may visit a patient in a hospital, including visiting a neonate in a nursery, if applicable;
2. Policies and procedures for hospital services are established, documented, and implemented to protect the health and safety of a patient that:
- a. Cover patient screening, admission, transport, and transfer;
  - b. Cover discharge planning and discharge, including the requirements in R9-10-225(B) for an inpatient who was admitted after a suicide attempt or who exhibits suicidal ideation;
  - c. Cover the provision of hospital services;
  - d. Cover acuity, including a process for obtaining sufficient nursing personnel to meet the needs of patients;
  - e. Include when general consent and informed consent are required;
  - f. Include the age criteria for providing hospital services to pediatric patients;
  - g. Cover dispensing, administering, and disposing of medication;
  - h. Cover prescribing a controlled substance to minimize substance abuse by a patient;
  - i. Cover infection control;
  - j. Cover restraints that:
    - i. Require an order, including the frequency of monitoring and assessing the restraint; or
    - ii. Are necessary to prevent imminent harm to self or others, including how personnel members will respond to a patient's sudden, intense, or out-of-control behavior;
  - k. Cover seclusion of a patient including:
    - i. The requirements for an order, and
    - ii. The frequency of monitoring and assessing a patient in seclusion;
  - l. Cover communicating with a midwife when the midwife's client begins labor and ends labor;
  - m. Cover telemedicine, if applicable; and
  - n. Cover environmental services that affect patient care;
3. Policies and procedures are reviewed at least once every three years and updated as needed;
4. Policies and procedures are available to personnel members;
5. The licensed capacity in an organized service is not exceeded, except for an emergency admission of a patient;
6. A patient is only admitted to an organized service that has exceeded the organized service's licensed capacity after a medical staff member reviews the medical history of the patient and determines that the patient's admission is an emergency; and
7. Unless otherwise stated:
- a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
  - b. When documentation or information is required by this Chapter to be submitted on behalf of a hospital, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the hospital.
- D.** An administrator of a special hospital shall ensure that:
- 1. Medical services are available to an inpatient in an emergency based on the inpatient's medical conditions and the scope of services provided by the special hospital; and
  - 2. A physician or nurse, qualified in cardiopulmonary resuscitation, is on the hospital premises.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1). Amended by final rulemaking at 12 A.A.R. 4004, effective December 5, 2006 (Supp. 06-4). Amended by final rulemaking at 14 A.A.R. 4646, effective December 2, 2008 (Supp. 08-4). Amended by final rulemaking at 16 A.A.R. 688, effective November 1, 2010 (Supp. 10-2). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by exempt rulemaking at 27 A.A.R. 661, effective May 1,

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2021 (Supp. 21-2).

**R9-10-204. Quality Management**

- A.** A governing authority shall ensure that an ongoing quality management program is established that:
1. Complies with the requirements in A.R.S. § 36-445; and
  2. Evaluates the quality of hospital services and environmental services related to patient care.
- B.** An administrator shall ensure that:
1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
    - a. A method to identify, document, and evaluate incidents;
    - b. A method to collect data to evaluate hospital services and environmental services related to patient care;
    - c. A method to evaluate the data collected to identify a concern about the delivery of hospital services or environmental services related to patient care;
    - d. A method to make changes or take action as a result of the identification of a concern about the delivery of hospital services or environmental services related to patient care;
    - e. A method to identify and document each occurrence of exceeding licensed capacity, as described in R9-10-203(C)(5), and to evaluate the occurrences of exceeding licensed capacity, including the actions taken for resolving occurrences of exceeding licensed capacity; and
    - f. The frequency of submitting a documented report required in subsection (B)(2) to the governing authority;
  2. A documented report is submitted to the governing authority that includes:
    - a. An identification of each concern about the delivery of hospital services or environmental services related to patient care, and
    - b. Any changes made or actions taken as a result of the identification of a concern about the delivery of hospital services or environmental services related to patient care;
  3. The acuity plan required in R9-10-214(C)(2) is reviewed and evaluated at least once every 12 months and the results are documented and reported to the governing authority;
  4. The reports required in subsections (B)(2) and (3) and the supporting documentation for the reports are maintained for at least 12 months after the date the report is submitted to the governing authority; and
  5. Except for information or documentation that is confidential under federal or state law, a report or documentation required in this Section is provided to the Department for review within two hours after the Department's request.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-205. Contracted Services**

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. A documented list of current contracted services is maintained that includes a description of the contracted services provided.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

**R9-10-206. Personnel**

An administrator shall ensure that:

1. The qualifications, skills, and knowledge required for each type of personnel member:
  - a. Are based on:
    - i. The type of physical health services or behavioral health services expected to be provided by the personnel member according to the established job description, and
    - ii. The acuity of the patients receiving physical health services or behavioral health services from the personnel member according to the established job description; and
  - b. Include:
    - i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services and behavioral health services listed in the established job description,
    - ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description, and
    - iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description;
2. A personnel member's skills and knowledge are verified and documented:
  - a. Before the personnel member provides physical health services or behavioral health services, and
  - b. According to policies and procedures;
3. Sufficient personnel members are present on a hospital's premises with the qualifications, skills, and knowledge necessary to:
  - a. Provide the services in the hospital's scope of services,
  - b. Meet the needs of a patient, and
  - c. Ensure the health and safety of a patient;
4. Orientation occurs within the first 30 calendar days after a personnel member begins providing hospital services and includes:
  - a. Informing a personnel member about Department rules for licensing and regulating hospitals and where the rules may be obtained,
  - b. Reviewing the process by which a personnel member may submit a complaint about patient care to a hospital, and
  - c. Providing the information required by policies and procedures;

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5. Policies and procedures designate the categories of personnel providing medical services or nursing services who are:
  - a. Required to be qualified in cardiopulmonary resuscitation within 30 calendar days after the individual's starting date, and
  - b. Required to maintain current qualifications in cardiopulmonary resuscitation;
6. A personnel record for each personnel member is established and maintained and includes:
  - a. The personnel member's name, date of birth, and contact telephone number;
  - b. The personnel member's starting date and, if applicable, ending date;
  - c. Verification of a personnel member's certification, license, or education, if necessary for the position held;
  - d. Documentation of evidence of freedom from infectious tuberculosis required in R9-10-230(5);
  - e. Verification of current cardiopulmonary resuscitation qualifications, if necessary for the position held; and
  - f. Orientation documentation;
7. Personnel receive in-service education according to criteria established in policies and procedures;
8. In-service education documentation for a personnel member includes:
  - a. The subject matter,
  - b. The date of the in-service education, and
  - c. The signature of the personnel member;
9. Personnel records and in-service education documentation are maintained by the hospital for at least 24 months after the last date the personnel member worked; and
10. Personnel records and in-service education documentation, for a personnel member who has not worked in the hospital during the previous 12 months, are provided to the Department within 72 hours after the Department's request.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-207. Medical Staff**

- A.** A governing authority shall ensure that:
  1. The organized medical staff is directly accountable to the governing authority for the quality of care provided by a medical staff member to a patient in a hospital;
  2. The medical staff bylaws and medical staff regulations are approved according to the medical staff bylaws and governing authority requirements;
  3. A medical staff member complies with medical staff bylaws and medical staff regulations;
  4. The medical staff of a general hospital or a special hospital includes at least two physicians who have clinical privileges to admit inpatients to the general hospital or special hospital;
  5. The medical staff of a rural general hospital includes at least one physician who has clinical privileges to admit inpatients to the rural general hospital and one additional physician who serves on a committee according to subsection (A)(7)(c);
- B.** An administrator shall ensure that:
  1. A medical staff member provides evidence of freedom from infectious tuberculosis according to the requirements in R9-10-230(5);
  2. A record for each medical staff member is established and maintained that includes:
    - a. A completed application for clinical privileges;
    - b. The dates and lengths of appointment and reappointment of clinical privileges;
    - c. The specific clinical privileges granted to the medical staff member, including revision or revocation dates for each clinical privilege; and
    - d. A verification of current Arizona health care professional active license according to A.R.S. Title 32; and
  3. Medical staff bylaws or medical staff regulations are established, documented, and implemented for the process of:
    - a. Conducting peer review according to A.R.S. Title 36, Chapter 4, Article 5;
    - b. Appointing members to the medical staff, subject to approval by the governing authority;
    - c. Establishing committees including identifying the purpose and organization of each committee;
    - d. Appointing one or more medical staff members to a committee;
    - e. Obtaining and documenting permission for an autopsy of a patient, performing an autopsy, and notifying, if applicable, the medical practitioner coordinating the patient's medical services when an autopsy is performed;
    - f. Requiring that each inpatient has a medical practitioner who coordinates the inpatient's care;
    - g. Defining the responsibilities of a medical staff member to provide medical services to the medical staff member's patient;
    - h. Defining a medical staff member's responsibilities for the transport or transfer of a patient;
    - i. Specifying requirements for oral, telephone, and electronic orders, including which orders require identification of the time of the order;
    - j. Establishing a time-frame for a medical staff member to complete a patient's medical record;
    - k. Establishing criteria for granting, denying, revoking, and suspending clinical privileges;
    - l. Specifying pre-anesthesia and post-anesthesia responsibilities for medical staff members; and
    - m. Approving the use of medication and devices under investigation by the U.S. Department of Health and Human Services, Food and Drug Administration including:
      - i. Establishing criteria for patient selection;
      - ii. Obtaining informed consent before administering the investigational medication or device; and
      - iii. Documenting the administration of and, if applicable, the adverse reaction to an investigational medication or device; and
  8. The organized medical staff reviews the medical staff bylaws and the medical staff regulations at least once every three years and updates the bylaws and regulations as needed.

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3. Except for documentation of peer review conducted according to A.R.S. § 36-445, a record under subsection (B)(2) is provided to the Department for review:
  - a. As soon as possible, but not more than two hours after the time of the Department's request, if the individual is a current medical staff member; and
  - b. Within 72 hours after the time of the Department's request if the individual is no longer a current medical staff member.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-208. Admission**

- A. An administrator shall ensure that:
  1. A patient is admitted as an inpatient on the order of a medical staff member;
  2. An individual, authorized by policies and procedures, is available to accept a patient for admission;
  3. Except in an emergency, informed consent is obtained from a patient or the patient's representative before or at the time of admission;
  4. The informed consent obtained in subsection (A)(3) or the lack of consent in an emergency is documented in the patient's medical record;
  5. A physician or other medical staff member performs a medical history and physical examination on a patient within 30 calendar days before admission or within 48 hours after admission and documents the medical history and physical examination in the patient's medical record within 48 hours after admission;
  6. If a physician or other medical staff member performs a medical history and physical examination on a patient before admission, the physician or the medical staff member enters an interval note into the patient's medical record at the time of admission; and
  7. A patient or the patient's representative is given an opportunity to:
    - a. Designate an individual who is willing to participate in discharge planning and act as the patient's aftercare provider;
    - b. Provide contact information for the patient's aftercare provider; and
    - c. Change the patient's designated aftercare provider before discharge.
- B. If a patient is admitted after a suicide attempt or exhibits suicidal ideation, an administrator shall ensure that the requirements in R9-10-225(B) are met as part of an inpatient assessment.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1). Section R9-10-208 renumbered to R9-10-214; new Section R9-10-208 renumbered from R9-10-210 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 26 A.A.R. 2797,

with an effective date of January 1, 2021 (Supp. 20-4). Amended by exempt rulemaking at 27 A.A.R. 661, effective May 1, 2021 (Supp. 21-2).

**R9-10-209. Discharge Planning; Discharge**

- A. For an inpatient, an administrator shall ensure that discharge planning:
  1. Is completed before discharge occurs;
  2. Identifies the specific needs of the patient after discharge, if applicable;
  3. Includes the participation of the patient or patient's representative and, if applicable, the patient's aftercare provider;
  4. If the patient is being discharged to the patient's residence, which is not part of a health care institution:
    - a. Includes at least one attempt, which is documented in the patient's medical record, to notify the patient's aftercare provider, if designated, before the patient's discharge; and
    - b. Prepares the patient, the patient's representative, or the patient's aftercare provider, as applicable, to carry out the discharge instructions required in subsection (B)(3)(a), including:
      - i. Answering questions about the discharge instructions and aftercare; and
      - ii. Providing a demonstration of the aftercare tasks to the patient, the patient's representative, or the patient's aftercare provider, as applicable;
  5. Provides the patient or the patient's representative with written information identifying classes or subclasses of health care institutions and the level of care that the health care institutions provide that may meet the patient's assessed and anticipated needs after discharge, if applicable; and
  6. Is documented in the patient's medical record.
- B. For an inpatient discharge or a transfer of an inpatient, an administrator shall ensure that:
  1. There is a discharge summary that includes:
    - a. A description of the patient's medical condition and the medical services provided to the patient, and
    - b. The signature of the medical practitioner coordinating the patient's medical services;
  2. There is a documented discharge order for the patient by a medical practitioner coordinating the patient's medical services before discharge unless the patient leaves the hospital against a medical staff member's advice;
  3. If the patient is not being transferred:
    - a. There are documented discharge instructions; and
    - b. The patient or patient's representative and the patient's aftercare provider, if designated, is provided with a copy of the discharge instructions; and
  4. If the patient is being transferred, the transfer complies with R9-10-211.
- C. For an inpatient discharge or a transfer of an inpatient who was admitted after a suicide attempt or who exhibits suicidal ideation, an administrator shall ensure that the requirements in R9-10-225(B) are met as part of discharge planning.
- D. Except as provided in subsection (E), an administrator shall ensure that an outpatient is discharged according to policies and procedures.
- E. For a discharge of an outpatient receiving emergency services, an administrator shall ensure that:
  1. A discharge order is documented by a medical practitioner who provided medical services to the patient before the patient is discharged, unless the patient leaves against a medical staff member's advice; and

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2. Discharge instructions are documented and provided to the patient or patient's representative and the patient's aftercare provider, if designated before the patient is discharged, unless the patient leaves the hospital against a medical staff member's advice.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1). Section R9-10-209 renumbered to R9-10-212; new Section R9-10-209 renumbered from R9-10-211 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by final rulemaking at 26 A.A.R. 2797, with an effective date of January 1, 2021 (Supp. 20-4). Amended by exempt rulemaking at 27 A.A.R. 661, effective May 1, 2021 (Supp. 21-2).

**R9-10-210. Transport**

- A. For a transport of a patient, the administrator of a sending hospital shall ensure that:
  1. Policies and procedures are established, documented, and implemented that:
    - a. Specify the process by which the sending hospital personnel members coordinate the transport and the medical services provided to a patient to protect the health and safety of the patient;
    - b. Require an assessment of the patient by a registered nurse or a medical staff member before transporting the patient and after the patient's return;
    - c. Specify the information in the sending hospital's patient medical record that is required to accompany the patient, which shall include the information related to the medical services to be provided to the patient at the receiving health care institution;
    - d. Specify how the sending hospital personnel members communicate patient medical record information that the sending hospital does not provide at the time of transport but is requested by the receiving health care institution; and
    - e. Specify how a medical staff member explains the risks and benefits of a transport to the patient or the patient's representative based on the:
      - i. Patient's medical condition, and
      - ii. Mode of transport; and
  2. Documentation in the patient's medical record includes:
    - a. Consent for transport by the patient or the patient's representative or why consent could not be obtained;
    - b. The acceptance of the patient by and communication with an individual at the receiving health care institution;
    - c. The date and the time of the transport to the receiving health care institution;
    - d. The date and time of the patient's return to the sending hospital, if applicable;
    - e. The mode of transportation; and
    - f. The type of personnel member or medical staff member assisting in the transport if an order requires that a patient be assisted during transport.
- B. For a transport of a patient to a receiving hospital, the administrator of the receiving hospital shall ensure that:
  1. Policies and procedures are established, documented, and implemented that:
    - a. Specify the process by which the receiving hospital personnel members coordinate the transport and the

medical services provided to a patient to protect the health and safety of the patient;

- b. Require an assessment of the patient by a registered nurse or a medical staff member upon arrival of the patient and before the patient is returned to the sending health care institution unless the receiving facility is a satellite facility, as established in A.R.S. § 36-422, and does not have a registered nurse or a medical staff member at the satellite facility;
  - c. Specify the information in the receiving hospital's patient medical record required to accompany the patient when the patient is returned to the sending health care institution, if applicable; and
  - d. Specify how the receiving hospital personnel members communicate patient medical record information to the sending health care institution that is not provided at the time of the patient's return; and
2. Documentation in the patient's medical record includes:
    - a. The date and time the patient arrived at the receiving hospital;
    - b. The medical services provided to the patient at the receiving hospital;
    - c. Any adverse reaction or negative outcome the patient experienced at the receiving hospital, if applicable;
    - d. The date and time the receiving hospital returned the patient to the sending health care institution, if applicable;
    - e. The mode of transportation to return the patient to the sending health care institution, if applicable; and
    - f. The type of personnel member or medical staff member assisting in the transport if an order requires that a patient be assisted during transport.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-210 renumbered to R9-10-208; new Section R9-10-210 renumbered from R9-10-212 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-211. Transfer**

For a transfer of a patient, the administrator of a sending hospital shall ensure that:

1. Policies and procedures are established, documented, and implemented that:
  - a. Specify the process by which the sending hospital personnel members coordinate the transfer and the medical services provided to a patient to protect the health and safety of the patient during the transfer;
  - b. Require an assessment of the patient by a registered nurse or a medical staff member of the sending hospital before the patient is transferred;
  - c. Specify how the sending hospital personnel members communicate medical record information that is not provided at the time of the transfer; and
  - d. Specify how a medical staff member explains the risks and benefits of a transfer to the patient or the patient's representative based on the:
    - i. Patient's medical condition, and
    - ii. Mode of transfer;

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2. One of the following accompanies the patient during transfer:
  - a. A copy of the patient's medical record for the current inpatient admission; or
  - b. All of the following for the current inpatient admission:
    - i. A medical staff member's summary of medical services provided to the patient,
    - ii. A care plan containing up-to-date information,
    - iii. Consultation reports,
    - iv. Laboratory and radiology reports,
    - v. A record of medications administered to the patient for the seven calendar days before the date of transfer,
    - vi. Medical staff member's orders in effect at the time of transfer, and
    - vii. Any known allergy; and
3. Documentation in the patient's medical record includes:
  - a. Consent for transfer by the patient or the patient's representative, except in an emergency;
  - b. The acceptance of the patient by and communication with an individual at the receiving health care institution;
  - c. The date and the time of the transfer to the receiving health care institution;
  - d. The mode of transportation; and
  - e. The type of personnel member or medical staff member assisting in the transfer if an order requires that a patient be assisted during transfer.
- h. Seclusion, except as allowed under R9-10-217 or R9-10-225;
- i. Restraint, if not necessary to prevent imminent harm to self or others or as allowed under R9-10-225;
- j. Retaliation for submitting a complaint to the Department or another entity; or
- k. Misappropriation of personal and private property by a hospital's medical staff, personnel members, employees, volunteers, or students; and
3. A patient or the patient's representative:
  - a. Except in an emergency, either consents to or refuses treatment;
  - b. May refuse examination or withdraw consent for treatment before treatment is initiated;
  - c. Is informed of:
    - i. Except in an emergency, alternatives to a proposed psychotropic medication or surgical procedure and associated risks and possible complications of the proposed psychotropic medication or surgical procedure;
    - ii. How to obtain a schedule of hospital rates and charges required in A.R.S. § 36-436.01(B);
    - iii. The patient complaint policies and procedures, including the telephone number of hospital personnel to contact about complaints, and the Department's telephone number if the hospital is unable to resolve the patient's complaint; and
    - iv. Except as authorized by the Health Insurance Portability and Accountability Act of 1996, proposed involvement of the patient in research, experimentation, or education, if applicable;
  - d. Except in an emergency, is provided a description of the health care directives policies and procedures:
    - i. If an inpatient, at the time of admission; or
    - ii. If an outpatient:
      - (1) Before any invasive procedure, except phlebotomy for obtaining blood for diagnostic purposes; or
      - (2) If the hospital services include a planned series of treatments, at the start of each series;
  - e. Consents to photographs of the patient before the patient is photographed, except that a patient may be photographed when admitted to a hospital for identification and administrative purposes; and
  - f. Except as otherwise permitted by law, provides written consent to the release of information in the patient's:
    - i. Medical record, or
    - ii. Financial records.

**Historical Note**

Former Section R9-10-211 renumbered as R9-10-311 as an emergency effective February 22, 1979, new Section R9-10-211 adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-211 renumbered to R9-10-209; new Section R9-10-211 renumbered from R9-10-213 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

**R9-10-212. Patient Rights****A.** An administrator shall ensure that:

1. The requirements in subsection (B) and the patient rights in subsection (C) are conspicuously posted on the hospital's premises;
2. At the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (C); and
3. Policies and procedures include:
  - a. How and when a patient or the patient's representative is informed of patient rights in subsection (C), and
  - b. Where patient rights are posted as required in subsection (A)(1).

**B.** An administrator shall ensure that:

1. A patient is treated with dignity, respect, and consideration;
2. A patient is not subjected to:
  - a. Abuse;
  - b. Neglect;
  - c. Exploitation;
  - d. Coercion;
  - e. Manipulation;
  - f. Sexual abuse;
  - g. Sexual assault;

**C.** A patient has the following rights:

1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
2. To receive treatment that supports and respects the patient's individuality, choices, strengths, and abilities;
3. To receive privacy in treatment and care for personal needs;
4. To have access to a telephone;
5. To review, upon written request, the patient's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
6. To receive a referral to another health care institution if the hospital is not authorized or not able to provide physi-

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cal health services or behavioral health services needed by the patient;

7. To participate or have the patient's representative participate in the development of, or decisions concerning, treatment;
8. To participate or refuse to participate in research or experimental treatment; and
9. To receive assistance from a family member, representative, or other individual in understanding, protecting, or exercising the patient's rights.

**Historical Note**

Former Section R9-10-212 renumbered as R9-10-312 as an emergency effective February 22, 1979, new Section R9-10-212 adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1). Section R9-10-212 renumbered to R9-10-210; new Section R9-10-212 renumbered from R9-10-209 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-213. Medical Records****A.** An administrator shall ensure that:

1. A medical record is established and maintained for each patient according to A.R.S. § Title 12, Chapter 13, Article 7.1;
2. An entry in a patient's medical record is:
  - a. Recorded only by a personnel member authorized by policies and procedures to make the entry;
  - b. Dated, legible, and authenticated; and
  - c. Not changed to make the initial entry illegible;
3. An order is:
  - a. Dated when the order is entered in the patient's medical record and includes the time of the order;
  - b. Authenticated by a medical staff member according to policies and procedures; and
  - c. If the order is a verbal order, authenticated by a medical staff member or medical practitioner;
4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
5. A patient's medical record is available to personnel members and medical staff members authorized by policies and procedures to access the medical record;
6. Policies and procedures include the maximum time-frame to retrieve an onsite or off-site patient's medical record at the request of a medical staff member or authorized personnel member; and
7. A patient's medical record is protected from loss, damage, or unauthorized use.

**B.** If a hospital maintains patients' medical records electronically, an administrator shall ensure that:

1. Safeguards exist to prevent unauthorized access, and
2. The date and time of an entry in a patient's medical record is recorded by the computer's internal clock.

**C.** An administrator shall ensure that a medical record for an inpatient contains:

1. Patient information that includes:
  - a. The patient's name;
  - b. The patient's address;

- c. The patient's date of birth; and
- d. Any known allergy, including medication allergies or sensitivities;

## 2. Medication information that includes:

- a. A medication ordered for the patient; and
- b. A medication administered to the patient including:
  - i. The date and time of administration;
  - ii. The name, strength, dosage, amount, and route of administration;
  - iii. The identification and authentication of the individual administering the medication; and
  - iv. Any adverse reaction the patient has to the medication;

## 3. Documentation of general consent and, if applicable, informed consent for treatment by the patient or the patient's representative, except in an emergency;

## 4. A medical history and results of a physical examination or an interval note;

## 5. If the patient provides a health care directive, the health care directive signed by the patient;

## 6. An admitting diagnosis;

## 7. The date of admission and, if applicable, the date of discharge;

## 8. Names of the admitting medical staff member and medical practitioners coordinating the patient's care;

## 9. If applicable, the name and contact information of the patient's representative and:

- a. If the patient is 18 years of age or older or an emancipated minor, the document signed by the patient consenting for the patient's representative to act on the patient's behalf; or
- b. If the patient's representative:
  - i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
  - ii. Is a legal guardian, a copy of the court order establishing guardianship;

## 10. Orders;

## 11. Care plans;

## 12. Documentation of hospital services provided to the patient;

## 13. Progress notes;

## 14. The disposition of the patient after discharge;

## 15. Discharge planning, including discharge instructions required in R9-10-209(B)(3);

## 16. A discharge summary; and

## 17. If applicable:

- a. A laboratory report,
- b. A pathology report,
- c. An autopsy report,
- d. A radiologic report,
- e. A diagnostic imaging report,
- f. Documentation of restraint or seclusion, and
- g. A consultation report.

**D.** An administrator shall ensure that a hospital's medical record for an outpatient contains:

## 1. Patient information that includes:

- a. The patient's name;
- b. The patient's address;
- c. The patient's date of birth;
- d. The name and contact information of the patient's representative, if applicable; and
- e. Any known allergy including medication allergies or sensitivities;

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2. If necessary for treatment, medication information that includes:
    - a. A medication ordered for the patient; and
    - b. A medication administered to the patient including:
      - i. The date and time of administration;
      - ii. The name, strength, dosage, amount, and route of administration;
      - iii. The identification and authentication of the individual administering the medication; and
      - iv. Any adverse reaction the patient has to the medication;
  3. Documentation of general and, if applicable, informed consent for treatment by the patient or the patient's representative, except in an emergency;
  4. An admitting diagnosis or reason for outpatient medical services;
  5. Orders;
  6. Documentation of hospital services provided to the patient; and
  7. If applicable:
    - a. A laboratory report,
    - b. A pathology report,
    - c. An autopsy report,
    - d. A radiologic report,
    - e. A diagnostic imaging report,
    - f. Documentation of restraint or seclusion, and
    - g. A consultation report.
- E.** In addition to the requirements in subsection (D), an administrator shall ensure that the hospital's record of emergency services provided to a patient contains:
1. Documentation of treatment the patient received before arrival at the hospital, if available;
  2. The patient's medical history;
  3. An assessment, including the name of the individual performing the assessment;
  4. The patient's chief complaint;
  5. The name of the individual who treated the patient in the emergency room, if applicable; and
  6. The disposition of the patient after discharge.
- Historical Note**
- Former Section R9-10-213 renumbered as R9-10-313 as an emergency effective February 23, 1979, new Section R9-10-213 adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1). Section R9-10-213 renumbered to R9-10-211; new Section R9-10-213 renumbered from R9-10-228 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).
- R9-10-214. Nursing Services**
- A.** An administrator shall ensure that:
1. Nursing services are provided 24 hours a day, and
  2. A nurse executive is appointed who is qualified according to policies and procedures.
- B.** A nurse executive shall designate a registered nurse who is present on the hospital's premises to be accountable for managing the nursing services when the nurse executive is not present in the hospital.
- C.** A nurse executive shall ensure that:
1. Policies and procedures for nursing services are established, documented, and implemented;
2. An acuity plan is established, documented, and implemented that includes:
    - a. A method that establishes the types and numbers of nursing personnel that are required for each unit in the hospital;
    - b. An assessment of a patient's need for nursing services made by a registered nurse providing nursing services directly to the patient; and
    - c. A policy and procedure stating the steps a hospital will take to:
      - i. Obtain the necessary nursing personnel to meet patient acuity, and
      - ii. Make assignments for patient care according to the acuity plan;
  3. Registered nurses, including registered nurses providing nursing services directly to a patient, are knowledgeable about the acuity plan and implement the acuity plan established under subsection (C)(2);
  4. If licensed capacity in an organized service is exceeded or patients are kept in areas without licensed beds, nursing personnel are assigned according to the specific rules for the organized service in this Chapter;
  5. There is at least one registered nurse on the hospital's premises whether or not there is a patient;
  6. A general hospital has at least two registered nurses on the general hospital's premises when there is more than one patient;
  7. A special hospital offering emergency services or obstetrical services has at least two registered nurses on the special hospital's premises when there is more than one patient;
  8. A special hospital not offering emergency services or obstetrical services has at least one registered nurse and one other nurse on the special hospital's premises when there is more than one patient;
  9. A rural general hospital with more than one patient has at least one registered nurse and at least one other nursing personnel member on the rural general hospital's premises. If there is only one registered nurse on the rural general hospital's premises, an additional registered nurse is on-call who is able to be present on the rural general hospital's premises within 15 minutes after being called;
  10. If a hospital has a patient in a unit, there is at least one registered nurse present in the unit;
  11. If a hospital has more than one patient in a unit, there is at least one registered nurse and one additional nursing personnel member present in the unit;
  12. At least one registered nurse is present and accountable for the nursing services provided to a patient:
    - a. During the delivery of a neonate,
    - b. In an operating room, and
    - c. In a post-anesthesia care unit;
  13. Nursing personnel work schedules are planned, reviewed, adjusted, and documented to meet patient needs and emergencies;
  14. A registered nurse assesses, plans, directs, and evaluates nursing services provided to a patient;
  15. There is a care plan for each inpatient based on the inpatient's need for nursing services; and
  16. Nursing personnel document nursing services in a patient's medical record.
- Historical Note**
- Former Section R9-10-214 renumbered as R9-10-314 as an emergency effective February 22, 1979, new Section R9-10-214 adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final



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rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-214 renumbered to R9-10-215; new Section R9-10-214 renumbered from R9-10-208 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-215. Surgical Services**

An administrator of a general hospital shall ensure that:

1. There is an organized service that provides surgical services under the direction of a medical staff member;
2. There is a designated area for providing surgical services as an organized service;
3. The area of the hospital designated for surgical services is managed by a registered nurse or a physician;
4. Documentation is available in the surgical services area that specifies each medical staff member's clinical privileges to perform surgical procedures in the surgical services area;
5. Postoperative orders are documented in the patient's medical record;
6. There is a chronological log of surgical procedures performed in the surgical services area that contains:
  - a. The date of the surgical procedure,
  - b. The patient's name,
  - c. The type of surgical procedure,
  - d. The time in and time out of the operating room,
  - e. The name and title of each individual performing or assisting in the surgical procedure,
  - f. The type of anesthesia used,
  - g. An identification of the operating room used, and
  - h. The disposition of the patient after the surgical procedure;
7. The chronological log required in subsection (6) is maintained in the surgical services area for at least 12 months after the date of the surgical procedure and then maintained by the hospital for an additional 12 months;
8. The medical staff designate in writing the surgical procedures that may be performed in areas other than the surgical services area;
9. The hospital has the medical staff members, personnel members, and equipment to provide the surgical procedures offered in the surgical services area;
10. A patient and the surgical procedure to be performed on the patient are identified before initiating the surgical procedure;
11. Except in an emergency, a medical staff member or a surgeon performs a medical history and physical examination within 30 calendar days before performing a surgical procedure on a patient;
12. Except as provided in subsection (14), a medical staff member or a surgeon enters an interval note in the patient's medical record before performing a surgical procedure;
13. Except as provided in subsection (14), the following are documented in a patient's medical record before a surgical procedure:
  - a. A preoperative diagnosis;
  - b. Each diagnostic test performed in the hospital;
  - c. A medical history and physical examination as required in subsection (11) and an interval note as required in subsection (12);
  - d. A consent or refusal for blood or blood products signed by the patient or the patient's representative, if applicable; and

- e. Informed consent according to policies and procedures; and

14. In an emergency, the documentation required in subsections (12) and (13) is completed within 24 hours after a surgical procedure on a patient is completed.

**Historical Note**

Former Section R9-10-215 renumbered as R9-10-315 as an emergency effective February 22, 1979, new Section R9-10-215 adopted effective February 23, 1979 (Supp. 79-1). Amended subsection (D) effective August 31, 1988 (Supp. 88-3). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-215 renumbered to R9-10-216; new Section R9-10-215 renumbered from R9-10-214 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-216. Anesthesia Services**

An administrator shall ensure that:

1. Anesthesia services provided in conjunction with surgical services performed in the operating room are provided as an organized service under the direction of a medical staff member;
2. Documentation is available in the surgical services area that specifies the medical staff member's clinical privileges to administer anesthesia;
3. Except in an emergency, an anesthesiologist or a nurse anesthetist performs a pre-anesthesia evaluation within 48 hours before anesthesia is administered in conjunction with surgical services;
4. Anesthesia administration is documented in a patient's medical record and includes:
  - a. A pre-anesthesia evaluation, if applicable;
  - b. An intra-operative anesthesia record;
  - c. The postoperative status of the patient upon leaving the operating room; and
  - d. Post-anesthesia documentation by the individual performing the post-anesthesia evaluation that includes the information required by the medical staff bylaws and medical staff regulations; and
5. A registered nurse or a physician documents resuscitative measures in the patient's medical record.

**Historical Note**

Adopted as an emergency effective April 2, 1976 (Supp. 76-2). Adopted effective August 25, 1977 (Supp. 77-4). Former Section R9-10-216 renumbered as R9-10-316 as an emergency effective February 22, 1979, new Section R9-10-216 adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-216 renumbered to R9-10-217; new Section R9-10-216 renumbered from R9-10-215 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

**R9-10-217. Emergency Services**

A. An administrator of a general hospital or a rural general hospital shall ensure that:

1. Emergency services are provided 24 hours a day in a designated area of the hospital;
2. Emergency services are provided as an organized service under the direction of a medical staff member;

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3. The scope and extent of emergency services offered are documented in the hospital's scope of services;
  4. Emergency services are provided to an individual, including a woman in active labor, requesting emergency services;
  5. If emergency services cannot be provided at the hospital to meet the needs of a patient in an emergency, measures and procedures are implemented to minimize risk to the patient until the patient is transported or transferred to another hospital;
  6. A roster of on-call medical staff members is available in the emergency services area;
  7. There is a chronological log of emergency services provided to patients that includes:
    - a. The patient's name;
    - b. The date, time, and mode of arrival; and
    - c. The disposition of the patient including discharge, transfer, or admission; and
  8. The chronological log required in subsection (A)(7) is maintained:
    - a. In the emergency services area for at least 12 months after the date of the emergency services; and
    - b. By the hospital for at least an additional four years.
- B.** An administrator of a special hospital that provides emergency services shall comply with subsection (A).
- C.** An administrator of a hospital that provides emergency services, but does not provide perinatal organized services, shall ensure that emergency perinatal services are provided within the hospital's capabilities to meet the needs of a patient and a neonate, including the capability to deliver a neonate and to keep the neonate warm until transfer to a hospital providing perinatal organized services.
- D.** An administrator of a hospital that provides emergency services shall ensure that a room used for seclusion in a designated area of the hospital used for providing emergency services, complies with applicable physical plant health and safety codes and standards for a secure hold room as described in the American Institute of Architects and Facilities Guidelines Institute, Guidelines for Design and Construction of Health Care Facilities, incorporated by reference in R9-10-104.01.

**Historical Note**

Adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-217 renumbered to R9-10-218; new Section R9-10-217 renumbered from R9-10-216 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4).

**R9-10-218. Pharmaceutical Services**

An administrator shall ensure that:

1. Pharmaceutical services are provided under the direction of a pharmacist according to A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23;
2. A copy of the pharmacy license is provided to the Department for review upon the Department's request;
3. A committee, composed of at least one physician, one pharmacist, and other personnel members as determined by policies and procedures, is established to:

- a. Develop a drug formulary,
  - b. Update the drug formulary at least once every 12 months,
  - c. Develop medication usage and medication substitution policies and procedures, and
  - d. Specify which medications and medication classifications are required to be automatically stopped after a specified time period unless the ordering medical staff member specifically orders otherwise;
4. An expired, mislabeled, or unusable medication is disposed of according to policies and procedures;
  5. A medication administration error or an adverse reaction is reported to the ordering medical staff member or the medical staff member's designee;
  6. A pharmacy medication dispensing error is reported to the pharmacist;
  7. In a pharmacist's absence, personnel members designated by policies and procedures have access to a locked area containing a medication;
  8. A medication is maintained at temperatures recommended by the manufacturer;
  9. A cart used for an emergency:
    - a. Contains medication, supplies, and equipment as specified in policies and procedures;
    - b. Is available to a unit; and
    - c. Is sealed until opened in an emergency;
  10. Emergency cart contents and sealing of the emergency cart are verified and documented according to policies and procedures;
  11. Policies and procedures specify individuals who may:
    - a. Order medication, and
    - b. Administer medication;
  12. A medication is administered in compliance with an order;
  13. A medication administered to a patient is documented as required in R9-10-213;
  14. If pain medication is administered to a patient, documentation in the patient's medical record includes:
    - a. An assessment of the patient's pain before administering the medication, and
    - b. The effect of the pain medication administered; and
  15. Policies and procedures specify a process for review through the quality management program of:
    - a. A medication administration error,
    - b. An adverse reaction to a medication, and
    - c. A pharmacy medication dispensing error.

**Historical Note**

Adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1). Section R9-10-218 renumbered to R9-10-219; new Section R9-10-218 renumbered from R9-10-217 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-219. Clinical Laboratory Services and Pathology Services**

An administrator shall ensure that:

1. Clinical laboratory services and pathology services are provided by a hospital through a laboratory that holds a certificate of accreditation or certificate of compliance issued by the United States Department of Health and

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Human Services under the 1988 amendments to the Clinical Laboratories Improvement Act of 1967;

2. A copy of the certificate of accreditation or certificate of compliance in subsection (1) is provided to the Department for review upon the Department's request;
3. A general hospital or a rural general hospital provides clinical laboratory services 24 hours a day on the hospital's premises to meet the needs of a patient in an emergency;
4. A special hospital whose patients require clinical laboratory services:
  - a. Is able to provide clinical laboratory services when needed by the patients;
  - b. Obtains specimens for clinical laboratory services without transporting the patients from the special hospital's premises; and
  - c. Has the examination of the specimens performed by a clinical laboratory on the special hospital's premises or by arrangement with a clinical laboratory not on the special hospital's premises;
5. A hospital that provides clinical laboratory services 24 hours a day has on duty or on-call laboratory personnel authorized by policies and procedures to perform testing;
6. A hospital that offers surgical services provides pathology services on the hospital's premises or by contracted service to meet the needs of a patient;
7. Clinical laboratory and pathology test results are:
  - a. Available to the medical staff:
    - i. Within 24 hours after the test is completed if the test is performed at a laboratory on the hospital's premises; or
    - ii. Within 24 hours after the test result is received if the test is performed at a laboratory not on the hospital's premises; and
  - b. Documented in a patient's medical record;
8. If a test result is obtained that indicates a patient may have an emergency medical condition, as established by medical staff, laboratory personnel notify the ordering medical staff member or a registered nurse in the patient's assigned unit;
9. If a clinical laboratory report, a pathology report, or an autopsy report is completed on a patient, a copy of the report is included in the patient's medical record;
10. Policies and procedures are established, documented, and implemented for:
  - a. Procuring, storing, transfusing, and disposing of blood and blood products;
  - b. Blood typing, antibody detection, and blood compatibility testing; and
  - c. Investigating transfusion adverse reactions that specify a process for review through the quality management program;
11. If blood and blood products are provided by contract, the contract includes:
  - a. The availability of blood and blood products through the contract; and
  - b. The process for delivery of blood and blood products through the contract; and
12. Expired laboratory supplies are discarded according to policies and procedures.

**Historical Note**

Adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1). Section R9-10-219 renum-

bered to R9-10-220; new Section R9-10-219 renumbered from R9-10-218 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-220. Radiology Services and Diagnostic Imaging Services****A.** An administrator shall ensure that:

1. Radiology services and diagnostic imaging services are provided in compliance with A.R.S. Title 30, Chapter 4 and 9 A.A.C. 7;
2. A copy of a certificate documenting compliance with subsection (A)(1) is provided to the Department for review upon the Department's request;
3. A general hospital or a rural general hospital provides radiology services 24 hours a day on the hospital's premises to meet the emergency needs of a patient;
4. A hospital that provides surgical services has radiology services and diagnostic imaging services on the hospital's premises to meet the needs of patients;
5. A general hospital or a rural general hospital has a radiologic technologist on duty or on-call; and
6. Except as provided in subsection (A)(4), a special hospital whose patients require radiology services and diagnostic imaging services is able to provide the radiology services and diagnostic imaging services when needed by the patients:
  - a. On the special hospital's premises; or
  - b. By arrangement with a radiology and diagnostic imaging facility that is not on the special hospital's premises.

**B.** An administrator of a hospital that provides radiology services or diagnostic imaging services on the hospital's premises shall ensure that:

1. Radiology services and diagnostic imaging services are provided:
  - a. Under the direction of a medical staff member; and
  - b. According to an order that includes:
    - i. The patient's name;
    - ii. The name of the ordering individual;
    - iii. The radiological or diagnostic imaging procedure ordered; and
    - iv. The reason for the procedure;
2. A medical staff member or radiologist interprets the radiologic or diagnostic image;
3. A radiologic or diagnostic imaging patient report is prepared that includes:
  - a. The patient's name;
  - b. The date of the procedure;
  - c. A medical staff member's or radiologist's interpretation of the image;
  - d. The type and amount of radiopharmaceutical used, if applicable; and
  - e. The adverse reaction to the radiopharmaceutical, if any; and
4. A radiologic or diagnostic imaging report is included in the patient's medical record.

**Historical Note**

Adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1). Section R9-10-220 renum-

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bered to R9-10-221; new Section R9-10-220 renumbered from R9-10-219 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-221. Intensive Care Services**

Except for a special hospital that provides only psychiatric services, an administrator of a hospital that provides intensive care services shall ensure that:

1. Intensive care services are provided as an organized service in a designated area under the direction of a medical staff member;
2. An inpatient admitted for intensive care services is personally visited by a physician at least once every 24 hours;
3. Admission and discharge criteria for intensive care services are established;
4. A personnel member's responsibilities for initiation of medical services in an emergency to a patient in an intensive care unit pending the arrival of a medical staff member are established and documented in policies and procedures;
5. In addition to the requirements in R9-10-214(C), an intensive care unit is staffed:
  - a. With at least one registered nurse assigned for every two patients, and
  - b. According to an acuity plan as required in R9-10-214;
6. Each intensive care unit has a policy and procedure that provides for meeting the needs of the patients;
7. If the medical services of an intensive care patient are reduced to a lesser level of care in the hospital, but the patient is not physically relocated, the nurse to patient ratio is based on the needs of the patient;
8. Private duty staff do not provide hospital services in an intensive care unit;
9. At least one registered nurse assigned to a patient in an intensive care unit is certified in advanced cardiac life support specific to the age of the patient;
10. Resuscitation, emergency, and other equipment are available to meet the needs of a patient including:
  - a. Ventilatory assistance equipment,
  - b. Respiratory and cardiac monitoring equipment,
  - c. Suction equipment,
  - d. Portable radiologic equipment, and
  - e. A patient weighing device for patients restricted to a bed; and
11. An intensive care unit has at least one emergency cart that is maintained according to R9-10-218.

**Historical Note**

Former Section R9-10-221 renumbered as R9-10-317 as an emergency effective February 22, 1979, new Section R9-10-221 adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-221 renumbered to R9-10-222; new Section R9-10-221 renumbered from R9-10-220 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-222. Respiratory Care Services**

An administrator of a hospital that provides respiratory care services shall ensure that:

1. Respiratory care services are provided under the direction of a medical staff member;
2. Respiratory care services are provided according to an order that includes:
  - a. The patient's name;
  - b. The name and signature of the ordering individual;
  - c. The type, frequency, and, if applicable, duration of treatment;
  - d. The type and dosage of medication and diluent; and
  - e. The oxygen concentration or oxygen liter flow and method of administration;
3. Respiratory care services provided to a patient are documented in the patient's medical record and include:
  - a. The date and time of administration;
  - b. The type of respiratory care services;
  - c. The effect of respiratory care services;
  - d. If applicable, any adverse reaction to respiratory care services; and
  - e. The authentication of the individual providing the respiratory care services; and
4. Any area or unit that performs blood gases or clinical laboratory tests complies with the requirements in R9-10-219.

**Historical Note**

Former Section R9-10-222 renumbered as R9-10-318 as an emergency effective February 22, 1979, new Section R9-10-222 adopted effective February 23, 1979 (Supp. 79-1). Correction, subsection (D)(3) reference to paragraph (E)(2) should read subsection (D)(2). (Supp. 79-6). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1). Section R9-10-222 renumbered to R9-10-223; new Section R9-10-222 renumbered from R9-10-221 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-223. Perinatal Services**

- A. An administrator of a hospital that provides perinatal organized services shall ensure that:
  1. Perinatal services are provided in a designated area under the direction of a medical staff member;
  2. Only medical and surgical procedures approved by the medical staff are performed in the perinatal services unit;
  3. The perinatal services unit has the capability to initiate an emergency cesarean delivery within the time-frame established by the medical staff and documented in policies and procedures;
  4. Only a patient in need of perinatal services or gynecological services receives perinatal services or gynecological services in the perinatal services unit;
  5. A patient receiving gynecological services does not share a room with a patient receiving perinatal services;
  6. A chronological log of perinatal services provided to patients is maintained that includes:
    - a. The patient's name;
    - b. The date, time, and mode of the patient's arrival;
    - c. The disposition of the patient including discharge, transfer, or admission time;
    - d. The following information for a delivery of a neonate:

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- i. The neonate's name or other identifier;
    - ii. The name of the medical staff member who delivered the neonate;
    - iii. The delivery time and date; and
    - iv. Complications of delivery, if any; and
  - e. If an abortion procedure was performed at or after 20 weeks gestational age, whether the fetus was delivered alive;
  7. The chronological log required in subsection (A)(6) is maintained by the hospital in the perinatal services unit for at least 12 months after the date the perinatal services are provided and then maintained by the hospital for at least an additional 12 months;
  8. The perinatal services unit provides fetal monitoring;
  9. The perinatal services unit has ultrasound capability;
  10. Except in an emergency, a neonate is identified as required by policies and procedures before moving the neonate from a delivery area;
  11. Policies and procedures specify:
    - a. Security measures to prevent neonatal abduction, and
    - b. How the hospital determines to whom a neonate may be discharged;
  12. A neonate is discharged only to an individual who:
    - a. Is authorized according to subsection (A)(11), and
    - b. Provides identification;
  13. A neonate's medical record identifies the individual to whom the neonate is discharged;
  14. A patient or the individual to whom the neonate is discharged receives perinatal education, discharge instructions, and a referral for follow-up care for a neonate in addition to the discharge planning requirements in R9-10-209;
  15. Intensive care services for neonates comply with the requirements in R9-10-221;
  16. At least one registered nurse is on duty in a nursery when there is a neonate in the nursery except as provided in subsection (A)(17);
  17. A nursery occupied only by a neonate, who is placed in the nursery for the convenience of the neonate's mother and does not require treatment as established in this Article, is staffed by a nurse;
  18. Equipment and supplies are available to a nursery, labor-delivery-recovery room, or labor-delivery-recovery-postpartum room to meet the needs of each neonate; and
  19. In a nursery, only a neonate's bed or bassinet is used for changing diapers, bathing, or dressing the neonate.
- B.** An administrator of a hospital that does not provide perinatal organized services shall comply with the requirements in R9-10-217(C).
- C.** In addition to applicable requirements in A.R.S. Title 36, Chapter 20, an administrator of a hospital in which an abortion procedure is performed shall ensure that:
1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that require:
    - a. For an abortion procedure performed at or after 20 weeks gestational age, a personnel member or medical staff member qualified according to policies and procedures to perform neonatal resuscitation, other than the physician performing the abortion procedure, is in the room in which the abortion procedure is performed before the delivery of the fetus;
    - b. Compliance with A.R.S. § 36-2301.01, if applicable;
    - c. Neonatal resuscitation of a fetus delivered alive, according to A.R.S. § 36-2301(D)(3); and
    - d. A medical record to be established and maintained for a fetus delivered alive;
  2. The medical record of a patient receiving an abortion procedure contains:
    - a. Documentation from the physician providing the abortion procedure and other personnel members present certifying that the fetus was not delivered alive, or
    - b. A link to the medical record of a fetus delivered alive; and
  3. For a fetus delivered alive, a medical record contains:
    - a. An identification of the fetus, including:
      - i. The name of the patient from whom the fetus was delivered alive, and
      - ii. The date the fetus was delivered alive;
    - b. Orders issued by a physician, physician assistant, or registered nurse practitioner;
    - c. A record of medical services, nursing services, and health-related services provided to the fetus delivered alive;
    - d. If applicable, information about medication administered to the fetus delivered alive; and
    - e. If the fetus had a lethal fetal condition, the results of the confirmation of the lethal fetal condition.

**Historical Note**

Former Section R9-10-223 renumbered as R9-10-319 as an emergency effective February 22, 1979, new Section R9-10-223 adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-223 renumbered to R9-10-224; new Section R9-10-223 renumbered from R9-10-222 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

**R9-10-224. Pediatric Services**

- A.** An administrator of a hospital that provides pediatric services or pediatric organized services according to the requirements in this Section shall ensure that:
1. Consistent with the health and safety of a pediatric patient, arrangements are made for a parent or a guardian of the pediatric patient to stay overnight;
  2. Policies and procedures are established, documented, and implemented for:
    - a. Infection control for shared toys, books, stuffed animals, and other items in a community playroom; and
    - b. Visitation of a pediatric patient, including age limits if applicable;
  3. A pediatric inpatient is only admitted if the hospital has the staff, equipment, and supplies available to meet the needs of the pediatric patient based on the pediatric patient's medical condition and the hospital's scope of services; and
  4. If the hospital provides pediatric intensive care services, the pediatric intensive care services comply with intensive care services requirements in R9-10-221.
- B.** An administrator of a hospital that provides pediatric organized services shall ensure that pediatric services are provided in a designated area under the direction of a medical staff member.
- C.** An administrator shall ensure that in a multi-organized service unit or a patient care unit that is providing medical and nursing

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services to an adult patient and a pediatric patient according to this Section:

1. A pediatric patient is not placed in a patient room with an adult patient, and
  2. A medication for a pediatric patient that is stored in the patient care unit is stored separately from a medication for an adult patient.
- D.** A hospital may use a bed in a pediatric organized services patient care unit for an adult patient if an administrator establishes, documents, and implements policies and procedures that:
1. Delineate the specific conditions under which an adult patient is placed in a bed in the pediatric organized services unit, and
  2. Except as provided in subsections (H) and (I), ensure that an adult patient is:
    - a. Not placed in a pediatric organized services patient care unit if a pediatric patient is admitted to and present in the pediatric organized services patient care unit, and
    - b. Transferred out of the pediatric organized services patient care unit to an appropriate level of care when a pediatric patient is admitted to the pediatric organized services patient care unit.
- E.** Except as provided in subsections (F) and (G), an administrator of a hospital that does not provide pediatric organized services may admit a pediatric inpatient only in an emergency.
- F.** Subsection (G) only applies to a general hospital or rural general hospital that:
1. Does not provide pediatric organized services;
  2. Has designated in the general hospital's or rural general hospital's scope of services, inpatient services that are available to a pediatric patient;
  3. Has a licensed capacity of less than 100; and
  4. Is located in a county with a population of less than 500,000.
- G.** An administrator of a general hospital or rural general hospital that meets the criteria in subsection (F) shall ensure that:
1. There are pediatric-appropriate equipment and supplies available, based on the hospital services designated for pediatric patients in the general hospital or rural general hospital's scope of services; and
  2. Personnel members that are or may be assigned to provide hospital services to a pediatric patient have the appropriate skills and knowledge for providing hospital services to a pediatric patient, based on the general hospital's or rural general hospital's scope of services.
- H.** Subsection (I) only applies to a general hospital or a rural general hospital that:
1. Provides pediatric organized services in a patient care unit;
  2. Has designated in the general hospital's or rural general hospital's scope of services, inpatient services that are available to an adult patient in a pediatric organized services patient care unit;
  3. Has a licensed capacity of less than 100; and
  4. Is located in a county with a population of less than 500,000.
- I.** An administrator of a general hospital or rural general hospital that meets the criteria in subsection (H) shall comply with the requirements in subsection (D)(1).

**Historical Note**

Adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by exempt rulemaking at 18 A.A.R. 1719,

effective June 30, 2012 (Supp. 12-2). Section R9-10-224 renumbered to R9-10-225; new Section R9-10-224 renumbered from R9-10-223 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-225. Psychiatric Services**

- A.** An administrator of a hospital that contains an organized psychiatric services unit or a special hospital licensed to provide psychiatric services shall ensure that in the organized psychiatric unit or special hospital:
1. Psychiatric services are provided under the direction of a medical staff member;
  2. An inpatient admitted to the organized psychiatric services unit or special hospital has a principal diagnosis of a mental disorder, a personality disorder, substance abuse, or a significant psychological or behavioral response to an identifiable stressor;
  3. Except in an emergency, a patient receives a nursing assessment before treatment for the patient is initiated;
  4. An individual whose medical needs cannot be met while the individual is an inpatient in an organized psychiatric services unit or a special hospital is not admitted to or is transferred out of the organized psychiatric services unit or special hospital;
  5. Policies and procedures for the organized psychiatric services unit or special hospital are established, documented, and implemented that:
    - a. Establish qualifications for medical staff members and personnel members who provide clinical oversight to behavioral health technicians;
    - b. Establish the process for patient assessment, including identification of a patient's medical conditions and criteria for the on-going monitoring of any identified medical condition;
    - c. Establish the process for developing and implementing a patient's care plan including:
      - i. Obtaining the patient's or the patient's representative's participation in the development of the patient's care plan;
      - ii. Ensuring that the patient is informed of the modality, frequency, and duration of any treatments that are included in the patient's care plan;
      - iii. Informing the patient that the patient has the right to refuse any treatment;
      - iv. Updating the patient's care plan and informing the patient of any changes to the patient's care plan; and
      - v. Documenting the actions in subsection (A)(5)(c)(i) through (iv) in the patient's medical record;
    - d. Establish the process for warning an identified or identifiable individual, as described in A.R.S. § 36-517.02 (B) through (C), if a patient communicates to a medical staff member or personnel member a threat of imminent serious physical harm or death to the individual and the patient has the apparent intent and ability to carry out the threat;
    - e. Establish the criteria for determining when an inpatient's absence is unauthorized, including whether the inpatient:

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- i. Was admitted under A.R.S. Title 36, Chapter 5, Articles 1, 2, or 3;
    - ii. Is absent against medical advice; or
    - iii. Is under 18 years of age;
  - f. Identify each type of restraint and seclusion used in the organized psychiatric services unit or special hospital and include for each type of restraint and seclusion used:
    - i. The qualifications of a medical staff member or personnel member who can:
      - (1) Order the restraint or seclusion,
      - (2) Place a patient in the restraint or seclusion,
      - (3) Monitor a patient in the restraint or seclusion,
      - (4) Evaluate a patient's physical and psychological well-being after being placed in the restraint or seclusion and when released from the restraint or seclusion, or
      - (5) Renew the order for restraint or seclusion;
    - ii. On-going training requirements for a medical staff member or personnel member who has direct patient contact while the patient is in a restraint or in seclusion; and
    - iii. Criteria for monitoring and assessing a patient including:
      - (1) Frequencies of monitoring and assessment based on a patient's condition, cognitive status, situational factors, and risks associated with the specific restraint or seclusion;
      - (2) For the renewal of an order for restraint or seclusion, whether an assessment is required before the order is renewed and, if an assessment is required, who may conduct the assessment;
      - (3) Assessment content, which may include, depending on a patient's condition, the patient's vital signs, respiration, circulation, hydration needs, elimination needs, level of distress and agitation, mental status, cognitive functioning, neurological functioning, and skin integrity;
      - (4) If a mechanical restraint is used, how often the mechanical restraint is monitored or loosened; and
      - (5) A process for meeting a patient's nutritional needs and elimination needs;
  - g. Establish the criteria and procedures for renewing an order for restraint or seclusion;
  - h. Establish procedures for internal review of the use of restraint or seclusion;
  - i. Establish requirements for notifying the parent or guardian of a patient who is under 18 years of age and who is restrained or secluded; and
  - j. Establish medical record and personnel record documentation requirements for restraint and seclusion, if applicable;
6. If time-out is used in the organized psychiatric services unit or special hospital, a time-out:
- a. Takes place in an area that is unlocked, lighted, quiet, and private;
  - b. Does not take place in the room approved for seclusion by the Department under R9-10-104;
  - c. Is time-limited and does not exceed two hours per incident or four hours per day;
  - d. Does not result in a patient's missing a meal if the patient is in time-out at mealtime;
  - e. Includes monitoring of the patient by a medical staff member or personnel member at least once every 15 minutes to ensure the patient's health, safety, and welfare and to determine if the patient is ready to leave time-out; and
  - f. Is documented in the patient's medical record, to include:
    - i. The date of the time-out,
    - ii. The reason for the time-out,
    - iii. The duration of the time-out, and
    - iv. The action planned and taken to address the reason for the time-out;
7. Restraint or seclusion is:
- a. Not used as a means of coercion, discipline, convenience, or retaliation;
  - b. Only used when all of the following conditions are met:
    - i. Except as provided in subsection (A)(8), after obtaining an order for the restraint or seclusion;
    - ii. For the management of a patient's aggressive, violent, or self-destructive behavior;
    - iii. When less restrictive interventions have been determined to be ineffective; and
    - iv. To ensure the immediate physical safety of the patient, to prevent imminent harm to the patient or another individual, or to stop physical harm to another individual; and
  - c. Discontinued at the earliest possible time;
8. If as a result of a patient's aggressive, violent, or self-destructive behavior, harm to the patient or another individual is imminent or the patient or another individual is being physically harmed, a personnel member:
- a. May initiate an emergency application of restraint or seclusion for the patient before obtaining an order for the restraint or seclusion, and
  - b. Obtains an order for the restraint or seclusion of the patient during the emergency application of the restraint or seclusion;
9. Restraint or seclusion is:
- a. Only ordered by a physician or a registered nurse practitioner, and
  - b. Not written as a standing order or on an as-needed basis;
10. An order for restraint or seclusion includes:
- a. The name of the individual ordering the restraint or seclusion;
  - b. The date and time that the restraint or seclusion was ordered;
  - c. The specific restraint or seclusion ordered;
  - d. If a drug is ordered as a chemical restraint, the drug's name, strength, dosage, and route of administration;
  - e. The specific criteria for release from restraint or seclusion without an additional order; and
  - f. The maximum duration authorized for the restraint or seclusion;
11. An order for restraint or seclusion is limited to the duration of the emergency situation and does not exceed:
- a. Four continuous hours for a patient who is 18 years of age or older,
  - b. Two continuous hours for a patient who is between the ages of nine and 17 years of age, or
  - c. One continuous hour for a patient who is younger than nine years of age;

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12. If restraint and seclusion are used on a patient simultaneously, the patient receives continuous:
  - a. Face-to-face monitoring by a medical staff member or personnel member, or
  - b. Video and audio monitoring by a medical staff member or personnel member who is in close proximity to the patient;
13. If an order for restraint or seclusion of a patient is not provided by a medical practitioner coordinating the patient's medical services, the medical practitioner is notified as soon as possible;
14. A medical staff member or personnel member does not participate in restraint or seclusion, monitor a patient during restraint or seclusion, or evaluate a patient after restraint or seclusion until the medical staff member or personnel member completes education and training that:
  - a. Includes:
    - i. Techniques to identify medical staff member, personnel member, and patient behaviors; events; and environmental factors that may trigger circumstances that require restraint or seclusion;
    - ii. The use of nonphysical intervention skills, such as de-escalation, mediation, conflict resolution, active listening, and verbal and observational methods;
    - iii. Techniques for identifying the least restrictive intervention based on an assessment of the patient's medical or behavioral health condition;
    - iv. The safe use of restraint and the safe use of seclusion, including training in how to recognize and respond to signs of physical and psychological distress in a patient who is restrained or secluded;
    - v. Clinical identification of specific behavioral changes that indicate that the restraint or seclusion is no longer necessary;
    - vi. Monitoring and assessing a patient while the patient is in restraint or seclusion according to policies and procedures; and
    - vii. Training exercises in which medical staff members and personnel members successfully demonstrate the techniques that the medical staff members and personnel members have learned for managing emergency situations; and
  - b. Is provided by individuals qualified according to policies and procedures;
15. When a patient is placed in restraint or seclusion:
  - a. The restraint or seclusion is conducted according to policies and procedures;
  - b. The restraint or seclusion is proportionate and appropriate to the severity of the patient's behavior and the patient's:
    - i. Chronological and developmental age;
    - ii. Size;
    - iii. Gender;
    - iv. Physical condition;
    - v. Medical condition;
    - vi. Psychiatric condition; and
    - vii. Personal history, including any history of physical or sexual abuse;
  - c. The physician or registered nurse practitioner who ordered the restraint or seclusion is available for consultation throughout the duration of the restraint or seclusion;
- d. A patient is monitored and assessed according to policies and procedures;
- e. A physician or other health professional authorized by policies and procedures assesses the patient within one hour after the patient is placed in the restraint or seclusion and determines:
  - i. The patient's current behavior,
  - ii. The patient's reaction to the restraint or seclusion used,
  - iii. The patient's medical and behavioral condition, and
  - iv. Whether to continue or terminate the restraint or seclusion;
- f. The patient is given the opportunity:
  - i. To eat during mealtime, and
  - ii. To use the toilet; and
- g. The restraint or seclusion is discontinued at the earliest possible time, regardless of the length of time identified in the order;
16. If a patient is placed in seclusion, the room used for seclusion:
  - a. Is approved for use as a seclusion room by the Department under R9-10-104;
  - b. Is not used as a patient's bedroom or a sleeping area;
  - c. Allows full view of the patient in all areas of the room;
  - d. Is free of hazards, such as unprotected light fixtures or electrical outlets;
  - e. Contains at least 60 square feet of floor space; and
  - f. Except as provided in subsection (A)(17), contains a non-adjustable bed that:
    - i. Consists of a mattress on a solid platform that is:
      - (1) Constructed of a durable, non-hazardous material; and
      - (2) Raised off of the floor;
    - ii. Does not have wire springs or a storage drawer; and
    - iii. Is securely anchored in place;
17. If a room used for seclusion does not contain a non-adjustable bed required in subsection (A)(16)(f):
  - a. A piece of equipment is available for use in the room used for seclusion that:
    - i. Is commercially manufactured to safely and humanely restrain a patient's body;
    - ii. Provides support to the trunk and head of a patient's body;
    - iii. Provides restraint to the trunk of a patient's body;
    - iv. Is able to restrict movement of a patient's arms, legs, trunk, and head;
    - v. Allows a patient's body to recline; and
    - vi. Does not inflict harm on a patient's body; and
  - b. Documentation of the manufacturer's specifications for the piece of equipment in subsection (A)(17)(a) is maintained;
18. A seclusion room may be used for services or activities other than seclusion if:
  - a. A sign stating the service or activity scheduled or being provided in the room is conspicuously posted outside the room;
  - b. No permanent equipment other than the bed required in subsection (A)(16)(f) is in the room;



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- c. Policies and procedures are established, documented, and implemented that:
  - i. Delineate which services or activities other than seclusion may be provided in the room,
  - ii. List what types of equipment or supplies may be placed in the room for the delineated services, and
  - iii. Provide for the prompt removal of equipment and supplies from the room before the room is used for seclusion; and
- d. The sign required in subsection (A)(18)(a) and equipment and supplies in the room, other than the bed required in subsection (A)(16)(f), are removed before a patient is placed in seclusion in the room;
- 19. A medical staff member or personnel member documents the following information in a patient's medical record before the end of the shift in which the patient is placed in restraint or seclusion or, if the patient's restraint or seclusion does not end during the shift in which it began, during the shift in which the patient's restraint or seclusion ends:
  - a. The emergency situation that required the patient to be restrained or put in seclusion;
  - b. The times the patient's restraint or seclusion actually began and ended;
  - c. The time of the face-to-face assessment required in subsection (A)(12)(a);
  - d. The monitoring required in subsection (A)(12)(b) or (15)(d), as applicable;
  - e. The times the patient was given the opportunity to eat or use the toilet according to subsection (A)(15)(f); and
  - f. The names of the medical staff members and personnel members with direct patient contact while the patient was in the restraint or seclusion; and
- 20. If an emergency situation continues beyond the time limit of an order for restraint or seclusion, the order is renewed according to policies and procedures.
- B. For a patient who was admitted after a suicide attempt or who exhibits suicidal ideation, in addition to the admission requirements in R9-10-208 and discharge planning requirements in R9-10-209, an administrator shall ensure that:
  - 1. The patient receives a suicide assessment; and
  - 2. The patient or the patient's representative receives:
    - a. The results of the suicide assessment in subsection (B)(1);
    - b. Information about the availability of age-appropriate, suicide crisis services, including contact information;
    - c. Specific information about or a referral to one of the following for ongoing or follow-up treatment related to suicide, including scheduling an appointment for the patient when practicable:
      - i. Another health care institution;
      - ii. A medical practitioner or, for a patient going to another state after discharge, a similarly licensed individual in the other state; or
      - iii. A behavioral health professional certified or licensed under A.R.S. Title 32 to provide treatment related to suicide or, for a patient going to another state after discharge, a similarly certified or licensed individual in the other state; and
    - d. Information about and instructions on how to access the Department of Insurance and Financial Institution's website, available through [difi.az.gov](http://difi.az.gov), developed in compliance with A.R.S. § 20-3503(B), including how to file an appeal of an insurance determination.
- C. An administrator of a hospital that provides opioid treatment services to an outpatient shall comply with the requirements in R9-10-1020.

**Historical Note**

Adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-225 renumbered to R9-10-227; new Section R9-10-225 renumbered from R9-10-224 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by exempt rulemaking at 27 A.A.R. 661, effective May 1, 2021 (Supp. 21-2).

**R9-10-226. Behavioral Health Observation/Stabilization Services**

An administrator of a hospital that is authorized to provide behavioral health observation/stabilization services shall ensure that:

- 1. Behavioral health observation/stabilization services are provided according to the requirements in R9-10-1012, and
- 2. Restraint and seclusion are provided according to the requirements for restraint and seclusion in R9-10-225.

**Historical Note**

Adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-226 renumbered to R9-10-229; new Section R9-10-226 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-227. Rehabilitation Services**

An administrator shall ensure that:

- 1. If rehabilitation services are provided as an organized service, the rehabilitation services are provided under the direction of an individual qualified according to policies and procedures;
- 2. Rehabilitation services are provided according to an order; and
- 3. The medical record of a patient receiving rehabilitation services includes:
  - a. An order for rehabilitation services that includes the name of the ordering individual and a referring diagnosis,
  - b. A documented care plan that is developed in coordination with the ordering individual and the individual providing the rehabilitation services,
  - c. The rehabilitation services provided,
  - d. The patient's response to the rehabilitation services, and
  - e. The authentication of the individual providing the rehabilitation services.

**Historical Note**

Adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8

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A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).  
Section R9-10-227 renumbered to R9-10-231; new Section R9-10-227 renumbered from R9-10-225 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

**R9-10-228. Multi-organized Service Unit**

- A. A governing authority may designate the following as a multi-organized service unit:
1. An adult unit that provides both intensive care services and medical and nursing services other than intensive care services,
  2. A pediatric unit that provides both intensive care services and medical and nursing services other than intensive care services,
  3. A unit that provides both perinatal services and intensive care services for obstetrical patients,
  4. A unit that provides both intensive care services for neonates and a continuing care nursery, or
  5. A unit that provides medical and nursing services to adult and pediatric patients.
- B. An administrator shall ensure that:
1. For a patient in a multi-organized service unit, a medical staff member designates in the patient's medical record which organized service is to be provided to the patient;
  2. A multi-organized service unit is in compliance with the requirements in this Article that would apply if each organized service were offered as a single organized service unit; and
  3. A multi-organized service unit and each bed in the unit are in compliance with physical plant health and safety codes and standards incorporated by reference in R9-10-104.01 for all organized services provided in the multi-organized service unit.

**Historical Note**

Adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 536, effective March 5, 2005 (Supp. 05-1). Section R9-10-228 renumbered to R9-10-213; new Section R9-10-228 renumbered from R9-10-234 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4).

**R9-10-229. Social Services**

An administrator of a hospital that provides social services shall ensure that:

1. A registered nurse or another personnel member designated according to policies and procedures coordinates social services;
2. If a personnel member provides social services that require a license under A.R.S. Title 32, Chapter 33, Article 5, the personnel member is licensed under A.R.S. Title 32, Chapter 33, Article 5;
3. A medical staff member, nurse, patient, patient's representative, or member of the patient's family may request social services;
4. A personnel member providing social services participates in discharge planning as necessary to meet the needs of a patient;
5. The patient has privacy when communicating with a personnel member providing social services; and

6. Social services provided to a patient are documented in the patient's medical record and the entries are authenticated by the individual providing the social services.

**Historical Note**

Adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-229 renumbered to R9-10-230; new Section R9-10-229 renumbered from R9-10-226 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-230. Infection Control**

An administrator shall ensure that:

1. An infection control program that meets the requirements of this Section is established under the direction of an individual qualified according to policies and procedures;
2. An infection control program has a procedure for documenting:
  - a. The collection and analysis of infection control data,
  - b. The actions taken relating to infections and communicable diseases, and
  - c. Reports of communicable diseases to the governing authority and state and county health departments;
3. Infection control documents are maintained for at least 12 months after the date of the document;
4. Policies and procedures are established, documented, and implemented:
  - a. To prevent or minimize, identify, report, and investigate infections and communicable diseases that include:
    - i. Isolating a patient;
    - ii. Sterilizing equipment and supplies;
    - iii. Maintaining and storing sterile equipment and supplies;
    - iv. Using personal protective equipment such as gowns, masks, or face protection;
    - v. Disposing of biohazardous medical waste; and
    - vi. Moving and processing soiled linens and clothing;
  - b. That specify communicable diseases, medical conditions, or criteria that prevent an individual, a personnel member, or a medical staff member from:
    - i. Working in the hospital,
    - ii. Providing patient care, or
    - iii. Providing environmental services;
  - c. That establish criteria for determining whether a medical staff member is at an increased risk of exposure to infectious tuberculosis based on:
    - i. The level of risk in the area of the hospital premises where the medical staff member practices, and
    - ii. The work that the medical staff member performs; and
  - d. That establish the frequency of tuberculosis screening for an individual determined to be at an increased risk of exposure;
5. Tuberculosis screening is performed:
  - a. As part of a tuberculosis infection control program that complies with the Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-care Settings according to R9-10-113(2); or
  - b. Using a screening method described in R9-10-113(1), as follows:

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- i. For a personnel member, on or before the date the personnel member begins providing services at or on behalf of the hospital and at least once every 12 months thereafter or more frequently if the personnel member is determined to be at an increased risk of exposure based on the criteria in subsection (4)(c);
  - ii. Except as required in subsection (4)(d), for a medical staff member, at least once every 24 months; and
  - iii. For a medical staff member at an increased risk of exposure based on the criteria in subsection (4)(c), at the frequency required by policies and procedures, but no less frequently than once every 24 months;
6. Soiled linen and clothing are:
    - a. Collected in a manner to minimize or prevent contamination,
    - b. Bagged at the site of use, and
    - c. Maintained separate from clean linen and clothing and away from food storage, kitchen, or dining areas;
  7. A personnel member washes hands or uses a hand disinfection product after each patient contact and after handling soiled linen, soiled clothing, or potentially infectious material;
  8. An infection control committee is established according to policies and procedures and consists of:
    - a. At least one medical staff member,
    - b. The individual directing the infection control program, and
    - c. Other personnel identified in policies and procedures; and
  9. The infection control committee:
    - a. Develops a plan for preventing, tracking, and controlling infections;
    - b. Reviews the type and frequency of infections and develops recommendations for improvement;
    - c. Meets and provides a quarterly written report for inclusion by the quality management program; and
    - d. Maintains a record of actions taken and minutes of meetings.

**Historical Note**

Adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-230 renumbered to R9-10-233; new Section R9-10-230 renumbered from R9-10-229 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-231. Dietary Services**

An administrator shall ensure that:

1. Dietary services are provided according to 9 A.A.C. 8, Article 1;
2. A copy of the hospital's food establishment license or permit under 9 A.A.C. 8, Article 1, is maintained;
3. For a hospital that contracts with a food establishment, as established in 9 A.A.C. 8, Article 1, to prepare and deliver food to the hospital, a copy of the contracted food establishment's license or permit under 9 A.A.C. 8, Article 1, is maintained;
4. If a hospital contracts with a food establishment to prepare and deliver food to the hospital, the hospital is able to store, refrigerate, and reheat food to meet the dietary needs of a patient;
5. Dietary services are provided under the direction of an individual qualified to direct the provision of dietary services according to policies and procedures;
6. There are personnel members on duty to meet the dietary needs of patients;
7. Personnel members providing dietary services are qualified to provide dietary services according to policies and procedures;
8. A nutrition assessment of a patient is:
  - a. Performed according to policies and procedures, and
  - b. Communicated to the medical practitioner coordinating the patient's medical services if the nutrition assessment reveals a specific dietary need;
9. A medical staff member documents an order for a diet for each patient in the patient's medical record;
10. A current diet manual approved by a registered dietitian is available to personnel members and medical staff members; and
11. A patient's dietary needs are met 24 hours a day.

**Historical Note**

Former Section R9-10-231 renumbered as R9-10-320 as an emergency effective February 22, 1979, new Section R9-10-231 adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section R9-10-231 renumbered to R9-10-232; new Section R9-10-231 renumbered from R9-10-227 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-232. Disaster Management**

An administrator shall ensure that:

1. A disaster plan is developed and documented that includes:
  - a. Procedures for protecting the health and safety of patients and other individuals;
  - b. Assigned personnel responsibilities; and
  - c. Instructions for the evacuation, transport, or transfer of patients, maintenance of medical records, and arrangements to provide any other hospital services to meet the patients' needs;
2. A plan exists for back-up power and water supply;
3. A fire drill is performed on each shift at least once every three months;
4. A disaster drill is performed on each shift at least once every 12 months;
5. Documentation of a fire drill required in subsection (3) and a disaster drill required in subsection (4) includes:
  - a. The date and time of the drill;
  - b. A critique of the drill; and
  - c. Recommendations for improvement, if applicable; and
6. Documentation of a fire drill or a disaster drill is maintained by the hospital for at least 12 months after the date of the drill.

**Historical Note**

Former Section R9-10-232 renumbered as R9-10-321 as an emergency effective February 22, 1979, new Section R9-10-232 adopted effective February 23, 1979 (Supp. 79-1). Section amended by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section

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R9-10-232 renumbered to R9-10-234; new Section R9-10-232 renumbered from R9-10-231 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-233. Environmental Standards**

An administrator shall ensure that:

1. An individual providing environmental services who has the potential to transmit infectious tuberculosis to patients, as determined by the infection control risk assessment criteria in R9-10-230(4)(c), provides evidence of freedom from infectious tuberculosis:
  - a. Using a screening method described in R9-10-113(1), on or before the date the individual begins providing environmental services at or on behalf of the hospital and at least once every 12 months thereafter; or
  - b. According to R9-10-113(2);
2. The hospital premises and equipment are:
  - a. Cleaned and disinfected according to policies and procedures or manufacturer's instructions to prevent, minimize, and control infection or illness; and
  - b. Free from a condition or situation that may cause a patient or other individual to suffer physical injury;
3. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
4. The hospital maintains a tobacco smoke-free environment;
5. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures;
6. Equipment used to provide hospital services is:
  - a. Maintained in working order;
  - b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
  - c. Used according to the manufacturer's recommendations; and
7. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair.

**Historical Note**

Former Section R9-10-233 renumbered as R9-10-322 as an emergency effective February 22, 1979, new Section R9-10-233 adopted effective February 23, 1979 (Supp. 79-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). Section expired under A.R.S. § 41-1056(E) at 14 A.A.R. 2374, effective February 29, 2008 (Supp. 08-2). New Section R9-10-233 renumbered from R9-10-230 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-234. Physical Plant Standards**

A. An administrator shall ensure that:

1. A hospital complies with the applicable physical plant health and safety codes and standards incorporated by reference in A hospital complies with the applicable physical plant health and safety codes and standards incorporated by reference in R9-10-104.01 in effect on

the date the hospital submitted, according to R9-10-104, an application for an approval of architectural plans and specifications to the Department; in effect on the date the hospital submitted, according to R9-10-104, an application for an approval of architectural plans and specifications to the Department;

2. A hospital's premises or any part of the hospital premises is not leased to or used by another person;
3. A unit with inpatient beds is not used as a passageway to another health care institution; and
4. A hospital's premises are not licensed as more than one health care institution.

B. An administrator shall:

1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal,
2. Make any repairs or corrections stated on the inspection report, and
3. Maintain documentation of a current fire inspection report.

**Historical Note**

New Section made by final rulemaking 14 A.A.R. 4646, effective December 2, 2008 (Supp. 08-4). Section R9-10-234 renumbered to R9-10-228; new Section R9-10-234 renumbered from R9-10-232 and amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4).

**R9-10-235. Administrative Separation**

- A. In addition to the definitions in A.R.S. § 36-401, R9-10-101, and R9-10-201, the following definition applies in this Section: "Administrative separation" means the temporary isolation of a patient for the purpose of preserving the integrity of evidence during the course of a criminal investigation or for a situation where not isolating the patient presents a risk of serious harm to other individuals or a serious risk to the safety or security of a hospital.
- B. Only a hospital established according to A.R.S. § 36-202 may use administrative separation.
- C. An administrator appointed according to A.R.S. § 36-205 shall ensure that:
  1. Administrative separation:
    - a. Is only used for a patient admitted to the hospital pursuant to a criminal court order; and
    - b. Is not used:
      - i. In conjunction with a restraint,
      - ii. As a method to manage behaviors, or
      - iii. If prohibited by law; and
  2. Policies and procedures are established, documented, and implemented for administrative separation that:
    - a. Include the process and criteria for requesting an administrative separation;
    - b. Include the process and deadlines for approving a request for an administrative separation;
    - c. Cover patient notification of the right to appeal the administrative separation and to file a complaint;
    - d. Include the process for providing a patient access to:
      - i. Incoming mail, and
      - ii. An advocate or legal representative;
    - e. Include the process for providing treatment to a patient while in administrative separation;

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- f. Include the process for establishing investigative goals; and
- g. Include the process for determining when administrative separation will no longer be used for a patient.

**Historical Note**

New Section R9-10-235 made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**ARTICLE 3. BEHAVIORAL HEALTH INPATIENT FACILITIES**

*Article 3, consisting of Sections R9-10-311 through R9-10-333, repealed at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).*

**R9-10-301. Definitions**

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following applies in this Article unless otherwise specified:

“Child and adolescent residential treatment services” means behavioral health services and physical health services provided in or by a behavioral health inpatient facility to a patient who is:

- Under 18 years of age, or
- Under 21 years of age and meets the criteria in R9-10-318(B).

**Historical Note**

New Section R9-10-301 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-302. Supplemental Application Requirements**

In addition to the license application requirements in A.R.S. § 36-422 and R9-10-105, an applicant for a license as a behavioral health inpatient facility shall include in a Department-provided format whether the applicant is requesting authorization to provide:

1. Inpatient services to individuals 18 years of age and older, including the licensed capacity requested;
2. Pre-petition screening;
3. Court-ordered evaluation;
4. Court-ordered treatment;
5. Behavioral health observation/stabilization services, including the licensed occupancy requested for providing behavioral health observation/stabilization services to individuals:
  - a. Under 18 years of age, and
  - b. 18 years of age and older;
6. Child and adolescent residential treatment services, including the licensed capacity requested;
7. Detoxification services;
8. Seclusion;
9. Clinical laboratory services;
10. Radiology services; or
11. Diagnostic imaging services.

**Historical Note**

New Section R9-10-302 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-303. Administration**

A. A governing authority shall:

1. Consist of one or more individuals responsible for the organization, operation, and administration of a behavioral health in-patient facility;
2. Establish, in writing:
  - a. A behavioral health inpatient facility's scope of services, and
  - b. Qualifications for an administrator;
3. Designate, in writing, an administrator who has the qualifications established in subsection (A)(2)(b);
4. Adopt a quality management program according to R9-10-304;
5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
6. Designate, in writing, an acting administrator who has the qualifications established in subsection (A)(2)(b), if the administrator is:
  - a. Expected not to be present on the behavioral health inpatient facility's premises for more than 30 calendar days, or
  - b. Not present on the behavioral health inpatient facility's premises for more than 30 calendar days; and
7. Except as provided in subsection (A)(6), notify the Department according to A.R.S. § 36-425(I) when there is a change in the administrator and identify the name and qualifications of the new administrator.

**B. An administrator:**

1. Is directly accountable to the governing authority of a behavioral health inpatient facility for the daily operation of the behavioral health inpatient facility and for all services provided by or at the behavioral health inpatient facility;
2. Has the authority and responsibility to manage the behavioral health inpatient facility; and
3. Except as provided in subsection (A)(6), designates, in writing, an individual who is present on the behavioral health inpatient facility's premises and accountable for the behavioral health inpatient facility when the administrator is not present on the behavioral health inpatient facility's premises.

**C. An administrator shall ensure that:**

1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
  - a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
  - b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
  - c. Include how a personnel member may submit a complaint relating to services provided to a patient;
  - d. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
  - e. Cover cardiopulmonary resuscitation training including:
    - i. The method and content of cardiopulmonary resuscitation training,
    - ii. The qualifications for an individual to provide cardiopulmonary resuscitation training,
    - iii. The time-frame for renewal of cardiopulmonary resuscitation training, and
    - iv. The documentation that verifies that the individual has received cardiopulmonary resuscitation training;
  - f. Cover first aid training;

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- g. Cover the requirements in subsection (J), if applicable;
  - h. Include a method to identify a patient to ensure the patient receives physical health and behavioral health services as ordered;
  - i. Cover patient rights, including assisting a patient who does not speak English or who has a physical or other disability to become aware of patient rights;
  - j. Cover specific steps for:
    - i. A patient to file a complaint, and
    - ii. The behavioral health inpatient facility to respond to a patient's complaint;
  - k. Cover health care directives;
  - l. Cover medical records, including electronic medical records;
  - m. Cover quality management, including incident reports and supporting documentation;
  - n. Cover contracted services; and
  - o. Cover when an individual may visit a patient in the behavioral health inpatient facility;
2. Policies and procedures for behavioral health services and physical health services are established, documented, and implemented to protect the health and safety of a patient that:
- a. Cover patient screening, admission, assessment, treatment plan, transport, and transfer;
  - b. Cover discharge planning and discharge, including the requirements in R9-10-309(B) for a patient who was admitted after a suicide attempt or who exhibits suicidal ideation;
  - c. Cover the provision of behavioral health services and physical health services;
  - d. Include when general consent and informed consent are required;
  - e. Cover restraint and, if applicable, seclusion;
  - f. Cover dispensing, administering, and disposing of medication, including provisions for inventory control and preventing diversion of controlled substances;
  - g. Cover prescribing a controlled substance to minimize substance abuse by a patient;
  - h. Cover infection control;
  - i. Cover telemedicine, if applicable;
  - j. Cover environmental services that affect patient care;
  - k. Cover patient outings;
  - l. Cover whether pets and animals are allowed on the premises, including procedures to ensure that any pets or animals allowed on the premises do not endanger the health or safety of patients or the public;
  - m. If the behavioral health inpatient facility is involved in research, cover the establishment or use of a Human Subject Review Committee;
  - n. Cover the process for receiving a fee from a patient and refunding a fee to a patient;
  - o. Cover the process for obtaining patient preferences for social, recreational, or rehabilitative activities and meals and snacks;
  - p. Cover the security of a patient's possessions that are allowed on the premises; and
  - q. Cover smoking and the use of tobacco products on the premises;
3. Policies and procedures are reviewed at least once every three years and updated as needed;
4. Policies and procedures are available to personnel members, employees, volunteers and students; and
5. Unless otherwise stated:
- a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
  - b. When documentation or information is required by this Chapter to be submitted on behalf of a behavioral health inpatient facility, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the behavioral health inpatient facility.
- D. An administrator shall designate a:
- 1. Medical director who:
    - a. Provides direction for physical health services provided by or at the behavioral health inpatient facility;
    - b. Is a physician or registered nurse practitioner; and
    - c. May be the same individual as the administrator, if the individual meets the qualifications in subsections (A)(2)(b) and (D)(1)(a) and (b);
  - 2. Clinical director who:
    - a. Provides direction for the behavioral health services provided by or at the behavioral health inpatient facility;
    - b. Is a behavioral health professional; and
    - c. May be the same individual as the administrator, if the individual meets the qualifications in subsections (A)(2)(b) and (D)(2)(a) and (b); and
  - 3. Registered nurse to provide direction for nursing services provided by or at the behavioral health inpatient facility.
- E. An administrator shall provide written notification to the Department of a patient's:
- 1. Death, if the patient's death is required to be reported according to A.R.S. § 11-593, within one working day after the patient's death; and
  - 2. Self-injury, within two working days after the patient inflicts a self-injury that requires immediate intervention by an emergency medical services provider.
- F. Except as specified in R9-10-318(A)(1), if abuse, neglect, or exploitation of a patient is alleged or suspected to have occurred before the patient was admitted or while the patient is not on the premises and not receiving services from a behavioral health inpatient facility's employee or personnel member, an administrator shall report the alleged or suspected abuse, neglect, or exploitation of the patient according to A.R.S. § 46-454.
- G. If an administrator has a reasonable basis, according to A.R.S. § 46-454, to believe abuse, neglect, or exploitation has occurred on the premises or while a patient is receiving services from a behavioral health inpatient facility's employee or personnel member, the administrator shall:
- 1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
  - 2. Report the suspected abuse, neglect, or exploitation of the patient according to A.R.S. § 46-454;
  - 3. Document:
    - a. The suspected abuse, neglect, or exploitation;
    - b. Any action taken according to subsection (G)(1); and
    - c. The report in subsection (G)(2);
  - 4. Maintain the documentation in subsection (G)(3) for at least 12 months after the date of the report in subsection (G)(2);
  - 5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information

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within five working days after the report required in subsection (G)(2):

- a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
  - b. A description of any injury to the patient related to the suspected abuse or neglect and any change to the patient's physical, cognitive, functional, or emotional condition;
  - c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
  - d. The actions taken by the administrator to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
6. Maintain a copy of the documented information required in subsection (G)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.
- H.** An administrator shall establish and document the criteria for determining when a patient's absence is unauthorized, including the criteria for a patient who:
1. Was admitted under A.R.S. Title 36, Chapter 5, Articles 1, 2, or 3;
  2. Is absent against medical advice; or
  3. Is under the age of 18.
- I.** An administrator shall:
1. For a patient who is under a court's jurisdiction, within an hour after determining that the patient's absence is unauthorized according to the criteria in subsection (H), notify the appropriate court or a person designated by the appropriate court;
  2. Document the notification in subsection (I)(1) and the written log required in subsection (I)(3);
  3. Maintain a written log of unauthorized absences for at least 12 months after the date of a patient's absence that includes the:
    - a. Name of a patient absent without authorization;
    - b. If applicable, name of the person notified as required in subsection (I)(1); and
    - c. Date of the notification; and
  4. Evaluate and take action related to unauthorized absences under the quality management program in R9-10-304.
- J.** If a behavioral health inpatient facility has a physician or registered nurse practitioner on-call to comply with R9-10-306(J)(1), an administrator shall ensure that:
1. The on-call schedule is documented;
  2. Personnel members are aware of:
    - a. The location at which the on-call schedule is available to personnel members of the behavioral health inpatient facility,
    - b. The process through which the on-call physician or registered nurse practitioner is contacted,
    - c. The circumstances that would require the on-call physician or registered nurse practitioner to come to the behavioral health inpatient facility, and
    - d. The process through which a request is made for the on-call physician or registered nurse practitioner to come to the behavioral health inpatient facility;
  3. A request for the on-call physician or registered nurse practitioner to come to the behavioral health inpatient facility is documented, including:
    - a. The time that a request for the on-call physician or registered nurse practitioner to come to the behavioral health inpatient facility is made,
    - b. The name of the individual making the request,
    - c. The reason for the request,

- d. The name of the physician or registered nurse practitioner contacted and requested to come to the behavioral health in-patient facility, and
  - e. The time the on-call physician or registered nurse practitioner arrives at the behavioral health inpatient facility in response to a request;
4. The documentation in subsections (J)(1) and (3) is maintained for at least 12 months after the last date on the documentation; and
  5. Documentation related to the request is included in the medical record of the applicable patient.

**Historical Note**

New Section R9-10-303 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by exempt rulemaking at 27 A.A.R. 661, effective May 1, 2021 (Supp. 21-2).

**R9-10-304. Quality Management**

An administrator shall ensure that:

1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
  - a. A method to identify, document, and evaluate incidents;
  - b. A method to collect data to evaluate services provided to patients;
  - c. A method to evaluate the data collected to identify a concern about the delivery of services related to patient care;
  - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to patient care; and
  - e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
  - a. An identification of each concern about the delivery of services related to patient care, and
  - b. Any changes made or actions taken as a result of the identification of a concern about the delivery of services related to patient care; and
3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

**Historical Note**

New Section R9-10-304 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-305. Contracted Services**

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

**Historical Note**

New Section R9-10-305 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

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Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-306. Personnel**

- A.** An administrator shall ensure that:
1. A personnel member, an employee, or a student is at least 18 years old; and
  2. A volunteer is at least 21 years old.
- B.** An administrator shall ensure that:
1. The qualifications, skills, and knowledge required for each type of personnel member:
    - a. Are based on:
      - i. The type of physical health services or behavioral health services expected to be provided by the personnel member according to the established job description, and
      - ii. The acuity of the patients receiving physical health services or behavioral health services from the personnel member according to the established job description; and
    - b. Include:
      - i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services and behavioral health services listed in the established job description,
      - ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description, and
      - iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description;
  2. A personnel member's skills and knowledge are verified and documented:
    - a. Before the personnel member provides physical health services or behavioral health services, and
    - b. According to policies and procedures;
- C.** An administrator shall comply with the requirements for behavioral health technicians and behavioral health paraprofessionals in R9-10-115.
- D.** An administrator shall ensure that an individual who is licensed under A.R.S. Title 32, Chapter 33 as a baccalaureate social worker, master social worker, associate marriage and family therapist, associate counselor, or associate substance abuse counselor is under direct supervision, as defined in A.A.C. R4-6-101.
- E.** An administrator shall ensure that a personnel member, or an employee, a volunteer, or a student who has or is expected to have direct interaction with a participant for more than eight hours in a week, provides evidence of freedom from infectious tuberculosis:
1. On or before the date the individual begins providing services at or on behalf of the behavioral health inpatient facility, and
  2. As specified in R9-10-113.
- F.** An administrator shall ensure that a personnel record is maintained for each personnel member, employee, volunteer, or student that includes:
1. The individual's name, date of birth, and contact telephone number;
  2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
  3. Documentation of:
    - a. The individual's qualifications including skills and knowledge applicable to the individual's job duties;
    - b. The individual's education and experience applicable to the employee's job duties;
    - c. The individual's completed orientation and in-service education as required by policies and procedures;
    - d. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
    - e. The individual's qualifications and on-going training for each type of restraint or seclusion used, as required in R9-10-316;
    - f. If the individual is a behavioral health technician, clinical oversight required in R9-10-115;
    - g. Cardiopulmonary resuscitation training, if required for the individual according to R9-10-303(C)(1)(e);
    - h. First aid training, if required for the individual according to this Article or policies and procedures; and
    - i. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (D).
- G.** An administrator shall ensure that personnel records are:
1. Maintained:
    - a. Throughout an individual's period of providing services in or for the behavioral health inpatient facility, and
    - b. For at least 24 months after the last date the individual provided services in or for the behavioral health inpatient facility; and
  2. For a personnel member who has not provided physical health services or behavioral health services at or for the behavioral health inpatient facility during the previous 12 months, provided to the Department within 72 hours after the Department's request.
- H.** An administrator shall ensure that:
1. A plan to provide orientation specific to the duties of a personnel member, an employee, a volunteer, and a student is developed, documented, and implemented;
  2. A personnel member completes orientation before providing behavioral health services or physical health services;
  3. An individual's orientation is documented, to include:
    - a. The individual's name,
    - b. The date of the orientation, and
    - c. The subject or topics covered in the orientation;
  4. A clinical director develops, documents, and implements a plan to provide in-service education specific to the duties of a personnel member; and
  5. A personnel member's in-service education is documented, to include:
    - a. The personnel member's name,
    - b. The date of the training, and
    - c. The subject or topics covered in the training.
- I.** An administrator shall ensure that a behavioral health inpatient facility has a daily staffing schedule that:
1. Indicates the date, scheduled work hours, and name of each employee assigned to work, including on-call personnel members;
  2. Includes documentation of the employees who work each calendar day and the hours worked by each employee; and



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3. Is maintained for at least 12 months after the last date on the daily staffing schedule.
- J. An administrator shall ensure that:
  1. A physician or registered nurse practitioner is present on the behavioral health inpatient facility's premises or on-call,
  2. A registered nurse is present on the behavioral health inpatient facility's premises, and
  3. A registered nurse who provides direction for the nursing services provided at the behavioral health inpatient facility is present at the behavioral health inpatient facility at least 40 hours every week.

**Historical Note**

New Section R9-10-306 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking at 26 A.A.R. 3041, with an immediate effective date of November 3, 2020 (Supp. 20-4).

**R9-10-307. Admission; Assessment**

- A. Except as provided in R9-10-315(E) or (F), an administrator shall ensure that:
  1. A patient is admitted based upon the patient's presenting behavioral health issue and treatment needs and the behavioral health inpatient facility's ability and authority to provide physical health services, behavioral health services, and ancillary services consistent with the patient's treatment needs;
  2. A patient is admitted on the order of a medical practitioner or clinical director;
  3. A medical practitioner or clinical director, authorized by policies and procedures to accept a patient for admission, is available;
  4. Except in an emergency or as provided in subsections (A)(6) and (7), general consent is obtained from a patient or, if applicable, the patient's representative before or at the time of admission;
  5. The general consent obtained in subsection (A)(4) or the lack of consent in an emergency is documented in the patient's medical record;
  6. General consent is not required from a patient receiving a court-ordered evaluation or court-ordered treatment;
  7. General consent is not required from a patient receiving treatment according to A.R.S. § 36-512;
  8. A medical practitioner performs a medical history and physical examination on a patient within 30 calendar days before admission or within 24 hours after admission and documents the medical history and physical examination in the patient's medical record within 24 hours after admission;
  9. If a medical practitioner performs a medical history and physical examination on a patient before admission, the medical practitioner enters an interval note into the patient's medical record within seven calendar days after admission;
  10. Except when a patient needs crisis services, a behavioral health assessment of a patient is completed to determine the acuity of the patient's behavioral health issue and to identify the behavioral health services needed by the patient before treatment for the patient is initiated and whenever the patient has a significant change in condition or experiences an event that affects treatment;
  11. If the patient was admitted after a suicide attempt or exhibits suicidal ideation, the behavioral health assessment in subsection (A)(10) includes a suicide assessment;
  12. If a behavioral health assessment in subsection (A)(10), including a suicide assessment in subsection (A)(11) if applicable, is conducted by a:
    - a. Behavioral health technician or registered nurse, within 24 hours a behavioral health professional, certified or licensed under A.R.S. Title 32 to provide the behavioral health services needed by the patient, reviews and signs the behavioral health assessment to ensure that the behavioral health assessment identifies the behavioral health services needed by and the acuity of the patient; or
    - b. Behavioral health paraprofessional, a behavioral health professional, certified or licensed under A.R.S. Title 32 to provide the behavioral health services needed by the patient, supervises the behavioral health paraprofessional during the completion of the behavioral health assessment and signs the behavioral health assessment to ensure that the behavioral health assessment identifies the behavioral health services needed by and the acuity of the patient;
  13. When a patient is admitted, a registered nurse:
    - a. Conducts a nursing assessment of a patient's medical condition and history;
    - b. Determines whether the:
      - i. Patient requires immediate physical health services, and
      - ii. Patient's behavioral health issue may be related to the patient's medical condition and history;
    - c. Determines the acuity of the patient's medical condition;
    - d. Documents the patient's nursing assessment and the determinations required in subsection (A)(13)(b) and (c) in the patient's medical record; and
    - e. Signs the patient's medical record;
  14. A behavioral health assessment:
    - a. Documents the patient's:
      - i. Presenting issue, including the acuity of the patient's presenting issue;
      - ii. Substance abuse history;
      - iii. Co-occurring disorder;
      - iv. Legal history, including:
        - (1) Custody,
        - (2) Guardianship, and
        - (3) Pending litigation;
      - v. Court-ordered evaluation;
      - vi. Court-ordered treatment;
      - vii. Criminal justice record;
      - viii. Family history;
      - ix. Behavioral health treatment history;
      - x. Symptoms reported by the patient; and
      - xi. Referrals needed by the patient, if any; and
    - b. Includes:
      - i. Recommendations for further assessment or examination of the patient's needs;
      - ii. Recommendations for staffing levels or personnel member qualifications related to the patient's treatment to ensure patient health and safety;
      - iii. For a patient who:
        - (1) Is admitted to receive crisis services, the behavioral health services and physical health services that will be provided to the

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- patient; or
- (2) Does not need crisis services, the behavioral health services or physical health services that will be provided to the patient until the patient's treatment plan is completed; and
  - iv. The signature and date signed of the personnel member conducting the behavioral health assessment;
15. A patient is referred to a medical practitioner if a determination is made that the patient requires immediate physical health services or the patient's behavioral health issue may be related to the patient's medical condition;
  16. A request for participation in a patient's behavioral health assessment is made to the patient or the patient's representative;
  17. An opportunity for participation in the patient's behavioral health assessment is provided to the patient or the patient's representative;
  18. The request in subsection (A)(16) and the opportunity in subsection (A)(17) are documented in the patient's medical record;
  19. For a patient who is admitted to receive crisis services, the patient's behavioral health assessment is documented in the patient's medical record within eight hours after admission;
  20. Except as provided in subsection (A)(19), a patient's behavioral health assessment is documented in the patient's medical record within 24 hours after completing the assessment; and
  21. If the information listed in subsection (A)(14) is obtained about a patient after the patient's behavioral health assessment is completed, an interval note, including the information, is documented in the patient's medical record within 48 hours after the information is obtained.
- B.** If the results of a suicide assessment required in subsection (A)(11) indicate that the patient could be a danger to self upon discharge, an administrator shall ensure that the information in R9-10-309(B)(2) is made available to the patient or the patient's representative as part of the opportunity for participation in the patient's behavioral health assessment required in subsection (A)(17).
- Historical Note**
- New Section R9-10-307 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by exempt rulemaking at 27 A.A.R. 661, effective May 1, 2021 (Supp. 21-2).
- R9-10-308. Treatment Plan**
- A.** Except for a patient admitted to receive crisis services or as provided in R9-10-315(E) or (F), an administrator shall ensure that a treatment plan is developed and implemented for a patient that:
1. Is based on the behavioral health assessment and on-going changes to the behavioral health assessment of the patient;
  2. Is completed:
    - a. By a behavioral health professional or by a behavioral health technician under the clinical oversight of a behavioral health professional, and
    - b. Before the patient receives treatment;
  3. Is documented in the patient's medical record within 24 hours after the patient first receives treatment;
  4. Includes:
    - a. The patient's presenting issue, including the acuity of the patient's presenting issue;
    - b. The behavioral health services and physical health services to be provided to the patient;
    - c. If the patient was admitted after a suicide attempt or who exhibits suicidal ideation:
      - i. The results of the suicide assessment required in R9-10-307(11), and
      - ii. Information specific to helping prevent a recurrence;
    - d. The signature of the patient or the patient's representative and date signed, or documentation of the refusal to sign;
    - e. The date when the patient's treatment plan will be reviewed;
    - f. If a discharge date has been determined, the treatment needed after discharge; and
    - g. The signature of the personnel member who developed the treatment plan and the date signed;
  5. If the treatment plan was completed by a behavioral health technician, is reviewed and signed by a behavioral health professional within 24 hours after the completion of the treatment plan to ensure that the treatment plan identifies the acuity of the patient and meets the patient's treatment needs; and
  6. Is reviewed and updated on an on-going basis:
    - a. According to the review date specified in the treatment plan,
    - b. When a treatment goal is accomplished or changes,
    - c. When additional information that affects the patient's behavioral health assessment is identified, and
    - d. When a patient has a significant change in condition or experiences an event that affects treatment.
- B.** An administrator shall ensure that:
1. A request for participation in developing a patient's treatment plan is made to the patient or the patient's representative;
  2. An opportunity for participation in developing the patient's treatment plan is provided to the patient or the patient's representative; and
  3. The request in subsection (B)(1) and the opportunity in subsection (B)(2) are documented in the patient's medical record.
- C.** If a patient who is admitted to receive crisis services remains admitted as a patient after the patient no longer needs crisis services, an administrator shall ensure that a treatment plan for the patient is:
1. Except for subsection (A)(3), completed according to the requirements in subsection (A); and
  2. Documented in the patient's medical record within 24 hours after the patient no longer needs crisis services.
- Historical Note**
- New Section R9-10-308 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by exempt rulemaking at 27 A.A.R. 661, effective May 1, 2021 (Supp. 21-2).
- R9-10-309. Discharge**

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- A. Except as provided in R9-10-315(E) or (F), an administrator shall ensure that a discharge plan for a patient is:
1. Developed that:
    - a. Identifies any specific needs of the patient after discharge;
    - b. If the discharge date has been determined, includes the discharge date;
    - c. Is completed before discharge occurs; and
    - d. Includes a description of the level of care that may meet the patient's assessed and anticipated needs after discharge;
  2. Documented in the patient's medical record within 48 hours after the discharge plan is completed; and
  3. Provided to the patient or the patient's representative before the discharge occurs.
- B. For a patient who was admitted after a suicide attempt or who exhibits suicidal ideation, in addition to the discharge planning requirements in subsection (A), an administrator shall ensure that:
1. The patient receives a suicide assessment; and
  2. The patient or the patient's representative receives:
    - a. The results of the suicide assessment;
    - b. Information about the availability of age-appropriate, suicide crisis services, including contact information; and
    - c. Information about and instructions on how to access the Department of Insurance and Financial Institution's website, available through [difi.az.gov](http://difi.az.gov), developed in compliance with A.R.S. § 20-3503(B), including how to file an appeal of an insurance determination.
- C. An administrator shall ensure that:
1. A request for participation in developing a patient's discharge plan is made to the patient or the patient's representative,
  2. An opportunity for participation in developing the patient's discharge plan is provided to the patient or the patient's representative, and
  3. The request in subsection (C)(1) and the opportunity in subsection (C)(2) are documented in the patient's medical record.
- D. An administrator shall ensure that a patient is discharged from a behavioral health inpatient facility when the patient's treatment needs are not consistent with the services that the behavioral health inpatient facility is authorized and able to provide.
- E. An administrator shall ensure that there is a documented discharge order by a medical practitioner or behavioral health professional before a patient is discharged unless the patient leaves the behavioral health inpatient facility against a medical practitioner's or behavioral health professional's advice.
- F. An administrator shall ensure that, at the time of discharge, a patient receives:
1. A referral for treatment or ancillary services that the patient may need after discharge, if applicable; and
  2. For a patient who was admitted after a suicide attempt or who exhibits suicidal ideation, specific information about or a referral to one of the following for ongoing or follow-up treatment related to suicide, including scheduling an appointment for the patient when practicable:
    - a. Another health care institution;
    - b. A medical practitioner or, for a patient going to another state after discharge, a similarly licensed individual in the other state; or
    - c. A behavioral health professional certified or licensed under A.R.S. Title 32 to provide treatment related to suicide or, for a patient going to another state after discharge, a similarly certified or licensed individual in the other state.
- G. If a patient is discharged to any location other than a health care institution, an administrator shall ensure that:
1. Discharge instructions are documented, and
  2. The patient or the patient's representative is provided with a copy of the discharge instructions.
- H. An administrator shall ensure that a discharge summary:
1. Is entered into the patient's medical record within 10 working days after a patient's discharge; and
  2. Includes:
    - a. The following information authenticated by a medical practitioner or behavioral health professional:
      - i. The patient's presenting issue and other physical health and behavioral health issues identified in the patient's nursing assessment, behavioral health assessment, or treatment plan;
      - ii. A summary of the treatment provided to the patient;
      - iii. The patient's progress in meeting treatment goals, including treatment goals that were and were not achieved; and
      - iv. The name, dosage, and frequency of each medication ordered for the patient by a medical practitioner at the behavioral health inpatient facility at the time of the patient's discharge;
    - b. For a patient who was admitted after a suicide attempt or who exhibits suicidal ideation, the following information:
      - i. A description of the specific information about ongoing or follow-up treatment related to suicide provided to the patient or the patient's representative;
      - ii. Whether a referral was made for the patient according to subsection (F)(2) for ongoing or follow-up treatment related to suicide and, if so, information about the referral; and
      - iii. Whether an appointment was scheduled for the patient according to subsection (F)(2) for ongoing or follow-up treatment related to suicide and, if so, the date and time of the appointment; and
    - c. A description of the disposition of the patient's possessions, funds, or medications brought to the behavioral health inpatient facility by the patient.
- I. An administrator shall ensure that a patient who is dependent upon a prescribed medication is offered detoxification services, opioid treatment, or a written referral to detoxification services or opioid treatment before the patient is discharged from the behavioral health inpatient facility if a medical practitioner for the behavioral health inpatient facility will not be prescribing the medication for the patient at or after discharge.

**Historical Note**

New Section R9-10-309 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by exempt rulemaking at 27 A.A.R. 661, effective May 1, 2021 (Supp. 21-2).

**R9-10-310. Transport; Transfer**

- A. Except as provided in subsection (B), an administrator shall ensure that:
1. A personnel member coordinates the transport and the services provided to the patient;

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2. According to policies and procedures:
    - a. An evaluation of the patient is conducted before and after the transport,
    - b. Information from the patient's medical record is provided to a receiving health care institution,
    - c. A personnel member explains risks and benefits of the transport to the patient or the patient's representative, and
    - d. A personnel member communicates or documents why the personnel member did not communicate with an individual at a receiving health care institution; and
  3. The patient's medical record includes documentation of:
    - a. Communication or lack of communication with an individual at a receiving health care institution;
    - b. The date and time of the transport;
    - c. The mode of transportation; and
    - d. If applicable, the name of the personnel member accompanying the patient during a transport.
- B.** Subsection (A) does not apply to:
1. Transportation to a location other than a licensed health care institution,
  2. Transportation provided for a patient by the patient or the patient's representative,
  3. Transportation provided by an outside entity that was arranged for a patient by the patient or the patient's representative, or
  4. A transport to another licensed health care institution in an emergency.
- C.** Except for a transfer of a patient due to an emergency, an administrator shall ensure that:
1. A personnel member coordinates the transfer and the services provided to the patient;
  2. According to policies and procedures:
    - a. An evaluation of the patient is conducted before the transfer;
    - b. Information from the patient's medical record, including orders that are in effect at the time of the transfer, is provided to a receiving health care institution; and
    - c. A personnel member explains risks and benefits of the transfer to the patient or the patient's representative; and
  3. Documentation in the patient's medical record includes:
    - a. Communication with an individual at a receiving health care institution;
    - b. The date and time of the transfer;
    - c. The mode of transportation; and
    - d. If applicable, the name of the personnel member accompanying the patient during a transfer.
- Historical Note**
- Adopted as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 4, 1979 (Supp. 79-3). Amended effective January 28, 1980 (Supp. 80-1). Repealed effective February 4, 1981 (Supp. 81-1). New Section R9-10-310 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).
- R9-10-311. Patient Rights**
- A.** An administrator shall ensure that:
1. The requirements in subsection (B) and the patient rights in subsection (D) are conspicuously posted on the premises;
  2. At the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (D); and
  3. Policies and procedures include:
    - a. How and when a patient or the patient's representative is informed of patient rights in subsection (D), and
    - b. Where patient rights are posted as required in subsection (A)(1).
- B.** An administrator shall ensure that:
1. A patient is treated with dignity, respect, and consideration;
  2. A patient is not subjected to:
    - a. Abuse;
    - b. Neglect;
    - c. Exploitation;
    - d. Coercion;
    - e. Manipulation;
    - f. Sexual abuse;
    - g. Sexual assault;
    - h. Except as allowed under R9-10-316, restraint or seclusion;
    - i. Retaliation for submitting a complaint to the Department or another entity;
    - j. Misappropriation of personal and private property by the behavioral health inpatient facility's personnel members, employees, volunteers, or students;
    - k. Discharge or transfer, or threat of discharge or transfer, for reasons unrelated to the patient's treatment needs, except as established in a fee agreement signed by the patient or the patient's representative; or
    - l. Treatment that involves the denial of:
      - i. Food,
      - ii. The opportunity to sleep, or
      - iii. The opportunity to use the toilet;
  3. Except as provided in subsection (C), a patient is allowed to:
    - a. Associate with individuals of the patient's choice, receive visitors, and make telephone calls during the hours established by the behavioral health inpatient facility;
    - b. Have privacy in correspondence, communication, visitation, financial affairs, and personal hygiene; and
    - c. Unless restricted by a court order, send and receive uncensored and unopened mail; and
  4. Except as provided in R9-10-318, a patient or, if applicable, the patient's representative:
    - a. Except in an emergency, either consents to or refuses treatment;
    - b. May refuse or withdraw consent for treatment before treatment is initiated, unless the treatment is ordered by a court according to A.R.S. Title 36, Chapter 5; is necessary to save the patient's life or physical health; or is provided according to A.R.S. § 36-512;
    - c. Except in an emergency, is informed of alternatives to a proposed psychotropic medication and the associated risks and possible complications of the proposed psychotropic medication;
    - d. Is informed of the following:
      - i. The policy on health care directives, and

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- ii. The patient complaint process; and
- e. Except as otherwise permitted by law, provides written consent to the release of information in the patient's:
  - i. Medical record, or
  - ii. Financial records.
- C. If a medical director or clinical director determines that a patient's treatment requires the behavioral health inpatient facility to restrict the patient's ability to participate in an activity in subsection (B)(3), the medical director or clinical director shall:
  - 1. Document a specific treatment purpose in the patient's medical record that justifies restricting the patient from the activity,
  - 2. Inform the patient of the reason why the activity is being restricted, and
  - 3. Inform the patient of the patient's right to file a complaint and the procedure for filing a complaint.
- D. A patient has the following rights:
  - 1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
  - 2. To receive treatment that:
    - a. Supports and respects the patient's individuality, choices, strengths, and abilities;
    - b. Supports the patient's personal liberty and only restricts the patient's personal liberty according to a court order, by the patient's or the patient's representative's general consent, or as permitted in this Chapter; and
    - c. Is provided in the least restrictive environment that meets the patient's treatment needs;
  - 3. To receive privacy in treatment and care for personal needs, including the right not to be fingerprinted, photographed, or recorded without consent, except:
    - a. A patient may be photographed when admitted to a behavioral health inpatient facility for identification and administrative purposes;
    - b. For a patient receiving treatment according to A.R.S. Title 36, Chapter 37; or
    - c. For video recordings used for security purposes that are maintained only on a temporary basis;
  - 4. Not to be prevented or impeded from exercising the patient's civil rights unless the patient has been adjudicated incompetent or a court of competent jurisdiction has found that the patient is not able to exercise a specific right or category of rights;
  - 5. To review, upon written request, the patient's own medical record according to A.R.S. §§12-2293, 12-2294, and 12-2294.01;
  - 6. To receive a referral to another health care institution if the behavioral health inpatient facility is not authorized or not able to provide physical health services or behavioral health services needed by the patient;
  - 7. To participate or have the patient's representative participate in the development of a treatment plan or decisions concerning treatment;
  - 8. To participate or refuse to participate in research or experimental treatment; and
  - 9. To receive assistance from a family member, the patient's representative, or other individual in understanding, protecting, or exercising the patient's rights.

**Historical Note**

Section R9-10-311, formerly numbered as R9-10-211, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90

days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-311 repealed, new Section R9-10-311 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-311 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-312. Medical Records**

- A. An administrator shall ensure that:
  - 1. A medical record is established and maintained for each patient according to A.R.S. Title 12, Chapter 13, Article 7.1;
  - 2. An entry in a patient's medical record is:
    - a. Recorded only by a personnel member authorized by policies and procedures to make the entry;
    - b. Dated, legible, and authenticated; and
    - c. Not changed to make the initial entry illegible;
  - 3. An order is:
    - a. Dated when the order is entered in the patient's medical record and includes the time of the order;
    - b. Authenticated by a medical practitioner or behavioral health professional according to policies and procedures; and
    - c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;
  - 4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
  - 5. A patient's medical record is available to an individual:
    - a. Authorized according to policies and procedures to access the patient's medical record;
    - b. If the individual is not authorized according to policies and procedures, with the written consent of the patient or the patient's representative, or
    - c. As permitted by law; and
  - 6. A patient's medical record is protected from loss, damage, or unauthorized use.
- B. If a behavioral health inpatient facility maintains patients' medical records electronically, an administrator shall ensure that:
  - 1. Safeguards exist to prevent unauthorized access, and
  - 2. The date and time of an entry in a medical record is recorded by the computer's internal clock.
- C. An administrator shall ensure that a patient's medical record contains:
  - 1. Patient information that includes:
    - a. The patient's name;
    - b. The patient's address;
    - c. The patient's date of birth; and
    - d. Any known allergy, including medication allergies;
  - 2. Medication information that includes:
    - a. Documentation of medication ordered for the patient; and
    - b. Documentation of medication administered to the patient that includes:
      - i. The date and time of administration;
      - ii. The name, strength, dosage, amount, and route of administration;
      - iii. For a medication administered for pain on a PRN basis:

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- (1) An assessment of the patient's pain before administering the medication, and
    - (2) The effect of the medication administered;
  - iv. For a psychotropic medication administered on a PRN basis:
    - (1) An assessment of the patient's behavior before administering the psychotropic medication, and
    - (2) The effect of the psychotropic medication administered;
  - v. The identification and authentication of the individual administering the medication or providing assistance in the self-administration of the medication; and
  - vi. Any adverse reaction the patient has to the medication;
- 3. If applicable, documented general consent and informed consent by the patient or the patient's representative;
- 4. If applicable, the name and contact information of the patient's representative and:
  - a. If the patient is 18 years of age or older or an emancipated minor, the document signed by the patient consenting for the patient's representative to act on the patient's behalf; or
  - b. If the patient's representative:
    - i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
    - ii. Is a legal guardian, a copy of the court order establishing guardianship;
- 5. The patient's medical history and results of a physical examination or an interval note;
- 6. If the patient provides a health care directive, the health care directive signed by the patient or the patient's representative;
- 7. An admitting diagnosis or presenting symptoms;
- 8. The date of admission and, if applicable, the date of discharge;
- 9. The name of the admitting medical practitioner or behavioral health professional;
- 10. Orders;
- 11. The patient's nursing assessment and behavioral health assessment and any interval notes;
- 12. Treatment plans;
- 13. Documentation of behavioral health services and physical health services provided to the patient;
- 14. Progress notes;
- 15. If applicable, documentation of restraint or seclusion;
- 16. If applicable, documentation that evacuation from the behavioral health inpatient facility would cause harm to the patient;
- 17. The disposition of the patient after discharge;
- 18. The discharge plan;
- 19. The discharge summary; and
- 20. If applicable:
  - a. A laboratory report,
  - b. A radiologic report,
  - c. A diagnostic report, and
  - d. A consultation report.

**Historical Note**

Section R9-10-312, formerly numbered as R9-10-212, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979

(Supp. 79-3). Former Section R9-10-312 repealed, new Section R9-10-312 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-312 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-313. Transportation; Patient Outings**

- A. An administrator of a behavioral health inpatient facility that uses a vehicle owned or leased by the behavioral health inpatient facility to provide transportation to a patient shall ensure that:
  - 1. The vehicle:
    - a. Is safe and in good repair,
    - b. Contains a first aid kit,
    - c. Contains drinking water sufficient to meet the needs of each patient present in the vehicle, and
    - d. Contains a working heating and air conditioning system;
  - 2. Documentation of current vehicle insurance and a record of maintenance performed or a repair of the vehicle is maintained;
  - 3. A driver of the vehicle:
    - a. Is 21 years of age or older;
    - b. Has a valid driver license;
    - c. Operates the vehicle in a manner that does not endanger a patient in the vehicle;
    - d. Does not leave in the vehicle an unattended:
      - i. Child;
      - ii. Patient who may be a threat to the health, safety, or welfare of the patient or another individual; or
      - iii. Patient who is incapable of independent exit from the vehicle; and
    - e. Ensures the safe and hazard-free loading and unloading of patients; and
  - 4. Transportation safety is maintained as follows:
    - a. An individual in the vehicle is sitting in a seat and wearing a working seat belt while the vehicle is in motion, and
    - b. Each seat in the vehicle is securely fastened to the vehicle and provides sufficient space for a patient's body.
- B. An administrator shall ensure that an outing is consistent with the age, developmental level, physical ability, medical condition, and treatment needs of each patient participating in the outing.
- C. An administrator shall ensure that:
  - 1. At least two personnel members are present on an outing;
  - 2. In addition to the personnel members required in subsection (C)(1), a sufficient number of personnel members are present on an outing to ensure the health and safety of a patient on the outing;
  - 3. Each personnel member on the outing has documentation of current training in cardiopulmonary resuscitation according to R9-10-303(C)(1)(e) and first aid training;
  - 4. Documentation is developed before an outing that includes:
    - a. The name of each patient participating in the outing;
    - b. A description of the outing;
    - c. The date of the outing;
    - d. The anticipated departure and return times;
    - e. The name, address, and, if available, telephone number of the outing destination; and

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- f. If applicable, the license plate number of a vehicle used to provide transportation for the outing;
- 5. The documentation described in subsection (C)(4) is updated to include the actual departure and return times and is maintained for at least 12 months after the date of the outing; and
- 6. Emergency information for a patient participating in the outing is maintained by a personnel member participating in the outing or in the vehicle used to provide transportation for the outing and includes:
  - a. The patient's name;
  - b. Medication information, including the name, dosage, route of administration, and directions for each medication needed by the patient during the anticipated duration of the outing;
  - c. The patient's allergies; and
  - d. The name and telephone number of a designated individual, to notify in case of an emergency, who is present on the behavioral health inpatient facility's premises.

**Historical Note**

Section R9-10-313, formerly numbered as R9-10-213, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-313 repealed, new Section R9-10-313 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-313 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-314. Physical Health Services**

- A.** An administrator shall ensure that:
  - 1. Medical services are provided under the direction of a physician or registered nurse practitioner;
  - 2. Nursing services are provided:
    - a. Under the direction of a registered nurse,
    - b. According to an acuity plan developed for the behavioral health inpatient facility, and
    - c. To meet the needs of a patient based on the patient's acuity; and
  - 3. If a behavioral health inpatient facility is authorized to provide:
    - a. Clinical laboratory services, as defined in R9-10-101, the behavioral health inpatient facility complies with the requirements for clinical laboratory services in R9-10-219; or
    - b. Radiology services or diagnostic imaging services, the behavioral health inpatient facility complies with the requirements in R9-10-220.
- B.** An administrator shall ensure that, if a patient requires immediate medical services to ensure the patient's health and safety that the behavioral health inpatient facility is not authorized or not able to provide, a personnel member arranges for the patient to be transported to a hospital, another health care institution, or a health care provider where the medical services can be provided.

**Historical Note**

Section R9-10-314, formerly numbered as R9-10-214, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979

(Supp. 79-3). Former Section R9-10-314 repealed, new Section R9-10-314 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-314 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-315. Behavioral Health Services**

- A.** An administrator shall ensure that:
  - 1. Behavioral health services listed in the behavioral health inpatient facility's scope of services are provided to meet the needs of a patient;
  - 2. When behavioral health services are:
    - a. Listed in the behavioral health inpatient facility's scope of services, the behavioral health services are provided on the behavioral health inpatient facility's premises; and
    - b. Provided in a setting or activity with more than one patient participating, before a patient participates, the diagnoses, treatment needs, developmental levels, social skills, verbal skills, and personal histories, including any history of physical abuse or sexual abuse, of the patients participating are reviewed to ensure that the:
      - i. Health and safety of each patient is protected, and
      - ii. Treatment needs of each patient participating in the setting or activity are being met;
  - 3. An acuity plan is developed, documented, and implemented for each unit in the behavioral health inpatient facility that:
    - a. Includes:
      - i. A method that establishes the types and numbers of personnel members that are required for each unit in the behavioral health inpatient facility to ensure patient health and safety, and
      - ii. A policy and procedure stating the steps the behavioral health inpatient facility will take to obtain or assign the necessary personnel members to address patient acuity;
    - b. Is used when making assignments for patient treatment; and
    - c. Is reviewed and updated, as necessary, at least once every 12 months;
  - 4. A patient is assigned to a unit in the behavioral health inpatient facility based, as applicable, on the patient's:
    - a. Presenting issue,
    - b. Substance abuse history,
    - c. Behavioral health treatment history,
    - d. Acuity, and
    - e. Treatment needs; and
  - 5. A patient does not share any space, participate in any activity or treatment, or verbally or physically interact with any other patient that, based on the other patient's documented diagnosis, treatment needs, developmental levels, social skills, verbal skills, and personal history, may present a threat to the patient's health and safety.
- B.** An administrator shall ensure that counseling is:
  - 1. Offered as described in the behavioral health inpatient facility's scope of services,
  - 2. Provided according to the frequency and number of hours identified in the patient's treatment plan, and

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3. Provided by a behavioral health professional or a behavioral health technician.
  - C. An administrator shall ensure that each counseling session is documented in a patient's medical record to include:
    1. The date of the counseling session;
    2. The amount of time spent in the counseling session;
    3. Whether the counseling was individual counseling, family counseling, or group counseling;
    4. The treatment goals addressed in the counseling session; and
    5. The signature of the personnel member who provided the counseling and the date signed.
  - D. An administrator of a behavioral health inpatient facility authorized to provide pre-petition screening shall ensure pre-petition screening is provided according to the pre-petition screening requirements in A.R.S. Title 36, Chapter 5.
  - E. An administrator of a behavioral health inpatient facility authorized to provide court-ordered evaluation shall ensure that court-ordered evaluation is provided according to the court-evaluation requirements in A.R.S. Title 36, Chapter 5.
  - F. Except as specified in subsection (G), an administrator is not required to comply with the following provisions in this Chapter for a patient receiving court-ordered evaluation:
    1. Admission requirements in R9-10-307,
    2. Patient assessment requirements in R9-10-307,
    3. Treatment plan requirements in R9-10-308, and
    4. Discharge requirements in R9-10-309.
  - G. For a patient receiving court-ordered evaluation who attempts suicide or exhibits suicidal ideation, an administrator shall ensure that the following requirements are met:
    1. Patient assessment requirements in R9-10-307(10), (11), and (12);
    2. Treatment plan requirements in R9-10-308(A)(4)(c); and
    3. Discharge requirements in R9-10-309(B), (F)(2), and (H)(2)(b).
  - H. An administrator of a behavioral health inpatient facility authorized to provide court-ordered treatment shall ensure that court-ordered treatment is provided according to the court-ordered treatment requirements in A.R.S. Title 36, Chapter 5.
- a. Is approved for use as a seclusion room by the Department;
  - b. Is not used as a patient's bedroom or a sleeping area;
  - c. Allows full view of the patient in all areas of the room;
  - d. Is free of hazards, such as unprotected light fixtures or electrical outlets;
  - e. Contains at least 60 square feet of floor space; and
  - f. Except as provided in subsection (B)(3), contains a non-adjustable bed that:
    - i. Consists of a mattress on a solid platform that is:
      - (1) Constructed of a durable, non-hazardous material; and
      - (2) Raised off of the floor;
    - ii. Does not have wire springs or a storage drawer; and
    - iii. Is securely anchored in place;
  3. If a room used for seclusion does not contain a non-adjustable bed required in subsection (B)(2)(f):
    - a. A piece of equipment is available that:
      - i. Is commercially manufactured to safely and humanely restrain a patient's body;
      - ii. Provides support to the trunk and head of a patient's body;
      - iii. Provides restraint to the trunk of a patient's body;
      - iv. Is able to restrict movement of a patient's arms, legs, body, and head;
      - v. Allows a patient's body to recline; and
      - vi. Does not inflict harm on a patient's body; and
    - b. Documentation of the manufacturer's specifications for the piece of equipment in subsection (B)(3)(a) is maintained; and
  4. A seclusion room may be used for services or activities other than seclusion if:
    - a. A sign stating the service or activity scheduled or being provided in the room is conspicuously posted outside the room;
    - b. No permanent equipment other than the bed required in subsection (B)(2)(f) is in the room;
    - c. Policies and procedures:
      - i. Delineate which services or activities other than seclusion may be provided in the room,
      - ii. List what types of equipment or supplies may be placed in the room for the delineated services, and
      - iii. Provide for the prompt removal of equipment and supplies from the room before the room is used for seclusion; and
    - d. The sign required in subsection (B)(4)(a) and equipment and supplies in the room, other than the bed required in subsection (B)(2)(f), are removed before being used for seclusion.

**Historical Note**

Section R9-10-315, formerly numbered as R9-10-215, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-315 repealed, new Section R9-10-315 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-315 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by exempt rulemaking at 27 A.A.R. 661, effective May 1, 2021 (Supp. 21-2).

**R9-10-316. Seclusion; Restraint**

- A. An administrator shall ensure that restraint is provided according to the requirements in subsection (C).
- B. An administrator of a behavioral health inpatient facility authorized to provide seclusion shall ensure that:
  1. Seclusion is provided according to the requirements in subsection (C);
  2. If a patient is placed in seclusion, the room used for seclusion:
    - a. Is approved for use as a seclusion room by the Department;
    - b. Is not used as a patient's bedroom or a sleeping area;
    - c. Allows full view of the patient in all areas of the room;
    - d. Is free of hazards, such as unprotected light fixtures or electrical outlets;
    - e. Contains at least 60 square feet of floor space; and
    - f. Except as provided in subsection (B)(3), contains a non-adjustable bed that:
      - i. Consists of a mattress on a solid platform that is:
        - (1) Constructed of a durable, non-hazardous material; and
        - (2) Raised off of the floor;
      - ii. Does not have wire springs or a storage drawer; and
      - iii. Is securely anchored in place;
- C. An administrator shall ensure that:
  1. Policies and procedures for providing restraint or seclusion are established, documented, and implemented to protect the health and safety of a patient that:
    - a. Establish the process for patient assessment, including identification of a patient's medical conditions and criteria for the on-going monitoring of any identified medical condition;
    - b. Identify each type of restraint or seclusion used and include for each type of restraint or seclusion used:
      - i. The qualifications of a personnel member who can:



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- (1) Order the restraint or seclusion;
    - (2) Place a patient in the restraint or seclusion;
    - (3) Monitor a patient in the restraint or seclusion;
    - (4) Evaluate a patient's physical and psychological well-being after being placed in the restraint or seclusion and when released from the restraint or seclusion;
    - (5) Renew the order for restraint or seclusion;
  - ii. On-going training requirements for a personnel member who has direct patient contact while the patient is in a restraint or seclusion; and
  - iii. Criteria for monitoring and assessing a patient including:
    - (1) Frequencies of monitoring and assessment based on a patient's medical condition and risks associated with the specific restraint or seclusion;
    - (2) For the renewal of an order for restraint or seclusion, whether an assessment is required before the order is renewed and, if an assessment is required, who may conduct the assessment;
    - (3) Assessment content, which may include, depending on a patient's condition, the patient's vital signs, respiration, circulation, hydration needs, elimination needs, level of distress and agitation, mental status, cognitive functioning, neurological functioning, and skin integrity;
    - (4) If a mechanical restraint is used, how often the mechanical restraint is loosened; and
    - (5) A process for meeting a patient's nutritional needs and elimination needs;
  - c. Establish the criteria and procedures for renewing an order for restraint or seclusion;
  - d. Establish procedures for internal review of the use of restraint or seclusion; and
  - e. Establish medical record and personnel record documentation requirements for restraint and seclusion, if applicable;
2. An order for restraint or seclusion is:
  - a. Obtained from a physician or registered nurse practitioner, and
  - b. Not written as a standing order or on an as-needed basis;
3. Restraint or seclusion is:
  - a. Not used as a means of coercion, discipline, convenience, or retaliation;
  - b. Only used when all of the following conditions are met:
    - i. Except as provided in subsection (C)(4), after obtaining an order for the restraint or seclusion;
    - ii. For the management of a patient's aggressive, violent, or self-destructive behavior;
    - iii. When less restrictive interventions have been determined to be ineffective; and
    - iv. To ensure the immediate physical safety of the patient, to prevent imminent harm to the patient or another individual, or to stop physical harm to another individual; and
  - c. Discontinued at the earliest possible time;
4. If as a result of a patient's aggressive, violent, or self-destructive behavior, harm to the patient or another individual is imminent or the patient or another individual is being physically harmed, a personnel member:
  - a. May initiate an emergency application of restraint or seclusion for the patient before obtaining an order for the restraint or seclusion, and
  - b. Obtains an order for the restraint or seclusion of the patient during the emergency application of the restraint or seclusion;
5. An order for restraint or seclusion includes:
  - a. The name of the physician or registered nurse practitioner ordering the restraint or seclusion;
  - b. The date and time that the restraint or seclusion was ordered;
  - c. The specific restraint or seclusion ordered;
  - d. If a drug is ordered as a chemical restraint, the drug's name, strength, dosage, and route of administration;
  - e. The specific criteria for release from restraint or seclusion without an additional order; and
  - f. The maximum duration authorized for the restraint or seclusion;
6. An order for restraint or seclusion is limited to the duration of the emergency situation and does not exceed three continuous hours;
7. If an order for restraint or seclusion of a patient is not provided by the patient's attending physician, the patient's attending physician is notified as soon as possible;
8. A medical practitioner or personnel member does not participate in restraint or seclusion, assess or monitor a patient during restraint or seclusion, or evaluate a patient after restraint or seclusion, and a physician or registered nurse practitioner does not order restraint or seclusion, until the medical practitioner or personnel member, completes education and training that:
  - a. Includes:
    - i. Techniques to identify medical practitioner, personnel member, and patient behaviors, events, and environmental factors that may trigger circumstances that require restraint or seclusion;
    - ii. The use of nonphysical intervention skills, such as de-escalation, mediation, conflict resolution, active listening, and verbal and observational methods;
    - iii. Techniques for identifying the least restrictive intervention based on an assessment of the patient's medical or behavioral health condition;
    - iv. The safe use of restraint and the safe use of seclusion, including training in how to recognize and respond to signs of physical and psychological distress in a patient who is restrained or secluded;
    - v. Clinical identification of specific behavioral changes that indicate that the restraint or seclusion is no longer necessary;
    - vi. Monitoring and assessing a patient while the patient is in restraint or seclusion according to policies and procedures; and
    - vii. Except for the medical practitioner, training exercises in which the personnel member successfully demonstrates the techniques that the medical practitioner or personnel member has learned for managing emergency situations; and

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- b. Is provided by individuals qualified according to policies and procedures;
  - 9. When a patient is placed in restraint or seclusion:
    - a. The restraint or seclusion is conducted according to policies and procedures;
    - b. The restraint or seclusion is proportionate and appropriate to the severity of the patient's behavior and the patient's:
      - i. Chronological and developmental age;
      - ii. Size;
      - iii. Gender;
      - iv. Physical condition;
      - v. Medical condition;
      - vi. Psychiatric condition; and
      - vii. Personal history, including any history of physical or sexual abuse;
    - c. The physician or registered nurse practitioner who ordered the restraint or seclusion is available for consultation throughout the duration of the restraint or seclusion;
    - d. The patient is monitored and assessed according to policies and procedures;
    - e. A physician or registered nurse assesses the patient within one hour after the patient is placed in the restraint or seclusion and determines:
      - i. The patient's current behavior,
      - ii. The patient's reaction to the restraint or seclusion used,
      - iii. The patient's medical and behavioral condition, and
      - iv. Whether to continue or terminate the restraint or seclusion;
    - f. The patient is given the opportunity:
      - i. To eat during mealtime, and
      - ii. To use the toilet; and
    - g. The restraint or seclusion is discontinued at the earliest possible time, regardless of the length of time identified in the order;
  - 10. A medical practitioner or personnel member documents the following information in a patient's medical record before the end of the shift in which the patient is placed in restraint or seclusion or, if the patient's restraint or seclusion does not end during the shift in which it began, during the shift in which the patient's restraint or seclusion ends:
    - a. The emergency situation that required the patient to be restrained or put in seclusion;
    - b. The times the patient's restraint or seclusion actually began and ended;
    - c. The time of the assessment required in subsection (C)(9)(e);
    - d. The monitoring required in subsection (C)(9)(d);
    - e. The names of the medical practitioners and personnel members with direct patient contact while the patient was in the restraint or seclusion;
    - f. The times the patient was given the opportunity to eat or use the toilet according to subsection (C)(9)(f); and
    - g. The patient evaluation required in subsection (C)(12);
  - 11. If an emergency situation continues beyond the time limit of an order for restraint or seclusion, the order is renewed according to policies and procedures that include:
    - a. The specific criteria for release from restraint or seclusion without an additional order, and
    - b. The maximum duration authorized for the restraint or seclusion; and
  - 12. A patient is evaluated after restraint or seclusion is no longer being used for the patient.

**Historical Note**

Section R9-10-316, formerly numbered as R9-10-216, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-316 repealed, new Section R9-10-316 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-316 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-317. Behavioral Health Observation/Stabilization Services**

- A. An administrator of a behavioral health inpatient facility authorized to provide behavioral health observation/stabilization services shall comply with the requirements for behavioral health observation/stabilization services in R9-10-1012.
- B. If a behavioral health inpatient facility is authorized to provide behavioral health observation/stabilization services to individuals under 18 years of age, an administrator shall ensure that, in addition to complying with the requirements in R9-10-1012, the behavioral health inpatient facility complies with the requirements for a patient under 18 years of age, personnel records, and physical plant in R9-10-318.

**Historical Note**

Section R9-10-317, formerly numbered as R9-10-221, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-317 repealed, new Section R9-10-317 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-317 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-318. Child and Adolescent Residential Treatment Services**

- A. An administrator of a behavioral health inpatient facility authorized to provide child and adolescent residential treatment services shall:
  - 1. If abuse, neglect, or exploitation of a patient under 18 years of age is alleged or suspected to have occurred before the patient was accepted or while the patient is not on the premises and not receiving services from an employee or personnel member of the behavioral health inpatient facility, report the alleged or suspected abuse, neglect, or exploitation of the patient according to A.R.S. § 13-3620;
  - 2. If the administrator has a reasonable basis, according to A.R.S. § 13-3620, to believe that abuse, neglect, or exploitation of a patient under 18 years of age has occurred on the premises or while the patient is receiving services from an employee or a personnel member:

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- a. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
  - b. Report the suspected abuse, neglect, or exploitation of the patient according to A.R.S. § 13-3620;
  - c. Document:
    - i. The suspected abuse, neglect, or exploitation;
    - ii. Any action taken according to subsection (A)(2)(a); and
    - iii. The report in subsection (A)(2)(b);
  - d. Maintain the documentation in subsection (A)(2)(c) for at least 12 months after the date of the report in subsection (A)(2)(b);
  - e. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in subsection (A)(2)(b):
    - i. The dates, times, and description of the suspected abuse, neglect, or exploitation;
    - ii. A description of any injury to the patient related to the suspected abuse or neglect and any change to the patient's physical, cognitive, functional, or emotional condition;
    - iii. The names of witnesses to the suspected abuse, neglect, or exploitation; and
    - iv. The actions taken by the administrator to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
  - f. Maintain a copy of the documented information required in subsection (A)(2)(e) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated;
3. If a patient who is under 18 years of age is absent and the absence is unauthorized as determined according to the criteria in R9-10-303(H), within an hour after determining that the patient's absence is unauthorized, notify:
    - a. Except as provided in subsection (A)(3)(b), the patient's parent or legal guardian; and
    - b. For a patient who is under a court's jurisdiction, the appropriate court or a person designated by the appropriate court;
  4. Document the notification in subsection (A)(3) in the patient's medical record and the written log required in R9-10-303(I)(3);
  5. In addition to the personnel records requirements in R9-10-306(F), ensure that a personnel record for each employee, volunteer, and student contains documentation of the individual's compliance with the finger-printing requirements in A.R.S. § 36-425.03;
  6. Ensure that the patient's representative for a patient who is under 18 years of age:
    - a. Except in an emergency, either consents to or refuses treatment;
    - b. May refuse or withdraw consent to treatment before treatment is initiated, unless the treatment is ordered by a court according to A.R.S. Title 36, Chapter 5 or A.R.S. § 8-341.01; is necessary to save the patient's life or physical health; or is provided according to A.R.S. § 36-512;
    - c. Except in an emergency, is informed of alternatives to a proposed psychotropic medication and the associated risks and possible complications of the proposed psychotropic medication;
    - d. Is informed of the following:
      - i. The policy on health care directives, and
      - ii. The patient complaint process; and
  - e. Except as otherwise permitted by law, provides written consent to the release of information in the patient's:
    - i. Medical record, or
    - ii. Financial records;
  7. In addition to the restrictions provided in R9-10-311(C), ensure that a parent of a patient under 18 years of age is allowed to restrict the patient from:
    - a. Associating with individuals of the patient's choice, receiving visitors, and making telephone calls during the hours established by the behavioral health inpatient facility;
    - b. Having privacy in correspondence, communication, visitation, financial affairs, and personal hygiene; and
    - c. Sending and receiving uncensored and unopened mail;
  8. Establish, document, and implement policies and procedures to ensure that a patient is protected from the following from other patients at the behavioral health inpatient facility:
    - a. Threats,
    - b. Ridicule,
    - c. Verbal harassment,
    - d. Punishment, or
    - e. Abuse;
  9. Ensure that:
    - a. The interior of the behavioral health inpatient facility has furnishings and decorations appropriate to the ages of the patients receiving services at the behavioral health inpatient facility;
    - b. A patient older than three years of age does not sleep in a crib;
    - c. Clean and non-hazardous toys, educational materials, and physical activity equipment are available and accessible to patients in a quantity sufficient to meet each patient's needs and are appropriate to each patient's age, developmental level, and treatment needs; and
    - d. A patient's educational needs are addressed according to A.R.S. Title 15, Chapter 7, Article 4;
  10. In addition to the requirements for seclusion or restraint in R9-10-316, ensure that:
    - a. An order for restraint or seclusion is limited to the duration of the emergency situation and does not exceed:
      - i. Two continuous hours for a patient who is between the ages of nine and 17, or
      - ii. One continuous hour for a patient who is younger than nine; and
    - b. Requirements are established for notifying the parent or guardian of a patient who is under 18 years of age and who is restrained or secluded; and
  11. Prohibit a patient under 18 years of age from possessing or using tobacco products on the premises.
- B.** An administrator of a behavioral health inpatient facility authorized to provide child and adolescent residential treatment services may continue to provide behavioral health services to a patient who is 18 years of age or older:
1. If the patient:
    - a. Was admitted to the behavioral health inpatient facility before the patient's 18th birthday,
    - b. Is not 21 years of age or older, and
    - c. Is completing high school or a high school equivalency diploma or participating in a job training program; or

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2. Through the last calendar day of the month of the patient's 18th birthday.

**Historical Note**

Section R9-10-318, formerly numbered as R9-10-222, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-318 repealed, new Section R9-10-318 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-318 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). R9-10-318 renumbered to R9-10-319; new Section made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 26 A.A.R. 551, with an immediate effective date of March 3, 2020 (Supp. 20-1).

**R9-10-319. Detoxification Services**

An administrator of a behavioral health inpatient facility authorized to provide detoxification services shall ensure that:

1. Detoxification services are available;
2. Policies and procedures state:
  - a. Whether the behavioral health inpatient facility is authorized to provide involuntary, court-ordered alcohol treatment;
  - b. Whether the behavioral health inpatient facility includes a local alcoholism reception center, as defined in A.R.S. § 36-2021;
  - c. The types of substances for which the behavioral health inpatient facility provides detoxification services;
  - d. The detoxification process or processes used by the behavioral health inpatient facility; and
  - e. When an adjustable bed can be used by a patient and what actions are necessary, including supervision, to protect the patient's health and safety when the patient is in an adjustable bed; and
3. A physician or registered nurse practitioner with skills and knowledge in providing detoxification services is present at the behavioral health inpatient facility or on-call.

**Historical Note**

Section R9-10-319, formerly numbered as R9-10-223, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-319 repealed, new Section R9-10-319 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-319 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). R9-10-319 renumbered to R9-10-320; new Section R9-10-319 renumbered from R9-10-318 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-320. Medication Services**

- A. An administrator shall ensure that policies and procedures for medication services:
  1. Include:

- a. A process for providing information to a patient about medication prescribed for the patient including:
    - i. The prescribed medication's anticipated results,
    - ii. The prescribed medication's potential adverse reactions,
    - iii. The prescribed medication's potential side effects, and
    - iv. Potential adverse reactions that could result from not taking the medication as prescribed;
  - b. Procedures for preventing, responding to, and reporting:
    - i. A medication error,
    - ii. An adverse reaction to a medication, or
    - iii. A medication overdose;
  - c. Procedures to ensure that a patient's medication regimen is reviewed by a medical practitioner to ensure the medication regimen meets the patient's needs;
  - d. Procedures for documenting medication administration and assistance in the self-administration of medication;
  - e. Procedures for assisting a patient in obtaining medication; and
  - f. If applicable, procedures for providing medication administration or assistance in the self-administration of medication off the premises; and
2. Specify a process for review through the quality management program of:
    - a. A medication administration error, and
    - b. An adverse reaction to a medication.
- B. If a behavioral health inpatient facility provides medication administration, an administrator shall ensure that:
    1. Policies and procedures for medication administration:
      - a. Are reviewed and approved by a medical practitioner;
      - b. Specify the individuals who may:
        - i. Order medication, and
        - ii. Administer medication;
      - c. Ensure that medication is administered to a patient only as prescribed; and
      - d. Cover the documentation of a patient's refusal to take prescribed medication in the patient's medical record;
    2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law; and
    3. A medication administered to a patient is:
      - a. Administered in compliance with an order, and
      - b. Documented in the patient's medical record.
  - C. If a behavioral health inpatient facility provides assistance in the self-administration of medication, an administrator shall ensure that:
    1. A patient's medication is stored by the behavioral health inpatient facility;
    2. The following assistance is provided to a patient:
      - a. A reminder when it is time to take the medication;
      - b. Opening the medication container for the patient;
      - c. Observing the patient while the patient removes the medication from the container;
      - d. Verifying that the medication is taken as ordered by the patient's medical practitioner by confirming that:
        - i. The patient taking the medication is the individual stated on the medication container label,
        - ii. The patient is taking the dosage of the medication stated on the medication container label or according to an order from a medical practitioner.

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- tioner dated later than the date on the medication container label, and
- iii. The patient is taking the medication at the time stated on the medication container label or according to an order from a medical practitioner dated later than the date on the medication container label; or
  - e. Observing the patient while the patient takes the medication;
3. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by a medical practitioner or registered nurse;
  4. Training for a personnel member, other than a medical practitioner or registered nurse, in assistance in the self-administration of medication:
    - a. Is provided by a medical practitioner or registered nurse or an individual trained by a medical practitioner or registered nurse; and
    - b. Includes:
      - i. A demonstration of the personnel member's skills and knowledge necessary to provide assistance in the self-administration of medication,
      - ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and
      - iii. The process for notifying the appropriate entities when an emergency medical intervention is needed;
  5. A personnel member, other than a medical practitioner or registered nurse, completes the training in subsection (C)(4) before the personnel member provides assistance in the self-administration of medication; and
  6. Assistance in the self-administration of medication provided to a patient:
    - a. Is in compliance with an order, and
    - b. Is documented in the patient's medical record.
- D.** An administrator shall ensure that:
1. A current drug reference guide is available for use by personnel members;
  2. A current toxicology reference guide is available for use by personnel members; and
  3. If pharmaceutical services are provided on the premises:
    - a. A committee, composed of at least one physician, one pharmacist, and other personnel members as determined by policies and procedures, is established to:
      - i. Develop a drug formulary,
      - ii. Update the drug formulary at least once every 12 months,
      - iii. Develop medication usage and medication substitution policies and procedures, and
      - iv. Specify which medications and medication classifications are required to be stopped automatically after a specific time period unless the ordering medical practitioner specifically orders otherwise;
    - b. The pharmaceutical services are provided under the direction of a pharmacist;
    - c. The pharmaceutical services comply with A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
    - d. A copy of the pharmacy license is provided to the Department upon request.
- E.** When medication is stored at a behavioral health inpatient facility, an administrator shall ensure that:
1. Medication is stored in a separate locked room, closet, or self-contained unit used only for medication storage;
  2. Medication is stored according to the instructions on the medication container; and
  3. Policies and procedures are established, documented, and implemented for:
    - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication, including expired medication;
    - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
    - c. A medication recall and notification of patients who received recalled medication; and
    - d. Storing, inventorying, and dispensing controlled substances.
- F.** An administrator shall ensure that a personnel member immediately reports a medication error or a patient's adverse reaction to a medication to the medical practitioner who ordered the medication and, if applicable, the behavioral health inpatient facility's clinical director.

**Historical Note**

Section R9-10-320, formerly numbered as R9-10-231, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-320 repealed, new Section R9-10-320 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-320 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). R9-10-320 renumbered to R9-10-321; new Section R9-10-320 renumbered from R9-10-319 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-321. Food Services**

- A.** An administrator shall ensure that:
1. The behavioral health inpatient facility obtains a license or permit as a food establishment under 9 A.A.C. 8, Article 1;
  2. A copy of the behavioral health inpatient facility's food establishment license or permit is maintained;
  3. If a behavioral health inpatient facility contracts with a food establishment, as established in 9 A.A.C. 8, Article 1, to prepare and deliver food to the behavioral health inpatient facility:
    - a. A copy of the contracted food establishment's license or permit under 9 A.A.C. 8, Article 1 is maintained by the behavioral health inpatient facility; and
    - b. The behavioral health inpatient facility is able to store, refrigerate, and reheat food to meet the dietary needs of a patient;
  4. A registered dietitian is employed full-time, part-time, or as a consultant; and
  5. If a registered dietitian is not employed full-time, an individual is designated as a director of food services who consults with a registered dietitian as often as necessary to meet the nutritional needs of the patients.
- B.** A registered dietitian or director of food services shall ensure that:
1. A food menu:
    - a. Is prepared at least one week in advance,
    - b. Includes the foods to be served each day,

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- c. Is conspicuously posted at least one calendar day before the first meal on the food menu will be served,
    - d. Includes any food substitution no later than the morning of the day of meal service with a food substitution, and
    - e. Is maintained for at least 60 calendar days after the last day included in the food menu;
  - 2. Meals and snacks provided by the behavioral health inpatient facility are served according to posted menus;
  - 3. Meals and snacks for each day are planned using:
    - a. The applicable guidelines in <http://www.health.gov/dietaryguidelines/2015>, and
    - b. Preferences for meals and snacks obtained from patients;
  - 4. A patient is provided:
    - a. A diet that meets the patient's nutritional needs as specified in the patient's assessment or treatment plan;
    - b. Three meals a day with not more than 14 hours between the evening meal and breakfast except as provided in subsection (B)(4)(d);
    - c. The option to have a daily evening snack identified in subsection (B)(4)(d)(ii) or other snack; and
    - d. The option to extend the time span between the evening meal and breakfast from 14 hours to 16 hours if:
      - i. A patient group agrees; and
      - ii. The patient is offered an evening snack that includes meat, fish, eggs, cheese, or other protein, and a serving from either the fruit and vegetable food group or the bread and cereal food group;
  - 5. A patient requiring assistance to eat is provided with assistance that recognizes the patient's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils; and
  - 6. Water is available and accessible to patients.
- C. An administrator shall ensure that food is obtained, prepared, served, and stored as follows:
  - 1. Food is free from spoilage, filth, or other contamination and is safe for human consumption;
  - 2. Food is protected from potential contamination;
  - 3. Food is prepared:
    - a. Using methods that conserve nutritional value, flavor, and appearance; and
    - b. In a form to meet the needs of a patient such as cut, chopped, ground, pureed, or thickened;
  - 4. Potentially hazardous food is maintained as follows:
    - a. Foods requiring refrigeration are maintained at 41° F or below; and
    - b. Foods requiring cooking are cooked to heat all parts of the food to a temperature of at least 145° F for 15 seconds, except that:
      - i. Ground beef and ground meats are cooked to heat all parts of the food to at least 155° F;
      - ii. Poultry, poultry stuffing, stuffed meats, and stuffing that contains meat are cooked to heat all parts of the food to at least 165° F;
      - iii. Pork and any food containing pork are cooked to heat all parts of the food to at least 155° F;
      - iv. Raw shell eggs for immediate consumption are cooked to at least 145° F for 15 seconds and any food containing raw shell eggs is cooked to heat all parts of the food to at least 155° F;
    - v. Roast beef and beef steak are cooked to an internal temperature of at least 155° F; and
    - vi. Leftovers are reheated to a temperature of at least 165° F;
  - 5. A refrigerator contains a thermometer, accurate to plus or minus 3° F, placed at the warmest part of the refrigerator;
  - 6. Frozen foods are stored at a temperature of 0° F or below; and
  - 7. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair.

**Historical Note**

Section R9-10-321, formerly numbered as R9-10-232, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-321 repealed, new Section R9-10-321 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-321 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). R9-10-321 renumbered to R9-10-322; new Section R9-10-321 renumbered from R9-10-320 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-322. Emergency and Safety Standards**

- A. An administrator shall ensure that a behavioral health inpatient facility has:
  - 1. A fire alarm system installed according to the National Fire Protection Association 72: National Fire Alarm and Signaling Code, incorporated by reference in R9-10-104.01, and a sprinkler system installed according to the National Fire Protection Association 13 Standard for the Installation of Sprinkler Systems, incorporated by reference in R9-10-104.01, that are in working order; or
  - 2. An alternative method to ensure a patient's safety, documented and approved by the local jurisdiction.
- B. An administrator shall ensure that:
  - 1. A disaster plan is developed, documented, maintained in a location accessible to personnel members and other employees, and, if necessary, implemented that includes:
    - a. When, how, and where patients will be relocated;
    - b. How a patient's medical record will be available to individuals providing services to the patient during a disaster;
    - c. A plan to ensure each patient's medication will be available to administer to the patient during a disaster; and
    - d. A plan for obtaining food and water for individuals present in the behavioral health inpatient facility or the behavioral health inpatient facility's relocation site during a disaster;
  - 2. The disaster plan required in subsection (B)(1) is reviewed at least once every 12 months;
  - 3. Documentation of a disaster plan review required in subsection (B)(2) is created, is maintained for at least 12 months after the date of the disaster plan review, and includes:
    - a. The date and time of the disaster plan review;
    - b. The name of each personnel member, employee, volunteer, or student participating in the disaster plan review;
    - c. A critique of the disaster plan review; and

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- d. If applicable, recommendations for improvement;
  4. A disaster drill for employees is conducted on each shift at least once every three months and documented;
  5. An evacuation drill for employees and patients:
    - a. Is conducted at least once every six months; and
    - b. Includes all individuals on the premises except for:
      - i. A patient whose medical record contains documentation that evacuation from the behavioral health inpatient facility would cause harm to the patient, and
      - ii. Sufficient personnel members to ensure the health and safety of patients not evacuated according to subsection (B)(5)(b)(i);
  6. Documentation of each evacuation drill is created, is maintained for at least 12 months after the date of the evacuation drill, and includes:
    - a. The date and time of the evacuation drill;
    - b. The amount of time taken for employees and patients to evacuate to a designated area;
    - c. If applicable:
      - i. An identification of patients needing assistance for evacuation, and
      - ii. An identification of patients who were not evacuated;
    - d. Any problems encountered in conducting the evacuation drill; and
    - e. Recommendations for improvement, if applicable; and
  7. An evacuation path is conspicuously posted on each hallway of each floor of the behavioral health inpatient facility.
- C. An administrator shall:**
1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal,
  2. Make any repairs or corrections stated on the fire inspection report, and
  3. Maintain documentation of a current fire inspection.
- Historical Note**
- Section R9-10-322, formerly numbered as R9-10-233, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-322 repealed, new Section R9-10-322 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-322 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). R9-10-322 renumbered to R9-10-323; new Section R9-10-322 renumbered from R9-10-321 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4).
- R9-10-323. Environmental Standards**
- A. An administrator shall ensure that:**
1. The premises and equipment are:
    - a. Cleaned and, if applicable, disinfected according to policies and procedures designed to prevent, minimize, and control illness or infection; and
    - b. Free from a condition or situation that may cause a patient or other individual to suffer physical injury;
  2. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
  3. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures;
  4. Equipment used at the behavioral health inpatient facility is:
    - a. Maintained in working order;
    - b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
    - c. Used according to the manufacturer's recommendations;
  5. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;
  6. Garbage and refuse are:
    - a. In areas used for food storage, food preparation, or food service, stored in covered containers lined with plastic bags;
    - b. In areas not used for food storage, food preparation, or food service, stored:
      - i. According to the requirements in subsection (6)(a), or
      - ii. In a paper-lined container that is cleaned and sanitized as often as necessary to ensure that the container is clean; and
    - c. Removed from the premises at least once a week;
  7. Heating and cooling systems maintain the behavioral health inpatient facility at a temperature between 70° F and 84° F;
  8. Common areas:
    - a. Are lighted to assure the safety of patients, and
    - b. Have lighting sufficient to allow personnel members to monitor patient activity;
  9. Hot water temperatures are maintained between 95° F and 120° F in the areas of a behavioral health inpatient facility used by patients;
  10. The supply of hot and cold water is sufficient to meet the personal hygiene needs of patients and the cleaning and sanitation requirements in this Article;
  11. Soiled linen and soiled clothing stored by the behavioral health inpatient facility are maintained separate from clean linen and clothing and stored in closed containers away from food storage, kitchen, and dining areas;
  12. Oxygen containers are secured in an upright position;
  13. Poisonous or toxic materials stored by the behavioral health inpatient facility are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and are inaccessible to patients;
  14. Combustible or flammable liquids and hazardous materials stored by a behavioral health inpatient facility are stored in the original labeled containers or safety containers in a locked area inaccessible to patients;
  15. If pets or animals are allowed in the behavioral health inpatient facility, pets or animals are:
    - a. Controlled to prevent endangering the patients and to maintain sanitation;
    - b. Licensed consistent with local ordinances; and
    - c. For a dog or cat, vaccinated against rabies;
  16. If a water source that is not regulated under 18 A.A.C. 4 by the Arizona Department of Environmental Quality is used:

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- a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coliform or *E. coli* bacteria;
  - b. If necessary, corrective action is taken to ensure the water is safe to drink; and
  - c. Documentation of testing is maintained for at least 12 months after the date of the test; and
17. If a non-municipal sewage system is used, the sewage system is in working order and is maintained according to applicable state laws and rules.
- B.** An administrator shall ensure that:
1. Smoking tobacco products is not permitted within a behavioral health inpatient facility; and
  2. Except as provided in R9-10-318(A)(11), smoking tobacco products may be permitted on the premises outside a behavioral health inpatient facility if:
    - a. Signs designating smoking areas are conspicuously posted, and
    - b. Smoking is prohibited in areas where combustible materials are stored or in use.
- C.** If a swimming pool is located on the premises, an administrator shall ensure that:
1. At least one personnel member with cardiopulmonary resuscitation training that meets the requirements in R9-10-303(C)(1)(e) is present in the pool area when a patient is in the pool area, and
  2. At least two personnel members are present in the pool area when two or more patients are in the pool area.
- Historical Note**
- Section R9-10-323, formerly numbered as R9-10-234, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-323 repealed, new Section R9-10-323 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-323 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). R9-10-323 renumbered to R9-10-324; new Section R9-10-323 renumbered from R9-10-322 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 25 A.A.R. 259, effective January 8, 2019 (Supp. 19-1).
- R9-10-324. Physical Plant Standards**
- A.** An administrator shall ensure that the premises and equipment are sufficient to accommodate:
1. The services stated in the behavioral health inpatient facility's scope of services, and
  2. An individual accepted as a patient by the behavioral health inpatient facility.
- B.** An administrator shall ensure that:
1. A behavioral health inpatient facility has a:
    - a. Waiting area with seating for patients and visitors;
    - b. Room that provides privacy for a patient to receive treatment or visitors; and
    - c. Common area and a dining area that:
      - i. Are not converted, partitioned, or otherwise used as a sleeping area; and
      - ii. Contain furniture and materials to accommodate the recreational and socialization needs of the patients and other individuals in the behavioral health inpatient facility;
  2. A bathroom is available for use by visitors during the behavioral health inpatient facility's hours of operation and:
    - a. Provides privacy; and
    - b. Contains:
      - i. A working sink with running water,
      - ii. A working toilet that flushes and has a seat,
      - iii. Toilet tissue,
      - iv. Soap for hand washing,
      - v. Paper towels or a mechanical air hand dryer,
      - vi. Lighting, and
      - vii. A window that opens or another means of ventilation;
  3. For every six patients, there is at least one working toilet that flushes and has a seat and one sink with running water;
  4. For every eight patients, there is at least one working bathtub or shower with a slip-resistant surface;
  5. A patient bathroom complies with the following:
    - a. Provides privacy when in use;
    - b. Contains:
      - i. A shatterproof mirror, unless the patient's treatment plan requires otherwise;
      - ii. A window that opens or another means of ventilation; and
      - iii. Nonporous surfaces for shower enclosures and slip-resistant surfaces in tubs and showers;
    - c. Has plumbing, piping, ductwork, or other potentially hazardous elements concealed above a ceiling;
    - d. If the bathroom or shower area has a door, the door swings outward to allow for staff emergency access;
    - e. If grab bars for the toilet and tub or shower or other assistive devices are identified in the patient's treatment plan, has grab bars or other assistive devices to provide for patient safety;
    - f. If a grab bar is provided, has the space between the grab bar and the wall filled to prevent a cord being tied around the grab bar;
    - g. Does not contain a towel bar, a shower curtain rod, or a lever handle that is not a specifically designed anti-ligature lever handle;
    - h. Has tamper-resistant lighting fixtures, sprinkler heads, and electrical outlets; and
    - i. For a bathroom with a sprinkler head where a patient is not supervised while the patient is in the bathroom, has a sprinkler head that is recessed or designed to minimize patient access;
  6. If a patient bathroom door locks from the inside, an employee has a key and access to the bathroom;
  7. Each patient is provided a bedroom for sleeping;
  8. A patient bedroom complies with the following:
    - a. Is not used as a common area;
    - b. Is not used as a passageway to another bedroom or bathroom unless the bathroom is for the exclusive use of a patient occupying the bedroom;
    - c. Contains a door that opens into a hallway, common area, or outdoors and, except as provided in subsection (E), another means of egress;
    - d. Is constructed and furnished to provide unimpeded access to the door;
    - e. Has window or door covers that provide patient privacy;
    - f. Has floor to ceiling walls;
    - g. Is a:
      - i. Private bedroom that contains at least 60 square feet of floor space, not including the closet; or



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- ii. Shared bedroom that:
      - (1) Is shared by no more than four patients;
      - (2) Contains, except as provided in subsection (B)(9), at least 60 square feet of floor space, not including a closet, for each patient occupying the bedroom; and
      - (3) Provides sufficient space between beds to ensure that a patient has unobstructed access to the bedroom door;
    - h. Contains for each patient occupying the bedroom:
      - i. A bed that is: at least 36 inches wide and at least 72 inches long, and consists of at least a frame and mattress and linens that is not a threat to health and safety; and
      - ii. Individual storage space for personnel effects and clothing such as shelves, a dresser, or chest of drawers;
    - i. Has clean linen for each bed including mattress pad, sheets large enough to tuck under the mattress, pillows, pillow cases, bedspread, waterproof mattress covers as needed, and blankets to ensure warmth and comfort for each patient;
    - j. Has sufficient lighting for a patient occupying the bedroom to read; and
    - k. If applicable, has a drawer pull that is recessed to eliminate the possibility of use as a tie-off point;
  - 9. If a behavioral health inpatient facility licensed before November 1, 2003 was approved for 50 square feet of floor space for each patient in a bedroom, ensure that the bedroom contains at least 50 square feet for each patient not including the closet;
  - 10. In a patient bathroom or a patient bedroom:
    - a. The ceiling is secured from access or at least 9 feet in height; and
    - b. A ventilation grille is:
      - i. Secured and has perforations that are too small to use as a tie-off point, or
      - ii. Of sufficient height to prevent patient access;
  - 11. For a door located in an area of the behavioral health inpatient facility that is accessible to patients:
    - a. A door closing device, if used on a patient bedroom door, is mounted on the public side of the door;
    - b. A door's hinges are designed to minimize points for hanging;
    - c. Except for a door lever handle that contains specifically designed anti-ligature hardware, a door lever handle points downward when in the latched or unlatched position; and
    - d. Hardware has tamper-resistant fasteners; and
  - 12. A window located in an area of the behavioral health inpatient facility that is accessible to patients is fabricated with laminated safety glass or protected by polycarbonate, laminate, or safety screens.
- C. An administrator of a licensed behavioral health inpatient facility may submit a request, in a Department-provided format, for additional time to comply with a physical plant requirement in subsection (B)(5)(c) through (B)(5)(i), (B)(10), (B)(11), or (B)(12) that includes:
  - 1. The rule citation for the specific plant requirement,
  - 2. The current physical plant condition that does not comply with the physical plant requirement,
  - 3. How the current physical plant condition will be changed to comply with the physical plant requirement,
  - 4. Estimated completion date of the identified physical plant change, and
  - 5. Specific actions taken to ensure the health and safety of a patient until the physical plant requirement is met.
- D. When the Department receives a request for additional time to comply with a physical plant requirement in subsection (B)(5)(c) through (B)(5)(i), (B)(10), (B)(11), or (B)(12) submitted according to subsection (C), the Department may approve the request for up to 24 months after the effective date of these rules based on:
  - 1. The behavioral health inpatient facility's scope of services,
  - 2. The expected patient acuity based on the behavioral health inpatient facility's scope of services,
  - 3. The specific physical plant requirement in the request, and
  - 4. The threat to patients' health and safety.
- E. A bedroom in a behavioral health inpatient facility is not required to have a second means of egress if:
  - 1. An administrator ensures that policies and procedures are established, documented, and implemented that provide for the safe evacuation of a patient in the bedroom based on the patient's physical and mental limitations and the location of the bedroom; or
  - 2. The building where the bedroom is located has a fire alarm system and a sprinkler system required in R9-10-322(A)(1).
- F. If a swimming pool is located on the premises, an administrator shall ensure that:
  - 1. The swimming pool is enclosed by a wall or fence that:
    - a. Is at least five feet in height as measured on the exterior of the wall or fence;
    - b. Has no vertical openings greater than four inches across;
    - c. Has no horizontal openings, except as described in subsection (F)(1)(e);
    - d. Is not chain-link;
    - e. Does not have a space between the ground and the bottom fence rail that exceeds four inches in height; and
    - f. Has a self-closing, self-latching gate that:
      - i. Opens away from the swimming pool,
      - ii. Has a latch located at least 54 inches from the ground, and
      - iii. Is locked when the swimming pool is not in use; and
  - 2. A life preserver or shepherd's crook is available and accessible in the pool area.
- G. An administrator shall ensure that a spa that is not enclosed by a wall or fence as described in subsection (F)(1) is covered and locked when not in use.

**Historical Note**

Section R9-10-324, formerly numbered as R9-10-235, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-324 repealed, new Section R9-10-324 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-324 renumbered from R9-10-323 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-325. Repealed**

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**Historical Note**

Section R9-10-325, formerly numbered as R9-10-236, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-325 repealed, new Section R9-10-325 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

**R9-10-326. Repealed****Historical Note**

Section R9-10-326, formerly numbered as R9-10-237, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-326 repealed, new Section R9-10-326 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

**R9-10-327. Repealed****Historical Note**

Section R9-10-327, formerly numbered as R9-10-241, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-327 repealed, new Section R9-10-327 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

**R9-10-328. Repealed****Historical Note**

Section R9-10-328, formerly numbered as R9-10-242, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-328 repealed, new Section R9-10-328 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

**R9-10-329. Repealed****Historical Note**

Section R9-10-329, formerly numbered as R9-10-243, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-329 repealed, new Section R9-10-329 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

**R9-10-330. Repealed****Historical Note**

Section R9-10-330, formerly numbered as R9-10-244, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-330 repealed, new Section R9-10-330 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

**R9-10-331. Repealed****Historical Note**

Section R9-10-331, formerly numbered as R9-10-245, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-331 repealed, new Section R9-10-331 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

**R9-10-332. Repealed****Historical Note**

Section R9-10-332, formerly numbered as R9-10-246, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-332 repealed, new Section R9-10-332 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

**R9-10-333. Repealed****Historical Note**

Section R9-10-333, formerly numbered as R9-10-247, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Former Section R9-10-333 repealed, new Section R9-10-333 adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

**R9-10-334. Repealed****Historical Note**

Section R9-10-334, formerly numbered as R9-10-249, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Repealed effective February 4, 1981 (Supp. 81-1).

**R9-10-335. Repealed****Historical Note**

Section R9-10-335, formerly numbered as R9-10-250, renumbered as an emergency effective February 22, 1979, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 79-1). Adopted effective June 14, 1979 (Supp. 79-3). Repealed effective February 4, 1981 (Supp. 81-1).

**ARTICLE 4. NURSING CARE INSTITUTIONS**

*Article 4, consisting of Sections R9-10-411 through R9-10-438, repealed at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).*

**R9-10-401. Definitions**

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following definitions apply in this Article unless otherwise specified:

1. "Administrator" has the same meaning as in A.R.S. § 36-446.
2. "Care plan" means a documented description of physical health services and behavioral health services expected to be provided to a resident, based on the resident's comprehensive assessment, that includes measurable objectives and the methods for meeting the objectives.

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3. "Direct care" means medical services, nursing services, or social services provided to a resident.
4. "Director of nursing" means an individual who is responsible for the nursing services provided in a nursing care institution.
5. "Highest practicable" means a resident's optimal level of functioning and well-being based on the resident's current functional status and potential for improvement as determined by the resident's comprehensive assessment.
6. "Intermittent" means not on a regular basis.
7. "Nursing care institution services" means medical services, nursing services, behavioral care, health-related services, ancillary services, social services, and environmental services provided to a resident.
8. "Resident group" means residents or residents' family members who:
  - a. Plan and participate in resident activities, or
  - b. Meet to discuss nursing care institution issues and policies.
9. "Secured" means the use of a method, device, or structure that:
  - a. Prevents a resident from leaving an area of the nursing care institution's premises, or
  - b. Alerts a personnel member of a resident's departure from the nursing care institution.
10. "Social services" means assistance provided to or activities provided for a resident to maintain or improve the resident's physical, mental, and psychosocial capabilities.
11. "Total health condition" means a resident's overall physical and psychosocial well-being as determined by the resident's comprehensive assessment.
12. "Unnecessary drug" means a medication that is not required because:
  - a. There is no documented indication for a resident's use of the medication;
  - b. The medication is duplicative;
  - c. The medication is administered before determining whether the resident requires the medication; or
  - d. The resident has experienced an adverse reaction from the medication, indicating that the medication should be reduced or discontinued.
13. "Ventilator" means a device designed to provide, to a resident who is physically unable to breathe or who is breathing insufficiently, the mechanism of breathing by mechanically moving breathable air into and out of the resident's lungs.
  - i. Behavioral health services,
  - ii. Clinical laboratory services,
  - iii. Dialysis services, or
  - iv. Radiology services and diagnostic imaging services; and
- c. Is requesting authorization to operate a nutrition and feeding assistant training program; and
2. If the governing authority is requesting authorization to operate a nutrition and feeding assistant training program, the information in R9-10-116(B)(1)(a), (B)(1)(c), and (B)(2).

**Historical Note**

New Section R9-10-402 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-403. Administration****A. A governing authority shall:**

1. Consist of one or more individuals responsible for the organization, operation, and administration of a nursing care institution;
2. Establish, in writing, the nursing care institution's scope of services;
3. Designate, in writing, a nursing care institution administrator licensed according to A.R.S. Title 36, Chapter 4, Article 6;
4. Adopt a quality management program according to R9-10-404;
5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
6. Designate, in writing, an acting administrator licensed according to A.R.S. § Title 36, Chapter 4, Article 6, if the administrator is:
  - a. Expected not to be present on the nursing care institution's premises for more than 30 calendar days, or
  - b. Not present on the nursing care institution's premises for more than 30 calendar days; and
7. Except as permitted in subsection (A)(6), when there is a change of administrator, notify the Department according to A.R.S. § 36-425(I) and submit a copy of the new administrator's license under A.R.S. Title 36, Chapter 4, Article 6 to the Department.

**B. An administrator:**

1. Is directly accountable to the governing authority of a nursing care institution for the daily operation of the nursing care institution and all services provided by or at the nursing care institution;
2. Has the authority and responsibility to manage the nursing care institution;
3. Except as provided in subsection (A)(6), designates, in writing, an individual who is present on the nursing care institution's premises and accountable for the nursing care institution when the administrator is not present on the nursing care institution's premises;
4. Ensures the nursing care institution's compliance with A.R.S. § 36-411; and
5. If the nursing care institution provides feeding and nutrition assistant training, ensures the nursing care institution complies with the requirements for the operation of a feeding and nutrition assistant training program in R9-10-116.

**Historical Note**

New Section R9-10-401 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-402. Supplemental Application Requirements**

In addition to the license application requirements in A.R.S. § 36-422 and R9-10-105, an applicant for a license as a nursing care institution shall include:

1. In a Department-provided format whether the applicant:
  - a. Has:
    - i. A secured area for a resident with Alzheimer's disease or other dementia, or
    - ii. An area for a resident on a ventilator;
  - b. Is requesting authorization to provide to a resident:

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- C. An administrator shall ensure that:
1. Policies and procedures are established, documented, and implemented to protect the health and safety of a resident that:
    - a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
    - b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
    - c. Include how a personnel member may submit a complaint relating to resident care;
    - d. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
    - e. Cover cardiopulmonary resuscitation training including:
      - i. Which personnel members are required to obtain cardiopulmonary resuscitation training,
      - ii. The method and content of cardiopulmonary resuscitation training,
      - iii. The qualifications for an individual to provide cardiopulmonary resuscitation training,
      - iv. The time-frame for renewal of cardiopulmonary resuscitation training, and
      - v. The documentation that verifies an individual has received cardiopulmonary resuscitation training;
    - f. Cover first aid training;
    - g. Include a method to identify a resident to ensure the resident receives physical health services and behavioral health services as ordered;
    - h. Cover resident rights, including assisting a resident who does not speak English or who has a disability to become aware of resident rights;
    - i. Cover specific steps for:
      - i. A resident to file a complaint, and
      - ii. The nursing care institution to respond to a resident's complaint;
    - j. Cover health care directives;
    - k. Cover medical records, including electronic medical records;
    - l. Cover a quality management program, including incident reports and supporting documentation;
    - m. Cover contracted services;
    - n. Cover resident's personal accounts;
    - o. Cover petty cash funds;
    - p. Cover fees and refund policies;
    - q. Cover misappropriation of resident property; and
    - r. Cover when an individual may visit a resident in a nursing care institution; and
  2. Policies and procedures for physical health services and behavioral health services are established, documented, and implemented to protect the health and safety of a resident that:
    - a. Cover resident screening, admission, transport, transfer, discharge planning, and discharge;
    - b. Cover the provision of physical health services and behavioral health services;
    - c. Include when general consent and informed consent are required;
    - d. Cover storing, dispensing, administering, and disposing of medication;
    - e. Cover infection control;
    - f. Cover how personnel members will respond to a resident's sudden, intense, or out-of-control behavior to prevent harm to the resident or another individual;
    - g. Cover telemedicine, if applicable; and
    - h. Cover environmental services that affect resident care;
  3. Policies and procedures are reviewed at least once every three years and updated as needed;
  4. Policies and procedures are available to personnel members, employees, volunteers, and students; and
  5. Unless otherwise stated:
    - a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
    - b. When documentation or information is required by this Chapter to be submitted on behalf of a nursing care institution, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the nursing care institution.
- D. Except for health screening services, an administrator shall ensure that medical services, nursing services, health-related services, behavioral health services, or ancillary services provided by a nursing care institution are only provided to a resident.
- E. If abuse, neglect, or exploitation of a resident is alleged or suspected to have occurred before the resident was admitted or while the resident is not on the premises and not receiving services from a nursing care institution's employee or personnel member, an administrator shall report the alleged or suspected abuse, neglect, or exploitation of the resident as follows:
1. For a resident 18 years of age or older, according to A.R.S. § 46-454; or
  2. For a resident under 18 years of age, according to A.R.S. § 13-3620.
- F. If an administrator has a reasonable basis, according to A.R.S. § 13-3620 or 46-454, to believe that abuse, neglect, or exploitation has occurred on the premises or while a resident is receiving services from a nursing care institution's employee or personnel member, an administrator shall:
1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
  2. Report the suspected abuse, neglect, or exploitation of the resident as follows:
    - a. For a resident 18 years of age or older, according to A.R.S. § 46-454; or
    - b. For a resident under 18 years of age, according to A.R.S. § 13-3620;
  3. Document:
    - a. The suspected abuse, neglect, or exploitation;
    - b. Any action taken according to subsection (F)(1); and
    - c. The report in subsection (F)(2);
  4. Maintain the documentation in subsection (F)(3) for at least 12 months after the date of the report in subsection (F)(2);
  5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in subsection (F)(2):
    - a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
    - b. A description of any injury to the resident related to the suspected abuse or neglect and any change to the resident's physical, cognitive, functional, or emotional condition;

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- c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
  - d. The actions taken by the administrator to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
- 6. Maintain a copy of the documented information required in subsection (F)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.
- G.** An administrator shall:
  - 1. Allow a resident advocate to assist a resident, the resident's representative, or a resident group with a request or recommendation, and document in writing any complaint submitted to the nursing care institution;
  - 2. Ensure that a monthly schedule of recreational activities for residents is developed, documented, and implemented; and
  - 3. Ensure that the following are conspicuously posted on the premises:
    - a. The current nursing care institution license and quality rating issued by the Department;
    - b. The name, address, and telephone number of:
      - i. The Department's Office of Long Term Care,
      - ii. The State Long-Term Care Ombudsman Program, and
      - iii. Adult Protective Services of the Department of Economic Security;
    - c. A notice that a resident may file a complaint with the Department concerning the nursing care institution;
    - d. The monthly schedule of recreational activities; and
    - e. One of the following:
      - i. A copy of the current license survey report with information identifying residents redacted, any subsequent reports issued by the Department, and any plan of correction that is in effect; or
      - ii. A notice that the current license survey report with information identifying residents redacted, any subsequent reports issued by the Department, and any plan of correction that is in effect are available for review upon request.
- H.** An administrator shall provide written notification to the Department of a resident's:
  - 1. Death, if the resident's death is required to be reported according to A.R.S. § 11-593, within one working day after the resident's death; and
  - 2. Self-injury, within two working days after the resident inflicts a self-injury that requires immediate intervention by an emergency medical services provider.
- I.** If an administrator administers a resident's personal account at the request of the resident or the resident's representative, the administrator shall:
  - 1. Comply with policies and procedures established according to subsection (C)(1)(n);
  - 2. Designate a personnel member who is responsible for the personal accounts;
  - 3. Maintain a complete and separate accounting of each personal account;
  - 4. Obtain written authorization from the resident or the resident's representative for a personal account transaction;
  - 5. Document an account transaction and provide a copy of the documentation to the resident or the resident's representative upon request and at least every three months;
  - 6. Transfer all money from the resident's personal account in excess of \$50.00 to an interest-bearing account and credit the interest to the resident's personal account; and
- 7. Within 30 calendar days after the resident's death, transfer, or discharge, return all money in the resident's personal account and a final accounting to the resident, the resident's representative, or the probate jurisdiction administering the resident's estate.
- J.** If a petty cash fund is established for use by residents, the administrator shall ensure that:
  - 1. The policies and procedures established according to subsection (C)(1)(o) include:
    - a. A prescribed cash limit of the petty cash fund, and
    - b. The hours of the day a resident may access the petty cash fund; and
  - 2. A resident's written acknowledgment is obtained for a petty cash transaction.

**Historical Note**

New Section R9-10-403 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-404. Quality Management**

An administrator shall ensure that:

- 1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
  - a. A method to identify, document, and evaluate incidents;
  - b. A method to collect data to evaluate services provided to residents;
  - c. A method to evaluate the data collected to identify a concern about the delivery of services related to resident care;
  - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to resident care; and
  - e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
- 2. A documented report is submitted to the governing authority that includes:
  - a. An identification of each concern about the delivery of services related to resident care; and
  - b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to resident care; and
- 3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

**Historical Note**

New Section R9-10-404 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

**R9-10-405. Contracted Services**

An administrator shall ensure that:

- 1. Contracted services are provided according to the requirements in this Article, and
- 2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

**Historical Note**

New Section R9-10-405 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

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Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-406. Personnel**

- A.** An administrator shall ensure that a behavioral health technician or behavioral health paraprofessional is at least 18 years old.
- B.** An administrator shall ensure that:
  1. The qualifications, skills, and knowledge required for each type of personnel member:
    - a. Are based on:
      - i. The type of physical health services or behavioral health services expected to be provided by the personnel member according to the established job description, and
      - ii. The acuity of the residents receiving physical health services or behavioral health services from the personnel member according to the established job description; and
    - b. Include:
      - i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services and behavioral health services listed in the established job description,
      - ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description, and
      - iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description;
  2. A personnel member's skills and knowledge are verified and documented:
    - a. Before the personnel member provides physical health services or behavioral health services, and
    - b. According to policies and procedures;
  3. Sufficient personnel members are present on a nursing care institution's premises with the qualifications, skills, and knowledge necessary to:
    - a. Provide the services in the nursing care institution's scope of services,
    - b. Meet the needs of a resident, and
    - c. Ensure the health and safety of a resident.
- C.** Except as provided in R9-10-415, an administrator shall ensure that, if a personnel member provides social services that require a license under A.R.S. Title 32, Chapter 33, Article 5, the personnel member is licensed under A.R.S. Title 32, Chapter 33, Article 5.
- D.** An administrator shall ensure that an individual who is a licensed baccalaureate social worker, master social worker, associate marriage and family therapist, associate counselor, or associate substance abuse counselor is under direct supervision as defined in 4 A.A.C. 6, Article 1.
- E.** An administrator shall ensure that a personnel member or an employee or volunteer who has or is expected to have direct interaction with a resident for more than eight hours a week provides evidence of freedom from infectious tuberculosis:
  1. On or before the date the individual begins providing services at or on behalf of the nursing care institution, and
  2. As specified in R9-10-113.
- F.** An administrator shall ensure that a personnel record is maintained for each personnel member, employee, volunteer, or student that includes:
  1. The individual's name, date of birth, and contact telephone number;
  2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
  3. Documentation of:
    - a. The individual's qualifications including skills and knowledge applicable to the individual's job duties;
    - b. The individual's education and experience applicable to the individual's job duties;
    - c. The individual's compliance with the requirements in A.R.S. § 36-411;
    - d. Orientation and in-service education as required by policies and procedures;
    - e. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
    - f. If the individual is a behavioral health technician, clinical oversight required in R9-10-115;
    - g. Cardiopulmonary resuscitation training, if required for the individual according to R9-10-303(C)(1)(e);
    - h. First aid training, if required for the individual according to this Article or policies and procedures; and
    - i. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (E); and
    - j. If the individual is a nutrition and feeding assistant:
      - i. Completion of the nutrition and feeding assistant training course required in R9-10-116, and
      - ii. A nurse's observations required in R9-10-423(C)(6).
- G.** An administrator shall ensure that personnel records are:
  1. Maintained:
    - a. Throughout the individual's period of providing services in or for the nursing care institution, and
    - b. For at least 24 months after the last date the individual provided services in or for the nursing care institution; and
  2. For a personnel member who has not provided physical health services or behavioral health services at or for the nursing care institution during the previous 12 months, provided to the Department within 72 hours after the Department's request.
- H.** An administrator shall ensure that:
  1. A plan to provide orientation specific to the duties of a personnel member, an employee, a volunteer, and a student is developed, documented, and implemented;
  2. A personnel member completes orientation before providing behavioral health services or physical health services;
  3. An individual's orientation is documented, to include:
    - a. The individual's name,
    - b. The date of the orientation, and
    - c. The subject or topics covered in the orientation;
  4. A plan to provide in-service education specific to the duties of a personnel member is developed, documented, and implemented;
  5. A personnel member's in-service education is documented, to include:
    - a. The personnel member's name,
    - b. The date of the training, and
    - c. The subject or topics covered in the training.

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5. A work schedule of each personnel member is developed and maintained at the nursing care institution for at least 12 months after the date of the work schedule.

- I. An administrator shall designate a qualified individual to provide:
  1. Social services, and
  2. Recreational activities.

**Historical Note**

New Section R9-10-406 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

Amended by final expedited rulemaking at 26 A.A.R. 3041, with an immediate effective date of November 3, 2020 (Supp. 20-4).

**R9-10-407. Admission**

An administrator shall ensure that:

1. A resident is admitted only on a physician's order;
2. The physician's admitting order includes the nursing care institution services required to meet the immediate needs of a resident, such as medication and food services;
3. At the time of a resident's admission, a registered nurse conducts or coordinates an initial assessment on a resident to ensure the resident's immediate needs for nursing care institution services are met;
4. A resident's needs do not exceed the medical services and nursing services available at the nursing care institution as established in the nursing care institution's scope of services;
5. Before or at the time of admission, a resident or the resident's representative:
  - a. Receives a documented agreement with the nursing care institution that includes rates and charges,
  - b. Is informed of third-party coverage for rates and charges,
  - c. Is informed of the nursing care institution's refund policy, and
  - d. Receives written information concerning the nursing care institution's policies and procedures related to a resident's health care directives;
6. Within 30 calendar days before admission or 10 working days after admission, a medical history and physical examination is completed on a resident by:
  - a. A physician, or
  - b. A physician assistant or a registered nurse practitioner designated by the attending physician;
7. Except as specified in subsection (8), a resident provides evidence of freedom from infectious tuberculosis:
  - a. Before or within seven calendar days after the resident's admission, and
  - b. As specified in R9-10-113;
8. A resident who transfers from a nursing care institution to another nursing care institution is not required to be rescreened for tuberculosis or provide another written statement by a physician, physician assistant, or registered nurse practitioner as specified in R9-10-113(1) if:
  - a. Fewer than 12 months have passed since the resident was screened for tuberculosis or since the date of the written statement, and
  - b. The documentation of freedom from infectious tuberculosis required in subsection (7) accompanies the resident at the time of transfer; and

9. Compliance with the requirements in subsection (6) is documented in the resident's medical record.

**Historical Note**

New Section R9-10-407 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-408. Transfer; Discharge**

- A. An administrator shall ensure that:
  1. A resident is transferred or discharged if:
    - a. The nursing care institution is not authorized or not able to meet the needs of the resident, or
    - b. The resident's behavior is a threat to the health or safety of the resident or other individuals at the nursing care institution; and
  2. Documentation of a resident's transfer or discharge includes:
    - a. The date of the transfer or discharge;
    - b. The reason for the transfer or discharge;
    - c. A 30-day written notice except:
      - i. In an emergency, or
      - ii. If the resident no longer requires nursing care institution services as determined by a physician or the physician's designee;
    - d. A notation by a physician or the physician's designee if the transfer or discharge is due to any of the reasons listed in subsection (A)(1); and
    - e. If applicable, actions taken by a personnel member to protect the resident or other individuals if the resident's behavior is a threat to the health and safety of the resident or other individuals in the nursing care institution.
- B. An administrator may transfer or discharge a resident for failure to pay for residency if:
  1. The resident or resident's representative receives a 30-day written notice of transfer or discharge, and
  2. The 30-day written notice includes an explanation of the resident's right to appeal the transfer or discharge.
- C. Except for a transfer of a resident due to an emergency, an administrator shall ensure that:
  1. A personnel member coordinates the transfer and the services provided to the resident;
  2. According to policies and procedures:
    - a. An evaluation of the resident is conducted before the transfer;
    - b. Information from the resident's medical record, including orders that are in effect at the time of the transfer, is provided to a receiving health care institution; and
    - c. A personnel member explains risks and benefits of the transfer to the resident or the resident's representative; and
  3. Documentation in the resident's medical record includes:
    - a. Communication with an individual at a receiving health care institution;
    - b. The date and time of the transfer;
    - c. The mode of transportation; and
    - d. If applicable, the name of the personnel member accompanying the resident during a transfer.
- D. Except in an emergency, a director of nursing shall ensure that before a resident is discharged:
  1. Written follow-up instructions are developed with the resident or the resident's representative that includes:

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- a. Information necessary to meet the resident's need for medical services and nursing services; and
- b. The state long-term care ombudsman's name, address, and telephone number;
2. A copy of the written follow-up instructions is provided to the resident or the resident's representative; and
3. A discharge summary is developed by a personnel member and authenticated by the resident's attending physician or designee and includes:
  - a. The resident's medical condition at the time of transfer or discharge,
  - b. The resident's medical and psychosocial history,
  - c. The date of the transfer or discharge, and
  - d. The location of the resident after discharge.

**Historical Note**

New Section R9-10-408 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-409. Transport**

- A. Except as provided in subsection (B), an administrator shall ensure that:
  1. A personnel member coordinates the transport and the services provided to the resident;
  2. According to policies and procedures:
    - a. An evaluation of the resident is conducted before and after the transport,
    - b. Information from the resident's medical record is provided to a receiving health care institution, and
    - c. A personnel member explains risks and benefits of the transport to the resident or the resident's representative; and
  3. Documentation in the resident's medical record includes:
    - a. Communication with an individual at a receiving health care institution;
    - b. The date and time of the transport;
    - c. The mode of transportation; and
    - d. If applicable, the name of the personnel member accompanying the resident during a transport.
- B. Subsection (A) does not apply to:
  1. Transportation to a location other than a licensed health care institution,
  2. Transportation provided for a resident by the resident or the resident's representative,
  3. Transportation provided by an outside entity that was arranged for a resident by the resident or the resident's representative, or
  4. A transport to another licensed health care institution in an emergency.

**Historical Note**

New Section R9-10-409 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-410. Resident Rights**

- A. An administrator shall ensure that:
  1. The requirements in subsection (B) and the resident rights in subsection (C) are conspicuously posted on the premises;

2. At the time of admission, a resident or the resident's representative receives a written copy of the requirements in subsection (B) and the resident rights in subsection (C); and
3. Policies and procedures include:
  - a. How and when a resident or the resident's representative is informed of resident rights in subsection (C), and
  - b. Where resident rights are posted as required in subsection (A)(1).
- B. An administrator shall ensure that:
  1. A resident has privacy in:
    - a. Treatment,
    - b. Bathing and toileting,
    - c. Room accommodations, and
    - d. A visit or meeting with another resident or an individual;
  2. A resident is treated with dignity, respect, and consideration;
  3. A resident is not subjected to:
    - a. Abuse;
    - b. Neglect;
    - c. Exploitation;
    - d. Coercion;
    - e. Manipulation;
    - f. Sexual abuse;
    - g. Sexual assault;
    - h. Seclusion;
    - i. Restraint;
    - j. Retaliation for submitting a complaint to the Department or another entity; or
    - k. Misappropriation of personal and private property by a nursing care institution's personnel members, employees, volunteers, or students; and
  4. A resident or the resident's representative:
    - a. Except in an emergency, either consents to or refuses treatment;
    - b. May refuse or withdraw consent for treatment before treatment is initiated;
    - c. Except in an emergency, is informed of proposed alternatives to psychotropic medication or a surgical procedure and the associated risks and possible complications of the psychotropic medication or surgical procedure;
    - d. Is informed of the following:
      - i. The health care institution's policy on health care directives, and
      - ii. The resident complaint process;
    - e. Consents to photographs of the resident before the resident is photographed, except that the resident may be photographed when admitted to a nursing care institution for identification and administrative purposes;
    - f. May manage the resident's financial affairs;
    - g. May review the nursing care institution's current license survey report and, if applicable, plan of correction in effect;
    - h. Has access to and may communicate with any individual, organization, or agency;
    - i. May participate in a resident group;
    - j. May review the resident's financial records within two working days and medical record within one working day after the resident's or the resident's representative's request;
    - k. May obtain a copy of the resident's financial records and medical record within two working days after



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the resident's request and in compliance with A.R.S. § 12-2295;

- l. Except as otherwise permitted by law, consents, in writing, to the release of information in the resident's:
  - i. Medical record, and
  - ii. Financial records;
- m. May select a pharmacy of choice if the pharmacy complies with policies and procedures and does not pose a risk to the resident;
- n. Is informed of the method for contacting the resident's attending physician;
- o. Is informed of the resident's total health condition;
- p. Is provided with a copy of those sections of the resident's medical record that are required for continuity of care free of charge, according to A.R.S. § 12-2295, if the resident is transferred or discharged;
- q. Is informed in writing of a change in rates and charges at least 60 calendar days before the effective date of the change; and
- r. Except in the event of an emergency, is informed orally or in writing before the nursing care institution makes a change in a resident's room or roommate assignment and notification is documented in the resident's medical record.

**C. A resident has the following rights:**

1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
2. To receive treatment that supports and respects the resident's individuality, choices, strengths, and abilities;
3. To choose activities and schedules consistent with the resident's interests that do not interfere with other residents;
4. To participate in social, religious, political, and community activities that do not interfere with other residents;
5. To retain personal possessions including furnishings and clothing as space permits unless use of the personal possession infringes on the rights or health and safety of other residents;
6. To share a room with the resident's spouse if space is available and the spouse consents;
7. To receive a referral to another health care institution if the nursing care institution is not authorized or not able to provide physical health services or behavioral health services needed by the resident;
8. To participate or have the resident's representative participate in the development of, or decisions concerning, treatment;
9. To participate or refuse to participate in research or experimental treatment; and
10. To receive assistance from a family member, the resident's representative, or other individual in understanding, protecting, or exercising the resident's rights.

**Historical Note**

New Section R9-10-410 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-411. Medical Records**

**A. An administrator shall ensure that:**

1. A medical record is established and maintained for each resident according to A.R.S. Title 12, Chapter 13, Article 7.1;
  2. An entry in a resident's medical record is:
    - a. Recorded only by an individual authorized by policies and procedures to make the entry;
    - b. Dated, legible, and authenticated; and
    - c. Not changed to make the initial entry illegible;
  3. An order is:
    - a. Dated when the order is entered in the resident's medical record and includes the time of the order;
    - b. Authenticated by a medical practitioner or behavioral health professional according to policies and procedures; and
    - c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;
  4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
  5. A resident's medical record is available to an individual:
    - a. Authorized to access the resident's medical record according to policies and procedures;
    - b. If the individual is not authorized to access the resident's medical record according to policies and procedures, with the written consent of the resident or the resident's representative; or
    - c. As permitted by law; and
  6. A resident's medical record is protected from loss, damage, or unauthorized use.
- B. If a nursing care institution maintains residents' medical records electronically, an administrator shall ensure that:**
1. Safeguards exist to prevent unauthorized access, and
  2. The date and time of an entry in a resident's medical record is recorded by the computer's internal clock.
- C. An administrator shall ensure that a resident's medical record contains:**
1. Resident information that includes:
    - a. The resident's name;
    - b. The resident's date of birth; and
    - c. Any known allergies, including medication allergies;
  2. The admission date and, if applicable, the date of discharge;
  3. The admitting diagnosis or presenting symptoms;
  4. Documentation of general consent and, if applicable, informed consent;
  5. If applicable, the name and contact information of the resident's representative and:
    - a. The document signed by the resident consenting for the resident's representative to act on the resident's behalf; or
    - b. If the resident's representative:
      - i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
      - ii. Is a legal guardian, a copy of the court order establishing guardianship;
  6. The medical history and physical examination required in R9-10-407(6);
  7. A copy of the resident's living will or other health care directive, if applicable;

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8. The name and telephone number of the resident's attending physician;
9. Orders;
10. Care plans;
11. Behavioral care plans, if the resident is receiving behavioral care;
12. Documentation of nursing care institution services provided to the resident;
13. Progress notes;
14. If applicable, documentation of any actions taken to control the resident's sudden, intense, or out-of-control behavior to prevent harm to the resident or another individual;
15. If applicable, documentation that evacuation from the nursing care institution would cause harm to the resident;
16. The disposition of the resident after discharge;
17. The discharge plan;
18. The discharge summary;
19. Transfer documentation;
20. If applicable:
  - a. A laboratory report,
  - b. A radiologic report,
  - c. A diagnostic report, and
  - d. A consultation report;
21. Documentation of freedom from infectious tuberculosis required in R9-10-407(7);
22. Documentation of a medication administered to the resident that includes:
  - a. The date and time of administration;
  - b. The name, strength, dosage, and route of administration;
  - c. The type of vaccine, if applicable;
  - d. For a medication administered for pain on a PRN basis:
    - i. An evaluation of the resident's pain before administering the medication, and
    - ii. The effect of the medication administered;
  - e. For a psychotropic medication administered on a PRN basis:
    - i. An evaluation of the resident's symptoms before administering the psychotropic medication, and
    - ii. The effect of the psychotropic medication administered;
  - f. The identification, signature, and professional designation of the individual administering the medication; and
  - g. Any adverse reaction a resident has to the medication;
23. If the resident has been assessed for receiving nutrition and feeding assistance from a nutrition and feeding assistant, documentation of the assessment and the determination of eligibility; and
24. If applicable, a copy of written notices, including follow-up instructions, provided to the resident or the resident's representative.

**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-411 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

effective July 1, 2014 (Supp. 14-2).

**R9-10-412. Nursing Services****A.** An administrator shall ensure that:

1. Nursing services are provided 24 hours a day in a nursing care institution;
2. A director of nursing is appointed who:
  - a. Is a registered nurse,
  - b. Works full-time at the nursing care institution, and
  - c. Is responsible for the direction of nursing services;
3. The director of nursing or an individual designated by the administrator participates in the quality management program; and
4. If the daily census of the nursing care institution is 60 or more, the director of nursing does not provide direct care to residents on a regular basis.

**B.** A director of nursing shall ensure that:

1. A method is established and documented that identifies the types and numbers of nursing personnel that are necessary to provide nursing services to residents based on the residents' comprehensive assessments, orders for physical health services and behavioral health services, and care plans and the nursing care institution's scope of services;
2. Sufficient nursing personnel, as determined by the method in subsection (B)(1), are on the nursing care institution premises to meet the needs of a resident for nursing services;
3. At least one nurse is present on the nursing care institution's premises and responsible for providing direct care to not more than 64 residents;
4. Documentation of nursing personnel present on the nursing care institution's premises each day is maintained and includes:
  - a. The date,
  - b. The number of residents,
  - c. The name and license or certification title of each nursing personnel member who worked that day, and
  - d. The actual number of hours each nursing personnel member worked that day;
5. The documentation of nursing personnel required in subsection (B)(4) is maintained for at least 12 months after the date of the documentation;
6. As soon as possible but not more than 24 hours after one of the following events occur, a nurse notifies a resident's attending physician and, if applicable, the resident's representative, if the resident:
  - a. Is injured,
  - b. Is involved in an incident that may require medical services, or
  - c. Has a significant change in condition; and
7. An unnecessary drug is not administered to a resident.

**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-412 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-413. Medical Services**

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- A.** An administrator shall appoint a medical director.
- B.** A medical director shall ensure that:
1. A resident has an attending physician;
  2. An attending physician is available 24 hours a day;
  3. An attending physician designates a physician who is available when the attending physician is not available;
  4. A physical examination is performed on a resident at least once every 12 months after the date of admission by an individual listed in R9-10-407(6);
  5. As required in A.R.S. § 36-406, vaccinations for influenza and pneumonia are available to each resident at least once every 12 months unless:
    - a. The attending physician provides documentation that the vaccination is medically contraindicated;
    - b. The resident or the resident's representative refuses the vaccination or vaccinations and documentation is maintained in the resident's medical record that the resident or the resident's representative has been informed of the risks and benefits of a vaccination refused; or
    - c. The resident or the resident's representative provides documentation that the resident received a pneumonia vaccination within the last five years or the current recommendation from the U.S. Department of Health and Human Services, Center for Disease Control and Prevention; and
  6. If any of the following services are not provided by the nursing care institution and needed by a resident, the resident is assisted in obtaining, at the resident's expense:
    - a. Vision services;
    - b. Hearing services;
    - c. Dental services;
    - d. Clinical laboratory services from a laboratory that holds a certificate of accreditation or certificate of compliance issued by the United States Department of Health and Human Services under the 1988 amendments to the Clinical Laboratories Improvement Act of 1967;
    - e. Psychosocial services;
    - f. Physical therapy;
    - g. Speech therapy;
    - h. Occupational therapy;
    - i. Behavioral health services; and
    - j. Services for an individual who has a developmental disability, as defined in A.R.S. Title 36, Chapter 5.1, Article 1.
      - ii. When the resident experiences a significant change;
- d. Includes the following information for the resident:
- i. Identifying information;
  - ii. An evaluation of the resident's hearing, speech, and vision;
  - iii. An evaluation of the resident's ability to understand and recall information;
  - iv. An evaluation of the resident's mental status;
  - v. Whether the resident's mental status or behaviors:
    - (1) Put the resident at risk for physical illness or injury;
    - (2) Significantly interfere with the resident's care;
    - (3) Significantly interfere with the resident's ability to participate in activities or social interactions;
    - (4) Put other residents or personnel members at significant risk for physical injury;
    - (5) Significantly intrude on another resident's privacy; or
    - (6) Significantly disrupt care for another resident;
  - vi. Preferences for customary routine and activities;
  - vii. An evaluation of the resident's ability to perform activities of daily living;
  - viii. Need for a mobility device;
  - ix. An evaluation of the resident's ability to control the resident's bladder and bowels;
  - x. Any diagnosis that impacts nursing care institution services that the resident may require;
  - xi. Any medical conditions that impact the resident's functional status, quality of life, or need for nursing care institution services;
  - xii. An evaluation of the resident's ability to maintain adequate nutrition and hydration;
  - xiii. An evaluation of the resident's oral and dental status;
  - xiv. An evaluation of the condition of the resident's skin;
  - xv. Identification of any medication or treatment administered to the resident during a seven-day calendar period that includes the time the comprehensive assessment was conducted;
  - xvi. Identification of any treatment or medication ordered for the resident;
  - xvii. A description of the resident or resident's representative's participation in the comprehensive assessment;
  - xviii. The name and title of the interdisciplinary team members who participated in the resident's comprehensive assessment;
  - xix. Potential for rehabilitation; and
  - xx. Potential for discharge; and
- e. Is signed and dated by:
- i. The registered nurse who conducts or coordinates the comprehensive assessment or review; and
  - ii. If a behavioral health professional is required to review according to subsection (A)(2), the behavioral health professional who reviewed the comprehensive assessment or review;
2. If any of the conditions in (A)(1)(d)(v) are answered in the affirmative during the comprehensive assessment or

**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-413 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-414. Comprehensive Assessment; Care Plan**

- A.** A director of nursing shall ensure that:
1. A comprehensive assessment of a resident:
    - a. Is conducted or coordinated by a registered nurse in collaboration with an interdisciplinary team;
    - b. Is completed for the resident within 14 calendar days after the resident's admission to a nursing care institution;
    - c. Is updated:
      - i. No later than 12 months after the date of the resident's last comprehensive assessment, and

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review, a behavioral health professional reviews a resident's comprehensive assessment or review and care plan to ensure that the resident's needs for behavioral health services are being met;

3. A new comprehensive assessment is not required for a resident who is hospitalized and readmitted to a nursing care institution unless a physician, an individual designated by the physician, or a registered nurse determines the resident has a significant change in condition; and
  4. A resident's comprehensive assessment is reviewed by a registered nurse at least once every three months after the date of the current comprehensive assessment and if there is a significant change in the resident's condition.
- B.** An administrator shall ensure that a care plan for a resident:
1. Is developed, documented, and implemented for the resident within seven calendar days after completing the resident's comprehensive assessment required in subsection (A)(1);
  2. Is reviewed and revised based on any change to the resident's comprehensive assessment; and
  3. Ensures that a resident is provided nursing care institution services that:
    - a. Address any medical condition or behavioral health issue identified in the resident's comprehensive assessment, and
    - b. Assist the resident in maintaining the resident's highest practicable well-being according to the resident's comprehensive assessment.

**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-414 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-415. Behavioral Health Services**

Except for behavioral care, if a nursing care institution is authorized to provide behavioral health services, an administrator shall ensure that:

1. The behavioral health services are provided:
  - a. Under the direction of a behavioral health professional licensed or certified to provide the type of behavioral health services in the nursing care institution's scope of services; and
  - b. In compliance with the requirements:
    - i. For behavioral health paraprofessionals and behavioral health technicians, in R9-10-115; and
    - ii. For an assessment, in R9-10-1011(B); and
2. Except for a psychotropic drug ordered by a medical practitioner for a resident's out-of-control behavior or administered according to an order from a court of competent jurisdiction, informed consent is obtained from a resident or the resident's representative for a psychotropic drug and documented in the resident's medical record before the psychotropic drug is administered to the resident.

**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective

October 1, 2002 (Supp. 02-2). New Section R9-10-415 made by exempt rulemaking at 19 A.A.R. 2015, effective

October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-416. Clinical Laboratory Services**

If clinical laboratory services are authorized to be provided on a nursing care institution's premises, an administrator shall ensure that:

1. Clinical laboratory services and pathology services are provided through a laboratory that holds a certificate of accreditation, certificate of compliance, or certificate of waiver issued by the United States Department of Health and Human Services under the 1988 amendments to the Clinical Laboratories Improvement Act of 1967;
2. A copy of the certificate of accreditation, certificate of compliance, or certificate of waiver in subsection (1) is provided to the Department for review upon the Department's request;
3. The nursing care institution:
  - a. Is able to provide the clinical laboratory services delineated in the nursing care institution's scope of services when needed by the residents,
  - b. Obtains specimens for the clinical laboratory services delineated in the nursing care institution's scope of services without transporting the residents from the nursing care institution's premises, and
  - c. Has the examination of the specimens performed by a clinical laboratory;
4. Clinical laboratory and pathology test results are:
  - a. Available to the ordering physician:
    - i. Within 24 hours after the test is complete with results if the test is performed at a laboratory on the nursing care institution's premises, or
    - ii. Within 24 hours after the test result is received if the test is performed at a laboratory outside of the nursing care institution's premises; and
  - b. Documented in a resident's medical record;
5. If a test result is obtained that indicates a resident may have an emergency medical condition, as established in policies and procedures, personnel notify:
  - a. The ordering physician,
  - b. A registered nurse in the resident's assigned unit,
  - c. The nursing care institution's administrator, or
  - d. The director of nursing;
6. If a clinical laboratory report is completed on a resident, a copy of the report is included in the resident's medical record;
7. If the nursing care institution provides blood or blood products, policies and procedures are established, documented, and implemented for:
  - a. Procuring, storing, transfusing, and disposing of blood or blood products;
  - b. Blood typing, antibody detection, and blood compatibility testing; and
  - c. Investigating transfusion adverse reactions that specify a process for review through the quality management program; and
8. Expired laboratory supplies are discarded according to policies and procedures.

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**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-416 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-417. Dialysis Services**

If dialysis services are authorized to be provided on a nursing care institution's premises, an administrator shall ensure that the dialysis services are provided in compliance with the requirements in R9-10-1018.

**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-417 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-418. Radiology Services and Diagnostic Imaging Services**

If radiology services or diagnostic imaging services are authorized to be provided on a nursing care institution's premises, an administrator shall ensure that:

1. Radiology services and diagnostic imaging services are provided in compliance with A.R.S. Title 30, Chapter 4 and 9 A.A.C. 7;
2. A copy of a certificate documenting compliance with subsection (1) is maintained by the nursing care institution;
3. When needed by a resident, radiology services and diagnostic imaging services delineated in the nursing care institution's scope of services are provided on the nursing care institution's premises;
4. Radiology services and diagnostic imaging services are provided:
  - a. Under the direction of a physician; and
  - b. According to an order that includes:
    - i. The resident's name,
    - ii. The name of the ordering individual,
    - iii. The radiological or diagnostic imaging procedure ordered, and
    - iv. The reason for the procedure;
5. A medical director, attending physician, or radiologist interprets the radiologic or diagnostic image;
6. A radiologic or diagnostic imaging report is prepared that includes:
  - a. The resident's name;
  - b. The date of the procedure;
  - c. A medical director, attending physician, or radiologist's interpretation of the image;
  - d. The type and amount of radiopharmaceutical used, if applicable; and
  - e. The resident's adverse reaction to the radiopharmaceutical, if any; and
7. A radiologic or diagnostic imaging report is included in the resident's medical record.

**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective

October 1, 2002 (Supp. 02-2). New Section R9-10-418 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-419. Respiratory Care Services**

If respiratory care services are provided on a nursing care institution's premises, an administrator shall ensure that:

1. Respiratory care services are provided under the direction of a medical director or attending physician;
2. Respiratory care services are provided according to an order that includes:
  - a. The resident's name;
  - b. The name and signature of the ordering individual;
  - c. The type, frequency, and, if applicable, duration of treatment;
  - d. The type and dosage of medication and diluent; and
  - e. The oxygen concentration or oxygen liter flow and method of administration;
3. Respiratory care services provided to a resident are documented in the resident's medical record and include:
  - a. The date and time of administration;
  - b. The type of respiratory care services provided;
  - c. The effect of the respiratory care services;
  - d. The resident's adverse reaction to the respiratory care services, if any; and
  - e. The authentication of the individual providing the respiratory care services; and
4. Any area or unit that performs blood gases or clinical laboratory tests complies with the requirements in R9-10-416.

**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-419 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-420. Rehabilitation Services**

If rehabilitation services are provided on a nursing care institution's premises, an administrator shall ensure that:

1. Rehabilitation services are provided:
  - a. Under the direction of an individual qualified according to policies and procedures,
  - b. By an individual licensed to provide the rehabilitation services, and
  - c. According to an order; and
2. The medical record of a resident receiving rehabilitation services includes:
  - a. An order for rehabilitation services that includes the name of the ordering individual and a referring diagnosis,
  - b. A documented care plan that is developed in coordination with the ordering individual and the individual providing the rehabilitation services,
  - c. The rehabilitation services provided,
  - d. The resident's response to the rehabilitation services, and

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- e. The authentication of the individual providing the rehabilitation services.

**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-420 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-421. Medication Services**

- A. An administrator shall ensure that policies and procedures for medication services:
  - 1. Include:
    - a. A process for providing information to a resident about medication prescribed for the resident including:
      - i. The prescribed medication's anticipated results,
      - ii. The prescribed medication's potential adverse reactions,
      - iii. The prescribed medication's potential side effects, and
      - iv. Potential adverse reactions that could result from not taking the medication as prescribed;
    - b. Procedures for preventing, responding to, and reporting:
      - i. A medication error,
      - ii. An adverse response to a medication, or
      - iii. A medication overdose;
    - c. Procedures to ensure that a pharmacist reviews a resident's medications at least once every three months and provides documentation to the resident's attending physician and the director of nursing indicating potential medication problems such as incompatible or duplicative medications;
    - d. Procedures for documenting medication services; and
    - e. Procedures for assisting a resident in obtaining medication; and
  - 2. Specify a process for review through the quality management program of:
    - a. A medication administration error, and
    - b. An adverse reaction to a medication.
- B. An administrator shall ensure that:
  - 1. Policies and procedures for medication administration:
    - a. Are reviewed and approved by the director of nursing;
    - b. Specify the individuals who may:
      - i. Order medication, and
      - ii. Administer medication;
    - c. Ensure that medication is administered to a resident only as prescribed; and
    - d. Cover the documentation of a resident's refusal to take prescribed medication in the resident's medical record;
  - 2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law;
  - 3. A medication administered to a resident:
    - a. Is administered in compliance with an order, and
    - b. Is documented in the resident's medical record; and
  - 4. If a psychotropic medication is administered to a resident, the psychotropic medication:
    - a. Is only administered to a resident for a diagnosed medical condition; and

- b. Unless clinically contraindicated or otherwise ordered by an attending physician or the attending physician's designee, is gradually reduced in dosage while the resident is simultaneously provided with interventions such as behavior and environment modification in an effort to discontinue the psychotropic medication, unless a dose reduction is attempted and the resident displays behavior justifying the need for the psychotropic medication, and the attending physician documents the necessity for the continued use and dosage.

- C. An administrator shall ensure that:
  - 1. A current drug reference guide is available for use by personnel members; and
  - 2. If pharmaceutical services are provided:
    - a. The pharmaceutical services are provided under the direction of a pharmacist;
    - b. The pharmaceutical services comply with A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
    - c. A copy of the pharmacy license is provided to the Department upon request.
- D. When medication is stored at a nursing care institution, an administrator shall ensure that:
  - 1. Medication is stored in a separate locked room, closet, or self-contained unit used only for medication storage;
  - 2. Medication is stored according to the instructions on the medication container; and
  - 3. Policies and procedures are established, documented, and implemented to protect the health and safety of a resident for:
    - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication including expired medication;
    - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
    - c. A medication recall and notification of residents who received recalled medication; and
    - d. Storing, inventorying, and dispensing controlled substances.
- E. An administrator shall ensure that a personnel member immediately reports a medication error or a resident's adverse reaction to a medication to the medical practitioner who ordered the medication and the nursing care institution's director of nursing.

**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-421 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-422. Infection Control**

An administrator shall ensure that:

- 1. An infection control program is established, under the direction of an individual qualified according to policies and procedures, to prevent the development and transmission of infections and communicable diseases including:
  - a. A method to identify and document infections occurring at the nursing care institution;

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- b. Analysis of the types, causes, and spread of infections and communicable diseases at the nursing care institution;
- c. The development of corrective measures to minimize or prevent the spread of infections and communicable diseases at the nursing care institution; and
- d. Documentation of infection control activities including:
  - i. The collection and analysis of infection control data,
  - ii. The actions taken related to infections and communicable diseases, and
  - iii. Reports of communicable diseases to the governing authority and state and county health departments;
- 2. Infection control documentation is maintained for at least 12 months after the date of the documentation;
- 3. Policies and procedures are established, documented, and implemented that cover:
  - a. Handling and disposal of biohazardous medical waste;
  - b. Sterilization, disinfection, and storage of medical equipment and supplies;
  - c. Using personal protective equipment such as aprons, gloves, gowns, masks, or face protection when applicable;
  - d. Cleaning of an individual's hands when the individual's hands are visibly soiled and before and after providing a service to a resident;
  - e. Training of personnel members, employees, and volunteers in infection control practices; and
  - f. Work restrictions for a personnel member with a communicable disease or infected skin lesion;
- 4. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures;
- 5. Soiled linen and clothing are:
  - a. Collected in a manner to minimize or prevent contamination;
  - b. Bagged at the site of use; and
  - c. Maintained separate from clean linen and clothing and away from food storage, kitchen, or dining areas; and
- 6. A personnel member, an employee, or a volunteer washes hands or uses a hand disinfection product after a resident contact and after handling soiled linen, soiled clothing, or potentially infectious material.

**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-422 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-423. Food Services****A.** An administrator shall ensure that:

- 1. The nursing care institution has a license or permit as a food establishment under 9 A.A.C. 8, Article 1;
- 2. A copy of the nursing care institution's food establishment license or permit is maintained;
- 3. If a nursing care institution contracts with a food establishment, as established in 9 A.A.C. 8, Article 1, to prepare and deliver food to the nursing care institution:

- a. A copy of the contracted food establishment's license or permit under 9 A.A.C. 8, Article 1 is maintained by the nursing care institution; and
- b. The nursing care institution is able to store, refrigerate, and reheat food to meet the dietary needs of a resident;
- 4. A registered dietitian:
  - a. Reviews a food menu before the food menu is used to ensure that a resident's nutritional needs are being met,
  - b. Documents the review of a food menu, and
  - c. Is available for consultation regarding a resident's nutritional needs; and
- 5. If a registered dietitian is not employed full-time, an individual is designated as a director of food services who consults with a registered dietitian as often as necessary to ensure that the nutritional needs of a resident are met.
- B.** A registered dietitian or director of food services shall ensure that:
  - 1. Food is prepared:
    - a. Using methods that conserve nutritional value, flavor, and appearance; and
    - b. In a form to meet the needs of a resident such as cut, chopped, ground, pureed, or thickened;
  - 2. A food menu:
    - a. Is prepared at least one week in advance,
    - b. Includes the foods to be served on each day,
    - c. Is conspicuously posted at least one day before the first meal on the food menu will be served,
    - d. Includes any food substitution no later than the morning of the day of meal service with a food substitution, and
    - e. Is maintained for at least 60 calendar days after the last day included in the food menu;
  - 3. Meals and snacks for each day are planned and served using the applicable guidelines in <http://www.health.gov/dietaryguidelines/2010.asp>;
  - 4. A resident is provided:
    - a. A diet that meets the resident's nutritional needs as specified in the resident's comprehensive assessment and care plan;
    - b. Three meals a day with not more than 14 hours between the evening meal and breakfast except as provided in subsection (B)(4)(d);
    - c. The option to have a daily evening snack identified in subsection (B)(4)(d)(ii) or other snack; and
    - d. The option to extend the time span between the evening meal and breakfast from 14 hours to 16 hours if:
      - i. A resident group agrees; and
      - ii. The resident is offered an evening snack that includes meat, fish, eggs, cheese, or other protein, and a serving from either the fruit and vegetable food group or the bread and cereal food group;
  - 5. A resident is provided with food substitutions of similar nutritional value if:
    - a. The resident refuses to eat the food served, or
    - b. The resident requests a substitution;
  - 6. Recommendations and preferences are requested from a resident or the resident's representative for meal planning;
  - 7. A resident requiring assistance to eat is provided with assistance that recognizes the resident's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils;

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8. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair;
  9. A resident eats meals in a dining area unless the resident chooses to eat in the resident's room or is confined to the resident's room for medical reasons documented in the resident's medical record; and
  10. Water is available and accessible to residents.
- C. If a nursing care institution has nutrition and feeding assistants, an administrator shall ensure that:
1. A nutrition and feeding assistant:
    - a. Is at least 16 years of age;
    - b. If applicable, complies with the fingerprint clearance card requirements in A.R.S. § 36-411;
    - c. Completes a nutrition and feeding assistant training course within 12 months before initially providing nutrition and feeding assistance;
    - d. Provides nutrition and feeding assistance where nursing personnel are present;
    - e. Immediately reports an emergency to a nurse or, if a nurse is not present in the common area, to nursing personnel; and
    - f. If the nutrition and feeding assistant observes a change in a resident's physical condition or behavior, reports the change to a nurse or, if a nurse is not present in the common area, to nursing personnel;
  2. A resident is not eligible to receive nutrition and feeding assistance from a nutrition and feeding assistant if the resident:
    - a. Has difficulty swallowing,
    - b. Has had recurrent lung aspirations,
    - c. Requires enteral feedings,
    - d. Requires parenteral feedings, or
    - e. Has any other eating or drinking difficulty that may cause the resident's health or safety to be compromised if the resident receives nutrition and feeding assistance from a nutrition and feeding assistant;
  3. Only an eligible resident receives nutrition and feeding assistance from a nutrition and feeding assistant;
  4. A nurse determines if a resident is eligible to receive nutrition and feeding assistance from a nutrition and feeding assistant, based on:
    - a. The resident's comprehensive assessment,
    - b. The resident's care plan, and
    - c. An assessment conducted by the nurse when making the determination;
  5. A method is implemented that identifies eligible residents that ensures only eligible residents receive nutrition and feeding assistance from a nutrition and feeding assistant;
  6. When a nutrition and feeding assistant initially provides nutrition and feeding assistance and at least once every three months, a nurse observes the nutrition and feeding assistant while the nutrition and feeding assistant is providing nutrition and feeding assistance to ensure that the nutrition and feeding assistant is providing nutrition and feeding assistance appropriately;
  7. A nurse documents the nurse's observations required in subsection (C)(6); and
  8. A nutrition and feeding assistant is provided additional training:
    - a. According to policies and procedures, and
    - b. If a nurse identifies a need for additional training based on the nurse's observation in subsection (C)(6).

**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective

October 1, 2002 (Supp. 02-2). New Section R9-10-423 made by exempt rulemaking at 19 A.A.R. 2015, effective

October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-424. Emergency and Safety Standards**

- A. An administrator shall ensure that:
1. A disaster plan is developed, documented, maintained in a location accessible to personnel members and other employees, and, if necessary, implemented that includes:
    - a. When, how, and where residents will be relocated, including:
      - i. Instructions for the evacuation or transfer of residents,
      - ii. Assigned responsibilities for each employee and personnel member, and
      - iii. A plan for continuing to provide services to meet a resident's needs;
    - b. How a resident's medical record will be available to individuals providing services to the resident during a disaster;
    - c. A plan for back-up power and water supply;
    - d. A plan to ensure a resident's medications will be available to administer to the resident during a disaster;
    - e. A plan to ensure a resident is provided nursing services and other services required by the resident during a disaster; and
    - f. A plan for obtaining food and water for individuals present in the nursing care institution or the nursing care institution's relocation site during a disaster;
  2. The disaster plan required in subsection (A)(1) is reviewed at least once every 12 months;
  3. Documentation of a disaster plan review required in subsection (A)(2) is created, is maintained for at least 12 months after the date of the disaster plan review, and includes:
    - a. The date and time of the disaster plan review;
    - b. The name of each personnel member, employee, or volunteer participating in the disaster plan review;
    - c. A critique of the disaster plan review; and
    - d. If applicable, recommendations for improvement;
  4. A disaster drill for employees is conducted on each shift at least once every three months and documented;
  5. An evacuation drill for employees and residents:
    - a. Is conducted at least once every six months; and
    - b. Includes all individuals on the premises except for:
      - i. A resident whose medical record contains documentation that evacuation from the nursing care institution would cause harm to the resident, and
      - ii. Sufficient personnel members to ensure the health and safety of residents not evacuated according to subsection (A)(5)(b)(i);
  6. Documentation of each evacuation drill is created, is maintained for at least 12 months after the date of the drill, and includes:
    - a. The date and time of the evacuation drill;
    - b. The amount of time taken for employees and residents to evacuate to a designated area;
    - c. If applicable:
      - i. An identification of residents needing assistance for evacuation, and



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- ii. An identification of residents who were not evacuated;
  - d. Any problems encountered in conducting the evacuation drill; and
  - e. Recommendations for improvement, if applicable; and
- 7. An evacuation path is conspicuously posted on each hallway of each floor of the nursing care institution.
- B.** An administrator shall ensure that, if applicable, a sign is placed at the entrance to a room or area indicating that oxygen is in use.
- C.** An administrator shall:
  - 1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal,
  - 2. Make any repairs or corrections stated on the fire inspection report, and
  - 3. Maintain documentation of a current fire inspection.

**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-424 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-425. Environmental Standards**

- A.** An administrator shall ensure that:
  - 1. A nursing care institution's premises and equipment are:
    - a. Cleaned and disinfected according to policies and procedures or manufacturer's instructions to prevent, minimize, and control illness and infection; and
    - b. Free from a condition or situation that may cause a resident or an individual to suffer physical injury;
  - 2. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
  - 3. Equipment used to provide direct care is:
    - a. Maintained in working order;
    - b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
    - c. Used according to the manufacturer's recommendations;
  - 4. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;
  - 5. Garbage and refuse are:
    - a. In areas used for food storage, food preparation, or food service, stored in a covered container lined with a plastic bag;
    - b. In areas not used for food storage, food preparation, or food service, stored:
      - i. According to the requirements in subsection (A)(5)(a), or
      - ii. In a paper-lined or plastic-lined container that is cleaned and sanitized as often as necessary to ensure that the container is clean; and
    - c. Removed from the premises at least once a week;
  - 6. Heating and cooling systems maintain the nursing care institution at a temperature between 70° F and 84° F;
  - 7. Common areas:
    - a. Are lighted to assure the safety of residents, and
    - b. Have lighting sufficient to allow personnel members to monitor resident activity;
  - 8. The supply of hot and cold water is sufficient to meet the personal hygiene needs of residents and the cleaning and sanitation requirements in this Article;
  - 9. Linens are clean before use, without holes and stains, and not in need of repair;
  - 10. Oxygen containers are secured in an upright position;
  - 11. Poisonous or toxic materials stored by the nursing care institution are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and are inaccessible to residents;
  - 12. Combustible or flammable liquids stored by the nursing care institution are stored in the original labeled containers or safety containers in a locked area inaccessible to residents;
  - 13. If pets or animals are allowed in the nursing care institution, pets or animals are:
    - a. Controlled to prevent endangering the residents and to maintain sanitation;
    - b. Licensed consistent with local ordinances; and
    - c. For a dog or cat, vaccinated against rabies;
  - 14. If a water source that is not regulated under 18 A.A.C. 4 by the Arizona Department of Environmental Quality is used:
    - a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coliform or *E. coli* bacteria;
    - b. If necessary, corrective action is taken to ensure the water is safe to drink; and
    - c. Documentation of testing is retained for at least 12 months after the date of the test; and
  - 15. If a non-municipal sewage system is used, the sewage system is in working order and is maintained according to all applicable state laws and rules.
- B.** An administrator shall ensure that:
  - 1. Smoking tobacco products is not permitted within a nursing care institution, and
  - 2. Smoking tobacco products may be permitted outside a nursing care institution if:
    - a. Signs designating smoking areas are conspicuously posted, and
    - b. Smoking is prohibited in areas where combustible materials are stored or in use.
- C.** If a swimming pool is located on the premises, an administrator shall ensure that:
  - 1. At least one personnel member with cardiopulmonary resuscitation training that meets the requirements in R9-10-403(C)(1)(e) is present in the pool area when a resident is in the pool area, and
  - 2. At least two personnel members are present in the pool area when two or more residents are in the pool area.

**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-425 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019

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(Supp. 19-3).

**R9-10-426. Physical Plant Standards****A.** An administrator shall ensure that:

1. A nursing care institution complies with:
  - a. The applicable physical plant health and safety codes and standards, incorporated by reference in R9-10-104.01, that were in effect on the date the nursing care institution submitted architectural plans and specifications to the Department for approval according to R9-10-104; and
  - b. The requirements for Existing Health Care Occupancies in National Fire Protection Association 101, Life Safety Code, incorporated by reference in R9-10-104.01;
2. The premises and equipment are sufficient to accommodate:
  - a. The services stated in the nursing care institution's scope of services; and
  - b. An individual accepted as a resident by the nursing care institution;
3. A nursing care institution is ventilated by windows or mechanical ventilation, or a combination of both;
4. The corridors are equipped with handrails on each side that are firmly attached to the walls and are not in need of repair;
5. No more than two individuals reside in a resident room unless:
  - a. The nursing care institution was operating before October 31, 1982; and
  - b. The resident room has not undergone a modification as defined in A.R.S. § 36-401;
6. A resident has a separate bed, a nurse call system, and furniture to meet the resident's needs in a resident room or suite of rooms;
7. A resident room has:
  - a. A window to the outside with window coverings for controlling light and visual privacy, and the location of the window permits a resident to see outside from a sitting position;
  - b. A closet with clothing racks and shelves accessible to the resident; and
  - c. If the resident room contains more than one bed, a curtain or similar type of separation between the beds for privacy; and
8. A resident room or a suite of rooms:
  - a. Is accessible without passing through another resident's room; and
  - b. Does not open into any area where food is prepared, served, or stored.

**B.** If a swimming pool is located on the premises, an administrator shall ensure that:

1. The swimming pool is enclosed by a wall or fence that:
  - a. Is at least five feet in height as measured on the exterior of the wall or fence;
  - b. Has no vertical openings greater than four inches across;
  - c. Has no horizontal openings, except as described in subsection (B)(1)(e);
  - d. Is not chain-link;
  - e. Does not have a space between the ground and the bottom fence rail that exceeds four inches in height; and
  - f. Has a self-closing, self-latching gate that:
    - i. Opens away from the swimming pool,
    - ii. Has a latch located at least 54 inches from the ground, and

- iii. Is locked when the swimming pool is not in use; and

2. A life preserver or shepherd's crook is available and accessible in the pool area.

**C.** An administrator shall ensure that a spa that is not enclosed by a wall or fence as described in subsection (B)(1) is covered and locked when not in use.**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-426 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4).

**R9-10-427. Quality Rating****A.** As required in A.R.S. § 36-425.02(A), the Department shall issue a quality rating to each licensed nursing care institution based on the results of a compliance inspection.**B.** The following quality ratings are established:

1. A quality rating of "A" for excellent is issued if the nursing care institution achieves a score of 90 to 100 points,
2. A quality rating of "B" is issued if the nursing care institution achieves a score of 80 to 89 points,
3. A quality rating of "C" is issued if the nursing care institution achieves a score of 70 to 79 points, and
4. A quality rating of "D" is issued if the nursing care institution achieves a score of 69 or fewer points.

**C.** The quality rating is determined by the total number of points awarded based on the following criteria:

1. Nursing Services:
  - a. 15 points: The nursing care institution is implementing a system that ensures residents are provided nursing services to maintain the resident's highest practicable physical, mental, and psychosocial well-being according to the resident's comprehensive assessment and care plan.
  - b. 5 points: The nursing care institution ensures that each resident is free from medication errors that resulted in actual harm.
  - c. 5 points: The nursing care institution ensures the resident's representative is notified and the resident's attending physician is consulted if a resident has a significant change in condition or if the resident is in an incident that requires medical services.
2. Resident Rights:
  - a. 10 points: The nursing care institution is implementing a system that ensures a resident's privacy needs are met.
  - b. 10 points: The nursing care institution ensures that a resident is free from physical and chemical restraints for purposes other than to treat the resident's medical condition.
  - c. 5 points: The nursing care institution ensures that a resident or the resident's representative is allowed to participate in the planning of, or decisions concerning treatment including the right to refuse treatment and to formulate a health care directive.
3. Administration:
  - a. 10 points: The nursing care institution has no repeat deficiencies that resulted in actual harm or immediate jeopardy to residents that were cited during the

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- last compliance inspection or a complaint investigation conducted between the last compliance inspection and the current compliance inspection.
- b. 5 points: The nursing care institution is implementing a system to prevent abuse of a resident and misappropriation of resident property, investigate each allegation of abuse of a resident and misappropriation of resident's property, and report each allegation of abuse of a resident and misappropriation of resident's property to the Department and as required by A.R.S. § 46-454.
  - c. 5 points: The nursing care institution is implementing a quality management program that addresses nursing care institution services provided to residents, resident complaints, and resident concerns, and documents actions taken for response, resolution, or correction of issues about nursing care institution services provided to residents, resident complaints, and resident concerns.
  - d. 1 point: The nursing care institution is implementing a system to provide social services and a program of ongoing recreational activities to meet the resident's needs based on the resident's comprehensive assessment.
  - e. 1 point: The nursing care institution is implementing a system to ensure that records documenting freedom from infectious pulmonary tuberculosis are maintained for each personnel member, volunteer, and resident.
  - f. 2 points: The nursing care institution is implementing a system to ensure that a resident is free from unnecessary drugs.
  - g. 1 point: The nursing care institution is implementing a system to ensure a personnel member attends in-service education according to policies and procedures.
4. Environment and Infection Control:
    - a. 5 points: The nursing care institution environment is free from a condition or situation within the nursing care institution's control that may cause a resident injury.
    - b. 1 point: The nursing care institution establishes and maintains a pest control program that complies with A.A.C. R3-8-201(C)(4).
    - c. 1 point: The nursing care institution develops a written disaster plan that includes procedures for protecting the health and safety of residents.
    - d. 1 point: The nursing care institution ensures orientation to the disaster plan for each personnel member is completed within the first scheduled week of employment.
    - e. 1 point: The nursing care institution maintains a clean and sanitary environment.
    - f. 5 points: The nursing care institution is implementing a system to prevent and control infection.
    - g. 1 point: An employee cleans the employee's hands after each direct resident contact or when hand cleaning is indicated to prevent the spread of infection.
  5. Food Services:
    - a. 1 point: The nursing care institution complies with 9 A.A.C. 8, Article 1, for food preparation, storage and handling as evidenced by a current food establishment license.
    - b. 3 points: The nursing care institution provides each resident with food that meets the resident's needs as specified in the resident's comprehensive assessment and care plan.
    - c. 2 points: The nursing care institution obtains input from each resident or the resident's representative and implements recommendations for meal planning and food choices consistent with the resident's dietary needs.
    - d. 2 points: The nursing care institution provides assistance to a resident who needs help in eating so that the resident's nutritional, physical, and social needs are met.
    - e. 1 point: The nursing care institution prepares menus at least one week in advance, conspicuously posts each menu, and adheres to each planned menu unless an uncontrollable situation such as food spoilage or non-delivery of a specified food requires substitution.
    - f. 1 point: The nursing care institution provides food substitution of similar nutritive value for residents who refuse the food served or who request a substitution.
- D. A nursing care institution's quality rating remains in effect until a subsequent compliance inspection or complaint investigation is conducted by the Department except as provided in subsection (E).
  - E. If the Department issues a provisional license, the current quality rating is terminated. A provisional licensee may submit an application for a substantial compliance inspection. If the Department determines that, as a result of a substantial compliance inspection, the nursing care institution is in substantial compliance, the Department shall issue a new quality rating according to subsection (C).
  - F. The issuance of a quality rating does not preclude the Department from seeking a civil penalty as provided in A.R.S. § 36-431.01, or suspension or revocation of a license as provided in A.R.S. § 36-427.

**Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2). New Section R9-10-427 made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3334, effective October 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-428. Repealed****Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

**R9-10-429. Repealed****Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

**R9-10-430. Repealed****Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective

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October 1, 2002 (Supp. 02-2).

**R9-10-431. Repealed****Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

**R9-10-432. Repealed****Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

**R9-10-433. Repealed****Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

**R9-10-434. Repealed****Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

**R9-10-435. Repealed****Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

**R9-10-436. Repealed****Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

**R9-10-437. Repealed****Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

**R9-10-438. Repealed****Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1). Section repealed by final rulemaking at 8 A.A.R. 2785, effective October 1, 2002 (Supp. 02-2).

**R9-10-439. Repealed****Historical Note**

Adopted effective January 28, 1980 (Supp. 80-1).  
Repealed effective October 30, 1989 (Supp. 89-4).

**ARTICLE 5. INTERMEDIATE CARE FACILITIES FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES****R9-10-501. Definitions**

1. "Active treatment" means rehabilitative services and habilitation services provided to a resident to address the resident's developmental disability and, if applicable, medical condition.
2. "Acuity" means a resident's need for medical services, nursing services, rehabilitative services, or habilitation

services based on the patient's medical condition or developmental disability.

3. "Acuity plan" means a method for establishing requirements for nursing personnel or therapists by unit based on a resident's acuity.
4. "Advocate" means an individual who:
  - a. Assists a resident or the resident's representative to make the resident's wants and needs known,
  - b. Recommends a course of action to address the resident's wants and needs, and
  - c. Supports the resident or the resident's representative in addressing the resident's wants and needs.
5. "Assistive device" means a piece of equipment or mechanism that is designed to enable an individual to better carry out activities of daily living.
6. "Dental services" means activities, methods, and procedures included in the practice of dentistry, as described in A.R.S. § 32-1202.
7. "Developmental disability" means the same as in A.R.S. § 36-551.
8. "Direct care" means medical services, nursing services, rehabilitation services, or habilitation services provided to a resident.
9. "Habilitation services" means activities provided to an individual to assist the individual with habilitation, as defined in A.R.S. § 36-551.
10. "Inappropriate behavior" means actions by a resident that may:
  - a. Put the resident at risk for physical illness or injury,
  - b. Significantly interfere with the resident's care,
  - c. Significantly interfere with the resident's ability to participate in activities or social interactions,
  - d. Put other residents or personnel members at significant risk for physical injury,
  - e. Significantly intrude on another resident's privacy, or
  - f. Significantly disrupt care for another resident.
11. "Individual program plan" means the same as in A.R.S. § 36-551.
12. "Medical care plan" means a documented guide for providing medical services and nursing services to a resident requiring continuous nursing services that includes measurable objectives and the methods for meeting the objectives.
13. "Nursing care institution administrator" means an individual licensed according to A.R.S. Title 36, Chapter 4, Article 6.
14. "Nursing care plan" means a documented guide for providing intermittent nursing services to a resident that includes measurable objectives and the methods for meeting the objectives.
15. "Outing" means a social or recreational activity or habilitation services that:
  - a. Occur away from the premises, and
  - b. May be part of a resident's individual program plan.
16. "Qualified intellectual disabilities professional" means one of the following who has at least one year of experience working directly with individuals who have developmental disabilities:
  - a. A physician;
  - b. A registered nurse;
  - c. A physical therapist;
  - d. An occupational therapist;
  - e. A psychologist, as defined in A.R.S. § 32-2061;
  - f. A speech-language pathologist;
  - g. An audiologist, as defined in A.R.S. § 36-1901;

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- f. A registered dietitian, as defined in A.R.S. § 36-416;
  - g. A licensed clinical social worker under A.R.S. § 32-3293; or
  - h. A nursing care institution administrator.
17. "Resident's representative" has the same meaning as "responsible person" in A.R.S. § 36-551.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Emergency expired. Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed, new Section adopted effective April 4, 1994 (Supp. 94-2). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-501 renumbered to R9-10-2101; new Section R9-10-501 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by exempt rulemaking, at 26 A.A.R. 72 with an effective date of January 1, 2020 (Supp. 19-4).

**R9-10-502. Supplemental Application Requirements and Documentation Submission Requirements**

- A.** In addition to the license application requirements in A.R.S. § 36-422 and R9-10-105, an applicant for a license as an ICF/IID shall include:
1. In a Department-provided format, whether the applicant is requesting authorization:
    - a. To admit residents who:
      - i. Require continuous nursing services,
      - ii. Require intermittent nursing services, or
      - iii. Do not require nursing services; and
    - b. To provide:
      - i. Active treatment to individuals under 18 years of age, including the licensed capacity requested;
      - ii. Seclusion;
      - iii. Clinical laboratory services;
      - iv. Respiratory care services, or
      - v. Services to residents who have a nursing care plan or medical care plan; and
  2. Documentation of the applicant's certification as an ICF/IID by the federal Centers for Medicare and Medicaid Services.
- B.** A licensee shall submit to the Department, with the relevant fees required in R9-10-106(C) and in a Department-provided format:
1. The information required in subsection (A)(1), as applicable, and
  2. The documentation specified in subsection (A)(2).

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp.

89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed, new Section adopted effective April 4, 1994 (Supp. 94-2). Section repealed; Section amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-502 renumbered to R9-10-2102; new Section R9-10-502 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by exempt rulemaking, at 26 A.A.R. 72 with an effective date of January 1, 2020 (Supp. 19-4).

**R9-10-503. Administration**

- A.** A governing authority shall:
1. Consist of one or more individuals responsible for the organization, operation, and administration of an ICF/IID;
  2. Establish, in writing, the ICF/IID's scope of services;
  3. Designate, in writing, an administrator for the ICF/IID who:
    - a. Is at least 21 years old; and
    - b. Either:
      - i. Is a nursing care institution administrator, or
      - ii. Has a minimum of three-years' experience working in an ICF/IID;
  4. Adopt a quality management program according to R9-10-504;
  5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
  6. Designate, in writing, an acting administrator who meets the requirements in subsection (A)(3), if the administrator is:
    - a. Expected not to be present on the premises of the ICF/IID for more than 30 calendar days, or
    - b. Not present on the premises of the ICF/IID for more than 30 calendar days; and
  7. Except as permitted in subsection (A)(6), when there is a change of administrator, notify the Department according to A.R.S. § 36-425(I) and, if applicable, submit a copy of the new administrator's license under A.R.S. § 36-446.04 to the Department.
- B.** An administrator:
1. Is directly accountable to the governing authority of an ICF/IID for the daily operation of the ICF/IID and all services provided by or at the ICF/IID;
  2. Has the authority and responsibility to manage the ICF/IID;
  3. Except as provided in subsection (A)(6), designates, in writing, an individual who is present on the premises of the ICF/IID and accountable for the ICF/IID when the administrator is not present on the ICF/IID's premises; and
  4. Ensures the ICF/IID's compliance with A.R.S. § 36-411 and, as applicable, A.R.S. § 8-804 or § 46-459.
- C.** An administrator shall ensure that:
1. Policies and procedures are established, documented, and implemented to protect the health and safety of a resident that:
    - a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and

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- experience for personnel members, employees, volunteers, and students;
  - b. Cover the process for checking on a personnel member through the adult protective services registry established according to A.R.S. § 46-459;
  - c. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
  - d. Include methods to prevent abuse or neglect of a resident, including:
    - i. Training of personnel members, at least annually, on how to recognize the signs and symptoms of abuse or neglect; and
    - ii. Reporting of abuse or neglect of a resident;
  - e. Include how a personnel member may submit a complaint relating to resident care;
  - f. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
  - g. Cover cardiopulmonary resuscitation training including:
    - i. Which personnel members are required to obtain cardiopulmonary resuscitation training,
    - ii. The method and content of cardiopulmonary resuscitation training,
    - iii. The qualifications for an individual to provide cardiopulmonary resuscitation training,
    - iv. The time-frame for renewal of cardiopulmonary resuscitation training, and
    - v. The documentation that verifies an individual has received cardiopulmonary resuscitation training;
  - h. Cover first aid training;
  - i. Include a method to identify a resident to ensure the resident receives active treatment and other physical health services and behavioral care as ordered;
  - j. Cover resident rights, including assisting a resident who does not speak English or who has a disability to become aware of resident rights;
  - k. Cover specific steps for:
    - i. A resident to file a complaint, and
    - ii. The ICF/IID to respond to a resident's complaint;
  - l. Cover health care directives;
  - m. Cover medical records, including electronic medical records;
  - n. Cover a quality management program, including incident reports and supporting documentation;
  - o. Cover contracted services;
  - p. Cover the process for receiving a fee for a resident and refunding a fee for a resident;
  - q. Cover resident's personal accounts;
  - r. Cover petty cash funds;
  - s. Cover fees and refund policies;
  - t. Cover smoking and the use of tobacco products on the premises; and
  - u. Cover when an individual may visit a resident in an ICF/IID; and
2. Policies and procedures for active treatment and other physical health services and behavioral care are established, documented, and implemented to protect the health and safety of a resident that:
- a. Cover resident screening, admission, transport, transfer, discharge planning, and discharge;
  - b. Cover the provision of active treatment and other physical health services and behavioral care;
  - c. Cover acuity, including a process for obtaining sufficient nursing personnel and therapists to meet the needs of residents;
  - d. Include when general consent and informed consent are required;
  - e. Cover storing, dispensing, administering, and disposing of medication, including provisions for inventory control and preventing diversion of controlled substances;
  - f. Cover infection control;
  - g. Cover interventions to address a resident's inappropriate behavior, including:
    - i. The hierarchy for use;
    - ii. Use of time outs for inappropriate behavior; and
    - iii. Except in an emergency, require positive techniques for behavior modification to be used before more restrictive methods are used;
  - h. Cover restraints, both chemical restraints and physical restraints if applicable, that:
    - i. Require an order, including the frequency of monitoring and assessing the restraint; and
    - ii. Are necessary to prevent imminent harm to self or others, including how personnel members will respond to a resident's sudden, intense, or out-of-control behavior;
  - i. Cover seclusion of a resident including:
    - i. The requirements for an order, and
    - ii. The frequency of monitoring and assessing a resident in seclusion;
  - j. Cover telemedicine, if applicable;
  - k. Cover environmental services that affect resident care;
  - l. Cover the security of a resident's possessions that are allowed on the premises;
  - m. Cover methods to encourage participation of a resident's family or friends or other individuals in activities planned according to R9-10-513(C)(2);
  - n. Include a method for obtaining an advocate for a resident, if necessary;
  - o. Cover resident outings;
  - p. Cover the process for obtaining resident preferences for social, recreational, or rehabilitative activities and meals and snacks; and
  - q. Cover whether pets and animals are allowed on the premises, including procedures to ensure that any pets or animals allowed on the premises do not endanger the health or safety of residents or the public;
3. Policies and procedures are reviewed at least once every three years and updated as needed;
4. Policies and procedures are available to personnel members, employees, volunteers, and students; and
5. Unless otherwise stated:
- a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
  - b. When documentation or information is required by this Chapter to be submitted on behalf of an ICF/IID, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the ICF/IID.
- D.** An administrator shall designate an individual who is:
- 1. A qualified intellectual disabilities professional to oversee rehabilitation services provided by or on behalf of the ICF/IID; and

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2. If the facility is authorized to admit patients who require intermittent nursing services or continuous nursing services, a registered nurse is appointed as director of nursing to oversee nursing services provided by or on behalf of the ICF/IID.
- E. If abuse, neglect, or exploitation of a resident is alleged or suspected to have occurred before the resident was admitted or while the resident is not on the premises and not receiving services from an ICF/IID's employee or personnel member, an administrator shall report the alleged or suspected abuse, neglect, or exploitation of the resident as follows:
  1. For a resident 18 years of age or older, according to A.R.S. § 46-454; or
  2. For a resident under 18 years of age, according to A.R.S. § 13-3620.
- F. If an administrator has a reasonable basis, according to A.R.S. §§ 13-3620 or 46-454, to believe that abuse, neglect, or exploitation has occurred on the premises or while a resident is receiving services from an ICF/IID's employee or personnel member, an administrator shall:
  1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
  2. Report the suspected abuse, neglect, or exploitation of the resident as follows:
    - a. For a resident 18 years of age or older, according to A.R.S. § 46-454; or
    - b. For a resident under 18 years of age, according to A.R.S. § 13-3620;
  3. Document:
    - a. The suspected abuse, neglect, or exploitation;
    - b. Any action taken according to subsection (F)(1); and
    - c. The report in subsection (F)(2);
  4. Maintain the documentation in subsection (F)(3) for at least 12 months after the date of the report in subsection (F)(2);
  5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in subsection (F)(2):
    - a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
    - b. A description of any injury to the resident related to the suspected abuse or neglect and any change to the resident's physical, cognitive, functional, or emotional condition;
    - c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
    - d. The actions taken by the administrator to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
  6. Maintain a copy of the documented information required in subsection (F)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.
- G. An administrator shall:
  1. Allow a resident advocate to assist a resident or the resident's representative with a request or recommendation, and document in writing any complaint submitted to the ICF/IID;
  2. Ensure that a monthly schedule of recreational activities for residents is developed, documented, and implemented; and
  3. Ensure that the following are conspicuously posted on the premises:
    - a. The current ICF/IID license issued by the Department;
    - b. The name, address, and telephone number of:
      - i. The Department's Office of Long Term Care, and
      - ii. Adult Protective Services of the Department of Economic Security;
    - c. A notice that a resident may file a complaint with the Department concerning the ICF/IID;
    - d. The monthly schedule of recreational activities; and
    - e. One of the following:
      - i. A copy of the current license survey report with information identifying residents redacted, any subsequent reports issued by the Department, and any plan of correction that is in effect; or
      - ii. A notice that the current license survey report with information identifying residents redacted, any subsequent reports issued by the Department, and any plan of correction that is in effect are available for review upon request.
- H. An administrator shall provide written notification to the Department of a resident's:
  1. Death, if the resident's death is required to be reported according to A.R.S. § 11-593, within one working day after the resident's death; and
  2. Self-injury, within two working days after the resident inflicts a self-injury that requires immediate intervention by an emergency medical services provider.
- I. An administrator shall:
  1. Notify a resident's representative, family member, or other individual designated by the resident within one calendar day after:
    - a. The resident's death,
    - b. There is a significant change in the resident's medical condition, or
    - c. The resident has an illness or injury that requires immediate intervention by an emergency medical services provider or treatment by a health care provider; and
  2. For an illness or injury in subsection (I)(1)(c), document the following:
    - a. The date and time of the illness or injury;
    - b. A description of the illness or injury;
    - c. If applicable, the names of individuals who observed the injury;
    - d. The actions taken by personnel members, according to policies and procedures;
    - e. The individuals notified by the personnel members; and
    - f. Any action taken to prevent the illness or injury from occurring in the future.
- J. If an administrator administers a resident's personal account at the request of the resident or the resident's representative, the administrator shall:
  1. Comply with policies and procedures established according to subsection (C)(1)(q);
  2. Designate a personnel member who is responsible for the personal accounts;
  3. Maintain a complete and separate accounting of each personal account;
  4. Obtain written authorization from the resident or the resident's representative for a personal account transaction;
  5. Document an account transaction and provide a copy of the documentation to the resident or the resident's representative upon request and at least every three months;
  6. Transfer all money from the resident's personal account in excess of \$50.00 to an interest-bearing account and credit the interest to the resident's personal account; and

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7. Within 30 calendar days after the resident's death, transfer, or discharge, return all money in the resident's personal account and a final accounting to the resident, the resident's representative, or the probate jurisdiction administering the resident's estate.
- K. If a petty cash fund is established for use by residents, the administrator shall ensure that:
  1. The policies and procedures established according to subsection (C)(1)(r) include:
    - a. A prescribed cash limit of the petty cash fund, and
    - b. The hours of the day a resident may access the petty cash fund; and
  2. A resident's written acknowledgment is obtained for a petty cash transaction.
- L. An administrator shall ensure that an acuity plan is developed, documented, and implemented for each unit in the ICF/IID that:
  1. Includes:
    - a. A method that establishes the types and numbers of personnel members that are required for each unit in the ICF/IID to ensure resident health and safety, and
    - b. A policy and procedure stating the steps the ICF/IID will take to obtain or assign the necessary personnel members to address resident acuity;
  2. Is used when making assignments for resident treatment; and
  3. Is reviewed and updated, as necessary, at least once every 12 months.
- M. An administrator shall establish and document the criteria for determining when a resident's absence is unauthorized, including the criteria for a resident who:
  1. Is absent against medical advice,
  2. Is under the age of 18, or
  3. Does not return to the ICF/IID at the expected time after an authorized absence.
- N. An administrator shall ensure that the following are on the premises of the ICF/IID:
  1. The most recent inspection report of the ICF/IID conducted by the Arizona Department of Economic Security under A.R.S. § 36-557(G)(1), and
  2. Documentation of the most recent monitoring of the ICF/IID conducted by the Arizona Department of Economic Security under A.R.S. § 36-557(G)(2).

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed, new Section adopted effective April 4, 1994 (Supp. 94-2). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-503 renumbered to R9-10-2103; new Section R9-10-503 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by exempt rulemaking, at 26 A.A.R. 72 with an

effective date of January 1, 2020 (Supp. 19-4).

**R9-10-504. Quality Management**

An administrator shall ensure that:

1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
  - a. A method to identify, document, and evaluate incidents;
  - b. A method to collect data to evaluate services provided to residents;
  - c. A method to evaluate the data collected to identify a concern about the delivery of services related to resident care;
  - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to resident care; and
  - e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
  - a. An identification of each concern about the delivery of services related to resident care; and
  - b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to resident care; and
3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed, new Section adopted effective April 4, 1994 (Supp. 94-2). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-504 renumbered to R9-10-2104; new Section R9-10-504 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

**R9-10-505. Contracted Services**

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp.



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89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed, new Section adopted effective April 4, 1994 (Supp. 94-2). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-505 renumbered to R9-10-2105; new Section R9-10-505 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

**R9-10-506. Personnel****A.** An administrator shall ensure that:

1. A personnel member is:
  - a. At least 21 years old, or
  - b. At least 18 years old and is licensed or certified under A.R.S. Title 32 and providing services within the personnel member's scope of practice;
2. An employee is at least 18 years old;
3. A student is at least 18 years old; and
4. A volunteer is at least 21 years old.

**B.** An administrator shall ensure that:

1. The qualifications, skills, and knowledge required for each type of personnel member:
  - a. Are based on:
    - i. The type of active treatment or other physical health services or behavioral care expected to be provided by the personnel member according to the established job description, and
    - ii. The acuity of the residents receiving active treatment or other physical health services or behavioral care from the personnel member according to the established job description; and
  - b. Include:
    - i. The specific skills and knowledge necessary for the personnel member to provide the expected active treatment or other physical health services and behavioral care listed in the established job description,
    - ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected active treatment or other physical health services or behavioral care listed in the established job description, and
    - iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected active treatment or other physical health services or behavioral care listed in the established job description;
2. A personnel member's skills and knowledge are verified and documented:
  - a. Before the personnel member provides active treatment or other physical health services or and behavioral care, and
  - b. According to policies and procedures; and

3. Sufficient personnel members are present on an ICF/IID's premises with the qualifications, skills, and knowledge necessary to:
  - a. Provide the services in the ICF/IID's scope of services,
  - b. Meet the needs of a resident, and
  - c. Ensure the health and safety of a resident.

**C.** An administrator shall ensure that an organizational chart of the ICF/IID is established, updated as necessary, and maintained on the premises:

1. Outlining the roles, responsibilities, and relationships within the ICF/IID; and
2. Including the name and, if applicable, the license or certification credential of each individual shown on the organizational chart.

**D.** An administrator shall ensure that, if a personnel member provides services that require a license under A.R.S. Title 32 or 36, the personnel member is licensed under A.R.S. Title 32 or 36, as applicable.**E.** An administrator shall ensure that an individual who is a licensed baccalaureate social worker, master social worker, associate marriage and family therapist, associate counselor, or associate substance abuse counselor is under direct supervision as defined in 4 A.A.C. 6, Article 1.**F.** An administrator shall ensure that a personnel member or an employee or volunteer who has or is expected to have direct interaction with a resident for more than eight hours a week provides evidence of freedom from infectious tuberculosis:

1. On or before the date the individual begins providing services at or on behalf of the ICF/IID, and
2. As specified in R9-10-113.

**G.** An administrator shall ensure that:

1. The types and numbers of nurses or therapists required according to the acuity plan in R9-10-503(L) are present in each unit in the ICF/IID;
2. Documentation of the nurses or therapists present on the ICF/IID's premises each day is maintained and includes:
  - a. The date;
  - b. The number of residents;
  - c. The name, license or certification credential, and assigned duties of each nurse or therapist who worked that day; and
  - d. The actual number of hours each nurse or therapist worked that day; and
3. The documentation of nurses or therapists required in subsection (G)(2) is maintained for at least 12 months after the date of the documentation.

**H.** An administrator shall ensure that a personnel member is:

1. On duty, on the premises, awake, and able to respond, according to policies and procedures, to injuries, symptoms of illness, or fire or other emergencies on the premises if the ICF/IID provides services to:
  - a. More than 16 residents;
  - b. A resident who has a nursing care plan or medical care plan; or
  - c. A resident who requires additional supervision because the resident:
    - i. Is aggressive,
    - ii. May cause harm to self or others, or
    - iii. May attempt an unauthorized absence; and
2. On duty, on the premises, and able to respond, according to policies and procedures, to injuries, symptoms of illness, or fire or other emergencies on the premises if:
  - a. The ICF/IID provides services to 16 or fewer residents, and

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- b. None of the residents has a nursing care plan or medical care plan or requires additional supervision according to subsection (H)(1)(c).
- I. An administrator shall ensure that a personnel record is maintained for each personnel member, employee, volunteer, or student that includes:
  - 1. The individual's name, date of birth, and contact telephone number;
  - 2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
  - 3. Documentation of:
    - a. The individual's qualifications, including skills and knowledge applicable to the individual's job duties;
    - b. The individual's education and experience applicable to the individual's job duties;
    - c. The individual's compliance with the requirements in A.R.S. § 36-411;
    - d. The ICF/IID's check on the individual in the adult protective services registry established according to A.R.S. § 46-459;
    - e. Orientation and in-service education as required by policies and procedures;
    - f. Training in preventing, recognizing, and reporting abuse or neglect, required according to R9-10-503(C)(1)(d)(i);
    - g. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
    - h. The individual's qualifications and on-going training for each type of restraint or seclusion used, as required in R9-10-515;
    - i. Cardiopulmonary resuscitation training, if required for the individual according to R9-10-503(C)(1)(g);
    - j. First aid training, if required for the individual according to this Article or policies and procedures; and
    - k. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (F).
- J. An administrator shall ensure that personnel records are:
  - 1. Maintained:
    - a. Throughout the individual's period of providing services in or for the ICF/IID, and
    - b. For at least 24 months after the last date the individual provided services in or for the ICF/IID; and
  - 2. For a personnel member who has not provided active treatment or other physical health services or behavioral care at or for the ICF/IID during the previous 12 months, provided to the Department within 72 hours after the Department's request.
- K. An administrator shall ensure that:
  - 1. A plan to provide orientation specific to the duties of a personnel member, an employee, a volunteer, and a student is developed, documented, and implemented;
  - 2. A personnel member completes orientation before providing active treatment or other physical health services or behavioral care;
  - 3. An individual's orientation is documented, to include:
    - a. The individual's name,
    - b. The date of the orientation, and
    - c. The subject or topics covered in the orientation;
  - 4. A plan to provide in-service education specific to the duties of a personnel member is developed, documented, and implemented;
  - 5. A personnel member's in-service education is documented, to include:
    - a. The personnel member's name,
    - b. The date of the training, and
    - c. The subject or topics covered in the training; and
- 6. A work schedule of each personnel member is developed and maintained at the ICF/IID for at least 12 months after the date of the work schedule.
- L. An administrator shall designate a qualified individual to provide:
  - 1. Social services, and
  - 2. Recreational activities.

**Historical Note**

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**R9-10-507. Admission**

An administrator shall ensure that:

- 1. A resident is admitted only:
  - a. On a physician's order;
  - b. If the resident has a developmental disability or cognitive disability, as defined in A.R.S. § 36-551;
  - c. If the resident's placement evaluation indicates that the resident's needs can be met by the ICF/IID; and
  - d. Except when the resident's placement evaluation states that the resident would benefit from being part of a group that includes residents of different ages, developmental levels, or social needs, if the resident can be assigned to a room or unit within the ICF/IID with other residents of similar ages, developmental levels, or social needs;
- 2. The physician's admitting order or placement evaluation documentation includes the active treatment or other physical health services or behavioral care required to meet the immediate needs of a resident, such as habilitation services, medication, and food services;
- 3. At the time of a resident's admission, a registered nurse conducts or coordinates an initial assessment on a resident to determine the resident's acuity and ensure the resident's immediate needs are met;
- 4. A resident's needs do not exceed the medical services, rehabilitation services, and nursing services available at the ICF/IID as established in the ICF/IID's scope of services;

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5. A resident is assigned to a unit in the ICF/IID based, as applicable, on the patient's:
    - a. Documented diagnosis,
    - b. Treatment needs,
    - c. Developmental level,
    - d. Social skills,
    - e. Verbal skills, and
    - f. Acuity;
  6. A resident does not share any space, participate in any activity or treatment, or verbally or physically interact with any other resident that, based on the other resident's documented diagnosis, treatment needs, developmental level, social skills, verbal skills, and personal history, may present a threat to the resident's health and safety;
  7. Within 30 calendar days before admission or 10 working days after admission, a medical history and physical examination is completed on a resident by:
    - a. A physician, or
    - b. A physician assistant or a registered nurse practitioner designated by the attending physician;
  8. Compliance with the requirements in subsection (7) is documented in the resident's medical record;
  9. Except as specified in subsection (10), a resident provides evidence of freedom from infectious tuberculosis:
    - a. Before or within seven calendar days after the resident's admission, and
    - b. As specified in R9-10-113; and
  10. A resident who transfers from an ICF/IID or nursing care institution to the ICF/IID is not required to be rescreened for tuberculosis or provide another written statement by a physician, physician assistant, or registered nurse practitioner as specified in R9-10-113 if:
    - a. Fewer than 12 months have passed since the resident was screened for tuberculosis or since the date of the written statement, and
    - b. The documentation of freedom from infectious tuberculosis required in subsection (9) accompanies the resident at the time of transfer.
2. Documentation of a resident's transfer or discharge includes:
    - a. The date of the transfer or discharge;
    - b. The reason for the transfer or discharge;
    - c. A 30-day written notice except:
      - i. In an emergency, or
      - ii. If the resident no longer requires rehabilitation services or habilitation services as determined by a physician or the physician's designee;
    - d. A notation by a physician or the physician's designee if the transfer or discharge is due to any of the reasons listed in subsection (A)(1); and
    - e. If applicable, actions taken by a personnel member to protect the resident or other individuals if the resident's behavior is a threat to the health and safety of the resident or other individuals in the ICF/IID and beyond the ICF/IID's scope of services.
  - B. Except for a transfer of a resident due to an emergency, an administrator shall ensure that:
    1. A qualified intellectual disabilities professional or, if the resident has a nursing care plan or medical care plan, a registered nurse coordinates the transfer and the services provided to the resident;
    2. According to policies and procedures:
      - a. An evaluation of the resident is conducted before the transfer;
      - b. Information from the resident's medical record, including orders that are in effect at the time of the transfer, is provided to a receiving health care institution; and
      - c. A personnel member explains risks and benefits of the transfer to the resident or the resident's representative; and
    3. Documentation in the resident's medical record includes:
      - a. Communication with an individual at a receiving health care institution;
      - b. The date and time of the transfer;
      - c. The mode of transportation; and
      - d. If applicable, the name of the personnel member accompanying the resident during a transfer.
  - C. Except in an emergency, a qualified intellectual disabilities professional or, if the resident has a nursing care plan or medical care plan, a registered nurse shall ensure that before a resident is discharged:
    1. Written follow-up instructions are developed with the resident or the resident's representative that include:
      - a. Information necessary to meet the resident's need for medical services and nursing services; and
      - b. The state long-term care ombudsman's name, address, and telephone number;
    2. A copy of the written follow-up instructions is provided to the resident or the resident's representative; and
    3. A discharge summary:
      - a. Is developed by a qualified intellectual disabilities professional or, if the resident has a nursing care plan or medical care plan, a registered nurse;
      - b. Authenticated by the resident's attending physician or designee; and
      - c. Includes:

**Historical Note**

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**R9-10-508. Transfer; Discharge**

- A. An administrator, in coordination with the Arizona Department of Economic Security, Division of Developmental Disabilities, shall ensure that:
1. A resident is transferred or discharged if:

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- i. The resident's need for rehabilitation services or habilitation services at the time of transfer or discharge;
- ii. The resident's need for medical services or nursing services;
- iii. The resident's developmental, behavioral, social, and nutritional status;
- iv. The resident's medical and psychosocial history;
- v. The date of the discharge; and
- vi. The location of the resident after discharge.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed, new Section adopted effective April 4, 1994 (Supp. 94-2). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-508 renumbered to R9-10-2108; new Section R9-10-508 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by exempt rulemaking, at 26 A.A.R. 72 with an effective date of January 1, 2020 (Supp. 19-4).

**R9-10-509. Transport**

- A. Except as provided in subsections (B) and (C), an administrator shall ensure that:
  1. A personnel member authorized by policies and procedures coordinates the transport and the services provided to the resident;
  2. According to policies and procedures:
    - a. An evaluation of the resident is conducted before and after the transport,
    - b. Information from the resident's medical record is provided to a receiving health care institution, and
    - c. A personnel member explains risks and benefits of the transport to the resident or the resident's representative; and
  3. Documentation in the resident's medical record includes:
    - a. Communication with an individual at a receiving health care institution;
    - b. The date and time of the transport;
    - c. The mode of transportation; and
    - d. If applicable, the name of the personnel member accompanying the resident during a transport.
- B. If the transport of a resident is to provide the resident with rehabilitation services or habilitation services off the premises, an administrator shall ensure that:
  1. The rehabilitation services or habilitation services are included in the resident's individual program plan,
  2. A qualified intellectual disabilities professional coordinates the transport and the services provided to the resident, and
  3. The resident is transported according to R9-10-510(A).

**C. Subsection (A) does not apply to:**

1. Except as provided in subsection (B), transportation according to R9-10-510 to a location other than a licensed health care institution;
2. Transportation provided for a resident by the resident or the resident's representative;
3. Transportation provided by an outside entity that was arranged for a resident by the resident or the resident's representative; or
4. A transport to another licensed health care institution in an emergency.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed, new Section adopted effective April 4, 1994 (Supp. 94-2). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-509 renumbered to R9-10-2109; new Section R9-10-509 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

**R9-10-510. Transportation; Resident Outings**

- A. An administrator of an ICF/IID that uses a vehicle owned or leased by the ICF/IID to provide transportation to a resident shall ensure that:
  1. The vehicle:
    - a. Is safe and in good repair,
    - b. Contains a first aid kit,
    - c. Contains drinking water sufficient to meet the needs of each resident present in the vehicle, and
    - d. Contains a working heating and air conditioning system;
  2. Documentation of current vehicle insurance and a record of maintenance performed or a repair of the vehicle is maintained;
  3. A driver of the vehicle:
    - a. Is 21 years of age or older;
    - b. Has a valid driver license;
    - c. Operates the vehicle in a manner that does not endanger a resident in the vehicle;
    - d. Does not leave in the vehicle an unattended:
      - i. Child;
      - ii. Resident who may be a threat to the health, safety, or welfare of the resident or another individual; or
      - iii. Resident who is incapable of independent exit from the vehicle; and
    - e. Ensures the safe and hazard-free loading and unloading of residents; and
  4. Transportation safety is maintained as follows:
    - a. An individual in the vehicle is sitting in a seat, which may include the seat of a wheel chair, and

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wearing a working seat belt while the vehicle is in motion; and

- b. Each seat in the vehicle is securely fastened to the vehicle and provides sufficient space for a resident's body.

**B.** An administrator shall ensure that an outing is consistent with the age, developmental level, physical ability, medical condition, and treatment needs of each resident participating in the outing.

**C.** An administrator shall ensure that:

1. Except when only one resident is participating in an outing, at least two personnel members are present on the outing;
2. In addition to the personnel members required in subsection (C)(1), a sufficient number of personnel members are present on an outing to ensure the health and safety of a resident on the outing;
3. Each personnel member on the outing has documentation of current training in cardiopulmonary resuscitation according to R9-10-503(C)(1)(g) and first aid training;
4. Documentation is developed before an outing that includes:
  - a. The name of each resident participating in the outing;
  - b. A description of the outing;
  - c. The date of the outing;
  - d. The anticipated departure and return times;
  - e. The name, address, and, if available, telephone number of the outing destination; and
  - f. If applicable, the license plate number of a vehicle used to provide transportation for the outing;
5. The documentation described in subsection (C)(4) is updated to include the actual departure and return times and is maintained for at least 12 months after the date of the outing; and
6. Emergency information for a resident participating in the outing is maintained by a personnel member participating in the outing or in the vehicle used to provide transportation for the outing and includes:
  - a. The resident's name;
  - b. Medication information, including the name, dosage, route of administration, and directions for each medication needed by the resident during the anticipated duration of the outing;
  - c. The resident's allergies; and
  - d. The name and telephone number of a designated individual, who is present on the ICF/IID's premises, to notify in case of an emergency.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed, new Section adopted effective April 4, 1994 (Supp. 94-2). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to

Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-510 renumbered to R9-10-2110; new Section R9-10-510 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by exempt rulemaking, at 26 A.A.R. 72 with an effective date of January 1, 2020 (Supp. 19-4).

**R9-10-511. Resident Rights**

**A.** An administrator shall ensure that:

1. The requirements in subsection (B) and the resident rights in subsection (C) are conspicuously posted on the premises;
2. At the time of admission, a resident or the resident's representative receives a written copy of the requirements in subsection (B) and the resident rights in subsection (C); and
3. Policies and procedures include:
  - a. How and when a resident or the resident's representative is informed of resident rights in subsection (C), and
  - b. Where resident rights are posted as required in subsection (A)(1).

**B.** An administrator shall ensure that:

1. A resident has privacy in:
  - a. Treatment,
  - b. Bathing and toileting,
  - c. Room accommodations, and
  - d. Visiting or meeting with another resident or an individual;
2. A resident is treated with dignity, respect, and consideration;
3. A resident is not subjected to:
  - a. Abuse;
  - b. Neglect;
  - c. Exploitation;
  - d. Coercion;
  - e. Manipulation;
  - f. Sexual abuse;
  - g. Sexual assault;
  - h. Except as allowed in R9-10-515, seclusion or restraint;
  - i. Retaliation for submitting a complaint to the Department or another entity;
  - j. Misappropriation of personal and private property by an ICF/IID's personnel members, employees, volunteers, or students; or
  - k. Segregation solely on the basis of the resident's disability; and
4. A resident or the resident's representative:
  - a. Except in an emergency, either consents to or refuses treatment;
  - b. May refuse or withdraw consent for treatment before treatment is initiated;
  - c. Except in an emergency, is informed of proposed alternatives to psychotropic medication and the associated risks and possible complications of the psychotropic medication;
  - d. Is informed of the following:
    - i. The health care institution's policy on health care directives, and
    - ii. The resident complaint process;
  - e. Consents to photographs of the resident before the resident is photographed, except that the resident may be photographed when admitted to an ICF/IID for identification and administrative purposes;
  - f. May manage the resident's financial affairs;

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- g. Has access to and may communicate with any individual, organization, or agency;
  - h. Except as provided in the resident's individual program plan, has privacy:
    - i. In interactions with other residents or visitors to the ICF/IID,
    - ii. In the resident's mail, and
    - iii. For telephone calls made by or to the resident;
  - i. May review the ICF/IID's current license survey report and, if applicable, plan of correction in effect;
  - j. May review the resident's financial records within two working days and medical record within one working day after the resident's or the resident's representative's request;
  - k. May obtain a copy of the resident's financial records and medical record within two working days after the resident's request and in compliance with A.R.S. § 12-2295;
  - l. Except as otherwise permitted by law, consents, in writing, to the release of information in the resident's:
    - i. Medical record, and
    - ii. Financial records;
  - m. May select a pharmacy of choice if the pharmacy complies with policies and procedures and does not pose a risk to the resident;
  - n. Is informed of the method for contacting the resident's attending physician;
  - o. Is informed of the resident's overall physical and psychosocial well-being, as determined by the resident's comprehensive assessment;
  - p. Is provided with a copy of those sections of the resident's medical record that are required for continuity of care free of charge, according to A.R.S. § 12-2295, if the resident is transferred or discharged; and
  - q. Except in the event of an emergency, is informed orally or in writing before the ICF/IID makes a change in a resident's room or roommate assignment and notification is documented in the resident's medical record.
- C. In addition to the rights in A.R.S. § 36-551.01, a resident has the following rights:
- 1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
  - 2. To receive treatment that supports and respects the resident's individuality, choices, strengths, and abilities;
  - 3. To choose activities and schedules consistent with the resident's interests that do not interfere with other residents;
  - 4. To participate in social, religious, political, and community activities that do not interfere with other residents;
  - 5. To retain personal possessions including furnishings and clothing as space permits unless use of the personal possession infringes on the rights or health and safety of other residents;
  - 6. To share a room with the resident's spouse if space is available and the spouse consents;
  - 7. To receive a referral to another health care institution if the ICF/IID is not authorized or not able to provide active treatment or other physical health services or behavioral care needed by the resident;
  - 8. To participate or have the resident's representative participate in the development of the resident's individual program plan or decisions concerning treatment;
  - 9. To participate or refuse to participate in research or experimental treatment; and
  - 10. To receive assistance from a family member, the resident's representative, or other individual in understanding, protecting, or exercising the resident's rights.
- Historical Note**
- Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed, new Section adopted effective April 4, 1994 (Supp. 94-2). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-511 renumbered to R9-10-2111; new Section R9-10-511 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).
- R9-10-512. Medical Records**
- A. An administrator shall ensure that:
- 1. A medical record is established and maintained for each resident according to A.R.S. Title 12, Chapter 13, Article 7.1;
  - 2. An entry in a resident's medical record is:
    - a. Recorded only by an individual authorized by policies and procedures to make the entry;
    - b. Dated, legible, and authenticated; and
    - c. Not changed to make the initial entry illegible;
  - 3. An order is:
    - a. Dated when the order is entered in the resident's medical record and includes the time of the order;
    - b. Authenticated by a medical practitioner or behavioral health professional according to policies and procedures; and
    - c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;
  - 4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
  - 5. A resident's medical record is available to an individual:
    - a. Authorized to access the resident's medical record according to policies and procedures;
    - b. If the individual is not authorized to access the resident's medical record according to policies and procedures, with the written consent of the resident or the resident's representative; or
    - c. As permitted by law; and
  - 6. A resident's medical record is protected from loss, damage, or unauthorized use.
- B. If an ICF/IID maintains residents' medical records electronically, an administrator shall ensure that:
- 1. Safeguards exist to prevent unauthorized access, and

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2. The date and time of an entry in a resident's medical record is recorded by the computer's internal clock.
- C. An administrator shall ensure that a resident's medical record contains:
  1. Resident information that includes:
    - a. The resident's name;
    - b. The resident's date of birth; and
    - c. Any known allergies, including medication allergies;
  2. The admission date and, if applicable, the date of discharge;
  3. The admitting diagnosis or presenting symptoms;
  4. Documentation of the resident's placement evaluation;
  5. Documentation of general consent and, if applicable, informed consent;
  6. If applicable, the name and contact information of the resident's representative and:
    - a. The document signed by the resident consenting for the resident's representative to act on the resident's behalf; or
    - b. If the resident's representative:
      - i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
      - ii. Is a legal guardian, a copy of the court order establishing guardianship;
  7. The name and contact information of an individual to be contacted under R9-10-503(I);
  8. Documentation of the initial assessment required in R9-10-507(3) to determine acuity;
  9. The medical history and physical examination required in R9-10-516(A)(4);
  10. A copy of the resident's living will or other health care directive, if applicable;
  11. The name and telephone number of the resident's attending physician;
  12. Orders;
  13. Documentation of the resident's comprehensive assessment;
  14. Individual program plans, including nursing care plans or medical care plans, if applicable;
  15. Documentation of active treatment and other physical health services or behavioral care provided to the resident;
  16. Progress notes, including data needed to evaluate the effectiveness of the methods, schedule, and strategies being used to accomplish the goals in the resident's individual program plan;
  17. If applicable, documentation of restraint or seclusion;
  18. If applicable, documentation of any actions other than restraint or seclusion taken to control or address the resident's behavior to prevent harm to the resident or another individual or to improve the resident's social interactions;
  19. If applicable, documentation that evacuation from the ICF/IID would cause harm to the resident;
  20. The disposition of the resident after discharge;
  21. The discharge plan;
  22. The discharge summary;
  23. Transfer documentation;
  24. If applicable:
    - a. A laboratory report,
    - b. A radiologic report,
    - c. A diagnostic report, and
    - d. A consultation report;
  25. Documentation of freedom from infectious tuberculosis required in R9-10-507(10);
  26. Documentation of a medication administered to the resident that includes:
    - a. The date and time of administration;
    - b. The name, strength, dosage, and route of administration;
    - c. The type of vaccine, if applicable;
    - d. For a medication administered for pain on a PRN basis:
      - i. An evaluation of the resident's pain before administering the medication, and
      - ii. The effect of the medication administered;
    - e. For a psychotropic medication administered on a PRN basis:
      - i. An evaluation of the resident's symptoms before administering the psychotropic medication, and
      - ii. The effect of the psychotropic medication administered;
    - f. The identification, signature, and professional designation of the individual administering the medication; and
    - g. Any adverse reaction a resident has to the medication; and
  27. If applicable, a copy of written notices, including follow-up instructions, provided to the resident or the resident's representative.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed, new Section adopted effective April 4, 1994 (Supp. 94-2). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-512 renumbered to R9-10-2112; new Section R9-10-512 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by exempt rulemaking, at 26 A.A.R. 72 with an effective date of January 1, 2020 (Supp. 19-4).

**R9-10-513. Rehabilitation Services and Habilitation Services**

- A. Except as provided in subsection (D), an administrator shall ensure that:
  1. Personnel members are available to provide the following rehabilitation services:
    - a. Physical therapy, as defined in A.R.S. § 32-2001;
    - b. Occupational therapy, A.R.S. § 32-3401;
    - c. Psychological service, as defined in A.R.S. § 32-2061;
    - d. Speech-language pathology, as defined in A.R.S. § 36-1901; and
    - e. Audiology, as defined in A.R.S. § 36-1901;
  2. Rehabilitation services are provided:

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- a. Under the direction of a qualified intellectual disabilities professional according to policies and procedures, and
- b. According to an order;
3. A resident receives the rehabilitation services required in the resident's individual program plan;
4. Unless otherwise required in the resident's individual program plan:
  - a. A resident does not remain in bed or in the resident's bedroom;
  - b. If the resident is not able to independently move from place to place, even with the use of an assistive device, the resident is moved from place to place in the ICF/IID; and
  - c. A resident receiving rehabilitation services is encouraged to participate in activities that are planned according to subsection (C)(2) and are appropriate to objectives in the resident's individual program plan;
5. A qualified intellectual disabilities professional reviews the rehabilitation services provided to a resident and revises the frequency, duration, method, or type of rehabilitation services being provided in the resident's individual program plan:
  - a. As necessary, if the resident is losing skills or failing to progress; or
  - b. If a goal in the resident's individual program plan has been accomplished and a new objective is to be initiated; and
6. The medical record of a resident receiving rehabilitation services includes:
  - a. An order for rehabilitation services that includes the name of the ordering individual and a referring diagnosis;
  - b. The resident's individual program plan, including all updates;
  - c. The rehabilitation services provided;
  - d. The resident's response to the rehabilitation services; and
  - e. The authentication of the individual providing the rehabilitation services.
- B.** Except as provided in subsection (D), an administrator shall ensure that:
  1. Personnel members are available to provide a resident with habilitation services required in the resident's individual program plan;
  2. A personnel member is only assigned to provide the habilitation services the personnel member has the documented skills and knowledge to perform;
  3. A resident receives the habilitation services in the resident's individual program plan;
  4. If applicable, a personnel member:
    - a. Suggests techniques a resident may use to maintain or improve the resident's independence in performing activities of daily living; and
    - b. Provides assistance with, supervises, or directs a resident's personal hygiene according to the resident's individual program plan;
  5. A resident receiving habilitation services is encouraged to participate in activities of the resident's choosing that are planned according to subsection (C)(2); and
  6. The medical record of a resident receiving habilitation services includes:
    - a. The resident's individual program plan, including all updates;
    - b. The habilitation services provided;
    - c. The resident's response to the habilitation services; and
    - d. The authentication of the individual providing the habilitation services.
- C.** An administrator shall ensure that:
  1. Multiple media sources, such as daily newspapers, current magazines, internet sources, and a variety of reading materials, are available and accessible to a resident to maintain the resident's continued awareness of current news, social events, and other noteworthy information;
  2. Daily social or recreational activities are planned according to residents' preferences, needs, and abilities;
  3. A calendar of planned activities is:
    - a. Prepared at least one week in advance of the date the activity is provided,
    - b. Posted in a location that is easily seen by residents,
    - c. Updated as necessary to reflect substitutions in the activities provided, and
    - d. Maintained for at least 12 months after the last scheduled activity;
  4. Equipment and supplies are available and accessible to accommodate a resident who chooses to participate in a planned activity on the premises;
  5. Outings are provided according to R9-10-510(B) and (C); and
  6. If necessary and unless otherwise required in the resident's individual program plan, a resident is assisted to participate in outings and other opportunities to leave the premises of the ICF/IID.
- D.** An administrator is not required to ensure that personnel members providing rehabilitation services or habilitation services are on the premises if no resident of the ICF/IID is on the premises because the residents are:
  1. Receiving rehabilitation services off the premises,
  2. Receiving habilitation services off the premises,
  3. Participating in an outing, or
  4. Otherwise absent from the ICF/IID.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted effective October 30, 1989 (Supp. 89-4). Section repealed, new Section adopted effective April 4, 1994 (Supp. 94-2). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-513 renumbered to R9-10-2113; new Section R9-10-513 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

**R9-10-514. Individual Program Plan**

- A.** An administrator shall ensure that:
  1. A comprehensive assessment of a resident:
    - a. Is conducted or coordinated by a qualified intellectual disabilities professional, in collaboration with an interdisciplinary team that includes:



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- i. The resident's attending physician or designee;
- ii. A registered nurse;
- iii. If the resident is receiving medications as part of active treatment, a pharmacist; and
- iv. Personnel members qualified to provide each type of rehabilitation services identified in a placement evaluation or the initial assessment required in R9-10-507(3);
- b. Is completed for the resident within 30 calendar days after the resident's admission to an ICF/IID;
- c. Is updated:
  - i. No later than 12 months after the date of the resident's last comprehensive assessment, and
  - ii. When the resident experiences a significant change;
- d. Includes the following information for the resident:
  - i. Identifying information;
  - ii. An evaluation of the resident's hearing, speech, and vision;
  - iii. An evaluation of the resident's ability to understand and recall information;
  - iv. An evaluation of the resident's mental status;
  - v. Whether the resident demonstrates inappropriate behavior;
  - vi. Preferences for customary routine and activities;
  - vii. An evaluation of the resident's ability to perform activities of daily living;
  - viii. Need for a mobility device;
  - ix. An evaluation of the resident's ability to control the resident's bladder and bowels;
  - x. Any diagnosis that impacts rehabilitation services or other physical health services or behavioral care that the resident may require;
  - xi. Any medical conditions that impact the resident's functional status, quality of life, or need for nursing services;
  - xii. An evaluation of the resident's ability to maintain adequate nutrition and hydration;
  - xiii. An evaluation of the resident's oral and dental status;
  - xiv. An evaluation of the condition of the resident's skin;
  - xv. Identification of any medication or treatment administered to the resident during a seven-day calendar period that includes the time the comprehensive assessment was conducted;
  - xvi. Identification of any treatment or medication ordered for the resident;
  - xvii. Identification of interventions that may support the resident towards independence;
  - xviii. Identification of any assistive devices needed by the resident;
  - xix. Identification of the active treatment needed by the resident, including active treatment not provided by the ICF/IID;
  - xx. Identification of measurable goals and behavioral objective for the active treatment, in priority order, with time limits for attainment;
  - xxi. Identification of the methods, schedule, and strategies to accomplish the goals in subsection (A)(1)(d)(xviii), including the personnel member responsible;
  - xxii. Evaluation procedures for determining if the methods and strategies in subsection (A)(1)(d)(xix) are working, including the type of data required and frequency of collection;
- xxiii. Whether any restraints have been used for the resident during a seven-day calendar period that includes the time the comprehensive assessment was conducted;
- xxiv. If the resident demonstrates inappropriate behavior, as reported according to subsection (A)(1)(d)(v), identification of the methods, schedule, and strategies for replacement of the inappropriate behavior with appropriate behavioral expressions, including the hierarchy for use;
- xxv. If restraint or seclusion is included in subsection (A)(1)(d)(xxiv), the specific restraints or conditions of seclusion that may be used because of the resident's inappropriate behavior;
- xxvi. A description of the resident or resident's representative's participation in the comprehensive assessment;
- xxvii. The name and title of the interdisciplinary team members who participated in the resident's comprehensive assessment;
- xxviii. Potential for rehabilitation, including the resident's strengths and specific developmental or behavioral health needs; and
- xxix. Potential for discharge;
- e. Is signed and dated by the qualified intellectual disabilities professional who conducts or coordinates the comprehensive assessment or review; and
- f. Is used to determine or update the resident's acuity;
- 2. If any of the conditions in subsection (A)(1)(d)(v) are answered in the affirmative during the comprehensive assessment or review, a behavioral health professional reviews a resident's comprehensive assessment or review and individual program plan to ensure that the resident's needs for behavioral care are being met;
- 3. A new comprehensive assessment is not required for a resident who is hospitalized and readmitted to an ICF/IID unless a physician, an individual designated by the physician, a qualified intellectual disabilities professional, or a registered nurse determines the resident has a significant change in condition; and
- 4. A resident's comprehensive assessment is reviewed at least once every three months after the date of the current comprehensive assessment and if there is a significant change in the resident's condition by:
  - a. A qualified intellectual disabilities professional; and
  - b. If the resident has a nursing care plan or medical care plan, a registered nurse.
- B. An administrator shall ensure that an individual program plan for a resident:
  - 1. Is developed, documented, and implemented for the resident within seven calendar days after completing the resident's comprehensive assessment required in subsection (A)(1);
  - 2. Includes the acuity of the resident;
  - 3. Is reviewed at least annually by the interdisciplinary team required in subsection (A)(1)(a) and revised based on any change to the resident's comprehensive assessment; and
  - 4. Ensures that a resident is provided rehabilitation services and other physical health services or behavioral care that:

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- a. Address any medical condition or behavioral care issue identified in the resident's comprehensive assessment, and
- b. Assist the resident in maintaining the resident's highest practicable well-being according to the resident's comprehensive assessment.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed, new Section adopted effective April 4, 1994 (Supp. 94-2). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-514 renumbered to R9-10-2114; new Section R9-10-514 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by exempt rulemaking, at 26 A.A.R. 72 with an effective date of January 1, 2020 (Supp. 19-4).

**R9-10-515. Seclusion; Restraint****A.** An administrator shall ensure that:

1. An ICF/IID's policies and procedures for managing a resident's inappropriate behavior, as described in R9-10-503(C)(2)(g) are reviewed, approved, and monitored through the quality management process in R9-10-504; and
2. Restraint is provided according to the requirements in subsection (C).

**B.** An administrator of an ICF/IID authorized to provide seclusion shall ensure that:

1. Seclusion is provided according to the requirements in subsection (C);
2. If a resident is placed in seclusion, the room used for seclusion:
  - a. Is approved for use as a seclusion room by the Department;
  - b. Is not used as a resident's bedroom or a sleeping area;
  - c. Allows full view of the resident in all areas of the room;
  - d. Is free of hazards, such as unprotected light fixtures or electrical outlets;
  - e. Contains at least 60 square feet of floor space; and
  - f. Except as provided in subsection (B)(3), contains a non-adjustable bed that:
    - i. Consists of a mattress on a solid platform that is:
      - (1) Constructed of a durable, non-hazardous material; and
      - (2) Raised off of the floor;
    - ii. Does not have wire springs or a storage drawer; and
    - iii. Is securely anchored in place;
3. If a room used for seclusion does not contain a non-adjustable bed required in subsection (B)(2)(f):
  - a. A piece of equipment is available that:

- i. Is commercially manufactured to safely and humanely restrain a resident's body;
  - ii. Provides support to the trunk and head of a resident's body;
  - iii. Provides restraint to the trunk of a resident's body;
  - iv. Is able to restrict movement of a resident's arms, legs, body, and head;
  - v. Allows a resident's body to recline; and
  - vi. Does not inflict harm on a resident's body; and
- b. Documentation of the manufacturer's specifications for the piece of equipment in subsection (B)(3)(a) is maintained; and

**4.** A seclusion room may be used for services or activities other than seclusion if:

- a. A sign stating the service or activity scheduled or being provided in the room is conspicuously posted outside the room;
- b. No permanent equipment other than the bed required in subsection (B)(2)(f) is in the room;
- c. Policies and procedures:
  - i. Delineate which services or activities other than seclusion may be provided in the room,
  - ii. List what types of equipment or supplies may be placed in the room for the delineated services, and
  - iii. Provide for the prompt removal of equipment and supplies from the room before the room is used for seclusion; and
- d. The sign required in subsection (B)(4)(a) and equipment and supplies in the room, other than the bed required in subsection (B)(2)(f), are removed before use as a seclusion room.

**C.** An administrator shall ensure that:

1. Policies and procedures for providing restraint or seclusion are established, documented, and implemented to protect the health and safety of a resident that:
  - a. Establish the process for resident assessment, including identification of a resident's medical conditions and criteria for the on-going monitoring of any identified medical condition;
  - b. Identify each type of restraint or seclusion used and include for each type of restraint or seclusion used:
    - i. The qualifications of a personnel member who can:
      - (1) Order the restraint or seclusion,
      - (2) Place a resident in the restraint or seclusion,
      - (3) Monitor a resident in the restraint or seclusion,
      - (4) Evaluate a resident's physical and psychological well-being after being placed in the restraint or seclusion and when released from the restraint or seclusion, or
      - (5) Renew the order for restraint or seclusion;
    - ii. On-going training requirements for a personnel member who has direct resident contact while the resident is in a restraint or seclusion; and
    - iii. Criteria for monitoring and assessing a resident including:
      - (1) Frequencies of monitoring and assessment based on a resident's medical condition and risks associated with the specific restraint or seclusion;
      - (2) For the renewal of an order for restraint or seclusion, whether an assessment is

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- required before the order is renewed and, if an assessment is required, who may conduct the assessment;
- (3) Assessment content, which may include, depending on a resident's condition, the resident's vital signs, respiration, circulation, hydration needs, elimination needs, level of distress and agitation, mental status, cognitive functioning, neurological functioning, and skin integrity;
  - (4) If a mechanical restraint is used, how often the mechanical restraint is loosened; and
  - (5) A process for meeting a resident's nutritional needs and elimination needs;
- c. Establish the criteria and procedures for renewing an order for restraint or seclusion;
  - d. Establish procedures for internal review of the use of restraint or seclusion; and
  - e. Establish medical record and personnel record documentation requirements for restraint and seclusion, if applicable;
2. An order for restraint or seclusion is:
    - a. Obtained from a physician or registered nurse practitioner, and
    - b. Not written as a standing order or on an as-needed basis;
  3. Restraint or seclusion is:
    - a. Not used as a means of coercion, discipline, convenience, or retaliation;
    - b. Only used when all of the following conditions are met:
      - i. Except as provided in subsection (C)(4), after obtaining an order for the restraint or seclusion;
      - ii. For the management of a resident's aggressive, violent, or self-destructive behavior;
      - iii. When less restrictive interventions have been determined to be ineffective; and
      - iv. To ensure the immediate physical safety of the resident, to prevent imminent harm to the resident or another individual, or to stop physical harm to another individual; and
    - c. Discontinued at the earliest possible time;
  4. If as a result of a resident's aggressive, violent, or self-destructive behavior, harm to the resident or another individual is imminent or the resident or another individual is being physically harmed, a personnel member:
    - a. May initiate an emergency application of restraint or seclusion for the resident before obtaining an order for the restraint or seclusion, and
    - b. Obtains an order for the restraint or seclusion of the resident during the emergency application of the restraint or seclusion;
  5. An order for restraint or seclusion includes:
    - a. The name of the physician or registered nurse practitioner ordering the restraint or seclusion;
    - b. The date and time that the restraint or seclusion was ordered;
    - c. The specific restraint or seclusion ordered;
    - d. If a drug is ordered as a chemical restraint, the drug's name, strength, dosage, and route of administration;
    - e. The specific criteria for release from restraint or seclusion without an additional order; and
    - f. The maximum duration authorized for the restraint or seclusion;
  6. An order for restraint or seclusion is limited to the duration of the emergency situation and does not exceed three continuous hours;
  7. If an order for restraint or seclusion of a resident is not provided by the resident's attending physician, the resident's attending physician is notified as soon as possible;
  8. A medical practitioner or personnel member does not participate in restraint or seclusion, assess or monitor a resident during restraint or seclusion, or evaluate a resident after restraint or seclusion, and a physician or registered nurse practitioner does not order restraint or seclusion, until the medical practitioner or personnel member, completes education and training that:
    - a. Includes:
      - i. Techniques to identify medical practitioner, personnel member, and resident behaviors, events, and environmental factors that may trigger circumstances that require restraint or seclusion;
      - ii. The use of nonphysical intervention skills, such as de-escalation, mediation, conflict resolution, active listening, and verbal and observational methods;
      - iii. Techniques for identifying the least restrictive intervention based on an assessment of the resident's medical or behavioral health condition;
      - iv. The safe use of restraint and the safe use of seclusion, including training in how to recognize and respond to signs of physical and psychological distress in a resident who is restrained or secluded;
      - v. Clinical identification of specific behavioral changes that indicate that the restraint or seclusion is no longer necessary;
      - vi. Monitoring and assessing a resident while the resident is in restraint or seclusion according to policies and procedures; and
      - vii. Except for the medical practitioner, training exercises in which the personnel member successfully demonstrates the techniques that the medical practitioner or personnel member has learned for managing emergency situations; and
    - b. Is provided by individuals qualified according to policies and procedures;
  9. When a resident is placed in restraint or seclusion:
    - a. The restraint or seclusion is conducted according to policies and procedures;
    - b. The restraint or seclusion is proportionate and appropriate to the severity of the resident's behavior and the resident's:
      - i. Chronological and developmental age;
      - ii. Size;
      - iii. Gender;
      - iv. Physical condition;
      - v. Medical condition;
      - vi. Psychiatric condition; and
      - vii. Personal history, including any history of physical or sexual abuse;
    - c. The physician or registered nurse practitioner who ordered the restraint or seclusion is available for consultation throughout the duration of the restraint or seclusion;
    - d. The resident is monitored and assessed according to policies and procedures;

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- e. A physician or registered nurse assesses the resident within one hour after the resident is placed in the restraint or seclusion and determines:
    - i. The resident's current behavior;
    - ii. The resident's reaction to the restraint or seclusion used;
    - iii. The resident's medical and behavioral condition, and
    - iv. Whether to continue or terminate the restraint or seclusion;
  - f. The resident is given the opportunity:
    - i. To eat during mealtime, and
    - ii. To use the toilet; and
  - g. The restraint or seclusion is discontinued at the earliest possible time, regardless of the length of time identified in the order;
10. A medical practitioner or personnel member documents the following information in a resident's medical record before the end of the shift in which the resident is placed in restraint or seclusion or, if the resident's restraint or seclusion does not end during the shift in which it began, during the shift in which the resident's restraint or seclusion ends:
- a. The emergency situation that required the resident to be restrained or put in seclusion;
  - b. The times the resident's restraint or seclusion actually began and ended;
  - c. The monitoring required in subsection (C)(9)(d),
  - d. The time of the assessment required in subsection (C)(9)(e),
  - e. The names of the medical practitioners and personnel members with direct resident contact while the resident was in the restraint or seclusion;
  - f. The times the resident was given the opportunity to eat or use the toilet according to subsection (C)(9)(f), and
  - g. The resident evaluation required in subsection (C)(12);
11. If an emergency situation continues beyond the time limit of an order for restraint or seclusion, the order is renewed according to policies and procedures that include:
- a. The specific criteria for release from restraint or seclusion without an additional order, and
  - b. The maximum duration authorized for the restraint or seclusion; and
12. A resident is evaluated after restraint or seclusion is no longer being used for the resident.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed effective April 4, 1994 (Supp. 94-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-515 renumbered to R9-

10-2115; new Section R9-10-515 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

**R9-10-516. Physical Health Services**

- A.** An administrator shall ensure that:
- 1. A resident has an attending physician;
  - 2. An attending physician is available 24 hours a day;
  - 3. An attending physician designates a physician who is available when the attending physician is not available;
  - 4. A physical examination is performed on a resident by a physician or by a physician assistant or registered nurse practitioner designated by the resident's attending physician:
    - a. If indicated, based on the resident's placement evaluation or comprehensive assessment; and
    - b. At least once every 12 months after the date of admission, including an assessment of the acuity of the resident's medical condition;
  - 5. If a resident's physical examination, placement evaluation, or comprehensive assessment indicates a need for:
    - a. Intermittent nursing services, the resident's attending physician, in conjunction with the director of nursing, develops a nursing care plan of treatment for the resident, which is integrated into the resident's individual program plan; or
    - b. Continuous nursing services, the resident's attending physician, in conjunction with the director of nursing, develops a medical care plan of treatment for the resident, which is integrated into the resident's individual program plan; and
  - 6. Vaccinations for influenza and pneumonia are available to each resident at least once every 12 months unless:
    - a. The attending physician provides documentation that the vaccination is medically contraindicated;
    - b. The resident or the resident's representative refuses the vaccination or vaccinations and documentation is maintained in the resident's medical record that the resident or the resident's representative has been informed of the risks and benefits of a vaccination refused; or
    - c. The resident or the resident's representative provides documentation that the resident received a pneumonia vaccination within the last five years or the current recommendation from the U.S. Department of Health and Human Services, Center for Disease Control and Prevention.
- B.** An administrator shall ensure that:
- 1. Nursing services are available 24 hours a day in an ICF/IID;
  - 2. For an ICF/IID authorized to admit a resident requiring:
    - a. Continuous nursing services, a registered nurse is on the premises; or
    - b. Intermittent nursing services, a nurse is on the premises according to the schedule in a resident's nursing care plan; and
  - 3. The director of nursing or an individual designated by the director of nursing participates in the quality management program.
- C.** A director of nursing shall ensure that:
- 1. A method is established and documented that identifies the types and numbers of nursing personnel that are necessary to provide nursing services to residents based on:
    - a. The acuity of the residents, and
    - b. The ICF/IID's scope of services;

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2. Sufficient nursing personnel, as determined by the method in subsection (C)(1), are on the ICF/IID's premises to meet the needs of a resident for nursing services;
  3. A registered nurse participates in the development, review, and updating of a resident's nursing care plan or medical care plan;
  4. Personnel members providing direct care to a resident with a nursing care plan or medical care plan receive direction from a nurse;
  5. At least once every three months, a nurse:
    - a. Assesses the health of a resident without a nursing care plan or medical care plan;
    - b. Documents the results in the resident's medical record; and
    - c. If the assessment indicates the need for physical health services or behavioral care, initiates action, according to policies and procedures, to address the resident's needs;
  6. Nursing personnel provide education and training to:
    - a. Residents on hygiene and other behaviors that promote health; and
    - b. Personnel members on:
      - i. Detecting signs of illness or injury or significant changes in condition,
      - ii. First aid, and
      - iii. Basic skills for caring for residents;
  7. As soon as possible but not more than 24 hours after one of the following events occur, a nurse notifies a resident's attending physician and, if applicable, the resident's representative, if the resident:
    - a. Is injured,
    - b. Is involved in an incident that requires medical services, or
    - c. Has a significant change in condition; and
  8. Only a medication required by an order is administered to a resident.
- D.** An administrator shall ensure that:
1. Dental services are provided to a resident by an individual licensed as:
    - a. A dentist under A.R.S. Title 32, Chapter 11, Article 2; or
    - b. A dental hygienist under A.R.S. Title 32, Chapter 11, Article 4;
  2. If needed, based on a resident's initial assessment, a dentist or dental hygienist in subsection (D)(1) participates as part of an interdisciplinary team in the development of the resident's individual program plan;
  3. A resident is provided with a complete dental examination within one month after admission, unless the ICF/IID has documentation of the resident's dental examination completed within 12 months before admission;
  4. If a resident's dental examination indicates the resident needs dental treatment:
    - a. A dentist or dental hygienist in subsection (D)(1) participates as part of an interdisciplinary team in the review and updating of the resident's individual program plan, and
    - b. The resident is provided with dental treatment;
  5. A dental examination is performed by a dentist or dental hygienist in subsection (D)(1) on a resident at least once every 12 months and treatment is provided as needed;
  6. If needed, a resident is provided with emergency dental services;
  7. A resident is provided with education and training in oral hygiene; and
  8. A resident's medical record contains documentation of:
    - a. Each dental examination of the resident,
    - b. All dental treatment provided to the resident, and
    - c. The resident's education and training in oral hygiene.
- E.** An administrator shall ensure that:
1. A resident's vision and hearing are assessed as part of the resident's comprehensive assessment and, if applicable, as part of the update of the comprehensive assessment; and
  2. If an issue is identified with the resident's vision or hearing, the resident is provided, as applicable, with:
    - a. Treatment to address the identified issue, or
    - b. An assistive device to address an issue.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed effective April 4, 1994 (Supp. 94-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-516 renumbered to R9-10-2116; new Section R9-10-516 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by exempt rulemaking, at 26 A.A.R. 72 with an effective date of January 1, 2020 (Supp. 19-4).

**R9-10-517. Behavioral Care**

- A.** An administrator shall ensure that:
1. A resident who receives behavioral care from the ICF/IID is evaluated by a behavioral health professional or medical practitioner:
    - a. Within 30 calendar days before the resident is admitted to the ICF/IID or before the resident begins receiving behavioral care, and
    - b. At least once every six months throughout the duration of the resident's need for behavioral care;
  2. A behavioral health professional or medical practitioner:
    - a. Documents that the behavioral care needed by the resident is within the ICF/IID's scope of services, and
    - b. Includes measurable objectives for the behavioral care and the methods for meeting the objectives in the resident's individual program plan; and
  3. The documentation in subsection (A)(2) is included in the resident's medical record.
- B.** If a resident of an ICF/IID requires behavioral health services provided by a behavioral health professional on an intermittent basis as part of behavioral care, an administrator shall ensure that:
1. The behavioral health services are provided by a behavioral health professional licensed or certified to provide the type of behavioral health services required by the resident; and

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2. Except for a psychotropic drug used as a chemical restraint or administered according to an order from a court of competent jurisdiction, informed consent is obtained from a resident or the resident's representative for a psychotropic drug and documented in the resident's medical record before the psychotropic drug is administered to the resident.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted effective October 30, 1989 (Supp. 89-4). Section repealed effective April 4, 1994 (Supp. 94-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 25 A.A.R. 259, effective January 8, 2019 (Supp. 19-1). Section R9-10-517 renumbered to R9-10-2117; new Section R9-10-517 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

**R9-10-518. Clinical Laboratory Services**

If clinical laboratory services are authorized to be provided on an ICF/IID's premises, an administrator shall ensure that:

1. Clinical laboratory services and pathology services are provided through a laboratory that holds a certificate of accreditation, certificate of compliance, or certificate of waiver issued by the United States Department of Health and Human Services under the 1988 amendments to the Clinical Laboratories Improvement Act of 1967;
2. A copy of the certificate of accreditation, certificate of compliance, or certificate of waiver in subsection (1) is provided to the Department for review upon the Department's request;
3. The ICF/IID:
  - a. Is able to provide the clinical laboratory services delineated in the ICF/IID's scope of services when needed by the residents,
  - b. Obtains specimens for the clinical laboratory services delineated in the ICF/IID's scope of services without transporting the residents from the ICF/IID's premises, and
  - c. Has the examination of the specimens performed by a clinical laboratory;
4. Clinical laboratory and pathology test results are:
  - a. Available to the ordering physician:
    - i. Within 24 hours after the test is complete with results if the test is performed at a laboratory on the ICF/IID's premises, or
    - ii. Within 24 hours after the test result is received if the test is performed at a laboratory outside of the ICF/IID's premises; and
  - b. Documented in a resident's medical record;
5. If a test result is obtained that indicates a resident may have an emergency medical condition, as established in policies and procedures, personnel notify:

- a. The ordering physician,
- b. A registered nurse in the resident's assigned unit,
- c. The ICF/IID's administrator, or
- d. The director of nursing;
6. If a clinical laboratory report is completed on a resident, a copy of the report is included in the resident's medical record;
7. If the ICF/IID provides blood or blood products, policies and procedures are established, documented, and implemented for:
  - a. Procuring, storing, transfusing, and disposing of blood or blood products;
  - b. Blood typing, antibody detection, and blood compatibility testing; and
  - c. Investigating transfusion adverse reactions that specify a process for review through the quality management program; and
8. Expired laboratory supplies are discarded according to policies and procedures.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted effective October 30, 1989 (Supp. 89-4). Section repealed effective April 4, 1994 (Supp. 94-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Section R9-10-518 renumbered to R9-10-2118; new Section R9-10-518 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

**R9-10-519. Respiratory Care Services**

If respiratory care services are authorized to be provided on an ICF/IID's premises, an administrator shall ensure that:

1. Respiratory care services are provided under the direction of an attending physician;
2. Respiratory care services are provided according to an order that includes:
  - a. The resident's name;
  - b. The name and signature of the ordering individual;
  - c. The type, frequency, and, if applicable, duration of treatment;
  - d. The type and dosage of medication and diluent; and
  - e. The oxygen concentration or oxygen liter flow and method of administration;
3. Respiratory care services provided to a resident are documented in the resident's medical record and include:
  - a. The date and time of administration;
  - b. The type of respiratory care services provided;
  - c. The effect of the respiratory care services;
  - d. The resident's adverse reaction to the respiratory care services, if any; and
  - e. The authentication of the individual providing the respiratory care services; and

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4. Any area or unit that performs blood gases or clinical laboratory tests complies with the requirements in R9-10-518.

**Historical Note**

R9-10-519 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

**R9-10-520. Medication Services**

- A. An administrator shall ensure that policies and procedures for medication services:

1. Include:
  - a. A process for providing information to a resident about medication prescribed for the resident including:
    - i. The prescribed medication's anticipated results,
    - ii. The prescribed medication's potential adverse reactions,
    - iii. The prescribed medication's potential side effects, and
    - iv. Potential adverse reactions that could result from not taking the medication as prescribed;
  - b. Procedures for preventing, responding to, and reporting:
    - i. A medication error,
    - ii. An adverse response to a medication, or
    - iii. A medication overdose;
  - c. Procedures to ensure that a pharmacist reviews a resident's medications at least once every three months and provides documentation to the resident's attending physician and the director of nursing indicating potential medication problems such as incompatible or duplicative medications;
  - d. Procedures for documenting medication services; and
  - e. Procedures for assisting a resident in obtaining medication; and
2. Specify a process for review through the quality management program of:
  - a. A medication administration error, and
  - b. An adverse reaction to a medication.

- B. An administrator shall ensure that:

1. Policies and procedures for medication administration:
  - a. Are reviewed and approved by a pharmacist;
  - b. Specify the individuals who may:
    - i. Order medication, and
    - ii. Administer medication;
  - c. Ensure that medication is administered to a resident only as prescribed; and
  - d. Cover the documentation of a resident's refusal to take prescribed medication in the resident's medical record;
2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law;
3. A medication administered to a resident:
  - a. Is administered in compliance with an order, and
  - b. Is documented in the resident's medical record; and
4. If a psychotropic medication is administered to a resident, the psychotropic medication:
  - a. Is only administered to a resident for a diagnosed medical condition; and
  - b. Unless clinically contraindicated or otherwise ordered by an attending physician or the attending physician's designee, is gradually reduced in dosage while the resident is simultaneously provided with interventions such as behavior and environment modification in an effort to discontinue the psycho-

tropic medication, unless a dose reduction is attempted and the resident displays behavior justifying the need for the psychotropic medication, and the attending physician documents the necessity for the continued use and dosage.

- C. If an ICF/IID provides assistance in the self-administration of medication, an administrator shall ensure that:

1. A resident's medication is stored by the ICF/IID;
2. The following assistance is provided to a resident:
  - a. A reminder when it is time to take the medication;
  - b. Opening the medication container for the resident;
  - c. Observing the resident while the resident removes the medication from the container;
  - d. Verifying that the medication is taken as ordered by the resident's attending physician by confirming that:
    - i. The resident taking the medication is the individual stated on the medication container label,
    - ii. The resident is taking the dosage of the medication stated on the medication container label or according to an order from the resident's attending physician dated later than the date on the medication container label, and
    - iii. The resident is taking the medication at the time stated on the medication container label or according to an order from the resident's attending physician dated later than the date on the medication container label; or
  - e. Observing the resident while the resident takes the medication;
3. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by the resident's attending physician or registered nurse;
4. Training for a personnel member, other than a physician, physician assistant, or registered nurse, in assistance in the self-administration of medication:
  - a. Is provided by the resident's attending physician, another physician, a physician assistant, or a registered nurse or an individual trained by a physician, physician assistant, or registered nurse; and
  - b. Includes:
    - i. A demonstration of the personnel member's skills and knowledge necessary to provide assistance in the self-administration of medication,
    - ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and
    - iii. The process for notifying the appropriate entities when an emergency medical intervention is needed;
5. A personnel member, other than a physician, physician assistant, or registered nurse, completes the training in subsection (C)(4) before the personnel member provides assistance in the self-administration of medication; and
6. Assistance in the self-administration of medication provided to a resident:
  - a. Is in compliance with an order, and
  - b. Is documented in the resident's medical record.

- D. An administrator shall ensure that:

1. A current drug reference guide is available for use by personnel members; and
2. If pharmaceutical services are provided:
  - a. The pharmaceutical services are provided under the direction of a pharmacist;

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- b. The pharmaceutical services comply with A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
  - c. A copy of the pharmacy license is provided to the Department upon request.
- E.** When medication is stored at an ICF/IID, an administrator shall ensure that:
- 1. Medication is stored in a separate locked room, closet, or self-contained unit used only for medication storage;
  - 2. Medication is stored according to the instructions on the medication container; and
  - 3. Policies and procedures are established, documented, and implemented to protect the health and safety of a resident for:
    - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication including expired medication;
    - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
    - c. A medication recall and notification of residents who received recalled medication; and
    - d. Storing, inventorying, and dispensing controlled substances.
- F.** An administrator shall ensure that a personnel member immediately reports a medication error or a resident's adverse reaction to a medication to the resident's attending physician or the physician who ordered the medication and the ICF/IID's director of nursing.
- d. Cleaning of an individual's hands when the individual's hands are visibly soiled and before and after providing a service to a resident;
  - e. Cleaning of a resident's bedroom, furniture, and bedding after the resident's discharge before the bedroom is reassigned to another resident;
  - f. Training of personnel members, employees, and volunteers in infection control practices; and
  - g. Work restrictions for a personnel member with a communicable disease or infected skin lesion;
- 4. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures;
  - 5. Soiled linen and clothing are:
    - a. Collected in a manner to minimize or prevent contamination;
    - b. Bagged at the site of use; and
    - c. Maintained separate from clean linen and clothing and away from food storage, kitchen, or dining areas;
  - 6. A resident's personal laundry is washed separately from towels, sheets, and bedding; and
  - 7. A personnel member, an employee, or a volunteer washes hands or uses a hand disinfection product after a resident contact and after handling soiled linen, soiled clothing, or potentially infectious material.

**Historical Note**

R9-10-521 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

**Historical Note**

R9-10-520 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

**R9-10-521. Infection Control**

An administrator shall ensure that:

- 1. An infection control program is established, under the direction of an individual qualified according to policies and procedures, to prevent the development and transmission of infections and communicable diseases including:
  - a. A method to identify and document infections occurring at the ICF/IID;
  - b. Analysis of the types, causes, and spread of infections and communicable diseases at the ICF/IID;
  - c. The development of corrective measures to minimize or prevent the spread of infections and communicable diseases at the ICF/IID; and
  - d. Documentation of infection control activities including:
    - i. The collection and analysis of infection control data,
    - ii. The actions taken related to infections and communicable diseases, and
    - iii. Reports of communicable diseases to the governing authority and state and county health departments;
- 2. Infection control documentation is maintained for at least 12 months after the date of the documentation;
- 3. Policies and procedures are established, documented, and implemented that cover:
  - a. Handling and disposal of biohazardous medical waste;
  - b. Sterilization, disinfection, and storage of medical equipment and supplies;
  - c. Using personal protective equipment such as aprons, gloves, gowns, masks, or face protection when applicable;

**R9-10-522. Food Services**

**A.** An administrator shall ensure that:

- 1. The ICF/IID has a license or permit as a food establishment under 9 A.A.C. 8, Article 1;
- 2. A copy of the ICF/IID's food establishment license or permit is maintained;
- 3. If the ICF/IID contracts with a food establishment, as established in 9 A.A.C. 8, Article 1, to prepare and deliver food to the ICF/IID:
  - a. A copy of the contracted food establishment's license or permit under 9 A.A.C. 8, Article 1 is maintained by the ICF/IID; and
  - b. The ICF/IID is able to store, refrigerate, and reheat food to meet the dietary needs of a resident;
- 4. A registered dietitian:
  - a. Participates as part of an interdisciplinary team for a resident requiring a modified or special diet,
  - b. Reviews a food menu before the food menu is used to ensure that a resident's nutritional needs are being met,
  - c. Documents the review of a food menu, and
  - d. Is available for consultation regarding a resident's nutritional needs; and
- 5. If a registered dietitian is not employed full-time, an individual is designated as a director of food services who consults with a registered dietitian as often as necessary to ensure that the nutritional needs of a resident are met.

**B.** A registered dietitian or director of food services shall ensure that:

- 1. Food is prepared:
  - a. Using methods that conserve nutritional value, flavor, and appearance; and
  - b. In a form to meet the needs of a resident such as cut, chopped, ground, pureed, or thickened;
- 2. A food menu:
  - a. Is prepared at least one week in advance,



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- b. Includes the foods to be served on each day,
- c. Is conspicuously posted at least one day before the first meal on the food menu will be served,
- d. Includes any food substitution no later than the morning of the day of meal service with a food substitution, and
- e. Is maintained for at least 60 calendar days after the last day included in the food menu;
- 3. Meals and snacks for each day are planned and served using the applicable guidelines in <http://www.health.gov/dietaryguidelines/2015.asp>;
- 4. A resident is provided:
  - a. A diet that meets the resident's nutritional needs as specified in the resident's comprehensive assessment and individual program plan;
  - b. Food served in sufficient quantities to meet the resident's nutritional needs and at an appropriate temperature;
  - c. Three meals a day with not more than 14 hours between the evening meal and breakfast, except as provided in subsection (B)(4)(e);
  - d. The option to have a daily evening snack identified in subsection (B)(4)(e)(ii) or other snack; and
  - e. The option to extend the time span between the evening meal and breakfast from 14 hours to 16 hours if:
    - i. A resident group agrees; and
    - ii. The resident is offered an evening snack that includes meat, fish, eggs, cheese, or other protein, and a serving from either the fruit and vegetable food group or the bread and cereal food group;
- 5. A resident is provided with food substitutions of similar nutritional value if:
  - a. The resident refuses to eat the food served, or
  - b. The resident requests a substitution;
- 6. Recommendations and preferences are requested from a resident or the resident's representative for meal planning;
- 7. If food is used as a part of a program to manage a resident's inappropriate behavior:
  - a. A special diet is included as part of the resident's individual program plan, and
  - b. The special diet is reviewed and evaluated by a physician and a dietitian to ensure the special diet meets the resident's nutritional needs;
- 8. Meals are served to residents at tables in a dining area and in a manner that allows the resident to eat from an upright position, unless otherwise specified in the resident's individual program plan or by an attending physician;
- 9. A resident requiring assistance to eat is provided with assistance that recognizes the resident's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils;
- 10. Personnel members supervise meals in dining areas to:
  - a. Direct a resident's self-help dining procedures,
  - b. Ensure a resident consumes enough food to meet the resident's nutritional needs, and
  - c. Ensure that a resident eats in a manner consistent with the resident's developmental level;
- 11. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair; and
- 12. Water is available and accessible to residents.

**Historical Note**

R9-10-522 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

**R9-10-523. Emergency and Safety Standards****A.** An administrator shall ensure that:

- 1. A disaster plan is developed, documented, maintained in a location accessible to personnel members and other employees, and, if necessary, implemented that includes:
  - a. A floor plan of the facility showing emergency protection equipment, evacuation routes, and exits;
  - b. When, how, and where residents will be relocated, including:
    - i. Instructions for the evacuation or transfer of residents,
    - ii. Assigned responsibilities for each employee and personnel member, and
    - iii. A plan for continuing to provide services to meet a resident's needs;
  - c. How a resident's medical record will be available to individuals providing services to the resident during a disaster;
  - d. A plan for back-up power and water supply;
  - e. A plan to ensure a resident's medications will be available to administer to the resident during a disaster;
  - f. A plan to ensure a resident is provided nursing services, rehabilitation services, and other services required by the resident during a disaster; and
  - g. A plan for obtaining food and water for individuals present in the ICF/IID or the ICF/IID's relocation site during a disaster;
- 2. Personnel members receive training on the content and use of the disaster plan required in subsection (A)(1);
- 3. The disaster plan required in subsection (A)(1) is reviewed at least once every 12 months;
- 4. Documentation of a disaster plan review required in subsection (A)(3) is created, is maintained for at least 12 months after the date of the disaster plan review, and includes:
  - a. The date and time of the disaster plan review;
  - b. The name of each personnel member, employee, or volunteer participating in the disaster plan review;
  - c. A critique of the disaster plan review; and
  - d. If applicable, recommendations for improvement;
- 5. A disaster drill for employees is conducted on each shift at least once every three months and documented;
- 6. An evacuation drill for employees is conducted on each shift at least once every three months and documented;
- 7. An evacuation drill for residents:
  - a. Is conducted at least once each year on each shift and documented; and
  - b. Includes all residents on the premises except for:
    - i. A resident whose medical record contains documentation that evacuation from the ICF/IID would cause harm to the resident, and
    - ii. Sufficient personnel members to ensure the health and safety of residents not evacuated according to subsection (A)(7)(b)(i);
- 8. Documentation of each evacuation drill is created, is maintained for at least 12 months after the date of the drill, and includes:
  - a. The date and time of the evacuation drill;
  - b. The amount of time taken for employees and residents to evacuate to a designated area;
  - c. If applicable:

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- i. An identification of residents needing assistance for evacuation, and
    - ii. An identification of residents who were not evacuated;
  - d. Any problems encountered in conducting the evacuation drill; and
  - e. Recommendations for improvement, if applicable; and
  - 9. An evacuation path is conspicuously posted on each hallway of each floor of the ICF/IID.
- B.** An administrator shall ensure that, if an ICF/IID has:
- 1. More than 16 residents or a resident who has a medical care plan or whose medical record contains documentation that evacuation from the ICF/IID would cause harm to the resident:
    - a. A fire alarm system is installed according to the National Fire Protection Association 72: National Fire Alarm and Signaling Code, incorporated by reference in R9-10-104.01, and is in working order; and
    - b. A sprinkler system is installed according to the National Fire Protection Association 13 Standard for the Installation of Sprinkler Systems, incorporated by reference in R9-10-104.01, and is in working order; and
  - 2. Sixteen or fewer residents, none of whom have a medical care plan or whose medical record contains documentation that evacuation from the ICF/IID would cause harm to the resident:
    - a. A fire alarm system and a sprinkler system meeting the requirements in subsection (B)(1) are installed and in working order; or
    - b. The ICF/IID has:
      - i. A fire extinguisher that is:
        - (1) Labeled as rated at least 2A-10-BC by the Underwriters Laboratories;
        - (2) Accessible to personnel members and inaccessible to residents;
        - (3) If a disposable fire extinguisher, replaced when its indicator reaches the red zone; and
        - (4) If a rechargeable fire extinguisher, is serviced at least once every 12 months, as documented by a tag attached to the fire extinguisher that specifies the date of the last servicing and the identification of the person who serviced the fire extinguisher; and
      - ii. Smoke detectors that are:
        - (1) Installed in each bedroom, hallway that adjoins a bedroom, storage room, laundry room, attached garage, and room or hallway adjacent to the kitchen, and other places recommended by the manufacturer;
        - (2) Either battery operated or, if hard-wired into the electrical system of the ICF/IID, has a back-up battery;
        - (3) In working order; and
        - (4) Tested at least once a month, with documentation of the test maintained for at least 12 months after the date of the test.
- C.** An administrator shall:
- 1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal,
  - 2. Make any repairs or corrections stated on the fire inspection report, and
  - 3. Maintain documentation of a current fire inspection.
- D.** An administrator shall ensure that, if applicable, a sign is placed at the entrance to a room or area indicating that oxygen is in use.
- Historical Note**
- R9-10-523 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by exempt rulemaking, at 26 A.A.R. 72 with an effective date of January 1, 2020 (Supp. 19-4).
- R9-10-524. Environmental Standards**
- A.** An administrator shall ensure that:
- 1. An ICF/IID's premises and equipment are:
    - a. Cleaned and disinfected according to policies and procedures or manufacturer's instructions to prevent, minimize, and control illness and infection; and
    - b. Free from a condition or situation that may cause a resident or an individual to suffer physical injury;
  - 2. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
  - 3. Equipment used to provide direct care is:
    - a. Maintained in working order;
    - b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
    - c. Used according to the manufacturer's recommendations;
  - 4. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;
  - 5. Garbage and refuse are:
    - a. In areas used for food storage, food preparation, or food service, stored in a covered container lined with a plastic bag;
    - b. In areas not used for food storage, food preparation, or food service, stored:
      - i. According to the requirements in subsection (A)(5)(a), or
      - ii. In a paper-lined or plastic-lined container that is cleaned and sanitized as often as necessary to ensure that the container is clean; and
    - c. Removed from the premises at least once a week;
  - 6. Heating and cooling systems maintain the ICF/IID at a temperature between 70° F and 84° F;
  - 7. Common areas:
    - a. Are lighted to assure the safety of residents, and
    - b. Have lighting sufficient to allow personnel members to monitor resident activity;
  - 8. The supply of hot and cold water is sufficient to meet the personal hygiene needs of residents and the cleaning and sanitation requirements in this Article;
  - 9. The temperature of the hot water does not exceed 120° F;
  - 10. Linens are clean before use, without holes and stains, and not in need of repair;
  - 11. Oxygen containers are secured in an upright position;
  - 12. Poisonous or toxic materials stored by the ICF/IID are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and are inaccessible to residents;
  - 13. Combustible or flammable liquids stored by the ICF/IID are stored in the original labeled containers or safety containers in a locked area inaccessible to residents;

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14. If pets or animals are allowed in the ICF/IID, pets or animals are:
    - a. Controlled to prevent endangering the residents and to maintain sanitation;
    - b. Licensed consistent with local ordinances; and
    - c. For a dog or cat, vaccinated against rabies;
  15. If a water source that is not regulated under 18 A.A.C. 4 by the Arizona Department of Environmental Quality is used:
    - a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coliform or *E. coli* bacteria;
    - b. If necessary, corrective action is taken to ensure the water is safe to drink; and
    - c. Documentation of testing is retained for at least 12 months after the date of the test; and
  16. If a non-municipal sewage system is used, the sewage system is in working order and is maintained according to all applicable state laws and rules.
- B.** An administrator shall ensure that:
1. Smoking tobacco products are not permitted within an ICF/IID; and
  2. Smoking tobacco products may be permitted outside an ICF/IID if:
    - a. Signs designating smoking areas are conspicuously posted, and
    - b. Smoking is prohibited in areas where combustible materials are stored or in use.
- C.** If a swimming pool is located on the premises, an administrator shall ensure that:
1. At least one personnel member with cardiopulmonary resuscitation training that meets the requirements in R9-10-503(C)(1)(g) is present in the pool area when a resident is in the pool area, and
  2. At least two personnel members are present in the pool area when two or more residents are in the pool area.
- Historical Note**  
R9-10-524 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).
- R9-10-525. Physical Plant Standards**
- A.** An administrator shall ensure that, if an ICF/IID has:
1. More than 16 residents, the ICF/IID complies with:
    - a. The applicable physical plant health and safety codes and standards, incorporated by reference in R9-10-104.01, that were in effect on the earlier of:
      - i. The date the ICF/IID was originally certified as an ICF/IID by the federal Centers for Medicare and Medicaid Services, or
      - ii. The date the ICF/IID submitted architectural plans and specifications to the Department for approval according to R9-10-104; and
    - b. The requirements for Existing Health Care Occupancies in National Fire Protection Association 101, Life Safety Code, incorporated by reference in R9-10-104.01; and
  2. Sixteen or fewer residents, the ICF/IID complies with the requirements for Existing Health Care Occupancies in National Fire Protection Association 101, Life Safety Code, incorporated by reference in R9-10-104.01.
- B.** An administrator shall ensure that:
1. The premises and equipment are sufficient to accommodate:
    - a. The services stated in the ICF/IID's scope of services, and
    - b. An individual accepted as a resident by the ICF/IID;
  2. A common area for use by residents is provided that has sufficient space and furniture to accommodate the recreational and socialization needs of residents;
  3. A dining area has sufficient space and tables and chairs to accommodate the needs of the residents;
  4. At least one bathroom is accessible from a common area and:
    - a. May be used by residents and visitors;
    - b. Does not open into an area in which food is prepared;
    - c. Provides privacy when in use; and
    - d. Contains the following:
      - i. At least one working sink with running water,
      - ii. At least one working toilet that flushes and has a seat,
      - iii. Toilet tissue for each toilet,
      - iv. Soap in a dispenser accessible from each sink,
      - v. Paper towels in a dispenser or a mechanical air hand dryer,
      - vi. Lighting, and
      - vii. A window that opens or another means of ventilation;
  5. An outside activity space is provided and available that:
    - a. Is on the premises,
    - b. Has a hard-surfaced section for wheelchairs, and
    - c. Has an available shaded area;
  6. Exterior doors are equipped with ramps or other devices to allow use by a resident using a wheelchair or other assistive device; and
  7. The key to the door of a lockable bathroom or bedroom is available to a personnel member.
- C.** An administrator shall ensure that:
1. For every eight residents there is at least one working toilet that flushes and has a seat and one sink with running water;
  2. For every eight residents there is at least one working bathtub or shower;
  3. A resident bathroom provides privacy when in use and contains:
    - a. A mirror;
    - b. Toilet tissue for each toilet;
    - c. Soap accessible from each sink;
    - d. Paper towels in a dispenser or a mechanical air hand dryer for a bathroom that is used by more than one resident;
    - e. A window that opens or another means of ventilation;
    - f. Grab bars for the toilet and, if applicable, the bathtub or shower and other assistive devices, if required to provide for resident safety; and
    - g. Nonporous surfaces for shower enclosures and slip-resistant surfaces in tubs and showers;
  4. An ICF/IID is ventilated by windows or mechanical ventilation, or a combination of both;
  5. If required for the residents of the ICF/IID, the corridors are equipped with handrails on each side that are firmly attached to the walls and are not in need of repair;
  6. No more than two individuals reside in a resident bedroom; and
  7. A resident's bedroom:
    - a. Is accessible without passing through a storage area, an equipment room, or another resident's bedroom;
    - b. Is constructed and furnished to provide unimpeded access to the door;
    - c. Has floor-to-ceiling walls with at least one door;

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- d. Does not open into any area where food is prepared, served, or stored;
  - e. If a private bedroom, has at least 80 square feet of floor space, not including a closet or bathroom;
  - f. If a shared bedroom, has at least 60 square feet of floor space for each individual occupying the shared bedroom, not including a closet or bathroom;
  - g. Has a separate bed, at least 36 inches in width and 72 inches in length, for each resident, consisting of at least a frame and mattress that is clean and in good repair;
  - h. Has clean linen, including a mattress pad, sheets large enough to tuck under the mattress, pillows, pillow cases, a bedspread, waterproof mattress covers as needed, and blankets to ensure warmth and comfort for the resident;
  - i. Has furniture to meet the resident's needs and sufficient light for reading;
  - j. Has an openable window to the outside with window coverings for controlling light and visual privacy, and the location of the window permits a resident to see outside from a sitting position;
  - k. Has individual storage space for a resident's possessions and assistive devices; and
  - l. Has a closet with clothing racks and shelves accessible to the resident.
- D.** If a swimming pool is located on the premises, an administrator shall ensure that:
- 1. The swimming pool is enclosed by a wall or fence that:
    - a. Is at least five feet in height as measured on the exterior of the wall or fence;
    - b. Has no vertical openings greater than four inches across;
    - c. Has no horizontal openings, except as described in subsection (D)(1)(e);
    - d. Is not chain-link;
    - e. Does not have a space between the ground and the bottom fence rail that exceeds four inches in height; and
    - f. Has a self-closing, self-latching gate that:
      - i. Opens away from the swimming pool,
      - ii. Has a latch located at least 54 inches from the ground, and
      - iii. Is locked when the swimming pool is not in use; and
  - 2. A life preserver or shepherd's crook is available and accessible in the pool area.
- E.** An administrator shall ensure that a spa that is not enclosed by a wall or fence as described in subsection (D)(1) is covered and locked when not in use.

**Historical Note**

R9-10-525 made by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by exempt rulemaking, at 26 A.A.R. 72 with an effective date of January 1, 2020 (Supp. 19-4).

**ARTICLE 6. HOSPICES****R9-10-601. Definitions**

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following apply in this Article unless otherwise specified:

- 1. "Medical social services" means assistance, other than medical services or nursing services, provided by a personnel member to a patient to assist the patient to cope with concerns about the patient's illness, finances, or personal issues and may include problem-solving, interven-

- tions, and identification of resources to address the patient's or the patient's family's concerns.
- 2. "Palliative care" means medical services or nursing services provided to a patient that is not curative and is designed for pain control or symptom management.

**Historical Note**

New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-602. Supplemental Application Requirements**

In addition to the license application requirements in A.R.S. § 36-422 and R9-10-105, an applicant for a license as a hospice service agency or hospice inpatient facility shall include on the application:

- 1. For an application as a hospice service agency:
  - a. The hours of operation for the hospice's administrative office, and
  - b. The geographic region to be served by the hospice service agency; and
- 2. For an application as a hospice inpatient facility, the requested licensed capacity.

**Historical Note**

New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-603. Administration****A.** A governing authority shall:

- 1. Consist of one or more individuals responsible for the organization, operation, and administration of the hospice;
- 2. Establish, in writing:
  - a. A hospice's scope of services, and
  - b. Qualifications for an administrator;
- 3. Designate, in writing, an administrator who has the qualifications established in subsection (A)(2)(b);
- 4. Adopt a quality management plan according to R9-10-604;
- 5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
- 6. Designate, in writing, an acting administrator who has the qualifications established in subsection (A)(2)(b), if the administrator is:
  - a. Expected not to be present:
    - i. At a hospice service agency's administrative office for more than 30 calendar days, or
    - ii. On a hospice inpatient facility's premises for more than 30 calendar days; or
  - b. Not present:
    - i. At a hospice service agency's administrative office for more than 30 calendar days, or
    - ii. On a hospice inpatient facility's premises for more than 30 calendar days; and
- 7. Except as provided in subsection (A)(6), notify the Department according to A.R.S. § 36-425(I) when there is a change in the administrator and identify the name and qualifications of the new administrator.

**B.** An administrator:

- 1. Is directly accountable to the governing authority of a hospice for the daily operation of the hospice and all services provided by or through the hospice;

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2. Has the authority and responsibility to manage the hospice;
  3. Except as provided in subsection (A)(6), designates, in writing, an individual who is present on the hospice's premises and accountable for the:
    - a. Hospice service agency when the administrator is not present at the hospice service agency's administrative office, or
    - b. Inpatient hospice facility when the administrator is not on hospice inpatient facility's premises; and
  4. Designates a personnel member to provide direction for volunteers.
- C.** An administrator shall ensure that:
1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
    - a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
    - b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
    - c. Include how a personnel member may submit a complaint relating to patient care;
    - d. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
    - e. Include a method to identify a patient to ensure the patient receives hospice services as ordered;
    - f. Cover patient rights, including assisting a patient who does not speak English or who has a disability to become aware of patient rights;
    - g. Cover specific steps for:
      - i. A patient to file a complaint, and
      - ii. The hospice service agency or hospice inpatient facility to respond to a patient's complaint;
    - h. Cover health care directives;
    - i. Cover medical records, including electronic medical records;
    - j. Cover a quality management program, including incident reports and supporting documentation; and
    - k. Cover contracted services;
  2. Policies and procedures for hospice services are established, documented, and implemented to protect the health and safety of a patient that:
    - a. Cover patient screening, admission, transfer, discharge planning, and discharge;
    - b. Cover the provision of hospice services;
    - c. Include when general consent and informed consent are required;
    - d. Cover how personnel members will respond to a patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
    - e. Cover dispensing, administering, and disposing of medication;
    - f. Cover infection control; and
    - g. Cover telemedicine, if applicable;
  3. For a hospice inpatient facility, policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
    - a. Cover visitation of a patient, including:
      - i. Allowing visitation by individuals 24 hours a day, and
      - ii. Allowing a visitor to bring a pet to visit the patient;
    - b. Cover the use and display of a patient's personal belongings; and
    - c. Cover environmental services that affect patient care;
  4. Policies and procedures are reviewed at least once every three years and updated as needed;
  5. Policies and procedures are available to personnel members, employees, volunteers, and students; and
  6. Unless otherwise stated:
    - a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
    - b. When documentation or information is required by this Chapter to be submitted on behalf of a hospice, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the hospice.
- D.** An administrator shall designate, in writing, a:
1. Physician as the medical director who has the authority and responsibility for providing direction for the medical services provided by the hospice, and
  2. Registered nurse as the director of nursing who has the authority and responsibility for managing nursing services provided by the hospice.
- E.** An administrator shall ensure that the following are conspicuously posted:
1. The current Department-issued license;
  2. The current telephone number of the Department; and
  3. The location at which the following are available for review:
    - a. A copy of the most recent Department inspection report;
    - b. A list of the services provided by the hospice; and
    - c. A written copy of rates and charges, as required in A.R.S. § 36-436.03.

**Historical Note**

New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-604. Quality Management**

An administrator shall ensure that:

1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
  - a. A method to identify, document, and evaluate incidents;
  - b. A method to collect data to evaluate services provided to patients;
  - c. A method to evaluate the data collected to identify a concern about the delivery of services related to patient care;
  - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to patient care; and
  - e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
  - a. An identification of each concern about the delivery of services related to patient care, and
  - b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to patient care; and

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3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

**Historical Note**

New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-605. Contracted Services**

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

**Historical Note**

New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-606. Personnel**

A. An administrator shall ensure that:

1. The qualifications, skills, and knowledge required for each type of personnel member:
  - a. Are based on:
    - i. The type of physical health services expected to be provided by the personnel member according to the established job description, and
    - ii. The acuity of the patients receiving physical health services from the personnel member according to the established job description; and
  - b. Include:
    - i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services listed in the established job description,
    - ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services listed in the established job description, and
    - iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services listed in the established job description;
2. A personnel member's skills and knowledge are verified and documented:
  - a. Before the personnel member provides physical health services, and
  - b. According to policies and procedures;
3. Sufficient personnel members are available and, for a hospice inpatient facility, present on the hospice inpatient facility's premises, with the qualifications, skills, and knowledge necessary to:
  - a. Provide the services in the hospice's scope of services,
  - b. Meet the needs of a patient, and

- c. Ensure the health and safety of a patient;
4. Orientation occurs within the first week of providing hospice services and includes:
  - a. Informing personnel about Department rules for licensing and regulating hospices and where the rules may be obtained,
  - b. Reviewing the process by which a personnel member may submit a complaint about patient care to a hospice, and
  - c. Providing the information required by hospice policies and procedures;
5. Personnel receive in-service education according to criteria established in hospice policies and procedures;
6. In-service education documentation for a personnel member includes:
  - a. The subject matter,
  - b. The date of the in-service education, and
  - c. The signature of each individual who participated in the in-service education; and
7. A personnel member, or an employee or a volunteer who has or is expected to have direct interaction with a patient, provides evidence of freedom from infectious tuberculosis:
  - a. On or before the date the individual begins providing services at or on behalf of the hospice service facility or hospice inpatient facility, and
  - b. As specified in R9-10-113.

B. An administrator shall ensure that record is maintained for each personnel member, employee, volunteer, or student that includes:

1. The individual's name, date of birth, and contact telephone number;
2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
3. Documentation of:
  - a. The individual's qualifications, including skills and knowledge applicable to the individual's job duties;
  - b. The individual's education and experience applicable to the individual's job duties;
  - c. The individual's completed orientation and in-service education as required by policies and procedures;
  - d. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures; and
  - e. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (A)(7).

C. An administrator shall ensure that personnel records are:

1. Maintained:
  - a. Throughout the individual's period of providing services in or for the hospice, and
  - b. For at least 24 months after the last date the individual provided services in or for the hospice; and
2. For a personnel member who has not provided physical health services at or for the hospice during the previous 12 months, provided to the Department within 72 hours after the Department's request.

**Historical Note**

New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-607. Admission**

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- A. Before admitting an individual as a patient, an administrator shall obtain:
  - 1. The name of the individual's physician;
  - 2. Documentation that the individual has a diagnosis by a physician that indicates that the individual has a specific, progressive, normally irreversible disease that is likely to cause the individual's death in six months or less; and
  - 3. Documentation from the individual or the individual's representative acknowledging that:
    - a. Hospice services include palliative care and supportive services and are not curative, and
    - b. The individual or individual's representative has received a list of services to be provided by the hospice.
- B. At the time of admission, a physician or registered nurse shall:
  - 1. Assess a patient's medical, social, nutritional, and psychological needs; and
  - 2. As applicable, obtain informed consent or general consent.
- C. Before or at the time of admission, a personnel member qualified according to policies and procedures shall assess the social and psychological needs of a patient's family, if applicable.

**Historical Note**

New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-608. Care Plan**

- A. An administrator shall ensure that a care plan is developed for each patient:
  - 1. Based on the:
    - a. Assessment of the:
      - i. Patient; and
      - ii. Patient's family, if applicable;
    - b. Hospice service agency's or inpatient hospice facility's scope of service;
  - 2. With participation from a:
    - a. Physician,
    - b. Registered nurse, and
    - c. Another personnel member as designated in R9-10-612(A)(4); and
  - 3. That includes:
    - a. The patient's diagnosis;
    - b. The patient's health care directives;
    - c. The patient's cognitive awareness of self, location, and time;
    - d. The patient's functional abilities and limitations;
    - e. Goals for pain control and symptom management;
    - f. The type, duration, and frequency of services to be provided to the patient and, if applicable, the patient's family;
    - g. Treatments the patient is receiving from a health care institution or health care professional other than the hospice, if applicable;
    - h. Medications ordered for the patient;
    - i. Any known allergies;
    - j. Nutritional requirements and preferences; and
    - k. Specific measures to improve the patient's safety and protect the patient against injury.
- B. An administrator shall ensure that:
  - 1. A request for participation in a patient's care plan is made to the patient or patient's representative;

- 2. An opportunity for participation in the patient's care plan is provided to the patient, patient's representative, or patient's family; and
  - 3. The request in subsection (B)(1) and the opportunity in subsection (B)(2) are documented in the patient's medical record.
- C. An administrator shall ensure that:
    - 1. Hospice services are provided to a patient and, if applicable, the patient's family according to the patient's care plan;
    - 2. A patient's care plan is reviewed and updated:
      - a. Whenever there is a change in the patient's condition that indicates a need for a change in the type, duration, or frequency of the services being provided;
      - b. If the patient's physician orders a change in the care plan; and
      - c. At least every 30 calendar days; and
    - 3. A patient's physician authenticates the care plan with a signature within 14 calendar days after the care plan is initially developed and whenever the care plan is reviewed or updated.

**Historical Note**

New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). R9-10-608 renumbered to R9-10-609; new Section R9-10-608 renumbered from R9-10-611 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-609. Transfer**

Except for a transfer of a patient due to an emergency, an administrator shall ensure that:

- 1. A personnel member coordinates the transfer and the services provided to the patient;
- 2. According to policies and procedures:
  - a. An evaluation of the patient is conducted before the transfer;
  - b. Information from the patient's medical record, including orders that are in effect at the time of the transfer, is provided to a receiving health care institution; and
  - c. A personnel member explains risks and benefits of the transfer to the patient or the patient's representative; and
- 3. Documentation in the patient's medical record includes:
  - a. Communication with an individual at a receiving health care institution;
  - b. The date and time of the transfer;
  - c. The mode of transportation; and
  - d. If applicable, the name of the personnel member accompanying the patient during a transfer.

**Historical Note**

New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). R9-10-609 renumbered to R9-10-610; new Section R9-10-609 renumbered from R9-10-608 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-610. Patient Rights**

- A. An administrator shall ensure that:
  - 1. The requirements in subsection (B) and the patient rights in subsection (C) are conspicuously posted on the premises;
  - 2. At the time of admission, a patient or the patient's representative receives a written copy of the requirements in

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- subsection (B) and the patient rights in subsection (C); and
3. Policies and procedures include:
    - a. How and when a patient or the patient's representative is informed of patient rights in subsection (C), and
    - b. Where patient rights are posted as required in subsection (A)(1).
- B.** An administrator shall ensure that:
1. A patient is treated with dignity, respect, and consideration;
  2. A patient is not subjected to:
    - a. Abuse;
    - b. Neglect;
    - c. Exploitation;
    - d. Coercion;
    - e. Manipulation;
    - f. Sexual abuse;
    - g. Sexual assault;
    - h. Seclusion;
    - i. Restraint;
    - j. Retaliation for submitting a complaint to the Department or another entity; or
    - k. Misappropriation of personal and private property by the hospice's personnel members, employees, volunteers, or students; and
  3. A patient or the patient's representative:
    - a. Except in an emergency, either consents to or refuses treatment;
    - b. May refuse or withdraw consent for treatment before treatment is initiated;
    - c. Except in an emergency, is informed of proposed treatment alternatives, associated risks, and possible complications;
    - d. Consents to photographs of the patient before the patient is photographed, except that a patient may be photographed when admitted to a hospice for identification and administrative purposes;
    - e. Except as otherwise permitted by law, provides written consent to the release of information in the patient's:
      - i. Medical record, or
      - ii. Financial records;
    - f. Is informed of:
      - i. The components of hospice services provided by the hospice;
      - ii. The rates and charges for the components of hospice services before the components are initiated and before a change in rates, charges, or services;
      - iii. The hospice's policy on health care directives; and
      - iv. The patient complaint process; and
    - g. Is informed that a written copy of rates and charges, as required in A.R.S. § 36-436.03, may be requested.
- C.** A patient has the following rights:
1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
  2. To receive treatment that supports and respects the patient's individuality, choices, strengths, and abilities;
  3. To receive privacy in treatment and care for personal needs;
  4. To review, upon written request, the patient's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
  5. To receive a referral to another health care institution if the hospice inpatient facility is not authorized or not able to provide physical health services needed by the patient;
  6. To participate or have the patient's representative participate in the development of, or decisions concerning, treatment;
  7. To participate or refuse to participate in research or experimental treatment; and
  8. To receive assistance from a family member, the patient's representative, or other individual in understanding, protecting, or exercising the patient's rights.

**Historical Note**

New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). R9-10-610 renumbered to R9-10-611; new Section R9-10-610 renumbered from R9-10-609 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-611. Medical Records**

- A.** An administrator shall ensure that:
1. A patient's medical record is established and maintained for each patient according to A.R.S. Title 12, Chapter 13, Article 7.1;
  2. An entry in a patient's medical record is:
    - a. Recorded only by a personnel member authorized by policies and procedures to make the entry;
    - b. Dated, legible, and authenticated; and
    - c. Not changed to make the initial entry illegible;
  3. An order is:
    - a. Dated when the order is entered in the patient's medical record and includes the time of the order;
    - b. Authenticated by a medical practitioner according to policies and procedures; and
    - c. If the order is a verbal order, authenticated by the medical practitioner issuing the order;
  4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
  5. A patient's medical record is available to an individual:
    - a. Authorized according to policies and procedures to access the patient's medical record;
    - b. If the individual is not authorized according to policies and procedures, with the written consent of a patient or the patient's representative; or
    - c. As permitted by law; and
  6. A patient's medical record is protected from loss, damage, or unauthorized use.
- B.** If a hospice maintains patients' medical records electronically, an administrator shall ensure that:
1. Safeguards exist to prevent unauthorized access, and
  2. The date and time of an entry in a patient's medical record is recorded by the computer's internal clock.
- C.** An administrator shall ensure that a patient's medical record contains:
1. Patient information that includes:
    - a. The patient's name,
    - b. The patient's address,
    - c. The patient's telephone number,
    - d. The patient's date of birth, and
    - e. Any known allergy;
  2. The admission date and, if applicable, the date that the patient stopped receiving services from the hospice;



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3. The name and telephone number of the patient's physician;
4. If applicable, the name and contact information of the patient's representative and:
  - a. If the patient is 18 years of age or older or an emancipated minor, the document signed by the patient consenting for the patient's representative to act on the patient's behalf; or
  - b. If the patient's representative;
    - i. Is a legal guardian, a copy of the court order establishing guardianship; or
    - ii. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney;
5. The admitting diagnosis;
6. If applicable, documented general consent and informed consent, by the patient or the patient's representative;
7. Documentation of medical history;
8. A copy of the patient's living will, health care power of attorney, or other health care directive, if applicable;
9. Orders;
10. The assessment required in R9-10-607(B)(1);
11. Care plans;
12. Progress notes for each patient contact, including:
  - a. The date of the patient contact,
  - b. The services provided,
  - c. A description of the patient's condition, and
  - d. Instructions given to the patient or patient's representative;
13. Documentation of hospice services provided to the patient;
14. If applicable, documentation of any actions taken to control the patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
15. Documentation of coordination of patient care;
16. Documentation of contacts with the patient's physician by a personnel member;
17. The discharge summary, if applicable;
18. If applicable, transfer documentation from a sending health care institution; and
19. Documentation of a medication administered to the patient that includes:
  - a. The date and time of administration;
  - b. The name, strength, dosage, and route of administration;
  - c. For a medication administered for pain, when initially administered or when administered on a PRN basis:
    - i. An assessment of the patient's pain before administering the medication, and
    - ii. The effect of the medication administered;
  - d. For a psychotropic medication, when initially administered or when administered on a PRN basis:
    - i. An assessment of the patient's behavior before administering the psychotropic medication, and
    - ii. The effect of the psychotropic medication administered;
  - e. The identification, signature, and professional designation of the individual administering the medication; and
  - f. Any adverse reaction a patient has to the medication.

**Historical Note**

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-611 repealed effective November 1, 1998,

under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). R9-10-611 renumbered to R9-10-608; new Section R9-10-611 renumbered from R9-10-610 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-612. Hospice Services**

- A. An administrator shall ensure that the following are included in the hospice services provided by the hospice:
  1. Medical services;
  2. Nursing services;
  3. Nutritional services, including menu planning and the designation of the kind and amount of food appropriate for a patient;
  4. Medical social services, provided as follows:
    - a. By a personnel member qualified according to policies and procedures to coordinate medical social services; and
    - b. If a personnel member provides medical social services that require a license under A.R.S. Title 32, Chapter 33, Article 5, by a personnel member who is licensed under A.R.S. Title 32, Chapter 33, Article 5;
  5. Bereavement counseling for a patient's family for at least one year after the death of the patient; and
  6. Spiritual counseling services, consistent with a patient's customs, religious preferences, cultural background, and ethnicity.
- B. In addition to the services specified in subsection (A), an administrator of a hospice service agency shall ensure that the following are included in the hospice services provided by the hospice:
  1. Home health aide services;
  2. Respite care services; and
  3. Supportive services, as defined in A.R.S. § 36-151.
- C. An administrator shall ensure that the medical director provides direction for medical services provided by or through the hospice.
- D. A medical director shall ensure that:
  1. A patient's need for medical services is met, according to the patient's care plan and the hospice's scope of services; and
  2. If a patient is receiving medical services not provided by or through the hospice, hospice services are coordinated with the physician providing medical services to the patient.
- E. A director of nursing shall ensure that:
  1. A registered nurse or practical nurse provides nursing services according to the hospice's policies and procedures;
  2. A sufficient number of nurses are available to provide the nursing services identified in each patient's care plan;
  3. The care plan for a patient is implemented;
  4. A personnel member is only assigned to provide services the personnel member can competently perform;
  5. A registered nurse:
    - a. Assigns tasks in writing to a home health aide who is providing home health aide service to a patient,
    - b. Provides direction for the home health aide services provided to a patient, and
    - c. Verifies the competency of the home health aide in performing assigned tasks;

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6. A registered dietitian or a personnel member under the direction of a registered dietitian plans menus for a patient;
7. A patient's condition and the services provided to the patient are documented in the patient's medical record after each patient contact;
8. A patient's physician is immediately informed of a change in the patient's condition that requires medical services; and
9. The implementation of a patient's care plan is coordinated among the personnel members providing hospice services to the patient.

**Historical Note**

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-612 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-613. Medication Services**

- A.** An administrator shall ensure that policies and procedures for medication services:

1. Include:
  - a. A process for providing information to a patient about medication prescribed for the patient including:
    - i. The prescribed medication's anticipated results,
    - ii. The prescribed medication's potential adverse reactions,
    - iii. The prescribed medication's potential side effects, and
    - iv. Potential adverse reactions that could result from not taking the medication as prescribed;
  - b. Procedures for preventing, responding to, and reporting:
    - i. A medication error,
    - ii. An adverse reaction to a medication, or
    - iii. A medication overdose;
  - c. Procedures to ensure that a patient's medication regimen and method of administration is reviewed by a medical practitioner to ensure the medication regimen meets the patient's needs;
  - d. Procedures for:
    - i. Documenting medication administration; and
    - ii. Monitoring a patient who self-administers medication;
  - e. Procedures for assisting a patient in obtaining medication; and
  - f. If applicable, procedures for providing medication administration off the premises; and
2. Specify a process for review through the quality management program of:
  - a. A medication administration error, and
  - b. An adverse reaction to a medication.

- B.** If a hospice provides medication administration, an administrator shall ensure that:

1. Policies and procedures for medication administration:
  - a. Are reviewed and approved by a medical practitioner;
  - b. Specify the individuals who may:
    - i. Order medication, and

- ii. Administer medication;
  - c. Ensure that medication is administered to a patient only as prescribed; and
  - d. Cover the documentation of a patient's refusal to take prescribed medication in the patient's medical record;
2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law; and
  3. A medication administered to a patient:
    - a. Is administered in compliance with an order, and
    - b. Is documented in the patient's medical record.
- C.** An administrator shall ensure that:
1. A current drug reference guide is available for use by personnel members;
  2. A current toxicology reference guide is available for use by personnel members;
  3. If pharmaceutical services are provided on the premises:
    - a. A committee, composed of at least one physician, one pharmacist, and other personnel members as determined by the hospice's policies and procedures is established to:
      - i. Develop a drug formulary,
      - ii. Update the drug formulary at least every 12 months,
      - iii. Develop medication usage and medication substitution policies and procedures, and
      - iv. Specify which medications and medication classifications are required to be stopped automatically after a specific time period unless the ordering medical practitioner specifically orders otherwise;
    - b. The pharmaceutical services are provided under the direction of a pharmacist;
    - c. The pharmaceutical services comply with ARS Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
    - d. A copy of the pharmacy license is provided to the Department upon request.
- D.** When medication is stored at a hospice inpatient facility, an administrator shall ensure that:
1. Medication is stored in a separate locked room, closet, or self-contained unit used only for medication storage;
  2. Medication is stored according to the instructions on the medication container; and
  3. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient for:
    - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication including expired medication;
    - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
    - c. A medication recall and notification of patients who received recalled medication; and
    - d. Storing, inventorying, and dispensing controlled substances.
- E.** An administrator shall ensure that a personnel member immediately reports a medication error or a patient's adverse reaction to a medication to the medical practitioner who ordered the medication and, if applicable, the hospice's director of nursing.

**Historical Note**

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-613 repealed effective November 1, 1998, under an exemption from the provisions of the Adminis-

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trative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-614. Infection Control**

An administrator shall ensure that:

1. An infection control program is established, under the direction of an individual qualified according to policies and procedures, to prevent the development and transmission of infections and communicable diseases including:
  - a. A method to identify and document infections;
  - b. Analysis of the types, causes, and spread of infections and communicable diseases;
  - c. The development of corrective measures to minimize or prevent the spread of infections and communicable diseases; and
  - d. Documenting infection control activities including:
    - i. The collection and analysis of infection control data,
    - ii. The actions taken relating to infections and communicable diseases, and
    - iii. Reports of communicable diseases to the governing authority and state and county health departments;
2. Infection control documents are maintained for at least 12 months after the date of the documents;
3. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that cover:
  - a. Handling and disposal of biohazardous medical waste;
  - b. Sterilization and disinfection of medical equipment and supplies;
  - c. Use of personal protective equipment such as aprons, gloves, gowns, masks, or face protection when applicable;
  - d. Cleaning of an individual's hands when the individual's hands are visibly soiled and before and after providing a service to a patient;
  - e. Training of personnel members in infection control practices; and
  - f. Work restrictions for a personnel member with a communicable disease or infected skin lesion;
4. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures; and
5. A personnel member washes hands or use a hand disinfection product after each patient contact and after handling soiled linen, soiled clothing, or potentially infectious material.

**Historical Note**

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-614 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-615. Food Services for a Hospice Inpatient Facility**

- A. An administrator of a hospice inpatient facility shall ensure that:
  1. Meals and snacks provided by the hospice inpatient facility are served according to a patient's dietary needs and preferences;
  2. Meals and snacks for each day are planned using:
    - a. The applicable guidelines in <http://www.health.gov/dietaryguidelines/2010.asp>, and
    - b. Preferences for meals and snacks obtained from patients;
  3. A patient requiring assistance to eat is provided with assistance that recognizes the patient's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils; and
  4. Water is available and accessible to patients at all times, unless otherwise stated in a patient's care plan.
- B. An administrator of a hospice inpatient facility shall ensure that food is obtained, prepared, served, and stored as follows:
  1. Food is free from spoilage, filth, or other contamination and is safe for human consumption;
  2. Food is protected from potential contamination;
  3. Food is prepared:
    - a. Using methods that conserve nutritional value, flavor, and appearance; and
    - b. In a form to meet the needs of a patient, such as cut, chopped, ground, pureed, or thickened;
  4. Potentially hazardous food is maintained as follows:
    - a. Foods requiring refrigeration are maintained at 41° F or below;
    - b. Foods requiring cooking are cooked to heat all parts of the food to a temperature of at least 145° F for 15 seconds, except that:
      - i. Ground beef and ground meats are cooked to heat all parts of the food to at least 155° F;
      - ii. Poultry, poultry stuffing, stuffed meats, and stuffing that contains meat are cooked to heat all parts of the food to at least 165° F;
      - iii. Pork and any food containing pork are cooked to heat all parts of the food to at least 155° F;
      - iv. Raw shell eggs for immediate consumption are cooked to at least 145° F for 15 seconds and any food containing raw shell eggs is cooked to heat all parts of the food to at least 155° F;
      - v. Roast beef and beef steak are cooked to an internal temperature of at least 155° F; and
      - vi. Leftovers are reheated to a temperature of at least 165° F;
  5. A refrigerator contains a thermometer, accurate to plus or minus 3° F, at the warmest part of the refrigerator;
  6. Frozen foods are stored at a temperature of 0° F or below; and
  7. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair.
- C. An administrator shall ensure that:
  1. For a hospice inpatient facility with a licensed capacity of more than 20 beds, the hospice inpatient facility:
    - a. Has a license or permit as a food establishment under 9 A.A.C. 8, Article 1, and
    - b. Maintains a copy of the hospice inpatient facility's food establishment license or permit;
  2. If the hospice inpatient facility contracts with food establishment, as defined in 9 A.A.C. 8, Article 1, to prepare and deliver food to the hospice inpatient facility a copy of the contracted food establishment's license or permit under 9 A.A.C. 8, Article 1 is maintained by the hospice inpatient facility; and

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3. Food is stored, refrigerated, and reheated to meet the dietary needs of a patient.

**Historical Note**

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-615 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-616. Emergency and Safety Standards for a Hospice Inpatient Facility**

- A. An administrator of a hospice inpatient facility shall ensure that:
  1. A disaster plan is developed, documented, maintained in a location accessible to personnel members and other employees, and, if necessary, implemented that includes:
    - a. When, how, and where patients will be relocated, including:
      - i. Instructions for the evacuation or transfer of patients,
      - ii. Assigned responsibilities for each employee and personnel member, and
      - iii. A plan for providing continuing services to meet patient's needs;
    - b. How each patient's medical record will be available to individuals providing services to the patient during a disaster;
    - c. A plan to ensure each patient's medication will be available to administer to the patient during a disaster; and
    - d. A plan for obtaining food and water for individuals present in the hospice inpatient facility or the hospice inpatient facility's relocation site during a disaster;
  2. The disaster plan required in subsection (A)(1) is reviewed at least once every 12 months;
  3. Documentation of a disaster plan review required in subsection (A)(2) is created, is maintained for at least 12 months after the date of the disaster plan review, and includes:
    - a. The date and time of the disaster plan review;
    - b. The name of each personnel member, employee, or volunteer participating in the disaster plan review;
    - c. A critique of the disaster plan review; and
    - d. If applicable, recommendations for improvement;
  4. A disaster drill for employees is conducted on each shift at least once every three months and documented; and
  5. An evacuation path is conspicuously posted on each hallway of each floor of the hospice inpatient facility.
- B. An administrator shall:
  1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal,
  2. Make any repairs or corrections stated on the fire inspection report, and
  3. Maintain documentation of a current fire inspection.

**Historical Note**

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-616 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, §

17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-617. Environmental Standards for a Hospice Inpatient Facility**

- A. An administrator of a hospice inpatient facility shall ensure that:
  1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that cover:
    - a. Cleaning and storing of soiled linens and clothing,
    - b. Housekeeping procedures that ensure a clean environment, and
    - c. Isolation of a patient who may spread an infection;
  2. The premises and equipment are:
    - a. Cleaned and disinfected according to policies and procedures or manufacturer's instructions to prevent, minimize, and control illness or infection; and
    - b. Free from a condition or situation that may cause a patient or other individual to suffer physical injury or illness;
  3. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
  4. Equipment used at the hospice inpatient facility is:
    - a. Maintained in working order;
    - b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in the hospice inpatient facility's policies and procedures; and
    - c. Used according to the manufacturer's recommendations;
  5. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;
  6. Garbage and refuse are:
    - a. Stored in covered containers lined with plastic bags, and
    - b. Removed from the premises at least once a week;
  7. Soiled linen and clothing are:
    - a. Collected in a manner to minimize or prevent contamination;
    - b. Bagged at the site of use; and
    - c. Maintained separate from clean linen and clothing and away from food storage, kitchen, or dining areas;
  8. Heating and cooling systems maintain the hospice inpatient facility at a temperature between 70° F and 84° F at all times;
  9. Common areas:
    - a. Are lighted to assure the safety of patients, and
    - b. Have lighting sufficient to allow personnel members to monitor patient activity;
  10. The supply of hot and cold water is sufficient to meet the personal hygiene needs of patients and the cleaning and sanitation requirements in this Article;
  11. Oxygen containers are secured in an upright position;
  12. Poisonous or toxic materials stored by the hospice inpatient facility are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and are inaccessible to patients;
  13. Except for medical supplies needed by a patient, combustible or flammable liquids and hazardous materials are

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stored by the hospice inpatient facility in the original labeled containers or safety containers in a locked area inaccessible to patients;

14. If pets or animals are allowed in the hospice inpatient facility, pets or animals are:
  - a. Controlled to prevent endangering the patients and to maintain sanitation, and
  - b. Licensed consistent with local ordinances;
15. If a water source that is not regulated under 18 A.A.C. 4 by the Arizona Department of Environmental Quality is used:
  - a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coliform or *E. coli* bacteria;
  - b. If necessary, corrective action is taken to ensure the water is safe to drink, and
  - c. Documentation of testing is retained for at least 12 months after the date of the test; and
16. If a non-municipal sewage system is used, the sewage system is in working order and is maintained according to all applicable state laws and rules.

- B.** An administrator of a hospice inpatient facility shall ensure that a patient is allowed to use and display personal belongings.

#### Historical Note

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-617 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 25 A.A.R. 259, effective January 8, 2019 (Supp. 19-1).

#### R9-10-618. Physical Plant Standards for a Hospice Inpatient Facility

- A.** An administrator shall ensure that a hospice inpatient facility complies with applicable physical plant health and safety codes and standards, incorporated by reference in R9-10-104.01.
- B.** An administrator of a hospice inpatient facility shall ensure that the premises and equipment are sufficient to accommodate:
1. The services stated in the hospice inpatient facility's scope of services, and
  2. An individual accepted as a patient by the hospice inpatient facility.
- C.** An administrator of a hospice inpatient facility shall ensure that a patient's sleeping area:
1. Is shared by no more than four patients;
  2. Measures at least 80 square feet of floor space per patient, not including a closet;
  3. Has walls from floor to ceiling;
  4. Contains a door that opens into a hallway, common area, or outdoors;
  5. Is at or above ground level;
  6. Is vented to the outside of the hospice inpatient facility;
  7. Has a working thermometer for measuring the temperature in the sleeping area;
  8. For each patient, has a:
    - a. Bed,
    - b. Bedside table,

- c. Bedside chair,
  - d. Reading light,
  - e. Privacy screen or curtain, and
  - f. Closet or drawer space;
9. Is equipped with a bell, intercom, or other mechanical means for a patient to alert a personnel member;
  10. Is no farther than 20 feet from a room containing a toilet and a sink;
  11. Is not used as a passageway to another sleeping area, a toilet room, or a bathing room;
  12. Contains one of the following to provide sunlight:
    - a. A window to the outside of the hospice inpatient facility, or
    - b. A transparent or translucent door to the outside of the hospice inpatient facility; and
  13. Has coverings for windows and for transparent or translucent doors that provide patient privacy.
- D.** An administrator of a hospice inpatient facility shall ensure that there is:
1. For every six patients, a toilet room that contains:
    - a. At least one working toilet that flushes and has a seat;
    - b. At least one working sink with running water;
    - c. Soap for hand washing;
    - d. Paper towels or a mechanical air hand dryer;
    - e. Grab bars attached to a wall that an individual may hold onto to assist the individual in becoming or remaining erect;
    - f. A mirror;
    - g. Lighting;
    - h. Space for a personnel member to assist a patient;
    - i. A bell, intercom, or other mechanical means for a patient to alert a personnel member; and
    - j. An operable window to the outside of the hospice inpatient facility or other means of ventilation;
  2. For every 12 patients, at least one working bathtub or shower accessible to a wheeled shower chair, with a slip-resistant surface, located in a toilet room or in a separate bathing room;
  3. For a patient occupying a sleeping area with one or more other patients, a separate room in which the patient can meet privately with family members;
  4. Space in a lockable closet, drawer, or cabinet for a patient to store the patient's private or valuable items;
  5. A room other than a sleeping area that can be used for social activities;
  6. Sleeping accommodations for family members;
  7. A designated toilet room, other than a patient toilet room, for personnel and visitors that:
    - a. Provides privacy; and
    - b. Contains:
      - i. A working sink with running water,
      - ii. A working toilet that flushes and has a seat,
      - iii. Toilet tissue,
      - iv. Soap for hand washing,
      - v. Paper towels or a mechanical air hand dryer,
      - vi. Lighting, and
      - vii. A window that opens or another means of ventilation;
  8. If the hospice inpatient facility has a kitchen with a stove or oven, a mechanism to vent the stove or oven to the outside of the hospice inpatient facility; and
  9. Space designated for administrative responsibilities that is separate from sleeping areas, toilet rooms, bathing rooms, and drug storage areas.

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**Historical Note**

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-618 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4).

**R9-10-619. Repealed****Historical Note**

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-619 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

**R9-10-620. Repealed****Historical Note**

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-620 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

**R9-10-621. Repealed****Historical Note**

Adopted effective November 6, 1978 (Supp. 78-6). Correction, subsection (H), after "... 105° F" added "no more than 110° F" as certified effective November 6, 1978 (Supp. 87-2). Section R9-10-621 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

**R9-10-622. Repealed****Historical Note**

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-622 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

**R9-10-623. Repealed****Historical Note**

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-623 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

**R9-10-624. Repealed****Historical Note**

Adopted effective November 6, 1978 (Supp. 78-6). Section R9-10-624 repealed effective November 1, 1998, under an exemption from the provisions of the Adminis-

trative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

**ARTICLE 7. BEHAVIORAL HEALTH RESIDENTIAL FACILITIES****R9-10-701. Definitions**

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following applies in this Article unless otherwise specified:

"Emergency safety response" means physically holding a resident to manage the resident's sudden, intense, or out-of-control behavior to prevent harm to the resident or another individual.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2).

Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted without changes effective October 30, 1989 (Supp. 89-4). Section R9-10-701 repealed, new Section R9-10-701 adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-702. Supplemental Application and Documentation Submission Requirements**

A. In addition to the license application requirements in A.R.S. § 36-422 and R9-10-105, an applicant for a license as a behavioral health residential facility shall include on the application:

1. Whether the applicant is planning to provide:
  - a. Behavioral health services to individuals under 18 years of age, including the licensed capacity requested;
  - b. Behavioral health services to individuals 18 years of age and older, including the licensed capacity requested; or
  - c. Respite services;
2. Whether the applicant is requesting authorization to provide an outdoor behavioral health care program, including:
  - a. The requested licensed capacity for providing the outdoor behavioral health care program to individuals 12 to 17 years of age, and
  - b. The requested licensed capacity for providing the outdoor behavioral health care program to individuals 18 to 24 years of age;
3. Whether the applicant is requesting authorization to provide:
  - a. Court-ordered evaluation,
  - b. Court-ordered treatment,
  - c. Behavioral health services to individuals 18 years of age or older whose behavioral health issue limits the individuals' ability to function independently, or

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- d. Personal care services;
- 4. Whether the applicant is requesting authorization to provide recidivism reduction services as an adult residential care institution, including the requested licensed capacity for providing recidivism reduction services;
- 5. For a behavioral health residential facility requesting authorization to provide respite services, the requested number of individuals the behavioral health residential facility plans to admit for respite services who:
  - a. Are included in the requested licensed capacities in subsections (A)(1)(a) and (b),
  - b. Are under 18 years of age and who do not stay overnight in the behavioral health residential facility, and
  - c. Are 18 years of age and older and who do not stay overnight in the behavioral health residential facility; and
- 6. For an outdoor behavioral health care program, a copy of the outdoor behavioral health care program's current accreditation report.
- B.** A licensee of an outdoor behavioral health care program shall submit a copy of the outdoor behavioral health care program's current accreditation report to the Department with the relevant fees required in R9-10-106(C).

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section R9-10-702 repealed, new Section R9-10-702 adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking at 26 A.A.R. 551, with an immediate effective date of March 3, 2020 (Supp. 20-1).

**R9-10-703. Administration**

- A.** A governing authority shall:
  - 1. Consist of one or more individuals responsible for the organization, operation, and administration of a behavioral health residential facility;
  - 2. Establish, in writing:
    - a. A behavioral health residential facility's scope of services, and
    - b. Qualifications for an administrator;
  - 3. Designate, in writing, an administrator who has the qualifications established in subsection (A)(2)(b);
  - 4. Adopt a quality management program according to R9-10-704;
  - 5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
- 6. Designate, in writing, an acting administrator who has the qualifications established in subsection (A)(2)(b), if the administrator is:
  - a. Expected not to be present on the behavioral health residential facility's premises for more than 30 calendar days, or
  - b. Not present on the behavioral health residential facility's premises for more than 30 calendar days; and
- 7. Except as provided in subsection (A)(6), notify the Department according to A.R.S. § 36-425(I) when there is a change in the administrator and identify the name and qualifications of the new administrator.
- B.** An administrator:
  - 1. Is directly accountable to the governing authority of a behavioral health residential facility for the daily operation of the behavioral health residential facility and all services provided by or at the behavioral health residential facility;
  - 2. Has the authority and responsibility to manage the behavioral health residential facility; and
  - 3. Except as provided in subsection (A)(6), designates, in writing, an individual who is present on the behavioral health residential facility's premises and accountable for the behavioral health residential facility when the administrator is not present on the behavioral health residential facility's premises.
- C.** An administrator shall ensure that:
  - 1. Policies and procedures are established, documented, and implemented to protect the health and safety of a resident that:
    - a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
    - b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
    - c. Include how a personnel member may submit a complaint relating to services provided to a resident;
    - d. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
    - e. Cover cardiopulmonary resuscitation training including:
      - i. The method and content of cardiopulmonary resuscitation training, which includes a demonstration of the individual's ability to perform cardiopulmonary resuscitation;
      - ii. The qualifications for an individual to provide cardiopulmonary resuscitation training;
      - iii. The time-frame for renewal of cardiopulmonary resuscitation training; and
      - iv. The documentation that verifies that the individual has received cardiopulmonary resuscitation training;
    - f. Cover implementation of the requirements in A.R.S. §§ 36-411, 36-411.01, and 36-425.03, as applicable;
    - g. Cover implementation of the requirements in A.R.S. § 8-804, if applicable;
    - h. Cover first aid training;
    - i. Include a method to identify a resident to ensure the resident receives physical health services and behavioral health services as ordered;
    - j. Cover resident rights, including assisting a resident who does not speak English or who has a physical or other disability to become aware of resident rights;

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- k. Cover specific steps for:
    - i. A resident to file a complaint, and
    - ii. The behavioral health residential facility to respond to a resident complaint;
  - l. Cover health care directives;
  - m. Cover medical records, including electronic medical records;
  - n. Cover a quality management program, including incident reports and supporting documentation;
  - o. Cover contracted services; and
  - p. Cover when an individual may visit a resident in a behavioral health residential facility;
2. Policies and procedures for behavioral health services and physical health services are established, documented, and implemented to protect the health and safety of a resident that:
- a. Cover resident screening, admission, assessment, treatment plan, transport, transfer, discharge planning, and discharge;
  - b. Cover the provision of behavioral health services and physical health services;
  - c. Include when general consent and informed consent are required;
  - d. Cover emergency safety responses;
  - e. Cover a resident's personal funds account;
  - f. Cover dispensing medication, administering medication, assistance in the self-administration of medication, and disposing of medication, including provisions for inventory control and preventing diversion of controlled substances;
  - g. Cover prescribing a controlled substance to minimize substance abuse by a resident;
  - h. Cover respite services, including, as applicable, respite services for individuals who are admitted:
    - i. To receive respite services for up to 30 calendar days as a resident of the behavioral health residential facility, and
    - ii. For respite services and do not stay overnight in the behavioral health residential facility;
  - i. Cover services provided by an outdoor behavioral health care program, if applicable;
  - j. Cover infection control;
  - k. Cover resident time-out;
  - l. Cover resident outings;
  - m. Cover environmental services that affect resident care;
  - n. Cover whether pets and other animals are allowed on the premises, including procedures to ensure that any pets or other animals allowed on the premises do not endanger the health or safety of residents or the public;
  - o. If animals are used as part of a therapeutic program, cover:
    - i. Inoculation/vaccination requirements, and
    - ii. Methods to minimize risks to a resident's health and safety;
  - p. Cover the process for receiving a fee from a resident and refunding a fee to a resident;
  - q. Cover the process for obtaining resident preferences for social, recreational, or rehabilitative activities and meals and snacks;
  - r. Cover the security of a resident's possessions that are allowed on the premises;
  - s. Cover smoking and the use of tobacco products on the premises; and
  - t. Cover how the behavioral health residential facility will respond to a resident's sudden, intense, or out-of-control behavior to prevent harm to the resident or another individual;
3. Policies and procedures are reviewed at least once every three years and updated as needed;
4. Policies and procedures are available to personnel members, employees, volunteers, and students; and
5. Unless otherwise stated:
- a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
  - b. When documentation or information is required by this Chapter to be submitted on behalf of a behavioral health residential facility, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the behavioral health residential facility.
- D.** If an applicant requests a behavioral health residential facility has a licensed capacity of 10 or more residents, an administrator shall designate a clinical director who:
- 1. Provides direction for the behavioral health services provided by or at the behavioral health residential facility;
  - 2. Is a behavioral health professional; and
  - 3. May be the same individual as the administrator, if the individual meets the qualifications in subsections (A)(2)(b) and (D)(1) and (2).
- E.** Except for respite services, an administrator shall ensure that medical services, nursing services, health-related services, or ancillary services provided by a behavioral health residential facility are only provided to a resident who is expected to be present in the behavioral health residential facility for more than 24 hours.
- F.** The administrator of a behavioral health residential facility providing services to children shall notify the Department within 30 calendar days after:
- 1. Beginning to contract exclusively with the federal government, and
  - 2. Receiving only federal monies for services provided.
- G.** An administrator shall provide written notification to the Department of a resident's:
- 1. Death, if the resident's death is required to be reported according to A.R.S. § 11-593, within one working day after the resident's death; and
  - 2. Self-injury, within two working days after the resident inflicts a self-injury or has an accident that requires immediate intervention by an emergency medical services provider.
- H.** If abuse, neglect, or exploitation of a resident is alleged or suspected to have occurred before the resident was admitted or while the resident is not on the premises and not receiving services from a behavioral health residential facility's employee or personnel member, an administrator shall report the alleged or suspected abuse, neglect, or exploitation of the resident as follows:
- 1. For a resident 18 years of age or older, according to A.R.S. § 46-454; or
  - 2. For a resident under 18 years of age, according to A.R.S. § 13-3620.
- I.** If an administrator has a reasonable basis, according to A.R.S. § 13-3620 or 46-454, to believe abuse, neglect, or exploitation has occurred on the premises or while a resident is receiving services from a behavioral health residential facility's employee or personnel member, the administrator shall:
- 1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;



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2. Report the suspected abuse, neglect, or exploitation of the resident:
    - a. For a resident 18 years of age or older, according to A.R.S. § 46-454; or
    - b. For a resident under 18 years of age, according to A.R.S. § 13-3620;
  3. Document:
    - a. The suspected abuse, neglect, or exploitation;
    - b. Any action taken according to subsection (I)(1); and
    - c. The report in subsection (I)(2);
  4. Maintain the documentation in subsection (I)(3) for at least 12 months after the date of the report in subsection (I)(2);
  5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in (I)(2):
    - a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
    - b. A description of any injury to the resident related to the suspected abuse or neglect and any change to the resident's physical, cognitive, functional, or emotional condition;
    - c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
    - d. The actions taken by the administrator to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
  6. Maintain a copy of the documented information required in subsection (I)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.
- J.** In addition to the notification requirements in subsections (F), (G), (H), and (I), an administrator of a behavioral health residential facility providing services to children that contracts exclusively with the federal government and receives only federal monies for services provided shall comply with A.R.S. § 36-418.
- K.** An administrator shall:
1. Establish and document requirements regarding residents, personnel members, employees, and other individuals entering and exiting the premises;
  2. For a behavioral health residential facility licensed according to A.R.S. § 36-425.06 and in addition to the requirements in subsection (K)(1), establish and document requirements for a resident admitted according to A.R.S. § 36-550.09, consistent with R9-10-722(D);
  3. Establish and document guidelines for meeting the needs of an individual residing at a behavioral health residential facility with a resident, such as a child accompanying a parent in treatment, if applicable;
  4. If children under the age of 12, who are not admitted to a behavioral health residential facility, are residing at the behavioral health residential facility and being cared for by employees or personnel members, ensure that:
    - a. An employee or personnel member caring for children has current cardiopulmonary resuscitation and first aid training specific to the ages of children being cared for; and
    - b. The staff-to-children ratios in A.A.C. R9-5-404(A) are maintained, based on the age of the youngest child in the group;
  5. Establish and document the process for responding to a resident's need for immediate and unscheduled behavioral health services or physical health services;
  6. Establish and document the criteria for determining when a resident's absence is unauthorized, including criteria for a resident who:
    - a. Was admitted under A.R.S. Title 36, Chapter 5, Articles 3, 4, 5, or 10;
    - b. Is absent against medical advice; or
    - c. Is under the age of 18;
  7. If a resident's absence is unauthorized as determined according to the criteria in subsection (K)(5), within an hour after determining that the resident's absence is unauthorized, notify:
    - a. For a resident who is under 18 years of age, the resident's parent or legal guardian; and
    - b. For a resident who is under a court's jurisdiction, the appropriate court;
  8. Maintain a written log of unauthorized absences for at least 12 months after the date of a resident's absence that includes the:
    - a. Name of a resident absent without authorization,
    - b. Name of the individual to whom the report required in subsection (K)(6) was submitted, and
    - c. Date of the report; and
  9. Evaluate and take action related to unauthorized absences under the quality management program in R9-10-704.
- L.** An administrator shall ensure that a personnel member who is able to read, write, understand, and communicate in English is on the premises of the behavioral health residential facility.
- M.** An administrator shall ensure that the following information or documents are conspicuously posted on the premises and are available upon request to a personnel member, employee, resident, or a resident's representative:
1. The behavioral health residential facility's current license,
  2. The location at which inspection reports required in R9-10-720(C) are available for review or can be made available for review, and
  3. The calendar days and times when a resident may accept visitors or make telephone calls.
- N.** An administrator shall ensure that:
1. Labor performed by a resident for the behavioral health residential facility is consistent with A.R.S. § 36-510;
  2. A resident who is a child is only released to the child's custodial parent, guardian, or custodian or as authorized in writing by the child's custodial parent, guardian, or custodian;
  3. The administrator obtains documentation of the identity of the parent, guardian, custodian, or family member authorized to act on behalf of a resident who is a child; and
  4. A resident, who is an incapacitated person according to A.R.S. § 14-5101 or who is gravely disabled, is assisted in obtaining a resident's representative to act on the resident's behalf.
- O.** If an administrator determines that a resident is incapable of handling the resident's financial affairs, the administrator shall:
1. Notify the resident's representative or contact a public fiduciary or a trust officer to take responsibility of the resident's financial affairs, and
  2. Maintain documentation of the notification required in subsection (O)(1) in the resident's medical record for at least 12 months after the date of the notification.
- P.** If an administrator manages a resident's money through a personal funds account, the administrator shall ensure that:
1. Policies and procedure are established, developed, and implemented for:

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- a. Using resident's funds in a personal funds account,
  - b. Protecting resident's funds in a personal funds account,
  - c. Investigating a complaint about the use of resident's funds in a personal funds account and ensuring that the complaint is investigated by an individual who does not manage the personal funds account,
  - d. Processing each deposit into and withdrawal from a personal funds account, and
  - e. Maintaining a record for each deposit into and withdrawal from a personal funds account; and
2. The personal funds account is only initiated after receiving a written request that:
    - a. Is provided:
      - i. Voluntarily by the resident,
      - ii. By the resident's representative, or
      - iii. By a court of competent jurisdiction;
    - b. May be withdrawn at any time; and
    - c. Is maintained in the resident's record.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section R9-10-703 repealed, new Section R9-10-703 adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking at 26 A.A.R. 551, with an immediate effective date of March 3, 2020 (Supp. 20-1). At the request of the Department clerical errors have been corrected to R9-10-703(K)(7) and (8)(b), referencing subsections that were not amended when subsection (I) was renamed to subsection (K) at 26 A.A.R. 551 (Supp. 21-2).

**R9-10-704. Quality Management**

An administrator shall ensure that:

1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
  - a. A method to identify, document, and evaluate incidents;
  - b. A method to collect data to evaluate services provided to residents;
  - c. A method to evaluate the data collected to identify a concern about the delivery of services related to resident care;
  - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to resident care; and

- e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
    - a. An identification of each concern about the delivery of services related to resident care, and
    - b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to resident care; and
  3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section R9-10-704 repealed, new Section R9-10-704 adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

**R9-10-705. Contracted Services**

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section R9-10-705 repealed, new Section R9-10-705 adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13;

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effective July 1, 2014 (Supp. 14-2).

**R9-10-706. Personnel**

- A.** An administrator shall ensure that:
1. A personnel member, an employee, or a student is at least 18 years old; and
  2. A volunteer is at least 21 years old.
- B.** An administrator shall ensure that:
1. The qualifications, skills, and knowledge required for each type of personnel member:
    - a. Are based on:
      - i. The type of behavioral health services or physical health services expected to be provided by the personnel member according to the established job description, and
      - ii. The acuity of the residents receiving behavioral health services or physical health services from the personnel member according to the established job description; and
    - b. Include:
      - i. The specific skills and knowledge necessary for the personnel member to provide the expected behavioral health services or physical health services listed in the established job description,
      - ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected behavioral health services or physical health services listed in the established job description, and
      - iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected behavioral health services or physical health services listed in the established job description;
  2. A personnel member's skills and knowledge are verified and documented:
    - a. Before the personnel member provides physical health services or behavioral health services, and
    - b. According to policies and procedures; and
  3. Sufficient personnel members are present on a behavioral health residential facility's premises with the qualifications, experience, skills, and knowledge necessary to:
    - a. Provide the services in the behavioral health residential facility's scope of services,
    - b. Meet the needs of a resident, and
    - c. Ensure the health and safety of a resident.
- C.** An administrator shall comply with the requirements for behavioral health technicians and behavioral health paraprofessionals in R9-10-115.
- D.** An administrator shall ensure that an individual who is licensed under A.R.S. Title 32, Chapter 33 as a baccalaureate social worker, master social worker, associate marriage and family therapist, associate counselor, or associate substance abuse counselor is under direct supervision, as defined in A.A.C. R4-6-101.
- E.** An administrator shall ensure that:
1. A plan to provide orientation specific to the duties of a personnel member, an employee, a volunteer, and a student is developed, documented, and implemented;
  2. A personnel member completes orientation before providing behavioral health services or physical health services;
  3. An individual's orientation is documented, to include:
    - a. The individual's name,
    - b. The date of the orientation, and
    - c. The subject or topics covered in the orientation;
  4. A written plan is developed and implemented to provide in-service education specific to the duties of a personnel member; and
  5. A personnel member's in-service education is documented, to include:
    - a. The personnel member's name,
    - b. The date of the training, and
    - c. The subject or topics covered in the training.
- F.** An administrator shall ensure that a personnel member, or an employee, a volunteer, or a student who has or is expected to have more than eight hours of direct interaction per week with residents, provides evidence of freedom from infectious tuberculosis:
1. On or before the date the individual begins providing services at or on behalf of the behavioral health residential facility, and
  2. As specified in R9-10-113.
- G.** An administrator shall ensure that a personnel record is maintained for each personnel member, employee, volunteer, or student that includes:
1. The individual's name, date of birth, and contact telephone number;
  2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
  3. Documentation of:
    - a. The individual's qualifications including skills and knowledge applicable to the individual's job duties;
    - b. The individual's education and experience applicable to the individual's job duties;
    - c. The individual's completed orientation and in-service education as required by policies and procedures;
    - d. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
    - e. The individual's compliance with requirements in A.R.S. §§ 36-411, 36-411.01, and 36-425.03, as applicable;
    - f. The individual's compliance with the requirements in A.R.S. § 8-804, if applicable;
    - g. If the individual is a behavioral health technician, clinical oversight required in R9-10-115;
    - h. Cardiopulmonary resuscitation training, if required for the individual according to R9-10-703(C)(1)(e);
    - i. First aid training, if required for the individual according to this Article or policies and procedures; and
    - j. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (F).
- H.** An administrator shall ensure that personnel records are:
1. Maintained:
    - a. Throughout an individual's period of providing services at or for the behavioral health residential facility, and
    - b. For at least 24 months after the last date the individual provided services in or for the behavioral health residential facility; and
  2. For a personnel member who has not provided physical health services or behavioral health services at or for the behavioral health residential facility during the previous 12 months, provided to the Department within 72 hours after the Department's request.

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- I.** An administrator shall ensure that a personnel member who is recidivism reduction staff at an adult residential care institution:
1. Submits an application for a fingerprint clearance card according to A.R.S. § 36-411; and
  2. If the personnel member is denied a fingerprint clearance card, is evaluated to determine whether the personnel member:
    - a. Has successfully completed treatment for recidivism reduction as shown by:
      - i. Documentation of completion of treatment for recidivism reduction;
      - ii. If applicable, continued negative results on random drug screening tests;
      - iii. If applicable, continued participation in a self-help group, such as Alcoholics Anonymous or Narcotics Anonymous, or a support group related to the personnel member's behavioral health issue; and
      - iv. No arrests or convictions of the personnel member related to the reason for denial of the fingerprint clearance card within the previous two years; and
    - b. Is not likely to be a threat to the health or safety of staff or residents through:
      - i. Review of the reasons for denial of a fingerprint clearance card;
      - ii. Assessment of the situations or circumstances that may have contributed to the reasons for denial of a fingerprint clearance card;
      - iii. Review of the steps taken by the personnel member to address the situations or circumstances that may have contributed to the reasons for denial of a fingerprint clearance card;
      - iv. Observation of the personnel member's interactions with residents while under direct visual supervision, as defined in A.R.S. § 36-411, by personnel members having a valid fingerprint clearance card; and
      - v. Institution of any other methods, according to policies and procedures, specific to the:
        - (1) Behavioral health residential facility;
        - (2) Issues of the residents that place them at risk for a future threat of prosecution, diversion, or incarceration; and
        - (3) Recidivism reduction services that are expected to be provided by the personnel member.
- J.** An administrator shall ensure that the following personnel members have first-aid and cardiopulmonary resuscitation training specific to the populations served by the behavioral health residential facility:
1. At least one personnel member who is present at the behavioral health residential facility during hours of operation of the behavioral health residential facility, and
  2. Each personnel member participating in an outing.
- K.** An administrator shall ensure that:
1. At least one personnel member is present and awake at the behavioral health residential facility when a resident is on the premises;
  2. In addition to the personnel member in subsection (K)(1), at least one personnel member is on-call and available to come to the behavioral health residential facility if needed;
  3. There is a daily staffing schedule that:
    - a. Indicates the date, scheduled work hours, and name of each employee assigned to work, including on-call personnel members;
    - b. Includes documentation of the employees who work each calendar day and the hours worked by each employee; and
    - c. Is maintained for at least 12 months after the last date on the documentation;
  4. A behavioral health professional is present at the behavioral health residential facility or on-call;
  5. A registered nurse is present at the behavioral health residential facility or on-call; and
  6. If a resident requires services that the behavioral health residential facility is not authorized or not able to provide, a personnel member arranges for the resident to be transported to a hospital or another health care institution where the services can be provided.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section R9-10-706 repealed, new Section R9-10-706 adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking at 26 A.A.R. 551, with an immediate effective date of March 3, 2020 (Supp. 20-1). Amended by final expedited rulemaking at 26 A.A.R. 3041, with an immediate effective date of November 3, 2020 (Supp. 20-4). The Notice of Final Expedited rulemaking filed by the Department and published at 26 A.A.R. 3041 (File no. R20-200), contained omissions of amended rule text previously codified. This notice did not include amendments made to subsections R9-10-706(G)(3)(e), and R9-10-706(I), (J), and (K) as published at 25 A.A.R. 1583 (File no. R19-115); amendments to subsections R9-10-706(G)(3)(f), (g), (h), (i) and (j) as published at 25 A.A.R. 551 (File no. R20-42); the new Section R9-10-706 as made with subsection R9-10-706(B)(2)(b), including the word "and" after the semicolon as published at 19 A.A.R. 2015 (File no. R13-15). This notice also erroneously included a change to the reference of a subsection in (G)(3)(h) which has been corrected to R9-10-703(C)(1)(e) as originally made at 19 A.A.R. 2015 and amended at 20 A.A.R. 1409 (File no. R14-68). The omission of amendments to these subsections were published as filed by the Department and have been corrected as amended in the original notices at the Department's request (Supp. 21-2). Due to a Department error published at 26 A.A.R. 551, subsections R9-10-

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706(I), (J), and (K) have been corrected as amended at 25  
A.A.R. 1583 (Supp. 21-3).

**R9-10-707. Admission; Assessment****A.** An administrator shall ensure that:

1. A resident is admitted based upon:
  - a. The resident's primary condition for which the resident is admitted to the behavioral health residential facility being a behavioral health issue, and
  - b. The resident's behavioral health issue and treatment needs are within the behavioral health residential facility's scope of services;
2. A behavioral health professional, authorized by policies and procedures to admit a resident, is available;
3. Except as provided in subsection (A)(4), general consent is obtained from:
  - a. An adult resident or the resident's representative before or at the time of admission, or
  - b. A resident's representative, if the resident is not an adult;
4. General consent is not required from a patient receiving a court-ordered evaluation or court-ordered treatment;
5. The general consent obtained in subsection (A)(3) is documented in the resident's medical record;
6. Except as provided in subsection (E)(1)(a), a medical practitioner performs a medical history and physical examination or a registered nurse performs a nursing assessment on a resident within 30 calendar days before admission or within 72 hours after admission and documents the medical history and physical examination or nursing assessment in the resident's medical record within 72 hours after admission;
7. If a medical practitioner performs a medical history and physical examination or a nurse performs a nursing assessment on a resident before admission, the medical practitioner enters an interval note or the nurse enters a progress note in the resident's medical record within seven calendar days after admission;
8. If a behavioral health assessment is conducted by a:
  - a. Behavioral health technician or registered nurse, within 24 hours a behavioral health professional, certified or licensed to provide the behavioral health services needed by the resident, reviews and signs the behavioral health assessment to ensure that the behavioral health assessment identifies the behavioral health services needed by the resident; or
  - b. Behavioral health paraprofessional, a behavioral health professional, certified or licensed to provide the behavioral health services needed by the resident, supervises the behavioral health paraprofessional during the completion of the assessment and signs the assessment to ensure that the assessment identifies the behavioral health services needed by the resident;
9. Except as provided in subsection (A)(10), a behavioral health assessment for a resident is completed before treatment for the resident is initiated;
10. If a behavioral health assessment that complies with the requirements in this Section is received from a behavioral health provider other than the behavioral health residential facility or if the behavioral health residential facility has a medical record for the resident that contains a behavioral health assessment that was completed within 12 months before the date of the resident's current admission:
  - a. The resident's assessment information is reviewed before treatment for the resident is initiated and

updated if additional information that affects the resident's assessment is identified, and

- b. The review and update of the resident's assessment information is documented in the resident's medical record within 48 hours after the review is completed;

## 11. A behavioral health assessment:

- a. Documents a resident's:
  - i. Presenting issue;
  - ii. Substance abuse history;
  - iii. Co-occurring disorder;
  - iv. Legal history, including:
    - (1) Custody,
    - (2) Guardianship, and
    - (3) Pending litigation;
  - v. Criminal justice record;
  - vi. Family history;
  - vii. Behavioral health treatment history;
  - viii. Symptoms reported by the resident; and
  - ix. Referrals needed by the resident, if any;
- b. Includes:
  - i. Recommendations for further assessment or examination of the resident's needs,
  - ii. The physical health services or ancillary services that will be provided to the resident until the resident's treatment plan is completed, and
  - iii. The signature and date signed of the personnel member conducting the behavioral health assessment; and
- c. Is documented in resident's medical record;

12. A resident is referred to a medical practitioner if a determination is made that the resident requires immediate physical health services or the resident's behavioral health issue may be related to the resident's medical condition; and
13. Except as provided in subsection (E)(1)(d), a resident provides evidence of freedom from infectious tuberculosis:
  - a. Before or within seven calendar days after the resident's admission, and
  - b. As specified in R9-10-113.

**B.** An administrator shall ensure that:

1. A request for participation in a resident's behavioral health assessment is made to the resident or the resident's representative,
2. An opportunity for participation in the resident's behavioral health assessment is provided to the resident or the resident's representative, and
3. The request in subsection (B)(1) and the opportunity in subsection (B)(2) are documented in the resident's medical record.

**C.** An administrator shall ensure that a resident's behavioral health assessment information is documented in the medical record within 48 hours after completing the behavioral health assessment.**D.** If information in subsection (A)(10) is obtained about a resident after the resident's behavioral health assessment is completed, an administrator shall ensure that an interval note, including the information, is documented in the resident's medical record within 24 hours after the information is obtained.**E.** If a behavioral health residential facility is authorized to provide respite services, an administrator shall ensure that:

1. Upon admission of a resident for respite services:
  - a. Except as provided in subsection (F), a medical history and physical examination of the resident:
    - i. Is performed; or

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- ii. If dated within the previous 12 months, is available in the resident's medical record from a previous admission to the behavioral health residential facility;
- b. A treatment plan that meets the requirements in R9-10-708:
  - i. Is developed; or
  - ii. If dated within the previous 12 months, is available in the resident's medical record from a previous admission to the behavioral health residential facility;
- c. If a treatment plan, dated within the previous 12 months, is available, the treatment plan is reviewed, updated, and documented in the resident's medical record; and
- d. The resident is not required to comply with the requirements in subsection (A)(13) if the resident is not expected to be present in the behavioral health residential facility:
  - i. For more than seven consecutive days, or
  - ii. For 10 days or more days in a 90-consecutive-day period;
- 2. The common area required in R9-10-722(B)(1)(b) provides at least 25 square feet for each resident, including residents who do not stay overnight; and
- 3. In addition to the requirements in R9-10-722(B)(3), toilets and hand-washing sinks are available to residents, including residents who do not stay overnight, as follows:
  - a. There is at least one working toilet that flushes and has a seat and one sink with running water for every 10 residents,
  - b. There are at least two working toilets that flush and have seats and two sinks with running water if there are 11 to 25 residents, and
  - c. There is at least one additional working toilet that flushes and has a seat and one additional sink with running water for each additional 20 residents.
- F. A medical history and physical examination is not required for a child who is admitted or expected to be admitted to a residential behavioral health facility for less than 10 days in a 90-consecutive-day period.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section R9-10-707 repealed, new Section R9-10-707 adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by exempt rulemaking at 22 A.A.R. 1035, pursuant to Laws 2015, Ch. 158, § 3; effective May 1, 2016 (Supp. 16-2).

Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking at 26 A.A.R. 551, with an immediate effective date of March 3, 2020 (Supp. 20-1).

**R9-10-708. Treatment Plan**

- A. An administrator shall ensure that a treatment plan is developed and implemented for each resident that:
  - 1. Is based on the medical history and physical examination or nursing assessment required in R9-10-707(A)(6) or (E)(1)(a) and the behavioral health assessment required in R9-10-707(A)(9) or (10) and on-going changes to the behavioral health assessment of the resident;
  - 2. Is completed:
    - a. By a behavioral health professional or a behavioral health technician under the clinical oversight of a behavioral health professional, and
    - b. Before the resident receives physical health services or behavioral health services or within 48 hours after the assessment is completed;
  - 3. Is documented in the resident's medical record within 48 hours after the resident first receives physical health services or behavioral health services;
  - 4. Includes:
    - a. The resident's presenting issue;
    - b. The physical health services or behavioral health services to be provided to the resident;
    - c. The signature of the resident or the resident's representative and date signed, or documentation of the refusal to sign;
    - d. The date when the resident's treatment plan will be reviewed;
    - e. If a discharge date has been determined, the treatment needed after discharge; and
    - f. The signature of the personnel member who developed the treatment plan and the date signed;
  - 5. If the treatment plan was completed by a behavioral health technician, is reviewed and signed by a behavioral health professional within 24 hours after the completion of the treatment plan to ensure that the treatment plan is complete and accurate and meets the resident's treatment needs; and
  - 6. Is reviewed and updated on an on-going basis:
    - a. According to the review date specified in the treatment plan,
    - b. When a treatment goal is accomplished or changed,
    - c. When additional information that affects the resident's behavioral health assessment is identified, and
    - d. When a resident has a significant change in condition or experiences an event that affects treatment.
- B. An administrator shall ensure that:
  - 1. A request for participation in developing a resident's treatment plan is made to the resident or the resident's representative,
  - 2. An opportunity for participation in developing the resident's treatment plan is provided to the resident or the resident's representative, and
  - 3. The request in subsection (B)(1) and the opportunity in subsection (B)(2) are documented in the resident's medical record.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pur-

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suant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section R9-10-708 repealed, new Section R9-10-708 adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking at 26 A.A.R. 551, with an immediate effective date of March 3, 2020 (Supp. 20-1).

**R9-10-709. Discharge**

- A.** An administrator shall ensure that a discharge plan for a resident is:
- Developed that:
    - Identifies any specific needs of the resident after discharge,
    - Is completed before discharge occurs, and
    - Includes a description of the level of care that may meet the resident's assessed and anticipated needs after discharge;
  - Documented in the resident's medical record within 48 hours after the discharge plan is completed; and
  - Provided to the resident or the resident's representative before the discharge occurs.
- B.** An administrator shall ensure that:
- A request for participation in developing a resident's discharge plan is made to the resident or the resident's representative,
  - An opportunity for participation in developing the resident's discharge plan is provided to the resident or the resident's representative, and
  - The request in subsection (B)(1) and the opportunity in subsection (B)(2) are documented in the resident's medical record.
- C.** An administrator shall ensure that a resident is discharged from a behavioral health residential facility when the resident's treatment needs are not consistent with the services that the behavioral health residential facility is authorized and able to provide.
- D.** An administrator shall ensure that there is a documented discharge order by a medical practitioner or behavioral health professional before a resident is discharged unless the resident leaves the behavioral health residential facility against a medical practitioner's or behavioral health professional's advice.
- E.** An administrator shall ensure that, at the time of discharge, a resident receives a referral for treatment or ancillary services that the resident may need after discharge, if applicable.
- F.** If a resident is discharged to any location other than a health care institution, an administrator shall ensure that:
- Discharge instructions are documented, and
  - The resident or the resident's representative is provided with a copy of the discharge instructions.
- G.** An administrator shall ensure that a discharge summary for a resident:

- Is entered into the resident's medical record within 10 working days after a resident's discharge; and
  - Includes:
    - The following information authenticated by a medical practitioner or behavioral health professional:
      - The resident's presenting issue and other physical health and behavioral health issues identified in the resident's treatment plan;
      - A summary of the treatment provided to the resident;
      - The resident's progress in meeting treatment goals, including treatment goals that were and were not achieved; and
      - The name, dosage, and frequency of each medication ordered for the resident by a medical practitioner at the behavioral health residential facility at the time of the resident's discharge; and
    - A description of the disposition of the resident's possessions, funds, or medications brought to the behavioral health residential facility by the resident.
- H.** An administrator shall ensure that a resident who is dependent upon a prescribed medication is offered a written referral to detoxification services or opioid treatment before the resident is discharged from the behavioral health residential facility if a medical practitioner for the behavioral health residential facility will not be prescribing the medication for the resident at or after discharge.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section R9-10-709 repealed, new Section R9-10-709 adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-710. Transport; Transfer**

- A.** Except as provided in subsection (B), an administrator shall ensure that:
- A personnel member coordinates the transport and the services provided to the resident;
  - According to policies and procedures:
    - An evaluation of the resident is conducted before and after the transport,
    - Information from the resident's medical record is provided to a receiving health care institution, and
    - A personnel member explains risks and benefits of the transport to the resident or the resident's representative; and
  - Documentation in the resident's medical record includes:

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- a. Communication with an individual at a receiving health care institution;
    - b. The date and time of the transport;
    - c. The mode of transportation; and
    - d. If applicable, the name of the personnel member accompanying the resident during a transport.
  - B.** Subsection (A) does not apply to:
    - 1. Transportation to a location other than a licensed health care institution,
    - 2. Transportation provided for a resident by the resident or the resident's representative,
    - 3. Transportation provided by an outside entity that was arranged for a resident by the resident or the resident's representative, or
    - 4. A transport to another licensed health care institution in an emergency.
  - C.** Except for a transfer of a resident due to an emergency, an administrator shall ensure that:
    - 1. A personnel member coordinates the transfer and the services provided to the resident;
    - 2. According to policies and procedures:
      - a. An evaluation of the resident is conducted before the transfer;
      - b. Information from the resident's medical record, including orders that are in effect at the time of the transfer, is provided to a receiving health care institution; and
      - c. A personnel member explains risks and benefits of the transfer to the resident or the resident's representative; and
    - 3. Documentation in the resident's medical record includes:
      - a. Communication with an individual at a receiving health care institution;
      - b. The date and time of the transfer;
      - c. The mode of transportation; and
      - d. If applicable, the name of the personnel member accompanying the resident during a transfer.
- Historical Note**
- Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted effective October 30, 1989 (Supp. 89-4). Section R9-10-710 repealed, new Section R9-10-710 adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).
- R9-10-711. Resident Rights**
- A.** An administrator shall ensure that:
    - 1. The requirements in subsection (B) and the resident rights in subsection (E) are conspicuously posted on the premises;
    - 2. At the time of admission, a resident or the resident's representative receives a written copy of the requirements in subsection (B) and the resident rights in subsection (E); and
    - 3. Policies and procedures include:
      - a. How and when a resident or the resident's representative is informed of the resident rights in subsection (E), and
      - b. Where resident rights are posted as required in subsection (A)(1).
  - B.** An administrator shall ensure that:
    - 1. A resident is treated with dignity, respect, and consideration;
    - 2. A resident is not subjected to:
      - a. Abuse;
      - b. Neglect;
      - c. Exploitation;
      - d. Coercion;
      - e. Manipulation;
      - f. Sexual abuse;
      - g. Sexual assault;
      - h. Seclusion;
      - i. Restraint;
      - j. Retaliation for submitting a complaint to the Department or another entity;
      - k. Misappropriation of personal and private property by the behavioral health residential facility's personnel members, employees, volunteers, or students;
      - l. Discharge or transfer, or threat of discharge or transfer, for reasons unrelated to the resident's treatment needs, except as established in a fee agreement signed by the resident or the resident's representative; or
      - m. Treatment that involves the denial of:
        - i. Food,
        - ii. The opportunity to sleep, or
        - iii. The opportunity to use the toilet;
    - 3. Except as provided in subsection (C) or (D), and unless restricted by the resident's representative, a resident is allowed to:
      - a. Associate with individuals of the resident's choice, receive visitors, and make telephone calls during the hours established by the behavioral health residential facility;
      - b. Have privacy in correspondence, communication, visitation, financial affairs, and personal hygiene; and
      - c. Unless restricted by a court order, send and receive uncensored and unopened mail; and
    - 4. A resident or the resident's representative:
      - a. Except in an emergency, either consents to or refuses treatment;
      - b. May refuse or withdraw consent for treatment before treatment is initiated, unless the treatment is:
        - i. Ordered by a court according to A.R.S. Title 36, Chapter 5 or A.R.S. § 8-341.01;
        - ii. Necessary to save the resident's life or physical health; or
        - iii. Provided according to A.R.S. § 36-512;
      - c. Except in an emergency, is informed of proposed treatment alternatives, associated risks, and possible complications;
      - d. Is informed of the following:
        - i. The behavioral health residential facility's policy on health care directives, and
        - ii. The resident complaint process; and



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- e. Except as otherwise permitted by law, provides written consent to the release of information in the resident's:
  - i. Medical record, or
  - ii. Financial records.
- C. For a behavioral health residential facility with licensed capacity of less than 10 residents, if a behavioral health professional determines that a resident's treatment requires the behavioral health residential facility to restrict the resident's ability to participate in the activities in subsection (B)(3), the behavioral health professional shall:
  - 1. Document a specific treatment purpose in the resident's medical record that justifies restricting the resident from the activity,
  - 2. Inform the resident or resident's representative of the reason why the activity is being restricted, and
  - 3. Inform the resident or resident's representative of the resident's right to file a complaint and the procedure for filing a complaint.
- D. For a behavioral health residential facility with a licensed capacity of 10 or more residents, if a clinical director determines that a resident's treatment requires the behavioral health residential facility to restrict the resident's ability to participate in the activities in subsection (B)(3), the clinical director shall comply with the requirements in subsections (C)(1) through (3).
- E. A resident has the following rights:
  - 1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
  - 2. To receive treatment that:
    - a. Supports and respects the resident's individuality, choices, strengths, and abilities;
    - b. Supports the resident's personal liberty and only restricts the resident's personal liberty according to a court order, by the resident's or the resident's representative's general consent, or as permitted in this Chapter; and
    - c. Is provided in the least restrictive environment that meets the resident's treatment needs;
  - 3. To receive privacy in treatment and care for personal needs, including the right not to be fingerprinted, photographed, or recorded without consent, except:
    - a. A resident may be photographed when admitted to a behavioral health residential facility for identification and administrative purposes;
    - b. For a resident receiving treatment according to A.R.S. Title 36, Chapter 37; or
    - c. For video recordings used for security purposes that are maintained only on a temporary basis;
  - 4. Not to be prevented or impeded from exercising the resident's civil rights unless the resident has been adjudicated incompetent or a court of competent jurisdiction has found that the resident is not able to exercise a specific right or category of rights;
  - 5. To review, upon written request, the resident's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
  - 6. To be provided locked storage space for the resident's belongings while the resident receives treatment;
  - 7. To have opportunities for social contact and daily social, recreational, or rehabilitative activities;
  - 8. To be informed of the requirements necessary for the resident's discharge or transfer to a less restrictive physical environment;
  - 9. To receive a referral to another health care institution if the behavioral health residential facility is not authorized or not able to provide physical health services or behavioral health services needed by the resident;
  - 10. To participate or have the resident's representative participate in the development of a treatment plan or decisions concerning treatment;
  - 11. To participate or refuse to participate in research or experimental treatment; and
  - 12. To receive assistance from a family member, the resident's representative, or other individual in understanding, protecting, or exercising the resident's rights.

**Historical Note**

Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-712. Medical Records**

- A. An administrator shall ensure that:
  - 1. A medical record is established and maintained for each resident according to A.R.S. Title 12, Chapter 13, Article 7.1;
  - 2. An entry in a resident's medical record is:
    - a. Recorded only by a personnel member authorized by policies and procedures to make the entry;
    - b. Dated, legible, and authenticated; and
    - c. Not changed to make the initial entry illegible;
  - 3. An order is:
    - a. Dated when the order is entered in the resident's medical record and includes the time of the order;
    - b. Authenticated by a medical practitioner or behavioral health professional according to policies and procedures; and
    - c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;
  - 4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
  - 5. A resident's medical record is available to an individual:
    - a. Authorized according to policies and procedures to access the resident's medical record;
    - b. If the individual is not authorized according to policies and procedures, with the written consent of the resident or the resident's representative; or
    - c. As permitted by law;
  - 6. Policies and procedures include the maximum time-frame to retrieve a resident's medical record at the request of a medical practitioner, behavioral health professional, or authorized personnel member; and
  - 7. A resident's medical record is protected from loss, damage, or unauthorized use.
- B. If a behavioral health residential facility maintains residents' medical records electronically, an administrator shall ensure that:
  - 1. Safeguards exist to prevent unauthorized access, and

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2. The date and time of an entry in a resident's medical record is recorded by the computer's internal clock.
- C. An administrator shall ensure that a resident's medical record contains:
  1. Resident information that includes:
    - a. The resident's name;
    - b. The resident's address;
    - c. The resident's date of birth; and
    - d. Any known allergies, including medication allergies;
  2. The name of the admitting medical practitioner or behavioral health professional;
  3. An admitting diagnosis or presenting behavioral health issues;
  4. The date of admission and, if applicable, date of discharge;
  5. If applicable, the name and contact information of the resident's representative and:
    - a. If the resident is 18 years of age or older or an emancipated minor, the document signed by the resident consenting for the resident's representative to act on the resident's behalf; or
    - b. If the resident's representative:
      - i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
      - ii. Is a legal guardian, a copy of the court order establishing guardianship;
  6. If applicable, documented general consent and informed consent for treatment by the resident or the resident's representative;
  7. Documentation of medical history and results of a physical examination;
  8. A copy of resident's health care directive, if applicable;
  9. Orders;
  10. If applicable, documentation that evaluation or treatment was ordered by a court according to A.R.S. Title 36, Chapter 5 or A.R.S. § 8-341.01;
  11. Assessment;
  12. Treatment plans;
  13. Interval notes;
  14. Progress notes;
  15. Documentation of behavioral health services and physical health services provided to the resident;
  16. If applicable, documentation of the use of an emergency safety response;
  17. If applicable, documentation of time-out required in R9-10-714(6);
  18. Except as allowed in R9-10-707(E)(1)(d), documentation of freedom from infectious tuberculosis required in R9-10-707(A)(13);
  19. The disposition of the resident after discharge;
  20. The discharge plan;
  21. The discharge summary, if applicable;
  22. If applicable:
    - a. Laboratory reports,
    - b. Radiologic reports,
    - c. Diagnostic reports, and
    - d. Consultation reports; and
  23. Documentation of medication administered to the resident that includes:
    - a. The date and time of administration;
    - b. The name, strength, dosage, and route of administration;
    - c. For a medication administered for pain, when administered initially or on a PRN basis:
      - i. An assessment of the resident's pain before administering the medication, and
      - ii. The effect of the medication administered;
    - d. For a psychotropic medication, when administered initially or on a PRN basis:
      - i. An assessment of the resident's behavior before administering the psychotropic medication, and
      - ii. The effect of the psychotropic medication administered;
    - e. The identification, signature, and professional designation of the individual administering or providing assistance in the self-administration of the medication; and
    - f. Any adverse reaction a resident has to the medication.

**Historical Note**

Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking at 26 A.A.R. 551, with an immediate effective date of March 3, 2020 (Supp. 20-1).

**R9-10-713. Transportation; Resident Outings**

- A. An administrator of a behavioral health residential facility that uses a vehicle owned or leased by the behavioral health residential facility to provide transportation to a resident shall ensure that:
  1. The vehicle:
    - a. Is safe and in good repair,
    - b. Contains a first aid kit,
    - c. Contains drinking water sufficient to meet the needs of each resident present in the vehicle, and
    - d. Contains a working heating and air conditioning system;
  2. Documentation of current vehicle insurance and a record of maintenance performed or a repair of the vehicle are maintained;
  3. A driver of the vehicle:
    - a. Is 21 years of age or older;
    - b. Has a valid driver license;
    - c. Operates the vehicle in a manner that does not endanger a resident in the vehicle;
    - d. Does not leave in the vehicle unattended:
      - i. Child,
      - ii. Resident who may be a threat to the health or safety of the resident or another individual, or
      - iii. Resident who is incapable of independent exit from the vehicle; and
    - e. Ensures the safe and hazard-free loading and unloading of residents; and
  4. Transportation safety is maintained as follows:
    - a. Each individual in the vehicle is sitting in a seat and wearing a working seat belt while the vehicle is in motion, and

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- b. Each seat in the vehicle is securely fastened to the vehicle and provides sufficient space for a resident's body.
- B.** An administrator shall ensure that:
  1. An outing is consistent with the age, developmental level, physical ability, medical condition, and treatment needs of each resident participating in the outing;
  2. At least two personnel members are present on an outing;
  3. In addition to the personnel members required in subsection (B)(2), a sufficient number of personnel members are present to ensure each resident's health and safety on the outing;
  4. Documentation is developed before an outing that includes:
    - a. The name of each resident participating in the outing;
    - b. A description of the outing;
    - c. The date of the outing;
    - d. The anticipated departure and return times;
    - e. The name, address, and, if available, telephone number of the outing destination; and
    - f. If applicable, the license plate number of each vehicle used to transport a resident;
  5. The documentation described in subsection (B)(4) is updated to include the actual departure and return times and is maintained for at least 12 months after the date of the outing; and
  6. Emergency information for each resident participating in the outing is maintained by a personnel member participating in the outing or in the vehicle used to provide transportation for the outing and includes:
    - a. The resident's name;
    - b. Medication information, including the name, dosage, route of administration, and directions for each medication needed by the resident during the anticipated duration of the outing;
    - c. The resident's allergies; and
    - d. The name and telephone number of a designated individual to notify in case of an emergency, who is present on the behavioral health residential facility's premises.

**Historical Note**

Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-714. Resident Time-Out**

An administrator shall ensure that a time-out:

1. Is provided to a resident who voluntarily decides to go in a time-out;
2. Takes place in an area that is unlocked, lighted, quiet, and private;
3. Is time-limited and does not exceed the amount of time as determined by the resident;
4. Does not result in a resident missing a meal if the resident is in time-out at mealtime;
5. Includes monitoring of the resident by a personnel member at least once every 15 minutes to ensure the resident's

- health and safety and to discuss with the resident if the resident is ready to leave time-out; and
6. Is documented in the resident's medical record, to include:
  - a. The date of the time-out,
  - b. The reason for the time-out,
  - c. The duration of the time-out, and
  - d. The action planned and taken by the administrator to prevent the use of time-out in the future.

**Historical Note**

Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-715. Physical Health Services**

An administrator of a behavioral health residential facility that is authorized to provide personal care services shall ensure that:

1. Personnel members who provide personal care services have documentation of completion of a caregiver training program that complies with A.A.C. R4-33-702(A)(5);
2. Residents receive personal care services according to the requirements in R9-10-814(A), (D), (E), and (F); and
3. A resident who has a stage 3 or stage 4 pressure sore is not admitted to the behavioral health residential facility.

**Historical Note**

Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-716. Behavioral Health Services**

**A.** An administrator shall ensure that:

1. If a behavioral health residential facility is authorized to provide court-ordered evaluation or court-ordered treatment:
  - a. Court-ordered evaluation is provided in compliance with the requirements in A.R.S. Title 36, Chapter 5, Article 4; and
  - b. Court-ordered treatment is provided in compliance with the requirements in A.R.S. Title 36, Chapter 5, Article 5;
2. If a behavioral health residential facility is authorized to provide behavioral health services to individuals whose behavioral health issue limits the individuals' ability to function independently, a resident admitted to the behavioral health residential facility with limited ability to function independently receives:
  - a. Behavioral health services and personal care services as indicated in the resident's treatment plan, and
  - b. Continuous protective oversight;

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3. A resident admitted to the behavioral health residential facility who needs behavioral health services to maintain or enhance the resident's ability to function independently:
    - a. Receives behavioral health services, and, if indicated in the resident's treatment plan, personal care services; and
    - b. Is provided an opportunity to participate in activities designed to maintain or enhance the resident's ability to function independently while:
      - i. The resident receives services to maintain the resident's health, safety, or personal hygiene; or
      - ii. Homemaking functions are performed for the resident;
  4. Behavioral health services are provided to meet the needs of a resident and are consistent with a behavioral health residential facility's scope of services;
  5. Behavioral health services listed in the behavioral health residential facility's scope of services are provided on the premises;
  6. Before a resident participates in behavioral health services provided in a setting or activity with more than one resident participating, the diagnoses, treatment needs, developmental levels, social skills, verbal skills, and personal histories, including any history of physical or sexual abuse, of the residents participating are reviewed to ensure that the:
    - a. Health and safety of each resident is protected, and
    - b. Treatment needs of each resident participating are being met; and
  7. A resident does not:
    - a. Use or have access to any materials, furnishings, or equipment or participate in any activity or treatment that may present a threat to the resident's health or safety based on the resident's documented diagnosis, treatment needs, developmental levels, social skills, verbal skills, or personal history; or
    - b. Share any space, participate in any activity or treatment, or verbally or physically interact with any other resident that may present a threat to the resident's health or safety, based on the other resident's documented diagnosis, treatment needs, developmental levels, social skills, verbal skills, and personal history.
- B.** An administrator shall ensure that counseling is:
1. Offered as described in the behavioral health residential facility's scope of services,
  2. Provided according to the frequency and number of hours identified in the resident's treatment plan, and
  3. Provided by a behavioral health professional or a behavioral health technician.
- C.** An administrator shall ensure that:
1. A personnel member providing counseling that addresses a specific type of behavioral health issue has the skills and knowledge necessary to provide the counseling that addresses the specific type of behavioral health issue; and
  2. Each counseling session is documented in a resident's medical record to include:
    - a. The date of the counseling session;
    - b. The amount of time spent in the counseling session;
    - c. Whether the counseling was individual counseling, family counseling, or group counseling;
    - d. The treatment goals addressed in the counseling session; and
    - e. The signature of the personnel member who provided the counseling and the date signed.
- D.** An administrator of a behavioral health residential facility authorized to provide behavioral health services to individuals under 18 years of age:
1. May continue to provide behavioral health services to a resident who is 18 years of age or older:
    - a. If the resident:
      - i. Was admitted to the behavioral health residential facility before the resident's 18th birthday;
      - ii. Is not 21 years of age or older; and
      - iii. Is:
        - (1) Attending classes or completing coursework to obtain a high school or a high school equivalency diploma, or
        - (2) Participating in a job training program; or
    - b. Through the last calendar day of the month of the resident's 18th birthday; and
  2. Shall ensure that:
    - a. A resident does not receive the following from other residents at the behavioral health residential facility:
      - i. Threats,
      - ii. Ridicule,
      - iii. Verbal harassment,
      - iv. Punishment, or
      - v. Abuse;
    - b. The interior of the behavioral health residential facility has furnishings and decorations appropriate to the ages of the residents receiving services at the behavioral health residential facility;
    - c. A resident older than three years of age does not sleep in a crib;
    - d. Clean and non-hazardous toys, educational materials, and physical activity equipment are available and accessible to residents on the premises in a quantity sufficient to meet each resident's needs and are appropriate to each resident's age, developmental level, and treatment needs; and
    - e. A resident's educational needs are addressed according to A.R.S. Title 15, Chapter 7, Article 4.
- E.** An administrator shall ensure that:
1. An emergency safety response is:
    - a. Only used:
      - i. By a personnel member trained to use an emergency safety response,
      - ii. For the management of a resident's violent or self-destructive behavior, and
      - iii. When less restrictive interventions have been determined to be ineffective; and
    - b. Discontinued at the earliest possible time, but no longer than five minutes after the emergency safety response is initiated;
  2. Within 24 hours after an emergency safety response is used for a resident, the following information is entered into the resident medical record:
    - a. The date and time the emergency safety response was used;
    - b. The name of each personnel member who used an emergency safety response;
    - c. The specific emergency safety response used;
    - d. The personnel member or resident behavior, event, or environmental factor that caused the need for the emergency safety response; and
    - e. Any injury that resulted from the use of the emergency safety response;
  3. Within 10 working days after an emergency safety response is used for a resident, the administrator or clinical

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cal director reviews the information in subsection (E)(2); and

4. After the review required in subsection (E)(3), the following information is entered, according to policies and procedures, into the resident's medical record:
  - a. Actions taken or planned actions to prevent the need for the use of an emergency safety response for the resident,
  - b. A determination of whether the resident is appropriately placed at the behavioral health residential facility, and
  - c. Whether the resident's treatment plan was reviewed or needs to be reviewed and amended to ensure that the resident's treatment plan is meeting the resident's treatment needs.

**F.** An administrator shall ensure that:

1. A personnel member whose job description includes the ability to use an emergency safety response:
  - a. Completes training in crisis intervention that includes:
    - i. Techniques to identify personnel member and resident behaviors, events, and environmental factors that may trigger the need for the use of an emergency safety response;
    - ii. The use of nonphysical intervention skills, such as de-escalation, mediation, conflict resolution, active listening, and verbal and observational methods; and
    - iii. The safe use of an emergency safety response including the ability to recognize and respond to signs of physical distress in a client who is receiving an emergency safety response; and
  - b. Completes training required in subsection (F)(1)(a):
    - i. Before providing behavioral health services, and
    - ii. At least once every 12 months after the date the personnel member completed the initial training;
2. Documentation of the completed training in subsection (F)(1)(a) includes:
  - a. The name and credentials of the individual providing the training,
  - b. Date of the training, and
  - c. Verification of a personnel member's ability to use the training; and
3. The materials used to provide the completed training in crisis intervention, including handbooks, electronic presentations, and skills verification worksheets, are maintained for at least 12 months after each personnel member who received training using the materials no longer provides services at the behavioral health residential facility.

**Historical Note**

Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking at 26 A.A.R. 551, with an immediate effective date of

March 3, 2020 (Supp. 20-1).

**R9-10-717. Outdoor Behavioral Health Care Programs**

- A.** An administrator of a behavioral health residential facility authorized to provide an outdoor behavioral health care program shall ensure that:
  1. Behavioral health services are provided to a resident participating in the outdoor behavioral health care program consistent with the age, developmental level, physical ability, medical condition, and treatment needs of the resident;
  2. Continuous protective oversight is provided to a resident;
  3. Transportation is provided to a resident from the behavioral health residential facility's administrative office for the outdoor behavioral health care program to the location where the outdoor behavioral health care program is provided and from the location where the outdoor behavioral health care program is provided to the behavioral health residential facility's administrative office for the outdoor behavioral health care program; and
  4. Communication is available between the outdoor behavioral health care program personnel and:
    - a. A behavioral health professional,
    - b. A registered nurse,
    - c. An emergency medical response team, and
    - d. The behavioral health residential facility's administrative office for the outdoor behavioral health care program.
- B.** An administrator of a behavioral health residential facility authorized to provide an outdoor behavioral health care program shall ensure that:
  1. Food is prepared:
    - a. Using methods that conserve nutritional value, flavor, and appearance; and
    - b. In a form to meet the needs of a resident such as cut, chopped, ground, pureed, or thickened;
  2. A food menu is prepared based on the number of calendar days scheduled for the behavioral health care program;
  3. Meals and snacks provided by the behavioral health care program are served according to menus;
  4. Meals and snacks for each day are planned using the applicable guidelines in <http://www.health.gov/dietaryguidelines/2015>;
  5. A resident is provided:
    - a. A diet that meets the resident's nutritional needs as specified in the resident's assessment or treatment plan;
    - b. Three meals a day with not more than 14 hours between the evening meal and breakfast, except as provided in subsection (B)(5)(d);
    - c. The option to have a daily evening snack or other snack; and
    - d. The option to extend the time span between the evening meal and breakfast from 14 hours to 16 hours if the resident agrees;
  6. Water is available and accessible to residents unless otherwise stated in a resident's treatment plan;
  7. Food is free from spoilage, filth, or other contamination and is safe for human consumption;
  8. Food is protected from potential contamination; and
  9. Food being maintained in coolers containing ice is not in direct contact with ice or water if water may enter the food because of the nature of the food's packaging, wrapping, or container or the positioning of the food in the ice or water.

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- C. An administrator of a behavioral health residential facility authorized to provide an outdoor behavioral health care program shall ensure that:
1. The location and, if applicable, equipment used by the outdoor behavioral health care program are sufficient to accommodate the activities, treatment, and ancillary services required by the residents participating in the behavioral health care program;
  2. The location and equipment are maintained in a condition that allows the location and equipment to be used for the original purpose of the location and equipment;
  3. Garbage and refuse are:
    - a. Stored in plastic bags in covered containers, and
    - b. Removed from the location used by the outdoor behavioral health care program at least once a week;
  4. Common areas:
    - a. Are lighted when in use to assure the safety of residents, and
    - b. Have sufficient lighting to allow personnel members to monitor resident activity;
  5. The supply of hot and cold water is sufficient to meet the personal hygiene needs of residents and the cleaning and sanitation requirements in this Article;
  6. Soiled clothing is stored in closed containers away from food storage, medications, and eating areas;
  7. Poisonous or toxic materials are maintained in labeled containers, secured, and separate from food preparation and storage, eating areas, and medications and inaccessible to residents;
  8. Combustible or flammable liquids and hazardous materials are stored in the original labeled containers or safety containers, secured, and inaccessible to residents;
  9. If a water source that is not regulated under 18 A.A.C. 4 by the Arizona Department of Environmental Quality is used:
    - a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coliform or *E. coli* bacteria;
    - b. If necessary, corrective action is taken to ensure the water is safe to drink; and
    - c. Documentation of testing is retained for at least 12 months after the date of the test; and
  10. Smoking or the use of tobacco products may be permitted away from the residents.

**Historical Note**

Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-717.01. Recidivism Reduction Services**

An administrator of a behavioral health residential facility that is an adult residential care institution and is authorized to provide recidivism reduction services shall ensure that:

1. A personnel member who is recidivism reduction staff at the adult residential care institution does not provide:
  - a. Behavioral health services other than recidivism reduction services; or
  - b. Recidivism reduction services to a resident who has not been referred by a physician, behavioral health professional, or court of competent jurisdiction to receive recidivism reduction services;
2. The adult residential care institution accepts an individual as a resident only if the individual:
  - a. Is at least 18 years of age; and
  - b. Has documentation of a referral to receive recidivism reduction services that:
    - i. Was made by a physician, behavioral health professional, or court of competent jurisdiction; and
    - ii. Complies with the requirements in A.R.S. § 36-411.01(D);
3. The referral is included in the resident's medical record; and
4. The recidivism reduction services provided to a resident are:
  - a. Consistent with the age, developmental level, physical ability, medical condition, and treatment needs of the resident; and
  - b. Provided by recidivism reduction staff whose experience is compatible with the experience of the resident.

**Historical Note**

New Section made by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-718. Medication Services**

- A. An administrator shall ensure that policies and procedures for medication services:
1. Include:
    - a. A process for providing information to a resident about medication prescribed for the resident including:
      - i. The prescribed medication's anticipated results,
      - ii. The prescribed medication's potential adverse reactions,
      - iii. The prescribed medication's potential side effects, and
      - iv. Potential adverse reactions that could result from not taking the medication as prescribed;
    - b. Procedures for preventing, responding to, and reporting any of the following:
      - i. A medication error,
      - ii. An adverse reaction to a medication, or
      - iii. A medication overdose;
    - c. Procedures to ensure that a resident's medication regimen is reviewed by a medical practitioner to ensure the medication regimen meets the resident's needs;
    - d. Procedures for documenting, as applicable, medication administration and assistance in the self-administration of medication;
    - e. A process for monitoring a resident who self-administers medication;
    - f. Procedures for assisting a resident in obtaining medication; and
    - g. If applicable, procedures for providing medication administration or assistance in the self-administration of medication off the premises; and
  2. Specify a process for review through the quality management program of:
    - a. A medication administration error, and
    - b. An adverse reaction to a medication.

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- B.** If a behavioral health residential facility provides medication administration, an administrator shall ensure that:
1. Policies and procedures for medication administration:
    - a. Are reviewed and approved by a medical practitioner;
    - b. Specify the individuals who may:
      - i. Order medication, and
      - ii. Administer medication;
    - c. Ensure that medication is administered to a resident only as ordered; and
    - d. Cover the documentation of a resident's refusal to take prescribed medication in the resident's medical record;
  2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law; and
  3. A medication administered to a resident:
    - a. Is administered in compliance with an order, and
    - b. Is documented in the resident's medical record.
- C.** If a behavioral health residential facility provides assistance in the self-administration of medication, an administrator shall ensure that:
1. A resident's medication is stored by the behavioral health residential facility;
  2. The following assistance is provided to a resident:
    - a. A reminder when it is time to take the medication;
    - b. Opening the medication container for the resident;
    - c. Observing the resident while the resident removes the medication from the container;
    - d. Verifying that the medication is taken as prescribed by the resident's medical practitioner by confirming that:
      - i. The resident taking the medication is the individual stated on the medication container label,
      - ii. The resident is taking the dosage of the medication stated on the medication container label or according to an order from a medical practitioner dated later than the date on the medication container label, and
      - iii. The resident is taking the medication at the time stated on the medication container label or according to an order from a medical practitioner dated later than the date on the medication container label; or
    - e. Observing the resident while the resident takes the medication;
  3. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by a medical practitioner or registered nurse;
  4. Training for a personnel member, other than a medical practitioner or registered nurse, in assistance in the self-administration of medication:
    - a. Is provided by a medical practitioner or registered nurse or an individual trained by a medical practitioner or registered nurse; and
    - b. Includes:
      - i. A demonstration of the personnel member's skills and knowledge necessary to provide assistance in the self-administration of medication,
      - ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and
      - iii. The process for notifying the appropriate entities when an emergency medical intervention is needed;
  5. A personnel member, other than a medical practitioner or registered nurse, completes the training in subsection (C)(4) before the personnel member provides assistance in the self-administration of medication; and
  6. Assistance in the self-administration of medication provided to a resident:
    - a. Is in compliance with an order, and
    - b. Is documented in the resident's medical record.
- D.** An administrator shall ensure that:
1. A current drug reference guide is available for use by personnel members;
  2. A current toxicology reference guide is available for use by personnel members; and
  3. If pharmaceutical services are provided on the premises:
    - a. A committee, composed of at least one physician, one pharmacist, and other personnel members as determined by policies and procedures, is established to:
      - i. Develop a drug formulary,
      - ii. Update the drug formulary at least once every 12 months,
      - iii. Develop medication usage and medication substitution policies and procedures, and
      - iv. Specify which medications and medication classifications are required to be stopped automatically after a specific time period unless the ordering medical practitioner specifically orders otherwise;
    - b. The pharmaceutical services are provided under the direction of a pharmacist;
    - c. The pharmaceutical services comply with A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
    - d. A copy of the pharmacy license is provided to the Department upon request.
- E.** When medication is stored at a behavioral health residential facility, an administrator shall ensure that:
1. Medication is stored in a separate locked room, closet, cabinet, or self-contained unit used only for medication storage;
  2. Medication is stored according to the instructions on the medication container; and
  3. Policies and procedures are established, documented, and implemented for:
    - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication, including expired medication;
    - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
    - c. A medication recall and notification of residents who received recalled medication; and
    - d. Storing, inventorying, and dispensing controlled substances.
- F.** An administrator shall ensure that a personnel member immediately reports a medication error or a resident's adverse reaction to a medication to the medical practitioner who ordered or prescribed the medication and, if applicable, the behavioral health residential facility's clinical director.

**Historical Note**

Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013

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(Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-719. Food Services**

**A.** Except for an outdoor behavioral health care program provided by a behavioral health residential facility, an administrator shall ensure that:

1. For a behavioral health residential facility that has a licensed capacity of more than 10 residents:
  - a. The behavioral health residential facility obtains a license or permit as a food establishment under 9 A.A.C. 8, Article 1; and
  - b. A copy of the behavioral health residential facility's food establishment license or permit is maintained;
2. If a behavioral health residential facility contracts with a food establishment, as established in 9 A.A.C. 8, Article 1, to prepare and deliver food to the behavioral health residential facility, a copy of the food establishment's license or permit under 9 A.A.C. 8, Article 1 is maintained by the behavioral health residential facility;
3. Food is stored, refrigerated, and reheated to meet the dietary needs of a resident;
4. A registered dietitian is employed full-time, part-time, or as a consultant; and
5. If a registered dietitian is not employed full-time, an individual is designated as a director of food services who consults with a registered dietitian as often as necessary to meet the nutritional needs of the residents.

**B.** Except for an outdoor behavioral health care program provided by a behavioral health residential facility, a registered dietitian or director of food services shall ensure that:

1. Food is prepared:
  - a. Using methods that conserve nutritional value, flavor, and appearance; and
  - b. In a form to meet the needs of a resident, such as cut, chopped, ground, pureed, or thickened;
2. A food menu:
  - a. Is prepared at least one week in advance,
  - b. Includes the foods to be served each day,
  - c. Is conspicuously posted at least one calendar day before the first meal on the food menu will be served,
  - d. Includes any food substitution no later than the morning of the day of meal service with a food substitution, and
  - e. Is maintained for at least 60 calendar days after the last day included in the food menu;
3. Meals and snacks provided by the behavioral health residential facility are served according to posted menus;
4. Meals and snacks for each day are planned using the applicable guidelines in <http://www.health.gov/dietaryguidelines/2015>;
5. A resident is provided:
  - a. A diet that meets the resident's nutritional needs as specified in the resident's assessment or treatment plan;
  - b. Three meals a day with not more than 14 hours between the evening meal and breakfast, except as provided in subsection (B)(5)(d);
  - c. The option to have a daily evening snack identified in subsection (B)(5)(d)(ii) or other snack; and
  - d. The option to extend the time span between the evening meal and breakfast from 14 hours to 16 hours if:

- i. The resident agrees; and
- ii. The resident is offered an evening snack that includes meat, fish, eggs, cheese, or other protein, and a serving from either the fruit and vegetable food group or the bread and cereal food group;

6. A resident requiring assistance to eat is provided with assistance that recognizes the resident's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils; and
7. Water is available and accessible to residents unless otherwise stated in a resident's treatment plan.

**C.** Except for an outdoor behavioral health care program provided by a behavioral health residential facility, an administrator shall ensure that food is obtained, prepared, served, and stored as follows:

1. Food is free from spoilage, filth, or other contamination and is safe for human consumption;
2. Food is protected from potential contamination;
3. Potentially hazardous food is maintained as follows:
  - a. Foods requiring refrigeration are maintained at 41° F or below; and
  - b. Foods requiring cooking are cooked to heat all parts of the food to a temperature of at least 145° F for 15 seconds, except that:
    - i. Ground beef and ground meats are cooked to heat all parts of the food to at least 155° F;
    - ii. Poultry, poultry stuffing, stuffed meats, and stuffing that contains meat are cooked to heat all parts of the food to at least 165° F;
    - iii. Pork and any food containing pork are cooked to heat all parts of the food to at least 155° F;
    - iv. Raw shell eggs for immediate consumption are cooked to at least 145° F for 15 seconds and any food containing raw shell eggs is cooked to heat all parts of the food to at least 155° F;
    - v. Roast beef and beef steak are cooked to an internal temperature of at least 155° F; and
    - vi. Leftovers are reheated to a temperature of at least 165° F;
4. A refrigerator contains a thermometer, accurate to plus or minus 3° F, placed at the warmest part of the refrigerator;
5. Frozen foods are stored at a temperature of 0° F or below; and
6. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair.

**Historical Note**

Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-720. Emergency and Safety Standards**

- A.** Except for an outdoor behavioral health care program provided by a behavioral health residential facility, an administrator shall ensure that a behavioral health residential facility has:
1. A fire alarm system installed according to the National Fire Protection Association 72: National Fire Alarm and Signaling Code, incorporated by reference in R9-10-



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104.01, and a sprinkler system installed according to the National Fire Protection Association 13: Standard for the Installation of Sprinkler Systems, incorporated by reference in R9-10-104.01, that are in working order; or

2. An alternative method to ensure resident's safety that is documented and approved by the local jurisdiction.
- B.** Except for an outdoor behavioral health care program provided by a behavioral health residential facility, an administrator shall ensure that:
1. A disaster plan is developed, documented, maintained in a location accessible to personnel members and other employees, and, if necessary, implemented that includes:
    - a. When, how, and where residents will be relocated;
    - b. How each resident's medical record will be available to individuals providing services to the resident during a disaster;
    - c. A plan to ensure each resident's medication will be available to administer to the resident during a disaster; and
    - d. A plan for obtaining food and water for individuals present in the behavioral health residential facility, under the care and supervision of personnel members, or in the behavioral health residential facility's relocation site during a disaster;
  2. The disaster plan required in subsection (B)(1) is reviewed at least once every 12 months;
  3. Documentation of a disaster plan review required in subsection (B)(2) is created, is maintained for at least 12 months after the date of the disaster plan review, and includes:
    - a. The date and time of the disaster plan review;
    - b. The name of each personnel member, employee, or volunteer participating in the disaster plan review;
    - c. A critique of the disaster plan review; and
    - d. If applicable, recommendations for improvement;
  4. A disaster drill for employees is conducted on each shift at least once every three months and documented;
  5. An evacuation drill for employees and residents on the premises is conducted at least once every six months on each shift;
  6. Documentation of each evacuation drill is created, is maintained for 12 months after the date of the evacuation drill, and includes:
    - a. The date and time of the evacuation drill;
    - b. The amount of time taken for all employees and residents to evacuate the behavioral health residential facility;
    - c. Names of employees participating in the evacuation drill;
    - d. An identification of residents needing assistance for evacuation;
    - e. Any problems encountered in conducting the evacuation drill; and
    - f. Recommendations for improvement, if applicable; and
  7. An evacuation path is conspicuously posted on each hallway of each floor of the behavioral health residential facility.
- C.** An administrator shall:
1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal,
  2. Make any repairs or corrections stated on the fire inspection report, and
  3. Maintain documentation of a current fire inspection.

**Historical Note**

Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4).

**R9-10-721. Environmental Standards**

- A.** Except for an outdoor behavioral health care program provided by a behavioral health residential facility, an administrator shall ensure that:
1. The premises and equipment are:
    - a. Maintained in a condition that allows the premises and equipment to be used for the original purpose of the premises and equipment;
    - b. Cleaned and, if applicable, disinfected according to policies and procedures designed to prevent, minimize, and control illness or infection; and
    - c. Free from a condition or situation that may cause a resident or other individual to suffer physical injury;
  2. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
  3. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures;
  4. Equipment used at the behavioral health residential facility is:
    - a. Maintained in working order;
    - b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
    - c. Used according to the manufacturer's recommendations;
  5. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;
  6. Garbage and refuse are:
    - a. Stored in covered containers lined with plastic bags, and
    - b. Removed from the premises at least once a week;
  7. Heating and cooling systems maintain the behavioral health residential facility at a temperature between 70° F and 84° F;
  8. A space heater is not used;
  9. Common areas:
    - a. Are lighted to assure the safety of residents, and
    - b. Have lighting sufficient to allow personnel members to monitor resident activity;
  10. Hot water temperatures are maintained between 95° F and 120° F in the areas of the behavioral health residential facility used by residents;
  11. The supply of hot and cold water is sufficient to meet the personal hygiene needs of residents and the cleaning and sanitation requirements in this Article;
  12. Soiled linen and soiled clothing stored by the behavioral health residential facility are maintained separate from clean linen and clothing and stored in closed containers away from food storage, kitchen, and dining areas;

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13. Oxygen containers are secured in an upright position;
  14. Poisonous or toxic materials stored by the behavioral health residential facility are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and are inaccessible to residents;
  15. Combustible or flammable liquids and hazardous materials stored by a behavioral health residential facility are stored in the original labeled containers or safety containers in a locked area inaccessible to residents;
  16. If pets or animals are allowed in the behavioral health residential facility, pets or animals are:
    - a. Controlled to prevent endangering the residents and to maintain sanitation;
    - b. Licensed consistent with local ordinances; and
    - c. For a dog or cat, vaccinated against rabies;
  17. If a water source that is not regulated under 18 A.A.C. 4 by the Arizona Department of Environmental Quality is used:
    - a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coliform or *E. coli* bacteria;
    - b. If necessary, corrective action is taken to ensure the water is safe to drink; and
    - c. Documentation of testing is retained for at least 12 months after the date of the test; and
  18. If a non-municipal sewage system is used, the sewage system is in working order and is maintained according to all applicable state laws and rules.
- B.** An administrator shall ensure that:
1. Smoking tobacco products is not permitted within a behavioral health residential facility; and
  2. Smoking tobacco products may be permitted on the premises outside a behavioral health residential facility if:
    - a. Signs designating smoking areas are conspicuously posted, and
    - b. Smoking is prohibited in areas where combustible materials are stored or in use.
- C.** If a swimming pool is located on the premises, an administrator shall ensure that:
1. On each day that a resident uses the swimming pool, an employee:
    - a. Tests the swimming pool's water quality at least once for compliance with one of the following chemical disinfection standards:
      - i. A free chlorine residual between 1.0 and 3.0 ppm as measured by the N, N-Diethyl-p-phenylenediamine test;
      - ii. A free bromine residual between 2.0 and 4.0 ppm as measured by the N, N-Diethyl-p-phenylenediamine test; or
      - iii. An oxidation-reduction potential equal to or greater than 650 millivolts; and
    - b. Records the results of the water quality tests in a log that includes each testing date and test result;
  2. Documentation of the water quality test is maintained for at least 12 months after the date of the test;
  3. A swimming pool is not used by a resident if a water quality test shows that the swimming pool water does not comply with subsection (C)(1)(a);
  4. At least one personnel member, with cardiopulmonary resuscitation training that meets the requirements in R9-10-703(C)(1)(e), is present in the pool area when a resident is in the pool area; and
  5. At least two personnel members are present in the pool area if two or more residents are in the pool area.

**Historical Note**

Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 25 A.A.R. 259, effective January 8, 2019 (Supp. 19-1).

**R9-10-722. Physical Plant Standards**

- A.** Except for a behavioral health outdoor program, an administrator shall ensure that the premises and equipment are sufficient to accommodate:
1. The services in the behavioral health residential facility's scope of services, and
  2. An individual admitted as a resident by the behavioral health residential facility.
- B.** An administrator shall ensure that:
1. A behavioral health residential facility has a:
    - a. Room that provides privacy for a resident to receive treatment or visitors; and
    - b. Common area and a dining area that contain furniture and materials to accommodate the recreational and socialization needs of the residents and other individuals in the behavioral health residential facility;
  2. At least one bathroom is accessible from a common area that:
    - a. May be used by residents and visitors;
    - b. Provides privacy when in use; and
    - c. Contains the following:
      - i. At least one working sink with running water,
      - ii. At least one working toilet that flushes and has a seat,
      - iii. Toilet tissue for each toilet,
      - iv. Soap in a dispenser accessible from each sink,
      - v. Paper towels in a dispenser or a mechanical air hand dryer,
      - vi. Lighting, and
      - vii. A window that opens or another means of ventilation;
  3. For every six residents who stay overnight at the behavioral health residential facility, there is at least one working toilet that flushes and has a seat, and one sink with running water;
  4. For every eight residents who stay overnight at the behavioral health residential facility, there is at least one working bathtub or shower;
  5. A resident bathroom provides privacy when in use and contains:
    - a. A shatter-proof mirror, unless the resident's treatment plan allows for otherwise;
    - b. A window that opens or another means of ventilation; and
    - c. Nonporous surfaces for shower enclosures and slip-resistant surfaces in tubs and showers;
  6. If a resident bathroom door locks from the inside, an employee has a key and access to the bathroom;
  7. Each resident is provided a sleeping area that is in a bedroom; and
  8. A resident bedroom complies with the following:
    - a. Is not used as a common area;

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- b. Is not used as a passageway to another bedroom or bathroom unless the bathroom is for the exclusive use of an individual occupying the bedroom;
  - c. Contains a door that opens into a hallway, common area, or outdoors;
  - d. Is constructed and furnished to provide unimpeded access to the door;
  - e. Has window or door covers that provide resident privacy;
  - f. Has floor to ceiling walls;
  - g. Is a:
    - i. Private bedroom that contains at least 60 square feet of floor space, not including the closet; or
    - ii. Shared bedroom that:
      - (1) Is shared by no more than eight residents;
      - (2) Except as provided in subsection (C), contains at least 60 square feet of floor space, not including a closet, for each individual occupying the shared bedroom; and
      - (3) Provides at least three feet of floor space between beds or bunk beds;
  - h. Contains for each resident occupying the bedroom:
    - i. A bed that is at least 36 inches wide and at least 72 inches long, and consists of at least a frame and mattress and linens; and
    - ii. Individual storage space for personal effects and clothing such as shelves, a dresser, or chest of drawers;
  - i. Has clean linen for each bed including mattress pad, sheets large enough to tuck under the mattress, pillows, pillow cases, bedspread, waterproof mattress covers as needed, and blankets to ensure warmth and comfort for each resident;
  - j. Has sufficient lighting for a resident occupying the bedroom to read; and
  - k. Has a clothing rod or hook in the bedroom designed to minimize the opportunity for a resident to cause self-injury.
- C. A behavioral health residential facility that was licensed as a Level 4 transitional agency before October 1, 2013 may continue to use a shared bedroom that provides at least 40 square feet of floor space, not including a closet, for each individual occupying the shared bedroom. If there is a modification to the shared bedroom, the behavioral health residential facility shall comply with the requirement in subsection (B)(8)(g).
- D. For a behavioral health residential facility licensed according to A.R.S. § 36-425.06, an administrator shall ensure that:
- 1. The premises are secure, as defined in A.R.S. § 36-425.06; and
  - 2. There is a means of exiting the facility for a resident who does not have special knowledge for egress that meets one of the following:
    - a. Provides access to an outside area that:
      - i. Allows the resident to be at least 30 feet away from the facility, and
      - ii. Controls or alerts employees of the egress of a resident from the facility;
    - b. Provides access to an outside area:
      - i. From which a resident may exit to a location at least 30 feet away from the facility, and
      - ii. Controls or alerts employees of the egress of a resident from the facility; or
    - c. Uses a mechanism that meets the Special Egress-Control Devices provisions in the Uniform Building Code incorporated by reference in A.A.C. R9-10-104.01.
- E. If a swimming pool is located on the premises, an administrator shall ensure that:
- 1. The swimming pool is equipped with the following:
    - a. An operational water circulation system that clarifies and disinfects the swimming pool water continuously and that includes at least:
      - i. A removable strainer,
      - ii. Two swimming pool inlets located on opposite sides of the swimming pool, and
      - iii. A drain located at the swimming pool's lowest point and covered by a grating that cannot be removed without using tools; and
    - b. An operational vacuum cleaning system;
  - 2. The swimming pool is enclosed by a wall or fence that:
    - a. Is at least five feet in height as measured on the exterior of the wall or fence;
    - b. Has no vertical openings greater than four inches across;
    - c. Has no horizontal openings, except as described in subsection (E)(2)(e);
    - d. Is not chain-link;
    - e. Does not have a space between the ground and the bottom fence rail that exceeds four inches in height; and
    - f. Has a self-closing, self-latching gate that:
      - i. Opens away from the swimming pool,
      - ii. Has a latch located at least 54 inches from the ground, and
      - iii. Is locked when the swimming pool is not in use; and
  - 3. A life preserver or shepherd's crook is available and accessible in the pool area.
- F. An administrator shall ensure that a spa that is not enclosed by a wall or fence as described in subsection (E)(2) is covered and locked when not in use.

**Historical Note**

Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking at 26 A.A.R. 551, with an immediate effective date of March 3, 2020 (Supp. 20-1).

**R9-10-723. Repealed****Historical Note**

Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Repealed by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

**R9-10-724. Repealed****Historical Note**

Adopted effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). Repealed by exempt rulemaking at 19 A.A.R.

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2015, effective October 1, 2013 (Supp. 13-2).

(Supp. 19-3).

**ARTICLE 8. ASSISTED LIVING FACILITIES****R9-10-801. Definitions**

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following definitions apply in this Article, unless the context otherwise requires:

1. "Accept" or "acceptance" means:
  - a. An individual begins living in and receiving assisted living services from an assisted living facility; or
  - b. An individual begins receiving adult day health care services or respite care services from an assisted living facility.
2. "Assistant caregiver" means an employee or volunteer who helps a manager or caregiver provide supervisory care services, personal care services, or directed care services to a resident, and does not include a family member of the resident.
3. "Assisted living services" means supervisory care services, personal care services, directed care services, behavioral care, or ancillary services provided to a resident by or on behalf of an assisted living facility.
4. "Caregiver" means an individual who provides supervisory care services, personal care services, or directed care services to a resident, and does not include a family member of the resident.
5. "Manager" means an individual designated by a governing authority to act on behalf of the governing authority in the onsite management of the assisted living facility.
6. "Medication organizer" means a container that is designed to hold doses of medication and is divided according to date or time increments.
7. "Primary care provider" means a physician, a physician's assistant, or registered nurse practitioner who directs a resident's medical services.
8. "Residency agreement" means a document signed by a resident or the resident's representative and a manager, detailing the terms of residency.
9. "Service plan" means a written description of a resident's need for supervisory care services, personal care services, directed care services, ancillary services, or behavioral health services and the specific assisted living services to be provided to the resident.
10. "Termination of residency" or "terminate residency" means a resident is no longer living in and receiving assisted living services from an assisted living facility.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Amended by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019

**R9-10-802. Supplemental Application Requirements**

In addition to the license application requirements in A.R.S. § 36-422 and R9-10-105, an applicant for a license as an assisted living facility shall include in a Department-provided format:

1. Which of the following levels of assisted living services the applicant is requesting authorization to provide:
  - a. Supervisory care services,
  - b. Personal care services, or
  - c. Directed care services; and
2. Whether the applicant is requesting authorization to provide:
  - a. Adult day health care services, or
  - b. Behavioral health services other than behavioral care.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Amended by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-803. Administration**

- A.** A governing authority shall:
1. Consist of one or more individuals responsible for the organization, operation, and administration of an assisted living facility;
  2. Establish, in writing, an assisted living facility's scope of services;
  3. Designate, in writing, a manager who:
    - a. Is 21 years of age or older; and
    - b. Except for the manager of an adult foster care home, has either a:
      - i. Certificate as an assisted living facility manager issued under A.R.S. § 36-446.04(C), or
      - ii. A temporary certificate as an assisted living facility manager issued under A.R.S. § 36-446.06;
  4. Adopt a quality management program that complies with R9-10-804;
  5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
  6. Designate, in writing, an acting manager who has the qualifications established in subsection (A)(3), if the manager is:
    - a. Expected not to be present on the assisted living facility's premises for more than 30 calendar days, or
    - b. Not present on the assisted living facility's premises for more than 30 calendar days;

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7. Except as provided in subsection (A)(6), notify the Department according to A.R.S. § 36-425(I) when there is a change in the manager and identify the name and qualifications of the new manager;
  8. Ensure that a manager or caregiver who is able to read, write, understand, and communicate in English is on an assisted living facility's premises; and
  9. Ensure compliance with A.R.S. § 36-411.
- B. A manager:**
1. Is directly accountable to the governing authority of an assisted living facility for the daily operation of the assisted living facility and all services provided by or at the assisted living facility;
  2. Has the authority and responsibility to manage the assisted living facility; and
  3. Except as provided in subsection (A)(6), designates, in writing, a caregiver who is:
    - a. At least 21 years of age, and
    - b. Present on the assisted living facility's premises and accountable for the assisted living facility when the manager is not present on the assisted living facility premises.
- C. A manager shall ensure that policies and procedures are:**
1. Established, documented, and implemented to protect the health and safety of a resident that:
    - a. Cover job descriptions, duties, and qualifications, including required skills and knowledge, education, and experience for employees and volunteers;
    - b. Cover orientation and in-service education for employees and volunteers;
    - c. Include how an employee may submit a complaint related to resident care;
    - d. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
    - e. Except as provided in subsection (M), cover cardiopulmonary resuscitation training for applicable employees and volunteers, including:
      - i. The method and content of cardiopulmonary resuscitation training, which includes a demonstration of the employee's or volunteer's ability to perform cardiopulmonary resuscitation;
      - ii. The qualifications for an individual to provide cardiopulmonary resuscitation training;
      - iii. The time-frame for renewal of cardiopulmonary resuscitation training; and
      - iv. The documentation that verifies that the employee or volunteer has received cardiopulmonary resuscitation training;
    - f. Cover first aid training;
    - g. Cover how a caregiver will respond to a resident's sudden, intense, or out-of-control behavior to prevent harm to the resident or another individual;
    - h. Cover staffing and recordkeeping;
    - i. Cover resident acceptance and resident rights;
    - j. Cover termination of residency, including:
      - i. Termination initiated by the manager of an assisted living facility, and
      - ii. Termination initiated by a resident or the resident's representative;
    - k. Cover the provision of assisted living services, including:
      - i. Coordinating the provision of assisted living services,
      - ii. Making vaccination for influenza and pneumonia available to residents according to A.R.S. § 36-406(1)(d), and
      - iii. Obtaining resident preferences for food and the provision of assisted living services;
  - l. Cover the provision of respite services or adult day health services, if applicable;
  - m. Cover methods by which the assisted living facility is aware of the general or specific whereabouts of a resident, based on the level of assisted living services provided to the resident and the assisted living services the assisted living facility is authorized to provide;
  - n. Cover resident medical records, including electronic medical records;
  - o. Cover personal funds accounts, if applicable;
  - p. Cover specific steps for:
    - i. A resident to file a complaint, and
    - ii. The assisted living facility to respond to a resident's complaint;
  - q. Cover health care directives;
  - r. Cover assistance in the self-administration of medication, and medication administration;
  - s. Cover food services;
  - t. Cover contracted services;
  - u. Cover equipment inspection and maintenance, if applicable;
  - v. Cover infection control; and
  - w. Cover a quality management program, including incident report and supporting documentation;
2. Available to employees and volunteers of the assisted living facility; and
  3. Reviewed at least once every three years and updated as needed.
- D. A manager shall ensure that the following are conspicuously posted:**
1. A list of resident rights;
  2. The assisted living facility's license;
  3. Current phone numbers of:
    - a. The unit in the Department responsible for licensing and monitoring the assisted living facility,
    - b. Adult Protective Services in the Department of Economic Security,
    - c. The State Long-Term Care Ombudsman, and
    - d. The Arizona Center for Disability Law; and
  4. The location at which a copy of the most recent Department inspection report and any plan of correction resulting from the Department inspection may be viewed.
- E. A manager shall ensure that, unless otherwise stated:**
1. Documentation required by this Article is provided to the Department within two hours after a Department request; and
  2. When documentation or information is required by this Chapter to be submitted on behalf of an assisted living facility, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the assisted living facility.
- F. If a requirement in this Article states that a manager shall ensure an action or condition or sign a document:**
1. A governing authority or licensee may ensure the action or condition or sign the document and retain the responsibility to ensure compliance with the requirement in this Article;
  2. The manager may delegate ensuring the action or condition or signing the document to another individual, but the manager retains the responsibility to ensure compliance with the requirement in the Article; and
  3. If the manager delegates ensuring an action or condition or signing a document, the delegation is documented and

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the documentation includes the name of the individual to whom the action, condition, or signing is delegated and the effective date of the delegation.

**G.** A manager shall:

1. Not act as a resident's representative and not allow an employee or a family member of an employee to act as a resident's representative for a resident who is not a family member of the employee;
2. If the assisted living facility administers personal funds accounts for residents and is authorized in writing by a resident or the resident's representative to administer a personal funds account for the resident:
  - a. Ensure that the resident's personal funds account does not exceed \$2,000;
  - b. Maintain a separate record for each resident's personal funds account, including receipts and expenditures;
  - c. Maintain the resident's personal funds account separate from any account of the assisted living facility; and
  - d. Provide a copy of the record of the resident's personal funds account to the resident or the resident's representative at least once every three months;
3. Notify the resident's representative, family member, public fiduciary, or trust officer if the manager determines that a resident is incapable of handling financial affairs; and
4. Except when a resident's need for assisted living services changes, as documented in the resident's service plan, ensure that a resident receives at least 30 calendar days written notice before any increase in a fee or charge.

**H.** A manager shall permit the Department to interview an employee, a volunteer, or a resident as part of a compliance survey or a complaint investigation.

**I.** If abuse, neglect, or exploitation of a resident is alleged or suspected to have occurred before the resident was accepted or while the resident is not on the premises and not receiving services from an assisted living facility's manager, caregiver, or assistant caregiver, the manager shall report the alleged or suspected abuse, neglect, or exploitation of the resident according to A.R.S. § 46-454.

**J.** If a manager has a reasonable basis, according to A.R.S. § 46-454, to believe abuse, neglect or exploitation has occurred on the premises or while a resident is receiving services from an assisted living facility's manager, caregiver, or assistant caregiver, the manager shall:

1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
2. Report the suspected abuse, neglect, or exploitation of the resident according to A.R.S. § 46-454;
3. Document:
  - a. The suspected abuse, neglect, or exploitation;
  - b. Any action taken according to subsection (J)(1); and
  - c. The report in subsection (J)(2);
4. Maintain the documentation in subsection (J)(3) for at least 12 months after the date of the report in subsection (J)(2);
5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in subsection (J)(2):
  - a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
  - b. A description of any injury to the resident related to the suspected abuse or neglect and any change to the

resident's physical, cognitive, functional, or emotional condition;

- c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
- d. The actions taken by the manager to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and

6. Maintain a copy of the documented information required in subsection (J)(5) for at least 12 months after the date the investigation was initiated.

**K.** A manager shall provide written notification to the Department of a resident's:

1. Death, if the resident's death is required to be reported according to A.R.S. § 11-593, within one working day after the resident's death; and
2. Self-injury, within two working days after the resident inflicts a self-injury that requires immediate intervention by an emergency services provider.

**L.** If a resident is receiving services from a home health agency or hospice service agency, a manager shall ensure that:

1. The resident's medical record contains:
  - a. The name, address, and contact individual, including contact information, of the home health agency or hospice service agency;
  - b. Any information provided by the home health agency or hospice service agency; and
  - c. A copy of resident follow-up instructions provided to the resident by the home health agency or hospice service agency; and
2. Any care instructions for a resident provided to the assisted living facility by the home health agency or hospice service agency are:
  - a. Within the assisted living facility's scope of services,
  - b. Communicated to a caregiver, and
  - c. Documented in the resident's service plan.

**M.** A manager of an assisted living home may establish, in policies and procedures, requirements that a caregiver obtains and provides documentation of cardiopulmonary resuscitation training specific to adults, which includes a demonstration of the caregiver's ability to perform cardiopulmonary resuscitation, from one of the following organizations:

1. American Red Cross,
2. American Heart Association, or
3. National Safety Council.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Former Section R9-10-803 renumbered to R9-10-804; new Section R9-10-803 made by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final

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rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-804. Quality Management**

A manager shall ensure that:

1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
  - a. A method to identify, document, and evaluate incidents;
  - b. A method to collect data to evaluate services provided to residents;
  - c. A method to evaluate the data collected to identify a concern about the delivery of services related to resident care;
  - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to resident care; and
  - e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
  - a. An identification of each concern about the delivery of services related to resident care, and
  - b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to resident care; and
3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted effective October 30, 1989 (Supp. 89-4). Section repealed; new Section R9-10-804 renumbered from R9-10-803 and amended by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-805. Contracted Services**

A manager shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted as an emergency and (A)(1)(a)(i)(1) amended effective January 27, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days

(Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted effective October 30, 1989 (Supp. 89-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-806. Personnel**

A. A manager shall ensure that:

1. A caregiver:
  - a. Is 18 years of age or older; and
  - b. Provides documentation of:
    - i. Completion of a caregiver training program approved by the Department or the Board of Examiners for Nursing Care Institution Administrators and Assisted Living Facility Managers;
    - ii. For supervisory care services, employment as a manager or caregiver of a supervisory care home before November 1, 1998;
    - iii. For supervisory care services or personal care services, employment as a manager or caregiver of a supportive residential living center before November 1, 1998; or
    - iv. For supervisory care services, personal care services, or directed services, one of the following:
      - (1) A nursing care institution administrator's license issued by the Board of Examiners;
      - (2) A nurse's license issued to the individual under A.R.S. Title 32, Chapter 15;
      - (3) Documentation of employment as a manager or caregiver of an unclassified residential care institution before November 1, 1998; or
      - (4) Documentation of sponsorship of or employment as a caregiver in an adult foster care home before November 1, 1998;
2. An assistant caregiver:
  - a. Is 16 years of age or older, and
  - b. Interacts with residents under the supervision of a manager or caregiver;
3. The qualifications, skills, and knowledge required for a caregiver or assistant caregiver:
  - a. Are based on:
    - i. The type of assisted living services, behavioral health services, or behavioral care expected to be provided by the caregiver or assistant caregiver according to the established job description; and
    - ii. The acuity of the residents receiving assisted living services, behavioral health services, or behavioral care from the caregiver or assistant caregiver according to the established job description; and
  - b. Include:
    - i. The specific skills and knowledge necessary for the caregiver or assistant caregiver to provide the expected assisted living services, behav-

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- ioral health services, or behavioral care listed in the established job description;
    - ii. The type and duration of education that may allow the caregiver or assistant caregiver to have acquired the specific skills and knowledge for the caregiver or assistant caregiver to provide the expected assisted living services, behavioral health services, or behavioral care listed in the established job description; and
    - iii. The type and duration of experience that may allow the caregiver or assistant caregiver to have acquired the specific skills and knowledge for the caregiver or assistant caregiver to provide the expected assisted living services, behavioral health services or behavioral care listed in the established job description;
  - 4. A caregiver's or assistant caregiver's skills and knowledge are verified and documented:
    - a. Before the caregiver or assistant caregiver provides physical health services or behavioral health services, and
    - b. According to policies and procedures;
  - 5. An assisted living facility has a manager, caregivers, and assistant caregivers with the qualifications, experience, skills, and knowledge necessary to:
    - a. Provide the assisted living services, behavioral health services, behavioral care, and ancillary services in the assisted living facility's scope of services;
    - b. Meet the needs of a resident; and
    - c. Ensure the health and safety of a resident;
  - 6. At least one manager or caregiver is present and awake at an assisted living center when a resident is on the premises;
  - 7. Documentation is maintained for at least 12 months after the last date on the documentation of the caregivers and assistant caregivers working each day, including the hours worked by each;
  - 8. A manager, a caregiver, and an assistant caregiver, or an employee or a volunteer who has or is expected to have more than eight hours per week of direct interaction with residents, provides evidence of freedom from infectious tuberculosis:
    - a. On or before the date the individual begins providing services at or on behalf of the assisted living facility, and
    - b. As specified in R9-10-113;
  - 9. Before providing assisted living services to a resident, a caregiver or an assistant caregiver receives orientation that is specific to the duties to be performed by the caregiver or assistant caregiver; and
  - 10. Before providing assisted living services to a resident, a manager or caregiver provides current documentation of first aid training and cardiopulmonary resuscitation training certification specific to adults.
- B.** A manager of an assisted living home shall ensure that:
- 1. An individual residing in an assisted living home, who is not a resident, a manager, a caregiver, or an assistant caregiver:
    - a. Either:
      - i. Complies with the fingerprinting requirements in A.R.S. § 36-411, or
      - ii. Interacts with residents only under the supervision of an individual who has a valid fingerprint clearance card; and
    - b. If the individual is 12 years of age or older, provides evidence of freedom from infectious tuberculosis as specified in R9-10-113;
  - 2. Documentation of compliance with the requirements in subsection (B)(1)(a) and evidence of freedom from infectious tuberculosis, if required under subsection (B)(1)(b), is maintained for an individual residing in the assisted living home who is not a resident, a manager, a caregiver, or an assistant caregiver;
  - 3. As part of the policies and procedures required in R9-10-803(C)(1)(h), a plan is established, documented, and implemented to ensure that the manager or a caregiver is available as back-up to provide assisted living services to a resident if the manager or a caregiver assigned to work is not available or not able to provide the required assisted living services; and
  - 4. At least the manager or a caregiver is present at an assisted living home when a resident is present in the assisted living home and:
    - a. Except for nighttime hours, the manager or caregiver is awake; and
    - b. If the manager or caregiver is not awake during nighttime hours:
      - i. The manager or caregiver can hear and respond to a resident needing assistance; and
      - ii. If the assisted living home is authorized to provide directed care services, policies and procedures are developed, documented, and implemented to establish a process for checking on a resident receiving directed care services during nighttime hours to ensure the resident's health and safety.
- C.** A manager shall ensure that a personnel record for each employee or volunteer:
- 1. Includes:
    - a. The individual's name, date of birth, and contact telephone number;
    - b. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
    - c. Documentation of:
      - i. The individual's qualifications, including skills and knowledge applicable to the individual's job duties;
      - ii. The individual's education and experience applicable to the individual's job duties;
      - iii. The individual's completed orientation and in-service education required by policies and procedures;
      - iv. The individual's license or certification, if the individual is required to be licensed or certified in this Article or in policies and procedures;
      - v. If the individual is a behavioral health technician, clinical oversight required in R9-10-115;
      - vi. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (A)(8);
      - vii. Cardiopulmonary resuscitation training, if required for the individual in this Article or policies and procedures;
      - viii. First aid training, if required for the individual in this Article or policies and procedures; and
      - ix. Documentation of compliance with the requirements in A.R.S. § 36-411(A) and (C);
  - 2. Is maintained:



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- a. Throughout the individual's period of providing services in or for the assisted living facility, and
- b. For at least 24 months after the last date the individual provided services in or for the assisted living facility; and
3. For a manager, a caregiver, or an assistant caregiver who has not provided physical health services or behavioral health services at or for the assisted living facility during the previous 12 months, is provided to the Department within 72 hours after the Department's request.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Amended by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-807. Residency and Residency Agreements**

- A. Except as provided in R9-10-808(B)(2), a manager shall ensure that a resident provides evidence of freedom from infectious tuberculosis:
  1. Before or within seven calendar days after the resident's date of occupancy, and
  2. As specified in R9-10-113.
- B. A manager shall ensure that before or at the time of acceptance of an individual, the individual submits documentation that is dated within 90 calendar days before the individual is accepted by an assisted living facility and:
  1. If an individual is requesting or is expected to receive supervisory care services, personal care services, or directed care services:
    - a. Includes whether the individual requires:
      - i. Continuous medical services,
      - ii. Continuous or intermittent nursing services, or
      - iii. Restraints; and
    - b. Is dated and signed by a:
      - i. Physician,
      - ii. Registered nurse practitioner,
      - iii. Registered nurse, or
      - iv. Physician assistant; and
  2. If an individual is requesting or is expected to receive behavioral health services, other than behavioral care, in addition to supervisory care services, personal care services, or directed care services from an assisted living facility:
    - a. Includes whether the individual requires continuous behavioral health services, and
    - b. Is signed and dated by a behavioral health professional.
- C. A manager shall not accept or retain an individual if:
  1. The individual requires continuous:

- a. Medical services;
- b. Nursing services, unless the assisted living facility complies with A.R.S. § 36-401(C); or
- c. Behavioral health services;
2. The primary condition for which the individual needs assisted living services is a behavioral health issue;
3. The services needed by the individual are not within the assisted living facility's scope of services and a home health agency or hospice service agency is not involved in the care of the individual;
4. The assisted living facility does not have the ability to provide the assisted living services needed by the individual; or
5. The individual requires restraints, including the use of bedrails.
- D. Before or at the time of an individual's acceptance by an assisted living facility, a manager shall ensure that there is a documented residency agreement with the assisted living facility that includes:
  1. The individual's name;
  2. Terms of occupancy, including:
    - a. Date of occupancy or expected date of occupancy,
    - b. Resident responsibilities, and
    - c. Responsibilities of the assisted living facility;
  3. A list of the services to be provided by the assisted living facility to the resident;
  4. A list of the services available from the assisted living facility at an additional fee or charge;
  5. For an assisted living home, whether the manager or a caregiver is awake during nighttime hours;
  6. The policy for refunding fees, charges, or deposits;
  7. The policy and procedure for a resident to terminate residency, including terminating residency because services were not provided to the resident according to the resident's service plan;
  8. The policy and procedure for an assisted living facility to terminate residency;
  9. The complaint process; and
  10. The manager's signature and date signed.
- E. Before or within five working days after a resident's acceptance by an assisted living facility, a manager shall obtain on the documented agreement, required in subsection (D), the signature of one of the following individuals:
  1. The resident,
  2. The resident's representative,
  3. The resident's legal guardian, or
  4. Another individual who has been designated by the individual under A.R.S. § 36-3221 to make health care decisions on the individual's behalf.
- F. A manager shall:
  1. Before or at the time of an individual's acceptance by an assisted living facility, provide to the resident or resident's representative a copy of:
    - a. The residency agreement in subsection (D),
    - b. Resident's rights, and
    - c. The policy and procedure on health care directives; and
  2. Maintain the original of the residency agreement in subsection (D) in the resident's medical record.
- G. A manager may terminate residency of a resident as follows:
  1. Without notice, if the resident exhibits behavior that is an immediate threat to the health and safety of the resident or other individuals in an assisted living facility;
  2. With a 14-calendar-day written notice of termination of residency:
    - a. For nonpayment of fees, charges, or deposit; or

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- b. Under any of the conditions in subsection (C); or
3. With a 30-calendar-day written notice of termination of residency, for any other reason.
- H.** A manager shall ensure that the written notice of termination of residency in subsection (G) includes:
1. The date of notice;
  2. The reason for termination;
  3. The policy for refunding fees, charges, or deposits;
  4. The deposition of a resident's fees, charges, and deposits; and
  5. Contact information for the State Long-Term Care Ombudsman.
- I.** A manager shall provide the following to a resident when the manager provides the written notice of termination of residency in subsection (G):
1. A copy of the resident's current service plan, and
  2. Documentation of the resident's freedom from infectious tuberculosis.
- J.** If an assisted living facility issues a written notice of termination of residency as provided in subsection (G) to a resident or the resident's representative because the resident needs services the assisted living facility is either not licensed to provide or is licensed to provide but not able to provide, a manager shall ensure that the written notice of termination of residency includes a description of the specific services that the resident needs that the assisted living facility is either not licensed to provide or is licensed to provide but not able to provide.
- Historical Note**
- Adopted as an emergency effective October 26, 1988 pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989 pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted effective October 30, 1989 (Supp. 89-4). Amended by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).
- R9-10-808. Service Plans**
- A.** Except as required in subsection (B), a manager shall ensure that a resident has a written service plan that:
1. Is completed no later than 14 calendar days after the resident's date of acceptance;
  2. Is developed with assistance and review from:
    - a. The resident or resident's representative,
    - b. The manager, and
    - c. Any individual requested by the resident or the resident's representative;
  3. Includes the following:
    - a. A description of the resident's medical or health problems, including physical, behavioral, cognitive, or functional conditions or impairments;
    - b. The level of service the resident is expected to receive;
- c. The amount, type, and frequency of assisted living services being provided to the resident, including medication administration or assistance in the self-administration of medication;
  - d. For a resident who requires intermittent nursing services or medication administration, review by a nurse or medical practitioner;
  - e. For a resident who requires behavioral care:
    - i. Any of the following that is necessary to provide assistance with the resident's psychosocial interactions to manage the resident's behavior:
      - (1) The psychosocial interactions or behaviors for which the resident requires assistance,
      - (2) Psychotropic medications ordered for the resident,
      - (3) Planned strategies and actions for changing the resident's psychosocial interactions or behaviors, and
      - (4) Goals for changes in the resident's psychosocial interactions or behaviors; and
    - ii. Review by a medical practitioner or behavioral health professional; and
  - f. For a resident who will be storing medication in the resident's bedroom or residential unit, how the medication will be stored and controlled;
4. Is reviewed and updated based on changes in the requirements in subsections (A)(3)(a) through (f):
- a. No later than 14 calendar days after a significant change in the resident's physical, cognitive, or functional condition; and
  - b. As follows:
    - i. At least once every 12 months for a resident receiving supervisory care services,
    - ii. At least once every six months for a resident receiving personal care services, and
    - iii. At least once every three months for a resident receiving directed care services; and
5. When initially developed and when updated, is signed and dated by:
- a. The resident or resident's representative;
  - b. The manager;
  - c. If a review is required in subsection (A)(3)(d), the nurse or medical practitioner who reviewed the service plan; and
  - d. If a review is required in subsection (A)(3)(e)(ii), the medical practitioner or behavioral health professional who reviewed the service plan.
- B.** For a resident receiving respite care services, a manager shall ensure that:
1. A written service plan is:
    - a. Based on a determination of the resident's current needs and:
      - i. Is completed no later than three working days after the resident's date of acceptance; or
      - ii. If the resident has a service plan in the resident's medical record that was developed within the previous 12 months, is reviewed and updated based on changes in the requirements in subsections (A)(3)(a) through (f) within three working days after the resident's date of acceptance; and
    - b. If a significant change in the resident's physical, cognitive, or functional condition occurs while the resident is receiving respite care services, updated based on changes in the requirements in subsections

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- (A)(3)(a) through (f) within three working days after the significant change occurs; and
2. If the resident is not expected to be present in the assisted living facility for more than seven calendar days, the resident is not required to comply with the requirements in R9-10-807(A).
- C. A manager shall ensure that:
1. A caregiver or an assistant caregiver:
    - a. Provides a resident with the assisted living services in the resident's service plan;
    - b. Is only assigned to provide the assisted living services the caregiver or assistant caregiver has the documented skills and knowledge to perform;
    - c. Provides assistance with activities of daily living according to the resident's service plan;
    - d. If applicable, suggests techniques a resident may use to maintain or improve the resident's independence in performing activities of daily living;
    - e. Provides assistance with, supervises, or directs a resident's personal hygiene according to the resident's service plan;
    - f. Encourages a resident to participate in activities planned according to subsection (E); and
    - g. Documents the services provided in the resident's medical record; and
  2. A volunteer or an assistant caregiver who is 16 or 17 years of age does not provide:
    - a. Assistance to a resident for:
      - i. Bathing,
      - ii. Toileting, or
      - iii. Moving the resident's body from one surface to another surface;
    - b. Assistance in the self-administration of medication;
    - c. Medication administration; or
    - d. Nursing services.
- D. A manager of an assisted living facility that is authorized to provide adult day health services shall ensure that the adult day health care services are provided as specified in R9-10-1113.
- E. A manager shall ensure that:
1. Daily social, recreational, or rehabilitative activities are planned according to residents' preferences, needs, and abilities;
  2. A calendar of planned activities is:
    - a. Prepared at least one week in advance of the date the activity is provided,
    - b. Posted in a location that is easily seen by residents,
    - c. Updated as necessary to reflect substitutions in the activities provided, and
    - d. Maintained for at least 12 months after the last scheduled activity;
  3. Equipment and supplies are available and accessible to accommodate a resident who chooses to participate in a planned activity; and
  4. Multiple media sources, such as daily newspapers, current magazines, internet sources, and a variety of reading materials, are available and accessible to a resident to maintain the resident's continued awareness of current news, social events, and other noteworthy information.
- F. If a resident is not receiving assistance with the resident's psychosocial interactions under the direction of a behavioral health professional or any other behavioral health services at an assisted living facility, the resident is not considered to be receiving behavioral care or behavioral health services from the assisted living facility if the resident:
1. Is prescribed a psychotropic medication, or
  2. Is receiving directed care services and has a primary diagnosis of:
    - a. Dementia,
    - b. Alzheimer's disease-related dementia, or
    - c. Traumatic brain injury.
- Historical Note**
- Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Amended by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).
- R9-10-809. Transport; Transfer**
- A. Except as provided in subsection (B), a manager shall ensure that:
1. A caregiver or employee coordinates the transport and the services provided to the resident;
  2. According to policies and procedures:
    - a. An evaluation of the resident is conducted before and after the transport, and
    - b. Information from the resident's medical record is provided to a receiving health care institution; and
  3. Documentation includes:
    - a. If applicable, any communication with an individual at a receiving health care institution;
    - b. The date and time of the transport; and
    - c. If applicable, the name of the caregiver accompanying the resident during a transport.
- B. Subsection (A) does not apply to:
1. Transportation to a location other than a licensed health care institution,
  2. Transportation provided for a resident by the resident or the resident's representative,
  3. Transportation provided by an outside entity that was arranged for a resident by the resident or the resident's representative, or
  4. A transport to another licensed health care institution in an emergency.
- C. Except for a transfer of a resident due to an emergency, a manager shall ensure that:
1. A caregiver coordinates the transfer and the services provided to the resident;
  2. According to policies and procedures:
    - a. An evaluation of the resident is conducted before the transfer;
    - b. Information from the resident's medical record, including orders that are in effect at the time of the transfer, is provided to a receiving health care institution; and

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- c. A caregiver explains risks and benefits of the transfer to the resident or the resident's representative; and
- 3. Documentation in the resident's medical record includes:
  - a. Communication with an individual at a receiving health care institution;
  - b. The date and time of the transfer;
  - c. The mode of transportation; and
  - d. If applicable, the name of the caregiver accompanying the resident during a transfer.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted effective October 30, 1989 (Supp. 89-4). Former Section R9-10-809 renumbered to R9-10-812; new Section R9-10-809 made by final rulemaking at 9 A.A.R. 319, effective March 31, 2003 (Supp. 03-1). R9-10-809(E) reflects a corrected reference to Article 14 from Article 4 (05-2). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-810. Resident Rights**

- A. A manager shall ensure that, at the time of acceptance, a resident or the resident's representative receives a written copy of the requirements in subsection (B) and the resident rights in subsection (C).
- B. A manager shall ensure that:
  - 1. A resident is treated with dignity, respect, and consideration;
  - 2. A resident is not subjected to:
    - a. Abuse;
    - b. Neglect;
    - c. Exploitation;
    - d. Coercion;
    - e. Manipulation;
    - f. Sexual abuse;
    - g. Sexual assault;
    - h. Seclusion;
    - i. Restraint;
    - j. Retaliation for submitting a complaint to the Department or another entity; or
    - k. Misappropriation of personal and private property by the assisted living facility's manager, caregivers, assistant caregivers, employees, or volunteers; and
  - 3. A resident or the resident's representative:
    - a. Is informed of the following:
      - i. The policy on health care directives, and
      - ii. The resident complaint process;
    - b. Consents to photographs of the resident before the resident is photographed, except that a resident may be photographed when accepted as a resident by an assisted living facility for identification and administrative purposes;

- c. Except as otherwise permitted by law, provides written consent before the release of information in the resident's:
  - i. Medical record, or
  - ii. Financial records;
- d. May:
  - i. Request or consent to relocation within the assisted living facility; and
  - ii. Except when relocation is necessary based on a change in the resident's condition as documented in the resident's service plan, refuse relocation within the assisted living facility;
- e. Has access to the resident's records during normal business hours or at a time agreed upon by the resident or resident's representative and the manager; and
- f. Is informed of:
  - i. The rates and charges for services before the services are initiated;
  - ii. A change in rates or charges at least 30 calendar days before the change is implemented, unless the change in rates or charges results from a change in services; and
  - iii. A change in services at least 30 calendar days before the change is implemented, unless the resident's service plan changes.

**C. A resident has the following rights:**

- 1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
- 2. To receive assisted living services that support and respect the resident's individuality, choices, strengths, and abilities;
- 3. To receive privacy in:
  - a. Care for personal needs;
  - b. Correspondence, communications, and visitation; and
  - c. Financial and personal affairs;
- 4. To maintain, use, and display personal items unless the personal items constitute a hazard;
- 5. To choose to participate or refuse to participate in social, recreational, rehabilitative, religious, political, or community activities;
- 6. To review, upon written request, the resident's own medical record;
- 7. To receive a referral to another health care institution if the assisted living facility is not authorized or not able to provide physical health services or behavioral health services needed by the patient;
- 8. To choose to access services from a health care provider, health care institution, or pharmacy other than the assisted living facility where the resident is residing and receiving services or a health care provider, health care institution, or pharmacy recommended by the assisted living facility;
- 9. To participate or have the resident's representative participate in the development of, or decisions concerning, the resident's service plan; and
- 10. To receive assistance from a family member, the resident's representative, or other individual in understanding, protecting, or exercising the resident's rights.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pur-

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suant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted effective October 30, 1989 (Supp. 89-4). Former Section R9-10-810 renumbered to R9-10-813; new Section R9-10-810 made by final rulemaking at 9 A.A.R. 319, effective March 31, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-811. Medical Records****A.** A manager shall ensure that:

1. A medical record is established and maintained for each resident according to A.R.S. Title 12, Chapter 13, Article 7.1;
2. An entry in a resident's medical record is:
  - a. Only recorded by an individual authorized by policies and procedures to make the entry;
  - b. Dated, legible, and authenticated; and
  - c. Not changed to make the initial entry illegible;
3. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
4. A resident's medical record is available to an individual:
  - a. Authorized according to policies and procedures to access the resident's medical record;
  - b. If the individual is not authorized according to policies and procedures, with the written consent of the resident or the resident's representative; or
  - c. As permitted by law; and
5. A resident's medical record is protected from loss, damage, or unauthorized use.

**B.** If an assisted living facility maintains residents' medical records electronically, a manager shall ensure that:

1. Safeguards exist to prevent unauthorized access, and
2. The date and time of an entry in a resident's medical record is recorded by the computer's internal clock.

**C.** A manager shall ensure that a resident's medical record contains:

1. Resident information that includes:
  - a. The resident's name, and
  - b. The resident's date of birth;
2. The names, addresses, and telephone numbers of:
  - a. The resident's primary care provider;
  - b. Other persons, such as a home health agency or hospice service agency, involved in the care of the resident; and
  - c. An individual to be contacted in the event of emergency, significant change in the resident's condition, or termination of residency;
3. If applicable, the name and contact information of the resident's representative and:
  - a. The document signed by the resident consenting for the resident's representative to act on the resident's behalf; or
  - b. If the resident's representative:

- i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
  - ii. Is a legal guardian, a copy of the court order establishing guardianship;
4. The date of acceptance and, if applicable, date of termination of residency;
5. Documentation of the resident's needs required in R9-10-807(B);
6. Documentation of general consent and informed consent, if applicable;
7. Except as allowed in R9-10-808(B)(2), documentation of freedom from infectious tuberculosis as required in R9-10-807(A);
8. A copy of resident's health care directive, if applicable;
9. The resident's signed residency agreement and any amendments;
10. Resident's service plan and updates;
11. Documentation of assisted living services provided to the resident;
12. A medication order from a medical practitioner for each medication that is administered to the resident or for which the resident receives assistance in the self-administration of the medication;
13. Documentation of medication administered to the resident or for which the resident received assistance in the self-administration of medication that includes:
  - a. The date and time of administration or assistance;
  - b. The name, strength, dosage, and route of administration;
  - c. The name and signature of the individual administering or providing assistance in the self-administration of medication; and
  - d. An unexpected reaction the resident has to the medication;
14. Documentation of the resident's refusal of a medication, if applicable;
15. If applicable, documentation of any actions taken to control the resident's sudden, intense, or out-of-control behavior to prevent harm to the resident or another individual;
16. If applicable, documentation of a determination by a medical practitioner that evacuation from the assisted living facility during an evacuation drill would cause harm to the resident;
17. Documentation of notification of the resident of the availability of vaccination for influenza and pneumonia, according to A.R.S. § 36-406(1)(d);
18. Documentation of the resident's orientation to exits from the assisted living facility required in R9-10-818(B);
19. If a resident is receiving behavioral health services other than behavioral care, documentation of the determination in R9-10-813(3);
20. If a resident is receiving behavioral care, documentation of the determination in R9-10-812(3);
21. If applicable, for a resident who is unable to direct self-care, the information required in R9-10-815(F);
22. Documentation of any significant change in a resident's behavior, physical, cognitive, or functional condition and the action taken by a manager or caregiver to address the resident's changing needs;
23. Documentation of the notification required in R9-10-803(G) if the resident is incapable of handling financial affairs; and

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24. If the resident no longer resides and receives assisted living services from the assisted living facility:
- A written notice of termination of residency; or
  - If the resident terminated residency, the date the resident terminated residency.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Former Section R9-10-811 renumbered to R9-10-814; new Section R9-10-811 made by final rulemaking at 9 A.A.R. 319, effective March 31, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-812. Behavioral Care**

A manager shall ensure that for a resident who requests or receives behavioral care from the assisted living facility, a behavioral health professional or medical practitioner:

- Evaluates the resident:
  - Within 30 calendar days before acceptance of the resident or before the resident begins receiving behavioral care, and
  - At least once every six months throughout the duration of the resident's need for behavioral care;
- Reviews the assisted living facility's scope of services; and
- Signs and dates a determination stating that the resident's need for behavioral care can be met by the assisted living facility within the assisted living facility's scope of services and, for retention of a resident, are being met by the assisted living facility.

**Historical Note**

Adopted as an emergency effective October 26, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Readopted without change as an emergency effective January 27, 1989, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 89-1). Emergency expired. Readopted without change as an emergency effective April 27, 1989 (Supp. 89-2). Emergency expired. Readopted without change as an emergency effective July 31, 1989 (Supp. 89-3). Permanent rules adopted with changes effective October 30, 1989 (Supp. 89-4). Section repealed; new Section R9-10-812 renumbered from R9-10-809 and amended by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-813. Behavioral Health Services**

If an assisted living facility is authorized to provide behavioral health services other than behavioral care, a manager shall ensure that:

- Policies and procedures are established, documented, and implemented that cover when general consent and informed consent are required and by whom general consent and informed consent may be given;
- The behavioral health services:
  - Are provided under the direction of a behavioral health professional; and
  - Comply with the requirements:
    - For behavioral health paraprofessionals and behavioral health technicians, in R9-10-115; and
    - For an assessment, in R9-10-1011(B); and
- For a resident who requests or receives behavioral health services from the assisted living facility, a behavioral health professional:
  - Evaluates the resident within 30 calendar days before acceptance of the resident and at least once every six months throughout the duration of the resident's need for behavioral health services;
  - Reviews the assisted living facility's scope of services; and
  - Signs and dates a determination stating that the resident's needs can be met by the assisted living facility within the assisted living facility's scope of services and, for retention of a resident, are being met by the assisted living facility.

**Historical Note**

New Section renumbered from R9-10-810 and amended by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-814. Personal Care Services**

- A manager of an assisted living facility authorized to provide personal care services shall not accept or retain a resident who:
  - Is unable to direct self-care;
  - Except as specified in subsection (B), is confined to a bed or chair because of an inability to ambulate even with assistance; or
  - Except as specified in subsection (C), has a stage 3 or stage 4 pressure sore, as determined by a registered nurse or medical practitioner.
- A manager of an assisted living facility authorized to provide personal care services may accept or retain a resident who is confined to a bed or chair because of an inability to ambulate even with assistance if:
  - The condition is a result of a short-term illness or injury; or
  - The following requirements are met at the onset of the condition or when the resident is accepted by the assisted living facility:
    - The resident or resident's representative requests that the resident be accepted by or remain in the assisted living facility;
    - The resident's primary care provider or other medical practitioner:
      - Examines the resident at the onset of the condition, or within 30 calendar days before acceptance, and at least once every six months

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- throughout the duration of the resident's condition;
- ii. Reviews the assisted living facility's scope of services; and
- iii. Signs and dates a determination stating that the resident's needs can be met by the assisted living facility within the assisted living facility's scope of services and, for retention of a resident, are being met by the assisted living facility; and
- c. The resident's service plan includes the resident's increased need for personal care services.
- C. A manager of an assisted living facility authorized to provide personal care services may accept or retain a resident who has a stage 3 or stage 4 pressure sore, as determined by a registered nurse or medical practitioner, if the requirements in subsection (B)(2) are met.
- D. A manager of an assisted living facility authorized to provide personal care services may accept or retain a resident who:
  1. Is receiving nursing services from a home health agency or a hospice service agency; or
  2. Requires intermittent nursing services if:
    - a. The resident's condition for which nursing services are required is a result of a short-term illness or injury, and
    - b. The requirements of subsection (B)(2) are met.
- E. A manager shall ensure that a bell, intercom, or other mechanical means to alert employees to a resident's needs or emergencies is available and accessible in a bedroom or residential unit being used by a resident receiving personal care services.
- F. In addition to the requirements in R9-10-808(A)(3), a manager shall ensure that the service plan for a resident receiving personal care services includes:
  1. Skin maintenance to prevent and treat bruises, injuries, pressure sores, and infections;
  2. Offering sufficient fluids to maintain hydration;
  3. Incontinence care that ensures that a resident maintains the highest practicable level of independence when toileting; and
  4. If applicable, the determination in subsection (B)(2)(b)(iii).
- G. A manager shall ensure that an employee does not provide non-prescription medication to a resident receiving personal care services unless the resident has an order from the resident's primary care provider or another medical practitioner for the non-prescription medication.
  2. Has a stage 3 or stage 4 pressure sore, as determined by a registered nurse or medical practitioner.
- C. In addition to the requirements in R9-10-808(A)(3), a manager shall ensure that the service plan for a resident receiving directed care services includes:
  1. The requirements in R9-10-814(F)(1) through (3);
  2. If applicable, the determination in R9-10-814(B)(2)(b)(iii);
  3. Cognitive stimulation and activities to maximize functioning;
  4. Strategies to ensure a resident's personal safety;
  5. Encouragement to eat meals and snacks;
  6. Documentation:
    - a. Of the resident's weight, or
    - b. From a medical practitioner stating that weighing the resident is contraindicated; and
  7. Coordination of communications with the resident's representative, family members, and, if applicable, other individuals identified in the resident's service plan.
- D. A manager shall ensure that an employee does not provide non-prescription medication to a resident receiving directed care services unless the resident has an order from a medical practitioner for the non-prescription medication.
- E. A manager shall ensure that:
  1. A bell, intercom, or other mechanical means to alert employees to a resident's needs or emergencies is available in a bedroom being used by a resident receiving directed care services; or
  2. An assisted living facility has implemented another means to alert a caregiver or assistant caregiver to a resident's needs or emergencies.
- F. A manager of an assisted living facility authorized to provide directed care services shall ensure that:
  1. Policies and procedures are established, documented, and implemented that ensure the safety of a resident who may wander;
  2. There is a means of exiting the facility for a resident who does not have a key, special knowledge for egress, or the ability to expend increased physical effort that meets one of the following:
    - a. Provides access to an outside area that:
      - i. Allows the resident to be at least 30 feet away from the facility, and
      - ii. Controls or alerts employees of the egress of a resident from the facility;
    - b. Provides access to an outside area:
      - i. From which a resident may exit to a location at least 30 feet away from the facility, and
      - ii. Controls or alerts employees of the egress of a resident from the facility; or
    - c. Uses a mechanism that meets the Special Egress-Control Devices provisions in the International Building Code incorporated by reference in R9-10-104.01; and
  3. A caregiver or an assistant caregiver complies with the requirements for incidents in R9-10-804 when a resident who is unable to direct self-care wanders into an area not designated by the governing authority for use by the resident.

**Historical Note**

New Section renumbered from R9-10-811 and amended by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-815. Directed Care Services**

- A. A manager shall ensure that a resident's representative is designated for a resident who is unable to direct self-care.
- B. A manager of an assisted living facility authorized to provide directed care services shall not accept or retain a resident who, except as provided in R9-10-814(B)(2):
  1. Is confined to a bed or chair because of an inability to ambulate even with assistance; or

**Historical Note**

New Section made by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

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14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4).

**R9-10-816. Medication Services****A.** A manager shall ensure that:

1. Policies and procedures for medication services include:
  - a. Procedures for preventing, responding to, and reporting a medication error;
  - b. Procedures for responding to and reporting an unexpected reaction to a medication;
  - c. Procedures to ensure that a resident's medication regimen and method of administration is reviewed by a medical practitioner to ensure the medication regimen meets the resident's needs;
  - d. Procedures for:
    - i. Documenting, as applicable, medication administration and assistance in the self-administration of medication; and
    - ii. Monitoring a resident who self-administers medication;
  - e. Procedures for assisting a resident in procuring medication; and
  - f. If applicable, procedures for providing medication administration or assistance in the self-administration of medication off the premises; and
2. If a verbal order for a resident's medication is received from a medical practitioner by the assisted living facility:
  - a. The manager or a caregiver takes the verbal order from the medical practitioner,
  - b. The verbal order is documented in the resident's medical record, and
  - c. A written order verifying the verbal order is obtained from the medical practitioner within 14 calendar days after receiving the verbal order.

**B.** If an assisted living facility provides medication administration, a manager shall ensure that:

1. Medication is stored by the assisted living facility;
2. Policies and procedures for medication administration:
  - a. Are reviewed and approved by a medical practitioner, registered nurse, or pharmacist;
  - b. Include a process for documenting an individual, authorized, according to the definition of "administer" in A.R.S. § 32-1901, by a medical practitioner to administer medication under the direction of the medical practitioner;
  - c. Ensure that medication is administered to a resident only as prescribed; and
  - d. Cover the documentation of a resident's refusal to take prescribed medication in the resident's medical record; and
3. A medication administered to a resident:
  - a. Is administered by an individual under direction of a medical practitioner,
  - b. Is administered in compliance with a medication order, and
  - c. Is documented in the resident's medical record.

**C.** If an assisted living facility provides assistance in the self-administration of medication, a manager shall ensure that:

1. A resident's medication is stored by the assisted living facility;
2. The following assistance is provided to a resident:
  - a. A reminder when it is time to take the medication;
  - b. Opening the medication container or medication organizer for the resident;

- c. Observing the resident while the resident removes the medication from the container or medication organizer;
- d. Except when a resident uses a medication organizer, verifying that the medication is taken as ordered by the resident's medical practitioner by confirming that:
  - i. The resident taking the medication is the individual stated on the medication container label,
  - ii. The resident is taking the dosage of the medication stated on the medication container label or according to an order from a medical practitioner dated later than the date on the medication container label, and
  - iii. The resident is taking the medication at the time stated on the medication container label or according to an order from a medical practitioner dated later than the date on the medication container label;
- e. For a resident using a medication organizer, verifying that the resident is taking the medication in the medication organizer according to the schedule specified on the medical practitioner's order; or
- f. Observing the resident while the resident takes the medication;
3. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by a medical practitioner or nurse; and
4. Assistance in the self-administration of medication provided to a resident:
  - a. Is in compliance with an order, and
  - b. Is documented in the resident's medical record.

**D.** A manager shall ensure that:

1. A current drug reference guide is available for use by personnel members, and
2. A current toxicology reference guide is available for use by personnel members.

**E.** A manager shall ensure that a resident's medication organizer is only filled by:

1. The resident;
2. The resident's representative;
3. A family member of the resident;
4. A personnel member of a home health agency or hospice service agency; or
5. The manager or a caregiver who has been designated and is under the direction of a medical practitioner, according to subsection (B)(2)(b).

**F.** When medication is stored by an assisted living facility, a manager shall ensure that:

1. Medication is stored in a separate locked room, closet, cabinet, or self-contained unit used only for medication storage;
2. Medication is stored according to the instructions on the medication container; and
3. Policies and procedures are established, documented, and implemented for:
  - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication including expired medication;
  - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
  - c. A medication recall and notification of residents who received recalled medication; and
  - d. Storing, inventorying, and dispensing controlled substances.



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- G.** A manager shall ensure that a caregiver immediately reports a medication error or a resident's unexpected reaction to a medication to the medical practitioner who ordered the medication or, if the medical practitioner who ordered the medication is not available, another medical practitioner.
- H.** If medication is stored by a resident in the resident's bedroom or residential unit, a manager shall ensure that:
1. The medication is stored according to the resident's service plan; or
  2. If the medication is not being stored according to the resident's service plan, the resident's service plan is updated to include how the medication is being stored by the resident.

**Historical Note**

New Section made by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-817. Food Services**

- A.** A manager shall ensure that:
1. A food menu:
    - a. Is prepared at least one week in advance,
    - b. Includes the foods to be served each day,
    - c. Is conspicuously posted at least one calendar day before the first meal on the food menu is served,
    - d. Includes any food substitution no later than the morning of the day of meal service with a food substitution, and
    - e. Is maintained for at least 60 calendar days after the last day included in the food menu;
  2. Meals and snacks provided by the assisted living facility are served according to posted menus;
  3. If the assisted living facility contracts with a food establishment, as established in 9 A.A.C. 8, Article 1, to prepare and deliver food to the assisted living facility, a copy of the food establishment's license or permit under 9 A.A.C. 8, Article 1 is maintained by the assisted living facility;
  4. The assisted living facility is able to store, refrigerate, and reheat food to meet the dietary needs of a resident;
  5. Meals and snacks for each day are planned using the applicable guidelines in <http://www.health.gov/dietaryguidelines/2015>;
  6. A resident is provided a diet that meets the resident's nutritional needs as specified in the resident's service plan;
  7. Water is available and accessible to residents at all times, unless otherwise stated in a medical practitioner's order; and
  8. A resident requiring assistance to eat is provided with assistance that recognizes the resident's nutritional, physical, and social needs, including the provision of adaptive eating equipment or utensils, such as a plate guard, rocking fork, or assistive hand device, if not provided by the resident.
- B.** If the assisted living facility offers therapeutic diets, a manager shall ensure that:
1. A current therapeutic diet manual is available for use by employees, and

2. The therapeutic diet is provided to a resident according to a written order from the resident's primary care provider or another medical practitioner.
- C.** A manager shall ensure that food is obtained, prepared, served, and stored as follows:
1. Food is free from spoilage, filth, or other contamination and is safe for human consumption;
  2. Food is protected from potential contamination;
  3. Food is prepared:
    - a. Using methods that conserve nutritional value, flavor, and appearance; and
    - b. In a form to meet the needs of a resident, such as cut, chopped, ground, pureed, or thickened;
  4. Potentially hazardous food is maintained as follows:
    - a. Foods requiring refrigeration are maintained at 41° F or below; and
    - b. Foods requiring cooking are cooked to heat all parts of the food to a temperature of at least 145° F for 15 seconds, except that:
      - i. Ground beef and ground meats are cooked to heat all parts of the food to at least 155° F;
      - ii. Poultry, poultry stuffing, stuffed meats, and stuffing that contains meat are cooked to heat all parts of the food to at least 165° F;
      - iii. Pork and any food containing pork are cooked to heat all parts of the food to at least 155° F;
      - iv. Raw shell eggs for immediate consumption are cooked to at least 145° F for 15 seconds and any food containing raw shell eggs is cooked to heat all parts of the food to at least 155° F;
      - v. Roast beef and beef steak are cooked to an internal temperature of at least 155° F; and
      - vi. Leftovers are reheated to a temperature of at least 165° F;
  5. A refrigerator used by an assisted living facility to store food or medication contains a thermometer, accurate to plus or minus 3° F, placed at the warmest part of the refrigerator;
  6. Frozen foods are stored at a temperature of 0° F or below; and
  7. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair.
- D.** A manager of an assisted living center shall ensure that:
1. The assisted living center has a license or permit as a food establishment under 9 A.A.C. 8, Article 1; and
  2. A copy of the assisted living center's food establishment license or permit is maintained.

**Historical Note**

New Section made by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-818. Emergency and Safety Standards**

- A.** A manager shall ensure that:
1. A disaster plan is developed, documented, maintained in a location accessible to caregivers and assistant caregivers, and, if necessary, implemented that includes:
    - a. When, how, and where residents will be relocated;
    - b. How a resident's medical record will be available to individuals providing services to the resident during a disaster;

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- c. A plan to ensure each resident's medication will be available to administer to the resident during a disaster; and
    - d. A plan for obtaining food and water for individuals present in the assisted living facility or the assisted living facility's relocation site during a disaster;
  - 2. The disaster plan required in subsection (A)(1) is reviewed at least once every 12 months;
  - 3. Documentation of the disaster plan review required in subsection (A)(2) includes:
    - a. The date and time of the disaster plan review;
    - b. The name of each employee or volunteer participating in the disaster plan review;
    - c. A critique of the disaster plan review; and
    - d. If applicable, recommendations for improvement;
  - 4. A disaster drill for employees is conducted on each shift at least once every three months and documented;
  - 5. An evacuation drill for employees and residents:
    - a. Is conducted at least once every six months; and
    - b. Includes all individuals on the premises except for:
      - i. A resident whose medical record contains documentation that evacuation from the assisted living facility would cause harm to the resident, and
      - ii. Sufficient caregivers to ensure the health and safety of residents not evacuated according to subsection (A)(5)(b)(i);
  - 6. Documentation of each evacuation drill is created, is maintained for at least 12 months after the date of the evacuation drill, and includes:
    - a. The date and time of the evacuation drill;
    - b. The amount of time taken for employees and residents to evacuate the assisted living facility;
    - c. If applicable:
      - i. An identification of residents needing assistance for evacuation, and
      - ii. An identification of residents who were not evacuated;
    - d. Any problems encountered in conducting the evacuation drill; and
    - e. Recommendations for improvement, if applicable; and
  - 7. An evacuation path is conspicuously posted in each hallway of each floor of the assisted living facility.
- B.** A manager shall ensure that:
- 1. A resident receives orientation to the exits from the assisted living facility and the route to be used when evacuating the assisted living facility within 24 hours after the resident's acceptance by the assisted living facility, and
  - 2. The resident's orientation is documented.
- C.** A manager shall ensure that a first-aid kit is maintained in the assisted living facility in a location accessible to caregivers and assistant caregivers.
- D.** When a resident has an accident, emergency, or injury that results in the resident needing medical services, a manager shall ensure that a caregiver or an assistant caregiver:
- 1. Immediately notifies the resident's emergency contact and primary care provider; and
  - 2. Documents the following:
    - a. The date and time of the accident, emergency, or injury;
    - b. A description of the accident, emergency, or injury;
    - c. The names of individuals who observed the accident, emergency, or injury;
    - d. The actions taken by the caregiver or assistant caregiver;
    - e. The individuals notified by the caregiver or assistant caregiver; and
    - f. Any action taken to prevent the accident, emergency, or injury from occurring in the future.
- E.** A manager of an assisted living center shall ensure that:
- 1. Unless the assisted living center has documentation of having received an exception from the Department before October 1, 2013, in the areas of the assisted living center providing personal care services or directed care services:
    - a. A fire alarm system is installed according to the National Fire Protection Association 72: National Fire Alarm and Signaling Code, incorporated by reference in R9-10-104.01, and is in working order; and
    - b. A sprinkler system is installed according to the National Fire Protection Association 13: Standard for the Installation of Sprinkler Systems, incorporated by reference in R9-10-104.01, and is in working order;
  - 2. For the areas of the assisted living center providing only supervisory care services:
    - a. A fire alarm system and a sprinkler system meeting the requirements in subsection (E)(1) are installed and in working order, or
    - b. The assisted living center complies with the requirements in subsection (F);
  - 3. A fire inspection is conducted by a local fire department or the State Fire Marshal before licensing and according to the time-frame established by the local fire department or the State Fire Marshal;
  - 4. Any repairs or corrections stated on the fire inspection report are made; and
  - 5. Documentation of a current fire inspection is maintained.
- F.** A manager of an assisted living home shall ensure that:
- 1. A fire extinguisher that is labeled as rated at least 2A-10-BC by the Underwriters Laboratories is mounted and maintained in the assisted living home;
  - 2. A disposable fire extinguisher is replaced when its indicator reaches the red zone;
  - 3. A rechargeable fire extinguisher:
    - a. Is serviced at least once every 12 months, and
    - b. Has a tag attached to the fire extinguisher that specifies the date of the last servicing and the identification of the person who serviced the fire extinguisher;
  - 4. Except as provided in subsection (G):
    - a. A smoke detector is:
      - i. Installed in each bedroom, hallway that adjoins a bedroom, storage room, laundry room, attached garage, and room or hallway adjacent to the kitchen, and other places recommended by the manufacturer;
      - ii. Either battery operated or, if hard-wired into the electrical system of the assisted living home, has a back-up battery;
      - iii. In working order; and
      - iv. Tested at least once a month; and
    - b. Documentation of the test required in subsection (F)(4)(a)(iv) is maintained for at least 12 months after the date of the test;
  - 5. An appliance, light, or other device with a frayed or spliced electrical cord is not used at the assisted living home; and

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6. An electrical cord, including an extension cord, is not run under a rug or carpeting, over a nail, or from one room to another at the assisted living home.
- G. A manager of an assisted living home may use a fire alarm system and a sprinkler system to ensure the safety of residents if the fire alarm system and sprinkler system:
  1. Are installed and in working order, and
  2. Meet the requirements in subsection (E)(1).

**Historical Note**

New Section made by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4).

**R9-10-819. Environmental Standards**

- A. A manager shall ensure that:
  1. The premises and equipment used at the assisted living facility are:
    - a. Cleaned and, if applicable, disinfected according to policies and procedures designed to prevent, minimize, and control illness or infection; and
    - b. Free from a condition or situation that may cause a resident or other individual to suffer physical injury;
  2. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
  3. Garbage and refuse are:
    - a. Stored in covered containers lined with plastic bags, and
    - b. Removed from the premises at least once a week;
  4. Heating and cooling systems maintain the assisted living facility at a temperature between 70° F and 84° F at all times, unless individually controlled by a resident;
  5. Common areas:
    - a. Are lighted to ensure the safety of residents, and
    - b. Have lighting sufficient to allow caregivers and assistant caregivers to monitor resident activity;
  6. Hot water temperatures are maintained between 95° F and 120° F in areas of an assisted living facility used by residents;
  7. The supply of hot and cold water is sufficient to meet the personal hygiene needs of residents and the cleaning and sanitation requirements in this Article;
  8. A resident has access to a laundry service or a washing machine and dryer in the assisted living facility;
  9. Soiled linen and soiled clothing stored by the assisted living facility are maintained separate from clean linen and clothing and stored in closed containers away from food storage, kitchen, and dining areas;
  10. Oxygen containers are secured in an upright position;
  11. Poisonous or toxic materials stored by the assisted living facility are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and are inaccessible to residents;
  12. Combustible or flammable liquids and hazardous materials stored by the assisted living facility are stored in the original labeled containers or safety containers in a locked area inaccessible to residents;
  13. Equipment used at the assisted living facility is:
    - a. Maintained in working order;
    - b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
    - c. Used according to the manufacturer's recommendations;
14. If pets or animals are allowed in the assisted living facility, pets or animals are:
  - a. Controlled to prevent endangering the residents and to maintain sanitation;
  - b. Licensed consistent with local ordinances; and
  - c. For a dog or cat, vaccinated against rabies;
15. If a water source that is not regulated under 18 A.A.C. 4 by the Arizona Department of Environmental Quality is used:
  - a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coliform or *E. coli* bacteria;
  - b. If necessary, corrective action is taken to ensure the water is safe to drink; and
  - c. Documentation of testing is retained for at least 12 months after the date of the test; and
16. If a non-municipal sewage system is used, the sewage system is in working order and is maintained according to applicable state laws and rules.

**B. If a swimming pool is located on the premises, a manager shall ensure that:**

1. On a day that a resident uses the swimming pool, an employee:
  - a. Tests the swimming pool's water quality at least once for compliance with one of the following chemical disinfection standards:
    - i. A free chlorine residual between 1.0 and 3.0 ppm as measured by the N, N-Diethyl-p-phenylenediamine test;
    - ii. A free bromine residual between 2.0 and 4.0 ppm as measured by the N, N-Diethyl-p-phenylenediamine test; or
    - iii. An oxidation-reduction potential equal to or greater than 650 millivolts; and
  - b. Records the results of the water quality tests in a log that includes the date tested and test result;
2. Documentation of the water quality test is maintained for at least 12 months after the date of the test; and
3. A swimming pool is not used by a resident if a water quality test shows that the swimming pool water does not comply with subsection (B)(1)(a).

**Historical Note**

New Section made by final rulemaking at 9 A.A.R. 319, effective March 14, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 25 A.A.R. 259, effective January 8, 2019 (Supp. 19-1).

**R9-10-820. Physical Plant Standards**

- A. A manager shall ensure that an assisted living center complies with the applicable physical plant health and safety codes and standards, incorporated by reference in R9-10-104.01, that:
  1. Are applicable to the level of services planned to be provided or being provided; and
  2. Were in effect on the date the assisted living facility submitted architectural plans and specifications to the Department for approval, according to R9-10-104.

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- B.** A manager shall ensure that:
- The premises and equipment are sufficient to accommodate:
    - The services stated in the assisted living facility's scope of services, and
    - An individual accepted as a resident by the assisted living facility;
  - A common area for use by residents is provided that has sufficient space and furniture to accommodate the recreational and socialization needs of residents;
  - A dining area has sufficient space and tables and chairs to accommodate the needs of the residents;
  - At least one bathroom is accessible from a common area and:
    - May be used by residents and visitors;
    - Provides privacy when in use; and
    - Contains the following:
      - At least one working sink with running water,
      - At least one working toilet that flushes and has a seat,
      - Toilet tissue for each toilet,
      - Soap in a dispenser accessible from each sink,
      - Paper towels in a dispenser or a mechanical air hand dryer,
      - Lighting, and
      - A window that opens or another means of ventilation;
  - An outside activity space is provided and available that:
    - Is on the premises,
    - Has a hard-surfaced section for wheelchairs, and
    - Has an available shaded area;
  - Exterior doors are equipped with ramps or other devices to allow use by a resident using a wheelchair or other assistive device; and
  - The key to the door of a lockable bathroom, bedroom, or residential unit is available to a manager, caregiver, and assistant caregiver.
- C.** A manager shall ensure that:
- For every eight residents there is at least one working toilet that flushes and has a seat and one sink with running water;
  - For every eight residents there is at least one working bathtub or shower; and
  - A resident bathroom provides privacy when in use and contains:
    - A mirror;
    - Toilet tissue for each toilet;
    - Soap accessible from each sink;
    - Paper towels in a dispenser or a mechanical air hand dryer for a bathroom that is not in a residential unit and used by more than one resident;
    - A window that opens or another means of ventilation;
    - Grab bars for the toilet and, if applicable, the bathtub or shower and other assistive devices, if required to provide for resident safety; and
    - Nonporous surfaces for shower enclosures and slip-resistant surfaces in tubs and showers.
- D.** A manager shall ensure that:
- Each resident is provided with a sleeping area in a residential unit or a bedroom;
  - For an assisted living home, a resident's sleeping area is on the ground floor of the assisted living home unless:
    - The resident is able to direct self-care;
    - The resident is ambulatory without assistance; and
    - There are at least two unobstructed, usable exits to the outside from the sleeping area that the resident is capable of using;
  - Except as provided in subsection (E), no more than two individuals reside in a residential unit or bedroom;
  - A resident's sleeping area:
    - Is not used as a common area;
    - Is not used as a passageway to a common area, another sleeping area, or common bathroom unless the resident's sleeping area:
      - Was used as a passageway to a common area, another sleeping area, or common bathroom before October 1, 2013; and
      - Written consent is obtained from the resident or the resident's representative;
    - Is constructed and furnished to provide unimpeded access to the door;
    - Has floor-to-ceiling walls with at least one door;
    - Has access to natural light through a window or a glass door to the outside; and
    - Has a window or door that can be used for direct egress to outside the building;
  - If a resident's sleeping area is in a bedroom, the bedroom has:
    - For a private bedroom, at least 80 square feet of floor space, not including a closet or bathroom;
    - For a shared bedroom, at least 60 square feet of floor space for each individual occupying the shared bedroom, not including a closet or bathroom; and
    - A door that opens into a hallway, common area, or outdoors;
  - If a resident's sleeping area is in a residential unit, the residential unit has:
    - Except as provided in subsection (E)(2), at least 220 square feet of floor space, not including a closet or bathroom, for one individual residing in the residential unit and an additional 100 square feet of floor space, not including a closet or bathroom, for each additional individual residing in the residential unit;
    - An individually keyed entry door;
    - A bathroom that provides privacy when in use and contains:
      - A working toilet that flushes and has a seat;
      - A working sink with running water;
      - A working bathtub or shower;
      - Lighting;
      - A mirror;
      - A window that opens or another means of ventilation;
      - Grab bars for the toilet and, if applicable, the bathtub or shower and other assistive devices, if required to provide for resident safety; and
      - Nonporous surfaces for shower enclosures and slip-resistant surfaces in bathtubs and showers;
    - A resident-controlled thermostat for heating and cooling;
    - A kitchen area equipped with:
      - A working sink and refrigerator,
      - A cooking appliance that can be removed or disconnected,
      - Space for food preparation, and
      - Storage for utensils and supplies; and
    - If not furnished by a resident:
      - An armchair, and
      - A table where a resident may eat a meal; and
  - If not furnished by a resident, each sleeping area has:

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- a. A bed, at least 36 inches in width and 72 inches in length, consisting of at least a frame and mattress that is clean and in good repair;
  - b. Clean linen, including a mattress pad, sheets large enough to tuck under the mattress, pillows, pillow cases, a bedspread, waterproof mattress covers as needed, and blankets to ensure warmth and comfort for the resident;
  - c. Sufficient light for reading;
  - d. Storage space for clothing;
  - e. Individual storage space for personal effects; and
  - f. Adjustable window covers that provide resident privacy.
- E.** A manager may allow more than two individuals to reside in a residential unit or bedroom if:
- 1. There is at least 60 square feet for each individual living in the bedroom;
  - 2. There is at least 100 square feet for each individual living in the residential unit; and
  - 3. The manager has documentation that the assisted living facility has been operating since before November 1, 1998, with more than two individuals living in the residential unit or bedroom.
- F.** If there is a swimming pool on the premises of the assisted living facility, a manager shall ensure that:
- 1. Unless the assisted living facility has documentation of having received an exception from the Department before October 1, 2013, the swimming pool is enclosed by a wall or fence that:
    - a. Is at least five feet in height as measured on the exterior of the wall or fence;
    - b. Has no vertical openings greater than four inches across;
    - c. Has no horizontal openings, except as described in subsection (F)(1)(e);
    - d. Is not chain-link;
    - e. Does not have a space between the ground and the bottom fence rail that exceeds four inches in height; and
    - f. Has a self-closing, self-latching gate that:
      - i. Opens away from the swimming pool,
      - ii. Has a latch located at least 54 inches from the ground, and
      - iii. Is locked when the swimming pool is not in use;
  - 2. A life preserver or shepherd's crook is available and accessible in the swimming pool area; and
  - 3. Pool safety requirements are conspicuously posted in the swimming pool area.
- G.** A manager shall ensure that a spa that is not enclosed by a wall or fence as described in subsection (F)(1) is covered and locked when not in use.

**Historical Note**

New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4).

**ARTICLE 9. OUTPATIENT SURGICAL CENTERS****R9-10-901. Definitions**

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following apply in this Article, unless otherwise specified:

- 1. "Inpatient care" means postsurgical services provided in a hospital.
- 2. "Outpatient surgical services" means anesthesia and surgical services provided to a patient in an outpatient surgical center.
- 3. "Surgical suite" means an area of an outpatient surgical center that includes one or more operating rooms and one or more recovery rooms.

**Historical Note**

Adopted effective February 17, 1995 (Supp. 95-1). Amended by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Amended by final rulemaking at 9 A.A.R. 3792, effective October 4, 2003 (Supp. 03-3). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-902. Administration**

- A.** A governing authority shall:
- 1. Consist of one or more individuals responsible for the organization, operation, and administration of an outpatient surgical center;
  - 2. Establish, in writing:
    - a. An outpatient surgical center's scope of services, and
    - b. Qualifications for an administrator;
  - 3. Designate, in writing, an administrator who has the qualifications established in subsection (A)(2)(b);
  - 4. Grant, deny, suspend, or revoke clinical privileges of a physician and other members of the medical staff and delineate, in writing, the clinical privileges of each medical staff member, according to the medical staff bylaws;
  - 5. Adopt a quality management plan according to R9-10-903;
  - 6. Review and evaluate the effectiveness of the quality management plan at least once every 12 months;
  - 7. Designate in writing, an acting administrator who has the qualifications established in subsection (A)(2)(b) if the administrator is:
    - a. Expected not to be present on an outpatient surgical center's premises for more than 30 calendar days, or
    - b. Not present on an outpatient surgical center's premises for more than 30 calendar days; and
  - 8. Except as provided in subsection (A)(7), notify the Department according to A.R.S. § 36-425(I) when there is a change in the administrator and identify the name and qualifications of the new administrator.
- B.** An administrator:
- 1. Is directly accountable to the governing authority of an outpatient surgical center for the daily operation of the outpatient surgical center and for all services provided by or at the outpatient surgical center;
  - 2. Has the authority and responsibility to manage the outpatient surgical center; and
  - 3. Except as provided in subsection (A)(7), designates, in writing, an individual who is present on an outpatient surgical center's premises and accountable for the outpatient surgical center when the administrator is not present on the outpatient surgical center's premises.
- C.** An administrator shall ensure that:
- 1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:

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- a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
  - b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
  - c. Include how a personnel member may submit a complaint relating to patient care;
  - d. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
  - e. Include a method to identify a patient to ensure that the patient receives services as ordered;
  - f. Cover patient rights, including assisting a patient who does not speak English or who has a disability to become aware of patient rights;
  - g. Cover specific steps for:
    - i. A patient to file a complaint, and
    - ii. The outpatient surgical center to respond to a patient complaint;
  - h. Cover health care directives;
  - i. Cover medical records, including electronic medical records;
  - j. Cover a quality management program, including incident reports and supporting documentation; and
  - k. Cover contracted services;
2. Policies and procedures for medical services and nursing services provided by an outpatient surgical center are established, documented, and implemented to protect the health and safety of a patient that:
    - a. Cover patient screening, admission, transfer, and discharge;
    - b. Cover the provision of medical services, nursing services, and health-related services in the outpatient surgical center's scope of services;
    - c. Include when general consent and informed consent are required;
    - d. Cover dispensing, administering, and disposing of medications;
    - e. Cover prescribing a controlled substance to minimize substance abuse by a patient;
    - f. Cover how personnel members will respond to a patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
    - g. Cover infection control; and
    - h. Cover environmental services that affect patient care;
  3. Policies and procedures are:
    - a. Available to personnel members, employees, volunteers, and students of the outpatient surgical center; and
    - b. Reviewed at least once every three years and updated as needed;
  4. A pharmacy maintained by the outpatient surgical center is licensed according to A.R.S. Title 32, Chapter 18;
  5. Pathology services are provided by a laboratory that holds a certificate of accreditation, certificate of compliance, or certificate of waiver issued by the U.S. Department of Health and Human Services under the 1988 amendments to the Clinical Laboratories Act of 1967;
  6. If the outpatient surgical center meets the definition of "abortion clinic" in A.R.S. § 36-449.01, abortions and related services are provided in compliance with the requirements in Article 15 of this Chapter; and
  7. Unless otherwise stated:

- a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
- b. When documentation or information is required by this Chapter to be submitted on behalf of an outpatient surgical center, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the outpatient surgical center.

**Historical Note**

Adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-903. Quality Management**

An administrator shall ensure that:

1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
  - a. A method to identify, document, and evaluate incidents;
  - b. A method to collect data to evaluate services provided to patients;
  - c. A method to evaluate the data collected to identify a concern about the delivery of services related to patient care;
  - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to patient care; and
  - e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
  - a. An identification of each concern about the delivery of services related to patient care, and
  - b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to patient care; and
3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

**Historical Note**

Adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-904. Contracted Services**

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

**Historical Note**

Adopted effective February 17, 1995 (Supp. 95-1). Sec-

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tion repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-905. Personnel****A.** An administrator shall ensure that:

1. The qualifications, skills, and knowledge required for each type of personnel member:
  - a. Are based on:
    - i. The type of physical health services or behavioral health services expected to be provided by the personnel member according to the established job description, and
    - ii. The acuity of the patients receiving physical health services or behavioral health services from the personnel member according to the established job description; and
  - b. Include:
    - i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services and behavioral health services listed in the established job description,
    - ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description, and
    - iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description;
2. A personnel member's skills and knowledge are verified and documented:
  - a. Before the personnel member provides physical health services or behavioral health services, and
  - b. According to policies and procedures;
3. Sufficient personnel members are present on an outpatient surgical center's premises with the qualifications, skills, and knowledge necessary to:
  - a. Provide the services in the outpatient surgical center's scope of services,
  - b. Meet the needs of a patient, and
  - c. Ensure the health and safety of a patient;
4. A personnel member, or an employee, a volunteer, or a student who has or is expected to have more than eight hours of direct interaction per week with patients, provides evidence of freedom from infectious tuberculosis:
  - a. On or before the date the individual begins providing services at or on behalf of the outpatient surgical center, and
  - b. As specified in R9-10-113;
5. A plan to provide orientation, specific to the duties of a personnel member, an employee, a volunteer, and a student is developed, documented, and implemented;
6. A personnel member completes orientation before providing physical health services or behavioral health services;
7. An individual's orientation is documented, to include:
  - a. The individual's name,

- b. The date of the orientation, and
  - c. The subject or topics covered in the orientation;
8. A plan to provide in-service education specific to the job duties of a personnel member is developed, documented, and implemented; and
  9. A personnel member's in-service education is documented, to include:
    - a. The personnel member's name,
    - b. The date of the training, and
    - c. The subject or topics covered in the in-service education.

**B.** An administrator shall ensure that a personnel member:

1. Is 18 years of age or older; and
2. Is certified in cardiopulmonary resuscitation within the first month of employment or volunteer service, and maintains current certification in cardiopulmonary resuscitation.

**C.** An administrator shall ensure that a personnel record for each personnel member, employee, volunteer, or student includes:

1. The individual's name, date of birth, and contact telephone number;
2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
3. Documentation of:
  - a. The individual's qualifications, including skills and knowledge applicable to the individual's job duties;
  - b. The individual's education and experience applicable to the individual's job duties;
  - c. The individual's completed orientation and in-service education as required by policies and procedures;
  - d. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
  - e. If the individual is a behavioral health technician, clinical oversight required in R9-10-115;
  - f. Cardiopulmonary resuscitation training, if required for the individual according to subsection (B); and
  - g. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (A)(4).

**D.** An administrator shall ensure that personnel records are:

1. Maintained:
  - a. Throughout the individual's period of providing services in or for the outpatient surgical center, and
  - b. For at least 24 months after the last date the individual provided services in or for the outpatient surgical center; and
2. For a personnel member who has not provided physical health services or behavioral health services at or for the outpatient surgical center during the previous 12 months, provided to the Department within 72 hours after the Department's request.

**Historical Note**

Adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Amended by final rulemaking at 9 A.A.R. 3792, effective October 4, 2003 (Supp. 03-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-906. Medical Staff**

A governing authority shall ensure that:

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1. The medical staff approve bylaws for the conduct of medical staff activities according to medical staff bylaws and governing authority requirements;
2. The medical staff physicians conduct medical peer review according to A.R.S. Title 36, Chapter 4, Article 5 and submit recommendations to the governing authority for approval; and
3. The medical staff establish written policies and procedures that define the extent of emergency treatment to be performed in the outpatient surgical center.
  - c. A personnel member explains risks and benefits of the transfer to the patient or the patient's representative; and
3. Documentation in the patient's medical record includes:
  - a. Communication with an individual at a receiving health care institution;
  - b. The date and time of the transfer;
  - c. The mode of transportation; and
  - d. If applicable, the name of the personnel member accompanying the patient during a transfer.

**Historical Note**

Adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-907. Admission**

- A. A medical staff member shall only admit patients to the outpatient surgical center who:
  1. Do not require planned inpatient care, and
  2. Are discharged from the outpatient surgical center within 24 hours.
- B. Within 30 calendar days before a patient is admitted to an outpatient surgical center, a medical staff member shall complete a medical history and physical examination of the patient.
- C. The individual who is responsible for performing a patient's surgical procedure shall document the preoperative diagnosis and the surgical procedure to be performed in the patient's medical record.
- D. An administrator shall ensure that the following documents are in a patient's medical record before the patient's surgery:
  1. A medical history and the physical examination required in subsection (B),
  2. A preoperative diagnosis and the results of any laboratory tests or diagnostic procedures relative to the surgery and the condition of the patient,
  3. Evidence of informed consent by the patient or patient's representative for the surgical procedure and care of the patient,
  4. Health care directives, and
  5. Physician orders.

**Historical Note**

Adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

**R9-10-908. Transfer**

Except for a transfer of a patient due to an emergency, an administrator shall ensure that:

1. A personnel member coordinates the transfer and the services provided to the patient;
2. According to policies and procedures:
  - a. An evaluation of the patient is conducted before the transfer;
  - b. Information in the patient's medical record, including orders that are in effect at the time of the transfer, is provided to a receiving health care institution; and

**Historical Note**

Adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Amended by final rulemaking at 9 A.A.R. 3792, effective October 4, 2003 (Supp. 03-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-909. Patient Rights**

- A. An administrator shall ensure that:
  1. The requirements in subsection (B) and the patient rights in subsection (C) are conspicuously posted on the premises;
  2. At the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (C); and
  3. Policies and procedures include:
    - a. How and when a patient or the patient's representative is informed of patient rights in subsection (C), and
    - b. Where patient rights are posted as required in subsection (A)(1).
- B. An administrator shall ensure that:
  1. A patient is treated with dignity, respect, and consideration;
  2. A patient is not subjected to:
    - a. Abuse;
    - b. Neglect;
    - c. Exploitation;
    - d. Coercion;
    - e. Manipulation;
    - f. Sexual abuse;
    - g. Sexual assault;
    - h. Seclusion;
    - i. Restraint;
    - j. Retaliation for submitting a complaint to the Department or another entity; or
    - k. Misappropriation of personal and private property by the outpatient surgical center's medical staff, personnel members, employees, volunteers, or students; and
  3. A patient or the patient's representative:
    - a. Except in an emergency, either consents to or refuses treatment;
    - b. May refuse or withdraw consent for treatment before treatment is initiated;
    - c. Except in an emergency, is informed of alternatives to a proposed psychotropic medication or surgical procedure and the associated risks and possible complications of the proposed psychotropic medication or surgical procedure;
    - d. Is informed of the following:



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- i. Policies and procedures on health care directives, and
      - ii. The patient complaint process;
    - e. Consents to photographs of the patient before a patient is photographed, except that a patient may be photographed when admitted to an outpatient surgical center for identification and administrative purposes; and
    - f. Except as otherwise permitted by law, provides written consent to the release of information in the patient's:
      - i. Medical record, or
      - ii. Financial records.
  - C. A patient has the following rights:
    - 1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
    - 2. To receive treatment that supports and respects the patient's individuality, choices, strengths, and abilities;
    - 3. To receive privacy in treatment and care for personal needs;
    - 4. To review, upon written request, the patient's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
    - 5. To receive a referral to another health care institution if the outpatient surgical center is not authorized or not able to provide physical health services needed by the patient;
    - 6. To participate, or have the patient's representative participate, in the development of or decisions concerning treatment;
    - 7. To participate or refuse to participate in research or experimental treatment; and
    - 8. To receive assistance from a family member, a patient's representative, or other individual in understanding, protecting, or exercising the patient's rights.
- Historical Note**
- Adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).
- R9-10-910. Medical Records**
- A. An administrator shall ensure that:
    - 1. A medical record is established and maintained for a patient according to A.R.S. Title 12, Chapter 13, Article 7.1;
    - 2. An entry in a patient's medical record is:
      - a. Recorded only by an individual authorized by policies and procedures to make the entry;
      - b. Dated, legible, and authenticated; and
      - c. Not changed to make the initial entry illegible;
    - 3. An order is:
      - a. Dated when the order is entered in the patient's medical record and includes the time of the order;
      - b. Authenticated by a medical staff member according to policies and procedures; and
      - c. If the order is a verbal order, authenticated by the medical staff member issuing the order;
    - 4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
  - 5. A patient's medical record is available to an individual:
    - a. Authorized according to policies and procedures to access the patient's medical record;
    - b. If the individual is not authorized according to policies and procedures, with the written consent of the patient or the patient's representative; or
    - c. As permitted by law; and
  - 6. A patient's medical record is protected from loss, damage, or unauthorized use.
  - B. If an outpatient surgical center maintains patients' medical records electronically, an administrator shall ensure that:
    - 1. Safeguards exist to prevent unauthorized access, and
    - 2. The date and time of an entry in a patient's medical record is recorded by the computer's internal clock.
  - C. An administrator shall ensure that a patient's medical record contains:
    - 1. Patient information that includes:
      - a. The patient's name;
      - b. The patient's address;
      - c. The patient's date of birth; and
      - d. Any known allergies, including medication allergies;
    - 2. The admitting medical practitioner;
    - 3. An admitting diagnosis;
    - 4. Documentation of general consent and informed consent for treatment by the patient or the patient's representative, except in an emergency;
    - 5. If applicable, the name and contact information of the patient's representative and:
      - a. If the patient is 18 years of age or older or an emancipated minor, the document signed by the patient consenting for the patient's representative to act on the patient's behalf; or
      - b. If the patient's representative:
        - i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
        - ii. Is a legal guardian, a copy of the court order establishing guardianship;
    - 6. The date of admission and, if applicable, date of discharge;
    - 7. Documentation of medical history and results of a physical examination;
    - 8. A copy of patient's health care directive, if applicable;
    - 9. Orders;
    - 10. Progress notes;
    - 11. If applicable, documentation of any actions taken to control the patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
    - 12. Documentation of outpatient surgical center services provided to the patient;
    - 13. A discharge summary, if applicable;
    - 14. Documentation of receipt of written discharge instructions by the patient or patient's representative;
    - 15. If applicable:
      - a. Laboratory reports,
      - b. Radiologic report, and
      - c. Diagnostic reports;
    - 16. The anesthesia report, required in R9-10-911(C)(2);
    - 17. The operative report of the surgical procedure, required in R9-10-911(C)(1); and

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18. Documentation of a medication administered to the patient that includes:
- The date and time of administration;
  - The name, strength, dosage, and route of administration;
  - For a medication administered for pain:
    - An assessment of the patient's pain before administering the medication, and
    - The effect of the medication administered;
  - For a psychotropic medication:
    - An assessment of the patient's behavior before administering the psychotropic medication, and
    - The effect of the psychotropic medication administered;
  - The identification, signature, and professional designation of the individual administering or observing the self-administration of the medication; and
  - Any adverse reaction a patient has to the medication.

**Historical Note**

Adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-911. Surgical Services**

- A.** An administrator shall ensure that:
- A current listing of surgical procedures offered by an outpatient surgical center is maintained on the outpatient surgical center's premises, and
  - A chronological register of surgical procedures performed in the outpatient surgical center is maintained for at least 24 months after the date of the last entry.
- B.** An administrator shall ensure that a roster of medical staff members who have clinical privileges at the outpatient surgical center is available to the medical staff, specifying the privileges and limitations of each medical staff member on the roster.
- C.** An administrator shall ensure that the individual responsible for:
- Performing a surgical procedure completes an operative report of the surgical procedure and any necessary discharge instructions according to medical staff bylaws and policies and procedures, and
  - Administering anesthesia during a surgical procedure completes an anesthesia report and any necessary discharge instructions according to medical staff bylaws and policies and procedures.
- D.** An administrator shall ensure that a physician remains on the outpatient surgical center's premises until all patients are discharged from the recovery room.

**Historical Note**

Adopted effective October 20, 1982 (Supp. 82-5). Section repealed, new Section adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-912. Nursing Services**

An administrator shall appoint a registered nurse as the director of nursing who:

- Is responsible for the management of the outpatient surgical center's nursing services;
- Ensures that policies and procedures are established, documented, and implemented for nursing services provided in the outpatient surgical center;
- Ensures that the outpatient surgical center is staffed with sufficient nursing personnel, based on the number of patients, the health care needs of the patients, and the outpatient surgical center's scope of services;
- Participates in quality management activities;
- Designates a registered nurse, in writing, to manage an outpatient surgical center's nursing services when the director of nursing is not present on the outpatient surgical center's premises;
- Ensures that a nurse who is not directly assisting the surgeon is responsible for the functioning of an operating room while a surgical procedure is being performed in the operating room;
- Ensures that a registered nurse is present in the:
  - Recovery room when a patient is present in the recovery room, and
  - Outpatient surgical center until all patients are discharged; and
- Ensures that a nurse documents in a patient's medical record that the patient or the patient's representative has received written discharge instructions.

**Historical Note**

Adopted effective October 20, 1982 (Supp. 82-5). Section repealed, new Section adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-913. Behavioral Health Services**

If an outpatient surgical center is authorized to provide behavioral health services, an administrator shall ensure that:

- Policies and procedures are established, documented, and implemented that cover when informed consent is required and by whom informed consent may be given; and
- The behavioral health services:
  - Are provided under the direction of a behavioral health professional; and
  - Comply with the requirements:
    - For behavioral health paraprofessionals and behavioral health technicians, in R9-10-115; and
    - For an assessment, in R9-10-1011(B).

**Historical Note**

Adopted effective October 20, 1982 (Supp. 82-5). Section repealed, new Section adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-914. Medication Services**

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- A. An administrator shall ensure that policies and procedures for medication services:
1. Include:
    - a. A process for providing information to a patient about medication prescribed for the patient including:
      - i. The prescribed medication's anticipated results,
      - ii. The prescribed medication's potential adverse reactions,
      - iii. The prescribed medication's potential side effects, and
      - iv. Potential adverse reactions that could result from not taking the medication as prescribed;
    - b. Procedures for preventing, responding to, and reporting:
      - i. A medication error,
      - ii. An adverse reaction to a medication, or
      - iii. A medication overdose; and
    - c. Procedures to ensure that a patient's medication regimen is reviewed by a medical practitioner to ensure the medication regimen meets the patient's needs; and
  2. Specify a process for review through the quality management program of:
    - a. A medication administration error, and
    - b. An adverse reaction to a medication.
- B. An administrator shall ensure that:
1. Policies and procedures for medication administration:
    - a. Are reviewed and approved by a medical practitioner;
    - b. Specify the individuals who may:
      - i. Order medication, and
      - ii. Administer medication;
    - c. Ensure that medication is administered to a patient only as prescribed; and
    - d. Cover the documentation of a patient's refusal to take prescribed medication in the patient's medical record;
  2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law; and
  3. A medication administered to a patient:
    - a. Is administered in compliance with an order, and
    - b. Is documented in the patient's medical record.
- C. An administrator shall ensure that:
1. A current drug reference guide is available for use by personnel members;
  2. A current toxicology reference guide is available for use by personnel members; and
  3. If pharmaceutical services are provided on the premises:
    - a. A committee, composed of at least one physician, one pharmacist, and other personnel members as determined by policies and procedures, is established to:
      - i. Develop a drug formulary,
      - ii. Update the drug formulary at least once every 12 months,
      - iii. Develop medication usage and medication substitution policies and procedures, and
      - iv. Specify which medications and medication classifications are required to be stopped automatically after a specific time period unless the ordering medical staff member specifically orders otherwise;
    - b. The pharmaceutical services are provided under the direction of a pharmacist;
    - c. The pharmaceutical services comply with A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
    - d. A copy of the pharmacy license is provided to the Department upon request.
- D. When medication is stored at an outpatient surgical center, an administrator shall ensure that:
1. Medication is stored in a separate locked room, closet, or self-contained unit used only for medication storage;
  2. Medication is stored according to the instructions on the medication container; and
  3. Policies and procedures are established, documented, and implemented for:
    - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication, including expired medication;
    - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
    - c. A medication recall and notification of patients who received recalled medication; and
    - d. Storing, inventorying, and dispensing controlled substances.
- E. An administrator shall ensure that a personnel member immediately reports a medication error or a patient's adverse reaction to a medication to the medical practitioner who ordered the medication and, if applicable, the outpatient surgical center's director of nursing.

**Historical Note**

Adopted effective October 20, 1982 (Supp. 82-5). Section repealed, new Section adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-915. Infection Control**

An administrator shall ensure that:

1. An infection control program is established, under the direction of an individual qualified according to policies and procedures, to prevent the development and transmission of infections and communicable diseases including:
  - a. A method to identify and document infections occurring at the outpatient surgical center;
  - b. Analysis of the types, causes, and spread of infections and communicable diseases at the outpatient surgical center;
  - c. The development of corrective measures to minimize or prevent the spread of infections and communicable diseases at the outpatient surgical center; and
  - d. Documenting infection control activities including:
    - i. The collection and analysis of infection control data,
    - ii. The actions taken related to infections and communicable diseases, and
    - iii. Reports of communicable diseases to the governing authority and state and county health departments;
2. Infection control documentation is maintained for at least 12 months after the date of the documentation;
3. Policies and procedures are established, documented, and implemented that cover:

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- a. Compliance with the requirements in 9 A.A.C. 6 for reporting and control measures for communicable diseases and infestations;
  - b. Handling and disposal of biohazardous medical waste;
  - c. Sterilization, disinfection, distribution, and storage of medical equipment and supplies;
  - d. Using personal protective equipment such as aprons, gloves, gowns, masks, or face protection when applicable;
  - e. Training personnel members, employees, and volunteers in infection control practices; and
  - f. Work restrictions for a personnel member with a communicable disease or infected skin lesion;
4. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures;
  5. Soiled linen and clothing are:
    - a. Collected in a manner to minimize or prevent contamination,
    - b. Bagged at the site of use, and
    - c. Maintained separate from clean linen and clothing; and
  6. A personnel member, employee, or volunteer washes hands or uses a hand disinfection product after patient contact and after handling soiled linen, soiled clothing, or potentially infectious material.
- a. Procedures to be followed in the event of a fire or threat to patient safety;
  - b. Assigned personnel responsibilities;
  - c. Instructions for the evacuation or transfer of patients;
  - d. Maintenance of patient medical records; and
  - e. A plan to provide any other services related to patient care to meet the patients' needs;
2. The disaster plan required in subsection (C)(1) is reviewed at least once every 12 months;
  3. Documentation of a disaster plan review required in subsection (C)(2) is created, is maintained for at least 12 months after the date of the disaster plan review, and includes:
    - a. The date and time of the disaster plan review;
    - b. The name of each personnel member, employee, medical staff member, or volunteer participating in the disaster plan review;
    - c. A critique of the disaster plan review; and
    - d. If applicable, recommendations for improvement;
  4. A disaster drill for employees is conducted on each shift at least once every three months and documented;
  5. An evacuation drill for employees is conducted at least once every six months for employees on the premises;
  6. Documentation of an evacuation drill is created, is maintained for at least 12 months after the date of the evacuation drill, and includes:
    - a. The date and time of the evacuation drill;
    - b. The amount of time taken for employees to evacuate the outpatient surgical center;
    - c. Any problems encountered in conducting the evacuation drill; and
    - d. Recommendations for improvement, if applicable; and
  7. An evacuation path is conspicuously posted on each hallway of each floor of the outpatient surgical center and every room where patients may be present.

**Historical Note**

Adopted effective October 20, 1982 (Supp. 82-5). Section repealed, new Section adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-916. Emergency and Safety Standards**

- A. An administrator shall ensure that policies and procedures for providing medical emergency treatment to a patient are established, documented, and implemented and include:
  1. A list of the medications, supplies, and equipment required on the premises for the medical emergency treatment provided by the outpatient surgical center;
  2. A system to ensure medications, supplies, and equipment are available, have not been tampered with, and, if applicable, have not expired;
  3. A requirement that a cart or a container is available for medical emergency treatment that contains medications, supplies, and equipment specified in policies and procedures;
  4. A method to verify and document that the contents of the cart or container are available for medical emergency treatment; and
  5. A method for ensuring a patient may be transferred to a hospital or other health care institution to receive treatment for a medical emergency that the outpatient surgical center is not authorized or not able to provide.
- B. An administrator shall ensure that medical emergency treatment is provided to a patient admitted to the outpatient surgical center according to policies and procedures.
- C. An administrator shall ensure that:
  1. A disaster plan is developed, documented, maintained in a location accessible to medical staff and employees, and, if necessary, implemented that includes:

- D. An administrator shall ensure that, if applicable, a sign is placed at the entrance to a room or area indicating that oxygen is in use.
- E. An administrator shall:
  1. Obtain a fire inspection conducted according to the timeframe established by the local fire department or the State Fire Marshal,
  2. Make any repairs or corrections stated on the fire inspection report, and
  3. Maintain documentation of a current fire inspection.

**Historical Note**

Adopted effective October 20, 1982 (Supp. 82-5). Section repealed, new Section adopted effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-917. Environmental Standards**

- A. An administrator shall ensure that:
  1. An outpatient surgical center's premises and equipment are:
    - a. Cleaned and disinfected according to policies and procedures or manufacturer's instructions to prevent, minimize, and control illness or infection; and

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- b. Free from a condition or situation that may cause a patient or an individual to suffer physical injury;
- 2. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
- 3. Equipment used at the outpatient surgical center to provide care to a patient is:
  - a. Maintained in working order;
  - b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
  - c. Used according to the manufacturer's recommendations;
- 4. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;
- 5. Garbage and refuse are:
  - a. Stored in covered containers lined with plastic bags, and
  - b. Removed from the premises at least once a week;
- 6. Heating and cooling systems maintain the outpatient surgical center at a temperature between 70° F and 84° F at all times;
- 7. Common areas:
  - a. Are lighted to assure the safety of patients, and
  - b. Have lighting sufficient to allow personnel members to monitor patient activity; and
- 8. The supply of hot and cold water is sufficient to meet the personal hygiene needs of patients and the cleaning and sanitation requirements in this Article.
- B.** An administrator shall ensure that an outpatient surgical center has a functional emergency power source.

**Historical Note**

Adopted effective October 20, 1982 (Supp. 82-5). Repealed effective February 17, 1995 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 25 A.A.R. 259, effective January 8, 2019 (Supp. 19-1).

**R9-10-918. Physical Plant Standards**

- A.** An administrator shall ensure that the outpatient surgical center complies with the applicable physical plant health and safety codes and standards, incorporated by reference in R9-10-104.01, that were in effect on the date the outpatient surgical center submitted architectural plans and specifications to the Department for approval according to R9-10-104.
- B.** An administrator shall ensure that the premises and equipment are sufficient to accommodate:
  - 1. The services stated in the outpatient surgical center's scope of services, and
  - 2. An individual accepted as a patient by the outpatient surgical center.
- C.** An administrator shall ensure that:
  - 1. There are two recovery beds for each operating room, for up to four operating rooms, whenever general anesthesia is administered;
  - 2. One additional recovery bed is available for each additional operating room; and
  - 3. Recovery beds are located in a space that provides for a minimum of 70 square feet per bed, allowing three feet or

more between beds and between the sides of a bed and the wall.

- D.** An administrator may provide chairs in the recovery room area that allow a patient to recline for patients who have not received general anesthesia.
- E.** An administrator shall ensure that the following are available in the surgical suite:
  - 1. Oxygen and the means of administration;
  - 2. Mechanical ventilator assistance equipment including airways, manual breathing bag, and suction apparatus;
  - 3. Cardiac monitor;
  - 4. Defibrillator; and
  - 5. Cardiopulmonary resuscitation drugs as determined by the policies and procedures.

**Historical Note**

Adopted effective October 20, 1982 (Supp. 82-5). Repealed effective February 17, 1995 (Supp. 95-1). New Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4).

**R9-10-919. Repealed****Historical Note**

Adopted effective October 20, 1982 (Supp. 82-5). Repealed effective February 17, 1995 (Supp. 95-1). New Section made by final rulemaking at 9 A.A.R. 338, effective March 16, 2003 (Supp. 03-1). Section repealed by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

**R9-10-920. Repealed****Historical Note**

Adopted effective October 20, 1982 (Supp. 82-5). Repealed effective February 17, 1995 (Supp. 95-1).

**R9-10-921. Repealed****Historical Note**

Adopted effective October 20, 1982 (Supp. 82-5). Repealed effective February 17, 1995 (Supp. 95-1).

**R9-10-922. Repealed****Historical Note**

Adopted effective October 20, 1982 (Supp. 82-5). Repealed effective February 17, 1995 (Supp. 95-1).

**R9-10-923. Repealed****Historical Note**

Adopted effective October 20, 1982 (Supp. 82-5). Repealed effective February 17, 1995 (Supp. 95-1).

**R9-10-924. Repealed****Historical Note**

Adopted effective June 2, 1983 (Supp. 82-5). Former Section R9-10-924 repealed, new Section R9-10-924 adopted effective November 6, 1985 (Supp. 85-6). Repealed effective February 17, 1995 (Supp. 95-1).

**R9-10-925. Repealed**

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**Historical Note**

Adopted effective October 20, 1982 (Supp. 82-5).  
Repealed effective February 17, 1995 (Supp. 95-1).

**Attachment 1. Repealed****Historical Note**

Adopted effective October 20, 1982 (Supp. 82-5).  
Repealed effective February 17, 1995 (Supp. 95-1).

**Attachment 2. Repealed****Historical Note**

Adopted effective October 20, 1982 (Supp. 82-5).  
Repealed effective November 6, 1985 (Supp. 85-6).

**Editor's Note:** *The proposed summary action repealing R9-10-1011 through R9-10-1030 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rules. Sections in effect before the proposed summary action have been restored (Supp. 97-1). Subsequently, those Sections were repealed by final rulemaking (Supp. 99-2).*

**ARTICLE 10. OUTPATIENT TREATMENT CENTERS****R9-10-1001. Definitions**

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following applies in this Article unless otherwise specified:

1. "Emergency room services" means medical services provided to a patient in an emergency.
2. "Pain management services" means medical services, nursing services, or health-related services provided to a patient to reduce or relieve the patient's chronic pain.

**Historical Note**

New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4).

**R9-10-1002. Supplemental Application and Documentation Submission Requirements**

A. In addition to the license application requirements in A.R.S. § 36-422 and 9 A.A.C. 10, Article 1, a governing authority applying for a license as an outpatient treatment center shall submit, in a Department-provided format:

1. The days and hours of clinical operation and, if different from the days and hours of clinical operation, the days and hours of administrative operation; and
2. A request to provide one or more of the following services:
  - a. Behavioral health services and, if applicable;
    - i. Behavioral health observation/stabilization services,
    - ii. Children's behavioral health services,
    - iii. Court-ordered evaluation,
    - iv. Court-ordered treatment,
    - v. Counseling,
    - vi. Crisis services,
    - vii. Opioid treatment services,
    - viii. Pre-petition screening,
    - ix. Respite services,
    - x. Respite services for children on the premises,
    - xi. DUI education,
    - xii. DUI screening,
    - xiii. DUI treatment, or

xiv. Misdemeanor domestic violence offender treatment;

- b. Diagnostic imaging services;
- c. Clinical laboratory services;
- d. Dialysis services;
- e. Emergency room services;
- f. Pain management services;
- g. Physical health services;
- h. Rehabilitation services;
- i. Sleep disorder services; or
- j. Urgent care services provided in a freestanding urgent care center setting.

B. In addition to the license application requirements in A.R.S. § 36-422 and 9 A.A.C. 10, Article 1, a governing authority of an:

1. Affiliated outpatient treatment center applying for a license for the affiliated outpatient treatment center shall submit, in a Department-provided format, the following information for each counseling facility for which the affiliated outpatient treatment center is providing administrative support:
  - a. Name, and
  - b. Either:
    - i. The license number assigned to the counseling facility by the Department; or
    - ii. If the counseling facility is not currently licensed, the:
      - (1) Counseling facility's street address, and
      - (2) Date the counseling facility submitted to the Department an application for a health care institution license; and
2. Outpatient treatment center, applying for a license that includes a request for authorization to provide respite services for children on the premises, shall include the requested respite capacity.

C. A licensee of an affiliated outpatient treatment center shall submit to the Department the information required in subsection (B)(1) with the relevant fees required in R9-10-106(C) or (D), as applicable.

D. A licensee of an outpatient treatment center authorized to provide respite services for children on the premises shall submit to the Department with the relevant fees in R9-10-106(C) or (D), as applicable:

1. The respite capacity, and
2. The specific 10 continuous hours per day during which the outpatient treatment center provides respite services on the premises.

E. A licensee of an outpatient treatment center authorized to operate as a collaborating outpatient treatment center shall submit to the Department with the relevant fees in R9-10-106(C) or (D), as applicable:

1. The information and documentation required in R9-10-1031(D)(1); and
2. A floor plan that shows:
  - a. Each colocator's proposed treatment area, and
  - b. The areas of the collaborating outpatient treatment center shared by a colocator and collaborating outpatient treatment center.

**Historical Note**

New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws

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2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4). Amended by exempt rulemaking at 22 A.A.R. 1035, pursuant to Laws 2015, Ch. 158, § 3; effective May 1, 2016 (Supp. 16-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-1003. Administration**

- A.** If an outpatient treatment center is operating under a single group license issued to a hospital according to A.R.S. § 36-422(F) or (G), the hospital's governing authority is the governing authority for the outpatient treatment center.
- B.** A governing authority shall:
1. Consist of one or more individuals accountable for the organization, operation, and administration of an outpatient treatment center;
  2. Establish, in writing:
    - a. An outpatient treatment center's scope of services, and
    - b. Qualifications for an administrator;
  3. Designate, in writing, an administrator who has the qualifications established in subsection (B)(2)(b);
  4. Adopt a quality management program according to R9-10-1004;
  5. Review and evaluate the effectiveness of the quality management program in R9-10-1004 at least once every 12 months;
  6. Designate, in writing, an acting administrator who has the qualifications established in subsection (B)(2)(b) if the administrator is:
    - a. Expected not to be present on an outpatient treatment center's premises for more than 30 calendar days, or
    - b. Not present on an outpatient treatment center's premises for more than 30 calendar days; and
  7. Except as provided in subsection (B)(6), notify the Department according to A.R.S. § 36-425(I) when there is a change in an administrator and identify the name and qualifications of the new administrator.
- C.** An administrator:
1. Is directly accountable to the governing authority for the daily operation of the outpatient treatment center and all services provided by or at the outpatient treatment center;
  2. Has the authority and responsibility to manage the outpatient treatment center; and
  3. Except as provided in subsection (B)(6), designates, in writing, an individual who is present on the outpatient treatment center's premises and accountable for the outpatient treatment center when the administrator is not available.
- D.** An administrator shall ensure that:
1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
    - a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
    - b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
    - c. Include how a personnel member may submit a complaint relating to services provided to a patient;
    - d. Cover the requirements in Title 36, Chapter 4, Article 11;
    - e. Cover cardiopulmonary resuscitation training including:
      - i. The method and content of cardiopulmonary resuscitation training which includes a demonstration of the individual's ability to perform cardiopulmonary resuscitation,
      - ii. The qualifications for an individual to provide cardiopulmonary resuscitation training,
      - iii. The time-frame for renewal of cardiopulmonary resuscitation training, and
      - iv. The documentation that verifies that an individual has received cardiopulmonary resuscitation training;
    - f. Cover first aid training;
    - g. Include a method to identify a patient to ensure the patient receives the services ordered for the patient;
    - h. Cover patient rights, including assisting a patient who does not speak English or who has a physical or other disability to become aware of patient rights;
    - i. Cover health care directives;
    - j. Cover medical records, including electronic medical records;
    - k. Cover quality management, including incident report and supporting documentation; and
    - l. Cover contracted services;
  2. Policies and procedures for services provided at or by an outpatient treatment center are established, documented, and implemented to protect the health and safety of a patient that:
    - a. Cover patient screening, admission, assessment, transport, transfer, discharge plan, and discharge;
    - b. Cover the provision of medical services, nursing services, behavioral health services, health-related services, and ancillary services;
    - c. Include when general consent and informed consent are required;
    - d. Cover obtaining, administering, storing, and disposing of medications, including provisions for controlling inventory and preventing diversion of controlled substances;
    - e. Cover prescribing a controlled substance to minimize substance abuse by a patient;
    - f. Cover infection control;
    - g. Cover telemedicine, if applicable;
    - h. Cover environmental services that affect patient care;
    - i. Cover specific steps for:
      - i. A patient to file a complaint, and
      - ii. An outpatient treatment center to respond to a complaint;
    - j. Cover smoking tobacco products on an outpatient treatment center's premises; and
    - k. Cover how personnel members will respond to a patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
  3. Outpatient treatment center policies and procedures are:
    - a. Reviewed at least once every three years and updated as needed, and
    - b. Available to personnel members and employees;
  4. Unless otherwise stated:
    - a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
    - b. When documentation or information is required by this Chapter to be submitted on behalf of an outpatient treatment center, the documentation or information is provided to the unit in the Department that

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- is responsible for licensing and monitoring the outpatient treatment center;
5. The following are conspicuously posted:
    - a. The current license for the outpatient treatment center issued by the Department;
    - b. The name, address, and telephone number of the Department;
    - c. A notice that a patient may file a complaint with the Department about the outpatient treatment center;
    - d. One of the following:
      - i. A schedule of rates according to A.R.S. § 36-436.01(C), or
      - ii. A notice that the schedule of rates required in A.R.S. § 36-436.01(C) is available for review upon request;
    - e. A list of patient rights;
    - f. A map for evacuating the facility; and
    - g. A notice identifying the location on the premises where current license inspection reports required in A.R.S. § 36-425(D), with patient information redacted, are available; and
  6. Patient follow-up instructions are:
    - a. Provided, orally or in written form, to a patient or the patient's representative before the patient leaves the outpatient treatment center unless the patient leaves against a personnel member's advice; and
    - b. Documented in the patient's medical record.
- E.** If abuse, neglect, or exploitation of a patient is alleged or suspected to have occurred before the patient was admitted or while the patient is not on the premises and not receiving services from an outpatient treatment center's employee or personnel member, an administrator shall report the alleged or suspected abuse, neglect, or exploitation of the patient as follows:
1. For a patient 18 years of age or older, according to A.R.S. § 46-454; or
  2. For a patient under 18 years of age, according to A.R.S. § 13-3620.
- F.** If an administrator has a reasonable basis, according to A.R.S. § 13-3620 or 46-454, to believe that abuse, neglect, or exploitation has occurred on the premises or while a patient is receiving services from an outpatient treatment center's employee or personnel member, an administrator shall:
1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
  2. Report the suspected abuse, neglect, or exploitation of the patient as follows:
    - a. For a patient 18 years of age or older, according to A.R.S. § 46-454; or
    - b. For a patient under 18 years of age, according to A.R.S. § 13-3620;
  3. Document:
    - a. The suspected abuse, neglect, or exploitation;
    - b. Any action taken according to subsection (F)(1); and
    - c. The report in subsection (F)(2);
  4. Maintain the documentation in subsection (F)(3) for at least 12 months after the date of the report in subsection (F)(2);
  5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in subsection (F)(2):
    - a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
    - b. A description of any injury to the patient related to the suspected abuse or neglect and any change to the patient's physical, cognitive, functional, or emotional condition;
- c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
  - d. The actions taken by the administrator to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
6. Maintain a copy of the documented information required in subsection (F)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.
- G.** If an outpatient treatment center is an affiliated outpatient treatment center, an administrator shall ensure that the outpatient treatment center complies with the requirements for an affiliated outpatient treatment center in 9 A.A.C. 10, Article 19.

**Historical Note**

New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-1004. Quality Management**

An administrator shall ensure that:

1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
  - a. A method to identify, document, and evaluate incidents;
  - b. A method to collect data to evaluate services provided to patients;
  - c. A method to evaluate the data collected to identify a concern about the delivery of services related to patient care;
  - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to patient care; and
  - e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
  - a. An identification of each concern about the delivery of services related to patient care, and
  - b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to patient care; and
3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

**Historical Note**

New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1005. Contracted Services**



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An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

#### Historical Note

New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

#### R9-10-1006. Personnel

An administrator shall ensure that:

1. The qualifications, skills, and knowledge required for each type of personnel member:
  - a. Are based on:
    - i. The type of physical health services or behavioral health services expected to be provided by the personnel member according to the established job description, and
    - ii. The acuity of the patients receiving physical health services or behavioral health services from the personnel member according to the established job description; and
  - b. Include:
    - i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services and behavioral health services listed in the established job description,
    - ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description, and
    - iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description;
2. A personnel member's skills and knowledge are verified and documented:
  - a. Before the personnel member provides physical health services or behavioral health services, and
  - b. According to policies and procedures;
3. Sufficient personnel members are present on an outpatient treatment center's premises with the qualifications, skills, and knowledge necessary to:
  - a. Provide the services in the outpatient treatment center's scope of services,
  - b. Meet the needs of a patient, and
  - c. Ensure the health and safety of a patient;
4. A personnel member only provides physical health services or behavioral health services the personnel member is qualified to provide;
5. A plan is developed, documented, and implemented to provide orientation specific to the duties of personnel members, employees, volunteers, and students;

6. A personnel member completes orientation before providing medical services, nursing services or health-related services to a patient;
7. An individual's orientation is documented, to include:
  - a. The individual's name,
  - b. The date of the orientation, and
  - c. The subject or topics covered in the orientation;
8. A plan is developed, documented, and implemented to provide in-service education specific to the duties of a personnel member;
9. A personnel member's in-service education is documented, to include:
  - a. The personnel member's name,
  - b. The date of the in-service education, and
  - c. The subject or topics covered in the in-service education;
10. A personnel member who is a behavioral health technician or behavioral health paraprofessional complies with the applicable requirements in R9-10-115;
11. A record for a personnel member, an employee, a volunteer, or a student is maintained that includes:
  - a. The individual's name, date of birth, and contact telephone number;
  - b. The individual's starting date of employment or volunteer service, and if applicable, the ending date;
  - c. Documentation of:
    - i. The individual's qualifications including skills and knowledge applicable to the individual's job duties;
    - ii. The individual's education and experience applicable to the individual's job duties;
    - iii. The individual's completed orientation and in-service education as required by policies and procedures;
    - iv. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
    - v. If the individual is a behavioral health technician, clinical oversight required in R9-10-115;
    - vi. The individual's compliance with the fingerprinting requirements in A.R.S. § 36-425.03, if applicable; and
    - vii. Cardiopulmonary resuscitation training, if the individual is required to have cardiopulmonary resuscitation training according to this Article or policies and procedures; and
12. The record in subsection (A)(11) is:
  - a. Maintained while an individual provides services for or at the outpatient treatment center and for at least 24 months after the last date the employee or volunteer provided services for or at the outpatient treatment center; and
  - b. If the ending date of employment or volunteer service was 12 or more months before the date of the Department's request, provided to the Department within 72 hours after the Department's request.

#### Historical Note

New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

#### R9-10-1007. Transport; Transfer

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- A.** Except as provided in subsection (B), an administrator shall ensure that:
1. A personnel member coordinates the transport and the services provided to the patient;
  2. According to policies and procedures:
    - a. An evaluation of the patient is conducted before and after the transport,
    - b. Information from the patient's medical record is provided to a receiving health care institution,
    - c. A personnel member explains risks and benefits of the transport to the patient or the patient's representative; and
    - d. A personnel member communicates or documents why the personnel member did not communicate with an individual at a receiving health care institution;
  3. The patient's medical record includes documentation of:
    - a. Communication or lack of communication with an individual at a receiving health care institution;
    - b. The date and time of the transport;
    - c. The mode of transportation; and
    - d. If applicable, the name of the personnel member accompanying the patient during a transport.
- B.** Subsection (A) does not apply to:
1. Transportation to a location other than a licensed health care institution,
  2. Transportation provided for a patient by the patient or the patient's representative,
  3. Transportation provided by an outside entity that was arranged for a patient by the patient or the patient's representative, or
  4. A transport to another licensed health care institution in an emergency.
- C.** Except for a transfer of a patient due to an emergency, an administrator shall ensure that:
1. A personnel member coordinates the transfer and the services provided to the patient;
  2. According to policies and procedures:
    - a. An evaluation of the patient is conducted before the transfer;
    - b. Information from the patient's medical record, including orders that are in effect at the time of the transfer, is provided to a receiving health care institution; and
    - c. A personnel member explains risks and benefits of the transfer to the patient or the patient's representative; and
  3. Documentation in the patient's medical record includes:
    - a. Communication with an individual at a receiving health care institution;
    - b. The date and time of the transfer;
    - c. The mode of transportation; and
    - d. If applicable, the name of the personnel member accompanying the patient during a transfer.
- Historical Note**  
 New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).
- R9-10-1008. Patient Rights**
- A.** An administrator shall ensure that:
1. The requirements in subsection (B) and the patient rights in subsection (C) are conspicuously posted on the premises;
  2. At the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (C); and
  3. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that include:
    - a. How and when a patient or the patient's representative is informed of patient rights in subsection (C); and
    - b. Where patient rights are posted as required in subsection (A)(1).
- B.** An administrator shall ensure that:
1. A patient is treated with dignity, respect, and consideration;
  2. A patient as not subjected to:
    - a. Abuse;
    - b. Neglect;
    - c. Exploitation;
    - d. Coercion;
    - e. Manipulation;
    - f. Sexual abuse;
    - g. Sexual assault;
    - h. Except as allowed in R9-10-1012(B), restraint or seclusion;
    - i. Retaliation for submitting a complaint to the Department or another entity; or
    - j. Misappropriation of personal and private property by an outpatient treatment center's personnel member, employee, volunteer, or student; and
  3. A patient or the patient's representative:
    - a. Except in an emergency, either consents to or refuses treatment;
    - b. May refuse or withdraw consent for treatment before treatment is initiated;
    - c. Except in an emergency, is informed of alternatives to a proposed psychotropic medication or surgical procedure and associated risks and possible complications of a proposed psychotropic medication or surgical procedure;
    - d. Is informed of the following:
      - i. The outpatient treatment center's policy on health care directives, and
      - ii. The patient complaint process;
    - e. Consents to photographs of the patient before a patient is photographed, except that a patient may be photographed when admitted to an outpatient treatment center for identification and administrative purposes; and
    - f. Except as otherwise permitted by law, provides written consent to the release of information in the patient's:
      - i. Medical record, or
      - ii. Financial records.
- C.** A patient has the following rights:
1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
  2. To receive treatment that supports and respects the patient's individuality, choices, strengths, and abilities;
  3. To receive privacy in treatment and care for personal needs;

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4. To review, upon written request, the patient's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
5. To receive a referral to another health care institution if the outpatient treatment center is not authorized or not able to provide physical health services or behavioral health services needed by the patient;
6. To participate or have the patient's representative participate in the development of, or decisions concerning, treatment;
7. To participate or refuse to participate in research or experimental treatment; and
8. To receive assistance from a family member, the patient's representative, or other individual in understanding, protecting, or exercising the patient's rights.

**Historical Note**

New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1009. Medical Records****A.** An administrator shall ensure that:

1. A medical record is established and maintained for each patient according to A.R.S. Title 12, Chapter 13, Article 7.1;
2. An entry in a patient's medical record is:
  - a. Recorded only by a personnel member authorized by policies and procedures to make the entry;
  - b. Dated, legible, and authenticated; and
  - c. Not changed to make the initial entry illegible;
3. An order is:
  - a. Dated when the order is entered in the patient's medical record and includes the time of the order;
  - b. Authenticated by a medical practitioner or behavioral health professional according to policies and procedures; and
  - c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;
4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
5. A patient's medical record is available to an individual:
  - a. Authorized according to policies and procedures to access the patient's medical record;
  - b. If the individual is not authorized according to policies and procedures, with the written consent of the patient or the patient's representative; or
  - c. As permitted by law;
6. Policies and procedures include the maximum time-frame to retrieve a patient's medical record at the request of a medical practitioner, behavioral health professional, or authorized personnel member; and
7. A patient's medical record is protected from loss, damage, or unauthorized use.

**B.** If an outpatient treatment center maintains patients' medical records electronically, an administrator shall ensure that:

1. Safeguards exist to prevent unauthorized access, and
2. The date and time of an entry in a medical record is recorded by the computer's internal clock.

**C.** An administrator shall ensure that a patient's medical record contains:

1. Patient information that includes:
  - a. Except as specified in A.A.C. R9-6-1005, the patient's name and address;
  - b. The patient's date of birth; and
  - c. Any known allergies, including medication allergies;
2. A diagnosis or reason for outpatient treatment center services;
3. Documentation of general consent and, if applicable, informed consent for treatment by the patient or the patient's representative, except in an emergency;
4. If applicable, the name and contact information of the patient's representative and:
  - a. If the patient is 18 years of age or older or an emancipated minor, the document signed by the patient consenting for the patient's representative to act on the patient's behalf; or
  - b. If the patient's representative:
    - i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
    - ii. Is a legal guardian, a copy of the court order establishing guardianship;
5. Documentation of medical history and, if applicable, results of a physical examination;
6. Orders;
7. Assessment;
8. Treatment plans;
9. Interval notes;
10. Progress notes;
11. Documentation of outpatient treatment center services provided to the patient;
12. The name of each individual providing treatment or a diagnostic procedure;
13. Disposition of the patient upon discharge;
14. Documentation of the patient's follow-up instructions provided to the patient;
15. A discharge summary;
16. If applicable:
  - a. Laboratory reports,
  - b. Radiologic reports,
  - c. Sleep disorder reports,
  - d. Diagnostic reports, and
  - e. Consultation reports;
17. If applicable, documentation of any actions taken to control the patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual, other than actions taken while providing behavioral health observation/stabilization services; and
18. Documentation of a medication administered to the patient that includes:
  - a. The date and time of administration;
  - b. The name, strength, dosage, and route of administration;
  - c. For a medication administered for pain:
    - i. An assessment of the patient's pain before administering the medication, and
    - ii. The effect of the medication administered;
  - d. For a psychotropic medication:
    - i. An assessment of the patient's behavior before administering the psychotropic medication, and

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- ii. The effect of the psychotropic medication administered;
- e. The identification, signature, and professional designation of the individual administering or observing the self-administration of the medication;
- f. Any adverse reaction a patient has to the medication; and
- g. For prepacked or sample medication provided to the patient for self-administration, the name, strength, dosage, amount, route of administration, and expiration date.

**Historical Note**

New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1010. Medication Services**

- A.** If an outpatient treatment center provides medication administration or assistance in the self-administration of medication, an administrator shall ensure that policies and procedures for medication services:
  - 1. Include:
    - a. A process for providing information to a patient about medication prescribed for the patient including:
      - i. The prescribed medication's anticipated results,
      - ii. The prescribed medication's potential adverse reactions,
      - iii. The prescribed medication's potential side effects, and
      - iv. Potential adverse reactions that could result from not taking the medication as prescribed;
    - b. Procedures for preventing, responding to, and reporting:
      - i. A medication error,
      - ii. An adverse reaction to a medication, or
      - iii. A medication overdose;
    - c. Procedures to ensure that a patient's medication regimen is reviewed by a medical practitioner and meets the patient's needs;
    - d. Procedures for documenting medication administration and assistance in the self-administration of medication;
    - e. Procedures for assisting a patient in obtaining medication; and
    - f. If applicable, procedures for providing medication administration or assistance in the self-administration of medication off the premises; and
  - 2. Specify a process for review through the quality management program of:
    - a. A medication administration error, and
    - b. An adverse reaction to a medication.
- B.** If an outpatient treatment center provides medication administration, an administrator shall ensure that:
  - 1. Policies and procedures for medication administration:
    - a. Are reviewed and approved by a medical practitioner;
    - b. Specify the individuals who may:
      - i. Order medication, and
      - ii. Administer medication;
    - c. Ensure that medication is administered to a patient only as prescribed; and
  - d. Cover the documentation of a patient's refusal to take prescribed medication in the patient's medical record;
  - 2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law; and
  - 3. A medication administered to a patient is:
    - a. Administered in compliance with an order, and
    - b. Documented in the patient's medical record.
- C.** If an outpatient treatment center provides assistance in the self-administration of medication, an administrator shall ensure that:
  - 1. A patient's medication is stored by the outpatient treatment center;
  - 2. The following assistance is provided to a patient:
    - a. A reminder when it is time to take the medication;
    - b. Opening the medication container for the patient;
    - c. Observing the patient while the patient removes the medication from the container;
    - d. Verifying that the medication is taken as ordered by the patient's medical practitioner by confirming that:
      - i. The patient taking the medication is the individual stated on the medication container label,
      - ii. The patient is taking the dosage of the medication stated on the medication container label, and
      - iii. The patient is taking the medication at the time stated on the medication container label; or
    - e. Observing the patient while the patient takes the medication;
  - 3. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by a medical practitioner or registered nurse;
  - 4. Training for a personnel member, other than a medical practitioner or registered nurse, in assistance in the self-administration of medication:
    - a. Is provided by a medical practitioner or registered nurse or an individual trained by a medical practitioner or registered nurse; and
    - b. Includes:
      - i. A demonstration of the personnel member's skills and knowledge necessary to provide assistance in the self-administration of medication,
      - ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and
      - iii. The process for notifying the appropriate entities when an emergency medical intervention is needed;
  - 5. A personnel member, other than a medical practitioner or registered nurse, completes the training in subsection (C)(4) before the personnel member provides assistance in the self-administration of medication; and
  - 6. Assistance in the self-administration of medication provided to a patient is:
    - a. In compliance with an order, and
    - b. Documented in the patient's medical record.
- D.** An administrator shall ensure that:
  - 1. A current drug reference guide is available for use by personnel members;
  - 2. A current toxicology reference guide is available for use by personnel members;
  - 3. If pharmaceutical services are provided:
    - a. The pharmaceutical services are provided under the direction of a pharmacist;

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- b. The pharmaceutical services comply with ARS Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
    - c. A copy of the pharmacy license is provided to the Department upon request.
  - E. When medication is stored at an outpatient treatment center, an administrator shall ensure that:
    - 1. Medication is stored in a separate locked room, closet, or self-contained unit used only for medication storage;
    - 2. Medication is stored according to the instructions on the medication container; and
    - 3. Policies and procedures are established, documented, and implemented for:
      - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication including expired medication;
      - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
      - c. A medication recall and notification of patients who received recalled medication; and
      - d. Storing, inventorying, and dispensing controlled substances.
  - F. An administrator shall ensure that a personnel member immediately reports a medication error or a patient's adverse reaction to a medication to the medical practitioner who ordered the medication and, if applicable, the outpatient treatment center's clinical director.
- Historical Note**
- New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).
- R9-10-1011. Behavioral Health Services**
- A. An administrator of an outpatient treatment center that is authorized to provide behavioral health services shall ensure that:
    - 1. The outpatient treatment center does not provide a behavioral health service the outpatient treatment center is not authorized to provide;
    - 2. The behavioral health services provided by or at the outpatient treatment center:
      - a. Are provided under the direction of a behavioral health professional; and
      - b. Comply with the requirements:
        - i. For behavioral health paraprofessionals and behavioral health technicians in R9-10-115, and
        - ii. For an assessment, in subsection (B);
    - 3. A personnel member who provides behavioral health services is at least 18 years old; and
    - 4. If an outpatient treatment center provides behavioral health services to a patient who is less than 18 years of age, the owner and an employee or a volunteer comply with the fingerprint clearance card requirements in A.R.S. § 36-425.03.
  - B. An administrator of an outpatient treatment center that is authorized to provide behavioral health services shall ensure that:
    - 1. Except as provided in subsection (B)(2), a behavioral health assessment for a patient is completed before treatment for the patient is initiated;
    - 2. If a behavioral health assessment that complies with the requirements in this Section is received from a behavioral health provider other than the outpatient treatment center or the outpatient treatment center has a medical record for the patient that contains an assessment that was completed within 12 months before the date of the patient's current admission:
      - a. The patient's assessment information is reviewed and updated if additional information that affects the patient's assessment is identified, and
      - b. The review and update of the patient's assessment information is documented in the patient's medical record within 48 hours after the review is completed;
    - 3. If a behavioral health assessment is conducted by a:
      - a. Behavioral health technician or a registered nurse, within 72 hours a behavioral health professional certified or licensed to provide the behavioral health services needed by the patient reviews and signs the behavioral health assessment to ensure that the behavioral health assessment identifies the behavioral health services needed by the patient; or
      - b. Behavioral health paraprofessional, a behavioral health professional certified or licensed to provide the behavioral health services needed by the patient supervises the behavioral health paraprofessional during the completion of the behavioral health assessment and signs the behavioral health assessment to ensure that the assessment identifies the behavioral health services needed by the patient;
    - 4. A behavioral health assessment:
      - a. Documents a patient's:
        - i. Presenting issue;
        - ii. Substance abuse history;
        - iii. Co-occurring disorder;
        - iv. Medical condition and history;
        - v. Legal history, including:
          - (1) Custody,
          - (2) Guardianship, and
          - (3) Pending litigation;
        - vi. Criminal justice record;
        - vii. Family history;
        - viii. Behavioral health treatment history; and
        - ix. Symptoms reported by the patient and referrals needed by the patient, if any;
      - b. Includes:
        - i. Recommendations for further assessment or examination of the patient's needs;
        - ii. The behavioral health services, physical health services, or ancillary services that will be provided to the patient; and
        - iii. The signature and date signed of the personnel member conducting the behavioral health assessment; and
      - c. Is documented in patient's medical record;
    - 5. A patient is referred to a medical practitioner if a determination is made that the patient requires immediate physical health services or the patient's behavioral health issue may be related to the patient's medical condition;
    - 6. A request for participation in a patient's behavioral health assessment is made to the patient or the patient's representative;
    - 7. An opportunity for participation in the patient's behavioral health assessment is provided to the patient or the patient's representative;

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8. Documentation of the request in subsection (B)(6) and the opportunity in subsection (B)(7) is in the patient's medical record;
9. A patient's behavioral health assessment information is documented in the medical record within 48 hours after completing the assessment;
10. If information in subsection (B)(4)(a) is obtained about a patient after the patient's behavioral health assessment is completed, an interval note, including the information, is documented in the patient's medical record within 48 hours after the information is obtained;
11. Counseling is:
  - a. Offered as described in the outpatient treatment center's scope of services,
  - b. Provided according to the frequency and number of hours identified in the patient's assessment, and
  - c. Provided by a behavioral health professional or a behavioral health technician;
12. A personnel member providing counseling that addresses a specific type of behavioral health issue has the skills and knowledge necessary to provide the counseling that addresses the specific type of behavioral health issue; and
13. Each counseling session is documented in the patient's medical record to include:
  - a. The date of the counseling session;
  - b. The amount of time spent in the counseling session;
  - c. Whether the counseling was individual counseling, family counseling, or group counseling;
  - d. The treatment goals addressed in the counseling session; and
  - e. The signature of the personnel member who provided the counseling and the date signed.
- C. An administrator of an outpatient treatment center authorized to provide behavioral health services may request to provide any of the following to individuals required to attend by a referring court:
  1. DUI screening,
  2. DUI education,
  3. DUI treatment, or
  4. Misdemeanor domestic violence offender treatment.
- D. An administrator of an outpatient treatment center authorized to provide the services in subsection (C):
  1. Shall comply with the requirements for the specific service in 9 A.A.C. 20, and
  2. May have a behavioral health technician who has the appropriate skills and knowledge established in policies and procedures provide the services.

**Historical Note**

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1011 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1011 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, §

13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 26 A.A.R. 3041, with an immediate effective date of November 3, 2020 (Supp. 20-4).

**R9-10-1012. Behavioral Health Observation/Stabilization Services**

- A. An administrator of an outpatient treatment center that is authorized to provide behavioral health observation/stabilization services shall ensure that:
  1. Behavioral health observation/stabilization services are available 24 hours a day, every calendar day;
  2. Behavioral health observation/stabilization services are provided in a designated area that:
    - a. Is used exclusively for behavioral health observation/stabilization services;
    - b. Has the space for a patient to receive privacy in treatment and care for personal needs; and
    - c. For every 15 observation chairs or less, has at least one bathroom that contains:
      - i. A working sink with running water,
      - ii. A working toilet that flushes and has a seat,
      - iii. Toilet tissue,
      - iv. Soap for hand washing,
      - v. Paper towels or a mechanical air hand dryer,
      - vi. Lighting, and
      - vii. A means of ventilation;
  3. If the outpatient treatment center is authorized to provide behavioral health observation/stabilization services to individuals under 18 years of age:
    - a. There is a separate designated area for providing behavioral health observation/stabilization services to individuals under 18 years of age that:
      - i. Meets the requirements in subsection (B)(2), and
      - ii. Has floor to ceiling walls that separate the designated area from other areas of the outpatient treatment center;
    - b. A registered nurse is present in the separate designated area; and
    - c. A patient under 18 years of age does not share any space, participate in any activity or treatment, or have verbal or visual interaction with a patient 18 years of age or older;
  4. A medical practitioner is available;
  5. If the medical practitioner present at the outpatient treatment center is a registered nurse practitioner or a physician assistant, a physician is on-call;
  6. A registered nurse is present and provides direction for behavioral health observation/stabilization services in the designated area;
  7. A nurse monitors each patient at the intervals determined according to subsection (A)(12) and documents the monitoring in the patient's medical record;
  8. An individual who arrives at the designated area for behavioral health observation/stabilization services in the outpatient treatment center is screened within 30 minutes after entering the designated area to determine whether the individual is in need of immediate physical health services;
  9. If a screening indicates that an individual needs immediate physical health services that the outpatient treatment center is:
    - a. Able to provide according to the outpatient treatment center's scope of services, the individual is examined by a medical practitioner within 30 minutes after being screened; or

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- b. Not able to provide, the individual is transferred to a health care institution capable of meeting the individual's immediate physical health needs;
10. If a screening indicates that an individual needs behavioral health observation/stabilization services and the outpatient treatment center has the capabilities to provide the behavioral health observation/stabilization services, the individual is admitted to the designated area for behavioral health observation/stabilization services and may remain in the designated area and receive observation/stabilization services for up to 23 hours and 59 minutes;
11. Before a patient is discharged from the designated area for behavioral health observation/stabilization services, a medical practitioner determines whether the patient will be:
  - a. If the behavioral health observation/stabilization services are provided in a health care institution that also provides inpatient services and is capable of meeting the patient's needs, admitted to the health care institution as an inpatient;
  - b. Transferred to another health care institution capable of meeting the patient's needs;
  - c. Provided a referral to another entity capable of meeting the patient's needs; or
  - d. Discharged and provided patient follow-up instructions;
12. When a patient is admitted to a designated area for behavioral health observation/stabilization services, an assessment of the patient includes the interval for monitoring the patient based on the patient's medical condition, behavior, suspected drug or alcohol abuse, and medication status to ensure the health and safety of the patient;
13. If a patient is not being admitted as an inpatient to a health care institution, before discharging the patient from a designated area for behavioral health observation/stabilization services, a personnel member:
  - a. Identifies the specific needs of the patient after discharge necessary to assist the patient to function independently;
  - b. Identifies any resources, including family members, community social services, peer support services, and Regional Behavioral Health Agency staff, that may be available to assist the patient; and
  - c. Documents the information in subsection (A)(13)(a) and the resources in subsection (A)(13)(b) in the patient's medical record;
14. When a patient is discharged from a designated area for behavioral health observation/stabilization services, a personnel member:
  - a. Provides the patient with discharge information that includes:
    - i. The identified specific needs of the patient after discharge, and
    - ii. Resources that may be available for the patient; and
  - b. Contacts any resources identified as required in subsection (A)(13)(b);
15. Except as provided in subsection (A)(16), a patient is not re-admitted to the outpatient treatment center for behavioral health observation/stabilization services within two hours after the patient's discharge from a designated area for behavioral health observation/stabilization services;
16. A patient may be re-admitted to the outpatient treatment center for behavioral health observation/stabilization services within two hours after the patient's discharge if:
  - a. It is at least one hour since the time of the patient's discharge;
  - b. A law enforcement officer or the patient's case manager accompanies the patient to the outpatient treatment center;
  - c. Based on a screening of the patient, it is determined that re-admission for behavioral health observation/stabilization is necessary for the patient; and
  - d. The name of the law enforcement officer or the patient's case manager and the reasons for the determination in subsection (A)(16)(c) are documented in the patient's medical record;
17. A patient admitted for behavioral health observation/stabilization services is provided:
  - a. An observation chair; or
  - b. A separate piece of equipment for the patient to use to sit or recline that:
    - i. Is at least 12 inches from the floor; and
    - ii. Has sufficient space around the piece of equipment to allow a personnel member to provide behavioral health services and physical health services, including emergency services, to the patient;
18. If an individual is not admitted for behavioral health observation/stabilization services because there is not an observation chair available for the individual's use, a personnel member provides support to the individual to access the services or resources necessary for the individual's health and safety, which may include:
  - a. Admitting the individual to the outpatient treatment center to provide behavioral health services other than behavioral health observation/stabilization services;
  - b. Establishing a method to notify the individual when there is an observation chair available;
  - c. Referring or providing transportation to the individual to another health care institution;
  - d. Assisting the individual to contact the individual's support system; and
  - e. If the individual is enrolled with a Regional Behavioral Health Authority, contacting the appropriate person to request assistance for the individual;
19. Personnel members establish a log of individuals who were not admitted because there was not an observation chair available and document the individual's name, actions taken to provide support to the individual to access the services or resources necessary for the individual's health and safety, and date and time the actions were taken;
20. The log required in subsection (A)(19) is maintained for at least 12 months after the date of documentation in the log;
21. An observation chair or, as provided in subsection (A)(17)(b), a piece of equipment used by a patient to sit or recline is visible to a personnel member;
22. Except as provided in subsection (A)(23), a patient admitted to receive behavioral health observation/stabilization services is visible to a personnel member;
23. A patient admitted to receive behavioral health observation/stabilization services may use the bathroom and not be visible to a personnel member, if the personnel member:
  - a. Determines that the patient is capable of using the bathroom unsupervised,
  - b. Is aware of the patient's location, and

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- c. Is able to intervene in the patient's actions to ensure the patient's health and safety; and
- 24. An observation chair:
  - a. Effective until July 1, 2015, has space around the observation chair that allows a personnel member to provide behavioral health services and physical health services, including emergency services, to a patient in the observation chair; and
  - b. Effective on July 1, 2015, has at least three feet of clear floor space:
    - i. On at least two sides of the observation chair, and
    - ii. Between the observation chair and any other observation chair.
- B. An administrator of an outpatient treatment center that is authorized to provide behavioral health observation/stabilization services shall:
  - 1. Have a room used for seclusion that complies with requirements for seclusion rooms in R9-10-316, and
  - 2. Comply with the requirements for restraint and seclusion in R9-10-316.
- C. An administrator of an outpatient treatment center that is authorized to provide behavioral health observation/stabilization services shall ensure that:
  - 1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
    - a. Cover the process for:
      - i. Evaluating a patient previously admitted to the designated area to determine whether the patient is ready for admission to an inpatient setting or discharge, including when to implement the process;
      - ii. Contacting other health care institutions that provide behavioral health observation/stabilization services to determine if the patient could be admitted for behavioral health observation/stabilization services in another health care institution, including when to implement the process; and
      - iii. Ensuring that sufficient personnel members, space, and equipment are available to provide behavioral health observation/stabilization services to patients admitted to receive behavioral health observation/stabilization services; and
    - b. Establish a maximum capacity of the number of patients for whom the outpatient treatment center is capable of providing behavioral health observation/stabilization services;
  - 2. The outpatient treatment center does not:
    - a. Exceed the maximum capacity established by the outpatient treatment center in subsection (C)(1)(b); or
    - b. Admit an individual if the outpatient treatment center does not have personnel members, space, and equipment available to provide behavioral health observation/stabilization services to the individual; and
  - 3. Effective on July 1, 2015:
    - a. If an admission of an individual causes the outpatient treatment center to exceed the outpatient treatment center's licensed occupancy, the individual is only admitted for behavioral health observation/stabilization services after:

- (i.) A behavioral health professional reviews the individual's screening and determines the admission is an emergency; and
- (ii.) Documents the determination in the individual's medical record; and
- b. The outpatient treatment center's quality management program's plan, required in R9-10-1004(1), includes a method to identify and document each occurrence of exceeding licensed occupancy, to evaluate the occurrences of exceeding licensed occupancy, and to review the actions taken to reduce future occurrences of exceeding licensed occupancy.

**Historical Note**

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1012 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1012 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1013. Court-ordered Evaluation**

An administrator of an outpatient treatment center that is authorized to provide court-ordered evaluation shall comply with the requirements for court-ordered evaluation in A.R.S. Title 36, Chapter 5, Article 4.

**Historical Note**

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1013 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1013 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-1014. Court-ordered Treatment**

An administrator of an outpatient treatment center that is authorized to provide court-ordered treatment shall comply with the requirements for court-ordered treatment in A.R.S. Title 36, Chapter 5, Article 5.



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**Historical Note**

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1014 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1014 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-1015. Clinical Laboratory Services**

An administrator of an outpatient treatment center that is authorized to provide clinical laboratory services shall ensure that:

1. If clinical laboratory services are provided on the premises or at another location, the clinical laboratory services are provided by a laboratory that holds a certificate of accreditation, certificate of compliance, or certificate of waiver issued by the U.S. Department of Health and Human Services under the Clinical Laboratory Improvement Act of 1967, 42 U.S.C. 263a, as amended by Public Law 100-578, October 31, 1988; and
2. A clinical laboratory test result is documented in a patient's medical record including:
  - a. The name of the clinical laboratory test;
  - b. The patient's name;
  - c. The date of the clinical laboratory test;
  - d. The results of the clinical laboratory test; and
  - e. If applicable, any adverse reaction related to or as a result of the clinical laboratory test.

**Historical Note**

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1015 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1015 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1016. Crisis Services**

A. An administrator of an outpatient treatment center that is authorized to provide crisis services shall comply with the requirements for behavioral health services in R9-10-1011.

B. An administrator of an outpatient treatment center that is authorized to provide crisis services shall ensure that:

1. Crisis services are available during clinical hours of operation;
2. A behavioral health technician, qualified to provide crisis services according to the outpatient treatment center's policies and procedures, is present in the outpatient treatment center during clinical hours of operation; and
3. The following individuals, qualified to provide crisis services according to policies and procedures, are available during clinical hours of operation:
  - a. A behavioral health professional,
  - b. A medical practitioner, and
  - c. A registered nurse.

**Historical Note**

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1016 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1016 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1017. Diagnostic Imaging Services**

An administrator of an outpatient treatment center that is authorized to provide diagnostic imaging services shall:

1. Designate an individual to provide direction for diagnostic imaging services who is a:
  - a. Radiologic technologist, certified under A.R.S. Title 32, Chapter 28, Article 2, who has at least 12 months experience in an outpatient treatment center;
  - b. Physician; or
  - c. Radiologist; and
2. Ensure that:
  - a. Diagnostic imaging services are provided in compliance with A.R.S. Title 30, Chapter 4 and 9 A.A.C. 7;
  - b. A copy of a certificate documenting compliance with subsection (2)(a) is maintained;
  - c. Diagnostic imaging services are provided to a patient according to an order that includes:
    - i. The patient's name,
    - ii. The name of the ordering individual,
    - iii. The diagnostic imaging procedure ordered, and
    - iv. The reason for the diagnostic imaging procedure;
  - d. A physician or radiologist interprets the diagnostic image; and
  - e. A diagnostic imaging patient report is completed that includes:
    - i. The patient's name,
    - ii. The date of the procedure, and
    - iii. A physician's or radiologist's interpretation of the diagnostic image.

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**Historical Note**

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1017 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1017 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by final rulemaking at 14 A.A.R. 294, effective March 8, 2008 (Supp. 08-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-1018. Dialysis Services**

- A.** In addition to the definitions in A.R.S. § 36-401, R9-10-101, and R9-10-1001, the following definitions apply in this Section:
1. "Caregiver" means an individual designated by a patient or a patient's representative to perform self-dialysis in the patient's stead.
  2. "Chief clinical officer" means a physician appointed to provide direction for dialysis services provided by an outpatient treatment center.
  3. "Long-term care plan" means a written plan of action for a patient with kidney failure that is developed to achieve long-term optimum patient outcome.
  4. "Modality" means a method of treatment for kidney failure, including transplant, hemodialysis, and peritoneal dialysis.
  5. "Nutritional assessment" means an analysis of a patient's weight, height, lifestyle, medication, mobility, food and fluid intake, and diagnostic procedures to identify conditions and behaviors that indicate whether the patient's nutritional needs are being met.
  6. "Patient care plan" means a written document for a patient receiving dialysis that identifies the patient's needs for medical services, nursing services, and health-related services and the process by which the medical services, nursing services, or health-related services will be provided to the patient.
  7. "Peritoneal dialysis" means the process of using the peritoneal cavity for removing waste products by fluid exchange.
  8. "Psychosocial evaluation" means an analysis of an individual's mental and social conditions to determine the individual's need for social work services.
  9. "Reprocessing" means cleaning and sterilizing a dialyzer previously used by a patient so that the dialyzer can be reused by the same patient.
  10. "Self-dialysis" means dialysis performed by a patient or a caregiver on the patient's body.
  11. "Social worker" means an individual licensed according to A.R.S. Title 32, Chapter 33 to engage in the "practice of social work" as defined in A.R.S. § 32-3251.
  12. "Stable" means that a patient's blood pressure, temperature, pulse, respirations, and diagnostic procedure results are within medically recognized acceptable ranges or consistent with the patient's usual medical condition so that medical intervention is not indicated.
- 13.** "Transplant surgeon" means a physician who:
- a. Is board eligible or board certified in general surgery or urology by a professional credentialing board, and
  - b. Has at least 12 months of training or experience performing renal transplants and providing care for patients with renal transplants.
- B.** A governing authority of an outpatient treatment center that is authorized to provide dialysis services shall:
1. Ensure that the administrator appointed as required in R9-10-1003(B)(3) has at least 12 months of experience in an outpatient treatment center providing dialysis services; and
  2. Appoint a chief clinical officer to direct the dialysis services provided by or at the outpatient treatment center who is a physician who:
    - a. Is board eligible or board certified in internal medicine or pediatrics by a professional credentialing board, and
    - b. Has at least 12 months of experience or training in providing dialysis services.
- C.** An administrator of an outpatient treatment center that is authorized to provide dialysis services shall ensure that:
1. In addition to the policies and procedures required in R9-10-1003(D), policies and procedures are established, documented, and implemented to protect the health and safety of a patient that cover:
    - a. Long-term care plans and patient care plans,
    - b. Assigning a patient an identification number,
    - c. Personnel members' response to a patient's adverse reaction during dialysis, and
    - d. Personnel members' response to an equipment malfunction during dialysis;
  2. A personnel member complies with the requirements in A.R.S. § 36-423 and R9-10-114 for hemodialysis technicians and hemodialysis technician trainees, if applicable;
  3. A personnel member completes basic cardiopulmonary resuscitation training specific to the age of the patients receiving dialysis from the outpatient treatment center:
    - a. Before providing dialysis services, and
    - b. At least once every 12 months after the initial date of employment or volunteer service;
  4. A personnel member wears a name badge that displays the individual's first name, job title, and professional license or certification; and
  5. At least one registered nurse or medical practitioner is on the premises while a patient receiving dialysis services is on the premises.
- D.** An administrator of an outpatient treatment center that is authorized to provide dialysis services shall ensure that:
1. The premises of the outpatient treatment center where dialysis services are provided complies with the applicable physical plant health and safety codes and standards for outpatient treatment centers providing dialysis services, incorporated by reference in R9-10-104.01, that were in effect on the date listed on the building permit or zoning clearance submitted, as required by R9-10-104, as part of the application for approval of the architectural plans and specifications submitted before initial approval of the inclusion of dialysis services in the outpatient treatment center's scope of services;
  2. Before a modification of the premises of an outpatient treatment center where dialysis services are provided is made, an application for approval of the architectural

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plans and specifications of the outpatient treatment center required in R9-10-104(A):

- a. Is submitted to the Department; and
  - b. Demonstrates compliance with the applicable physical plant health and safety codes and standards for outpatient treatment centers providing dialysis services, incorporated by reference in R9-10-104.01, in effect on the date:
    - i. Listed on the building permit or zoning clearance submitted as part of the application for approval of the architectural plans and specifications for the modification, or
    - ii. The application for approval of the architectural plans and specifications of the modification of the outpatient treatment center required in R9-10-104(A) is submitted to the Department; and
  3. A modification of the outpatient treatment center complies with applicable physical plant health and safety codes and standards for outpatient treatment centers providing dialysis services, incorporated by reference in R9-10-104.01 in effect on the date:
    - a. Listed on the building permit or zoning clearance submitted as part of the application for approval of the architectural plans and specifications for the modification, or
    - b. The application for approval of the architectural plans and specifications required in R9-10-104(A) is submitted to the Department.
- E. An administrator of an outpatient treatment center that is authorized to provide dialysis services shall ensure that for a patient receiving dialysis services:
1. The dialysis services provided to the patient meet the needs of the patient;
  2. A physician:
    - a. Performs a medical history and physical examination on the patient within 30 calendar days before admission or within 48 hours after admission, and
    - b. Documents the medical history and physical examination in the patient's medical record within 48 hours after admission;
  3. If the patient's medical history and physical examination required in subsection (E)(2) is not performed by the patient's nephrologist, the patient's nephrologist, within 30 calendar days after the date of the medical history and physical examination:
    - a. Reviews and authenticates the patient's medical history and physical examination, documents concurrence with the medical history and physical examination, and includes information specific to nephrology; or
    - b. Performs a medical history and physical examination that includes information specific to nephrology;
  4. The patient's nephrologist or the nephrologist's designee:
    - a. Performs a medical history and physical examination on the patient at least once every 12 months after the date of the patient's admission to the outpatient treatment center, and
    - b. Documents monthly notes related to the patient's progress in the patient's medical record;
  5. A registered nurse responsible for the nursing services provided to the patient receiving dialysis services:
    - a. Reviews with the patient the results of any diagnostic tests performed on the patient;
    - b. Assesses the patient's medical condition before the patient begins receiving hemodialysis and after the patient has received hemodialysis;
    - c. If the patient returns to another health care institution after receiving dialysis services at the outpatient treatment center, provides an oral or written notice of information related to the patient's medical condition to the registered nurse responsible for the nursing services provided to the patient at the health care institution or, if there is not a registered nurse responsible, the individual responsible for the medical services, nursing services, or health-related services provided to the patient at the health care institution;
    - d. Informs the patient's nephrologist of any changes in the patient's medical condition or needs; and
    - e. Documents in the patient's medical record:
      - i. Any notice provided as required in subsection (E)(5)(c), and
      - ii. Monthly notes related to the patient's progress;
  6. If the patient is not stable, before dialysis is provided to the patient, a nephrologist is notified of the patient's medical condition and dialysis is not provided until the nephrologist provides direction;
  7. The patient:
    - a. Is under the care of a nephrologist;
    - b. Is assigned a patient identification number according to the policy and procedure in subsection (C)(1)(b);
    - c. Is identified by a personnel member before beginning dialysis;
    - d. Receives the dialysis services ordered for the patient by a medical practitioner;
    - e. Is monitored by a personnel member while receiving dialysis at least once every 30 minutes; and
    - f. If the outpatient treatment center reprocesses and reuses dialyzers, is informed that the outpatient treatment center reprocesses and reuses dialyzers before beginning hemodialysis;
  8. Equipment used for hemodialysis is inspected and tested according to the manufacturer's recommendations or the outpatient treatment center's policies and procedures before being used to provide hemodialysis to a patient;
  9. The equipment inspection and testing required in subsection (E)(8) is documented in the patient's medical record;
  10. Supplies and equipment used for dialysis services for the patient are used, stored, and discarded according to manufacturer's recommendations;
  11. If hemodialysis is provided to the patient, a personnel member:
    - a. Inspects the dialyzer before use to ensure that the:
      - i. External surface of the dialyzer is clean;
      - ii. Dialyzer label is intact and legible;
      - iii. Dialyzer, blood port, and dialysate port are free from leaks and cracks or other structural damage; and
      - iv. Dialyzer is free of visible blood and other foreign material;
    - b. Verifies the order for the dialyzer to ensure the correct dialyzer is used for the correct patient;
    - c. Verifies the duration of dialyzer storage based on the type of germicide used or method of sterilization or disinfection used;
    - d. If the dialyzer has been reprocessed and is being reused, verifies that the label on the dialyzer includes:

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- i. The patient's name and the patient's identification number;
      - ii. The number of times the dialyzer has been used in patient treatments;
      - iii. The date of the last use of the dialyzer by the patient; and
      - iv. The date of the last reprocessing of the dialyzer;
    - e. If the patient's name is similar to the name of another patient receiving dialysis in the same outpatient treatment center, informs other personnel members, employees, and volunteers, of the similar names to ensure that the name or other identifying information on the label corresponds to the correct patient; and
    - f. Ensures that a patient's vascular access is visible to a personnel member during dialysis;
  - 12. A patient receiving dialysis is visible to a nurse at a location used by nurses to coordinate patients and treatment;
  - 13. If the patient has an adverse reaction during dialysis, a personnel member responds by implementing the policy and procedure required in subsection (C)(1)(c);
  - 14. If the equipment used during the patient's dialysis malfunctions, a personnel member responds by implementing the policy and procedure required in subsection (C)(1)(d); and
  - 15. After a patient's discharge from an outpatient treatment center, the nephrologist responsible for the dialysis services provided to the patient documents the patient's discharge in the patient's medical record within 30 calendar days after the patient's discharge and includes:
    - a. A description of the patient's medical condition and the dialysis services provided to the patient; and
    - b. The signature of the nephrologist.
- F.** If an outpatient treatment center provides support for self-dialysis services, an administrator shall ensure that:
- 1. A patient or the patient's caregiver is:
    - a. Instructed to use the equipment to perform self-dialysis by a personnel member trained to provide the instruction; and
    - b. Monitored in the patient's home to assess the patient's or patient caregiver's ability to use the equipment to perform self-dialysis;
  - 2. Instruction provided to a patient as required in subsection (F)(1)(a) and monitoring in the patient's home as required in subsection (F)(1)(b) is documented in the patient's medical record;
  - 3. All supplies for self-dialysis necessary to meet the needs of the patient are provided to the patient;
  - 4. All equipment necessary to meet the needs of the patient's self-dialysis is provided for the patient and maintained by the outpatient treatment center according to the manufacturer's recommendations;
  - 5. The water used for hemodialysis is tested and treated according to the requirements in subsection (N);
  - 6. Documentation of the self-dialysis maintained by the patient or the patient's caregiver is:
    - a. Reviewed to ensure that the patient is receiving continuity of care; and
    - b. Placed in the patient's medical record; and
  - 7. If a patient uses self-dialysis and self-administers medication:
    - a. The medical practitioner responsible for the dialysis services provided to the patient reviews the patient's diagnostic laboratory tests;
- b. The patient and the patient's caregiver are informed of any potential:
        - i. Side effects of the medication; and
        - ii. Hazard to a child having access to the medication and, if applicable, a syringe used to inject the medication; and
    - c. The patient or the patient's caregiver is:
      - i. Taught the route and technique of administration and is able to administer the medication, including injecting the medication;
      - ii. Taught and able to perform sterile techniques if the patient or the patient's caregiver will be injecting the medication;
      - iii. Provided with instructions for the administration of the medication, including the specific route and technique the patient or the patient's caregiver has been taught to use;
      - iv. Able to read and understand the directions for using the medication;
      - v. Taught and able to self-monitor the patient's blood pressure; and
      - vi. Informed how to store the medication according to the manufacturer's instructions.
- G.** An administrator of an outpatient treatment center that is authorized to provide dialysis services shall ensure that a social worker is employed by the outpatient treatment center to meet the needs of a patient receiving dialysis services including:
- 1. Conducting an initial psychosocial evaluation of the patient within 30 calendar days after the patient's admission to the outpatient treatment center;
  - 2. Participating in reviewing the patient's need for social work services;
  - 3. Recommending changes in treatment based on the patient's psychosocial evaluation;
  - 4. Assisting the patient and the patient's representative in obtaining and understanding information for making decisions about the medical services provided to the patient;
  - 5. Identifying community agencies and resources and assisting the patient and the patient's representative to utilize the community agencies and resources;
  - 6. Documenting monthly notes related to the patient's progress in the patient's medical record; and
  - 7. Conducting a follow-up psychosocial evaluation of the patient at least once every 12 months after the date of the patient's admission to the outpatient treatment center.
- H.** An administrator of an outpatient treatment center that is authorized to provide dialysis services shall ensure that a registered dietitian is employed by the outpatient treatment center to assist a patient receiving dialysis services to meet the patient's nutritional and dietetic needs including:
- 1. Conducting an initial nutritional assessment of the patient within 30 calendar days after the patient's admission to the outpatient treatment center;
  - 2. Consulting with the patient's nephrologist and recommending a diet to meet the patient's nutritional needs;
  - 3. Providing advice to the patient and the patient's representative regarding a diet prescribed by the patient's nephrologist;
  - 4. Monitoring the patient's adherence and response to a prescribed diet;
  - 5. Reviewing with the patient any diagnostic test performed on the patient that is related to the patient's nutritional or dietetic needs;

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6. Documenting monthly notes related to the patient's progress in the patient's medical record; and
  7. Conducting a follow-up nutritional assessment of the patient at least once every 12 months after the date of the patient's admission to the outpatient treatment center.
- I.** An administrator of an outpatient treatment center that is authorized to provide dialysis services shall ensure that a long-term care plan for each patient:
1. Is developed by a team that includes at least:
    - a. The chief clinical officer of the outpatient treatment center;
    - b. If the chief clinical officer is not a nephrologist, the patient's nephrologist;
    - c. A transplant surgeon or the transplant surgeon's designee;
    - d. A registered nurse responsible for nursing services provided to the patient;
    - e. A social worker;
    - f. A registered dietitian; and
    - g. The patient or patient's representative, if the patient or patient's representative chooses to participate in the development of the long-term care plan;
  2. Identifies the modality of treatment and dialysis services to be provided to the patient;
  3. Is reviewed and approved by the chief clinical officer;
  4. Is signed and dated by each personnel member participating in the development of the long-term care plan;
  5. Includes documentation signed by the patient or the patient's representative that the patient or the patient's representative was provided an opportunity to participate in the development of the long-term care plan;
  6. Is signed and dated by the patient or the patient's representative; and
  7. Is reviewed at least once every 12 months by the team in subsection (I)(1) and updated according to the patient's needs.
- J.** An administrator of an outpatient treatment center that is authorized to provide dialysis services shall ensure that a patient care plan for each patient:
1. Is developed by a team that includes at least:
    - a. The patient's nephrologist;
    - b. A registered nurse responsible for nursing services provided to the patient;
    - c. A social worker;
    - d. A registered dietitian; and
    - e. The patient or the patient's representative, if the patient or patient's representative chooses to participate in the development of the patient care plan;
  2. Includes an assessment of the patient's need for dialysis services;
  3. Identifies treatment and treatment goals;
  4. Is signed and dated by each personnel member participating in the development of the patient care plan;
  5. Includes documentation signed by the patient or the patient's representative that the patient or the patient's representative was provided an opportunity to participate in the development of the patient care plan;
  6. Is signed and dated by the patient or the patient's representative;
  7. Is implemented;
  8. Is evaluated by:
    - a. The registered nurse responsible for the dialysis services provided to the patient,
    - b. The registered dietitian providing services to the patient related to the patient's nutritional or dietetic needs, and
    - c. The social worker providing services to the patient related to the patient's psychosocial needs;
  9. Includes documentation of interventions, resolutions, and outcomes related to treatment goals; and
  10. Is reviewed and updated according to the needs of the patient:
    - a. At least once every six months for a patient whose medical condition is stable, and
    - b. At least once every 30 calendar days for a patient whose medical condition is not stable.
- K.** In addition to the requirements in R9-10-1009(C), an administrator of an outpatient treatment center that is authorized to provide dialysis services shall ensure that a medical record for each patient contains:
1. An annual medical history;
  2. An annual physical examination;
  3. Monthly notes related to the patient's progress by a medical practitioner, registered dietitian, social worker, and registered nurse;
  4. If applicable, documentation of:
    - a. The equipment inspection and testing required in subsection (E)(9), and
    - b. The self-dialysis required in subsection (F)(2); and
  5. If applicable, documentation of the patient's discharge.
- L.** For a patient who received dialysis services, an administrator shall ensure that after the patient's discharge from an outpatient treatment center that is authorized to provide dialysis services, the nephrologist responsible for the dialysis services provided to the patient documents the patient's discharge in the patient's medical record within 30 calendar days after the patient's discharge and includes:
1. A description of the patient's medical condition and the dialysis services provided to the patient, and
  2. The signature of the nephrologist.
- M.** If an outpatient treatment center reuses dialyzers or other dialysis supplies, an administrator shall ensure that the outpatient treatment center complies with the guidelines adopted by the Association for the Advancement of Medical Instrumentation in Reprocessing of Hemodialyzers, ANSI/AAMI RD47:2008/(R)2013, incorporated by reference, available through <http://my.aami.org/store/>, on file with the Department, and including no future editions or amendments.
- N.** A chief clinical officer shall ensure that the quality of water used in dialysis conforms to the guidelines adopted by the Association for the Advancement of Medical Instrumentation in Dialysis Water and Dialysate Recommendations: A User Guide, incorporated by reference, available through <http://my.aami.org/store/>, on file with the Department, and including no future editions or amendments.

**Historical Note**

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1018 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1018 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, §

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13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4).

**R9-10-1019. Emergency Room Services**

An administrator of an outpatient treatment center that is authorized to provide emergency room services shall ensure that:

1. Emergency room services are:
  - a. Available on the premises:
    - i. At all times, and
    - ii. To stabilize an individual's emergency medical condition; and
  - b. Provided:
    - i. In a designated area, and
    - ii. Under the direction of a physician;
2. Clinical laboratory services are available on the premises;
3. Diagnostic imaging services are available on the premises;
4. An area designated for emergency room services complies with the physical plant codes and standards for a freestanding emergency care facility in R9-10-104.01;
5. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that specify requirements for the use of a room used for seclusion that meets the requirements in R9-10-217(D);
6. A physician is present in an area designated for emergency room services;
7. A registered nurse is present in an area designated for emergency room services and provides direction for nursing services in the designated area;
8. The outpatient treatment center has a documented transfer agreement with a general hospital;
9. Emergency room services are provided to an individual, including a woman in active labor, requesting medical services in an emergency;
10. If emergency room services cannot be provided at the outpatient treatment center, measures and procedures are implemented to minimize the risk to the patient until the patient is transferred to the general hospital with which the outpatient treatment center has a transfer agreement as required in subsection (8);
11. There is a chronological log of emergency room services provided to a patient that includes:
  - a. The patient's name;
  - b. The date, time, and mode of arrival; and
  - c. The disposition of the patient, including discharge or transfer; and
12. The chronological log required in subsection (11) is maintained:
  - a. In the designated area for emergency room services for at least 12 months after the date the emergency room services were provided; and
  - b. By the outpatient treatment center for a total of at least 24 months after the date the emergency room services were provided.

**Historical Note**

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1019 adopted as an emergency now adopted as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1019 was remanded by the Governor's Regulatory Review Council

which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4).

**R9-10-1020. Opioid Treatment Services**

- A. A governing authority of an outpatient treatment center that is authorized to provide opioid treatment services shall:
  1. Ensure that the outpatient treatment center obtains certification by the Substance Abuse and Mental Health Services Administration before providing opioid treatment,
  2. Maintain a current Substance Abuse and Mental Health Services Administration certificate for the outpatient treatment center on the premises, and
  3. Ensure that the administrator appointed as required in R9-10-1003(B)(3) is named on the Substance Abuse and Mental Health Services Administration certificate as the individual responsible for the opioid treatment services provided by or at the outpatient treatment center.
- B. An administrator of an outpatient treatment center that is authorized to provide opioid treatment services shall ensure that:
  1. In addition to the policies and procedures required in R9-10-1003(D), policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
    - a. Include the criteria for receiving opioid treatment services and address:
      - i. Comprehensive maintenance treatment consisting of dispensing or administering an opioid agonist treatment medication at stable dosage levels to a patient for a period in excess of 21 calendar days and providing medical and health-related services to the patient, and
      - ii. Detoxification treatment that occurs over a continuous period of more than 30 calendar days;
    - b. Include the criteria and procedures for discontinuing opioid treatment services;
    - c. Address the needs of specific groups of patients, such as patients who:
      - i. Are pregnant;
      - ii. Are children;
      - iii. Have chronic or acute medical conditions such as HIV infection, hepatitis, diabetes, tuberculosis, or cardiovascular disease;
      - iv. Have a mental disorder;
      - v. Abuse alcohol or other drugs; or
      - vi. Are incarcerated or detained;
    - d. Contain a method of patient identification to ensure the patient receives the opioid treatment services ordered;
    - e. Contain methods to assess whether a patient is receiving concurrent opioid treatment services from more than one health care institution;
    - f. Contain methods to ensure that the opioid treatment services provided to a patient by or at the outpatient treatment center meet the patient's needs;
    - g. Include relapse prevention procedures;

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- h. Include for laboratory testing:
  - i. Criteria for the assessment of a patient's opioid agonist blood levels,
  - ii. Procedures for specimen collection and processing to reduce the risk of fraudulent results, and
  - iii. Procedures for conducting random drug testing of patients receiving an opioid agonist treatment medication;
- i. Include procedures for the response of personnel members to a patient's adverse reaction during opioid treatment; and
- j. Include criteria for dispensing one or more doses of an opioid agonist treatment medication to a patient for use off the premises and address:
  - i. Who may authorize dispensing,
  - ii. Restrictions on dispensing, and
  - iii. Information to be provided to a patient or the patient's representative before dispensing;
- 2. A physician provides direction for the opioid treatment services provided at the outpatient treatment center;
- 3. If a patient requires administration of an opioid agonist treatment medication as a result of chronic pain, the patient:
  - a. Receives consultation with or a referral for consultation with a physician or registered nurse practitioner who specializes in chronic pain management, and
  - b. Is not admitted for opioid treatment services:
    - i. Unless the patient is physically addicted to an opioid drug, as manifested by the symptoms of withdrawal in the absence of the opioid drug; and
    - ii. A medical practitioner at the outpatient treatment center coordinates with the physician or registered nurse practitioner who is providing chronic pain management to the patient; and
- 4. In addition to the requirements in R9-10-1009(C), a medical record for each patient contains:
  - a. If applicable, documentation of the dispensing of doses of an opioid agonist treatment medication to the patient for use off the premises; and
  - b. If applicable, documentation of the patient's discharge from receiving opioid treatment services.
- C. An administrator of an outpatient treatment center that is authorized to provide opioid treatment services shall ensure that for a patient receiving opioid treatment services:
  - 1. The opioid treatment services provided to the patient meet the needs of the patient;
  - 2. A physician or a medical practitioner under the direction of a physician:
    - a. Performs a medical history and physical examination on the patient within 30 calendar days before admission or within 48 hours after admission, and
    - b. Documents the medical history and physical examination in the patient's medical record within 48 hours after admission;
  - 3. Before receiving opioid treatment, the patient is informed of the following:
    - a. The progression of opioid addiction and the patient's apparent stage of opioid addiction;
    - b. The goal and benefits of opioid treatment;
    - c. The signs and symptoms of overdose and when to seek emergency assistance;
    - d. The characteristics of opioid agonist treatment medication, including common side-effects and potential interaction effects with other drugs;
  - e. The requirement for a staff member to report suspected or alleged abuse or neglect of a child or an incapacitated or vulnerable adult according to state law;
  - f. Confidentiality requirements;
  - g. Drug screening and urinalysis procedures;
  - h. Requirements for dispensing to a patient one or more doses of an opioid agonist treatment medication for use by the patient off the premises;
  - i. Testing and treatment available for HIV and other communicable diseases; and
  - j. The patient complaint process;
- 4. Documentation of the provision of the information specified in subsection (C)(3) is included in the patient's medical record;
- 5. The patient receives a dose of an opioid agonist treatment medication only on the order of a medical practitioner;
- 6. The patient begins detoxification treatment only at the request of the patient or according to the outpatient treatment center's policy and procedure for discontinuing opioid treatment services required in subsection (B)(1)(b);
- 7. If the patient has an adverse reaction during opioid treatment, a personnel member and, if appropriate, a medical practitioner responds by implementing the policy and procedure required in subsection (B)(1)(i);
- 8. Before the patient's discharge from opioid treatment services, the patient is provided with patient follow-up instructions that:
  - a. Include information that may reduce the risk of relapse; and
  - b. May include a referral for counseling, support groups, or medication for depression or sleep disorders; and
- 9. After the patient's discharge from opioid treatment services provided by or at the outpatient treatment center, the medical practitioner responsible for the opioid treatment services provided to the patient documents the patient's discharge in the patient's medical record within 30 calendar days after the patient's discharge and includes:
  - a. A description of the patient's medical condition and the opioid treatment services provided to the patient, and
  - b. The signature of the medical practitioner.
- D. An administrator of an outpatient treatment center that is authorized to provide opioid treatment services shall ensure that an assessment for each patient receiving opioid treatment services:
  - 1. Includes, in addition to the information in R9-10-1010(B):
    - a. An assessment of the patient's need for opioid treatment services,
    - b. An assessment of the patient's medical conditions that may be affected by opioid treatment,
    - c. An assessment of other medications being taken by the patient and conditions that may be affected by opioid treatment, and
    - d. A plan to prevent relapse;
  - 2. Identifies the treatment to be provided to the patient and treatment goals; and
  - 3. Specifies whether the patient may receive an opioid agonist treatment medication for use off the premises and, if so, the number of doses that may be dispensed.

**Historical Note**

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days

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(Supp. 83-6). Former Section R9-10-1020 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1020 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1021. Pain Management Services**

A medical director of an outpatient treatment center that is authorized to provide pain management services shall ensure that:

1. Pain management services are provided under the direction of:
  - a. A physician; or
  - b. A nurse practitioner licensed according to A.R.S. Title 32, Chapter 15 with advanced pain management certification from a nationally recognized accreditation or certification entity;
2. A personnel member certified in cardiopulmonary resuscitation is available on the outpatient treatment center's premise;
3. If a controlled substance is used to provide pain management services:
  - a. A medical practitioner discusses the risks and benefits of using a controlled substance with a patient;
  - b. If the controlled substance is an opioid, the outpatient treatment center complies with the requirements in R9-10-2006; and
  - c. The following information is included in a patient's medical record:
    - i. The patient's history of substance use disorder,
    - ii. Documentation of the discussion in subsection (3)(a),
    - iii. The nature and intensity of the patient's pain, and
    - iv. The objectives used to determine whether the patient is being successfully treated; and
4. If an injection or a nerve block is used to provide pain management services:
  - a. Before the injection or nerve block is initially used on a patient, an evaluation of the patient is performed by a physician or nurse anesthetist;
  - b. An injection or nerve block is administered by a physician or nurse anesthetist; and
  - c. The following information is included in a patient's medical record:
    - i. The evaluation of the patient required in subsection (4)(a),
    - ii. A record of the administration of the injection or nerve block, and
    - iii. Any resuscitation measures taken; and
5. An outpatient treatment center that meets the definition of a pain management clinic in A.R.S. § 36-448.01 and complies with 9 Article 20 of this Chapter.

**Historical Note**

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1021 adopted as an

emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1021 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4).

**R9-10-1022. Physical Health Services**

An administrator of an outpatient treatment center that is authorized to provide physical health services shall ensure that:

1. Medical services provided at or by the outpatient treatment center are provided under the direction of a physician or a registered nurse practitioner,
2. Nursing services provided at or by the outpatient treatment center are provided under the direction of a registered nurse, and
3. A personnel member certified in cardiopulmonary resuscitation is available on the outpatient treatment center's premise.

**Historical Note**

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1022 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1022 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1023. Pre-petition Screening**

An administrator of an outpatient treatment center that is authorized to provide pre-petition screening shall comply with the requirements for pre-petition screening in A.R.S. Title 36, Chapter 5, Article 4.

**Historical Note**

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1023 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1023 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222,



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effective April 5, 1999 (Supp. 99-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1024. Rehabilitation Services**

An administrator shall ensure that if an outpatient treatment center is authorized to provide:

1. Occupational therapy services, an occupational therapist provides direction for the occupational therapy services provided at or by the outpatient treatment center;
2. Physical therapy services, a physical therapist provides direction for the physical therapy services provided at or by the outpatient treatment center; or
3. Speech-language pathology services, a speech-language pathologist provides direction for the speech-language pathology services provided at or by the outpatient treatment center.

**Historical Note**

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). New Section R9-10-1024 adopted as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1024 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1025. Respite Services**

A. In addition to the definitions in A.R.S. § 36-401, R9-10-101, and R9-10-1001, the following definitions apply in this Section:

1. "Emergency safety response" has the same meaning as in R9-10-701.
2. "Outing" means travel by a child, who is receiving respite services provided by an outpatient treatment center, to a location away from the outpatient treatment center premises or, if applicable, the child's residence for a specific activity.
3. "Parent" means a child's:
  - a. Mother or father; or
  - b. Legal guardian.

B. An administrator of an outpatient treatment center that is authorized to provide respite services shall ensure that:

1. Respite services are not provided in a personnel member's residence unless the personnel member's residence is licensed as a behavioral health respite home;
2. Except for an outpatient treatment center that is authorized to provide respite services for children on the premises, respite services are provided:
  - a. In a patient's residence; or
  - b. Up to 10 continuous hours in a 24-hour time period while the individual who is receiving the respite services is:
    - i. Supervised by a personnel member;
    - ii. Awake;
    - iii. Except as stated in subsection (B)(3), provided food;

- iv. Allowed to rest;
- v. Provided an opportunity to use the toilet and meet the individual's hygiene needs; and
- vi. Participating in activities in the community but is not in a licensed health care institution or child care facility; and

3. If a child is provided respite services according to subsection (B)(2)(b), the child is provided the appropriate meals or snacks in subsection (J)(1) for the amount of time the child is receiving respite services from the outpatient treatment center.

C. If an outpatient treatment center that is authorized to provide respite services for children includes outings in the outpatient treatment center's scope of services, an administrator shall ensure that:

1. Before a personnel member takes a child receiving respite services on an outing, written permission is obtained from the child's parent that includes:
  - a. The child's name;
  - b. A description of the outing;
  - c. The name of the outing destination, if applicable;
  - d. The street address and, if available, the telephone number of the outing destination;
  - e. Either:
    - i. The date or dates of the outing; or
    - ii. The time period, not to exceed 12 months, during which the permission is given;
  - f. The projected time of departure from the outpatient treatment center or, if applicable, the child's residence;
  - g. The projected time of arrival back at the outpatient treatment center or, if applicable, the child's residence; and
  - h. The dated signature of the child's parent;
2. Each motor vehicle used on an outing by a personnel member for a child receiving respite services from the outpatient treatment center:
  - a. Is maintained in a mechanically safe condition;
  - b. Is free from hazards;
  - c. Has an operational heating system;
  - d. Has an operational air-conditioning system; and
  - e. Is equipped with:
    - i. A first-aid kit that meets the requirements in subsection (S)(1), and
    - ii. Two large, clean towels or blankets;
3. On an outing, a child does not ride in a truck bed, camper, or trailer attached to a motor vehicle;
4. The Department is notified within 24 hours after a motor vehicle accident that involves a child who is receiving respite services while riding in the motor vehicle on an outing; and
5. A personnel member who drives a motor vehicle with children receiving respite services from the outpatient treatment center in the motor vehicle:
  - a. Requires that each door be locked before the motor vehicle is set in motion and keeps the doors locked while the motor vehicle is in motion;
  - b. Does not permit a child to be seated in front of a motor vehicle's air bag;
  - c. Requires that a child remain seated and entirely inside the motor vehicle while the motor vehicle is in motion;
  - d. Requires that a child is secured, as required in A.R.S. § 28-907 or A.R.S. § 28-909, before the motor vehicle is set in motion and while the motor vehicle is in motion;

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- e. Assists a child into or out of the motor vehicle away from moving traffic at curbside or in a driveway, parking lot, or other location designated for this purpose;
  - f. Carries drinking water in an amount sufficient to meet the needs of each child on the outing and a sufficient number of cups or other drinking receptacles so that each child can drink from a different cup or receptacle; and
  - g. Accounts for each child while on the outing.
- D.** An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that:
1. Respite services are only provided on the premises for up to 10 continuous hours per day between the hours of 6:00 a.m. and 10:00 p.m.;
  2. The specific 10 continuous hours per day during which the outpatient treatment center provides respite services on the premises is stated in the outpatient treatment center's hours of operation that is submitted as part of the outpatient treatment center's license application and according to R9-10-1002(D);
  3. A personnel member, who is expected to provide respite services eight or more hours a week, complies with the requirements for tuberculosis screening in R9-10-113;
  4. At least one personnel member who has current training in first aid and cardiopulmonary resuscitation is available on the premises when a child is receiving respite services on the premises;
  5. At least one personnel member who has completed training in crisis intervention according to R9-10-716(F) is available on the premises when a child is receiving respite services on the premises;
  6. A personnel member does not use or possess any of the following items when a child receiving respite services is on the premises:
    - a. A controlled substance as listed in A.R.S. Title 36, Chapter 27, Article 2, except where used as a prescription medication in the manner prescribed;
    - b. A dangerous drug as defined in A.R.S. § 13-3401, except where used as a prescription medication in the manner prescribed;
    - c. A prescription medication as defined in A.R.S. § 32-1901, except where used in the manner prescribed; or
    - d. A firearm as defined in A.R.S. § 13-105;
  7. An unannounced fire and emergency evacuation drill is conducted at least once a month, and at different times of the day, and each personnel member providing respite services for children on the premises and each child receiving respite services on the premises participates in the fire and emergency evacuation drill;
  8. Each fire and emergency evacuation drill is documented, and the documentation is maintained for at least 12 months after the date of the fire and emergency evacuation drill;
  9. Before a child receives respite services on the premises of the outpatient treatment center, in addition to the requirements in R9-10-1009, the following information is obtained and maintained in the child's medical record:
    - a. The name, home address, city, state, zip code, and contact telephone number of each parent of the child;
    - b. The name and contact telephone number of at least two additional individuals authorized by the child's parent to collect the child from the outpatient treatment center;
    - c. The name and contact telephone number of the child's health care provider;
    - d. The written authorization for emergency medical care of the child when the parent cannot be contacted at the time of an emergency;
    - e. The name of the individual to be contacted in case of injury or sudden illness of the child;
    - f. If applicable, a description of any dietary restrictions or needs due to a medical condition or diagnosed food sensitivity or allergy;
    - g. A written record completed by the child's parent or health care provider noting the child's susceptibility to illness, physical conditions of which a personnel member should be aware, and any specific requirements for health maintenance; and
10. Documentation is obtained and maintained in the child's medical record each time the child receives respite services on the premises that includes:
- a. The date and time of each admission to and discharge from receiving respite services; and
  - b. A signature, which contains at least a first initial of a first name and the last name of the child's parent or other individual designated by the child's parent, each time the child is admitted or discharged from receiving respite services on the premises;
11. Policies and procedures are developed, documented, and implemented to ensure that the identity of an individual is known to a personnel member or is verified with picture identification before the personnel member discharges a child to the individual;
12. A child is not discharged to an individual other than the child's parent or other individual designated according to subsection (D)(9)(b), except:
- a. When the child's parent authorizes the administrator by telephone or electronic means to release the child to an individual not so designated, and
  - b. The administrator can verify the telephone or electronic authorization using a means of verification that has been agreed to by the administrator and the child's parent and documented in the child's medical record; and
13. The number of personnel members providing respite services for children on the premises is determined by the needs of the children present, with a minimum of at least:
- a. One personnel member providing supervision for every five children receiving respite services on the premises; and
  - b. Two personnel members on the premises when a child is receiving respite services on the premises.
- E.** If swimming activities are conducted at a swimming pool for a child receiving respite services on the premises of an outpatient treatment center, an administrator shall ensure that there is an individual at the swimming pool on the premises who has current lifeguard certification that includes a demonstration of the individual's ability to perform cardiopulmonary resuscitation. If the individual is a personnel member, the personnel member cannot be counted in the personnel member-to-children ratio required by subsection (D)(13).
- F.** An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that in each area designated for providing respite services:
1. Drinking water is provided sufficient for the needs of and accessible to each child in both indoor and outdoor areas;

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2. Indoor areas used by children are decorated with age-appropriate articles such as bulletin boards, pictures, and posters;
  3. Storage space is provided for indoor and outdoor toys, materials, and equipment in areas accessible to children;
  4. Clean clothing is available to a child when the child needs a change of clothing;
  5. At least one indoor area in the outpatient treatment center where respite services are provided for children is equipped with at least one cot or mat, a sheet, and a blanket, where a child can rest quietly away from the other children;
  6. Except as provided in subsection (AA)(2)(a), outdoor or large muscle development activities are scheduled to allow not less than 75 square feet for each child occupying the outdoor area or indoor area substituted for outdoor area at any time;
  7. The premises, including the buildings, are maintained free from hazards;
  8. Toys and play equipment, required in this Section, are maintained:
    - a. Free from hazards, and
    - b. In a condition that allows the toy or play equipment to be used for the original purpose of the toy or play equipment;
  9. Temperatures are maintained between 70° F and 84° F in each room or indoor area used by children;
  10. Except when a child is napping or sleeping or for a child who has a sensory issue documented in the child's behavioral health assessment, each room or area used by a child is maintained at a minimum of 30 foot candles of illumination;
  11. When a child is napping or sleeping in a room, the room is maintained at a minimum of five foot candles of illumination;
  12. Each child's toothbrush, comb, washcloth, and cloth towel that are provided for the child's use by the child's parent are maintained in a clean condition and stored in an identified space separate from those of other children;
  13. Except as provided in subsection (F)(14), the following are stored separate from food storage areas and are inaccessible to a child:
    - a. All materials and chemicals labeled as a toxic or flammable substance;
    - b. All substances that have a child warning label and may be a hazard to a child; and
    - c. Lawn mowers, ladders, toilet brushes, plungers, and other equipment that may be a hazard to a child;
  14. Hand sanitizers:
    - a. When being stored, are stored separate from food storage areas and are inaccessible to children; and
    - b. When being provided for use, are accessible to children; and
  15. Except when used as part of an activity, the following are stored in an area inaccessible to a child:
    - a. Garden tools, such as a rake, trowel, and shovel; and
    - b. Cleaning equipment and supplies, such as a mop and mop bucket.
- G. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that a personnel member:
1. Supervises each child at all times;
  2. Does not smoke or use tobacco:
    - a. In any area where respite services may be provided for a child, or
    - b. When transporting or transferring a child;
  3. Except for a child who can change the child's own clothing, changes a child's clothing when wet or soiled;
  4. Empties clothing soiled with feces into a toilet without rinsing;
  5. Places a child's soiled clothing in a plastic bag labeled with the child's name, stores the clothing in a container used for this purpose, and sends the clothing home with the child's parent;
  6. Prepares and posts in each indoor area, before the first child arrives to receive respite services that day, a current schedule of age-appropriate activities that meet the needs of the children receiving respite services that day, including the times the following are provided:
    - a. Meals and snacks,
    - b. Naps,
    - c. Indoor activities,
    - d. Outdoor or large muscle development activities,
    - e. Quiet and active activities,
    - f. Personnel member-directed activities,
    - g. Self-directed activities, and
    - h. Activities that develop small muscles;
  7. Provides activities and opportunities, consistent with a child's behavioral health assessment, for each child to:
    - a. Gain a positive self-concept;
    - b. Develop and practice social skills;
    - c. Acquire communication skills;
    - d. Participate in large muscle physical activity;
    - e. Develop habits that meet health, safety, and nutritional needs;
    - f. Express creativity;
    - g. Learn to respect cultural diversity of children and staff;
    - h. Learn self-help skills; and
    - i. Develop a sense of responsibility and independence;
  8. Implements the schedule in subsection (G)(6);
  9. If an activity on the schedule in subsection (G)(6) is not implemented, writes on the schedule the activity that was not implemented and what activity was substituted;
  10. Ensures that each indoor area has a supply of age-appropriate toys, materials, and equipment, necessary to implement the schedule required in subsection (G)(6), in a quantity sufficient for the number of children receiving respite services at the outpatient treatment center that day, including:
    - a. Art and crafts supplies;
    - b. Books;
    - c. Balls;
    - d. Puzzles, blocks, and toys to enhance manipulative skills;
    - e. Creative play toys;
    - f. Musical instruments; and
    - g. Indoor and outdoor equipment to enhance large muscle development;
  11. Does the following when a parent permits or asks a personnel member to apply personal products, such as petroleum jelly, diaper rash ointments, sun screen or sun block preparations, toothpaste, and baby diapering preparations on the parent's child:
    - a. Obtains the child's personal products and written approval for use of the personal products from the child's parent;
    - b. Labels the personal products with the child's name; and
    - c. Keeps the personal products inaccessible to children; and

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12. Monitors a child for overheating or overexposure to the sun.
  - H.** An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises and includes in the outpatient treatment center's scope of respite services for children wearing diapers shall ensure that there is a diaper changing space in the area designated for providing respite services for children that contains:
    1. A nonabsorbent, sanitizable diaper changing surface that is:
      - a. Seamless and smooth, and
      - b. Kept clear of items not required for diaper changing;
    2. A hand-washing sink adjacent to the diaper changing surface, for a personnel member's use when changing diapers and for washing a child during or after diapering, that provides:
      - a. Running water,
      - b. Soap from a dispenser, and
      - c. Single-use paper hand towels from a dispenser;
    3. At least one waterproof, sanitizable container with a waterproof liner and a tight-fitting lid for soiled diapers; and
    4. At least one waterproof, sanitizable container with a waterproof liner and a tight-fitting lid for soiled clothing.
  - I.** In a diaper changing space, an administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that:
    1. A diaper changing procedure is established, documented, and implemented that states that a child's diaper is changed as soon as it is soiled and that a personnel member when diapering:
      - a. Washes and dries the child, using a separate wash cloth and towel only once for each child;
      - b. If applicable, applies the child's individual personal products labeled with the child's name;
      - c. Uses single-use non-porous gloves;
      - d. Washes the personnel member's own hands with soap and running water according to the requirements in R9-10-1028(5);
      - e. Washes each child's hands with soap and running water after each diaper change; and
      - f. Cleans, sanitizes, and dries the diaper changing surface following each diaper change; and
    2. A personnel member:
      - a. Removes disposable diapers and disposable training pants from a diaper changing space as needed or at least twice every 24 hours to a waste receptacle outside the building; and
      - b. Does not:
        - i. Permit a bottle, formula, food, eating utensil, or food preparation in a diaper changing space;
        - ii. Draw water for human consumption from the hand-washing sink adjacent to a diaper changing surface, required in subsection (H)(2); or
        - iii. If responsible for food preparation, change diapers until food preparation duties have been completed for the day.
  - J.** Except as provided in subsection (K)(3), an administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall:
    1. Serve the following meals or snacks to a child receiving respite services on the premises:
      - a. For the following periods of time:
        - i. Two to four hours, one or more snacks;
        - ii. Four to eight hours, one or more snacks and one or more meals; and
      - iii. More than eight hours, two snacks and one or more meals;
    - b. Make breakfast available to a child receiving respite services on the premises before 8:00 a.m.;
    - c. Serve lunch to a child who is receiving respite services on the premises between 11:00 a.m. through 1:00 p.m.; and
    - d. Serve dinner to a child who is receiving respite services on the premises from 5:00 p.m. through 7:00 p.m. and who will remain on the premises after 7:00 p.m.;
  2. Ensure that a meal or snack provided by the outpatient treatment center meets the meal pattern requirements in Table 10.1; and
  3. If the outpatient treatment center provides a meal or snack to a child:
    - a. Make a second serving of a food component of a provided snack or meal available to a child who requests a second serving, and
    - b. Substitute a food that is equivalent to a specific food component if a requested second serving of a specific food component is not available.
- K.** An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises:
  1. May serve food provided for a child by the child's parent;
  2. If a child's parent does not provide a sufficient number of meals or snacks to meet the requirements in subsection (J)(1), shall supplement, according to the requirements in Table 10.1, the meals or snacks provided by the child's parent; and
  3. If applicable, shall serve food to a child at the times and in quantities consistent with the information documented according to subsection (D)(9)(f) for the child and the child's behavioral health assessment, to meet the child's dietary and nutritional needs.
- L.** An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises that has a respite capacity of more than 10 shall obtain a food establishment license or permit according to the requirements in 9 A.A.C. 8, Article 1, and, if applicable, maintain documentation of the current food establishment license or permit.
- M.** If an administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises serves food to a child receiving respite services on the premises that is not prepared by the outpatient treatment center or provided by the child's parent, the administrator shall ensure that the food was prepared by a food establishment, as defined according to A.A.C. R9-8-101.
- N.** An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that:
  1. Children, except infants and children who cannot wash their own hands, wash their hands with soap and running water before and after handling or eating food;
  2. A personnel member:
    - a. Washes the hands of an infant or a child who cannot wash the child's own hands before and after the infant or child handles or eats food, using:
      - i. A washcloth,
      - ii. A single-use paper towel, or
      - iii. Soap and running water; and
    - b. If using a washcloth, uses each washcloth on only one child and only one time before it is laundered or discarded;

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3. Non-single-use utensils and equipment used in preparing, eating, or drinking food are:
    - a. After each use:
      - i. Washed in an automatic dishwasher and air dried or heat dried; or
      - ii. Washed in hot soapy water, rinsed in clean water, sanitized, and air dried or heat dried; and
    - b. Stored in a clean area protected from contamination;
  4. Single-use utensils and equipment are disposed of after being used;
  5. Perishable foods are covered and stored in a refrigerator at a temperature of 41° F or less;
  6. A refrigerator at the outpatient treatment center maintains a temperature of 41° F or less, as shown by a thermometer kept in the refrigerator at all times;
  7. A freezer at the outpatient treatment center maintains a temperature of 0° F or less, as shown by a thermometer kept in the freezer at all times; and
  8. Foods are prepared as close as possible to serving time and, if prepared in advance, are either:
    - a. Cold held at a temperature of 45° F or less or hot held at a temperature of 130° F or more until served, or
    - b. Cold held at a temperature of 45° F or less and then reheated to a temperature of at least 165° F before being served.
- O.** An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises:
1. May allow a personnel member to separate a child who is receiving respite services on the premises from other children for unacceptable behavior for no longer than three minutes after the child has regained self-control, but not more than 10 minutes without the personnel member interacting with the child, consistent with the child's behavioral health assessment;
  2. Shall ensure that:
    - a. A personnel member, consistent with the child's behavioral health assessment:
      - i. Defines and maintains consistent and reasonable guidelines and limitations for a child's behavior;
      - ii. Teaches, models, and encourages orderly conduct, personal control, and age-appropriate behavior; and
      - iii. Explains to a child why a particular behavior is not allowed, suggests an alternative, and assists the child to become engaged in an alternative activity;
    - b. An emergency safety response is:
      - i. Only used:
        - (1) By a personnel member trained according to R9-10-716(F)(1) to use an emergency safety response,
        - (2) For the management of a child's violent or self-destructive behavior, and
        - (3) When less restrictive interventions have been determined to be ineffective; and
      - ii. Discontinued at the earliest possible time, but no longer than five minutes after the emergency safety response is initiated;
    - c. If an emergency safety response was used for a child, a personnel member, when the child is discharged to the child's parent:
      - i. Notifies the child's parent of the use of the emergency safety response for the child and the behavior, event, or environmental factor that caused the need for the emergency safety response; and
      - ii. Documents in the child's medical record that the child's parent was notified of the use of the emergency safety response;
  - d. Within 24 hours after an emergency safety response is used for a child receiving respite services on the premises, the following information is entered into the child's medical record:
    - i. The date and time the emergency safety response was used;
    - ii. The name of each personnel member who used an emergency safety response;
    - iii. The specific emergency safety response used;
    - iv. The behavior, event, or environmental factor that caused the need for the emergency safety response; and
    - v. Any injury that resulted from the use of the emergency safety response;
  - e. Within 10 working days after an emergency safety response is used for a child receiving respite services on the premises, a behavioral health professional reviews the information in subsection (O)(2)(d) and documents the review in the child's medical record;
  - f. After the review required in subsection (O)(2)(e), the following information is entered into the child's medical record:
    - i. Actions taken or planned to prevent the need for a subsequent use of an emergency safety response for the child,
    - ii. A determination of whether the child is appropriately placed at the outpatient treatment center providing respite services for children on the premises, and
    - iii. Whether the child's treatment plan was reviewed or needs to be reviewed and amended to ensure that the child's treatment plan is meeting the child's treatment needs;
  - g. Emergency safety response training is documented according to the requirements in R9-10-716(F)(2); and
  - h. Materials used for emergency safety response training are maintained according to the requirements in R9-10-716(F)(3); and
3. A personnel member does not use or permit:
- a. A method of discipline that could cause harm to the health, safety, or welfare of a child;
  - b. Corporal punishment;
  - c. Abusive language;
  - d. Discipline associated with:
    - i. Eating, napping, sleeping, or toileting;
    - ii. Medication; or
    - iii. Mechanical restraint; or
  - e. Discipline administered to any child by another child.
- P.** An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall:
1. Provide each child who naps or sleeps on the premises with a separate cot or mat and ensure that:
    - a. A cot or mat used by the child accommodates the child's height and weight;
    - b. A personnel member covers each cot or mat with a clean sheet that is laundered when soiled, or at least

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- once every seven days and before use by a different child;
  - c. A clean blanket or sheet is available for each child;
  - d. A rug, carpet, blanket, or towel is not used as a mat; and
  - e. Each cot or mat is maintained in a clean and repaired condition;
  - 2. Not use bunk beds or waterbed mattresses for a child receiving respite services;
  - 3. Provide an unobstructed passageway at least 18 inches wide between each row of cots or mats to allow a personnel member access to each child;
  - 4. Ensure that if a child naps or sleeps while receiving respite services at the outpatient treatment center, the administrator:
    - a. Does not permit the child to lie in direct contact with the floor while napping or sleeping;
    - b. Prohibits the operation of a television in a room where the child is napping or sleeping; and
    - c. Requires that a personnel member remain awake while supervising the napping or sleeping child; and
  - 5. Ensure that storage space is provided on the premises for cots, mats, sheets, and blankets, that is:
    - a. Accessible to an area used for napping or sleeping; and
    - b. Separate from food service and preparation areas, toilet rooms, and laundry rooms.
- Q.** An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall, in the area of the premises where the respite services are provided:
- 1. Maintain the premises and furnishings:
    - a. Free of insects and vermin,
    - b. In a clean condition, and
    - c. Free from odor; and
  - 2. Ensure that:
    - a. Floor coverings are:
      - i. Clean; and
      - ii. Free from:
        - (1) Dampness,
        - (2) Odors, and
        - (3) Hazards;
    - b. Toilet bowls, lavatory fixtures, and floors in toilet rooms and kitchens are cleaned and sanitized as often as necessary to maintain them in a clean and sanitized condition or at least once every 24 hours;
    - c. Each toilet room used by children receiving respite services on the premises contains, within easy reach of children:
      - i. Mounted toilet tissue;
      - ii. A sink with running water;
      - iii. Soap contained in a dispenser; and
      - iv. Disposable, single-use paper towels, in a mounted dispenser, or a mechanical hand dryer;
    - d. Personnel members wash their hands with soap and running water after toileting;
    - e. A child's hands are washed with soap and running water after toileting;
    - f. Except for a cup or receptacle used only for water, food waste is stored in a covered container and the container is clean and lined with a plastic bag;
    - g. Food waste and other refuse is removed from the area of the premises where respite services are provided for children at least once every 24 hours or more often as necessary to maintain a clean condition and avoid odors;
    - h. A personnel member or a child does not draw water for human consumption from a toilet room hand-washing sink;
    - i. Toys, materials, and equipment are maintained in a clean condition;
    - j. Plumbing fixtures are maintained in a clean and working condition; and
    - k. Chipped or cracked sinks and toilets are replaced or repaired.
- R.** If laundry belonging to an outpatient treatment center providing respite services for children on the premises is done on the premises, an administrator shall:
- 1. Not use a kitchen or food storage area for sorting, handling, washing, or drying laundry;
  - 2. Locate the laundry equipment in an area that is separate from areas used by children and inaccessible to children;
  - 3. Not permit a child to be in a laundry room or use a laundry area as a passageway for children; and
  - 4. Ensure that laundry soiled by vomitus, urine, feces, blood, or other body fluid is stored, cleaned, and sanitized separately from other laundry.
- S.** An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that there is a first aid kit in the designated area of the outpatient treatment center where respite services are provided that:
- 1. Contains first aid supplies in a quantity sufficient to meet the needs of the children receiving respite services, including the following:
    - a. Sterile bandages including:
      - i. Self-adhering bandages of assorted sizes,
      - ii. Sterile gauze pads, and
      - iii. Sterile gauze rolls;
    - b. Antiseptic solution or sealed antiseptic wipes;
    - c. A pair of scissors;
    - d. Self-adhering tape;
    - e. Single-use, non-porous gloves; and
    - f. Reclosable plastic bags of at least one-gallon size; and
  - 2. Is accessible to personnel members but inaccessible to children receiving respite services on the premises.
- T.** An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall:
- 1. Prepare and date a written fire and emergency plan that contains:
    - a. The location of the first aid kit;
    - b. The names of personnel members who have first aid training;
    - c. The names of personnel members who have cardiopulmonary resuscitation training;
    - d. The directions for:
      - i. Initiating notification of a child's parent by telephone or other equally expeditious means within 60 minutes after a fire or emergency; and
      - ii. Providing written notification to the child's parent within 24 hours after a fire or emergency; and
    - e. The outpatient treatment center's street address and the emergency telephone numbers for the local fire department, police department, ambulance service, and poison control center;
  - 2. Maintain the plan required in subsection (T)(1) in the area designated for providing respite services;

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3. Post the plan required in subsection (T)(1) in any indoor area where respite services are provided that does not have an operable telephone service or two-way voice communication system that connects the indoor area where respite services are provided with an individual who has direct access to an in-and-out operable telephone services; and
4. Update the plan in subsection (T)(1) at least once every 12 months after the date of initial preparation of the plan or when any information changes.
- U. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall in the area designated for providing respite services:
  1. Post, near a room's designated exit, a building evacuation plan that details the designated exits from the room and the facility where the outpatient treatment center is located; and
  2. Maintain and use a communication system that contains:
    - a. A direct-access, in-and-out, operating telephone service in the area where respite services are provided; or
    - b. A two-way voice communication system that connects the area where respite services are provided with an individual who has direct access to an in-and-out, operating telephone service.
- V. If, while receiving respite services at an outpatient treatment center authorized to provide respite services for children on the premises, a child has an accident, injury, or emergency that, based on an evaluation by a personnel member, requires medical treatment by a health care provider, an administrator shall ensure that a personnel member:
  1. Notifies the child's parent immediately after the accident, injury, or emergency;
  2. Documents:
    - a. A description of the accident, injury, or emergency, including the date, time, and location of the accident, injury, or emergency;
    - b. The method used to notify the child's parent; and
    - c. The time the child's parent was notified; and
  3. Maintains the documentation required in subsection (V)(2) for at least 12 months after the date the child last received respite services on the outpatient treatment center's premises.
- W. If a parent of a child who received respite services at an outpatient treatment center authorized to provide respite services for children on the premises informs a personnel member that the child's parent obtained medical treatment for the child from a health care provider for an accident, injury, or emergency the child had while on the premises, an administrator shall ensure that a personnel member:
  1. Documents any information about the child's accident, injury, or emergency received from the child's parent; and
  2. Maintains the documentation required in subsection (W)(1) for at least 12 months after the date the child last received respite services on the outpatient treatment center's premises.
- X. If a child exhibits signs of illness or infestation at an outpatient treatment center authorized to provide respite services for children on the premises, an administrator shall ensure that a personnel member:
  1. Immediately separates the child from other children,
  2. Immediately notifies the child's parent by telephone or other expeditious means to arrange for the child's discharge from the outpatient treatment center,
  3. Documents the notification required in subsection (X)(2), and
4. Maintains documentation of the notification required in subsection (X)(3) for at least 12 months after the date of the notification.
- Y. An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall comply with the following physical plant requirements:
  1. Toilets and hand-washing sinks are available to children in the area designated for providing respite services or on the premises as follows:
    - a. At least one flush toilet and one hand-washing sink for 10 or fewer children;
    - b. At least two flush toilets and two hand-washing sinks for 11 to 25 children; and
    - c. At least one flush toilet and one hand-washing sink for each additional 20 children;
  2. A hand-washing sink provides running water with a drain connected to a sanitary sewer as defined in A.R.S. § 45-101;
  3. A glass mirror, window, or other glass surface that is located within 36 inches of the floor is made of safety glass that has been manufactured, fabricated, or treated to prevent the glass from shattering or flying when struck or broken, or is shielded by a barrier to prevent impact by or physical injury to a child; and
  4. There is at least 30 square feet of unobstructed indoor space for each child who may be receiving respite services on the premises, which excludes floor space occupied by:
    - a. The interior walls;
    - b. A kitchen, a bathroom, a closet, a hallway, a stair, an entryway, an office, an area designated for isolating a child from other children, a storage room, or a room or floor space designated for the sole use of personnel members;
    - c. Room space occupied by desks, file cabinets, storage cabinets, or hand-washing sinks for a personnel member's use; or
    - d. Indoor area that is substituted for required outdoor area.
- Z. An administrator of an outpatient treatment center authorized to provide respite services for children on the premises shall ensure that, in addition to the policies and procedures required in this Article, policies and procedures are established, documented, and implemented for the children's use of a toilet and hand-washing sink that ensure the children's health and safety and include:
  1. Supervision requirements for children using the toilet, based on a child's age, gender, and behavioral health issue; and
  2. If the outpatient treatment center does not have a toilet and hand-washing sink available for the exclusive use of children receiving respite services, a method to ensure that an individual, other than a child receiving respite services or a personnel member providing respite services, is not present in the toilet and hand-washing sink area when a child receiving respite services is present in the toilet and hand-washing sink area.
- AA. To provide activities that develop large muscles and an opportunity to participate in structured large muscle physical activities, an administrator of an outpatient treatment center authorized to provide respite services for children on the premises shall:
  1. Provide at least 75 square feet of outdoor area per child for at least 50% of the outpatient treatment center's respite capacity; or

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2. Comply with one of the following:
    - a. If no child receives respite services on the premises for more than four hours per day, provide at least 50 square feet of indoor area for each child, based on the outpatient treatment center's respite capacity;
    - b. If a child receives respite services on the premises for more than four hours but less than six hours per day, provide at least 75 square feet of indoor area per child for at least 50% of the outpatient treatment center's respite capacity, in addition to the indoor area required in subsection (Y)(4); or
    - c. Provide at least 37.5 square feet of outdoor area and 37.5 square feet of indoor area per child for at least 50% of the outpatient treatment center's respite capacity, in addition to the activity area required in subsection (Y)(4).
- BB.** If an administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises is substituting indoor area for outdoor area, the administrator shall:
1. Designate, on the site plan and the floor plan submitted with the license application or a request for an intended change or modification, the indoor area that is being substituted for an outdoor area; and
  2. In the indoor area substituted for outdoor area, install and maintain a mat or pad designed to provide impact protection in the fall zone of indoor swings and climbing equipment.
- CC.** An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that:
1. An outdoor area used by children receiving respite services:
    - a. Is enclosed by a fence:
      - i. A minimum of 4.0 feet high,
      - ii. Secured to the ground, and
      - iii. With either vertical or horizontal open spaces on the fence or gate that do not exceed 4.0 inches;
    - b. Is maintained free from hazards, such as exposed concrete footings and broken toys; and
    - c. Has gates that are kept closed while a child is in the outdoor area;
  2. The following is provided and maintained within the fall zones of swings and climbing equipment in an outdoor area:
    - a. A shock-absorbing unitary surfacing material manufactured for such use in outdoor activity areas; or
    - b. A minimum depth of 6.0 inches of a nonhazardous, resilient material such as fine loose sand or wood chips;
  3. Hard surfacing material such as asphalt or concrete is not installed or used under swings or climbing equipment unless used as a base for shock-absorbing unitary surfacing material;
  4. A swing or climbing equipment is not located in the fall zone of another swing or climbing equipment; and
  5. A shaded area for each child occupying an outdoor area at any time of the day is provided.
- DD.** An administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall install and maintain a portable, pressurized fire extinguisher that meets, at a minimum, a 2A-10-BC rating of the Underwriters Laboratories in an outpatient treatment center's kitchen and any other location required for Existing Health Care Occupancies in National Fire Protection Association 101, Life Safety Code, incorporated by reference in R9-10-104.01.
- EE.** In addition to the requirements in R9-10-1029(F), an administrator of an outpatient treatment center that is authorized to provide respite services for children on the premises shall ensure that:
1. Combustible material, such as paper, boxes, or rags, is not permitted to accumulate inside or outside the premises;
  2. An unvented or open-flame space heater or portable heater is not used on the premises;
  3. A gas valve on an unused gas outlet is removed and capped where it emerges from the wall or floor;
  4. Heating and cooling equipment is inaccessible to a child;
  5. Fans are mounted and inaccessible to a child;
  6. Toilet rooms are ventilated to the outside of the building, either by a screened window open to the outside air or by an exhaust fan and duct system that is operated when the toilet room is in use;
  7. A toilet room with a door that opens to the exterior of a building is equipped with a self-closing device that keeps the door closed except when an individual is entering or exiting; and
  8. A toilet room door does not open into a kitchen or laundry.

**Historical Note**

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1025 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1025 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by exempt rulemaking at 22 A.A.R. 1035, pursuant to Laws 2015, Ch. 158, § 3; effective May 1, 2016 (Supp. 16-2). Sequential numbering corrections made under subsection R9-10-1025(G) at the request of the Department of Health Services on June 27, 2016; file number M16-185 (Supp. 16-3). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4).



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Table 10.1 Meal Pattern Requirements for Children

## Meal Pattern Requirements for Children

Food Components	Ages 1 through 2 years	Ages 3 through 5 years	Ages 6 and older
<b>Breakfast:</b> 1. Milk, fluid 2. Vegetable, fruit, or full-strength juice 3. Bread and bread alternates (whole grain or enriched): Bread or cornbread, rolls, muffins, or biscuits or cold dry cereal (volume or weight, whichever is less) or cooked cereal, pasta, noodle products, or cereal grains	1/2 cup 1/4 cup 1/2 slice 1/2 serving 1/4 cup 1/4 cup	3/4 cup 1/2 cup 1/2 slice 1/2 serving 1/3 cup 1/4 cup	1 cup 1/2 cup 1 slice 1 serving 3/4 cup 1/2 cup
<b>Lunch or Supper:</b> 1. Milk, fluid 2. Vegetable and/or fruit (2 or more kinds) 3. Bread and bread alternates (whole grain or enriched): Bread or cornbread, rolls, muffins, or biscuits or cold dry cereal (volume or weight, whichever is less) or cooked cereal, pasta, noodle products, or cereal grains 4. Meat or meat alternates: Lean meat, fish, or poultry (edible portion as served) or cheese or egg or cooked dry beans or peas* or peanut butter, soy nut butter, or other nut or seed butters or peanuts, soy nuts, tree nuts, or seeds or an equivalent quantity of any combination of the above meat/meat alternates or yogurt	1/2 cup 1/4 cup total 1/2 slice 1/2 serving 1/4 cup 1/4 cup 1 oz. 1 oz. 1/2 egg 1/4 cup 2 tbsp.** 1/2 oz.** 4 oz.	3/4 cup 1/2 cup total 1/2 slice 1/2 serving 1/3 cup 1/4 cup 1 1/2 oz. 1 1/2 oz. 3/4 egg 3/8 cup 3 tbsp.** 3/4 oz.** 6 oz.	1 cup 3/4 cup total 1 slice 1 serving 3/4 cup 1/2 cup 2 oz. 2 oz. 1 egg 1/2 cup 4 tbsp.** 1 oz.** 8 oz.
<b>Lunch or Supper:</b> 1. Milk, fluid 2. Vegetable and/or fruit (2 or more kinds) 3. Bread and bread alternates (whole grain or enriched): Bread or cornbread, rolls, muffins, or biscuits or cold dry cereal (volume or weight, whichever is less) or cooked cereal, pasta, noodle products, or cereal grains 4. Meat or meat alternates: Lean meat, fish, or poultry (edible portion as served) or cheese or egg or cooked dry beans or peas* or peanut butter, soy nut butter, or other nut or seed butters or peanuts, soy nuts, tree nuts, or seeds or an equivalent quantity of any combination of the above meat/meat alternates or yogurt	1/2 cup 1/2 cup 1/2 slice 1/2 serving 1/4 cup 1/4 cup 1/2 oz. 1/2 oz. 1/2 egg 1/8 cup 1 tbsp. 1/2 oz. 2 oz.	1/2 cup 1/2 cup 1/2 slice 1/2 serving 1/3 cup 1/4 cup 1/2 oz. 1/2 oz. 1/2 egg 1/8 cup 1 tbsp. 1/2 oz. 2 oz.	1 cup 3/4 cup 1 slice 1 serving 3/4 cup 1/2 cup 1 oz. 1 oz. 1/2 egg 1/4 cup 2 tbsp. 1 oz. 4 oz.
* In the same meal service, dried beans or dried peas may be used as a meat alternate or as a vegetable; however, such use does not satisfy the requirement for both components. ** At lunch and supper, no more than 50% of the requirement shall be met with nuts, seeds, or nut butters. Nuts, seeds, or nut butters shall be combined with another meat or meat alternative to fulfill the requirement. Two tablespoons of nut butter or one ounce of nuts or seeds equals one ounce of meat. *** Juice may not be served when milk is served as the only other component.			

## Historical Note

Table 10.1 made by exempt rulemaking at 22 A.A.R. 1035, pursuant to Laws 2015, Ch. 158, § 3; effective May 1, 2016 (Supp. 16-2).

## R9-10-1026. Sleep Disorder Services

An administrator of an outpatient treatment center that is authorized to provide sleep disorder services shall ensure that:

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1. A physician provides direction for the sleep disorder services provided by the outpatient treatment center;
2. At least one of the following is present on the premise of the outpatient treatment center:
  - a. A polysomnographic technician certified by the Board of Registered Polysomnographic Technologists (BRPT),
  - b. A polysomnographic technician accepted by the BRPT to sit for the BRPT certification examination, or
  - c. A respiratory therapist;
3. There is at least one patient testing room having a minimum of 140 square feet and no dimension less than 10 feet;
4. There is a bathroom available for use by a patient that contains:
  - a. A working sink with running water,
  - b. A working toilet that flushes and has a seat,
  - c. Toilet tissue,
  - d. Soap for hand washing,
  - e. Paper towels or a mechanical air hand dryer,
  - f. Lighting, and
  - g. A means of ventilation;
5. A personnel member certified in cardiopulmonary resuscitation is available on the outpatient treatment center's premise; and
6. Equipment for the delivery of continuous positive airway pressure and bi-level positive airway pressure, including remote control of the airway pressure, is available on the premises of the outpatient treatment center.

**Historical Note**

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1026 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1026 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1027. Urgent Care Services Provided in a Freestanding Urgent Care Setting**

An administrator of an outpatient treatment center that is authorized to provide urgent care services in a freestanding urgent care setting shall ensure that:

1. In addition to the policies and procedures required in R9-10-1003(D)(1), policies and procedures are established, documented, and implemented to protect the health and safety of a patient that cover basic life support training and pediatric basic life support training including:
  - a. Method and content of training,
  - b. Qualifications of individuals providing the training, and
  - c. Documentation that verifies a medical practitioner has received the training;
2. A medical practitioner is on the premises during hours of clinical operation to provide the medical services, nursing

services, and health-related services included in the outpatient treatment center's scope of services;

3. If a physician is not on the premises during hours of operation, a notice stating this fact is conspicuously posted in the waiting room according to A.R.S. § 36-432;
4. If a patient's death occurs at the outpatient treatment center, a written report is submitted to the Department as required in A.R.S. § 36-445.04;
5. A medical practitioner completes basic life support training and pediatric basic life support training:
  - a. Before providing medical services, nursing services, or health-related services at the outpatient treatment center, and
  - b. At least once every 24 months after the initial date of employment;
6. Except as provided in subsection (5), a personnel member completes basic adult and pediatric cardiopulmonary resuscitation training:
  - a. Before providing medical services, nursing services, or health-related services at the outpatient treatment center; and
  - b. At least once every 24 months after the initial date of employment or volunteer service; and
7. In addition to the requirements in R9-10-1006(11), a medical practitioner's record includes documentation of completion of basic life support training and pediatric basic life support training.

**Historical Note**

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1027 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1027 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1028. Infection Control**

An administrator shall ensure that:

1. An infection control program is established, under the direction of an individual qualified according to the outpatient treatment center's policies and procedures, to prevent the development and transmission of infections and communicable diseases including:
  - a. A method to identify and document infections occurring at the outpatient treatment center;
  - b. Analysis of the types, causes, and spread of infections and communicable diseases at the outpatient treatment center;
  - c. The development of corrective measures to minimize or prevent the spread of infections and communicable diseases at the outpatient treatment center; and
  - d. Documentation of infection control activities including:
    - i. The collection and analysis of infection control data,

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- ii. The actions taken related to infections and communicable diseases, and
  - iii. Reports of communicable diseases to the governing authority and state and county health departments;
- 2. Infection control documentation is maintained for at least 12 months after the date of the documentation;
- 3. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that cover:
  - a. If applicable:
    - i. Handling and disposal of biohazardous medical waste;
    - ii. Isolation of a patient;
    - iii. Sterilization and disinfection of medical equipment and supplies;
    - iv. Use of personal protective equipment such as aprons, gloves, gowns, masks, or face protection when applicable; and
    - v. Collection, storage, and cleaning of soiled linens and clothing;
  - b. Cleaning an individual's hands when the individual's hands are visibly soiled;
  - c. Training of personnel members, employees, and volunteers in infection control practices; and
  - d. Work restrictions for a personnel member, employee, or volunteer with a communicable disease or infected skin lesion;
- 4. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures; and
- 5. A personnel member, employee, or volunteer washes his or her hands with soap and water or uses a hand disinfection product before and after each patient contact and after handling soiled linen, soiled clothing, or a potentially infectious material.

**Historical Note**

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1028 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1028 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1029. Emergency and Safety Standards**

- A. An administrator shall ensure that policies and procedures for providing emergency treatment are established, documented, and implemented that protect the health and safety of patients and include:
  - 1. A list of the medications, supplies, and equipment required on the premises for the emergency treatment provided by the outpatient treatment center;
  - 2. A system to ensure medications, supplies, and equipment are available, have not been tampered with, and, if applicable, have not expired;

- 3. A requirement that a cart or a container is available for emergency treatment that contains the medication, supplies, and equipment specified in the outpatient treatment center's policies and procedures; and
  - 4. A method to verify and document that the contents of the cart or container are available for emergency treatment.
- B. An administrator shall ensure that emergency treatment is provided to a patient admitted to the outpatient treatment center according to the outpatient treatment center's policies and procedures.
- C. An administrator shall ensure that:
  - 1. A disaster plan is developed, documented, maintained in a location accessible to personnel members, and, if necessary, implemented that includes:
    - a. Procedures for protecting the health and safety of patients and other individuals on the premises;
    - b. Assigned responsibilities for each personnel member, employee, or volunteer;
    - c. Instructions for the evacuation of patients and other individuals on the premises; and
    - d. Arrangements to provide medical services, nursing services, and health-related services to meet patients' needs;
  - 2. The disaster plan required in subsection (C)(1) is reviewed at least once every 12 months;
  - 3. An evacuation drill is conducted on each shift at least once every 12 months;
  - 4. A disaster plan review required in subsection (C)(2) or an evacuation drill required in subsection (C)(3) is documented as follows:
    - a. The date and time of the evacuation drill or disaster plan review;
    - b. The name of each personnel member, employee, or volunteer participating in the evacuation drill or disaster plan review;
    - c. A critique of the evacuation drill or disaster plan review; and
    - d. If applicable, recommendations for improvement;
  - 5. Documentation required in subsection (C)(4) is maintained for at least 12 months after the date of the evacuation drill or disaster plan review; and
  - 6. An evacuation path is conspicuously posted on each hallway of each floor of the outpatient treatment center.
- D. An administrator shall ensure that an outpatient treatment center has either:
  - 1. Both of the following that are tested and serviced at least once every 12 months:
    - a. A fire alarm system installed according to the National Fire Protection Association 72: National Fire Alarm and Signaling Code, incorporated by reference in R9-10-104.01, that is in working order; and
    - b. A sprinkler system installed according to the National Fire Protection Association 13 Standard for the Installation of Sprinkler Systems, incorporated by reference in R9-10-104.01, that is in working order; or
  - 2. The following:
    - a. A smoke detector installed in each hallway of the outpatient treatment center that is:
      - i. Maintained in an operable condition;
      - ii. Either battery operated or, if hard-wired into the electrical system of the outpatient treatment center, has a back-up battery; and
      - iii. Tested monthly; and

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- b. A portable, operable fire extinguisher, labeled as rated at least 2A-10-BC by the Underwriters Laboratories, that:
  - i. Is available at the outpatient treatment center;
  - ii. Is mounted in a fire extinguisher cabinet or placed on wall brackets so that the top handle of the fire extinguisher is not over five feet from the floor and the bottom of the fire extinguisher is at least four inches from the floor;
  - iii. If a disposable fire extinguisher, is replaced when its indicator reaches the red zone; and
  - iv. If a rechargeable fire extinguisher, is serviced at least once every 12 months and has a tag attached to the fire extinguisher that specifies the date of the last servicing and the name of the servicing person.
- E. An administrator shall ensure that documentation of a test required in subsection (D) is maintained for at least 12 months after the date of the test.
- F. An administrator shall ensure that:
  - 1. Exit signs are illuminated, if the local fire jurisdiction requires illuminated exit signs;
  - 2. Except as provided in subsection (G), a corridor in the outpatient treatment center is at least 44 inches wide;
  - 3. Corridors and exits are kept clear of any obstructions;
  - 4. A patient can exit through any exit during hours of operation;
  - 5. An extension cord is not used instead of permanent electrical wiring;
  - 6. Each electrical outlet and electrical switch has a cover plate that is in good repair;
  - 7. If applicable, a sign is placed at the entrance of a room or an area indicating that oxygen is in use; and
  - 8. Oxygen and medical gas containers:
    - a. Are maintained in a secured, upright position; and
    - b. Are stored in a room with a door:
      - i. In a building with sprinklers, at least five feet from any combustible materials; or
      - ii. In a building without sprinklers, at least 20 feet from any combustible materials.
- G. If an outpatient treatment center licensed before October 1, 2013 has a corridor less than 44 inches wide, an administrator shall ensure that:
  - 1. The corridor is wide enough to allow for:
    - a. Unobstructed movement of patients within the outpatient treatment center, and
    - b. The safe evacuation of patients from the outpatient treatment center; and
  - 2. The corridor is used only as a passageway.
- H. An administrator shall:
  - 1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal,
  - 2. Make any repairs or corrections stated on the fire inspection report, and
  - 3. Maintain documentation of a current fire inspection.

**Historical Note**

Adopted as an emergency effective November 17, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-6). Former Section R9-10-1029 adopted as an emergency now adopted and amended as a permanent rule effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1029 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness

of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4).

**R9-10-1030. Physical Plant, Environmental Services, and Equipment Standards****A.** An administrator shall ensure that:

- 1. An outpatient treatment center's premises are:
  - a. Sufficient to provide the outpatient treatment center's scope of services;
  - b. Cleaned and disinfected according to the outpatient treatment center's policies and procedures to prevent, minimize, and control illness and infection; and
  - c. Free from a condition or situation that may cause an individual to suffer physical injury;
- 2. If an outpatient treatment center collects urine or stool specimens from a patient, except as provided in subsection (B), or is authorized to provide respite services for children on the premises, the outpatient treatment center has at least one bathroom on the premises that:
  - a. Contains:
    - i. A working sink with running water,
    - ii. A working toilet that flushes and has a seat,
    - iii. Toilet tissue,
    - iv. Soap for hand washing,
    - v. Paper towels or a mechanical air hand dryer,
    - vi. Lighting, and
    - vii. A means of ventilation; and
  - b. Is for the exclusive use of the outpatient treatment center;
- 3. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
- 4. A tobacco smoke-free environment is maintained on the premises;
- 5. A refrigerator used to store a medication is:
  - a. Maintained in working order, and
  - b. Only used to store medications;
- 6. Equipment at the outpatient treatment center is:
  - a. Sufficient to provide the outpatient treatment center's scope of services;
  - b. Maintained in working condition;
  - c. Used according to the manufacturer's recommendations; and
  - d. If applicable, tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
- 7. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of testing, calibration, or repair.

**B.** An outpatient treatment center may have a bathroom used for the collection of a patient's urine or stool that is not for the exclusive use of the outpatient treatment center if:

- 1. The bathroom is located in the same contiguous building as the outpatient treatment center's premises,
- 2. The bathroom is of a sufficient size to support the outpatient treatment center's scope of services, and
- 3. There is a documented agreement between the licensee and the owner of the building stating that the bathroom

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complies with the requirements in this Section and allowing the Department access to the bathroom to verify compliance.

- C. If an outpatient treatment center has a bathroom that is not for the exclusive use of the outpatient treatment center as allowed in subsection (B), an administrator shall ensure that:
1. Policies and procedures are established, documented, and implemented to:
    - a. Protect the health and safety of an individual using the bathroom; and
    - b. Ensure that the bathroom is cleaned and sanitized to prevent, minimize, and control illness and infection;
  2. Documented instructions are provided to a patient that cover:
    - a. Infection control measures when a patient uses the bathroom, and
    - b. The safe return of a urine or stool specimen to the outpatient treatment center;
  3. The bathroom complies with the requirements in subsection (A)(2)(a); and
  4. The bathroom is free from a condition or situation that may cause an individual using the bathroom to suffer a physical injury.

**Historical Note**

Adopted effective February 15, 1984 (Supp. 84-1). Repealed by summary action, interim effective date July 21, 1995 (Supp. 95-3). The proposed summary action repealing R9-10-1030 was remanded by the Governor's Regulatory Review Council which revoked the interim effectiveness of the summary rule. The Section in effect before the proposed summary action has been restored (Supp. 97-1). Section repealed by final rulemaking at 5 A.A.R. 1222, effective April 5, 1999 (Supp. 99-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by exempt rulemaking at 22 A.A.R. 1035, pursuant to Laws 2015, Ch. 158, § 3; effective May 1, 2016 (Supp. 16-2). Amended by final expedited rulemaking at 25 A.A.R. 259, effective January 8, 2019 (Supp. 19-1).

**R9-10-1031. Colocation Requirements**

- A. In addition to the definitions in A.R.S. §§ 36-401 and 36-439 and R9-10-101 and R9-10-1001, the following definition applies in this Section:  
"Patient" means an individual who enters the premises of a collaborating outpatient treatment center to obtain physical health services or behavioral health services from the collaborating outpatient treatment center or a colocator that shares areas of the collaborating outpatient treatment center's premises.
- B. Only one outpatient treatment center in a facility may be designated as a collaborating outpatient treatment center for the facility.
- C. The following health care institutions are not permitted to be a collaborating outpatient treatment center or a colocator in a collaborating outpatient treatment center:
1. An affiliated counseling facility;
  2. An outpatient treatment center authorized by the Department to provide dialysis services according to R9-10-1018;
  3. An outpatient treatment center authorized by the Department to provide emergency room services according to R9-10-1019; or

4. An outpatient treatment center operating under a single group license according to A.R.S. § 36-422(F) or (G).
- D. In addition to the requirements for a license application in R9-10-105, a governing authority of an outpatient treatment center requesting authorization to operate or continue to operate as a collaborating outpatient treatment center shall submit, in a Department-provided format:
1. The following information for each proposed colocator that may share an area of the collaborating outpatient treatment center's premises and nontreatment personnel at the collaborating outpatient treatment center:
    - a. For each proposed associated licensed provider:
      - i. Name,
      - ii. The associated licensed provider's license number or the date the associated licensed provider submitted to the Department a license application for an outpatient treatment center or a counseling facility license,
      - iii. Proposed scope of services, and
      - iv. A copy of the written agreement with the collaborating outpatient treatment center required in subsection (E); and
    - b. For each exempt health care provider:
      - i. Name,
      - ii. Current health care professional license number,
      - iii. Proposed scope of services, and
      - iv. A copy of the written agreement required in subsection (F) with the collaborating outpatient treatment center; and
  2. In addition to the requirements in R9-10-105(A)(5)(b)(vi), a floor plan that shows:
    - a. Each colocator's proposed treatment area, and
    - b. The areas of the collaborating outpatient treatment center's premises shared with a colocator.
- E. An administrator of a collaborating outpatient treatment center shall have a written agreement with each associated licensed provider that includes:
1. In a Department-provided format:
    - a. The associated licensed provider's name;
    - b. The name of the associated licensed provider's governing authority;
    - c. Whether the associated licensed provider plans to share medical records with the collaborating outpatient treatment center;
    - d. If the associated licensed provider plans to share medical records with the collaborating outpatient treatment center, specific information about which party will obtain a patient's:
      - i. General consent or informed consent, as applicable;
      - ii. Consent to allow a colocator access to the patient's medical record; and
      - iii. Advance directives;
    - e. How the associated licensed provider will transport or transfer a patient to another colocator within the collaborating outpatient treatment center;
    - f. How the associated licensed provider will ensure controlled substances stored in the associated licensed provider's licensed premises are not diverted;
    - g. How the associated licensed provider will ensure environmental services in the associated licensed provider's licensed premises will not affect patient care in the collaborating outpatient treatment center;

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- h. How the associated licensed provider's personnel members will respond to a patient's sudden, intense, or out-of-control behavior, in the associated licensed provider's treatment area, to prevent harm to the patient or another individual in the collaborating outpatient treatment center;
- i. A statement that, if any of the colocators include children's behavioral health services in the colocator's scope of services, the associated licensed provider will ensure that all employees and personnel members of the associated licensed provider comply the fingerprint clearance card requirements in A.R.S. § 36-425.03;
- j. A statement that the associated licensed provider will:
  - i. Document the following each time another colocator provides emergency health care services in the associated licensed provider's treatment area:
    - (1) The name of the colocator;
    - (2) If different from the name of the colocator, the name of the physician, physician assistant, registered nurse practitioner, or behavioral health professional providing the emergency health care services;
    - (3) A description of the emergency health care services provided; and
    - (4) The date and time the emergency health care services were provided;
  - ii. Maintain the documentation in subsection (E)(1)(j)(i) for at least 12 months after the emergency health care services were provided; and
  - iii. Submit a copy of the documentation to the collaborating outpatient treatment center within 48 hours after the provision of the emergency health care services;
- k. A statement that the associated licensed provider will:
  - i. Document the following each time the associated licensed provider provides emergency health care services in another colocator's treatment area:
    - (1) If different from the name of the associated licensed provider, the name of the physician, physician assistant, registered nurse practitioner, or behavioral health professional providing the emergency health care services;
    - (2) The name of the colocator;
    - (3) A description of the emergency health care services provided; and
    - (4) The date and time the emergency health care services were provided;
  - ii. Maintain the documentation in subsection (E)(1)(k)(i) for at least 12 months after the emergency health care services were provided; and
  - iii. Submit a copy of the documentation to the collaborating outpatient treatment center within 48 hours after the provision of the emergency health care services;
- l. An attestation that the associated licensed provider will comply with the written agreement;
- m. The signature of the associated licensed provider's governing authority according to A.R.S. § 36-422(B) and the date signed; and
- n. The signature of the collaborating outpatient treatment center's governing authority according to A.R.S. § 36-422(B) and the date signed; and
- 2. A copy of the associated licensed provider's scope of services, including whether the associated licensed provider plans to provide behavioral health services for children.
- F. An administrator of a collaborating outpatient treatment center shall have a written agreement with each exempt health care provider that includes:
  - 1. In a Department-provided format:
    - a. The exempt health care provider's name;
    - b. The exempt health care provider license type and license number;
    - c. Whether the exempt health care provider plans to share medical records with the collaborating outpatient treatment center;
    - d. If the exempt health care provider plans to share medical records with the collaborating outpatient treatment center, specific information about which party will obtain a patient's:
      - i. General consent or informed consent, as applicable;
      - ii. Consent to allow a colocator access to the patient's medical record; and
      - iii. Advance directives;
    - e. How the exempt health care provider will transport or transfer a patient to another colocator within the collaborating outpatient treatment center;
    - f. How the exempt health care provider will ensure controlled substances stored in the exempt health care provider's designated premises are not diverted;
    - g. How the exempt health care provider will ensure environmental services in the exempt health care provider's licensed premises will not affect patient care in the collaborating outpatient treatment center;
    - h. How the exempt health care provider and any staff of the exempt health care provider will respond to a patient's sudden, intense, or out-of-control behavior, in the exempt health care provider's treatment area, to prevent harm to the patient or another individual in the collaborating outpatient treatment center;
    - i. A statement that, if any of the colocators include children's behavioral health services in the colocator's statement of services, the exempt health care provider will ensure that all employees and staff of the exempt health care provider comply with the fingerprint clearance card requirements A.R.S. § 36-425.03;
    - j. A statement that the exempt health care provider will:
      - i. Document the following each time another colocator provides emergency health care services in the exempt health care provider's treatment area:
        - (1) The name of the colocator;
        - (2) If different from the name of the colocator, the name of the physician, physician assistant, registered nurse practitioner, or behavioral health professional providing the emergency health care services;
        - (3) A description of the emergency health care services provided; and
        - (4) The date and time the emergency health

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- care services were provided;
  - ii. Maintain the documentation in subsection (F)(1)(j)(i) for at least 12 months after the emergency health care services were provided; and
  - iii. Submit a copy of the documentation to the collaborating outpatient treatment center within 48 hours after the provision of the emergency health care services;
  - k. A statement that the exempt health care provider will:
    - i. Document the following each time the exempt health care provider provides emergency health care services in another colocator's treatment area:
      - (1) If different from the name of the exempt health care provider, the name of the physician, physician assistant, registered nurse practitioner, or behavioral health professional providing the emergency health care services;
      - (2) The name of the colocator;
      - (3) A description of the emergency health care services provided; and
      - (4) The date and time the emergency health care services were provided;
    - ii. Maintain the documentation in subsection (F)(1)(k)(i) for at least 12 months after the emergency health care services were provided; and
    - iii. Submit a copy of the documentation to the collaborating outpatient treatment center within 48 hours after the provision of the emergency health care services;
  - l. An attestation that the exempt health care provider will comply with the written agreement;
  - m. The signature of the exempt health care provider and the date signed; and
  - n. The signature of the collaborating outpatient treatment center's governing authority according to A.R.S. § 36-422(B) and the date signed; and
  - 2. A copy of the exempt health care provider's scope of services, including whether the exempt health care provider plans to provide behavioral health services for children.
- G.** As part of the policies and procedures required in this Article, an administrator of a collaborating outpatient treatment center shall ensure that policies and procedures are established, documented, and implemented to protect the health and safety of a patient based on the scopes of services of all colocators that:
- 1. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for nontreatment personnel who may provide services in the areas of the collaborating outpatient treatment center's premises shared with a colocator;
  - 2. Cover orientation and in-service education for nontreatment personnel who may provide services in the areas of the collaborating outpatient treatment center's premises shared with a colocator;
  - 3. Cover cardiopulmonary resuscitation training, including:
    - a. The method and content of cardiopulmonary resuscitation training, which includes a demonstration of the individual's ability to perform cardiopulmonary resuscitation;
    - b. The qualifications for an individual to provide cardiopulmonary resuscitation training;
    - c. The time-frame for renewal of cardiopulmonary resuscitation training; and
    - d. The documentation that verifies that an individual has received cardiopulmonary resuscitation training;
  - 4. Cover first aid training;
  - 5. Cover patient screening, including a method to ensure that, if a patient identifies a specific colocator, the patient is directed to the identified colocator;
  - 6. Cover the provision of emergency treatment to protect the health and safety of a patient or individual present in an area of the collaborating outpatient treatment center's premises shared with a colocator according to the requirements for emergency treatment policies and procedures in R9-10-1029(A);
  - 7. If medication is stored in an area of the collaborating outpatient treatment center's premises shared with a colocator, cover obtaining, storing, accessing, and disposing of medications, including provisions for controlling inventory and preventing diversion of controlled substances;
  - 8. Cover biohazardous wastes, if applicable;
  - 9. Cover environmental services in an area of the collaborating outpatient treatment center's premises shared with a colocator that affect patient care; and
  - 10. Cover how personnel members and nontreatment personnel will respond to a patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual in an area of the collaborating outpatient treatment center's premises shared with a colocator.
- H.** An administrator of a collaborating outpatient treatment center shall ensure that:
- 1. Areas of the collaborating outpatient treatment center's premises shared with a colocator are:
    - a. Sufficient to accommodate the outpatient treatment center's and any colocators' scopes of services;
    - b. Cleaned and disinfected according to the outpatient treatment center's policies and procedures to prevent, minimize, and control illness and infection; and
    - c. Free from a condition or situation that may cause an individual to suffer physical injury;
  - 2. A written log is maintained that documents the date, time, and circumstances each time a colocator provides emergency health care services in another colocator's designated treatment area; and
  - 3. The documentation in the written log required in subsection (H)(2) is maintained for at least 12 months after the date the colocator provides emergency health care services in another colocator's designated treatment area.
- I.** If any colocator at a collaborating outpatient treatment center includes children's behavioral health services as part of the colocator's scope of services, an administrator of the collaborating outpatient treatment center shall ensure that the governing authority, employees, personnel members, nontreatment personnel, and volunteers of the collaborating outpatient treatment center comply with the fingerprint clearance card requirements in A.R.S. § 36-425.03.

**Historical Note**

New Section made by exempt rulemaking at 22 A.A.R. 1035, pursuant to Laws 2015, Ch. 158, § 3; effective May 1, 2016 (Supp. 16-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**ARTICLE 11. ADULT DAY HEALTH CARE FACILITIES****R9-10-1101. Definitions**

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following applies in this Article, unless otherwise specified:

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“Care plan” means a written program of action for a participant’s care based upon an assessment of the participant’s physical, nutritional, psychosocial, economic, and environmental strengths and needs and implemented according to established short- and long-term goals.

**Historical Note**

Adopted effective July 22, 1994 (Supp. 94-3). Section amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1102. Supplemental Application Requirements**

In addition to the license application requirements in A.R.S. § 36-422 and R9-10-105, an applicant for a license as an adult day health care facility shall include on the application the number of participants for whom the applicant is requesting authorization to provide adult day health services.

**Historical Note**

Adopted effective July 22, 1994 (Supp. 94-3). Section amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1102 renumbered to Section R9-10-1103; new Section R9-10-1102 made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-1103. Administration****A. A governing authority shall:**

1. Consist of one or more individuals responsible for the organization, operation, and administration of an adult day health care facility;
2. Establish, in writing:
  - a. An adult day health care facility’s scope of services, and
  - b. Qualifications for an administrator;
3. Designate, in writing, an administrator who has the qualifications established in subsection (A)(2)(b);
4. Adopt a quality management program according to R9-10-1104;
5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
6. Designate in writing, an acting administrator, who has the qualifications established in subsection (A)(2)(b) if the administrator is:
  - a. Expected not to be present on an adult day health care facility’s premises for more than 30 calendar days, or
  - b. Not present on an adult day health care facility’s premises for more than 30 calendar days; and
7. Except as provided in subsection (A)(6), notify the Department according to A.R.S. § 36-425(I), when there is a change in an administrator and identify the name and qualifications of the new administrator.

**B. An administrator:**

1. Is 21 years of age or older;
2. Is directly accountable to the governing authority of an adult day health care facility for the daily operation of the adult day health care facility and all services provided by or at the adult day health care facility;
3. Has the authority and responsibility to manage the adult day health care facility; and
4. Except as provided in subsection (A)(6), designates, in writing, an individual who is 21 years of age or older and present on the adult day health care facility’s premises

and accountable for the adult day health care facility when the administrator is not present on the adult day health care facility premises and participants are present on the adult day health care facility’s premises.

**C. An administrator shall ensure that:**

1. Policies and procedures are established, documented, and implemented to protect the health and safety of a participant that:
  - a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
  - b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
  - c. Cover certification in cardiopulmonary resuscitation and first aid training;
  - d. Include how a personnel member may submit a complaint relating to services provided to a participant;
  - e. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
  - f. Include a method to identify a participant to ensure that the participant receives the appropriate services;
  - g. Cover participant rights, including assisting a participant who does not speak English or who has a disability to become aware of participant rights;
  - h. Cover specific steps for:
    - i. A participant to file a complaint, and
    - ii. The adult day health care facility to respond to a participant complaint;
  - i. Cover medical records, including electronic medical records; and
  - j. Cover a quality management program, including incident reports and supporting documentation;
2. Policies and procedures for services provided by an adult day health care facility are established, documented, and implemented to protect the health and safety of a participant that:
  - a. Cover screening, enrollment, and discharge;
  - b. Cover the provision of the services in the adult day health care facility’s scope of services;
  - c. Cover dispensing, administering, and disposing of medications, including provisions for inventory control and preventing diversion of controlled substances;
  - d. Cover how personnel members will respond to a participant’s sudden, intense, or out-of-control behavior to prevent harm to the participant or another individual;
  - e. Cover food services;
  - f. Cover environmental services;
  - g. Cover infection control;
  - h. Cover contracted services;
  - i. Cover emergency treatment provided at the adult day health care facility; and
  - j. Designate which employees or personnel members are required to have current certification in cardiopulmonary resuscitation and first aid training;
3. Policies and procedures are:
  - a. Available to personnel members, employees, volunteers, and students, and
  - b. Reviewed at least once every three years and updated as needed; and
4. Unless otherwise stated:



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- a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
- b. When documentation or information is required by this Chapter to be submitted on behalf of an adult day health care facility, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the adult day health care facility.

**D. An administrator shall:**

1. Maintain, and make available to individuals upon request, a schedule of rates and charges;
2. Ensure that a monthly calendar of planned activities is:
  - a. Posted before the beginning of a month, and
  - b. Maintained on the premises for at least 90 calendar days after the end of the month;
3. Ensure that materials, supplies, and equipment are provided for the planned activities; and
4. Assist in the formation of a participants' council according to R9-10-1112.

**Historical Note**

Adopted effective July 22, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1103 renumbered to Section R9-10-1104; new Section R9-10-1103 renumbered from Section R9-10-1102 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1104. Quality Management**

An administrator shall ensure that:

1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
  - a. A method to identify, document, and evaluate incidents;
  - b. A method to collect data to evaluate services provided to participants;
  - c. A method to evaluate the data collected to identify a concern about the delivery of services related to participant care;
  - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to participant care; and
  - e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
  - a. An identification of each concern about the delivery of services related to participant care, and
  - b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to participant care; and
3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

**Historical Note**

Adopted effective July 22, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1104 renumbered to Section R9-10-1105; new Section R9-10-1104 renumbered from Section R9-10-1103 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

Supp. 14-2).

**R9-10-1105. Contracted Services**

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

**Historical Note**

Adopted effective July 22, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1105 renumbered to Section R9-10-1106; new Section R9-10-1105 renumbered from Section R9-10-1104 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1106. Personnel**

A. An administrator shall ensure that:

1. The qualifications, skills, and knowledge required for each type of personnel member:
  - a. Are based on:
    - i. The type of physical health services or behavioral health services expected to be provided by the personnel member according to the established job description, and
    - ii. The acuity of the participants receiving physical health services or behavioral health services from the personnel member according to the established job description; and
  - b. Include:
    - i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services and behavioral health services listed in the established job description,
    - ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description, and
    - iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description;
2. A personnel member's skills and knowledge are verified and documented:
  - a. Before the personnel member provides physical health services or behavioral health services, and
  - b. According to policies and procedures;
3. Sufficient personnel members are present on an adult day health care facility's premises when participants are present and have the qualifications, skills, and knowledge necessary to:
  - a. Provide the services in the adult day health care facility's scope of services,
  - b. Meet the needs of a participant, and
  - c. Ensure the health and safety of a participant; and
4. A personnel member, or an employee or a volunteer who has or is expected to have direct interaction with a participant for more than eight hours a week, provides evidence of freedom from infectious tuberculosis:

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- a. On or before the date the individual begins providing services at or on behalf of the adult day health care facility, and
  - b. As specified in R9-10-113.
- B.** An administrator shall ensure that a personnel member:
  - 1. Is 18 years of age or older, and
  - 2. Is not a participant of the adult day health care facility.
- C.** An administrator shall ensure that a personnel record for each personnel member, employee, volunteer, or student:
  - 1. Includes:
    - a. The individual's name, date of birth, and contact telephone number;
    - b. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
    - c. Documentation of:
      - i. The individual's qualifications, including skills and knowledge applicable to the individual's job duties;
      - ii. The individual's education and experience applicable to the individual's job duties;
      - iii. The individual's completed orientation and in-service education as required by policies and procedures;
      - iv. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
      - v. Cardiopulmonary resuscitation training, if required for the individual according to this Article and policies and procedures;
      - vi. First aid training, if required for the individual according to this Article and policies and procedures; and
      - vii. Evidence of freedom from infectious tuberculosis, if required for the individual according to this Article or policies and procedures;
  - 2. Is maintained:
    - a. Throughout the individual's period of providing services in or for the adult day health care facility, and
    - b. For at least 24 months after the last date the individual provided service in or for the adult day health care facility; and
  - 3. For a personnel member who has not provided physical health services or behavioral health services at or for the adult day health care facility during the previous 12 months, is provided to the Department within 72 hours after the Department's request.
- D.** An administrator shall ensure that:
  - 1. At least two personnel members are present on the premises whenever two or more participants are in the adult day health care facility;
  - 2. At least one personnel member with cardiopulmonary resuscitation and first-aid certification is on the premises at all times;
  - 3. A registered nurse manages the nursing services and provides direction for health-related services provided by the adult day health care facility; and
  - 4. A nurse is on the premises daily to:
    - a. Administer medications and treatments, and
    - b. Monitor a participant's health status.

**Historical Note**

Adopted effective July 22, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1106 renumbered to Section R9-10-1107; new Section R9-10-1106 renumbered from Section R9-

10-1105 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1107. Enrollment**

- A.** An administrator shall ensure that a participant provides evidence of freedom from infectious tuberculosis:
  - 1. Before or within seven calendar days after the participant's enrollment, and
  - 2. As specified in R9-10-113.
- B.** Before or at the time of enrollment, an administrator shall ensure that a participant or the participant's representative signs a written agreement with the adult day health care facility that includes:
  - 1. The participant's name and date of birth,
  - 2. Enrollment requirements,
  - 3. A list of the customary services that the adult day health care facility provides,
  - 4. A list of services that are available at an additional cost,
  - 5. A list of fees and charges,
  - 6. Procedures for termination of the agreement,
  - 7. The requirements of the adult day health care facility,
  - 8. The names and telephone numbers of individuals designated by the participant to be notified in the event of an emergency, and
  - 9. A copy of the adult day health care facility's procedure on health care directives.
- C.** An administrator shall give a copy of the agreement in subsection (B) to the participant or the participant's representative and keep the original in the participant's medical record.
- D.** An administrator shall ensure that a participant has a signed written medical assessment that:
  - 1. Was completed by the participant's medical practitioner within 60 calendar days before enrollment; and
  - 2. Includes:
    - a. Information that addresses the participant's:
      - i. Physical health;
      - ii. Cognitive awareness of self, location, and time; and
      - iii. Deficits in cognitive awareness;
    - b. Physical, mental, and emotional problems experienced by the participant;
    - c. A schedule of the participant's medications;
    - d. A list of treatments the participant is receiving;
    - e. The participant's special dietary needs; and
    - f. The participant's known allergies.
- E.** At the time of enrollment, an administrator shall ensure that the participant or participant's representative:
  - 1. Documents whether the participant may sign in and out of the adult day health care facility; and
  - 2. Provides the following:
    - a. The name and telephone number of the:
      - i. Participant's representative;
      - ii. Family member to be contacted in an emergency;
      - iii. Participant's medical practitioner; and
      - iv. Adult who provides the participant with supervision and assistance in the preparation of meals, housework, and personal grooming, if applicable; and
    - b. If applicable, a copy of the participant's health care directive.
- F.** An administrator shall ensure that a comprehensive assessment of the participant:
  - 1. Is completed by a registered nurse before the participant's tenth visit or within 30 calendar days after enrollment, whichever comes first;

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2. Documents the participant's:
  - a. Physical health,
  - b. Mental and emotional status, and
  - c. Social history; and
3. Includes:
  - a. Medical practitioner orders,
  - b. Adult day health care services recommended for the participant's care plan, and
  - c. The signature of the registered nurse conducting the comprehensive assessment and date signed.
- c. Behavior that is dangerous to self or that interferes with the physical or psychological well-being of other participants, or
- d. The participant requires services not in the adult day health care facility's scope of services.

**B.** An administrator shall ensure that discharge instructions for a participant are:

1. Developed that:
  - a. Identify any specific needs of the participant after discharge,
  - b. Are completed before discharge occurs,
  - c. Include a description of the level of care that may meet the participant's assessed and anticipated needs after discharge, and
  - d. Are documented in the participant's medical record within 48 hours after the discharge instructions are completed; and
2. Provided to the participant or the participant's representative before the discharge occurs.

**Historical Note**

Adopted effective July 22, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1107 renumbered to Section R9-10-1108; new Section R9-10-1107 renumbered from Section R9-10-1106 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1108. Care Plan**

An administrator shall ensure that a care plan for a participant:

1. Is developed within seven calendar days after the completion of the participant's comprehensive assessment;
2. Has input from:
  - a. The participant or participant's representative,
  - b. The registered nurse who performed the comprehensive assessment, and
  - c. Personnel who have provided services to the participant;
3. Is based on the participant's comprehensive assessment;
4. Includes:
  - a. A summary of the participant's medical or health problems, including physical, mental, and emotional disabilities or impairments;
  - b. Adult day health services to be provided;
  - c. Goals and objectives of care that are time-limited and measurable;
  - d. Interventions required to achieve objectives, including recommendations for therapy and referrals to other service providers; and
  - e. Discharge instructions according to R9-10-1109(B); and
5. Is reviewed and updated at least once every six months and whenever there is a significant change in the participant's condition.

**Historical Note**

Adopted effective July 22, 1994 (Supp. 94-3). Section amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1108 renumbered to Section R9-10-1109; new Section R9-10-1108 renumbered from Section R9-10-1107 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1109. Discharge**

**A.** An administrator may discharge a participant from an adult day health care facility by terminating the agreement in R9-10-1107(B):

1. After giving the participant or participant's representative five working days written notice; and
2. For any of the following reasons:
  - a. Evidence of repeated failure to comply with the requirements of the adult day health care facility,
  - b. Documented proof of failure to pay,

**Historical Note**

Adopted effective July 22, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1109 renumbered to Section R9-10-1110; new Section R9-10-1109 renumbered from Section R9-10-1108 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1110. Participant Rights**

**A.** An administrator shall ensure that:

1. The requirements in subsection (B) and the participant rights in subsection (C) are conspicuously posted on the premises;
2. At the time of enrollment, a participant or the participant's representative receives a written copy of the requirements in subsection (B) and the participant rights in subsection (C); and
3. Policies and procedures include:
  - a. How and when a participant or the participant's representative is informed of participant rights in subsection (C), and
  - b. Where participant rights are posted as required in subsection (A)(1).

**B.** An administrator shall ensure that:

1. A participant is treated with dignity, respect, and consideration;
2. A participant is not subjected to:
  - a. Abuse;
  - b. Neglect;
  - c. Exploitation;
  - d. Coercion;
  - e. Manipulation;
  - f. Sexual abuse;
  - g. Sexual assault;
  - h. Seclusion;
  - i. Restraint;
  - j. Retaliation for submitting a complaint to the Department or another entity; or
  - k. Misappropriation of personal and private property by the adult day health care facility's personnel members, employees, volunteers, or students; and
3. A participant or the participant's representative:
  - a. Except in an emergency, either consents to or refuses treatment;

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- b. May refuse or withdraw consent for treatment before treatment is initiated;
  - c. Except in an emergency, is informed of proposed alternatives to the treatment, associated risks, and possible complications;
  - d. Is informed of the following:
    - i. The policy on health care directives,
    - ii. The participant complaint process,
    - iii. Rates and charges for participating at the adult day health care facility, and
    - iv. The process for contacting the local office of Adult Protective Services;
  - e. Consents to photographs of the participant before the participant is photographed, except that a participant may be photographed when enrolled at an adult day health care facility for identification and administrative purposes; and
  - f. Except as otherwise permitted by law, provides written consent to the release of information in the participant's:
    - i. Medical record, or
    - ii. Financial records.
- C. A participant has the following rights:**
- 1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
  - 2. To receive treatment that supports and respects the participant's individuality, choices, strengths, and abilities;
  - 3. To communicate, associate, and meet privately with individuals of the participant's choice;
  - 4. To have access to a telephone, to make and receive calls, and to send and receive correspondence without interception or interference by the adult day health care facility;
  - 5. To arrive and depart from the adult day health care facility, consistent with the participant's care plan and personal safety;
  - 6. To receive privacy in treatment and care for personal needs;
  - 7. To review, upon written request, the participant's own records;
  - 8. To receive a referral to another health care institution if the adult day health care facility is not authorized or not able to provide physical health services or behavioral health services needed by the participant;
  - 9. To participate or have the participant's representative participate in the development of a care plan or decisions concerning treatment;
  - 10. To participate or refuse to participate in research or experimental treatment; and
  - 11. To receive assistance from a family member, the participant's representative, or other individual in understanding, protecting, or exercising the participant's rights.
- Historical Note**
- New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1110 renumbered to Section R9-10-1111; new Section R9-10-1110 renumbered from Section R9-10-1109 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).
- R9-10-1111. Medical Records**
- A.** An administrator shall ensure that:
- 1. A medical record is established and maintained for a participant according to A.R.S. Title 12, Chapter 13, Article 7.1;
  - 2. An entry in a participant's medical record is:
    - a. Recorded only by an individual authorized by policies and procedures to make the entry;
    - b. Dated, legible, and authenticated; and
    - c. Not changed to make the initial entry illegible;
  - 3. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
  - 4. A participant's medical record is available to an individual:
    - a. Authorized according to policies and procedures to access the participant's medical record;
    - b. If the individual is not authorized according to policies and procedures, with the written consent of the participant or the participant's representative; or
    - c. As permitted by law; and
  - 5. A participant's medical record is protected from loss, damage, or unauthorized use.
- B.** If an adult day health care facility maintains participant's medical records electronically, an administrator shall ensure that:
- 1. Safeguards exist to prevent unauthorized access, and
  - 2. The date and time of an entry in a participant's medical record is recorded by the computer's internal clock.
- C.** An administrator shall ensure that a participant's medical record contains:
- 1. Participant information that includes:
    - a. The participant's name;
    - b. The participant's address;
    - c. The participant's date of birth; and
    - d. Any known allergies, including medication allergies;
  - 2. The name of the participant's medical practitioner or other individuals involved in the care of the participant;
  - 3. An enrollment agreement and date of the participant's first visit;
  - 4. If applicable, documented general consent and informed consent by the participant or the participant's representative;
  - 5. If applicable, the name and contact information of the participant's representative and:
    - a. The document signed by the participant consenting for the participant's representative to act on the participant's behalf; or
    - b. If the participant's representative:
      - i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
      - ii. Is a legal guardian, a copy of the court order establishing guardianship;
  - 6. Documentation of medical history;
  - 7. A copy of the participant's health care directive, if applicable;
  - 8. Orders;
  - 9. The medical assessment required in R9-10-1107(D);
  - 10. A care plan;
  - 11. The comprehensive assessment required in R9-10-1107(F);
  - 12. Progress notes;

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13. If applicable, documentation of any actions taken to control the participant's sudden, intense, or out-of-control behavior to prevent harm to the participant or another individual;
14. Documentation of adult day health services provided to the participant;
15. The disposition of the participant upon discharge;
16. The discharge date, if applicable;
17. Documentation of a medication administered to the participant that includes:
  - a. The date and time of administration;
  - b. The name, strength, dosage, and route of administration;
  - c. The identification and signature of the individual administering, providing assistance in the self-administration of medication, or observing the participant's self-administration of the medication;
  - d. If medication for pain is administered on a PRN basis to a participant:
    - i. An identification of the participant's pain before administering the medication, and
    - ii. The effect of the medication administered; and
  - e. Any adverse reaction a participant has to the medication;
18. If applicable, documentation of:
  - a. A significant change in the participant's condition,
  - b. An injury or accident that occurred at the adult day health care facility and required medical services, and
  - c. Notification provided to the participant's medical practitioner or the participant's representative of the significant change in subsection (C)(18)(a) or the injury or accident in subsection (C)(18)(b);
19. Documentation of whether the participant may sign in or out of the adult day health care facility;
20. Documentation of freedom from infectious tuberculosis required in R9-10-1107(A); and
21. Names and telephone numbers of individuals to be notified in the event of an emergency.

**Historical Note**

Amended effective September 2, 1977 (Supp. 77-5).  
 Repealed effective July 22, 1994 (Supp. 94-3). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1111 renumbered to Section R9-10-1112; new Section R9-10-1111 renumbered from Section R9-10-1110 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1112. Participant's Council**

- A. A participants' council:
  1. Is composed of participants, who are willing to serve on the council and take part in scheduled meetings;
  2. May develop guidelines that govern the council's activities;
  3. May meet quarterly;
  4. May record minutes of the meetings; and
  5. May provide written input on planned activities and policies of the adult day health care facility.
- B. A participants' council may invite personnel or the administrator to attend their meetings.
- C. An administrator shall act as a liaison between the participants' council and personnel members, employees, and volunteers.

**Historical Note**

Amended effective September 2, 1977 (Supp. 77-5).  
 Repealed effective July 22, 1994 (Supp. 94-3). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1112 renumbered to Section R9-10-1113; new Section R9-10-1112 renumbered from Section R9-10-1111 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1113. Adult Day Health Services**

- A. An administrator shall ensure that a personnel member provides supervision for a participant, except during periods of the day when the participant signs out or is signed out according to policies and procedures.
- B. An administrator shall ensure that a personnel member provides assistance with activities of daily living and supervision of personal hygiene according to the participant's care plan and policies and procedures.
- C. An administrator shall ensure that a personnel member provides a participant with planned therapeutic individual and group activities:
  1. According to the:
    - a. Participant's care plan,
    - b. Policies and procedures, and
    - c. Monthly calendar of planned activities required in R9-10-1103(D)(2); and
  2. That include:
    - a. Physical activities,
    - b. Group discussion,
    - c. Techniques a participant may use to maintain or improve the participant's independence in performing activities of daily living,
    - d. Assessment of deficits in cognitive awareness and reinforcement of remaining cognitive awareness,
    - e. Activities of daily living,
    - f. Participants' council meetings, and
    - g. Leisure time.
- D. An administrator shall ensure that a nurse monitors the health status of a participant according to the participant's care plan and policies and procedures by:
  1. Observing the participant's mental and physical condition, including monthly monitoring of the participant's vital signs and nutritional status;
  2. Documenting changes in the participant's mental and physical condition in the participant's medical record; and
  3. Reporting any changes to the participant's representative or medical practitioner.
- E. If an adult day health care facility administers medication or provides assistance in the self-administration of medication, an administrator shall ensure that policies and procedures for medication administration or assistance in the self-administration of medication:
  1. Include:
    - a. A process for providing information to a participant about medication prescribed for the participant including:
      - i. The prescribed medication's anticipated results,
      - ii. The prescribed medication's potential adverse reactions,
      - iii. The prescribed medication's potential side effects, and
      - iv. Potential adverse reactions that could result from not taking the medication as prescribed;

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- b. Procedures for preventing, responding to, and reporting:
      - i. A medication error,
      - ii. An adverse response to a medication, or
      - iii. A medication overdose; and
    - c. Procedures for documenting medication services and assistance in the self-administration of medication; and
  - 2. Specify a process for review through the quality management program of:
    - a. A medication administration error, and
    - b. An adverse reaction to a medication.
- F. An administrator shall ensure that:
  - 1. Policies and procedures for medication administration:
    - a. Are reviewed and approved by a pharmacist, medical practitioner, or registered nurse; and
    - b. Ensure that medication is administered to a participant only as prescribed;
  - 2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law; and
  - 3. A medication administered to a participant:
    - a. Is administered in compliance with an order, and
    - b. Is documented in the participant's medical record.
- G. If an adult day health care facility provides assistance in the self-administration of medication, an administrator shall ensure that:
  - 1. A participant's medication is stored by the adult day health care facility;
  - 2. The following assistance is provided to a participant:
    - a. A reminder when it is time to take the medication;
    - b. Opening the medication container for the participant;
    - c. Observing the participant while the participant removes the medication from the container;
    - d. Verifying that the medication is taken as ordered by the participant's medical practitioner by confirming that:
      - i. The participant taking the medication is the individual stated on the medication container label,
      - ii. The participant is taking the dosage of the medication stated on the medication container label or according to an order from a medical practitioner dated later than the date on the medication container label, and
      - iii. The participant is taking the medication at the time stated on the medication container label or according to an order from a medical practitioner dated later than the date on the medication container label; or
    - e. Observing the participant while the participant takes the medication;
  - 3. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by a pharmacist, medical practitioner, or registered nurse;
  - 4. Training for a personnel member, other than a medical practitioner or registered nurse, in assistance in the self-administration of medication:
    - a. Is provided by a medical practitioner or registered nurse or an individual trained by a medical practitioner or registered nurse; and
    - b. Includes:
      - i. A demonstration of the personnel member's skills and knowledge necessary to provide assistance in the self-administration of medication,
      - ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and
      - iii. The process for notifying the appropriate entities when an emergency medical intervention is needed;
- 5. A personnel member, other than a medical practitioner or registered nurse, completes the training in subsection (G)(4) before the personnel member provides assistance in the self-administration of medication; and
- 6. Assistance in the self-administration of medication provided to a participant:
  - a. Is in compliance with an order, and
  - b. Is documented in the participant's medical record.
- H. An administrator shall ensure that:
  - 1. A current drug reference guide is available for use by personnel members, and
  - 2. A current toxicology reference guide is available for use by personnel members.
- I. When medication is stored at an adult day health care facility, an administrator shall ensure that:
  - 1. Medication is stored in a separate locked room, closet, or self-contained unit used only for medication storage;
  - 2. Medication is stored according to the instructions on the medication container; and
  - 3. Policies and procedures are established, documented, and implemented to protect the health and safety of a participant for:
    - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication, including expired medication; and
    - b. Storing, inventorying, and dispensing controlled substances.
- J. A medication error or a participant's refusal to take a medication is:
  - 1. Reported to the participant's representative within 12 hours, and
  - 2. Documented in the participant's medical record within 24 hours.
- K. An adverse reaction is:
  - 1. Reported to the participant's representative and medical practitioner within 12 hours, and
  - 2. Documented in the participant's medical record within 24 hours.
- L. An administrator shall:
  - 1. Immediately notify a participant's representative and medical practitioner of an injury that may require medical services;
  - 2. Report an injury to Adult Protective Services according to A.R.S. § 46-454, when applicable;
  - 3. Prepare a written report on the day of occurrence or when any injury of unknown origin is detected that includes the:
    - a. Name of the participant;
    - b. Type of injury;
    - c. Names of witnesses, if applicable; and
    - d. Action taken;
  - 4. Investigate the injury within 24 hours and documenting any corrective action in the report; and
  - 5. Retain the report for at least 12 months after the date of the injury.
- M. For a participant whose care plan includes counseling on an individual or group basis, an administrator shall ensure that:
  - 1. If the counseling needed by the participant is within the adult day health care facility's scope of services, a per-

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sonnel member provides the counseling to the participant according to policies and procedures; or

2. If the counseling needed by the participant is not within the adult day health care facility's scope of services, a personnel member assists the participant or the participant's representative to obtain counseling for the participant according to policies and procedures.

**Historical Note**

Amended effective September 2, 1977 (Supp. 77-5). Repealed effective July 22, 1994 (Supp. 94-3). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1113 renumbered to Section R9-10-1114; new Section R9-10-1113 renumbered from Section R9-10-1112 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1114. Food Services****A.** An administrator shall:

1. Designate a food service supervisor who is responsible for food service in an adult day health care facility; and
2. If an adult day health care facility provides a therapeutic diet to participants, ensure that:
  - a. The therapeutic diet is prescribed in writing by:
    - i. The participant's medical practitioner, or
    - ii. A registered dietitian; and
  - b. A current therapeutic diet reference manual is available to the food service supervisor.

**B.** A food service supervisor shall ensure that:

1. A food menu:
  - a. Is prepared at least one week in advance,
  - b. Includes the foods to be served each day,
  - c. Is conspicuously posted at least one calendar day before the first meal on the food menu will be served,
  - d. Includes any food substitution no later than the morning of the day of meal service with a food substitution, and
  - e. Is maintained for at least 60 calendar days after the last day included in the food menu;
2. Meals and snacks provided by the adult day health care facility are served according to posted menus;
3. Meals and snacks for each day are planned using the applicable guidelines in <http://www.health.gov/dietaryguidelines/2010.asp>;
4. A participant is provided a diet that meets the participant's nutritional needs as specified in the participant's comprehensive assessment, under R9-10-1107(F), or the participant's care plan;
5. Water is available and accessible to participants at all times, unless otherwise stated by the participant's medical practitioner; and
6. A participant requiring assistance to eat is provided with assistance that recognizes the participant's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils, such as a plate guard, rocking fork, or assistive hand device, if not provided by the participant.

**C.** An administrator shall ensure that food is obtained, prepared, served, and stored as follows:

1. Food is free from spoilage, filth, or other contamination and is safe for human consumption;
2. Food is protected from potential contamination;
3. Food is prepared:

- a. Using methods that conserve nutritional value, flavor, and appearance; and
  - b. In a form to meet the needs of a participant, such as cut, chopped, ground, pureed, or thickened;
4. Potentially hazardous food is maintained as follows:
    - a. Foods requiring refrigeration are maintained at 41° F or below;
    - b. Foods requiring cooking are cooked to heat all parts of the food to a temperature of at least 145° F for 15 seconds, except that:
      - i. Ground beef and ground meats are cooked to heat all parts of the food to at least 155° F;
      - ii. Poultry, poultry stuffing, stuffed meats, and stuffing that contains meat are cooked to heat all parts of the food to at least 165° F;
      - iii. Pork and any food containing pork are cooked to heat all parts of the food to at least 155° F;
      - iv. Raw shell eggs for immediate consumption are cooked to at least 145° F for 15 seconds and any food containing raw shell eggs is cooked to heat all parts of the food to at least 155° F;
      - v. Roast beef and beef steak are cooked to an internal temperature of at least 155° F; and
      - vi. Leftovers are reheated to a temperature of at least 165° F;
  5. A refrigerator contains a thermometer, accurate to plus or minus 3° F, at the warmest part of the refrigerator;
  6. Frozen foods are stored at a temperature of 0° F or below; and
  7. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair.

**D.** An administrator shall ensure that:

1. If an adult day health care facility is licensed to provide adult day health services to more than 15 participants, the adult day health care facility:
  - a. Has a license or permit as a food establishment under 9 A.A.C. 8, Article 1; and
  - b. Maintains a copy of the adult day health care facility's food establishment license or permit;
2. If the adult day health care facility contracts with a food establishment, as established in 9 A.A.C. 8, Article 1, to prepare and deliver food to the adult day health care facility, a copy of the contracted food establishment's license or permit under 9 A.A.C. 8, Article 1 is maintained by the adult day health care facility; and
3. The adult day health care facility is able to store, refrigerate, and reheat food to meet the dietary needs of a participant.

**Historical Note**

Amended effective September 2, 1977 (Supp. 77-5). Repealed effective July 22, 1994 (Supp. 94-3). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1114 renumbered to Section R9-10-1115; new Section R9-10-1114 renumbered from Section R9-10-1113 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1115. Emergency and Safety Standards****A.** An administrator shall ensure that:

1. A disaster plan is developed, documented, maintained in a location accessible to personnel members and employees, and, if necessary, implemented that includes:
  - a. Procedures for protecting the health and safety of participants and other individuals on the premises;

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- b. Assigned responsibilities for each personnel member and employee;
  - c. Instructions for the evacuation of participants, including:
    - i. When, how, and where participants will be relocated; and
    - ii. A plan for notifying the emergency contact for each participant;
  - d. A plan to ensure each participant's medications will be available to administer to the participant during a disaster; and
  - e. A plan for providing water, food, and needed services to participants present in the adult day health care facility or the adult day health care facility's relocation site during a disaster;
2. The disaster plan required in subsection (A)(1) is reviewed at least once every 12 months;
  3. Documentation of a disaster plan review required in subsection (A)(2) is created, is maintained for at least 12 months after the date of the disaster plan review, and includes:
    - a. The date and time of the disaster plan review;
    - b. The name of each personnel member, employee, or volunteer participating in the disaster plan review;
    - c. A critique of the disaster plan review; and
    - d. If applicable, recommendations for improvement; and
  4. A disaster drill for assigned personnel is conducted on each shift at least once every three months and documented.
- B.** An administrator shall ensure that:
1. A participant receives orientation to the exits from the adult day health care facility and the route to be used when evacuating participants within two visits after the participant's enrollment, and
  2. A participant's orientation is documented in the participant's medical record.
- C.** An administrator shall ensure that:
1. An evacuation drill for employees and participants is conducted at least once every six months;
  2. Documentation of an evacuation drill is created, is maintained for at least 12 months after the date of the evacuation drill, and includes:
    - a. The date and time of the evacuation drill;
    - b. The amount of time taken for all employees and participants to evacuate to a designated area;
    - d. Any problems encountered in conducting the evacuation drill; and
    - e. Recommendations for improvement, if applicable; and
  3. An evacuation path is conspicuously posted on each hallway of each floor of the adult day health care facility.
- Historical Note**
- Adopted effective September 2, 1977 (Supp. 77-5). Repealed effective July 22, 1994 (Supp. 94-3). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1115 renumbered to Section R9-10-1116; new Section R9-10-1115 renumbered from Section R9-10-1114 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).
- R9-10-1116. Environmental Standards**
- A.** An administrator shall ensure that:
1. The adult day health care facility's premises are:
    - a. Cleaned and disinfected according to policies and procedures to prevent, minimize, and control illness and infection; and
    - b. Free from a condition or situation that may cause a participant or an individual to suffer physical injury;
  2. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
  3. Windows and doors opening to the outside are screened if they are kept open at any time for ventilation or other purposes;
  4. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures;
  5. Equipment used at the adult day health care facility is:
    - a. Maintained in working order;
    - b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
    - c. Used according to the manufacturer's recommendations;
  6. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;
  7. Garbage and refuse are:
    - a. Stored in covered containers lined with plastic bags, and
    - b. Removed from the premises at least once a week;
  8. Heating and cooling systems maintain the adult day health care facility at a temperature between 70° F and 84° F;
  9. The supply of hot and cold water is sufficient to meet the personal hygiene needs of participants and the cleaning and sanitation requirements in this Article;
  10. Soiled linen and soiled clothing stored by the adult day health care facility are maintained separate from clean linen and clothing and stored in closed containers away from food storage, kitchen, and dining areas;
  11. Oxygen containers are secured in an upright position;
  12. Poisonous or toxic materials stored by the adult day health care facility are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and are inaccessible to participants;
  13. Combustible or flammable liquids and hazardous materials stored by the adult day health care facility are stored in the original labeled containers or safety containers in a locked area inaccessible to participants; and
  14. Pets or animals are:
    - a. Controlled to prevent endangering the participants and to maintain sanitation;
    - b. Not allowed in treatment, food storage, food preparation, or dining areas;
    - c. Licensed consistent with local ordinances; and
    - d. For a dog or cat, vaccinated against rabies.
- B.** If a swimming pool is located on the premises, an administrator shall ensure that:
1. On a day that a participant uses the swimming pool, an employee:
    - a. Tests the swimming pool's water quality at least once for compliance with one of the following chemical disinfection standards:
      - i. A free chlorine residual between 1.0 and 3.0 ppm as measured by the N, N-Diethyl-p-phenylenediamine test;



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- ii. A free bromine residual between 2.0 and 4.0 ppm as measured by the N, N-Diethyl-p-phenylenediamine test; or
- iii. An oxidation-reduction potential equal to or greater than 650 millivolts; and
- b. Records the results of the water quality tests in a log that includes the date tested and test result;
- 2. Documentation of the water quality test is maintained for at least 12 months after the date of the test;
- 3. A swimming pool is not used by a participant if a water quality test shows that the swimming pool water does not comply with subsection (B)(1)(a);
- 4. At least one personnel member with cardiopulmonary resuscitation training, required in R9-10-1106(D), is present in the pool area when a participant is in the pool area; and
- 5. At least two personnel members are present in the pool area if two or more participants are in the pool area.

**Historical Note**

Adopted effective September 2, 1977 (Supp. 77-5).  
 Repealed effective July 22, 1994 (Supp. 94-3). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1116 renumbered to Section R9-10-1117; new Section R9-10-1116 renumbered from Section R9-10-1115 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 25 A.A.R. 259, effective January 8, 2019 (Supp. 19-1).

**R9-10-1117. Physical Plant Standards**

- A. An administrator shall ensure that an adult day health care facility complies with the physical plant health and safety codes and standards incorporated by reference in R9-10-104.01, in effect on the date the adult day health care facility submitted architectural plans and specifications to the Department for approval, according to R9-10-104.
- B. An administrator shall ensure that the premises and equipment are sufficient to accommodate:
  - 1. The services stated in the adult day health care facility's scope of services, and
  - 2. An individual accepted as a participant by the adult day health care facility.
- C. An administrator shall ensure that an adult day health care facility has at least 40 square feet of indoor activity space for each participant, excluding bathrooms, halls, storage areas, kitchens, wall thicknesses, and rooms designated for use by individuals who are not participants.
- D. An administrator shall ensure that an outside activity space is provided and available that:
  - 1. Is on the premises,
  - 2. Has a hard-surfaced section for wheelchairs,
  - 3. Has an available shaded area, and
  - 4. Has a means of egress without entering the adult day health care facility.
- E. An administrator shall ensure that:
  - 1. There is at least one working toilet that flushes and has a seat and one sink with running water for each ten participants;
  - 2. A bathroom for use by participants provides privacy when in use and contains in a location accessible to participants:
    - a. A mirror;
    - b. Toilet paper for each toilet;
    - c. Soap accessible from each sink;
    - d. Paper towels in a dispenser or an air hand dryer; and

- e. Grab bars for the toilet and other assistive devices, if required, to provide for participant safety;
- 3. A bathroom has a window that opens or another means of ventilation;
- 4. If a bathing facility is provided:
  - a. The bathing facility provides privacy when in use,
  - b. Shower enclosures have nonporous surfaces,
  - c. Showers and tubs have grab bars for participant safety, and
  - d. Tub and shower floors have slip-resistant surfaces;
- 5. Dining areas are furnished with dining tables and chairs and large enough to accommodate participants;
- 6. There is a wall or other means of physical separation between dining facilities and food preparation areas;
- 7. If the adult day health care facility serves food, areas are designated for food preparation, storage, and handling and are not used as a passageway by participants; and
- 8. All flooring is slip-resistant.
- F. If the adult day health care facility has a swimming pool on the premises, an administrator shall ensure that:
  - 1. The swimming pool is equipped with the following:
    - a. An operational water circulation system that clarifies and disinfects the swimming pool water continuously and that includes at least:
      - i. A removable strainer,
      - ii. Two swimming pool inlets located on opposite sides of the swimming pool, and
      - iii. A drain located at the swimming pool's lowest point and covered by a grating that cannot be removed without using tools; and
    - b. An operational vacuum cleaning system;
  - 2. The swimming pool is enclosed by a wall or fence that:
    - a. Is at least five feet in height as measured on the exterior of the wall or fence;
    - b. Has no vertical openings greater than four inches across;
    - c. Has no horizontal openings, except as described in subsection (C)(2)(e);
    - d. Is not chain-link;
    - e. Does not have a space between the ground and the bottom fence rail that exceeds four inches in height; and
    - f. Has a self-closing, self-latching gate that:
      - i. Opens away from the swimming pool,
      - ii. Has a latch located at least 54 inches from the ground; and
      - iii. Is locked when the swimming pool is not in use;
  - 3. A life preserver or shepherd's crook is available and accessible in the pool area; and
  - 4. If the swimming pool is used by participants, pool safety requirements are conspicuously posted in the pool area.

**Historical Note**

Adopted effective September 2, 1977 (Supp. 77-5).  
 Repealed effective July 22, 1994 (Supp. 94-3). New Section R9-10-1117 renumbered from Section R9-10-1116 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4).

**R9-10-1118. Repealed****Historical Note**

Adopted effective September 2, 1977 (Supp. 77-5).

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Repealed effective July 22, 1994 (Supp. 94-3).

**R9-10-1119. Repealed****Historical Note**

Adopted effective September 2, 1977 (Supp. 77-5).  
Repealed effective July 22, 1994 (Supp. 94-3).

**R9-10-1120. Repealed****Historical Note**

Adopted effective September 2, 1977 (Supp. 77-5).  
Repealed effective July 22, 1994 (Supp. 94-3).

**R9-10-1121. Repealed****Historical Note**

Adopted effective September 2, 1977 (Supp. 77-5).  
Repealed effective July 22, 1994 (Supp. 94-3).

**R9-10-1122. Repealed****Historical Note**

Adopted effective September 2, 1977 (Supp. 77-5).  
Repealed effective July 22, 1994 (Supp. 94-3).

**R9-10-1123. Repealed****Historical Note**

Adopted effective September 2, 1977 (Supp. 77-5).  
Repealed effective July 22, 1994 (Supp. 94-3).

**R9-10-1124. Repealed****Historical Note**

Adopted effective September 2, 1977 (Supp. 77-5).  
Repealed effective July 22, 1994 (Supp. 94-3).

**R9-10-1125. Repealed****Historical Note**

Adopted effective September 2, 1977 (Supp. 77-5).  
Repealed effective July 22, 1994 (Supp. 94-3).

**R9-10-1126. Repealed****Historical Note**

Adopted effective September 2, 1977 (Supp. 77-5).  
Repealed effective July 22, 1994 (Supp. 94-3).

**R9-10-1127. Repealed****Historical Note**

Adopted effective September 2, 1977 (Supp. 77-5).  
Repealed effective July 22, 1994 (Supp. 94-3).

**ARTICLE 12. HOME HEALTH AGENCIES****R9-10-1201. Definitions**

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following apply in this Article, unless otherwise specified:

1. "Branch office" means a location other than a home health agency's main administrative office that:
  - a. Operates under the license of the home health agency, and
  - b. Is under the control of the home health agency's administrator.
2. "Home health services director" means an individual who provides direction for the home health services provided by or through a home health agency.
3. "Medical social services" means activities that assist a patient to cope with concerns about the patient's illness or injury, and may include helping to find resources to address the patient's concerns.

**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1202. Supplemental Application Requirements**

In addition to the license application requirements in A.R.S. § 36-422 and R9-10-105, an applicant for a license as a home health agency shall:

1. Include on the application:
  - a. The name and address of each proposed branch office, if applicable; and
  - b. The geographic region to be served by:
    - i. The proposed home health agency's administrative office, and
    - ii. Each proposed branch office; and
2. Submit to the Department a copy of a valid fingerprint clearance card issued according to A.R.S. Title 41, Chapter 12, Article 3.1 for:
  - a. The applicant, if the applicant is an individual; or
  - b. Each individual with a 10% or greater ownership of the business organization, if the applicant is a business organization.

**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1203. Administration**

A. A governing authority shall:

1. Consist of one or more individuals responsible for the organization, operation, and administration of the home health agency;
2. Establish, in writing:
  - a. A home health agency's scope of services, and
  - b. Qualifications for an administrator;
3. Designate, in writing, an administrator who has the qualifications established in subsection (A)(2)(b);
4. Adopt a quality management program according to R9-10-1204;
5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
6. Designate, in writing, an acting administrator who has the qualifications established in subsection (A)(2)(b) if the administrator is:
  - a. Expected not to be present in a home health agency's administrative office for more than 30 calendar days, or
  - b. Not present in a home health agency's administrative office for more than 30 calendar days;
7. Except as provided in subsection (A)(6), notify the Department according to A.R.S. § 36-425(I) when there is a change in the administrator and identify the name and qualifications of the new administrator;
8. Appoint, according to A.R.S. § 36-151(5)(b), an advisory group that consists of four or more members that include:
  - a. A physician;
  - b. A registered nurse who has at least one year of experience as a registered nurse providing home health services; and
  - c. Two or more individuals who represent a medical, nursing, or health-related profession; and
9. Ensure that the advisory group appointed according to subsection (A)(8):
  - a. Meets at least once every 12 months,

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- b. Documents meetings, and
  - c. Assists in establishing and evaluating policies and procedures for the home health agency.
- B. An administrator:
  - 1. Is directly accountable to the governing authority of a home health agency for all services provided by the home health agency;
  - 2. Has the authority and responsibility to manage the home health agency;
  - 3. Except as provided in subsection (A)(6), designates, in writing, an individual who is present at the home health agency's administrative office and accountable for services provided by the home health agency when the administrator is not present at the home health agency's administrative office; and
  - 4. Ensures compliance with A.R.S. § 36-411.
- C. An administrator shall:
  - 1. Ensure that policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
    - a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, and volunteers;
    - b. Cover orientation and in-service education for personnel members, employees, and volunteers;
    - c. Cover how a personnel member may submit a complaint relating to patient care;
    - d. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
    - e. Include a method to identify a patient to ensure the patient receives the appropriate services;
    - f. Cover patient rights, including assisting a patient who does not speak English or who has a disability to become aware of patient rights;
    - g. Cover specific steps for:
      - i. A patient to file a complaint, and
      - ii. The home health agency to respond to a patient complaint;
    - h. Cover health care directives;
    - i. Cover medical records, including electronic medical records;
    - j. Cover a quality management program, including incident reports and supporting documentation;
    - k. Cover contracted services; and
    - l. Cover and designate which personnel members or employees are required to have current certification in cardiopulmonary resuscitation and first aid training;
  - 2. Ensure that policies and procedures for services provided by a home health agency are established, documented, and implemented to protect the health and safety of a patient that:
    - a. Cover patient admission, discharge planning, and discharge;
    - b. Cover the provision of home health services and, if applicable, specific types of supportive services and medical social services;
    - c. Include when general consent and informed consent are required;
    - d. Cover how personnel members will respond to a patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
    - e. Cover medication procurement, if applicable, and administration; and
    - f. Cover infection control;
  - 3. Ensure that policies and procedures are:
    - a. Available to personnel members, employees, and volunteers, and
    - b. Reviewed at least once every three years and updated as needed;
  - 4. Ensure that records of advisory group meetings are maintained for at least 24 months after the date of the meeting;
  - 5. Designate, in writing, a home health services director who is:
    - a. A physician with at least 24 months of experience working for or with a home health agency; or
    - b. A registered nurse with at least three years of nursing experience, including at least 24 months of experience as a registered nurse providing home health services;
  - 6. Ensure that:
    - a. Speech therapy or speech-language pathology services are provided by a speech-language pathologist according to A.R.S. § 36-1940.01 or speech-language pathologist assistant licensed according to A.R.S. § 36-1940.04;
    - b. Nutritional services are provided by a registered dietitian;
    - c. Occupational therapy services are provided by an occupational therapist or occupational therapy assistant;
    - d. Physical therapy services are provided by a physical therapist or a physical therapist assistant;
    - e. Respiratory care services are provided by a respiratory therapist, respiratory therapy technician licensed according to A.R.S. Title 32, Chapter 35, or a practical nurse or registered nurse licensed according to A.R.S. Title 32, Chapter 15;
    - f. Pharmacy services are provided by a pharmacist; and
    - g. Medical social services are provided:
      - i. By a personnel member qualified according to policies and procedures that coordinates medical social services; and
      - ii. For medical social services, related to the practice of social work in A.R.S. § 32-3251, by a personnel member licensed under A.R.S. Title 32, Chapter 33, Article 5;
  - 7. Ensure that the services specified in subsection (C)(6) are provided to a patient only under an order by the patient's physician, registered nurse practitioner, or podiatrist, as applicable; and
  - 8. Unless otherwise stated, ensure that:
    - a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
    - b. When documentation or information is required by this Chapter to be submitted on behalf of a home health agency, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the home health agency.

**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking, at 25 A.A.R. 3391 with an immediate effective date of November 6,

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2019 (Supp. 19-4).

**R9-10-1204. Quality Management**

An administrator shall ensure that:

1. A plan for a quality management program for the home health agency is established, documented, and implemented that includes:
  - a. A method to identify, document, and evaluate incidents;
  - b. A method to collect data to evaluate the provision of services, including oversight of personnel members;
  - c. A method to evaluate the data collected to identify a concern about the provision of services;
  - d. A method to make changes or take action as a result of the identification of a concern about the provision of services;
  - e. A method to determine whether actions taken improved the provision of services; and
  - f. The frequency of submitting the documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
  - a. Each identified concern about the delivery of services related to patient care, and
  - b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to patient care; and
3. The report in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1205. Contracted Services**

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1206. Personnel**

A. An administrator shall ensure that:

1. The qualifications, skills, and knowledge required for each type of personnel member:
  - a. Are based on:
    - i. The type of services expected to be provided by the personnel member according to the established job description, and
    - ii. The acuity of the patients receiving services from the personnel member according to the established job description; and
  - b. Include:
    - i. The specific skills and knowledge necessary for the personnel member to provide the expected services listed in the established job description,

- ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected services listed in the established job description, and
- iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected services listed in the established job description;

2. A personnel member's skills and knowledge are verified and documented:
  - a. Before the personnel member provides physical health services, and
  - b. According to policies and procedures;
3. Sufficient personnel members are available with the qualifications, skills, and knowledge necessary to:
  - a. Provide the services in the home health agency's scope of services,
  - b. Meet the needs of a patient, and
  - c. Ensure the health and safety of a patient; and
4. A personnel member, an employee, a volunteer, or a student who has or is expected to have direct interaction with a patient, provides evidence of freedom from infectious tuberculosis:
  - a. On or before the date the individual begins providing services at or on behalf of the home health agency, and
  - b. As specified in R9-10-113.

B. An administrator shall ensure that a personnel record for each personnel member, employee, or volunteer:

1. Includes:
  - a. The individual's name, date of birth, and contact telephone number;
  - b. The individual's starting date of employment or volunteer service, and if applicable, ending date; and
  - c. Documentation of:
    - i. The individual's qualifications, including skills and knowledge applicable to the individual's job duties;
    - ii. The individual's education and experience applicable to the individual's job duties;
    - iii. The individual's completed orientation and in-service education as required by policies and procedures;
    - iv. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
    - v. The individual's compliance with the requirements in A.R.S. § 36-411;
    - vi. Cardiopulmonary resuscitation training, if required for the individual according to this Article and policies and procedures;
    - vii. First aid training, if required for the individual according to this Article and policies and procedures; and
    - viii. Evidence of freedom from infectious tuberculosis, if required according to subsection (A)(4);
2. Is maintained:
  - a. Throughout the individual's period of providing services in or for the home health agency; and
  - b. For at least 24 months after the last date the individual provided services in or for the home health agency; and

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3. For a personnel member who has not provided services for the home health agency during the previous 12 months, provided to the Department within 72 hours after the Department's request.

**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking, at 25 A.A.R. 3391 with an immediate effective date of November 6, 2019 (Supp. 19-4). Amended by final expedited rulemaking, at 25 A.A.R. 3391 with an immediate effective date of November 6, 2019 (Supp. 19-4).

**R9-10-1207. Care Plan**

- A. An administrator shall ensure that a care plan is developed for each patient:

1. Based on an assessment of the patient as required in R9-10-1210(D)(1) or (F)(2)(e)(i);
2. With participation from:
  - a. The patient's physician, registered nurse practitioner, or podiatrist, as applicable; and
  - b. A registered nurse; and
3. That includes:
  - a. The patient's diagnosis;
  - b. Surgery dates relevant to home health services, if applicable;
  - c. The patient's cognitive awareness of self, location, and time;
  - d. Functional abilities and limitations;
  - e. Goals for functional rehabilitation, if applicable;
  - f. The type, duration, and frequency of each service to be provided;
  - g. Treatments the patient is receiving from a source other than the home health agency;
  - h. Medications and herbal supplements reported by the patient or the patient's representative as being used by the patient, and the dose, route of administration, and schedule for administration of each medication or herbal supplement;
  - i. Any known drug allergies;
  - j. Nutritional requirements and preferences;
  - k. Specific measures to improve the patient's safety and protect the patient against injury; and
  - l. A discharge plan for the patient including, if applicable, a plan for assessing the accomplishment of treatment or therapy goals for the patient.

- B. An administrator shall ensure that:

1. Home health services are provided to a patient by the home health agency according to the patient's care plan;
2. The patient's care plan is reviewed and updated:
  - a. Whenever there is a change in the patient's condition that indicates a need for a change in the type, duration, or frequency of the services being provided;
  - b. If the patient's physician, registered nurse practitioner, or podiatrist, as applicable, orders a change in the care plan; and
  - c. At least every 60 calendar days; and
3. The patient's physician, registered nurse practitioner, or podiatrist, as applicable, authenticates the care plan with a signature within 30 calendar days after the care plan is initially developed and whenever the care plan is reviewed or updated.

**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015,

effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1208. Patient Rights**

- A. An administrator shall ensure that:

1. The requirements in subsection (B) and the patient rights in subsection (C) are conspicuously posted at the home health agency's administrative office;
2. At the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (C); and
3. Policies and procedures include:
  - a. How and when a patient or the patient's representative is informed of patient rights in subsection (C); and
  - b. Where patient rights are posted as required in subsection (A)(1).

- B. An administrator shall ensure that:

1. A patient is treated with dignity, respect, and consideration;
2. A patient is not subjected to:
  - a. Abuse;
  - b. Neglect;
  - c. Exploitation;
  - d. Coercion;
  - e. Manipulation;
  - f. Sexual abuse;
  - g. Sexual assault;
  - h. Seclusion;
  - i. Restraint;
  - j. Retaliation for submitting a complaint to the Department or another entity; or
  - k. Misappropriation of personal and private property by a home health agency's personnel members, employees, or volunteers; and
3. A patient or the patient's representative:
  - a. Except in an emergency, either consents to or refuses treatment;
  - b. May refuse or withdraw consent for treatment before treatment is initiated;
  - c. Except in an emergency, is informed of proposed alternatives to a psychotropic medication and the associated risks and possible complications of a psychotropic medication;
  - d. Is informed of the following:
    - i. The home health agency's policy on health care directives;
    - ii. The patient complaint process;
    - iii. Home health services provided by or through the home health agency; and
    - iv. The rates and charges for services before the services are initiated and before a change in rates, charges, or services;
  - e. Consents to photographs of the patient before the patient is photographed, except that a patient may be photographed when admitted to a home health agency for identification and administrative purposes; and
  - f. Except as otherwise permitted by law, provides written consent to the release of information in the patient's:
    - i. Medical record, or
    - ii. Financial records.

- C. A patient has the following rights:

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1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
2. To receive treatment that supports and respects the patient's individuality, choices, strengths, and abilities;
3. To receive privacy in treatment and care for personal needs;
4. To review, upon written request, the patient's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
5. To receive a referral to another health care institution if the home health agency is not authorized or not able to provide physical health services needed by the patient;
6. To participate or have the patient's representative participate in the development of a care plan or decisions concerning treatment;
7. To participate or refuse to participate in research or experimental treatment; and
8. To receive assistance from a family member, the patient's representative, or other individual in understanding, protecting, or exercising the patient's rights.

**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1209. Medical Records****A.** An administrator shall ensure that:

1. A medical record is established and maintained for each patient according to A.R.S. Title 12, Chapter 13, Article 7.1;
  2. An entry in a patient's medical record is:
    - a. Recorded only by an individual authorized by a policies and procedures to make the entry;
    - b. Dated, legible, and authenticated; and
    - c. Not changed to make the initial entry illegible;
  3. An order is:
    - a. Dated when the order is entered in the patient's medical record and includes the time of the order;
    - b. Authenticated by a physician, registered nurse practitioner, or podiatrist according to policies and procedures; and
    - c. If the order is a verbal order, authenticated by the physician, registered nurse practitioner, or podiatrist issuing the order;
  4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
  5. A patient's medical record is available to personnel members, physicians, registered nurse practitioners, or podiatrists authorized by policies and procedures to access the patient's medical record;
  6. Information in a patient's medical record is disclosed to an individual not authorized under subsection (A)(5) only with the written consent of a patient or the patient's representative or as permitted by law; and
  7. A patient's medical record is protected from loss, damage, or unauthorized use.
- B.** If a home health agency maintains patients' medical records electronically, an administrator shall ensure that:
1. Safeguards exist to prevent unauthorized access, and
  2. The date and time of an entry in a patient's medical record is recorded by the computer's internal clock.
- C.** An administrator shall ensure that a patient's medical record contains:
1. Patient information that includes:
    - a. The patient's name;
    - b. The patient's address and telephone number;
    - c. The patient's date of birth; and
    - d. Any known allergies, including medication allergies;
  2. The date the patient began receiving services from the home health agency and, if applicable, the date the patient stopped receiving services from the home health agency;
  3. The name and telephone of the patient's physician or registered nurse practitioner;
  4. The name and telephone number of patient's podiatrist, if applicable;
  5. Documentation of general consent and, if applicable, informed consent;
  6. Documentation of medical history and current diagnoses;
  7. A copy of patient's health care directive, if applicable;
  8. If applicable, the name and contact information of the patient's representative and:
    - a. If the patient is 18 years of age or older or an emancipated minor, the document signed by the patient consenting for the patient's representative to act on the patient's behalf; or
    - b. If the patient's representative:
      - i. Is a legal guardian, a copy of the court order establishing guardianship; or
      - ii. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney;
  9. Orders;
  10. Assessments;
  11. Care plan;
  12. Progress notes;
  13. If applicable, documentation of any actions taken to control the patient's sudden, intense or out-of-control behavior to prevent harm to the patient or another individual;
  14. Documentation of meetings with the patient to assess the home health services and supportive services provided to the patient;
  15. The disposition of the patient upon discharge;
  16. The discharge plan;
  17. Discharge instructions and discharge summary, if applicable;
  18. If applicable:
    - a. Laboratory reports,
    - b. Radiologic reports,
    - c. Diagnostic reports, and
    - d. Consultation reports;
  19. Documentation of a medication administered to the patient that includes:
    - a. The date and time of administration;
    - b. The name, strength, dosage, and route of administration;
    - c. For a medication administered for pain:
      - i. An assessment of the patient's pain before administering the medication, and
      - ii. The effect of the medication administered;
    - d. For a psychotropic medication:
      - i. An assessment of the patient's behavior before administering the psychotropic medication, and
      - ii. The effect of the psychotropic medication administered;

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- e. The identification, signature, and professional designation of the individual administering or observing the self-administration of the medication; and
- f. Any adverse reaction a patient has to the medication;
- 20. Documentation of tasks assigned to a home health aide or other personnel member;
- 21. Documentation of coordination of patient care;
- 22. Copies of patient summary reports sent to the patient's physician, registered nurse practitioner, or podiatrist, as applicable; and
- 23. Documentation of contacts with the patient's physician, registered nurse practitioner, or podiatrist, as applicable, by a personnel member or the patient.

**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1210. Home Health Services**

- A.** An administrator shall ensure that an individual admitted to the home health agency has an order from a physician, registered nurse practitioner, or podiatrist for home health services.
- B.** An administrator shall ensure that the home health services director provides direction for home health services provided by or through the home health agency.
- C.** A home health services director shall ensure that nursing services are provided by a registered nurse or practical nurse, according to policies and procedures.
- D.** A home health services director shall ensure that a registered nurse:
  - 1. Unless a patient's physician or registered nurse practitioner orders only speech therapy, occupational therapy, or physical therapy for the patient, within 48 hours after the patient begins receiving home health services provided by or through the home health agency, conducts an initial assessment of the patient to determine:
    - a. The needs of the patient;
    - b. Resources available to address the patient's needs;
    - c. The patient's home and family environment;
    - d. Goals for patient care;
    - e. Medications used by the patient, including non-compliance, drug interactions, side effects, and contraindications; and
    - f. Medical supplies or equipment needed by the patient;
  - 2. Reviews a patient's health care directives at the time of the initial assessment;
  - 3. Implements a patient's care plan, developed as specified in R9-10-1207;
  - 4. Coordinates patient care with other individuals providing home health services or other services to the patient;
  - 5. Immediately informs the patient's physician or registered nurse practitioner of a change in a patient's condition that requires medical services; and
  - 6. At least every 60 calendar days until a patient is discharged:
    - a. Reassesses the patient based on the patient's care plan, needs, and medical condition; and
    - b. Summarizes the patient's condition and needs for the patient's physician, registered nurse practitioner, or podiatrist, as applicable.
- E.** A home health services director shall ensure that:
  - 1. A patient's condition and the services provided to the patient are documented in the patient's medical record after each patient contact; and
  - 2. Verbal orders from a patient's physician, registered nurse practitioner, or podiatrist, as applicable, are:
    - a. Except as specified in subsection (F)(2)(d), received by a registered nurse and documented by the registered nurse in the patient's medical record; and
    - b. Authenticated by the patient's physician, registered nurse practitioner, or podiatrist, as applicable, with a signature, within 30 calendar days.
- F.** A home health services director shall ensure that:
  - 1. A registered nurse:
    - a. Except as specified in subsection (F)(2)(b)(i) and (ii):
      - i. Assigns tasks in writing to a home health aide who is providing home health services to a patient; and
      - ii. Verifies the competency of the home health aide in performing assigned tasks;
    - b. Except as specified in subsection (F)(2)(b)(iii), provides direction for the home health aide services provided to a patient; and
    - c. Except as specified in subsection (F)(2)(e)(ii), meets with a patient who is receiving home health aide services to assess the home health services provided by the home health aide:
      - i. At least every two weeks when the patient is also receiving nursing services or therapy services, and
      - ii. At least every 60 calendar days when the patient is only receiving home health aide services;
  - 2. When a patient's physician or registered nurse practitioner orders speech therapy, occupational therapy, or physical therapy for the patient, an individual specified in R9-10-1203(C)(6)(a), (c), or (d), as applicable:
    - a. Provides the applicable therapy service to the patient according to the patient's care plan;
    - b. If a home health aide is assigned to assist the patient in performing activities related to the therapy service:
      - i. Assigns tasks in writing to the home health aide who is assisting the patient;
      - ii. Verifies the competency of the home health aide in performing assigned tasks; and
      - iii. Provides direction to the home health aide in performing the assigned tasks related to the therapy service;
    - c. Coordinates the provision of the therapy service to the patient with the registered nurse providing direction for other home health services for the patient;
    - d. Documents in the patient's medical record any orders by the patient's physician or registered nurse practitioner received concerning the therapy service; and
    - e. If the only home health services ordered for the patient are speech therapy, occupational therapy, or physical therapy:
      - i. Within 48 hours after the patient begins receiving home health services provided by or through the home health agency, conducts an initial assessment of the patient as specified in subsections (D)(1)(a) through (f); and
      - ii. Meets with a patient who is receiving home health services from a home health aide every two weeks to assess the home health services provided by the home health aide; and
  - 3. A home health aide:

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- a. Is only assigned to provide services the home health aide can competently perform; and
- b. Only performs tasks assigned to the home health aide in writing by a registered nurse or as specified in subsection (F)(2)(b)(i).

**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1211. Supportive Services**

- A. A governing authority may include supportive services, including personal care services, in the scope of services for a home health agency.
- B. An administrator:
  - 1. May allow:
    - a. Supportive services to be provided to a patient without an order from a physician, registered nurse practitioner, or podiatrist; and
    - b. A personnel member who is not a home health aide to perform personal care services; and
  - 2. Shall ensure that:
    - a. Supportive services are provided to a patient according to policies and procedures;
    - b. A registered nurse:
      - i. Assesses a patient's need for supportive services,
      - ii. Assigns specific tasks in writing to a home health aide providing supportive services other than personal care services,
      - iii. Assigns specific tasks in writing to a personnel member providing personal care services,
      - iv. Provides direction for supportive services, and
      - v. Includes supportive services in the reassessment of a patient required in R9-10-1210(D)(6); and
    - c. Supportive services are documented in a patient's medical record.

**Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1212. Repealed****Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

**R9-10-1213. Repealed****Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

**R9-10-1214. Repealed****Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

August 9, 2002 (Supp. 02-3).

**R9-10-1215. Repealed****Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

**R9-10-1216. Repealed****Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

**R9-10-1217. Repealed****Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

**R9-10-1218. Repealed****Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

**R9-10-1219. Repealed****Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

**R9-10-1220. Repealed****Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

**R9-10-1221. Repealed****Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

**R9-10-1222. Repealed****Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

**R9-10-1223. Repealed****Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

**R9-10-1224. Repealed****Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

**R9-10-1225. Reserved****R9-10-1226. Repealed**



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**Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

**R9-10-1227. Repealed****Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

**R9-10-1228. Repealed****Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

**R9-10-1229. Reserved****R9-10-1230. Repealed****Historical Note**

Adopted effective February 4, 1981 (Supp. 81-1). Section repealed by final rulemaking at 8 A.A.R. 3721, effective August 9, 2002 (Supp. 02-3).

**ARTICLE 13. BEHAVIORAL HEALTH SPECIALIZED TRANSITIONAL FACILITY****R9-10-1301. Definitions**

Definitions in A.R.S. § 36-401 and R9-10-101 apply in this Article unless otherwise specified.

**Historical Note**

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Reference in paragraph (24) corrected (Supp. 94-2). Section R9-10-1301 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

**R9-10-1302. Administration****A. The governing authority for a behavioral health specialized transitional facility:**

1. Is the superintendent of the state hospital; and
2. Shall:
  - a. Establish, in writing:
    - i. A behavioral health specialized transitional facility's scope of services, and
    - ii. Qualifications for an administrator;
  - b. Designate, in writing, an administrator who has the qualifications established in subsection (A)(2)(a)(ii);
  - c. Adopt a quality management program according to R9-10-1303;
  - d. Review and evaluate the effectiveness of the quality management program at least once every 12 months;

- e. Designate an acting administrator, in writing, who has the qualifications established in subsection (A)(2)(a)(ii), if the administrator is:
  - i. Expected not to be present on the behavioral health specialized transitional facility's premises for more than 30 calendar days, or
  - ii. Not present on the behavioral health specialized transitional facility's premises for more than 30 calendar days; and
- f. Except as provided in subsection (A)(2)(e), notify the Department according to A.R.S. § 36-425(I) when there is a change in the administrator and identify the name and qualifications of the new administrator.

**B. An administrator:**

1. Is directly accountable to the superintendent of the state hospital for the daily operation of the behavioral health specialized transitional facility and for all services provided by or at the behavioral health specialized transitional facility;
2. Has the authority and responsibility to manage the behavioral health specialized transitional facility; and
3. Except as provided in subsection (A)(2)(e), designates, in writing, an individual who is present on the behavioral health specialized transitional facility's premises and accountable for the behavioral health specialized transitional facility when the administrator is not present on the behavioral health specialized transitional facility's premises.

**C. An administrator shall ensure that:**

1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
  - a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
  - b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
  - c. Cover patient admission, assessment, treatment plan, transfer, discharge planning, and recordkeeping;
  - d. Cover discharge, including the amount of medication provided to a patient at discharge, based on an assessment of the patient's medical condition;
  - e. Cover patient rights, including assisting a patient who does not speak English or who has a physical or other disability to become aware of patient rights;
  - f. Cover the requirements in A.R.S. §§ 36-3708, 36-3709, and 36-3714;
  - g. Establish the process for warning an identified or identifiable individual, as described in A.R.S. § 36-517.02 (B) through (C), if a patient communicates to a personnel member a threat of imminent serious physical harm or death to the identified or identifiable individual and the patient has the apparent intent and ability to carry out the threat;
  - h. Cover when informed consent is required and how informed consent is obtained;
  - i. Cover the criteria and process for conducting research using patients or patients' medical records;
  - j. Include the establishment of, disbursing from, and recordkeeping for a patient personal funds account;
  - k. Include a method of patient identification to ensure a patient receives the services ordered for the patient;

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- l. Cover contracted services;
  - m. Cover health care directives;
  - n. Cover medical records, including electronic medical records;
  - o. Cover medication procurement, storage, inventory monitoring and control, and disposal;
  - p. Cover infection control;
  - q. Cover and designate which personnel members or employees are required to have current certification in cardiopulmonary resuscitation and first aid training;
  - r. Cover environmental services that affect patient care;
  - s. Cover reporting suspected or alleged abuse, neglect, exploitation, or other criminal activity;
  - t. Cover quality management, including incident reports and supporting documentation;
  - u. Cover emergency treatment and disaster plan;
  - v. Cover how personnel members will respond to a patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
  - w. Include security of the facility, patients and their possessions, personnel members, and visitors at the behavioral health specialized transitional facility;
  - x. Include preventing unauthorized patient absences;
  - y. Cover transportation of patients, including the criteria for using a locking mechanism to restrict a patient's movement during transportation;
  - z. Cover specific steps for:
    - i. A patient to file a complaint, and
    - ii. The behavioral health specialized transitional facility to respond to a patient's complaint;
  - aa. Cover visitation, telephone usage, sending or receiving mail, computer usage, and other recreational activities; and
  - bb. Include equipment inspection and maintenance;
  - 2. Policies and procedures are available to each personnel member;
  - 3. Laboratory services are provided by a laboratory that holds a certificate of accreditation or certificate of compliance issued by the U.S. Department of Health and Human Services under the 1988 amendments to the Clinical Laboratories Improvement Act of 1967;
  - 4. Food services are provided as specified in R9-10-1314;
  - 5. The following individuals have access to a patient:
    - a. The patient's representative,
    - b. An individual assigned by a court of law to provide services to the patient, and
    - c. An attorney hired by the patient or patient's family;
  - 6. Labor performed by a patient for the behavioral health specialized transitional facility is consistent with A.R.S. § 36-510 and applicable state and federal law; and
  - 7. The following information is posted in an area easily viewed by a patient or an individual entering or leaving the behavioral health specialized transitional facility:
    - a. Patient rights,
    - b. Telephone number for the Department and the Office of Human Rights,
    - c. Location of inspection reports,
    - d. Complaint procedures, and
    - e. Visitation hours and procedures.
- D.** An administrator shall:
- 1. Provide written notification to the Department of a patient's:
    - a. Death, if the patient's death is required to be reported according to A.R.S. § 11-593, within one working day after the patient's death;
    - b. Self-injury, within two working days after the patient inflicts a self-injury that requires immediate intervention by an emergency medical service provider; and
    - c. Absence, within one working day after an unauthorized patient absence from the behavioral health specialized transitional facility is discovered;
  - 2. Maintain the documentation required in subsection (D)(1) for at least 12 months after the date of the notification; and
  - 3. Ensure that sufficient personnel are present at the behavioral health specialized transitional facility at all times to maintain safe and secure conditions.
- E.** If an administrator has a reasonable basis, according to A.R.S. § 46-454, to believe abuse, neglect, or exploitation has occurred on the premises or while the patient is receiving services from an employee or personnel member of the behavioral health specialized transitional facility, the administrator shall:
- 1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
  - 2. Report the suspected abuse, neglect, or exploitation of the patient according to A.R.S. § 46-454;
  - 3. Document:
    - a. The suspected abuse, neglect, or exploitation of the patient;
    - b. Any action taken according to subsection (E)(1); and
    - c. The report in subsection (E)(2);
  - 4. Maintain the documentation required in subsection (E)(3) for at least 12 months after the date of the report;
  - 5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in subsection (E)(2):
    - a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
    - b. A description of any injury to the patient related to the abuse or neglect and any change to the patient's physical, cognitive, functional, or emotional condition;
    - c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
    - d. The actions taken by the administrator to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
  - 6. Maintain a copy of the documented information required in subsection (E)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.
- F.** An administrator shall:
- 1. Unless otherwise stated, ensure that:
    - a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
    - b. When documentation or information is required by this Chapter to be submitted on behalf of a behavioral health specialized transitional facility, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the behavioral health specialized transitional facility;

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2. Appoint a medical director, to direct the medical and nursing services provided by or at the behavioral health specialized transitional facility, who:
    - a. Is a medical staff member, and
    - b. Has at least two years of experience providing services in an organized psychiatric services unit of a hospital or in a behavioral health facility; and
  3. Appoint a clinical director, to provide direction for the behavioral health services provided by or at the behavioral health specialized transitional facility, who:
    - a. Is a psychiatrist or a psychologist;
    - b. Has at least two years of experience providing services in an organized psychiatric services unit of a hospital or in a behavioral health facility; and
    - c. May, if qualified, also serve as the medical director.
- G. A medical director:**
1. Is responsible for the medical services, nursing services, and physical health-related services provided to patients consistent with the patients behavioral treatment plan; and
  2. Shall ensure that policies and procedures are established, documented, and implemented to protect the health and safety of a patient that cover:
    - a. Restraint and seclusion, according to R9-10-225;
    - b. The process for patient assessments, including the identification of and criteria for the on-going monitoring of a patient's physical health conditions;
    - c. Dispensing and administration of medications, including the process and criteria for determining whether a patient is capable of and eligible to self-administer medication;
    - d. The process by which emergency medical treatment will be provided to a patient; and
    - e. The requirements for completion of medication records and recording of adverse events.
- H. A clinical director:**
1. Is responsible for the behavioral health services provided to patients;
  2. Shall ensure that policies and procedures are established, documented, and implemented to protect the health and safety of a patient that cover:
    - a. Assessing the competency and proficiency of a behavioral health personnel member for each type of service the personnel member provides and each type of patient to which the personnel member is assigned;
    - b. Providing:
      - i. Supervision to behavioral health paraprofessionals, according to R9-10-115(1); and
      - ii. Clinical oversight to behavioral health technicians, according to R9-10-115(2);
    - c. The qualifications for personnel members who provide clinical oversight;
    - d. The process for patient assessments, including the identification of and criteria for the on-going monitoring of a patient's behavioral health issues;
    - e. The process for developing and implementing a patient's treatment plan;
    - f. The frequency of and process for reviewing and modifying a patient's treatment plan, based on the ongoing monitoring of the patient's response to treatment; and
    - g. The process for determining whether a patient is eligible for discharge or conditional release to a less restrictive alternative;
  3. Shall ensure that patient services are provided by personnel competent and proficient in providing the services; and
  4. Shall ensure that clinical oversight of personnel members is provided according to the policies and procedures.

**Historical Note**

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1302 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 24 A.A.R. 2764, effective September 11, 2018 (Supp. 18-3).

**R9-10-1303. Quality Management**

An administrator shall ensure that:

1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
  - a. A method to identify, document, and evaluate incidents;
  - b. A method to collect data to evaluate services provided to patients;
  - c. A method to evaluate the data collected to identify a concern about the delivery of services related to patient care;
  - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to patient care; and
  - e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
  - a. An identification of each concern about the delivery of services related to patient care, and
  - b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to patient care; and
3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

**Historical Note**

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3).

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Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1303 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1304. Contracted Services**

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

**Historical Note**

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted without change effective November 25, 1992 (Supp. 92-4). Section R9-10-1304 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1305. Personnel Requirements and Records**

A. An administrator shall ensure that a personnel member:

1. Is at least 18 years old; and
2. Either:
  - a. Holds a valid fingerprint clearance card issued under A.R.S. Title 41, Chapter 12, Article 3.1; or
  - b. Submits to the administrator a copy of a fingerprint clearance card application showing that the personnel member submitted the application to the fingerprint division of the Department of Public Safety under A.R.S. § 41-1758.02 within seven working days after becoming a personnel member.

B. An administrator shall ensure that each personnel member submits to the administrator a copy of the individual's valid fingerprint clearance card:

1. Except as provided in subsection (A)(2)(b), before the personnel member's starting date of employment; and
2. Each time the fingerprint clearance card is issued or renewed.

C. If a personnel member holds a fingerprint clearance card that was issued before the individual became a personnel member, an administrator shall:

1. Contact the Department of Public Safety within seven working days after the individual becomes a personnel member to determine whether the fingerprint clearance card is valid; and
2. Make a record of this determination, including the name of the personnel member, the date of the contact with the

Department of Public Safety, and whether the fingerprint clearance card is valid.

D. An administrator shall ensure:

1. The qualifications, skills, and knowledge required for each type of personnel member:
    - a. Are based on:
      - i. The type of physical health services or behavioral health services expected to be provided by the personnel member according to the established job description, and
      - ii. The acuity of the patients receiving physical health services or behavioral health services from the personnel member according to the established job description; and
    - b. Include:
      - i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services and behavioral health services listed in the established job description,
      - ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description, and
      - iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description;
  2. A personnel member's skills and knowledge are verified and documented:
    - a. Before the personnel member provides physical health services or behavioral health services, and
    - b. According to policies and procedures; and
  3. Personnel members are present on a behavioral health specialized transitional facility's premises with the qualifications, skills, and knowledge necessary to:
    - a. Provide the services in the behavioral health specialized transitional facility's scope of services,
    - b. Meet the needs of a patient, and
    - c. Ensure the health and safety of a patient.
- E. An administrator shall comply with the requirements for behavioral health technicians and behavioral health paraprofessionals in R9-10-115.
- F. An administrator shall ensure that a personnel member or an employee or volunteer who has or is expected to have direct interaction with a patient for more than eight hours a week, provides evidence of freedom from infectious tuberculosis:
1. On or before the date the individual begins providing service at or on behalf of the behavioral health specialized transition facility, and
  2. As specified in R9-10-113.
- G. An administrator shall ensure that a personnel record is maintained for each personnel member, employee, volunteer, or student that includes:
1. The individual's name, date of birth, and contact telephone number;
  2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
  3. Documentation of:
    - a. The individual's qualifications including skills and knowledge applicable to the individual's job duties;

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- b. The individual's education and experience applicable to the individual's job duties;
  - c. The individual's completed orientation and in-service education as required by policies and procedures;
  - d. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
  - e. If the individual is a behavioral health technician, clinical oversight required in R9-10-115;
  - f. Cardiopulmonary resuscitation training, if required for the individual according to this Article or policies and procedures;
  - g. First aid training, if required for the individual according to this Article or policies and procedures; and
  - h. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (F).
- H.** An administrator shall ensure that personnel records are maintained:
- 1. Throughout an individual's period of providing services in or for the behavioral health specialized transitional facility; and
  - 2. For at least 24 months after the last date the individual provided services in or for the behavioral health specialized transitional facility.
- I.** An administrator shall ensure that:
- 1. A plan to provide orientation specific to the duties of a personnel member, an employee, a volunteer, and a student is developed, documented, and implemented
  - 2. A personnel member completes orientation before providing behavioral health services or physical health services;
  - 3. An individual's orientation is documented, to include:
    - a. The individual's name,
    - b. The date of the orientation, and
    - c. The subject or topics covered in the orientation;
  - 4. A plan to provide in-service education specific to the duties of a personnel member is developed, documented and implemented; and
  - 5. A personnel member's in-service education is documented, to include:
    - a. The personnel member's name,
    - b. The date of the training, and
    - c. The subject or topics covered in the training.

**Historical Note**

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1305 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

Amended by final expedited rulemaking at 26 A.A.R. 3041, with an immediate effective date of November 3, 2020 (Supp. 20-4).

**R9-10-1306. Admission Requirements**

- A.** An administrator shall ensure that, before a patient is admitted to the behavioral health specialized transitional facility, a court of competent jurisdiction has ordered the patient to be:
- 1. Detained under A.R.S. § 36-3705(B) or § 36-3713(B); or
  - 2. Committed under A.R.S. § 36-3707.
- B.** An administrator shall ensure that, at the time a patient is admitted to the behavioral health specialized transitional facility:
- 1. The administrator receives a copy of the court order for the patient to be detained at or committed to the behavioral health specialized transitional facility,
  - 2. The patient's possessions are taken to the bedroom to which the patient has been assigned, and
  - 3. The patient is provided with a written list and verbal explanation of the patient's rights and responsibilities.
- C.** Within seven calendar days after a patient is admitted to the behavioral health specialized transitional facility, a medical director shall ensure that:
- 1. A medical history is taken from and a physical examination performed on the patient;
  - 2. Except as specified in subsection (C)(3), a patient provides evidence of freedom from infectious tuberculosis as required in R9-10-113;
  - 3. A patient is not required to be retested for tuberculosis or provide another written statement by a physician, physician assistant, or registered nurse practitioner as specified in R9-10-113(1) if:
    - a. Fewer than 12 months have passed since the patient was tested for tuberculosis or since the date of the written statement, and
    - b. The documentation of freedom from infectious tuberculosis required in subsection (C)(2) accompanies the patient at the time of the patient's admission to the behavioral health specialized transitional facility; and
  - 4. An assessment for the patient is completed:
    - a. According to the behavioral health specialized transitional facility's policies and procedures;
    - b. That includes the patient's:
      - i. Legal history, including criminal justice record;
      - ii. Behavioral health treatment history;
      - iii. Medical conditions and history; and
      - iv. Symptoms reported by the patient and referrals needed by the patient, if any; and
    - c. That includes:
      - i. Recommendations for further assessment or examination of the patient's needs,
      - ii. The physical health services or ancillary services that will be provided to the patient until the patient's treatment plan is completed; and
      - iii. The signature of the personnel member conducting the assessment and the date signed.

**Historical Note**

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to

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A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1306 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1307. Discharge or Conditional Release to a Less Restrictive Alternative**

- A. An administrator shall ensure that annual written notice is given to a patient of the patient's right to petition for:
  1. Conditional release to a less restrictive alternative under A.R.S. § 36-3709, or
  2. Discharge under A.R.S. § 36-3714.
- B. An administrator shall ensure that a patient who is detained at or committed to the behavioral health specialized transitional facility is transported to a hearing to determine the patient's continued detention at or commitment to the behavioral health specialized transitional facility.
- C. An administrator shall ensure that a patient is not discharged or conditionally released to a less restrictive alternative before the behavioral health specialized transitional facility receives documentation from a court of competent jurisdiction of the patient's:
  1. Conditional release to a less restrictive alternative, or
  2. Discharge including the disposition of the patient upon discharge.
- D. A clinical director shall ensure that before a patient is discharged or conditionally released to a less restrictive alternative:
  1. The clinical director or the clinical director's designee, as specified in the behavioral health specialized transitional facility's discharge policies and procedures, receives the name of the health care provider or behavioral health professional to whom a copy of the patient's discharge summary will be sent; and
  2. The patient receives:
    - a. Written follow-up instructions including as applicable to the patient:
      - i. On-going behavioral health issues and physical health conditions;
      - ii. A list of the patient's medications and, for each medication, directions for taking the medication, possible side-effects, and possible results of not taking the medication; and
      - iii. Counseling goals; and
    - b. A supply of medications determined according to the policies and procedures specified in R9-10-1302(C)(1)(d).

**Historical Note**

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1307 repealed effective

November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by final expedited rulemaking at 24 A.A.R. 2764, effective September 11, 2018 (Supp. 18-3).

**R9-10-1308. Transportation**

An administrator of a behavioral health specialized transitional facility that uses a vehicle owned or leased by the behavioral health specialized transitional facility to provide transportation to a patient shall ensure that:

1. The vehicle:
  - a. Is safe and in good repair,
  - b. Contains a locked first aid kit,
  - c. Contains a working heating and air conditioning system, and
  - d. Contains drinking water sufficient to meet the needs of each patient present in the vehicle;
2. Documentation of current vehicle insurance and a record of maintenance performed or a repair of the vehicle is maintained;
3. A driver of the vehicle:
  - a. Is 21 years of age or older,
  - b. Has a valid driver license,
  - c. Operates the vehicle in a manner that does not endanger a patient in the vehicle,
  - d. Does not leave a patient in the vehicle unattended, and
  - e. Ensures the safe and hazard-free loading and unloading of patients; and
4. Transportation safety is maintained as follows:
  - a. Each individual in the vehicle is sitting in a seat and wearing a working seat belt while the vehicle is in motion, and
  - b. Each seat in the vehicle is securely fastened to the vehicle and provides sufficient space for a patient's body.

**Historical Note**

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1308 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1309. Patient Rights**

An administrator shall ensure that:

1. A patient:
  - a. Has privacy in treatment and personal care needs;
  - b. Has the opportunity for and privacy in correspondence, communications, and visitation unless:

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- i. Restricted by court order; or
  - ii. Contraindicated on the basis of clinical judgment, as documented in the patient's medical record;
- c. Is given the opportunity to seek, speak to, and be assisted by legal counsel:
  - i. Whom the court assigns to the patient, or
  - ii. Whom the patient obtains at the patient's own expense; and
- d. Is not subjected to:
  - i. Abuse;
  - ii. Neglect;
  - iii. Exploitation;
  - iv. Coercion;
  - v. Manipulation;
  - vi. Seclusion, if not necessary to prevent imminent harm to self or others;
  - vii. Restraint, if not necessary to prevent imminent harm to self or others;
  - viii. Sexual abuse according to A.R.S. § 13-1404; or
  - ix. Sexual assault according to A.R.S. § 13-1406; and
- 2. A patient or the patient's representative:
  - a. Is provided with the opportunity to participate in the development of the patient's treatment plan and in treatment decisions before the treatment is initiated, except in a medical emergency;
  - b. Is provided with information about proposed treatments, alternatives to treatments, associated risks, and possible complications;
  - c. Is allowed to control the patient's finances and have access to the patient's personal funds account according to the behavioral health specialized transitional facility's policies and procedures specified in R9-10-1302(C)(1)(j);
  - d. Has an opportunity to review the medical record for the patient according to the behavioral health specialized transitional facility's policies and procedures; and
  - e. Receives information about the behavioral health specialized transitional facility's policies and procedures for:
    - i. Health care directives;
    - ii. Filing complaints, including the telephone number of an individual at the behavioral health specialized transitional facility to contact about a complaint and the Department's telephone number; and
    - iii. Petitioning a court for a patient's discharge or conditional release to a less restrictive alternative.

**Historical Note**

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1309 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the

Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 24 A.A.R. 2764, effective September 11, 2018 (Supp. 18-3).

**R9-10-1310. Behavioral Health Services**

- A.** A clinical director shall ensure that:
  - 1. A treatment plan is developed and implemented for the patient:
    - a. According to the behavioral health specialized transitional facility's policies and procedures;
    - b. Based on the assessment conducted under R9-10-1306(C)(4) and on-going changes to the assessment of the patient's behavioral health issues, mental disorders, and physical health conditions, as applicable; and
    - c. Including:
      - i. The physical health services, behavioral health services, and ancillary services to be provided to the patient until completion of the treatment plan;
      - ii. The type, frequency, and duration of counseling or other treatment ordered for the patient;
      - iii. The name of each individual who ordered medication, counseling, or other treatment for the patient;
      - iv. The signature of the patient or the patient's representative and dated signed, or documentation of the refusal to sign;
      - v. The date when the patient's treatment plan will be reviewed;
      - vi. If a discharge date has been determined, the treatment needed after discharge; and
      - vii. The signature of the personnel member who developed the treatment plan and the date signed; and
  - 2. A patient's treatment plan is reviewed and updated:
    - a. According to the review date specified in the treatment plan,
    - b. When a treatment goal is accomplished or changes,
    - c. When additional information that affects the patient's assessment is identified, and
    - d. When a patient has a significant change in condition or experiences an event that affects treatment.
- B.** A clinical director shall ensure that treatment is:
  - 1. Offered to a patient according to the patient's treatment plan;
  - 2. Except for a patient obtaining treatment under A.R.S. § 36-512, only provided after obtaining informed consent to the treatment from the patient; and
  - 3. Documented in the patient's medical record as specified in R9-10-1312.
- C.** The clinical director shall ensure that restraint and seclusion are used, performed, and documented according to the behavioral health specialized transitional facility's policies and procedures.
- D.** A clinical director shall ensure that:
  - 1. A patient receives the annual examination required by A.R.S. § 36-3708, and
  - 2. A report of the patient's annual examination is prepared according to the behavioral health specialized transitional facility's policies and procedures.

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**Historical Note**

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1310 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 24 A.A.R. 2764, effective September 11, 2018 (Supp. 18-3).

**R9-10-1311. Physical Health Services**

- A.** A medical director shall ensure that:
1. A patient's physical health is assessed during the physical examination specified in R9-10-1306(C)(1), and
  2. Any physical health conditions identified through the assessment are addressed in the patient's treatment plan.
- B.** A medical director shall ensure that on-going assessment or treatment of a patient's physical health condition is:
1. Offered to a patient according to the patient's treatment plan;
  2. Except for a patient obtaining treatment under A.R.S. § 36-512, only provided after obtaining informed consent to the assessment or treatment from the patient; and
  3. Documented in the patient's medical record as specified in R9-10-1312.
- C.** An administrator shall ensure that, if a patient requires assessment or treatment not available at the behavioral health specialized transitional facility, the patient is provided with transportation to the location where assessment or treatment may be provided to the patient.

**Historical Note**

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1311 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1312. Medical Records**

- A.** An administrator shall ensure that:

1. A medical record is established and maintained for each patient according to A.R.S. Title 12, Chapter 13, Article 7.1;
  2. An entry in a patient's medical record is:
    - a. Recorded only by an individual authorized by facility policies and procedures to make the entry;
    - b. Dated, legible, and authenticated; and
    - c. Not changed to make the initial entry illegible;
  3. An order is:
    - a. Dated when the order is entered in the patient's medical record and includes the time of the order;
    - b. Authenticated by a medical practitioner or behavioral health professional according to facility policies and procedures; and
    - c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;
  4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or the electronic signature;
  5. A patient's medical record is available to an individual:
    - a. Authorized according to policies and procedures to access the patient's medical record;
    - b. If the individual is not authorized according to policies and procedures, with the written consent of the patient or the patient's representative; or
    - c. As permitted by law;
  6. A patient's medical record is available to the patient or patient's representative upon request at a time agreed upon by the patient or patient's representative and the administrator; and
  7. A patient's medical record is protected from loss, damage, or unauthorized use.
- B.** If a behavioral health specialized transitional facility maintains patient's medical records electronically, an administrator shall ensure that:
1. Safeguards exist to prevent unauthorized access, and
  2. The date and time of an entry in a patient's medical record is recorded by the computer's internal clock.
- C.** An administrator shall ensure that a patient's medical record contains:
1. A copy of the court order requiring the patient to be detained at or committed to the behavioral health specialized transitional facility;
  2. The date the patient was detained at or committed to the behavioral health specialized transitional facility;
  3. Patient information that includes:
    - a. The patient's name;
    - b. The patient's address;
    - c. The patient's date of birth; and
    - d. Any known allergies, including medication allergies;
  4. Documentation of the patient's freedom from infectious tuberculosis as required in R9-10-1306(C)(2);
  5. Documentation of general consent and, if applicable, informed consent for treatment by the patient or the patient's representative, except in an emergency;
  6. If applicable, the name and contact information of the patient's representative and:
    - a. The document signed by the patient consenting for the patient's representative to act on the patient's behalf; or
    - b. If the patient's representative;



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- i. Is a legal guardian, a copy of the court order establishing guardianship; or
- ii. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney;
- 7. Documentation of medical history and physical examination of the patient;
- 8. A copy of patient's health care directives, if applicable;
- 9. Orders;
- 10. The patient's assessment including updates;
- 11. The patient's treatment plan including updates;
- 12. Progress notes;
- 13. Documentation of transportation provided to the patient;
- 14. Documentation of behavioral health services and physical health services provided to the patient;
- 15. Documentation of patient's annual examination and report required by A.R.S. § 36-3708;
- 16. Documentation of the annual written notice of the patient of the patient's right to petition for:
  - a. Conditional release to a less restrictive alternative as required by A.R.S. § 36-3709, or
  - b. Discharged as required by A.R.S. § 36-3714;
- 17. A copy of any petition for discharge or conditional release to a less restrictive alternative filed by the patient and provided to the behavioral health specialized transitional facility and the outcome of the petition;
- 18. Documentation of the patient's, if applicable;
  - a. Conditional release to a less restrictive alternative; or
  - b. Discharge, including the disposition of the patient upon discharge;
- 19. If a patient has been discharged, a discharge summary that includes:
  - a. A summary of the treatment provided to the patient;
  - b. The patient's progress in meeting treatment goals, including treatment goals that were and were not achieved;
  - c. The name, dosage, and frequency of each medication for the patient ordered at the time of the patient's discharge from the behavioral health specialized transitional facility;
  - d. A description of the disposition of the patient's possessions, funds, or medications; and
  - e. The date the patient was discharged from the behavioral health specialized transitional facility;
- 20. If applicable:
  - a. Laboratory reports,
  - b. Radiologic reports,
  - c. Diagnostic reports,
  - d. Documentation of restraint or seclusion,
  - e. Patient follow-up instructions, and
  - f. Consultation reports; and
- 21. Documentation of a medication administered to the patient that includes:
  - a. The date and time of administration;
  - b. The name, strength, dosage, and route of administration;
  - c. For a medication administered for pain:
    - i. An assessment of the patient's pain before administering the medication, and
    - ii. The effect of the medication administered;
  - d. For a psychotropic medication:
    - i. An assessment of the patient's behavior before administering the psychotropic medication, and
    - ii. The effect of the psychotropic medication administered;
  - e. The identification, signature, and professional designation of the individual administering or observing the self-administration of the medication;
  - f. Any adverse reaction a patient has to the medication; and
  - g. If applicable, a patient's refusal to take medication ordered for the patient.

**Historical Note**

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1312 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 24 A.A.R. 2764, effective September 11, 2018 (Supp. 18-3).

**R9-10-1313. Medication Services**

- A.** An administrator shall ensure that policies and procedures for medication services:
  - 1. Include:
    - a. A process for providing information to a patient about medication prescribed for the patient, including:
      - i. The prescribed medication's anticipated results,
      - ii. The prescribed medication's potential adverse reactions,
      - iii. The prescribed medication's potential side effects, and
      - iv. Potential adverse reactions that could result from not taking the medication as prescribed;
    - b. Procedures for preventing, responding to, and reporting:
      - i. A medication error,
      - ii. An adverse response to a medication, or
      - iii. A medication overdose;
    - c. Procedures for documenting medication services and assistance in the self-administration of medication; and
    - d. If applicable, procedures for providing medication administration or assistance in the self-administration of medication off the premises; and
  - 2. Specify a process for review through the quality management program of:
    - a. A medication administration error, and
    - b. An adverse reaction to a medication.
- B.** A medical director shall ensure that:
  - 1. Policies and procedures for medication administration:
    - a. Are reviewed and approved by a medical practitioner;

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- b. Specify the individuals who may:
      - i. Order medication, and
      - ii. Administer medication; and
    - c. Ensure that medication is administered to a patient only as prescribed;
  - 2. A patient's refusal to take prescribed medication is documented in the patient's medical record;
  - 3. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law;
  - 4. A medication administered to a patient:
    - a. Is administered in compliance with an order, and
    - b. Is documented in the patient's medical record; and
  - 5. If pain medication is administered to a patient on a PRN basis, documentation in the patient's medical record includes:
    - a. An identification of the patient's pain before administering the medication, and
    - b. The effect of the pain medication administered.
- C. If a behavioral health specialized transitional facility provides assistance in the self-administration of medication, a medical director shall ensure that:
  - 1. A patient's medication is stored by the behavioral health specialized transitional facility;
  - 2. The following assistance is provided to a patient:
    - a. A reminder when it is time to take the medication;
    - b. Opening the medication container for the patient;
    - c. Observing the patient while the patient removes the medication from the container;
    - d. Verifying that the medication is taken as ordered by the patient's medical practitioner by confirming that:
      - i. The patient taking the medication is the individual stated on the medication container label,
      - ii. The dosage of the medication is the same as stated on the medication container label, and
      - iii. The medication is being taken by the patient at the time stated on the medication container label; or
    - e. Observing the patient while the patient takes the medication;
  - 3. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by a medical practitioner or registered nurse;
  - 4. Training for a personnel member, other than a medical practitioner or nurse, in assistance in the self-administration of medication:
    - a. Is provided by a medical practitioner or registered nurse or an individual trained by a medical practitioner or registered nurse; and
    - b. Includes:
      - i. A demonstration of the personnel member's skills and knowledge necessary to provide assistance in the self-administration of medication,
      - ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and
      - iii. Process for notifying the appropriate entities when an emergency medical intervention is needed;
  - 5. A personnel member, other than a medical practitioner or nurse, completes the training in subsection (C)(4) before the personnel member provides assistance in the self-administration of medication; and
  - 6. Assistance in the self-administration of medication provided to a patient:
    - a. Is in compliance with an order, and
    - b. Is documented in the patient's medical record.
- D. An administrator shall ensure that:
  - 1. A current drug reference guide is available for use by personnel members;
  - 2. A current toxicology reference guide is available for use by personnel members; and
  - 3. If pharmaceutical services are provided:
    - a. The pharmaceutical services are provided under the direction of a pharmacist;
    - b. The pharmaceutical services comply with A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
    - c. A copy of the pharmacy license is provided to the Department upon request.
- E. When medication is stored at a behavioral health specialized transitional facility, an administrator shall ensure that:
  - 1. Medication is stored in a separate locked room, closet, or self-contained unit used only for medication;
  - 2. Medication is stored according to the instructions on the medication container; and
  - 3. Policies and procedures are established, documented, and implemented for:
    - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication including expired medication;
    - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
    - c. A medication recall and notification of patients who received recalled medication;
    - d. Storing, inventorying, and dispensing controlled substances; and
    - e. Documenting the maintenance of a medication requiring refrigeration.
- F. An administrator shall ensure that a personnel member immediately reports a medication error or a patient's adverse reaction to a medication to the medical practitioner who ordered the medication and, if applicable, the behavioral health specialized transitional facility's medical director.

**Historical Note**

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1313 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1314. Food Services**

- A. An administrator shall ensure that:
  - 1. The behavioral health specialized transitional facility has a license or permit as a food establishment under 9 A.A.C. 8, Article 1;

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2. A copy of the behavioral health specialized transitional facility's food establishment license is maintained;
  3. If a behavioral health specialized transitional facility contracts with a food establishment, as defined in 9 A.A.C. 8, Article 1, to prepare and deliver food to the behavioral health specialized transitional facility:
    - a. A copy of the food establishment's license or permit under 9 A.A.C. 8, Article 1 is maintained by the behavioral health specialized transitional facility; and
    - b. The behavioral health specialized transitional facility is able to store, refrigerate, and reheat food to meet the dietary needs of a patient;
  4. A registered dietitian is employed full-time, part-time, or as a consultant; and
  5. If a registered dietitian is not employed full-time, an individual is designated as a director of food services who consults with a registered dietitian as often as necessary to meet the nutritional needs of the patients.
- B.** A registered dietitian or director of food services shall ensure that:
1. A food menu:
    - a. Is prepared at least one week in advance,
    - b. Includes the foods to be served each day,
    - c. Is conspicuously posted at least one day before the first meal on the food menu will be served,
    - d. Includes any food substitution no later than the morning of the day of meal service with a food substitution, and
    - e. Is maintained for at least 60 calendar days after the last day included in the food menu;
  2. Meals and snacks provided by the behavioral health specialized transitional facility are served according to posted menus;
  3. Meals for each day are planned using the applicable guidelines in <http://www.health.gov/dietaryguidelines/2010.asp>;
  4. A patient is provided:
    - a. A diet that meets the patient's nutritional needs as specified in the patient's assessment plan;
    - b. Three meals a day with not more than 14 hours between the evening meal and breakfast except as provided in subsection (B)(4)(d);
    - c. The option to have a daily evening snack identified in subsection (B)(4)(d)(ii) or other snack; and
    - d. The option to extend the time span between the evening meal and breakfast from 14 hours to 16 hours if:
      - i. A patient group agrees; and
      - ii. The patient is offered an evening snack that includes meat, fish, eggs, cheese, or other protein, and a serving from either the fruit and vegetable food group or the bread and cereal food group;
  5. A patient requiring assistance to eat is provided with assistance that recognizes the patient's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils; and
  6. Water is available and accessible to a patient at all times, unless otherwise specified in the patient's treatment plan.
- C.** An administrator shall ensure that food is obtained, prepared, served, and stored as follows:
1. Food is free from spoilage, filth, or other contamination and is safe for human consumption;
  2. Food is protected from potential contamination;
  3. Food is prepared:
    - a. Using methods that conserve nutritional value, flavor, and appearance; and
    - b. In a form to meet the needs of a patient such as cut, chopped, ground, pureed, or thickened;
  4. Potentially hazardous food is maintained as follows:
    - a. Foods requiring refrigeration are maintained at 41° F or below; and
    - b. Foods requiring cooking are cooked to heat all parts of the food to a temperature of at least 145° F for 15 seconds, except that:
      - i. Ground beef and ground meats are cooked to heat all parts of the food to at least 155° F;
      - ii. Poultry, poultry stuffing, stuffed meats, and stuffing that contains meat are cooked to heat all parts of the food to at least 165° F;
      - iii. Pork and any food containing pork are cooked to heat all parts of the food to at least 155° F;
      - iv. Raw shell eggs for immediate consumption are cooked to at least 145° F for 15 seconds and any food containing raw shell eggs is cooked to heat all parts of the food to at least 155° F;
      - v. Roast beef and beef steak are cooked to an internal temperature of at least 155° F; and
      - vi. Leftovers are reheated to a temperature of at least 165° F;
  5. A refrigerator contains a thermometer, accurate to plus or minus 3° F, placed at the warmest part of the refrigerator;
  6. Frozen foods are stored at a temperature of 0° F or below; and
  7. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair.

**Historical Note**

Emergency rule adopted effective November 29, 1991, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 91-4). Emergency rule adopted again effective February 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-1). Emergency rule adopted again effective May 28, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-2). Emergency rule adopted again effective August 27, 1992, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 92-3). Adopted with changes effective November 25, 1992 (Supp. 92-4). Section R9-10-1314 repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). New Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1315. Emergency and Safety Standards**

- A.** A medical director shall ensure that policies and procedures for providing medical emergency treatment to a patient are established, documented, and implemented and include:
1. The medications, supplies, and equipment required on the premises for the medical emergency treatment provided by the behavioral health specialized transitional facility;
  2. A system to ensure all medications, supplies, and equipment are available, have not been tampered with, and, if applicable, have not expired;
  3. A requirement that a cart or container is available for medical emergency treatment that contains all of the

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medication, supplies, and equipment specified in the behavioral health specialized transitional facility's policies and procedures;

4. A method to verify and document that the contents of the cart or container in subsection (A)(3) are available for medical emergency treatment; and
  5. A method for ensuring a patient may be transported to a hospital or other health care institution to receive treatment for a medical emergency that the behavioral health specialized transitional facility is not able or not authorized to provide.
- B.** An administrator shall ensure that medical emergency treatment is provided to a patient admitted to the behavioral health specialized transitional facility according to the behavioral health specialized transitional facility's policies and procedures.
- C.** An administrator shall ensure that the behavioral health specialized transitional facility has:
1. A fire alarm system installed according to the National Fire Protection Association 72: National Fire Alarm and Signaling Code, incorporated by reference in R9-10-104.01, that is in working order; and a sprinkler system installed according to the National Fire Protection Association 13 Standard for the Installation of Sprinkler Systems, incorporated by reference in R9-10-104.01, that is in working order; or
  2. An alternative method to ensure a patient's safety, documented and approved by the local jurisdiction.
- D.** An administrator shall ensure that:
1. A disaster plan is developed, documented, maintained in a location accessible to personnel members and other employees, and, if necessary, implemented that includes:
    - a. Procedures for protecting the health and safety of patients and other individuals at the behavioral health specialized transitional facility;
    - b. When, how, and where patients will be relocated;
    - c. How each patient's medical record will be available to personnel providing services to the patient during a disaster;
    - d. A plan to ensure each patient's medication will be available to administer to the patient during a disaster; and
    - e. A plan for obtaining food and water for individuals present in the behavioral health specialized transitional facility or the behavioral health specialized transitional facility's relocation site during a disaster;
  2. The disaster plan required in subsection (D)(1) is reviewed at least once every 12 months;
  3. A disaster drill is performed on each shift at least once every 12 months;
  4. Documentation of a disaster plan review required in subsection (D)(2) and a disaster drill required in subsection (D)(3) is created, is maintained for at least 12 months after the date of the disaster plan review or disaster drill, and includes:
    - a. The date and time of the disaster plan review or disaster drill;
    - b. The name of each personnel member, employee, or volunteer participating in the disaster plan review or disaster drill;
    - c. A critique of the disaster plan review or disaster drill; and
    - d. If applicable, recommendations for improvement;
  5. An evacuation drill is conducted on each shift at least once every three months;

6. Documentation of an evacuation drill is created, is maintained for at least 12 months after the date of the evacuation drill, and includes:
    - a. The date and time of the evacuation drill;
    - b. The amount of time taken for all employees and patients to evacuate the behavioral health specialized transitional facility;
    - c. If applicable, an identification of patients needing assistance for evacuation;
    - d. Any problems encountered in conducting the evacuation drill; and
    - e. Recommendations for improvement, if applicable; and
  7. An evacuation path is conspicuously posted on each hallway of each floor of the behavioral health specialized transitional facility.
- E.** An administrator shall:
1. Obtain a fire inspection conducted according to the timeframe established by the local fire department or the State Fire Marshal,
  2. Make any repairs or corrections stated on the fire inspection report, and
  3. Maintain documentation of a current fire inspection.

**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4).

**R9-10-1316. Environmental Standards**

- A.** An administrator shall ensure that:
1. The premises and equipment are:
    - a. Cleaned and, if applicable, disinfected according to policies and procedures designed to prevent, minimize, and control illness or infection; and
    - b. Free from a condition or situation that may cause a patient or other individual to suffer physical injury;
  2. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
  3. Biohazardous medical wastes are identified, stored, and disposed of according to 18 A.A.C. 13, Article 14;
  4. Equipment used at the behavioral health specialized transitional facility is:
    - a. Maintained in working order;
    - b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
    - c. Used according to the manufacturer's recommendations;
  5. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;
  6. Garbage and refuse are:
    - a. Stored in covered containers, and
    - b. Removed from the premises at least once a week;
  7. Heating and cooling systems maintain the behavioral health specialized transitional facility at a temperature between 70° F and 84° F;
  8. Common areas:
    - a. Are lighted to assure the safety of patients, and
    - b. Have lighting sufficient to allow personnel members to monitor patient activity;

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9. Hot water temperatures are maintained between 95° F and 120° F in the areas of a behavioral health specialized transitional facility used by patients;
  10. The supply of hot and cold water is sufficient to meet the personal hygiene needs of patients and the cleaning and sanitation requirements in this Article;
  11. Soiled linen and soiled clothing stored by the behavioral health specialized transitional facility are maintained separate from clean linen and clothing and stored in closed containers away from food storage, kitchen, and dining areas; and
  12. Pets and animals, except for service animals, are prohibited on the premises.
- B.** An administrator shall ensure that smoking or tobacco products are not permitted within or on the premises of the facility.
- C.** An administrator shall ensure that:
1. Poisonous or toxic materials stored by the behavioral health specialized transitional facility are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and are inaccessible to patients;
  2. Combustible or flammable liquids and hazardous materials stored by a behavioral health specialized transitional facility are stored in the original labeled containers or safety containers in an area inaccessible to patients; and
  3. Poisonous, toxic, combustible, or flammable medical supplies in use for a patient are stored in a locked area according to the behavioral health specialized transitional facility's policies and procedures.
- D.** An administrator shall ensure that:
1. A patient's bedroom is provided with:
    - a. An individual storage space, such as a dresser or chest;
    - b. A bed that:
      - i. Consists of at least a mattress and frame, and
      - ii. Is at least 36 inches wide and 72 inches long; and
    - c. A pillow and linens that include:
      - i. A mattress pad;
      - ii. A top sheet and a bottom sheet are large enough to tuck under the mattress;
      - iii. A pillow case;
      - iv. A waterproof mattress cover, if needed; and
      - v. A blanket or bedspread sufficient to ensure the patient's warmth;
  2. Clean linens and bath towels are provided to a patient as needed and at least once every seven calendar days; and
  3. A patient's clothing may be cleaned according to policies and procedures.
- Historical Note**
- Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 25 A.A.R. 259, effective January 8, 2019 (Supp. 19-1).
- R9-10-1317. Physical Plant Standards**
- A.** An administrator shall ensure that a behavioral health specialized transitional facility complies with the applicable physical plant health and safety codes and standards for secure residential facilities, incorporated by reference in R9-10-104.01, in effect on the date the behavioral health specialized transitional facility submitted architectural plans and specifications to the Department for approval according to R9-10-104.
- B.** An administrator shall ensure that the premises and equipment are sufficient to accommodate:
1. The services stated in the behavioral health specialized transitional facility's scope of services, and
  2. An individual accepted as a patient by the behavioral health specialized transitional facility.
- C.** An administrator shall ensure that:
1. A behavioral health specialized transitional facility has:
    - a. An area in which a patient may meet with a visitor,
    - b. Areas where patients may receive individual treatment,
    - c. Areas where patients may receive group counseling or other group treatment,
    - d. An area for community dining; and
    - e. Sufficient space in one or more common areas for individual and group activities.
- D.** An administrator shall ensure that the behavioral health specialized transitional facility has:
1. A bathroom adjacent to a common area for use by patients and visitors that:
    - a. Provides privacy to the user; and
    - b. Contains:
      - i. A working sink with running water,
      - ii. A working toilet that flushes and has a seat,
      - iii. Toilet tissue dispenser,
      - iv. Dispensed soap for hand washing,
      - v. Single use paper towels or a mechanical air hand dryer,
      - vi. Lighting, and
      - vii. A means of ventilation;
  2. An indoor common area that is not used as a sleeping area and that has:
    - a. A working telephone that allows a patient to make a private telephone call;
    - b. A distortion-free mirror;
    - c. A current calendar and an accurate clock;
    - d. A variety of books, current magazines and newspapers, and arts and crafts supplies appropriate to the age, educational, cultural, and recreational needs of patients; and
    - e. A working television and access to a radio;
  3. A dining room or dining area that:
    - a. Is lighted and ventilated,
    - b. Contains tables and seats, and
    - c. Is not used as a sleeping area;
  4. An outdoor area that:
    - a. Is accessible to patients,
    - b. Has sufficient space to accommodate the social and recreational needs of patients, and
    - c. Has shaded and unshaded areas;
  5. For every ten patients, at least one working toilet that flushes and has a seat and dispensed toilet tissue;
  6. For every 12 patients, at least one sink with running water, dispensed soap for hand washing, and single use paper towels or a mechanical air hand dryer;
  7. For every 12 patients, at least one working bathtub or shower with a slip resistant surface; and
  8. For each patient, a private bedroom that:
    - a. Contains at least 60 square feet of floor space, not including the closet;
    - b. Has walls from floor to ceiling;
    - c. Has a door that opens into a hallway or common area;
    - d. Is constructed and furnished to provide unimpeded access to the door;

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- e. Is not used as a passageway to another bedroom or a bathroom, unless the bathroom is for the exclusive use of a the patient occupying the bedroom; and
- f. Has sufficient lighting for a patient to read.

**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4).

**ARTICLE 14. SUBSTANCE ABUSE TRANSITIONAL FACILITIES****R9-10-1401. Definitions**

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following applies in this Article unless otherwise specified:

“Emergency medical care technician” has the same meaning as in A.R.S. § 36-2201.

**Historical Note**

Adopted effective February 1, 1994 (Supp. 94-1). Amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1402. Administration****A. A governing authority shall:**

1. Consist of one or more individuals accountable for the organization, operation, and administration of a substance abuse transitional facility;
2. Establish, in writing:
  - a. A substance abuse transitional facility’s scope of services, and
  - b. Qualifications for an administrator;
3. Designate, in writing, an administrator who meets the qualifications established in subsection (A)(2)(b);
4. Adopt a quality management program according to R9-10-1403;
5. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
6. Designate, in writing, an acting administrator who has the qualifications established in subsection (A)(2)(b) if the administrator is:
  - a. Expected not to be present on a substance abuse transitional facility’s premises for more than 30 calendar days, or
  - b. Not present on a substance abuse transitional facility’s premises for more than 30 calendar days; and
7. Except as provided in subsection (A)(6), notify the Department according to A.R.S. § 36-425(I) when there is a change in the administrator and identify the name and qualifications of the new administrator.

**B. An administrator:**

1. Is directly accountable to the governing authority for the daily operation of the substance abuse transitional facility and all services provided by or at the substance abuse transitional facility;
2. Has the authority and responsibility to manage the substance abuse transitional facility; and
3. Except as provided in subsection (A)(6), designates, in writing, an individual who is present on a substance abuse transitional facility’s premises and accountable for the substance abuse transitional facility when the admin-

istrator is not present on the substance abuse transitional facility’s premises.

**C. An administrator shall ensure that:**

1. Policies and procedures are established, documented, and implemented to protect the health and safety of a participant that:
  - a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
  - b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
  - c. Include how a personnel member may submit a complaint relating to services provided to a participant;
  - d. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
  - e. Cover cardiopulmonary resuscitation training, including:
    - i. The method and content of cardiopulmonary resuscitation training, which includes a demonstration of the individual’s ability to perform cardiopulmonary resuscitation;
    - ii. The qualifications for an individual to provide cardiopulmonary resuscitation training;
    - iii. The time-frame for renewal of cardiopulmonary resuscitation training; and
    - iv. The documentation that verifies that the individual has received cardiopulmonary resuscitation training;
  - f. Include a method to identify a participant to ensure the participant receives physical health services and behavioral health services as ordered;
  - g. Cover first aid training;
  - h. Cover participant rights, including assisting a participant who does not speak English or who has a physical or other disability to become aware of participant rights;
  - i. Cover specific steps for:
    - i. A participant to file a complaint, and
    - ii. The substance abuse transitional facility to respond to a participant’s complaint;
  - j. Cover medical records, including electronic medical records;
  - k. Cover quality management, including incident reports and supporting documentation;
  - l. Cover contracted services; and
  - m. Cover when an individual may visit a participant in the substance abuse transitional facility;
2. Policies and procedures for services are established, documented, and implemented to protect the health and safety of a participant that:
  - a. Cover participant screening, admission, assessment, transfer, discharge planning, and discharge;
  - b. Include when general consent and informed consent are required;
  - c. Cover the provision of behavioral health services and physical health services;
  - d. Cover medication administration, assistance in the self-administration of medication, and disposing of medication, including provisions for inventory control and preventing diversion of controlled substances;
  - e. Cover infection control;

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- f. Cover environmental services that affect participant care;
- g. Cover the process for receiving a fee from and refunding a fee to a participant or the participant's representative;
- h. Cover the security of a participant's possessions that are allowed on the premises;
- i. Cover smoking tobacco products on the premises;
- j. Cover how the facility will respond to a participant's sudden, intense, or out-of-control behavior to prevent harm to the participant or another individual; and
- k. Cover how often periodic monitoring occurs based on a participant's condition;
- 3. Policies and procedures are reviewed at least once every three years and updated as needed;
- 4. Policies and procedures are available to employees; and
- 5. Unless otherwise stated:
  - a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
  - b. When documentation or information is required by this Chapter to be submitted on behalf of a substance abuse transitional facility, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the substance abuse transitional facility.
- D. An administrator shall provide written notification to the Department of a participant's:
  - 1. Death, if the participant's death is required to be reported according to A.R.S. § 11-593, within one working day after the participant's death; and
  - 2. Self-injury, within two working days after the participant inflicts a self-injury that requires immediate intervention by an emergency medical services provider.
- E. If abuse, neglect, or exploitation of a participant is alleged or suspected to have occurred before the participant was admitted or while the participant is not on the premises and not receiving services from a substance abuse transitional facility's employee or personnel member, an administrator shall immediately report the alleged or suspected abuse, neglect, or exploitation of the participant according to A.R.S. § 46-454.
- F. If an administrator has a reasonable basis, according to A.R.S. § 46-454, to believe that abuse, neglect, or exploitation has occurred on the premises or while a participant is receiving services from a substance abuse transitional facility's employee or personnel member, the administrator shall:
  - 1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
  - 2. Report the suspected abuse, neglect, or exploitation of the participant according to A.R.S. § 46-454;
  - 3. Document:
    - a. The suspected abuse, neglect, or exploitation;
    - b. Any action taken according to subsection (F)(1); and
    - c. The report in subsection (F)(2);
  - 4. Maintain the documentation in subsection (F)(3) for at least 12 months after the date of the report in subsection (F)(2);
  - 5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in subsection (F)(2):
    - a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
    - b. A description of any injury to the participant and any change to the participant's physical, cognitive, functional, or emotional condition;
    - c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
    - d. The actions taken by the administrator to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
- 6. Maintain a copy of the documented information required in subsection (F)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.
- G. An administrator shall establish, document, and implement a process for responding to a participant's need for immediate and unscheduled behavioral health services or physical health services.
- H. An administrator shall ensure that the following information or documents are conspicuously posted on the premises and are available upon request to a personnel member, an employee, a participant, or a participant's representative:
  - 1. The participant rights listed in R9-10-1409,
  - 2. The facility's current license,
  - 3. The location at which inspection reports are available for review or can be made available for review, and
  - 4. The days and times when a participant may accept visitors and make telephone calls.

**Historical Note**

Adopted effective February 1, 1994 (Supp. 94-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1402 repealed; new Section R9-10-1402 renumbered from Section R9-10-1403 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1403. Quality Management**

An administrator shall ensure that:

- 1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
  - a. A method to identify, document, and evaluate incidents;
  - b. A method to collect data to evaluate services provided to participants;
  - c. A method to evaluate the data collected to identify a concern about the delivery of services related to participant care;
  - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to participant care; and
  - e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
- 2. A documented report is submitted to the governing authority that includes:
  - a. An identification of each concern about the delivery of services related to participant care, and
  - b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to participant care; and
- 3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

**Historical Note**

Adopted effective February 1, 1994 (Supp. 94-1). Section repealed; new Section made by exempt rulemaking at 19

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A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).  
 Section R9-10-1403 renumbered to R9-10-1402; new  
 Section R9-10-1403 renumbered from R9-10-1404 and  
 amended by exempt rulemaking at 20 A.A.R. 1409, pur-  
 suant to Laws 2013, Ch. 10, § 13; effective July 1, 2014  
 (Supp. 14-2).

**R9-10-1404. Contracted Services**

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

**Historical Note**

Adopted effective February 1, 1994 (Supp. 94-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).  
 Section R9-10-1404 renumbered to R9-10-1403; new Section R9-10-1404 renumbered from R9-10-1405 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1405. Personnel**

**A.** An administrator shall ensure that:

1. A personnel member is:
  - a. At least 21 years old, or
  - b. If providing behavioral health services, at least 18 years old;
2. An employee is at least 18 years old;
3. A student is at least 18 years old; and
4. A volunteer is at least 21 years old.

**B.** An administrator shall ensure that:

1. The qualifications, skills, and knowledge required for each type of personnel member:
  - a. Are based on:
    - i. The type of behavioral health services or physical health services expected to be provided by the personnel member according to the established job description, and
    - ii. The acuity of participants receiving behavioral health services or physical health services from the personnel member according to the established job description;
  - b. Include:
    - i. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected behavioral health services or physical health services listed in the established job description;
    - ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected behavioral health services or physical health services listed in the established job description, and
    - iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected behavioral health services or physical health services listed in the established job description;
2. A personnel member's skills and knowledge are verified and documented:

- a. Before the personnel member provides behavioral health services or physical health services, and
- b. According to policies and procedures;
3. An emergency medical care technician complies with the requirements in 9 A.A.C. 25 for certification and medical direction;
4. A substance abuse transitional facility has sufficient personnel members with the qualifications, education, experience, skills, and knowledge necessary to:
  - a. Provide the behavioral health services and physical health services in the substance abuse transitional facility's scope of services,
  - b. Meet the needs of a participant, and
  - c. Ensure the health and safety of a participant;
5. A written plan is developed and implemented to provide orientation specific to the duties of a personnel member;
6. A personnel member's orientation is documented, to include:
  - a. The personnel member's name,
  - b. The date of the orientation, and
  - c. The subject or topics covered in the orientation;
7. In addition to the training required in subsections (B)(1) and (B)(5), a written plan is developed and implemented to provide a personnel member with in-service education specific to the duties of the personnel member;
8. A personnel member's skills and knowledge are verified and documented:
  - a. Before providing services related to participant care, and
  - b. At least once every 12 months after the date the personnel member begins providing services related to participant care; and
9. An individual's in-service education and, if applicable, training in how to respond to a participant's sudden, intense, or out-of-control behavior is documented, to include:
  - a. The personnel member's name,
  - b. The date of the training, and
  - c. The subject or topics covered in the training.
- C.** An administrator shall ensure that an individual who is licensed under A.R.S. Title 32, Chapter 33 as a baccalaureate social worker, master social worker, associate marriage and family therapist, associate counselor, or associate substance abuse counselor receives direct supervision as defined in A.A.C. R4-6-101.
- D.** An administrator shall ensure that a personnel member, or an employee, a volunteer, or a student who has or is expected to have direct interaction with a participant for more than eight hours in a week, provides evidence of freedom from infectious tuberculosis:
  1. On or before the date the individual begins providing services at or on behalf of the substance abuse transitional facility, and
  2. As specified in R9-10-113.
- E.** An administrator shall comply with the requirements for behavioral health technicians and behavioral health paraprofessionals in R9-10-115.
- F.** An administrator shall ensure that a personnel record is maintained for a personnel member, employee, volunteer, or student that contains:
  1. The individual's name, date of birth, and contact telephone number;
  2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
  3. Documentation of:



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- a. The individual's qualifications including skills and knowledge applicable to the individual's job duties;
  - b. The individual's education and experience applicable to the individual's job duties;
  - c. The individual's completed orientation and in-service education as required by policies and procedures;
  - d. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
  - e. The individual's completion of the training required in subsection (B)(8), if applicable;
  - f. If the individual is a behavioral health technician, clinical oversight required in R9-10-115;
  - g. Cardiopulmonary resuscitation training, if required for the individual according to subsection (H) or policies and procedures;
  - h. First aid training, if required for the individual according to subsection (H) or policies and procedures; and
  - i. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (D).
- G.** An administrator shall ensure that personnel records are:
1. Maintained:
    - a. Throughout an individual's period of providing services at or for a substance abuse transitional facility, and
    - b. For at least 24 months after the last date the individual provided services at or for a substance abuse transitional facility; and
  2. For a personnel member who has not provided physical health services or behavioral health services at or for the substance abuse transitional facility during the previous 12 months, provided to the Department within 72 hours after the Department's request.
- H.** An administrator shall ensure at least one personnel member who is present at the substance abuse transitional facility during hours of facility operation has first-aid and cardiopulmonary resuscitation training certification specific to the populations served by the facility.
- I.** An administrator shall ensure that:
1. At least one personnel member is present and awake at a substance abuse transitional facility at all times when a participant is on the premises;
  2. In addition to the personnel member in subsection (I)(1), at least one personnel member is on-call and available to come to the substance abuse transitional facility if needed;
  3. A substance abuse transitional facility has sufficient personnel members to provide general participant supervision and treatment and sufficient personnel members or employees to provide ancillary services to meet the scheduled and unscheduled needs of each participant;
  4. There is a daily staffing schedule that:
    - a. Indicates the date, scheduled work hours, and name of each individual assigned to work, including on-call individuals;
    - b. Includes documentation of the employees who work each day and the hours worked by each employee; and
    - c. Is maintained for at least 12 months after the last date on the documentation;
  5. A behavioral health professional is present on the substance abuse transitional facility's premises or on-call; and
  6. A registered nurse is present on the substance abuse transitional facility's premises or on-call.

**Historical Note**

Adopted effective February 1, 1994 (Supp. 94-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1405 renumbered to R9-10-1404; new Section R9-10-1405 renumbered from R9-10-1406 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 26 A.A.R. 3041, with an immediate effective date of November 3, 2020 (Supp. 20-4).

**R9-10-1406. Admission; Assessment**

An administrator shall ensure that:

1. A participant is admitted based upon the participant's presenting behavioral health issue and treatment needs and the substance abuse transitional facility's ability and authority to provide behavioral health services or physical health services consistent with the participant's needs;
2. General consent is obtained from a participant or the participant's representative before or at the time of admission;
3. The general consent obtained in subsection (2) is documented in the participant's medical record;
4. An assessment of a participant is completed or updated by an emergency medical care technician or a registered nurse;
5. If an assessment is completed or updated by an emergency medical care technician, a registered nurse reviews the assessment within 24 hours after the completion of the assessment to ensure that the assessment identifies the behavioral health services and physical health services needed by the participant;
6. If an assessment that complies with the requirements in this Section is received from a behavioral health provider other than the substance abuse transitional facility or the substance abuse transitional facility has a medical record for the participant that contains an assessment that was completed within 12 months before the date of the participant's current admission:
  - a. The participant's assessment information is reviewed and updated if additional information that affects the participant's assessment is identified, and
  - b. The review and update of the participant's assessment information is documented in the participant's medical record within 48 hours after the review is completed;
7. An assessment:
  - a. Documents a participant's:
    - i. Presenting issue;
    - ii. Substance abuse history;
    - iii. Co-occurring disorder;
    - iv. Medical condition and history;
    - v. Behavioral health treatment history;
    - vi. Symptoms reported by the participant; and
    - vii. Referrals needed by the participant, if any;
  - b. Includes:
    - i. Recommendations for further assessment or examination of the participant's needs,
    - ii. The behavioral health services and physical health services that will be provided to the participant, and
    - iii. The signature and date signed of the personnel member conducting the assessment; and

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- c. Is documented in participant's medical record;
- 8. A participant is referred to a medical practitioner if a determination is made that the participant requires immediate physical health services or the participant's behavioral health issue may be related to the participant's medical condition;
- 9. If a participant requires behavioral health services that the substance abuse transitional facility is not authorized or not able to provide, a personnel member arranges for the participant to be provided transportation to transfer to another health care institution where the behavioral health services can be provided;
- 10. A request for participation in a participant's assessment is made to the participant or the participant's representative;
- 11. An opportunity for participation in the participant's assessment is provided to the participant or the participant's representative;
- 12. Documentation of the request in subsection (10) and the opportunity in subsection (11) is in the participant's medical record; and
- 13. A participant's assessment information is:
  - a. Documented in the medical record within 48 hours after completing the assessment, and
  - b. Reviewed and updated when additional information that affects the participant's assessment is identified.

**Historical Note**

Adopted effective February 1, 1994 (Supp. 94-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1406 renumbered to R9-10-1405; new Section R9-10-1406 renumbered from R9-10-1407 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1407. Discharge**

- A. An administrator shall ensure that:
  - 1. If a participant is not being transferred to another health care institution, before discharging the participant from a substance abuse transitional facility, a personnel member:
    - a. Identifies the specific needs of the participant after discharge necessary to assist the participant to address the participant's substance abuse issues;
    - b. Identifies any resources, including family members, community social services, peer support services, and Regional Behavioral Health Agency staff, that may be available to assist the participant; and
    - c. Documents the information in subsection (A)(1)(a) and the resources in subsection (A)(1)(b) in the participant's medical record; and
  - 2. When an individual is discharged, a personnel member:
    - a. Provides the participant with discharge information that includes:
      - i. The identified specific needs of the participant after discharge, and
      - ii. Resources that may be available for the participant; and
    - b. Contacts any resources identified as required in subsection (A)(1)(b).
- B. An administrator shall ensure that there is a documented discharge order by a medical practitioner before a participant is discharged unless the participant leaves the facility against a medical practitioner's advice.
- C. An administrator shall ensure that, at the time of discharge, a participant receives a referral for behavioral health services that the participant may need after discharge, if applicable.

- D. An administrator shall ensure that a discharge summary:
  - 1. Is entered into the participant's medical record within 10 working days after a participant's discharge; and
  - 2. Includes the following information completed by an individual authorized by policies and procedures:
    - a. The participant's presenting issue and other behavioral health and physical health issues identified in the participant's assessment;
    - b. A summary of the behavioral health services and physical health services provided to the participant;
    - c. The name, dosage, and frequency of each medication for the participant ordered at the time of the participant's discharge by a medical practitioner at the facility; and
    - d. A description of the disposition of the participant's possessions, funds, or medications brought to the facility by the participant.
- E. An administrator shall ensure that a participant who is dependent upon a prescribed medication is offered a written referral to detoxification services or opioid treatment before the participant is discharged.

**Historical Note**

Adopted effective February 1, 1994 (Supp. 94-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1407 renumbered to R9-10-1406; new Section R9-10-1407 renumbered from R9-10-1408 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1408. Transfer**

Except for a transfer of a participant due to an emergency, an administrator shall ensure that:

- 1. A personnel member coordinates the transfer and the services provided to the participant;
- 2. According to policies and procedures:
  - a. An evaluation of the participant is conducted before the transfer;
  - b. Information in the participant's medical record, including orders that are in effect at the time of the transfer, is provided to a receiving health care institution; and
  - c. A personnel member explains risks and benefits of the transfer to the participant or the participant's representative; and
- 3. Documentation in the participant's medical record includes:
  - a. Communication with an individual at a receiving health care institution;
  - b. The date and time of the transfer;
  - c. The mode of transportation; and
  - d. If applicable, the name of the personnel member accompanying the participant during a transfer.

**Historical Note**

Adopted effective February 1, 1994 (Supp. 94-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1408 renumbered to R9-10-1407; new Section R9-10-1408 renumbered from R9-10-1409 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1409. Participant Rights**

- A. An administrator shall ensure that:

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1. The requirements in subsection (B) and the participant rights in subsection (C) are conspicuously posted on the premises;
  2. At the time of admission, a participant or the participant's representative receives a written copy of the requirements in subsection (B) and the participant rights in subsection (C); and
  3. Policies and procedures are established, documented, and implemented to protect the health and safety of a participant that include:
    - a. How and when a participant or the participant's representative is informed of participant rights in subsection (C), and
    - b. Where participant rights are posted as required in subsection (A)(1).
- B.** An administrator shall ensure that:
1. A participant is treated with dignity, respect, and consideration;
  2. A participant is not subjected to:
    - a. Abuse;
    - b. Neglect;
    - c. Exploitation;
    - d. Coercion;
    - e. Manipulation;
    - f. Sexual abuse;
    - g. Sexual assault;
    - h. Seclusion;
    - i. Restraint;
    - j. Retaliation for submitting a complaint to the Department or another entity;
    - k. Misappropriation of personal and private property by the substance abuse transitional facility's personnel members, employees, volunteers, or students; or
    - l. Discharge or transfer, or threat of discharge or transfer, for reasons unrelated to the participant's treatment needs, except as established in a fee agreement signed by the participant or the participant's representative; and
  3. A participant or the participant's representative:
    - a. Except in an emergency, either consents to or refuses treatment;
    - b. May refuse or withdraw consent for treatment before treatment is initiated;
    - c. Except in an emergency, is informed of alternatives to a proposed psychotropic medication, associated risks, and possible complications;
    - d. Is informed of the participant complaint process; and
    - e. Except as otherwise permitted by law, provides written consent to the release of information in the participant's:
      - i. Medical record, or
      - ii. Financial records.
- C.** A participant has the following rights:
1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
  2. To receive treatment that:
    - a. Supports and respects the participant's individuality, choices, strengths, and abilities;
    - b. Supports the participant's personal liberty and only restricts the participant's personal liberty according to a court order, by the participant's or the participant's representative's general consent, or as permitted in this Chapter; and
    - c. Is provided in the least restrictive environment that meets the participant's treatment needs;
  3. To receive privacy in treatment and care for personal needs, including the right not to be fingerprinted, photographed, or recorded without consent, except:
    - a. A participant may be photographed when admitted to a substance abuse transitional facility for identification and administrative purposes;
    - b. For a participant receiving treatment according to A.R.S. Title 36, Chapter 37; or
    - c. For video recordings used for security purposes that are maintained only on a temporary basis;
  4. To review, upon written request, the participant's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
  5. To receive a referral to another health care institution if the substance abuse transitional facility is not authorized or not able to provide behavioral health services or physical health services needed by the participant;
  6. To participate or have the participant's representative participate in the development of or decisions concerning treatment;
  7. To receive assistance from a family member, the participant's representative, or other individual in understanding, protecting, or exercising the participant's rights;
  8. To be provided locked storage space for the participant's belongings while the participant receives services; and
  9. To be informed of the requirements necessary for the participant's discharge.

**Historical Note**

Adopted effective February 1, 1994 (Supp. 94-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1409 renumbered to R9-10-1408; new Section R9-10-1409 renumbered from R9-10-1410 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1410. Medical Records**

- A.** An administrator shall ensure that:
1. A medical record is established and maintained for each participant according to A.R.S. Title 12, Chapter 13, Article 7.1;
  2. An entry in a participant's medical record is:
    - a. Recorded only by a personnel member authorized by policies and procedures to make the entry;
    - b. Dated, legible, and authenticated; and
    - c. Not changed to make the initial entry illegible;
  3. An order is:
    - a. Dated when the order is entered in the participant's medical record and includes the time of the order;
    - b. Authenticated by a medical practitioner or behavioral health professional according to policies and procedures; and
    - c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;
  4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
  5. A participant's medical record is available to an individual:
    - a. Authorized according to policies and procedures to access the participant's medical record;

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- b. If the individual is not authorized according to policies and procedures, with the written consent of the participant or the participant's representative; or
    - c. As permitted by law; and
  - 6. A participant's medical record is protected from loss, damage, or unauthorized use.
- B. If a substance abuse transitional agency maintains participants' medical records electronically, an administrator shall ensure that:
  - 1. Safeguards exist to prevent unauthorized access, and
  - 2. The date and time of an entry in a medical record is recorded by the computer's internal clock.
- C. An administrator shall ensure that a participant's medical record contains:
  - 1. Participant information that includes:
    - a. The participant's name;
    - b. The participant's address;
    - c. The participant's date of birth; and
    - d. Any known allergies, including medication allergies;
  - 2. A participant's presenting behavioral health issue;
  - 3. Documentation of general consent and, if applicable, informed consent for treatment by the participant or the participant's representative, except in an emergency;
  - 4. If applicable, the name and contact information of the participant's representative and:
    - a. The document signed by the participant consenting for the participant's representative to act on the participant's behalf; or
    - b. If the participant's representative:
      - i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
      - ii. Is a legal guardian, a copy of the court order establishing guardianship;
  - 5. Documentation of medical history and results of a physical examination;
  - 6. The date of admission and, if applicable, date of discharge;
  - 7. Orders;
  - 8. Assessment;
  - 9. Progress notes;
  - 10. Documentation of substance abuse transitional agency services provided to the participant;
  - 11. If applicable, documentation of any actions taken to control the participant's sudden, intense, or out-of-control behavior to prevent harm to the participant or another individual;
  - 12. The disposition of the participant upon discharge;
  - 13. The discharge plan;
  - 14. A discharge summary, if applicable; and
  - 15. Documentation of a medication administered to a participant that includes:
    - a. The date and time of administration;
    - b. The name, strength, dosage, and route of administration;
    - c. For a medication administered for pain:
      - i. An evaluation of the participant's pain before administering the medication, and
      - ii. The effect of the medication administered;
    - d. For a psychotropic medication:
      - i. An evaluation of the participant's behavior before administering the psychotropic medication, and

- ii. The effect of the psychotropic medication administered;
- e. The signature of the individual administering the medication; and
- f. Any adverse reaction a participant has to the medication.

**Historical Note**

Adopted effective February 1, 1994 (Supp. 94-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1410 renumbered to R9-10-1409; new Section R9-10-1410 renumbered from R9-10-1411 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1411. Behavioral Health Services**

- A. An administrator shall ensure that counseling is:
  - 1. Offered as described in the substance abuse transitional facility's scope of services,
  - 2. Provided according to the frequency and number of hours identified in the participant's assessment, and
  - 3. Provided by a behavioral health professional.
- B. An administrator shall ensure that:
  - 1. A behavioral health professional providing counseling that addresses a specific type of behavioral health issue has the skills and knowledge necessary to provide the counseling that addresses the specific type of behavioral health issue; and
  - 2. Each counseling session is documented in a participant's medical record to include:
    - a. The date of the counseling session;
    - b. The amount of time spent in the counseling session;
    - c. Whether the counseling was individual counseling, family counseling, or group counseling;
    - d. The treatment goals addressed in the counseling session; and
    - e. The signature of the personnel member who provided the counseling and the date signed.

**Historical Note**

Adopted effective February 1, 1994 (Supp. 94-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1411 renumbered to R9-10-1410; new Section R9-10-1411 renumbered from R9-10-1412 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1412. Medication Services**

- A. If a facility provides medication administration or assistance in the self-administration of medication, an administrator shall ensure that policies and procedures for medication services:
  - 1. Include:
    - a. A process for providing information to a participant about medication prescribed for the participant including:
      - i. The prescribed medication's anticipated results,
      - ii. The prescribed medication's potential adverse reactions,
      - iii. The prescribed medication's potential side effects, and
      - iv. Potential adverse reactions that could result from not taking the medication as prescribed;
    - b. Procedures for preventing, responding to, and reporting:

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- i. A medication error;
  - ii. An adverse reaction to a medication, or
  - iii. A medication overdose;
- c. Procedures to ensure that a participant's medication regimen is reviewed by a medical practitioner to ensure the medication regimen meets the participant's needs;
- d. Procedures for documenting medication administration and assistance in the self-administration of medication;
- e. Procedures for assisting a participant in obtaining medication; and
- f. If applicable, procedures for providing medication administration or assistance in the self-administration of medication off the premises; and
- 2. Specify a process for review through the quality management program of:
  - a. A medication administration error, and
  - b. An adverse reaction to a medication.
- B.** If a substance abuse transitional facility provides medication administration, an administrator shall ensure that:
  - 1. Policies and procedures for medication administration:
    - a. Are reviewed and approved by a medical practitioner;
    - b. Specify the individuals who may:
      - i. Order medication, and
      - ii. Administer medication;
    - c. Ensure that medication is administered to a participant only as prescribed;
    - d. Cover the documentation of a participant's refusal to take prescribed medication in the participant's medical record;
  - 2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law; and
  - 3. A medication administered to a participant:
    - a. Is administered in compliance with an order, and
    - b. Is documented in the participant's medical record.
- C.** If a substance abuse transitional facility provides assistance in the self-administration of medication, an administrator shall ensure that:
  - 1. A participant's medication is stored by the substance abuse transitional facility;
  - 2. The following assistance is provided to a participant:
    - a. A reminder when it is time to take the medication;
    - b. Opening the medication container for the participant;
    - c. Observing the participant while the participant removes the medication from the container;
    - d. Verifying that the medication is taken as ordered by the participant's medical practitioner by confirming that:
      - i. The participant taking the medication is the individual stated on the medication container label,
      - ii. The participant is taking the dosage of the medication stated on the medication container label or according to an order from a medical practitioner dated later than the date on the medication container label, and
      - iii. The participant is taking the medication at the time stated on the medication container label or according to an order from a medical practitioner dated later than the date on the medication container label; or
    - e. Observing the participant while the participant takes the medication;
  - 3. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by a medical practitioner or registered nurse;
  - 4. Training for a personnel member, other than a medical practitioner or registered nurse, in assistance in the self-administration of medication:
    - a. Is provided by a medical practitioner or registered nurse or an individual trained by a medical practitioner or registered nurse;
    - b. Includes:
      - i. A demonstration of the personnel member's skills and knowledge necessary to provide assistance in the self-administration of medication,
      - ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and
      - iii. The process for notifying the appropriate entities when an emergency medical intervention is needed;
  - 5. A personnel member, other than a medical practitioner or registered nurse, completes the training in subsection (C)(4) before the personnel member provides assistance in the self-administration of medication; and
  - 6. Assistance in the self-administration of medication provided to a participant:
    - a. Is in compliance with an order, and
    - b. Is documented in the participant's medical record.
- D.** An administrator shall ensure that:
  - 1. A current drug reference guide is available for use by personnel members, and
  - 2. A current toxicology reference guide is available for use by personnel members.
- E.** When medication is stored at the substance abuse transitional facility, an administrator shall ensure that:
  - 1. Medication is stored in a separate locked room, closet, or self-contained unit used only for medication storage;
  - 2. Medication is stored according to the instructions of the medication container; and
  - 3. Policies and procedures are established, documented, and implemented for:
    - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication, including expired medication;
    - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
    - c. A medication recall and notification of participants who received recalled medication;
    - d. Storing, inventorying, and dispensing controlled substances; and
    - e. Documenting the maintenance of a medication requiring refrigeration.
- F.** An administrator shall ensure that a personnel member immediately reports a medication error or a participant's adverse reaction to a medication to the medical practitioner who ordered the medication and the registered nurse required in R9-10-1405(I)(6).

**Historical Note**

Adopted effective February 1, 1994 (Supp. 94-1). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1412 renumbered to R9-10-1411; new Section R9-10-1412 renumbered from R9-10-1413 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014

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(Supp. 14-2).

**R9-10-1413. Food Services****A.** An administrator shall ensure that:

1. If a substance abuse transitional facility has a licensed capacity of more than 10 participants:
  - a. Food services are provided in compliance with 9 A.A.C. 8, Article 1; and
  - b. A copy of the substance abuse transitional facility's food establishment license or permit required according to subsection (A)(1) is maintained;
2. If a substance abuse transitional facility contracts with a food establishment, as established in 9 A.A.C. 8, Article 1, to prepare and deliver food to the facility:
  - a. A copy of the contracted food establishment's license or permit is maintained by the substance abuse transitional facility; and
  - b. The substance abuse transitional facility is able to store, refrigerate, and reheat food to meet the dietary needs of a participant;
3. A registered dietitian is employed full-time, part-time, or as a consultant; and
4. If a registered dietitian is not employed full-time, an individual is designated as a director of food services who consults with a registered dietitian as often as necessary to meet the nutritional needs of the participants.

**B.** A registered dietitian or director of food services shall ensure that:

1. Food is prepared:
  - a. Using methods that conserve nutritional value, flavor, and appearance; and
  - b. In a form to meet the needs of a participant such as cut, chopped, ground, pureed, or thickened;
2. A food menu is:
  - a. Prepared at least one week in advance,
  - b. Conspicuously posted, and
  - c. Maintained for at least 60 calendar days after the last day included in the food menu;
3. If there is a change to a posted food menu, the change is noted on the posted menu no later than the morning of the day the change occurs;
4. Meals and snacks provided by the substance abuse transitional facility are served according to posted menus;
5. Meals and snacks for each day are planned using the applicable guidelines in <http://www.health.gov/dietaryguidelines/2010.asp>;
6. A participant is provided:
  - a. A diet that meets the participant's nutritional needs as specified in the participant's assessment;
  - b. Three meals a day with not more than 14 hours between the evening meal and breakfast, except as provided in subsection (B)(6)(d);
  - c. The option to have a daily evening snack identified in subsection (B)(6)(d)(ii) or other snack; and
  - d. The option to extend the time span between the evening meal and breakfast from 14 hours to 16 hours if:
    - i. The participant agrees; and
    - ii. The participant is offered an evening snack that includes meat, fish, eggs, cheese, or other protein, and a serving from either the fruit and vegetable food group or the bread and cereal food group;
7. A participant requiring assistance to eat is provided with assistance that recognizes the participant's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils; and

8. Water is available and accessible to participants at all times, unless otherwise stated in a participant's assessment.

**C.** An administrator shall ensure that food is obtained, prepared, served, and stored as follows:

1. Food is free from spoilage, filth, or other contamination and is safe for human consumption;
2. Food is protected from potential contamination;
3. Potentially hazardous food is maintained as follows:
  - a. Foods requiring refrigeration are maintained at 41° F or below; and
  - b. Foods requiring cooking are cooked to heat all parts of the food to a temperature of at least 145° F for 15 seconds, except that:
    - i. Ground beef and any food containing ground beef are cooked to heat all parts of the food to at least 155° F;
    - ii. Poultry, poultry stuffing, stuffed meats, and stuffing that contains meat are cooked to heat all parts of the food to at least 165° F;
    - iii. Pork and any food containing pork are cooked to heat all parts of the food to at least 155° F;
    - iv. Raw shell eggs for immediate consumption are cooked to at least 145° F for 15 seconds and any food containing raw shell eggs is cooked to heat all parts of the food to at least 155° F;
    - v. If the facility serves a population that is not a highly susceptible population, rare roast beef may be served cooked to an internal temperature of at least 145° F for at least three minutes and a whole muscle intact beef steak may be served cooked on both top and bottom to a surface temperature of at least 145° F; and
    - vi. Leftovers are reheated to a temperature of at least 165° F;
4. A refrigerator contains a thermometer, accurate to plus or minus 3° F, placed at the warmest part of the refrigerator;
5. Frozen foods are stored at a temperature of 0° F or below; and
6. Tableware, utensils, equipment, and food-contact surfaces are clean and in good repair.

**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1413 renumbered to R9-10-1412; new Section R9-10-1413 renumbered from R9-10-1414 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1414. Emergency and Safety Standards****A.** An administrator shall ensure that:

1. An evacuation drill for employees and participants on the premises is conducted at least once every six months on each shift;
2. Documentation of each evacuation drill is created, is maintained for at least 12 months after the date of the evacuation drill, and includes:
  - a. The date and time of the drill;
  - b. The amount of time taken for all employees and participants to evacuate the substance abuse transitional facility;
  - c. Any problems encountered in conducting the drill; and
  - d. Recommendations for improvement, if applicable;
3. An evacuation path is conspicuously posted on each hallway of each floor of the facility;

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4. A disaster plan is developed, documented, maintained in a location accessible to personnel members, and, if necessary, implemented that includes:
    - a. When, how, and where participants will be relocated;
    - b. How a participant's medical record will be available to individuals providing services to the participant during a disaster;
    - c. A plan to ensure a participant's medication will be available to administer to the participant during a disaster; and
    - d. A plan for obtaining food and water for individuals present in the substance abuse transitional facility or the substance abuse transitional facility's relocation site during a disaster;
  5. The disaster plan required in subsection (A)(4) is reviewed at least once every 12 months;
  6. Documentation of a disaster plan review required in subsection (A)(5) is created, is maintained for at least 12 months after the date of the disaster plan review, and includes:
    - a. The date and time of the disaster plan review;
    - b. The name of each employee or volunteer participating in the disaster plan review;
    - c. A critique of the disaster plan review; and
    - d. If applicable, recommendations for improvement; and
  7. A disaster drill for employees is conducted on each shift at least once every three months and documented.
- B. An administrator shall ensure that:**
1. A fire inspection is conducted by a local fire department or the State Fire Marshal before licensing and according to the time-frame established by the local fire department or the State Fire Marshal,
  2. Any repairs or corrections stated on the fire inspection report are made, and
  3. Documentation of a current fire inspection is maintained.
- Historical Note**
- Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1414 renumbered to R9-10-1413; new Section R9-10-1414 renumbered from R9-10-1415 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).
- R9-10-1415. Environmental Standards**
- A. An administrator shall ensure that:**
1. The premises and equipment are sufficient to accommodate the activities, treatment, and ancillary services stated in the substance abuse transitional facility's scope of services;
  2. The premises and equipment are:
    - a. Maintained in a condition that allows the premises and equipment to be used for the original purpose of the premises and equipment,
    - b. Clean, and
    - c. Free from a condition or situation that may cause a participant or other individual to suffer physical injury or illness;
  3. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
  4. Biohazardous waste and hazardous waste are identified, stored, used, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures;
5. Equipment used at the substance abuse transitional facility is:
    - a. Maintained in working order;
    - b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
    - c. Used according to the manufacturer's recommendations;
  6. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;
  7. Garbage and refuse are:
    - a. Stored in plastic bags in covered containers, and
    - b. Removed from the premises at least once a week;
  8. Heating and cooling systems maintain the facility at a temperature between 70° F and 84° F at all times;
  9. A space heater is not used;
  10. Common areas:
    - a. Are lighted to assure the safety of participants, and
    - b. Have lighting sufficient to allow personnel members to monitor participant activity;
  11. Hot water temperatures are maintained between 95° F and 120° F in the areas of the substance abuse transitional facility used by participants;
  12. The supply of hot and cold water is sufficient to meet the personal hygiene needs of participants and the cleaning and sanitation requirements in this Article;
  13. Soiled linen and soiled clothing stored by the substance abuse transitional facility are maintained separate from clean linen and clothing and stored in closed containers away from food storage, kitchen, and dining areas;
  14. Oxygen containers are secured in an upright position;
  15. Poisonous or toxic materials stored by the substance abuse transitional facility are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and are inaccessible to participants;
  16. Combustible or flammable liquids and hazardous materials stored by the substance abuse transitional facility are stored in the original labeled containers or safety containers in a locked area inaccessible to participants;
  17. If a water source that is not regulated under 18 A.A.C. 4 by the Arizona Department of Environmental Quality is used:
    - a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coliform or *E. coli* bacteria;
    - b. If necessary, corrective action is taken to ensure the water is safe to drink; and
    - c. Documentation of testing is retained for at least 12 months after the date of the test; and
  18. If a non-municipal sewage system is used, the sewage system is in working order and is maintained according to all applicable state laws and rules.
- B. An administrator shall ensure that:**
1. Smoking tobacco products is not permitted within a substance abuse transitional facility; and
  2. Smoking tobacco products may be permitted on the premises outside a substance abuse transitional facility if:
    - a. Signs designating smoking areas are conspicuously posted, and
    - b. Smoking is prohibited in areas where combustible materials are stored or in use.
- Historical Note**
- Section made by exempt rulemaking at 19 A.A.R. 2015,

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effective October 1, 2013 (Supp. 13-2). Section R9-10-1415 renumbered to R9-10-1414; new Section R9-10-1415 renumbered from R9-10-1416 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 25 A.A.R. 259, effective January 8, 2019 (Supp. 19-1).

**R9-10-1416. Physical Plant Standards**

- A.** An administrator shall ensure that a substance abuse transitional facility has:
1. A fire alarm system installed according to the National Fire Protection Association 72: National Fire Alarm and Signaling Code, incorporated by reference in R9-10-104.01, that is in working order; and a sprinkler system installed according to the National Fire Protection Association 13 Standard for the Installation of Sprinkler Systems, incorporated by reference in R9-10-104.01, that is in working order; or
  2. An alternative method to ensure participant safety that is documented and approved by the local jurisdiction.
- B.** An administrator shall ensure that:
1. If a participant has a mobility, sensory, or other physical impairment, modifications are made to the premises to ensure that the premises are accessible to and usable by the participant; and
  2. A substance abuse transitional facility has:
    - a. A room that provides privacy for a participant to receive treatment or visitors; and
    - b. A common area and a dining area that:
      - i. Are not converted, partitioned, or otherwise used as a sleeping area; and
      - ii. Contain furniture and materials to accommodate the recreational and socialization needs of the participants and other individuals in the facility.
- C.** An administrator shall ensure that:
1. For every six participants, there is at least one working toilet that flushes and one sink with running water;
  2. For every eight participants, there is at least one working bathtub or shower;
  3. A participant bathroom provides privacy when in use and contains:
    - a. A shatter-proof mirror;
    - b. Toilet tissue for each toilet;
    - c. Soap accessible from each sink;
    - d. Paper towels in a dispenser or a mechanical air hand dryer for a bathroom that is used by more than one participant;
    - e. A window that opens or another means of ventilation; and
    - f. Nonporous surfaces for shower enclosures, clean usable shower curtains, and slip-resistant surfaces in tubs and showers;
  4. Each participant is provided a bedroom for sleeping; and
  5. A participant bedroom complies with the following:
    - a. Is not used as a common area;
    - b. Except as provided in subsection (D):
      - i. Contains a door that opens into a hallway, common area, or outdoors; and
      - ii. In addition to the door in subsection (C)(5)(b)(i), contains another means of egress;
    - c. Is constructed and furnished to provide unimpeded access to the door;
    - d. Has window or door covers that provide participant privacy;

- e. Except as provided in subsection (D), is not used as a passageway to another bedroom or bathroom unless the bathroom is for the exclusive use of an individual occupying the bedroom;
- f. Has floor to ceiling walls;
- g. Is a:
  - i. Private bedroom that contains at least 60 square feet of floor space, not including the closet; or
  - ii. Shared bedroom that, except as provided in subsection (D):
    - (1) Is shared by no more than eight participants;
    - (2) Contains at least 60 square feet of floor space, not including a closet, for each individual occupying the bedroom; and
    - (3) Provides at least three feet of floor space between beds or bunk beds;
- h. Except as provided in subsection (D), contains for each participant occupying the bedroom:
  - i. A bed that is at least 36 inches wide and at least 72 inches long, and consists of at least a frame and mattress and linens; and
  - ii. Individual storage space for personal effects and clothing such as a dresser or chest; and
- i. Has sufficient lighting for participant occupying the bedroom to read.

- D.** An administrator of a substance abuse transitional facility that uses a building that was licensed as a rural substance abuse transitional center before October 1, 2013 shall ensure that:
1. A bedroom has a door that allows egress from the bedroom,
  2. A shared bedroom contains enough space to allow each participant occupying the bedroom to freely move about the bedroom,
  3. A bed is of a sufficient size to accommodate a participant using the bed and provide space for all parts of the participant's body on the bed's mattress, and
  4. A participant is provided storage space on a substance abuse transitional facility's premises that is accessible to the participant.

**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1416 renumbered to R9-10-1415; new Section R9-10-1416 renumbered from R9-10-1417 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4).

**R9-10-1417. Renumbered****Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1417 renumbered to R9-10-1416 by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**ARTICLE 15. ABORTION CLINICS****R9-10-1501. Definitions**

In addition to the definitions in A.R.S. §§ 36-401, 36-449.01, 36-449.03, 36-2151, 36-2158, and 36-2301.01 and R9-10-101, the following definitions apply in this Article, unless otherwise specified:



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1. "Admitting privileges" means permission extended by a hospital to a physician to allow admission of an individual as an inpatient, as defined in R9-10-201:
  - a. By the patient's own physician, or
  - b. Through a written agreement between the patient's physician and another physician that states that the other physician has permission to personally admit the patient to a hospital in this state and agrees to do so.
2. "Course" means training or education, including hands-on practice under the supervision of a physician.
3. "Employee" means an individual who receives compensation from a licensee, but does not provide medical services, nursing services, or health-related services.
4. "First trimester" means 1 through 14 weeks as measured from the first day of the last menstrual period or 1 through 12 weeks as measured from the date of fertilization.
5. "Incident" means an abortion-related patient death or serious injury to a patient or fetus delivered alive.
6. "Local" means under the jurisdiction of a city or county in Arizona.
7. "Medical director" means a physician who is responsible for the direction of the medical services, nursing services, and health-related services provided to patients at an abortion clinic.
8. "Medical evaluation" means obtaining a patient's medical history, performing a physical examination of a patient's body, and conducting laboratory tests as provided in R9-10-1509.
9. "Monitor" means to observe and document, continuously or intermittently, the values of certain physiologic variables on a patient such as pulse, blood pressure, oxygen saturation, respiration, and blood loss.
10. "Neonatal resuscitation" means procedures to assist in maintaining the life of a fetus delivered alive, as described in A.R.S. § 36-2301(D)(3).
11. "Patient" means a female receiving medical services, nursing services, or health-related services related to an abortion.
12. "Patient care staff member" means a physician, registered nurse practitioner, nurse, physician assistant, or surgical assistant who provides medical services, nursing services, or health-related services to a patient.
13. "Patient transfer" means relocating a patient requiring medical services from an abortion clinic to another health care institution.
14. "Personally identifiable patient information" means:
  - a. The name, address, telephone number, e-mail address, Social Security number, and birth date of:
    - i. The patient,
    - ii. The patient's representative,
    - iii. The patient's emergency contact,
    - iv. The patient's children,
    - v. The patient's spouse,
    - vi. The patient's sexual partner, and
    - vii. Any other individual identified in the patient's medical record other than patient care staff;
  - b. The patient's place of employment;
  - c. The patient's referring physician;
  - d. The patient's insurance carrier or account;
  - e. Any "individually identifiable health information" as proscribed in 45 CFR 164-514; and
  - f. Any other information in the patient's medical record that could reasonably lead to the identification of the patient.
15. "Personnel" means patient care staff members, employees, and volunteers.
16. "Serious injury" means a life-threatening physical condition related to an abortion procedure.
17. "Surgical assistant" means an individual who is not licensed as a physician, physician assistant, registered nurse practitioner, or nurse who performs duties as directed by a physician, physician assistant, registered nurse practitioner, or nurse.
18. "Volunteer" means an individual who, without compensation, performs duties as directed by a patient care staff member at an abortion clinic.

**Historical Note**

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, § 3(B). Amended effective May 2, 1997, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1996, Ch. 329, § 5 (Supp. 97-2). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 6 A.A.R. 3755, effective January 1, 2001 (Supp. 00-3). Amended by final rulemaking at 16 A.A.R. 688, effective November 1, 2010 (Supp. 10-2). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

**R9-10-1502. Application Requirements and Documentation Submission**

- A. An applicant shall submit an application for licensure that meets the requirements in A.R.S. § 36-422 and 9 A.A.C. 10, Article 1.
- B. A licensee shall submit to the Department the documentation required according to A.R.S. § 36-449.02(B) with the applicable fees required in R9-10-106(C).

**Historical Note**

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, § 3(B). Amended effective May 2, 1997, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1996, Ch. 329, § 5 (Supp. 97-2). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

**Exhibit A. Repealed****Historical Note**

Adopted effective August 6, 1993, under an exemption

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from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, Section 3(B). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4).

**R9-10-1503. Administration**

- A.** A licensee is responsible for the organization and management of an abortion clinic.
- B.** A licensee shall:
  - 1. Adopt policies and procedures for the administration and operation of an abortion clinic;
  - 2. Designate a medical director who:
    - a. Is licensed according to A.R.S. Title 32, Chapter 13, 17, or 29; and
    - b. May be the same individual as the licensee;
  - 3. Ensure the following documents are conspicuously posted on the premises:
    - a. Current abortion clinic license issued by the Department,
    - b. Current telephone number and address of the unit in the Department responsible for licensing the abortion clinic,
    - c. Evacuation map, and
    - d. Signs that comply with A.R.S. § 36-2153(H); and
  - 4. Except as specified in R9-10-1512(D)(4), ensure that documentation required by this Article is provided to the Department within two hours after a Department request.
- C.** A medical director shall ensure written policies and procedures are established, documented, and implemented to protect the health and safety of a patient including:
  - 1. Personnel qualifications, duties, and responsibilities;
  - 2. Individuals qualified to provide counseling in the abortion clinic and the amount and type of training required for an individual to provide counseling;
  - 3. If the abortion clinic performs an abortion procedure at or after 20 weeks gestational age:
    - a. Individuals qualified in neonatal resuscitation and the amount and type of training required for an individual to provide neonatal resuscitation, and
    - b. Designation of an individual to arrange the transfer to a hospital of a fetus delivered alive;
  - 4. Verification of the competency of the physician performing an abortion according to R9-10-1506;
  - 5. The storage, administration, accessibility, disposal, and documentation of a medication or controlled substance;
  - 6. Accessibility and security of medical records;
  - 7. Abortion procedures including:
    - a. Recovery and follow-up care;
    - b. The minimum length of time a patient remains in the recovery room or area based on:
      - i. The type of abortion performed,
      - ii. The estimated gestational age of the fetus,
      - iii. The type and amount of medication administered, and
      - iv. The physiologic signs including vital signs and blood loss; and
    - c. If the abortion clinic performs an abortion procedure at or after 20 weeks gestational age, the requirements in A.R.S. § 36-2301(D);
  - 8. Infection control including methods of sterilizing equipment and supplies;
  - 9. Medical emergencies; and
  - 10. Patient discharge and patient transfer.
- D.** For an abortion clinic that is not in substantial compliance or that is in substantial compliance but refuses to carry out a plan

of correction acceptable to the Department, the Department may take enforcement action as specified in R9-10-111.

**Historical Note**

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, § 3(B). Amended effective May 2, 1997, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1996, Ch. 329, § 5 (Supp. 97-2). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by final rulemaking at 16 A.A.R. 688, effective November 1, 2010 (Supp. 10-2). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Amended by exempt rulemaking at 20 A.A.R. 2078, effective July 24, 2014 (Supp. 14-3). Amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

**R9-10-1504. Quality Management**

A medical director shall ensure that:

- 1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
  - a. A method to identify, document, and evaluate incidents;
  - b. A method to collect data to evaluate services provided to patients;
  - c. A method to evaluate the data collected to identify a concern about the delivery of services related to patient care;
  - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to patient care; and
  - e. The frequency of submitting a documented report required in subsection (2) to the licensee;
- 2. A documented report is submitted to the licensee that includes:
  - a. An identification of each concern about the delivery of services related to patient care, and
  - b. Any changes made or actions taken as a result of the identification of a concern about the delivery of services related to patient care; and
- 3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the licensee.

**Historical Note**

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, § 3(B). Amended effective May 2, 1997, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1996, Ch. 329, § 5 (Supp. 97-2). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemp-

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tion from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Section R9-10-1504 renumbered to R9-10-1505; new Section R9-10-1504 made by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

**R9-10-1505. Incident Reporting**

- A. A licensee shall ensure that the Department is notified of an incident as follows:
1. For the death of a patient, verbal notification the next working day;
  2. For a fetus delivered alive, verbal notification the next working day; and
  3. For a serious injury of a patient or viable fetus, written notification within 10 calendar days after the date of the serious injury.
- B. A medical director shall conduct an investigation of an incident and document an incident report that includes:
1. The date and time of the incident;
  2. The name of the patient;
  3. A description of the incident, including, if applicable, information required in A.R.S. § 36-2161(A)(15);
  4. Names of individuals who observed the incident;
  5. Action taken by patient care staff members and employees during the incident and immediately following the incident; and
  6. Action taken by the patient care staff members and employees to prevent the incident from occurring in the future.
- C. A medical director shall ensure that the incident report is:
1. Submitted to the Department and, if the incident involved a licensed individual, the applicable professional licensing board within 10 calendar days after the date of the notification in subsection (A); and
  2. Maintained on the premises for at least two years after the date of the incident.

**Historical Note**

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, Section 3(B). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 6 A.A.R. 3755, effective January 1, 2001 (Supp. 00-3). Amended by final rulemaking at 16 A.A.R. 688, effective November 1, 2010 (Supp. 10-2). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Section R9-10-1505 renumbered to R9-10-1506; new Section R9-10-1505 renumbered from R9-10-1504 and amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4). Amended by final expedited rulemaking at 25 A.A.R. 1893, effective July 2, 2019 (Supp. 19-3).

**R9-10-1506. Personnel Qualifications and Records**

A licensee shall ensure that:

1. A physician who performs an abortion demonstrates to the medical director that the physician is competent to perform an abortion by:
  - a. The submission of documentation of education and experience, and
  - b. Observation by or interaction with the medical director;
2. Surgical assistants and volunteers who provide counseling and patient advocacy receive training in these specific responsibilities and any other responsibilities assigned and that documentation of the training received is maintained in the individual's personnel file;
3. An individual who performs an ultrasound provides documentation that the individual is:
  - a. A physician;
  - b. A physician assistant, registered nurse practitioner, or nurse who completed a course in performing ultrasounds under the supervision of a physician; or
  - c. An individual who:
    - i. Completed a course in performing ultrasounds under the supervision of a physician, and
    - ii. Is not otherwise precluded by law from performing an ultrasound;
4. An individual has completed a course for the type of ultrasound the individual performs;
5. If the abortion clinic performs an abortion procedure at or after 20 weeks gestational age, an individual who is available to perform neonatal resuscitation provides documentation that the individual:
  - a. Is a:
    - i. Physician,
    - ii. Physician assistant,
    - iii. Registered nurse practitioner, or
    - iv. Nurse; and
  - b. Has completed a course in performing neonatal resuscitation that is consistent with training provided by the American Academy of Pediatrics Neonatal Resuscitation Program and includes:
    - i. Instruction in the use of resuscitation devices for positive-pressure ventilation, tracheal intubation, medications that may be necessary for neonatal resuscitation and their administration, and resuscitation of pre-term newborns; and
    - ii. Assessment of the individual's skill in applying the information provided through the instruction in subsection (5)(b)(i);
6. A personnel file for each patient care staff member and each volunteer is maintained either electronically or in writing and includes:
  - a. The individual's name and position title;
  - b. The first and, if applicable, the last date of employment or volunteer service;
  - c. Verification of qualifications, training, or licensure, as applicable;
  - d. Documentation of cardiopulmonary resuscitation certification, as applicable;
  - e. Documentation of verification of competency, as required in subsection (1), and signed and dated by the medical director;
  - f. Documentation of training for surgical assistants and volunteers;
  - g. Documentation of completion of a course as required in subsection (3), for an individual performing ultrasounds; and

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- h. Documentation of competency to perform neonatal resuscitation, as required in subsection (5), if applicable; and
- 7. Personnel files are maintained on the premises for at least two years after the ending date of employment or volunteer service.

**Historical Note**

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, § 3(B). Amended effective May 2, 1997, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1996, Ch. 329, § 5 (Supp. 97-2). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 6 A.A.R. 3755, effective January 1, 2001 (Supp. 00-3). Amended by final rulemaking at 16 A.A.R. 688, effective November 1, 2010 (Supp. 10-2). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Section R9-10-1506 renumbered to R9-10-1507; new Section R9-10-1506 renumbered from R9-10-1505 and amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

**R9-10-1507. Staffing Requirements**

- A. A licensee shall ensure that there is a sufficient number of patient care staff members and employees to:
  - 1. Meet the requirements of this Article,
  - 2. Ensure the health and safety of a patient, and
  - 3. Meet the needs of a patient based on the patient's medical evaluation.
- B. A licensee shall ensure that:
  - 1. A patient care staff member other than a surgical assistant, who is current in cardiopulmonary resuscitation certification, is on the premises until all patients are discharged;
  - 2. A physician, with admitting privileges at a health care institution that is classified by the director as a hospital according to A.R.S. § 36-405(B), remains on the premises of the abortion clinic until all patients who received a medication abortion are stable and ready to leave;
  - 3. A physician, with admitting privileges at a health care institution that is classified by the director as a hospital according to A.R.S. § 36-405(B) and that is within 30 miles of the abortion clinic by road, as defined in A.R.S. § 17-451, remains on the abortion clinic's premises until all patients who received a surgical abortion are stable and discharged from the recovery room;
  - 4. A patient care staff member is on the premises to comply with R9-10-1509(H); and
  - 5. If the abortion clinic performs an abortion procedure at or after 20 weeks gestational age, a patient care staff member qualified according to policies and procedures to perform neonatal resuscitation is available for the abortion procedure.

**Historical Note**

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, § 3(B). Amended effective

May 2, 1997, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1996, Ch. 329, § 5 (Supp. 97-2). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 6 A.A.R. 3755, effective January 1, 2001 (Supp. 00-3). Amended by final rulemaking at 16 A.A.R. 688, effective November 1, 2010 (Supp. 10-2). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Section R9-10-1507 renumbered to R9-10-1508; new Section R9-10-1507 renumbered from R9-10-1506 and amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

**R9-10-1508. Patient Rights**

A licensee shall ensure that a patient is afforded the following rights, and is informed of these rights:

- 1. To refuse treatment, or withdraw consent for treatment;
- 2. To have medical records kept confidential; and
- 3. To be informed of:
  - a. Billing procedures and financial liability before abortion services are provided;
  - b. Proposed medical or surgical procedures, associated risks, possible complications, and alternatives;
  - c. Counseling services that are provided on the premises;
  - d. The right to review the ultrasound results with a physician, a physician assistant, a registered nurse practitioner, or a registered nurse before the abortion procedure; and
  - e. The right to receive a print of the ultrasound image.

**Historical Note**

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, § 3(B). Amended effective May 2, 1997, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1996, Ch. 329, § 5 (Supp. 97-2). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 6 A.A.R. 3755, effective January 1, 2001 (Supp. 00-3). Amended by final rulemaking at 16 A.A.R. 688, effective November 1, 2010 (Supp. 10-2). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Section R9-10-1508 renumbered to R9-10-1509; new Section R9-10-1508 renumbered from R9-10-1507 and amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

**R9-10-1509. Abortion Procedures**

- A. A medical director shall ensure that a medical evaluation of a patient is conducted before the patient's abortion is performed that includes:

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1. A medical history including:
    - a. Allergies to medications, antiseptic solutions, or latex;
    - b. Obstetrical and gynecological history;
    - c. Past surgeries;
    - d. Medication the patient is currently taking; and
    - e. Other medical conditions;
  2. A physical examination, performed by a physician that includes a bimanual examination to estimate uterine size and palpation of adnexa;
  3. The following laboratory tests:
    - a. A urine or blood test to determine pregnancy;
    - b. Rh typing, unless the patient provides written documentation of blood type acceptable to the physician;
    - c. Anemia screening; and
    - d. Other laboratory tests recommended by the physician or medical director on the basis of the physical examination; and
  4. An ultrasound imaging study of the fetus, performed as required in A.R.S. §§ 36-2156 and 36-2301.02(A).
- B.** If the medical evaluation indicates a patient is Rh negative, a medical director shall ensure that:
1. The patient receives information from a physician on this condition;
  2. The patient is offered RhO(d) immune globulin within 72 hours after the abortion procedure;
  3. If a patient refuses RhO(d) immune globulin, the patient signs and dates a form acknowledging the patient's condition and refusing the RhO(d) immune globulin;
  4. The form in subsection (B)(3) is maintained in the patient's medical record; and
  5. If a patient refuses RhO(d) immune globulin or if a patient refuses to sign and date an acknowledgment and refusal form, the physician documents the patient's refusal in the patient's medical record.
- C.** A physician shall estimate the gestational age of the fetus, based on one of the following criteria, and record the estimated gestational age in the patient's medical record:
1. Ultrasound measurements of the biparietal diameter, length of femur, abdominal circumference, visible pregnancy sac, or crown-rump length or a combination of these; or
  2. The date of the last menstrual period or the date of fertilization and a bimanual examination of the patient.
- D.** A medical director shall ensure that:
1. The ultrasound of a patient required in subsection (A)(4) is performed by an individual who meets the requirements in R9-10-1506(3);
  2. An ultrasound estimate of gestational age of a fetus is performed using methods and tables or charts in a publication distributed nationally that contains peer-reviewed medical information, such as medical information derived from a publication describing research in obstetrics and gynecology or in diagnostic imaging;
  3. An original patient ultrasound image is:
    - a. Interpreted by a physician, and
    - b. Maintained in the patient's medical record in either electronic or paper form; and
  4. If requested by the patient, the ultrasound image is reviewed with the patient by a physician, physician assistant, registered nurse practitioner, or registered nurse.
- E.** A medical director shall ensure that before an abortion is performed on a patient:
1. Written consent, that meets the requirements in A.R.S. § 36-2152 or 36-2153, as applicable, and A.R.S. § 36-2158 is signed and dated by the patient or the patient's representative;
- F.** Information is provided to the patient on the abortion procedure, including alternatives, risks, and potential complications;
- G.** Information specified in A.R.S. § 36-2161(A)(12) is requested from the patient; and
- H.** If applicable, information required in A.R.S. § 36-2161(C) is provided to the patient.
- F.** A medical director shall ensure that an abortion is performed according to the abortion clinic's policies and procedures and this Article.
- G.** A medical director shall ensure that:
1. A patient care staff member monitors a patient's vital signs throughout an abortion procedure to ensure the patient's health and safety;
  2. Intravenous access is established and maintained on a patient undergoing an abortion after the first trimester unless the physician determines that establishing intravenous access is not appropriate for the particular patient and documents that fact in the patient's medical record;
  3. If an abortion procedure is performed at or after 20 weeks gestational age, a patient care staff member qualified in neonatal resuscitation, other than the physician performing the abortion procedure, is in the room in which the abortion procedure takes place before the delivery of the fetus; and
  4. If a fetus is delivered alive:
    - a. Resuscitative measures, including the following, are used to support life:
      - i. Warming and drying of the fetus,
      - ii. Clearing secretions from and positioning the airway of the fetus,
      - iii. Administering oxygen as needed to the fetus, and
      - iv. Assessing and monitoring the cardiopulmonary status of the fetus;
    - b. A determination is made of whether the fetus is a viable fetus;
    - c. A viable fetus is provided treatment to support life;
    - d. A viable fetus is transferred as required in R9-10-1510; and
    - e. Resuscitative measures and the transfer, as applicable, are documented.
- H.** To ensure a patient's health and safety, a medical director shall ensure that following the abortion procedure:
1. A patient's vital signs and bleeding are monitored by:
    - a. A physician;
    - b. A physician assistant;
    - c. A registered nurse practitioner;
    - d. A nurse; or
    - e. If a physician is able to provide direct supervision, as defined in A.R.S. § 32-1401 or A.R.S. § 32-1800, as applicable, to a medical assistant, as defined in A.R.S. § 32-1401 or A.R.S. § 32-1800, a medical assistant under the direct supervision of the physician; and
  2. A patient remains in the recovery room or recovery area until a physician, physician assistant, registered nurse practitioner, or nurse examines the patient and determines that the patient's medical condition is stable and the patient is ready to leave the recovery room or recovery area.
- I.** A medical director shall ensure that follow-up care:
1. For a surgical abortion is offered to a patient that includes:

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- a. With a patient's consent, a telephone call made to the patient to assess the patient's recovery:
  - i. By a patient care staff member other than a surgical assistant; and
  - ii. Within 24 hours after the patient's discharge following a surgical abortion; and
- b. A follow-up visit scheduled, if requested, no more than 21 calendar days after the abortion that includes:
  - i. A physical examination,
  - ii. A review of all laboratory tests as required in subsection (A)(3), and
  - iii. A urine pregnancy test;
- 2. For a medication abortion includes a follow-up visit, scheduled between seven and 21 calendar days after the initial dose of a substance used to induce an abortion, that includes:
  - a. A urine pregnancy test, and
  - b. An assessment of the degree of bleeding; and
- 3. Is documented in the patient's medical record, including:
  - a. A patient's acceptance or refusal of a follow-up visit following a surgical abortion;
  - b. If applicable, the results of the follow-up visit; and
  - c. If applicable, whether the patient consented to a telephone call and, if so, whether the patient care staff member making the telephone call to the patient:
    - i. Spoke with the patient about the patient's recovery, or
    - ii. Was unable to speak with the patient.
- J. If a continuing pregnancy is suspected as a result of the follow-up visit in subsection (I)(1)(b) or (I)(2), a physician who performs abortions shall be consulted.

**Historical Note**

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, Section 3(B). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Section R9-10-1509 renumbered to R9-10-1510; new Section R9-10-1509 renumbered from R9-10-1508 and amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4). Amended by final expedited rulemaking at 25 A.A.R. 1893, effective July 2, 2019 (Supp. 19-3).

**R9-10-1510. Patient Transfer and Discharge**

- A. A medical director shall ensure that:
  - 1. For a patient:
    - a. A patient is transferred to a hospital for an emergency involving the patient;
    - b. A patient transfer is documented in the patient's medical record; and
    - c. Documentation of a medical evaluation, treatment provided, and laboratory and diagnostic information is transferred with a patient; and
  - 2. For a viable fetus:
    - a. A viable fetus requiring emergency care is transferred to a hospital,
  - b. The transfer of a viable fetus is documented in the viable fetus's medical record, and
  - c. Documentation of an assessment of cardiopulmonary function and treatment provided to a viable fetus is transferred with the viable fetus.
- B. A medical director shall ensure that before a patient is discharged:
  - 1. A physician signs the patient's discharge order; and
  - 2. A patient receives follow-up instructions at discharge that include:
    - a. Signs of possible complications,
    - b. When to access medical services in response to complications,
    - c. A telephone number of an individual or entity to contact for medical emergencies,
    - d. Information and precautions for resuming vaginal intercourse after the abortion, and
    - e. Information specific to the patient's abortion or condition.

**Historical Note**

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, Section 3(B). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 6 A.A.R. 3755, effective January 1, 2001 (Supp. 00-3). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Section R9-10-1510 renumbered to R9-10-1511; new Section R9-10-1510 renumbered from R9-10-1509 and amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

**R9-10-1511. Medications and Controlled Substances**

A medical director shall ensure that:

- 1. The abortion clinic complies with the requirements for medications and controlled substances in A.R.S. Title 32, Chapter 18, and A.R.S. Title 36, Chapter 27;
- 2. A medication is administered in compliance with an order from a physician, physician assistant, registered nurse practitioner, or as otherwise provided by law;
- 3. A medication is administered to a patient or to a viable fetus by a physician or as otherwise provided by law;
- 4. Medications and controlled substances are maintained in a locked area on the premises;
- 5. Only personnel designated by policies and procedures have access to the locked area containing medications and controlled substances;
- 6. Expired, mislabeled, or unusable medications and controlled substances are disposed of according to policies and procedures;
- 7. A medication error or an adverse reaction, including any actions taken in response to the medication error or adverse reaction, is immediately reported to the medical director and licensee, and recorded in the patient's medical record;
- 8. Medication information for a patient is maintained in the patient's medical record and contains:
  - a. The patient's name, age, and weight;

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- b. The medications the patient is currently taking;
  - c. Allergies or sensitivities to medications, antiseptic solutions, or latex; and
  - d. If medication is administered to the patient:
    - i. The date and time of administration;
    - ii. The name, strength, dosage form, amount of medication, and route of administration; and
    - iii. The identification and signature of the individual administering the medication; and
9. If administered to a fetus delivered alive, the following are documented in the fetus's medical record:
- a. The date and time of oxygen administration;
  - b. The amount and flow rate of the oxygen;
  - c. The identification and signature of the individual administering the oxygen; and
  - d. For a viable fetus:
    - i. The date and time of medication administration;
    - ii. The name, strength, dosage form, amount of medication, and route of administration; and
    - iii. The identification and signature of the individual administering the medication.
- 7. Each consent form signed by the patient or the patient's representative;
  - 8. Orders issued by a physician, physician assistant, or registered nurse practitioner;
  - 9. A record of medical services, nursing services, and health-related services provided to the patient;
  - 10. The patient's medication information;
  - 11. Documentation related to follow-up care specified in R9-10-1509(I); and
  - 12. If the abortion procedure was performed at or after 20 weeks gestational age and the fetus was not delivered alive, documentation from the physician and other patient care staff member present certifying that the fetus was not delivered alive.
- B.** A licensee shall ensure that a medical record is established and maintained for a fetus delivered alive that contains:
- 1. An identification of the fetus, including:
    - a. The name of the patient from whom the fetus was delivered alive, and
    - b. The date the fetus was delivered alive;
  - 2. Orders issued by a physician, physician assistant, or registered nurse practitioner;
  - 3. A record of medical services, nursing services, and health-related services provided to the fetus delivered alive;
  - 4. If applicable, information about medication administered to the fetus delivered alive; and
  - 5. If the abortion procedure was performed at or after 20 weeks gestational age:
    - a. Documentation of the requirements in R9-10-1509(G)(4); and
    - b. If the fetus had a lethal fetal condition, the results of the confirmation of the lethal fetal condition.

**Historical Note**

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, Section 3(B). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 6 A.A.R. 3755, effective January 1, 2001 (Supp. 00-3). Amended by final rulemaking at 16 A.A.R. 688, effective November 1, 2010 (Supp. 10-2). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Amended by exempt rulemaking at 20 A.A.R. 2078, effective July 24, 2014 (Supp. 14-3). Section R9-10-1511 renumbered to R9-10-1512; new Section R9-10-1511 renumbered from R9-10-1510 and amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

**R9-10-1512. Medical Records**

- A.** A licensee shall ensure that a medical record is established and maintained for a patient that contains:
- 1. Patient identification including:
    - a. The patient's name, address, and date of birth;
    - b. The designated patient's representative, if applicable; and
    - c. The name and telephone number of an individual to contact in an emergency;
  - 2. The patient's medical history required in R9-10-1509(A)(1);
  - 3. The patient's physical examination required in R9-10-1509(A)(2);
  - 4. The laboratory test results required in R9-10-1509(A)(3);
  - 5. The ultrasound results, including the original print, required in R9-10-1509(A)(4);
  - 6. The physician's estimated gestational age of the fetus required in R9-10-1509(C);
- B.** A licensee shall ensure that a medical record is established and maintained for a fetus delivered alive that contains:
- 1. An identification of the fetus, including:
    - a. The name of the patient from whom the fetus was delivered alive, and
    - b. The date the fetus was delivered alive;
  - 2. Orders issued by a physician, physician assistant, or registered nurse practitioner;
  - 3. A record of medical services, nursing services, and health-related services provided to the fetus delivered alive;
  - 4. If applicable, information about medication administered to the fetus delivered alive; and
  - 5. If the abortion procedure was performed at or after 20 weeks gestational age:
    - a. Documentation of the requirements in R9-10-1509(G)(4); and
    - b. If the fetus had a lethal fetal condition, the results of the confirmation of the lethal fetal condition.
- C.** A licensee shall ensure that:
- 1. A medical record is accessible only to the Department or personnel authorized by policies and procedures;
  - 2. Medical record information is confidential and released only with the written informed consent of a patient or the patient's representative or as otherwise permitted by law;
  - 3. A medical record is protected from loss, damage, or unauthorized use and is maintained and accessible for at least seven years after the date of an adult patient's discharge or if the patient is a child, either for at least three years after the child's 18th birthday or for at least seven years after the patient's discharge, whichever date occurs last;
  - 4. A medical record is maintained at the abortion clinic for at least six months after the date of the patient's discharge; and
  - 5. Vital records and vital statistics are retained according to A.R.S. § 36-343.
- D.** If the Department requests patient medical records for review, the licensee:
- 1. Is not required to produce any patient medical records created or prepared by a referring physician's office;
  - 2. May provide patient medical records to the Department either in paper or in an electronic format that is acceptable to the Department;
  - 3. Shall provide the Department with the following patient medical records related to medical services associated with an abortion, including any follow-up visits to the abortion clinic in connection with the abortion:
    - a. The patient's medical history required in R9-10-1509(A)(1);
    - b. The patient's physical examination required in R9-10-1509(A)(2);

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- c. The laboratory test results required in R9-10-1509(A)(3);
- d. The physician's estimate of gestational age of the fetus required in R9-10-1509(C);
- e. The ultrasound results required in R9-10-1509(D)(2);
- f. Each consent form signed by the patient or the patient's representative;
- g. Orders issued by a physician, physician assistant, or registered nurse practitioner;
- h. A record of medical services, nursing services, and health-related services provided to the patient; and
- i. The patient's medication information;
- 4. If the Department's request is in connection with a licensing or compliance inspection:
  - a. Is not required to produce any patient medical records associated with an abortion that occurred before the licensing inspection or a previous compliance inspection of the abortion clinic; and
  - b. Shall:
    - i. Redact only personally identifiable patient information from the patient medical records before the licensee discloses the patient medical records to the Department;
    - ii. Upon request by the Department, code the requested patient medical records by a means that allows the Department to track all patient medical records related to a specific patient without the personally identifiable patient information; and
    - iii. Unless the Department and the licensee agree otherwise, provide redacted copies of patient medical records to the Department:
      - (1) For one to ten patients, within two working days after the request, and
      - (2) For every additional five patients, within an additional two working days; and
- 5. If the Department's request is in connection with a complaint investigation, shall:
  - a. Not redact patient information from the patient medical records before the licensee discloses the patient medical records to the Department; and
  - b. Ensure the patient medical records include:
    - i. The patient's name, address, and date of birth;
    - ii. The patient's representative, if applicable; and
    - iii. The name and telephone number of an individual to contact in an emergency.
- E. A medical director shall ensure that only personnel authorized by policies and procedures, records or signs an entry in a medical record and:
  - 1. An entry in a medical record is dated and legible;
  - 2. An entry is authenticated by:
    - a. A signature; or
    - b. An individual's initials if the individual's signature already appears in the medical record;
  - 3. An entry is not changed after it has been recorded, but additional information related to an entry may be recorded in the medical record;
  - 4. When a verbal or telephone order is entered in the medical record, the entry is authenticated within 21 calendar days by the individual who issued the order;
  - 5. If a rubber-stamp signature or an electronic signature is used:
    - a. An individual's rubber stamp or electronic signature is not used by another individual;
    - b. The individual who uses a rubber stamp or electronic signature signs a statement that the individual is responsible for the use of the rubber stamp or the electronic signature; and
    - c. The signed statement is included in the individual's personnel record; and
  - 6. If an abortion clinic maintains medical records electronically, the medical director shall ensure the date and time of an entry is recorded by the computer's internal clock.
- F. As required by A.R.S. § 36-449.03(J), the Department shall not release any personally identifiable patient or physician information.

**Historical Note**

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, Section 3(B). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Section R9-10-1512 renumbered to R9-10-1513; new Section R9-10-1512 renumbered from R9-10-1511 and amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

**R9-10-1513. Environmental and Safety Standards**

A licensee shall ensure that:

- 1. The premises:
  - a. Provide lighting and ventilation to ensure the health and safety of a patient,
  - b. Are maintained in a clean condition,
  - c. Are free from a condition or situation that may cause a patient to suffer physical injury,
  - d. Are maintained free from insects and vermin, and
  - e. Are smoke-free;
- 2. A warning notice is placed at the entrance to a room or area where oxygen is in use;
- 3. Soiled linen and clothing are kept:
  - a. In a covered container, and
  - b. Separate from clean linen and clothing;
- 4. Personnel wash hands after each direct patient contact and after handling soiled linen, soiled clothing, or biohazardous medical waste;
- 5. A written emergency plan is established, documented, and implemented that includes procedures for protecting the health and safety of patients and other individuals in a fire, natural disaster, loss of electrical power, or threat or incidence of violence;
- 6. An evacuation drill is conducted at least once every six months that includes all personnel on the premises on the day of the evacuation drill; and
- 7. Documentation of the evacuation drill is maintained on the premises for at least one year after the date of the evacuation drill and includes:
  - a. The date and time of the evacuation drill, and
  - b. The names of personnel participating in the evacuation drill.

**Historical Note**

Adopted effective August 6, 1993, under an exemption



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from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, Section 3(B). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Section R9-10-1513 renumbered to R9-10-1514; new Section R9-10-1513 renumbered from R9-10-1512 and amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

**R9-10-1514. Equipment Standards**

A licensee shall ensure that:

1. Equipment and supplies are maintained in a:
  - a. Clean condition, and
  - b. Quantity sufficient to meet the needs of patients present in the abortion clinic;
2. Equipment to monitor vital signs is in each room in which an abortion is performed;
3. A surgical or gynecologic examination table is used for an abortion;
4. The following equipment and supplies are available in the abortion clinic:
  - a. Equipment to measure blood pressure;
  - b. A stethoscope;
  - c. A scale for weighing a patient;
  - d. Supplies for obtaining specimens and cultures and for laboratory tests; and
  - e. Equipment and supplies for use in a medical emergency including:
    - i. Ventilatory assistance equipment,
    - ii. Oxygen source,
    - iii. Suction apparatus, and
    - iv. Intravenous fluid equipment and supplies; and
  - f. Ultrasound equipment;
5. In addition to the requirements in subsection (4), the following equipment is available for an abortion procedure performed after the first trimester:
  - a. Drugs to support cardiopulmonary function of a patient, and
  - b. Equipment to monitor the cardiopulmonary status of a patient;
6. In addition to the requirements in subsections (4) and (5), if the abortion clinic performs an abortion procedure at or after 20 weeks gestational age, the following equipment is available for the abortion procedure:
  - a. Equipment to provide warmth and drying of a fetus delivered alive,
  - b. Equipment necessary to clear secretions from and position the airway of a fetus delivered alive,
  - c. Equipment necessary to administer oxygen to a fetus delivered alive,
  - d. Equipment to assess and monitor the cardiopulmonary status of a fetus delivered alive, and
  - e. Drugs to support cardiopulmonary function in a viable fetus;
7. Equipment and supplies are clean and, if applicable, sterile before each use;
8. Equipment required in this Section is maintained in working order, tested and calibrated at least once every 12 months or according to the manufacturer's recommendations, and used according to the manufacturer's recommendations; and

9. Documentation of each equipment test, calibration, and repair is maintained on the premises for at least 12 months after the date of the testing, calibration, or repair and provided to the Department for review within two hours after the Department requests the documentation.

**Historical Note**

Adopted effective August 6, 1993, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1993, Ch. 163, Section 3(B). Repealed effective November 1, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to Laws 1998, Ch. 178, § 17; filed with the Office of the Secretary of State October 2, 1998 (Supp. 98-4). New Section adopted effective April 1, 2000, under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to Laws 1999, Chapter 311; filed with the Office of the Secretary of State December 23, 1999 at 6 A.A.R. 351 (Supp. 99-4). Amended by exempt rulemaking at 6 A.A.R. 3755, effective January 1, 2001 (Supp. 00-3). Amended by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Section R9-10-1514 renumbered to R9-10-1515; new Section R9-10-1514 renumbered from R9-10-1513 and amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

**R9-10-1515. Physical Plant Standards**

- A. A licensee shall ensure that an abortion clinic complies with all local building codes, ordinances, fire codes, and zoning requirements. If there are no local building codes, ordinances, fire codes, or zoning requirements, the abortion clinic shall comply with the applicable codes and standards incorporated by reference in A.A.C. R9-1-412 that were in effect on the date the abortion clinic's architectural plans and specifications were submitted to the Department for approval.
- B. A licensee shall ensure that an abortion clinic provides areas or rooms:
  1. That provide privacy for:
    - a. A patient's interview, medical evaluation, and counseling;
    - b. A patient to dress; and
    - c. Performing an abortion procedure;
  2. For personnel to dress;
  3. With a sink and a flushable toilet in working order;
  4. For cleaning and sterilizing equipment and supplies;
  5. For storing medical records;
  6. For storing equipment and supplies;
  7. For hand washing before the abortion procedure; and
  8. For a patient recovering after an abortion.
- C. A licensee shall ensure that an abortion clinic has an emergency exit to accommodate a stretcher or gurney.

**Historical Note**

New Section R9-10-1515 made by exempt rulemaking at 20 A.A.R. 448, effective April 1, 2014 (Supp. 14-1). Section repealed; new Section renumbered from R9-10-1514 and amended by final rulemaking at 24 A.A.R. 3043, effective October 2, 2018 (Supp. 18-4).

**ARTICLE 16. BEHAVIORAL HEALTH RESPITE HOMES****R9-10-1601. Definitions**

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following apply in this Article unless otherwise specified:

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1. "Acceptance" means, after a referral from a collaborating health care institution, an individual receives services from a provider in a behavioral health respite home.
2. "Provider" means an individual who lives in a behavioral health respite home and ensures that a recipient receives the behavioral health services and ancillary services in the recipient's treatment plan.
3. "Recipient" means an individual referred by a collaborating health care institution to and accepted by a behavioral health respite home.
4. "Release" means a documented termination of services by a provider to a recipient that is authorized by a collaborating health care institution.
5. "Sibling" means one of two or more individuals having one or both parents in common.

**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1602. Supplemental Application Requirements**

In addition to the license application requirements in A.R.S. § 36-422 and 9 A.A.C. 10, Article 1, an applicant shall include, in a format provided by the Department, the following information for the behavioral health respite home's collaborating health care institution:

1. Name,
2. Address,
3. Class or subclass,
4. License number, and
5. Name and contact information for an individual assigned by the collaborating health care institution to monitor the behavioral health respite home.

**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1602 renumbered to R9-10-1603; new Section R9-10-1602 made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1603. Administration****A.** A governing authority of a behavioral health respite home:

1. Consists of no more than two providers, who live in the behavioral health respite home;
2. Has the authority and responsibility to manage the behavioral health respite home;
3. Has a documented agreement with a collaborating health care institution that establishes the responsibilities of the behavioral health respite home and the collaborating health care institution, consistent with the requirements in this Chapter;
4. Shall establish, in writing, the behavioral health respite home's scope of services, which are approved by the collaborating health care institution; and
5. Shall ensure that:
  - a. Except as provided in R9-10-1612(A), no more than three recipients are accepted by the behavioral health respite home;
  - b. A provider is on the premises whenever a recipient is present in the behavioral health respite home;
  - c. Documentation required by this Article is provided to the Department within two hours after a Department request; and

- d. When documentation or information is required by this Chapter to be submitted on behalf of the behavioral health respite home, the documentation or information is provided to the unit in the Department that is responsible for licensing the behavioral health respite home.

**B.** A provider:

1. Is at least 21 years of age;
2. Holds current certification in cardiopulmonary resuscitation and first aid training applicable to the ages of recipients;
3. Has the skills and knowledge established by the collaborating health care institution as specified in R9-10-118;
4. Has documentation of completion of training in assistance in the self-administration of medication as specified in R9-10-118; and
5. Has documentation of evidence of freedom from infectious tuberculosis:
  - a. On or before the date the provider begins providing services at or on behalf of the behavioral health respite home, and
  - b. As specified in R9-10-113.

**C.** A provider shall ensure that policies and procedures are:

1. Established, documented, and implemented to protect the health and safety of a recipient that cover:
  - a. Recordkeeping;
  - b. Recipient acceptance and release;
  - c. The release of a recipient under 18 years of age to an individual other than the recipient's parent or guardian;
  - d. Recipient rights;
  - e. The provision of respite care services, including coordinating the provision of behavioral health services;
  - f. Recipients' medical records, including electronic medical records;
  - g. Assistance in the self-administration of medication;
  - h. Infection control; and
  - i. How a provider will respond to a recipient's sudden, intense, or out-of-control behavior to prevent harm to the recipient or another individual;
2. Approved, in writing, by the behavioral health respite home's collaborating health care institution before implementation and when the policies and procedures are reviewed or updated; and
3. Reviewed by the provider and the behavioral health respite home's collaborating health care institution at least once every three years and updated as needed.

**D.** A provider shall provide written notification to the Department and the collaborating health care institution of a recipient's:

1. Death, if the recipient's death is required to be reported according to A.R.S. § 11-593, within one working day after the recipient's death; and
2. Self-injury, within two working days after the recipient inflicts a self-injury that requires immediate intervention by an emergency medical services provider.

**E.** If abuse, neglect, or exploitation of a recipient is alleged or suspected to have occurred before the recipient was accepted or while the recipient is not at a behavioral health respite home and not receiving services from the behavioral health respite home, a provider shall report the alleged or suspected abuse, neglect, or exploitation of the recipient as follows:

1. For a recipient 18 years of age or older, according to A.R.S. § 46-454; or
2. For a recipient under 18 years of age, according to A.R.S. § 13-3620.

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- F. If a provider has a reasonable basis, according to A.R.S. § 13-3620 or 46-454, to believe that abuse, neglect, or exploitation has occurred on the premises or while a recipient is receiving behavioral health respite home services, the provider shall:
1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
  2. Report the suspected abuse, neglect, or exploitation of the recipient as follows:
    - a. To the behavioral health respite home's collaborating health care institution; and
    - b. For a:
      - i. Recipient 18 years of age or older, according to A.R.S. § 46-454; and
      - ii. Recipient under 18 years of age, according to A.R.S. § 13-3620;
  3. Document:
    - a. The suspected abuse, neglect, or exploitation;
    - b. Any action taken according to subsection (F)(1); and
    - c. The report in subsection (F)(2);
  4. Maintain the documentation in subsection (F)(3) for at least 12 months after the date of the report in subsection (F)(2);
  5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in subsection (F)(2):
    - a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
    - b. A description of any injury to the recipient related to the suspected abuse or neglect and any change to the recipient's physical, cognitive, functional, or emotional condition;
    - c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
    - d. The action taken by the provider to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
  6. Maintain a copy of the documented information required in subsection (F)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.
- G. A provider shall ensure that a recipient under 18 years of age is only released to an individual who, according to policies and procedures:
1. Is designated by the recipient's parent or guardian to release the recipient, and
  2. Presents documentation at the time of the recipient's release that verifies the individual's identity.
- H. A provider shall maintain a record for each provider that includes:
1. The provider's:
    - a. Name,
    - b. Date of birth, and
    - c. Contact telephone number; and
  2. Documentation of:
    - a. Verification of skills and knowledge, completed by the behavioral health respite home's collaborating health care institution;
    - b. Certification in cardiopulmonary resuscitation and first aid training;
    - c. Completion of training in assistance in the self-administration of medication, provided by the behavioral health respite home's collaborating health care institution; and
    - d. Evidence of freedom from infectious tuberculosis.

**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1603 renumbered to R9-10-1604; new Section R9-10-1603 renumbered from R9-10-1602 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1604. Recipient Rights**

- A. A provider shall ensure that:
1. A recipient is treated with dignity, respect, and consideration;
  2. A recipient is not subjected to:
    - a. Abuse;
    - b. Neglect;
    - c. Exploitation;
    - d. Coercion;
    - e. Manipulation;
    - f. Sexual abuse;
    - g. Sexual assault;
    - h. Seclusion;
    - i. Restraint;
    - j. Retaliation for submitting a complaint to the Department or another entity; or
    - k. Misappropriation of personal and private property by:
      - i. A behavioral health respite home's provider, or
      - ii. An individual other than a recipient residing in the behavioral health respite home; and
  3. A recipient or the recipient's representative:
    - a. Is informed of the recipient complaint process;
    - b. Consents to photographs of the recipient before the recipient is photographed, except that a recipient may be photographed when accepted by a behavioral health respite home for identification and administrative purposes; and
    - c. Except as otherwise permitted by law, provides written consent to the release of information in the recipient's medical record.
- B. A recipient has the following rights:
1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
  2. To receive services that support and respect the recipient's individuality, choices, strengths, and abilities;
  3. To receive privacy in care for personal needs;
  4. To review, upon written request, the recipient's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
  5. To receive a referral to another health care institution if the provider is not authorized or not able to provide physical health services or behavioral health services needed by the recipient; and
  6. To receive assistance from a family member, recipient's representative, or other individual in understanding, protecting, or exercising the recipient's rights.

**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1604 renumbered to R9-10-1605; new Section R9-10-1604 renumbered from R9-10-1603 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1605. Providing Services**

- A. A provider shall ensure that behavioral health services and ancillary services are provided to a recipient according to the

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recipient's treatment plan obtained from the behavioral health respite home's collaborating health care institution.

- B.** A provider shall submit to the behavioral health respite home's collaborating health care institution and, if applicable, the recipient's case manager:
1. Documentation of any significant change in a recipient's behavior or physical, cognitive, or functional condition and the action taken by a provider to address the recipient's changing needs; and
  2. Notification of a recipient's unexpected self-release.

**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1605 renumbered to R9-10-1606; new Section R9-10-1605 renumbered from R9-10-1604 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1606. Assistance in the Self-Administration of Medication**

- A.** If a provider provides assistance in the self-administration of medication, the provider shall ensure that:
1. If a recipient is receiving assistance in the self-administration of medication, the recipient's medication is stored by the provider;
  2. The following assistance is provided to a recipient:
    - a. A reminder when it is time to take the medication;
    - b. Opening the medication container or medication organizer for the recipient;
    - c. Observing the recipient while the recipient removes the medication from the medication container or medication organizer;
    - d. Verifying that the medication is taken as ordered by the recipient's medical practitioner by confirming that:
      - i. The recipient taking the medication is the individual stated on the medication container label;
      - ii. The recipient is taking the dosage of the medication as stated on the medication container label; and
      - iii. The recipient is taking the medication at the time stated on the medication container label; or
    - e. Observing the recipient while the recipient takes the medication; and
  3. Assistance in the self-administration of medication provided to a recipient is documented in the recipient's medical record.
- B.** When medication is stored by a provider, the provider shall ensure that:
1. A locked cabinet, closet, or self-contained unit is used for medication storage;
  2. Medication is stored according to the instructions on the medication container; and
  3. Medication, including expired medication, that is no longer being used is discarded.
- C.** A provider shall immediately report a medication error or a recipient's adverse reaction to a medication to the:
1. Medical practitioner who ordered the medication, or
  2. Contact individual at the behavioral health respite home's collaborating health care institution.

**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1606 renumbered to R9-10-1607; new Section R9-10-1606 renumbered from R9-10-1605 and amended by

exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1607. Medical Records**

- A.** A provider shall ensure that:
1. A medical record is established and maintained for each recipient according to A.R.S. Title 12, Chapter 13, Article 7.1;
  2. An entry in a recipient's medical record is:
    - a. Only recorded by the provider or an individual designated by the provider to record an entry;
    - b. Dated, legible, and authenticated; and
    - c. Not changed to make the initial entry illegible;
  3. A recipient's medical record is available to an individual:
    - a. Authorized by policies and procedures to access the recipient's medical record;
    - b. If the individual is not authorized according to policies and procedures, with the written consent of the recipient or the recipient's representative; or
    - c. As permitted by law; and
  4. A recipient's medical record is protected from loss, damage, or unauthorized use.
- B.** If a provider maintains recipients' medical records electronically, the provider shall ensure that safeguards exist to prevent unauthorized access.
- C.** A provider shall ensure that a recipient's medical record contains:
1. Recipient information that includes:
    - a. The recipient's name,
    - b. The recipient's date of birth,
    - c. Any known allergies, and
    - d. Medication information for the recipient;
  2. The names, addresses, and telephone numbers of:
    - a. The recipient's medical practitioner;
    - b. The recipient's case manager, if applicable;
    - c. The behavioral health professional assigned to the recipient by the behavioral health respite home's collaborating health care institution; and
    - d. An individual to be contacted in the event of an emergency;
  3. The date and time of the recipient's acceptance by the behavioral health respite home and, if applicable, the date and time of the recipient's release from the behavioral health respite home;
  4. If applicable, the name and contact information of the recipient's representative and:
    - a. If the recipient is 18 years of age or older or an emancipated minor, the document signed by the recipient consenting for the recipient's representative to act on the recipient's behalf; or
    - b. If the recipient's representative:
      - i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
      - ii. Is a legal guardian, a copy of the court order establishing guardianship;
  5. A copy of the recipient's treatment plan and any updates to the recipient's treatment plan obtained from the behavioral health respite home's collaborating health care institution;
  6. For a recipient receiving assistance in the self-administration of medication, documentation that includes for each medication:
    - a. The date and time of assistance;

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- b. The name, strength, dosage, and route of administration;
- c. The provider's signature or first and last initials; and
- d. Any adverse reaction the recipient has to the medication;
- 7. Documentation of the recipient's refusal of a medication, if applicable;
- 8. Documentation of any significant change in the recipient's behavior or physical, cognitive, or functional condition and the action taken by a provider to address the recipient's changing needs;
- 9. If applicable, documentation of any actions taken to control the recipient's sudden, intense, or out-of-control behavior to prevent harm to the recipient or another individual;
- 10. If applicable, documentation of a notification to the behavioral health respite home's collaborating health care institution of an unexpected self-release of the recipient; and
- 11. A written notice of release from the behavioral health respite home, if applicable.

**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1607 renumbered to R9-10-1608; new Section R9-10-1607 renumbered from R9-10-1606 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1608. Food Services**

A provider shall ensure that:

- 1. Food is obtained, handled, and stored to prevent contamination, spoilage, or a threat to the health of a recipient;
- 2. Three nutritionally balanced meals are served each day;
- 3. Nutritious snacks are available between meals;
- 4. Food served meets any special dietary needs of a recipient as prescribed by the recipient's physician or registered dietitian; and
- 5. Chemicals and detergents are not stored with food.

**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1608 renumbered to R9-10-1609; new Section R9-10-1608 renumbered from R9-10-1607 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1609. Emergency and Safety Standards**

A provider shall ensure that:

- 1. A first aid kit is available at a behavioral health respite home sufficient to meet the needs of recipients;
- 2. If a firearm or ammunition for a firearm is stored at a behavioral health respite home:
  - a. The firearm is stored separate from the ammunition for the firearm; and
  - b. The firearm and the ammunition for the firearm are:
    - i. Stored in a locked closet, cabinet, or container; and
    - ii. Inaccessible to a recipient;
- 3. A smoke detector is installed in:
  - a. A bedroom used by a recipient,
  - b. A hallway in a behavioral health respite home, and
  - c. A behavioral health respite home's kitchen;
- 4. A smoke detector required in subsection (3):
  - a. Is maintained in operable condition; and

- b. Is battery operated or, if hard-wired into the electrical system of a behavioral health respite home, has a back-up battery;
- 5. A behavioral health respite home has a portable fire extinguisher that is labeled 1A-10-BC by the Underwriters Laboratory and available in the behavioral health respite home's kitchen;
- 6. A portable fire extinguisher required in subsection (5) is:
  - a. If a disposable fire extinguisher, replaced when the fire extinguisher's indicator reaches the red zone; or
  - b. Serviced at least once every 12 months and has a tag attached to the fire extinguisher that includes the date of service;
- 7. A written evacuation plan is maintained and available for use by the provider and any recipient in a behavioral health respite home;
- 8. An evacuation drill is conducted at least once every six months; and
- 9. A record of an evacuation drill required in subsection (8) is maintained for at least 12 months after the date of the evacuation drill.

**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1609 renumbered to R9-10-1610; new Section R9-10-1609 renumbered from R9-10-1608 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1610. Environmental Standards**

A. A provider shall ensure that a behavioral health respite home:

- 1. Is in a building that:
  - a. Is arranged, designed, and used for the living, sleeping, and housekeeping activities for one family on a permanent basis; and
  - b. Is free of any plumbing, electrical, ventilation, mechanical, chemical, or structural hazard that may jeopardize the health or safety of a recipient;
- 2. Has a living room accessible at all times to a recipient;
- 3. Has a dining area furnished for group meals that is accessible to the provider, recipients, and any other individuals present in the behavioral health respite home;
- 4. For each six individuals residing in the behavioral health respite home, including recipients, has at least one bathroom equipped with:
  - a. A working toilet that flushes and has a seat; and
  - b. A sink with running water accessible for use by a recipient;
- 5. Has equipment and supplies to maintain a recipient's personal hygiene accessible to the recipient;
- 6. Is clean and free from accumulations of dirt, garbage, and rubbish; and
- 7. Implements a pest control program that complies with A.A.C. R3-8-201(C)(4) to minimize the presence of insects and vermin at the behavioral health respite home.

B. A provider shall ensure that any pets or other animals allowed on the premises are:

- 1. Controlled to prevent endangering a recipient and to maintain sanitation;
- 2. Licensed consistent with local ordinances; and
- 3. For a dog or cat, vaccinated against rabies.

C. If a swimming pool is located on the premises, a provider shall ensure that:

- 1. The swimming pool is equipped with the following:

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- a. An operational water circulation system that clarifies and disinfects the swimming pool water continuously and that includes at least:
  - i. A removable strainer;
  - ii. Two swimming pool inlets located on opposite sides of the swimming pool, and
  - iii. A drain located at the swimming pool's lowest point and covered by a grating that cannot be removed without using tools; and
- b. An operational cleaning system;
2. The swimming pool is enclosed by a wall or fence that:
  - a. Is at least five feet in height as measured on the exterior of the wall or fence;
  - b. Has no vertical openings greater than four inches across;
  - c. Has no horizontal openings, except as described in subsection (C)(2)(e);
  - d. Is not chain-link;
  - e. Does not have a space between the ground and the bottom fence rail that exceeds four inches in height; and
  - f. Has a self-closing, self-latching gate that:
    - i. Opens away from the swimming pool,
    - ii. Has a latch located at least 54 inches from the ground, and
    - iii. Is locked when the swimming pool is not in use; and
3. A life preserver or shepherd's crook is available and accessible in the pool area.
- D. A provider shall ensure that a spa that is not enclosed by a wall or fence as described in subsection (C)(2) is covered and locked when not in use.

**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1610 renumbered to R9-10-1611; new Section R9-10-1610 renumbered from R9-10-1609 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 25 A.A.R. 259, effective January 8, 2019 (Supp. 19-1).

**R9-10-1611. Adult Behavioral Health Respite Services**

A provider shall ensure that:

1. A bedroom for use by a recipient:
  - a. Is separated from a hall, corridors, or other habitable room by floor to ceiling walls containing no interior openings except doors and is not used as a passageway to another bedroom or habitable room;
  - b. Provides sufficient space for an individual in the bedroom to have unobstructed access to the bedroom door;
  - c. Contains for each recipient using the bedroom:
    - i. A separate, adult-sized, single bed or larger bed with a clean mattress in good repair;
    - ii. Clean bedding appropriate for the season; and
    - iii. Storage space for personal effects and clothing such as shelves, a dresser, or chest of drawers; and
  - d. If used for:
    - i. Single occupancy, contains at least 60 square feet of floor space; or
    - ii. Double occupancy, contains at least 100 square feet of floor space;
2. A mirror is available to a recipient for grooming;

3. A recipient does not share a bedroom with an individual who is not a recipient;
4. No more than two recipients share a bedroom;
5. If two recipients share a bedroom, each recipient agrees, in writing, to share the bedroom; and
6. A recipient's bedroom is not used to store anything that may be a hazard to the recipient or another individual.

**Historical Note**

Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Section R9-10-1611 renumbered to R9-10-1612; new Section R9-10-1611 renumbered from R9-10-1610 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1612. Children's Behavioral Health Respite Services**

- A. A provider may provide children's behavioral health respite services for up to four recipients if at least two of the recipients are siblings.
- B. For a behavioral health respite home that provides children's behavioral health respite services, a provider shall:
  1. Have a valid fingerprint clearance card according to A.R.S. § 36-425.03; and
  2. Ensure that:
    - a. If an adult other than a provider is present in the behavioral health respite home, the provider supervises the adult when and where a recipient is present;
    - b. A recipient does not share a bedroom with:
      - i. An individual that, based on the other individual's developmental levels, social skills, verbal skills, and personal history, may present a threat to the recipient;
      - ii. Except as provided in subsection (C), an adult; or
      - iii. Except as provided in subsection (B)(2)(c), an individual that is not the same gender;
    - c. A recipient may share a bedroom with an individual that is not the same gender if the individual is the recipient's sibling;
    - d. A bedroom used by a recipient:
      - i. If the bedroom is a private bedroom, contains at least 60 square feet of floor space, not including the closet; or
      - ii. If the bedroom is a shared bedroom:
        - (1) Contains at least 100 square feet of floor space, not including a closet, for two individuals occupying the bedroom or contains at least 140 square feet of floor space, not including a closet, for three individuals occupying the bedroom;
        - (2) If there are four siblings occupying the bedroom, contains at least 140 square feet of floor space, not including a closet;
        - (3) Provides space between beds or bunk beds; and
        - (4) Provides sufficient space for an individual in the bedroom to have unobstructed access to the bedroom door;
      - iii. For a recipient under three years of age, may contain a crib;
      - iv. Except for a recipient under three years of age who has a crib, contains a bed for the recipient that is at least 36 inches wide and at least 72 inches long, and consists of at least a frame and mattress and clean linens; and

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- v. Contains individual storage space for personal effects and clothing such as shelves, a dresser, or chest of drawers;
  - e. Clean linens for a bed include a mattress pad, sheets large enough to tuck under the mattress, pillows, pillow cases, waterproof mattress covers as needed, and blankets to ensure warmth and comfort of a recipient;
  - f. A recipient older than three years of age does not sleep in a crib;
  - g. Clean and non-hazardous toys, educational materials, and physical activity equipment are available and accessible to recipients in a quantity sufficient to meet each recipient's needs and are appropriate to each recipient's age and developmental level; and
  - h. The following are stored in a labeled container separate from food storage areas and inaccessible to a recipient:
    - i. Materials and chemicals labeled as a toxic substance, and
    - ii. Substances that have a child warning label and may be a hazard to a recipient.
- C. If a recipient is younger than 2 years of age and sleeps in a crib, the recipient may sleep in a crib placed in a provider's bedroom.

**Historical Note**

New Section R9-10-1612 renumbered from R9-10-1611 and amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**ARTICLE 17. UNCLASSIFIED HEALTH CARE INSTITUTIONS****R9-10-1701. Definitions**

Definitions in A.R.S. § 36-401 and R9-10-101 apply in this Article unless otherwise specified.

**Historical Note**

Adopted effective July 6, 1994 (Supp. 94-3). Section amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

**R9-10-1702. Administration**

- A. A governing authority for a health care institution not otherwise classified or subclassified in A.R.S. Title 36, Chapter 4 or 9 A.A.C. 10 shall:
1. Consist of one or more individuals responsible for the organization, operation, and administration of the health care institution;
  2. Establish, in writing:
    - a. A health care institution's scope of services, and
    - b. Qualifications for an administrator;
  3. Designate, in writing, an administrator who has the qualifications established in subsection (A)(2)(b);
  4. Adopt a quality management program according to R9-10-1703;
  5. Review and evaluate the effectiveness of the quality management program in R9-10-1703 at least once every 12 months;
  6. Designate, in writing, an acting administrator who has the qualifications established in subsection (A)(2)(b) if the administrator is:
    - a. Expected not to be present on a health care institution's premises for more than 30 calendar days, or
    - b. Not present on a health care institution's premises for more than 30 calendar days; and

7. Except as provided in subsection (A)(6), notify the Department according to A.R.S. § 36-425 when there is a change in an administrator and identify the name and qualifications of the new administrator.
- B. An administrator:
1. Is directly accountable to the governing authority of a health care institution for the daily operation of the health care institution and all services provided by or at the health care institution;
  2. Has the authority and responsibility to manage the health care institution; and
  3. Except as provided in subsection (A)(6), designates, in writing, an individual who is present on the health care institution's premises and accountable for the health care institution when the administrator is not present on the health care institution's premises.
- C. An administrator shall ensure that:
1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
    - a. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience for personnel members, employees, volunteers and students;
    - b. Cover orientation and in-service education for personnel members, employees, volunteers and students;
    - c. Include how a personnel member may submit a complaint relating to services provided to a patient;
    - d. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
    - e. Cover cardiopulmonary resuscitation training, including:
      - i. The method and content of cardiopulmonary resuscitation training,
      - ii. The qualifications for an individual providing cardiopulmonary resuscitation training,
      - iii. The time-frame for renewal of cardiopulmonary resuscitation training, and
      - iv. The documentation that verifies that the individual has received cardiopulmonary resuscitation training;
    - f. Include a method to identify a patient to ensure the patient receives services as ordered;
    - g. Cover first aid training;
    - h. Cover patient rights, including assisting a patient who does not speak English or who has a physical or other disability to become aware of patient rights;
    - i. Cover specific steps for:
      - i. A patient to file a complaint, and
      - ii. The health care institution to respond to and resolve a patient complaint;
    - j. Cover medical records, including electronic medical records;
    - k. Cover a quality management program, including incident report and supporting documentation;
    - l. Cover contracted services;
    - m. Cover health care directives; and
    - n. Cover when an individual may visit a patient in a health care institution;
  2. Policies and procedures for health care institution services are established, documented, and implemented to protect the health and safety of a patient that:
    - a. Cover patient screening, admission, assessment, treatment plan, transport, transfer, and discharge, if applicable;

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- b. Cover patient outings, if applicable;
  - c. Include when general consent and informed consent are required;
  - d. Cover the provision of services listed in the health care institution's scope of services;
  - e. Cover administering medication, assistance in the self-administration of medication, and disposing of medication, including provisions for inventory control and preventing diversion of controlled substances, if applicable;
  - f. Cover infection control;
  - g. Cover telemedicine, if applicable;
  - h. Cover environmental services that affect patient care;
  - i. Cover smoking and the use of tobacco products on the health care institution's premises;
  - j. Cover how the health care institution will respond to a patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
  - k. Cover how incidents are reported and investigated; and
  - l. Designate which employees or personnel members are required to have current certification in cardiopulmonary resuscitation and first aid training;
3. Policies and procedures are reviewed at least once every three years and updated as needed;
  4. Policies and procedures are available to personnel members, employees, volunteers, and students; and
  5. Unless otherwise stated:
    - a. Documentation required by this Article is provided to the Department within two hours after the Department's request; and
    - b. When documentation or information is required by this Chapter to be submitted on behalf of a health care institution, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the health care institution.
- D.** If applicable, an administrator shall designate a clinical director who:
1. Provides direction for behavioral health services provided at the health care institution, and
  2. Is a behavioral health professional.
- E.** An administrator shall provide written notification to the Department of a patient's:
1. Death, if the patient's death is required to be reported according to A.R.S. § 11-593, within one working day after the patient's death; and
  2. Self-injury, within two working days after the patient inflicts a self-injury that requires immediate intervention by an emergency medical services provider.
- F.** If abuse, neglect, or exploitation of a patient is alleged or suspected to have occurred before the patient was admitted or while the patient is not on the premises and not receiving services from a health care institution's employee or personnel member, an administrator shall report the alleged or suspected abuse, neglect, or exploitation of the patient as follows:
1. For a patient 18 years of age or older, according to A.R.S. § 46-454; or
  2. For a patient under 18 years of age, according to A.R.S. § 13-3620.
- G.** If an administrator has a reasonable basis, according to A.R.S. § 13-3620 or 46-454, to believe abuse, neglect, or exploitation has occurred on the premises or while the patient is receiving unclassified healthcare services, the administrator shall:
1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
  2. Report the suspected abuse, neglect, or exploitation of the patient:
    - a. For a patient 18 years of age or older, according to A.R.S. § 46-454; or
    - b. For a patient under 18 years of age, according to A.R.S. § 13-3620;
  3. Document:
    - a. The suspected abuse, neglect, or exploitation;
    - b. Any action taken according to subsection (G)(1); and
    - c. The report in subsection (G)(2);
  4. Maintain the documentation in subsection (G)(3) for at least 12 months after the date of the report in subsection (G)(2);
  5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in (G)(2):
    - a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
    - b. A description of any injury to the patient related to the suspected abuse or neglect and any change to the patient's physical, cognitive, functional, or emotional condition;
    - c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
    - d. The action taken by the administrator to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
  6. Maintain a copy of the documented information required in subsection (G)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.
- H.** An administrator shall ensure that the following information or documents are conspicuously posted on the premises and are available upon request to a personnel member, an employee, a patient, or a patient's representative:
1. The health care institution's current license,
  2. The evacuation plan listed in R9-10-1711, and
  3. The location at which inspection reports required in R9-10-1711(B) are available for review or can be made available for review.

**Historical Note**

Adopted effective July 6, 1994 (Supp. 94-3). Amended by final rulemaking at 16 A.A.R. 688, effective November 1, 2010 (Supp. 10-2). Section amended by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Subsection reference for inspection reports corrected at R9-10-1702(H)(3), file number R20-03 at the request of the Department (Supp. 19-3).

**R9-10-1703. Quality Management**

An administrator shall ensure that:

1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
  - a. A method to identify, document, and evaluate incidents;
  - b. A method to collect data to evaluate services provided to patients;



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- c. A method to evaluate the data collected to identify a concern about the delivery of services related to patient care;
- d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to patient care; and
- e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
  - a. An identification of each concern about the delivery of services related to patient care, and
  - b. Any changes made or actions taken as a result of the identification of a concern about the delivery of services related to patient care; and
3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

**Historical Note**

Adopted effective July 6, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1704. Contracted Services**

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article,
2. Documented of current contracted services is maintained that includes a description of the contracted services provided.

**Historical Note**

Adopted effective July 6, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1705. Personnel**

**A.** An administrator shall ensure that:

1. A personnel member is:
  - a. At least 21 years old, or
  - b. If providing behavioral health services, at least 18 years old;
2. An employee is at least 18 years old;
3. A student is at least 18 years old; and
4. A volunteer is at least 21 years old.

**B.** An administrator shall ensure that:

1. The qualifications, skills, and knowledge required for each type of personnel member:
  - a. Are based on:
    - i. The type of behavioral health services or physical health services expected to be provided by the personnel member according to the established job description, and
    - ii. The acuity of participants receiving behavioral health services or physical health services from the personnel member according to the established job description;
  - b. Include:
    - i. The specific skills and knowledge necessary for the personnel member to provide the expected

- physical health services and behavioral health services listed in the established job description,
- ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description, and
- iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description;

2. A personnel member's skills and knowledge are verified and documented:
  - a. Before the personnel member provides physical health services or behavioral health services, and
  - b. According to policies and procedures;
3. Sufficient personnel members are present on a health care institution's premises with the qualifications, skills, and knowledge necessary to:
  - a. Provide the services in the health care institution's scope of services,
  - b. Meet the needs of a patient, and
  - c. Ensure the health and safety of a patient.

**C.** An administrator shall ensure that:

1. A plan to provide orientation specific to the duties of a personnel member, employee, volunteer, and student is developed, documented, and implemented;
2. A personnel member completes orientation before providing behavioral health services or physical health services;
3. An individual's orientation is documented, to include:
  - a. The individual's name,
  - b. The date of the orientation, and
  - c. The subject or topics covered in the orientation;
4. A plan to provide in-service education specific to the duties of a personnel member is developed;
5. A personnel member's in-service education is documented, to include:
  - a. The personnel member's name,
  - b. The date of the training, and
  - c. The subject or topics covered in the training; and
6. A work schedule of each personnel member is developed and maintained at the health care institution for at least 12 months after the date of the work schedule.

**D.** An administrator shall ensure that a personnel member, or an employee, a volunteer, or a student who has or is expected to have direct interaction with a patient, provides evidence of freedom from infectious tuberculosis:

- a. On or before the date the individual begins providing services at or on behalf of the unclassified healthcare institution, and
- b. As specified in R9-10-113.

**E.** An administrator shall ensure that a personnel record is maintained for each personnel member, employee, volunteer, or student that includes:

1. The individual's name, date of birth, and contact telephone number;
2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
3. Documentation of:
  - a. The individual's qualifications including skills and knowledge applicable to the individual's job duties;

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- b. The individual's education and experience applicable to the individual's job duties;
  - c. The individual's completed orientation and in-service education as required by policies and procedures;
  - d. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
  - e. If the health care institution provides services to children, the individual's compliance with the fingerprinting requirements in A.R.S. § 36-425.03;
  - f. Cardiopulmonary resuscitation training, if required for the individual according to R9-10-1702(C)(2)(I);
  - g. First aid training, if required for the individual according to this Article or policies and procedures; and
  - h. Evidence of freedom from infectious tuberculosis, if the individual is required to provide evidence of freedom according to subsection (D).
- F.** An administrator shall ensure that personnel records are:
- 1. Maintained:
    - a. Throughout an individual's period of providing services in or for the health care institution, and
    - b. For at least 24 months after the last date the individual provided services in or for the health care institution; and
  - 2. For a personnel member who has not provided physical health services or behavioral health services at or for the health care institution during the previous 12 months, provided to the Department within 72 hours after the Department's request.
- G.** An administrator shall ensure that at least one personnel member who is present at the health care institution during the hours of the health care institution operation has first-aid training and cardiopulmonary resuscitation certification specific to the populations served by the health care institution.

**Historical Note**

Adopted effective July 6, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 26 A.A.R. 3041, with an immediate effective date of November 3, 2020 (Supp. 20-4).

**R9-10-1706. Transport; Transfer**

- A.** Except as provided in subsection (B), an administrator shall ensure that:
- 1. A personnel member coordinates the transport and the services provided to the patient;
  - 2. According to policies and procedures:
    - a. An evaluation of the patient is conducted before and after the transport,
    - b. Information in the patient's medical record is provided to a receiving health care institution, and
    - c. A personnel member explains risks and benefits of the transport to the patient or the patient's representative; and
  - 3. Documentation in the patient's medical record includes:
    - a. Communication with an individual at a receiving health care institution;
    - b. The date and time of the transport;
    - c. The mode of transportation; and
    - d. If applicable, the personnel member accompanying the patient during a transport.

- B.** Subsection (A) does not apply to:
- 1. Transportation to a location other than a licensed health care institution,
  - 2. Transportation provided for a patient by the patient or the patient's representative,
  - 3. Transportation provided by an outside entity that was arranged for a patient by the patient or the patient's representative, or
  - 4. A transport to another licensed health care institution in an emergency.
- C.** Except for a transfer of a patient due to an emergency, an administrator shall ensure that:
- 1. A personnel member coordinates the transfer and the services provided to the patient;
  - 2. According to policies and procedures:
    - a. An evaluation of the patient is conducted before the transfer;
    - b. Information in the patient's medical record, including orders that are in effect at the time of the transfer, is provided to a receiving health care institution; and
    - c. A personnel member explains risks and benefits of the transfer to the patient or the patient's representative; and
  - 3. Documentation in the patient's medical record includes:
    - a. Communication with an individual at a receiving health care institution;
    - b. The date and time of the transfer;
    - c. The mode of transportation; and
    - d. If applicable, the name of the personnel member accompanying the patient during a transfer.

**Historical Note**

Adopted effective July 6, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1707. Patient Rights**

- A.** An administrator shall ensure that:
- 1. The requirements in subsection (B) and the patient rights in subsection (C) are conspicuously posted on the premises;
  - 2. At the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (C); and
  - 3. Policies and procedures include:
    - a. How and when a patient or the patient's representative is informed of patient rights in subsection (C), and
    - b. Where patient rights are posted as required in subsection (A)(1).
- B.** An administrator shall ensure that:
- 1. A patient is treated with dignity, respect, and consideration;
  - 2. A patient is not subjected to:
    - a. Abuse;
    - b. Neglect;
    - c. Exploitation;
    - d. Coercion;
    - e. Manipulation;
    - f. Sexual abuse;
    - g. Sexual assault;
    - h. Seclusion;

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- i. Restraint;
  - j. Retaliation for submitting a complaint to the Department or another entity; or
  - k. Misappropriation of personal and private property by the unclassified health care institution's personnel members, employees, volunteers, or students; and
3. A patient or the patient's representative:
- a. Is informed of the patient complaint process;
  - b. Consents to photographs of the patient before the patient is photographed, except that a patient may be photographed when admitted to a health care institution for identification and administrative purposes; and
  - c. Except as otherwise permitted by law, provides written consent to the release of information in the patient's:
    - i. Medical record, or
    - ii. Financial records.
- C. A patient has the following rights:
- 1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
  - 2. To receive services that support and respect the patient's individuality, choices, strengths, and abilities;
  - 3. To receive privacy in care for personal needs;
  - 4. To review, upon written request, the patient's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
  - 5. To receive a referral to another health care institution if the provider is not authorized or not able to provide physical health services or behavioral health services needed by the patient; and
  - 6. To receive assistance from a family member, representative, or other individual in understanding, protecting, or exercising the patient's rights.
- Historical Note**
- Adopted effective July 6, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).
- R9-10-1708. Medical Records**
- A. An administrator shall ensure that:
- 1. A medical record is established and maintained for each patient according to A.R.S. Title 12, Chapter 13, Article 7.1;
  - 2. An entry in a patient's medical record is:
    - a. Recorded only by a personnel member authorized by policies and procedures to make the entry;
    - b. Dated, legible, and authenticated; and
    - c. Not changed to make the entry illegible;
  - 3. An order is:
    - a. Dated when the order is entered in the patient's medical record and includes the time of the order;
    - b. Authenticated by a medical practitioner or behavioral health professional according to policies and procedures; and
    - c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;
  - 4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
5. A patient's medical record is available to an individual:
- a. Authorized according to policies and procedures to access the patient's medical record;
  - b. If the individual is not authorized according to policies and procedures, with the written consent of the patient or the patient's representative; or
  - c. As permitted by law;
6. Policies and procedures include the maximum time-frame to retrieve a patient's medical record at the request of a medical practitioner, behavioral health professional, or authorized personnel member; and
7. A patient's medical record is protected from loss, damage, or unauthorized use.
- B. If a health care institution maintains a patient's medical records electronically, an administrator shall ensure that:
- 1. Safeguards exist to prevent unauthorized access, and
  - 2. The date and time of an entry in a patient's medical record is recorded by the computer's internal clock.
- C. An administrator shall ensure that a patient's medical record contains:
- 1. Patient information that includes:
    - a. The patient's name;
    - b. The patient's address;
    - c. The patient's date of birth; and
    - d. Any known allergies, including medication allergies;
  - 2. The name of the admitting medical practitioner or behavioral health professional;
  - 3. The date of admission and, if applicable, the date of discharge;
  - 4. An admitting diagnosis;
  - 5. If applicable, the name and contact information of the patient's representative and:
    - a. If the patient is 18 years of age or older or an emancipated minor, the document signed by the patient consenting for the patient's representative to act on the patient's behalf; or
    - b. If the patient's representative:
      - i. Is a legal guardian, a copy of the court order establishing guardianship; or
      - ii. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney;
  - 6. If applicable, documented general consent and informed consent by the patient or the patient's representative;
  - 7. Documentation of medical history and results of a physical examination;
  - 8. A copy of the patient's health care directive, if applicable;
  - 9. Orders;
  - 10. Assessment;
  - 11. Treatment plans;
  - 12. Interval note;
  - 13. Progress notes;
  - 14. Documentation of health care institution services provided to the patient;
  - 15. Disposition of the patient after discharge;
  - 16. If applicable, documentation of any actions taken to control the patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
  - 17. Discharge plan;
  - 18. A discharge summary, if applicable;
  - 19. If applicable:

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- a. Laboratory reports,
  - b. Radiologic reports,
  - c. Diagnostic reports, and
  - d. Consultation reports; and
20. Documentation of a medication administered to the patient that includes:
- a. The date and time of administration;
  - b. The name, strength, dosage, and route of administration;
  - c. For a medication administered for pain, when initially administered or PRN:
    - i. An assessment of the patient's pain before administering the medication, and
    - ii. The effect of the medication administered;
  - d. For a psychotropic medication, when initially administered or PRN:
    - i. An assessment of the patient's behavior before administering the psychotropic medication, and
    - ii. The effect of the psychotropic medication administered;
  - e. The identification, signature, and professional designation of the individual administering or observing the self-administration of the medication; and
  - f. Any adverse reaction a patient has to the medication.

**Historical Note**

Adopted effective July 6, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1709. Medication Services**

- A.** An administrator shall ensure that:
- 1. Policies and procedures for medication services include:
    - a. A process for providing information to a patient about medication prescribed for the patient including:
      - i. The prescribed medication's anticipated results,
      - ii. The prescribed medication's potential adverse reactions,
      - iii. The prescribed medication's potential side effects, and
      - iv. Potential adverse reactions that could result from not taking the medication as prescribed;
    - b. Procedures for preventing, responding to, and reporting a medication error;
    - c. Procedures for responding to and reporting an unexpected reaction to a medication;
    - d. Procedures to ensure that a patient's medication regimen and method of administration is reviewed by a medical practitioner and to ensure the medication regimen meets the patient's needs;
    - e. Procedures for:
      - i. Documenting, as applicable, medication administration and assistance in the self-administration of medication; and
      - ii. Monitoring a patient who self-administers medication;
    - f. Procedures for assisting a patient in obtaining medication; and
    - g. If applicable, procedures for providing medication administration or assistance in the self-administration of medication off the premises; and
  - 2. A process is specified for review through the quality management program of:
    - a. A medication administration error, and
    - b. An adverse reaction to a medication.
- B.** If a health care institution provides medication administration, an administrator shall ensure that:
- 1. Medication is stored by the health care institution;
  - 2. Policies and procedures for medication administration:
    - a. Are reviewed and approved by a medical practitioner;
    - b. Specify the individuals who may:
      - i. Order medication, and
      - ii. Administer medication;
    - c. Ensure that medication is administered to a patient only as prescribed; and
    - d. Cover the documentation of a patient's refusal to take prescribed medication in the patient's medical record;
  - 3. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law; and
  - 4. A medication administered to a patient:
    - a. Is administered in compliance with an order, and
    - b. Is documented in the patient's medical record.
- C.** If a health care institution provides assistance in the self-administration of medication, an administrator shall ensure that:
- 1. A patient's medication is stored by the health care institution;
  - 2. The following assistance is provided to a patient:
    - a. A reminder when it is time to take the medication;
    - b. Opening the medication container for the patient;
    - c. Observing the patient while the patient removes the medication from the container;
    - d. Verifying that the medication is taken as ordered by the patient's medical practitioner by confirming that:
      - i. The patient taking the medication is the individual stated on the medication container label,
      - ii. The patient is taking the dosage of the medication as stated on the medication container label, and
      - iii. The patient is taking the medication at the time stated on the medication container label; or
    - e. Observing the patient while the patient takes the medication;
  - 3. Policies and procedures for assistance in the self-administration of medication are reviewed and approved by a medical practitioner or registered nurse;
  - 4. Training for a personnel member, other than a medical practitioner or registered nurse, in assistance in the self-administration of medication:
    - a. Is provided by a medical practitioner or registered nurse or an individual trained by a medical practitioner or registered nurse; and
    - b. Includes:
      - i. A demonstration of the personnel member's skills and knowledge necessary to provide assistance in the self-administration of medication,
      - ii. Identification of medication errors and medical emergencies related to medication that require emergency medical intervention, and
      - iii. Process for notifying the appropriate entities when an emergency medical intervention is needed;
  - 5. A personnel member, other than a medical practitioner or registered nurse, completes the training in subsection (C)(4) before the personnel member provides assistance in the self-administration of medication; and

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6. Assistance in the self-administration of medication provided to a patient:
  - a. Is in compliance with an order, and
  - b. Is documented in the patient's medical record.
- D. An administrator shall ensure that:
  1. A current drug reference guide is available for use by personnel members;
  2. A current toxicology reference guide is available for use by personnel members; and
  3. If pharmaceutical services are provided on the premises:
    - a. A committee, composed of at least one physician, one pharmacist, and other personnel members as determined by policies and procedures, is established to:
      - i. Develop a drug formulary,
      - ii. Update the drug formulary at least once every 12 months,
      - iii. Develop medication usage and medication substitution policies and procedures, and
      - iv. Specify which medications and medication classifications are required to be automatically stopped after a specific time period unless the ordering medical practitioner specifically orders otherwise;
    - b. The pharmaceutical services are provided under the direction of a pharmacist;
    - c. The pharmaceutical services comply with A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
    - d. A copy of the pharmacy license is provided to the Department upon request.
- E. When medication is stored at a health care institution, an administrator shall ensure that:
  1. Medication is stored in a separate locked room, closet, or self-contained unit used only for medication storage;
  2. Medication is stored according to the instructions on the medication container; and
  3. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient for:
    - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication including expired medication;
    - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
    - c. A medication recall and notification of patients who received recalled medication; and
    - d. Storing, inventorying, and dispensing controlled substances.
- F. An administrator shall ensure that a personnel member immediately reports a medication error or a patient's adverse reaction to a medication to the medical practitioner who ordered the medication and, if applicable, the health care institution's clinical director.

**Historical Note**

Adopted effective July 6, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1710. Food Services**

If food services are provided, an administrator shall ensure:

1. Food is obtained, handled, and stored to prevent contamination, spoilage, or a threat to the health of a patient;
2. Three nutritionally balanced meals are served each day;
3. Nutritious snacks are available between meals;
4. Food served meets any special dietary needs of a patient as prescribed by the patient's physician or dietitian; and
5. Chemicals and detergents are not stored with food.

**Historical Note**

Adopted effective July 6, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

**R9-10-1711. Emergency and Safety Standards**

- A. An administrator shall ensure that:
  1. A first aid kit is available at a health care institution;
  2. If a firearm or ammunition for a firearm are stored at a health care institution:
    - a. The firearm is stored separate from the ammunition for the firearm; and
    - b. The firearm and the ammunition for the firearm are:
      - i. Stored in a locked closet, cabinet, or container; and
      - ii. Inaccessible to a patient;
  3. If applicable, there is a smoke detector installed in:
    - a. A bedroom used by a patient,
    - b. A hallway in a health care institution, and
    - c. A health care institution's kitchen;
  4. A smoke detector required in subsection (A)(3):
    - a. Is maintained in operable condition; and
    - b. Is battery operated or, if hard-wired into the electrical system of a health care institution, has a back-up battery;
  5. A health care institution has a portable fire extinguisher that is labeled 1A-10-BC by the Underwriters Laboratory and is available to a personnel member;
  6. A portable fire extinguisher required in subsection (A)(5) is:
    - a. If a disposable fire extinguisher, replaced when the fire extinguisher's indicator reaches the red zone; or
    - b. Serviced at least once every 12 months and has a tag attached to the fire extinguisher that includes the date of service;
  7. A written evacuation plan is maintained and available for use by personnel members and any patient in a health care institution;
  8. An evacuation drill is conducted at least once every six months; and
  9. A record of an evacuation drill required in subsection (A)(8) is maintained for at least 12 months after the date of the evacuation drill.
- B. An administrator shall:
  1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal,
  2. Make any repairs or corrections stated on the fire inspection report, and
  3. Maintain documentation of a current fire inspection.

**Historical Note**

Adopted effective July 24, 1978 (Supp. 78-4). Section repealed; new Section adopted effective July 6, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13;

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effective July 1, 2014 (Supp. 14-2).

**R9-10-1712. Physical Plant, Environmental Services, and Equipment Standards**

- A.** If applicable, an administrator shall ensure that a health care institution:
1. Is in a building that:
    - a. Has a certificate of occupancy from the local jurisdiction; and
    - b. Is free of any plumbing, electrical, ventilation, mechanical, or structural hazard that may jeopardize the health or safety of a patient;
  2. Has a living room accessible at all times to a patient;
  3. Has a dining area furnished for group meals that is accessible to the provider, patients, and any other individuals present in the health care institution;
  4. Has:
    - a. At least one bathroom for each six individuals residing in the health care institution, including patients; and
    - b. A bathroom accessible for use by a patient that contains:
      - i. A working sink with running water, and
      - ii. A working toilet that flushes and has a seat; and
  5. Has equipment and supplies to maintain a patient's personal hygiene that are accessible to the patient.
- B.** An administrator shall ensure that:
1. A health care institution's premises are:
    - a. Sufficient to provide the health care institution's scope of services;
    - b. Cleaned and disinfected according to the health care institution's policies and procedures to prevent, minimize, and control illness and infection;
    - c. Clean and free from accumulations of dirt, garbage, and rubbish; and
    - d. Free from a condition or situation that may cause an individual to suffer physical injury;
  2. If a health care institution collects urine or stool specimens from a patient, the health care institution has at least one bathroom that:
    - a. Contains:
      - i. A working sink with running water,
      - ii. A working toilet that flushes and has a seat,
      - iii. Toilet tissue,
      - iv. Soap for hand washing,
      - v. Paper towels or a mechanical air hand dryer,
      - vi. Lighting, and
      - vii. A means of ventilation; and
    - b. Is for the exclusive use of the health care institution;
  3. A pest control program that complies with A.A.C. R3-8-201(C)(4) is implemented and documented;
  4. If pets or animals are allowed in the health care institution, pets or animals are:
    - a. Controlled to prevent endangering the patients and to maintain sanitation;
    - b. Licensed consistent with local ordinances; and
    - c. For a dog or a cat, vaccinated against rabies;
  5. A smoke-free environment is maintained on the premises;
  6. A refrigerator used to store a medication is:
    - a. Maintained in working order, and
    - b. Only used to store medications;
  7. Equipment at the health care institution is:
    - a. Sufficient to provide the health care institution's scope of service;
    - b. Maintained in working condition;
    - c. Used according to the manufacturer's recommendations; and

- d. If applicable, tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures;
8. Documentation of an equipment test, calibration, and repair is maintained for at least 12 months after the date of testing, calibration, or repair; and
9. Combustible or flammable liquids and hazardous materials stored by the health care institution are stored in the original labeled containers or safety containers in a storage area that is locked and inaccessible to patients.

**Historical Note**

Adopted effective July 24, 1978 (Supp. 78-4). Section repealed, new Section adopted effective July 6, 1994 (Supp. 94-3). Section repealed; new Section adopted effective July 6, 1994 (Supp. 94-3). Section repealed; new Section made by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 25 A.A.R. 259, effective January 8, 2019 (Supp. 19-1).

**R9-10-1713. Repealed****Historical Note**

Adopted effective July 24, 1978 (Supp. 78-4). Section repealed, new Section adopted effective July 6, 1994 (Supp. 94-3). Section repealed by exempt rulemaking at 19 A.A.R. 2015, effective October 1, 2013 (Supp. 13-2).

**R9-10-1714. Reserved****R9-10-1715. Repealed****Historical Note**

Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

**R9-10-1716. Repealed****Historical Note**

Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

**R9-10-1717. Repealed****Historical Note**

Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

**R9-10-1718. Repealed****Historical Note**

Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

**R9-10-1719. Repealed****Historical Note**

Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

**R9-10-1720. Repealed****Historical Note**

Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

**R9-10-1721. Repealed****Historical Note**

Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

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**R9-10-1722. Repealed****Historical Note**

Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

**R9-10-1723. Repealed****Historical Note**

Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

**R9-10-1724. Reserved****R9-10-1725. Reserved****R9-10-1726. Reserved****R9-10-1727. Reserved****R9-10-1728. Reserved****R9-10-1729. Reserved****R9-10-1730. Reserved****R9-10-1731. Repealed****Historical Note**

Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

**R9-10-1732. Repealed****Historical Note**

Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

**R9-10-1733. Repealed****Historical Note**

Adopted effective July 24, 1978 (Supp. 78-4). Corrections: R9-10-1733(B)(2), correction in spelling, "architectural"; R9-10-1733(C)(1)(d), 100 square feet, corrected to read "1000" square feet, as certified effective July 24, 1978 (Supp. 87-2). Repealed effective July 6, 1994 (Supp. 94-3).

**R9-10-1734. Repealed****Historical Note**

Adopted effective July 24, 1978 (Supp. 78-4). Repealed effective July 6, 1994 (Supp. 94-3).

## **ARTICLE 18. ADULT BEHAVIORAL HEALTH THERAPEUTIC HOMES**

**R9-10-1801. Definitions**

In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following definitions apply in this Article unless otherwise specified:

1. "Acceptance" means, after a referral from a collaborating health care institution, an individual begins to live in and receive services from a provider in an adult behavioral health therapeutic home.
2. "Backup provider" means an individual designated by a provider to be present in an adult behavioral health therapeutic home, when a provider is not present, who ensures that a resident receives the behavioral health services and ancillary services in the resident's treatment plan.
3. "Provider" means an individual who lives in an adult behavioral health therapeutic home and ensures that a resident receives the behavioral health services and ancillary services in the resident's treatment plan.

4. "Release" means a documented termination of services to a resident by a provider that is authorized by a collaborating health care institution.
5. "Resident" means an individual referred by a collaborating health care institution to and accepted by an adult behavioral health therapeutic home.

**Historical Note**

New Section made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1802. Supplemental Application Requirements**

In addition to the license application requirements in A.R.S. § 36-422 and 9 A.A.C. 10, Article 1, an applicant shall include, in a format provided by the Department:

1. The name of the backup provider; and
2. For the adult behavioral health therapeutic home's collaborating health care institution:
  - a. Name,
  - b. Address,
  - c. Class or subclass,
  - d. License number, and
  - e. Name and contact information for an individual assigned by the collaborating health care institution to monitor the adult behavioral health therapeutic home.

**Historical Note**

New Section made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1803. Administration**

- A governing authority of an adult behavioral health therapeutic home:
  1. Consists of no more than two providers, who live in the adult behavioral health therapeutic home;
  2. Has the authority and responsibility to manage the adult behavioral health therapeutic home;
  3. Has a documented agreement with a collaborating health care institution that establishes the responsibilities of the adult behavioral health therapeutic home and the collaborating health care institution, consistent with the requirements in this Chapter;
  4. Shall establish, in writing, the adult behavioral health therapeutic home's scope of services, which are approved by the collaborating health care institution;
  5. Shall designate a back-up provider to be present in the adult behavioral health therapeutic home and accountable for services provided by the adult behavioral health therapeutic home when the provider is not present at the adult behavioral health therapeutic home; and
  6. Shall ensure that:
    - a. No more than three residents are accepted by the adult behavioral health therapeutic home;
    - b. Documentation required by this Article is provided to the Department within two hours after a Department request; and
    - c. When documentation or information is required by this Chapter to be submitted on behalf of the adult behavioral health therapeutic home, the documentation or information is provided to the unit in the Department that is responsible for licensing the adult behavioral health therapeutic home.
- B. A provider or back-up provider:
  1. Is at least 21 years of age;

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2. Holds current certification in cardiopulmonary resuscitation and first aid training applicable to the ages of residents;
  3. Has the skills and knowledge established by the collaborating health care institution as specified in R9-10-118;
  4. Has documentation of completion of training in assistance in the self-administration of medication as specified in R9-10-118; and
  5. Has documentation of evidence of freedom from infectious tuberculosis:
    - a. On or before the date the provider or back-up provider begins providing services at or on behalf of the adult behavioral health therapeutic home, and
    - b. As specified in R9-10-113.
- C.** A provider shall ensure that policies and procedures are:
1. Established, documented, and implemented to protect the health and safety of a resident that cover:
    - a. Recordkeeping;
    - b. Resident acceptance and release;
    - c. Resident rights;
    - d. The provision of services, including coordinating the provision of behavioral health services;
    - e. Residents' medical records, including electronic medical records;
    - f. Assistance in the self-administration of medication;
    - g. Infection control; and
    - h. How a provider will respond to a resident's sudden, intense, or out-of-control behavior to prevent harm to the resident or another individual;
  2. Approved, in writing, by an adult behavioral health therapeutic home's collaborating health care institution before implementation and when the policies and procedures are reviewed or updated; and
  3. Reviewed by the provider and an adult behavioral health therapeutic home's collaborating health care institution at least once every three years and updated as needed.
- D.** A provider shall provide written notification to the Department and the adult behavioral health therapeutic home's collaborating health care institution of a resident's:
1. Death, if the resident's death is required to be reported according to A.R.S. § 11-593, within one working day after the resident's death; and
  2. Self-injury, within two working days after the resident inflicts a self-injury that requires immediate intervention by an emergency medical services provider.
- E.** If abuse, neglect, or exploitation of a resident is alleged or suspected to have occurred before the resident was accepted or while the resident is not at an adult behavioral health therapeutic home and not receiving services from the adult behavioral health therapeutic home, a provider shall report the alleged or suspected abuse, neglect, or exploitation of the resident according to A.R.S. § 46-454.
- F.** If a provider has a reasonable basis, according to A.R.S. § 46-454, to believe abuse, neglect, or exploitation has occurred on the premises or while a resident is receiving adult behavioral health therapeutic services, the provider shall:
1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
  2. Immediately report the suspected abuse, neglect, or exploitation of the resident as follows:
    - a. To the adult behavioral health therapeutic home's collaborating health care institution; and
    - b. According to A.R.S. § 46-454;
  3. Document:
    - a. The suspected abuse, neglect, or exploitation;
    - b. Any action taken according to subsection (F)(1); and
    - c. The report in subsection (F)(2);
4. Maintain the documentation in subsection (F)(3) for at least 12 months after the date of the report in subsection (F)(2);
  5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in subsection (F)(2):
    - a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
    - b. A description of any injury to the resident related to the suspected abuse or neglect and any change to the resident's physical, cognitive, functional, or emotional condition;
    - c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
    - d. The actions taken by the provider to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
  6. Maintain a copy of the documented information required in subsection (F)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.
- G.** A provider shall maintain a record for each provider and backup provider that includes:
1. For the provider and the backup provider:
    - a. Name;
    - b. Date of birth;
    - c. Contact telephone number; and
    - d. Documentation of:
      - i. Verification of skills and knowledge, completed by the adult behavioral health therapeutic home's collaborating health care institution;
      - ii. Certification in cardiopulmonary resuscitation and first aid training;
      - iii. Completion of training in assistance in the self-administration of medication, provided by the adult behavioral health therapeutic home's collaborating health care institution;
      - iv. If the provider or backup provider provides behavioral health services, clinical oversight as required in R9-10-1805(C); and
      - v. Evidence of freedom from infectious tuberculosis; and
  2. For the backup provider, home address.

**Historical Note**

New Section made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1804. Resident Rights****A.** A provider shall ensure that:

1. A resident is treated with dignity, respect, and consideration;
2. A resident is not subjected to:
  - a. Abuse;
  - b. Neglect;
  - c. Exploitation;
  - d. Coercion;
  - e. Manipulation;
  - f. Sexual abuse;
  - g. Sexual assault;
  - h. Seclusion;
  - i. Restraint;
  - j. Retaliation for submitting a complaint to the Department or another entity; or



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- k. Misappropriation of personal and private property by:
    - i. An adult behavioral health therapeutic home's provider or backup provider, or
    - ii. An individual other than a resident residing in the adult behavioral health therapeutic home; and
  - 3. A resident or the resident's representative:
    - a. Is informed of the resident complaint process;
    - b. Consents to photographs of the resident before the resident is photographed, except that the resident may be photographed when accepted by an adult behavioral health therapeutic home for identification and administrative purposes; and
    - c. Except as otherwise permitted by law, provides written consent to the release of information in the resident's medical record.
  - B.** A resident has the following rights:
    - 1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
    - 2. To receive services that support and respect the resident's individuality, choices, strengths, and abilities;
    - 3. To receive privacy in care for personal needs;
    - 4. To review, upon written request, the resident's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
    - 5. To receive a referral to another health care institution if the provider is not authorized or not able to provide physical health services or behavioral health services needed by the resident; and
    - 6. To receive assistance from a family member, resident's representative, or other individual in understanding, protecting, or exercising the resident's rights.
- Historical Note**
- New Section made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1805. Providing Services**

- A.** A provider shall ensure that behavioral health services and ancillary services are provided to a resident according to the resident's treatment plan obtained from the adult behavioral health therapeutic home's collaborating health care institution.
- B.** A provider shall submit documentation of any significant change in a resident's behavior or physical, cognitive, or functional condition and the action taken by the provider to address the resident's changing needs to the adult behavioral health therapeutic home's collaborating health care institution or, if applicable, the resident's case manager.
- C.** A provider who provides behavioral health services to a resident:
  - 1. For the purpose of an exception to licensing in A.R.S. § 32-3271, is considered a behavioral health technician; and
  - 2. Shall comply with the requirements for clinical oversight for a behavioral health technician in R9-10-115.

**Historical Note**

New Section made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1806. Assistance in the Self-Administration of Medication**

- A.** If a provider provides assistance in the self-administration of medication, the provider shall ensure that:

- 1. If a resident is receiving assistance in the self-administration of medication, the resident's medication is stored by the provider;
- 2. The following assistance is provided to a resident:
  - a. A reminder when it is time to take the medication;
  - b. Opening the medication container or medication organizer for the resident;
  - c. Observing the resident while the resident removes the medication from the medication container or medication organizer;
  - d. Verifying that the medication is taken as ordered by the resident's medical practitioner by confirming that:
    - i. The resident taking the medication is the individual stated on the medication container label,
    - ii. The resident is taking the dosage of the medication as stated on the medication container label, and
    - iii. The resident is taking the medication at the time stated on the medication container label; or
  - e. Observing the resident while the resident takes the medication; and
- 3. Assistance in the self-administration of medication provided to a resident is documented in the resident's medical record.
- B.** When medication is stored by a provider, the provider shall ensure that:
  - 1. A locked cabinet, closet, or self-contained unit is used for medication storage;
  - 2. Medication is stored according to the instructions on the medication container; and
  - 3. Medication, including expired medication, that is no longer being used is discarded.
- C.** A provider shall immediately report a medication error or a resident's adverse reaction to a medication to the:
  - 1. Medical practitioner who ordered the medication, or
  - 2. Contact individual at an adult behavioral health therapeutic home's collaborating health care institution.

**Historical Note**

New Section made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1807. Medical Records**

- A.** A provider shall ensure that:
  - 1. A medical record is established and maintained for each resident according to A.R.S. Title 12, Chapter 13, Article 7.1;
  - 2. An entry in a resident's medical record is:
    - a. Only recorded by the provider or individual designated by the provider to record an entry;
    - b. Dated, legible, and authenticated; and
    - c. Not changed to make the initial entry illegible;
  - 3. A resident's medical record is available to an individual:
    - a. Authorized by policies and procedures to access the resident's medical record;
    - b. If the individual is not authorized according to policies and procedures, with the written consent of the resident or the resident's representative; or
    - c. As permitted by law; and
  - 4. A resident's medical record is protected from loss, damage, or unauthorized use.
- B.** If a provider maintains residents' medical records electronically, the provider shall ensure that safeguards exist to prevent unauthorized access.

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## C. A provider shall ensure that a resident's medical record contains:

1. Resident information that includes:
  - a. The resident's name,
  - b. The resident's date of birth,
  - c. Any known allergies, and
  - d. Medication information for the resident;
2. The names, addresses, and telephone numbers of:
  - a. The resident's medical practitioner;
  - b. The resident's case manager, if applicable;
  - c. The behavioral health professional assigned to the resident by the adult behavioral health therapeutic home's collaborating health care institution; and
  - d. An individual to be contacted in the event of an emergency;
3. The date of the resident's acceptance by the adult behavioral health therapeutic home and, if applicable, the date of the resident's release from the adult behavioral health therapeutic home;
4. If applicable, the name and contact information of the resident's representative and:
  - a. The document signed by the resident consenting for the resident's representative to act on the resident's behalf; or
  - b. If the resident's representative:
    - i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
    - ii. Is a legal guardian, a copy of the court order establishing guardianship;
5. A copy of the resident's treatment plan and any updates to the resident's treatment plan, obtained from the adult behavioral health therapeutic home's collaborating health care institution;
6. For a resident receiving assistance in the self-administration of medication, documentation that includes for each medication:
  - a. The date and time of assistance;
  - b. The name, strength, dosage, and route of administration;
  - c. The provider's signature or first and last initials; and
  - d. Any adverse reaction the resident has to the medication;
7. Documentation of the resident's refusal of a medication, if applicable;
8. Documentation of any significant change in a resident's behavior or physical, cognitive, or functional condition and the action taken by a provider to address the resident's changing needs;
9. If applicable, documentation of any actions taken to control the resident's sudden, intense, or out-of-control behavior to prevent harm to the resident or another individual; and
10. If applicable, a written notice of termination of residency.

**Historical Note**

New Section made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1808. Food Services**

A provider shall ensure that:

1. Food is obtained, handled, and stored to prevent contamination, spoilage, or a threat to the health of a resident;
2. Three nutritionally balanced meals are served each day;

3. Nutritious snacks are available between meals;
4. Food served meets any special dietary needs of a resident as prescribed by the resident's physician or registered dietitian; and
5. Chemicals or detergents are not stored with food.

**Historical Note**

New Section made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1809. Emergency and Safety Standards**

A provider shall ensure that:

1. A first aid kit is available at an adult behavioral health therapeutic home sufficient to meet the needs of residents;
2. If a firearm or ammunition for a firearm is stored at an adult behavioral health therapeutic home:
  - a. The firearm is stored separate from the ammunition for the firearm; and
  - b. The firearm and the ammunition for the firearm are:
    - i. Stored in a locked closet, cabinet, or container; and
    - ii. Inaccessible to a resident;
3. A smoke detector is installed in:
  - a. A bedroom used by a resident,
  - b. A hallway in an adult behavioral health therapeutic home, and
  - c. An adult behavioral health therapeutic home's kitchen;
4. A smoke detector required in subsection (3):
  - a. Is maintained in operable condition; and
  - b. Is battery operated or, if hard-wired into the electrical system of an adult behavioral health therapeutic home, has a back-up battery;
5. An adult behavioral health therapeutic home has a portable fire extinguisher that is labeled 1A-10-BC by the Underwriters Laboratory and available in the adult behavioral health therapeutic home's kitchen;
6. A portable fire extinguisher required in subsection (5) is:
  - a. If a disposable fire extinguisher, replaced when the fire extinguisher's indicator reaches the red zone; or
  - b. Serviced at least once every 12 months and has a tag attached to the fire extinguisher that includes the date of service;
7. A written evacuation plan is maintained and available for use by the provider and any resident in an adult behavioral health therapeutic home;
8. An evacuation drill is conducted at least once every six months; and
9. A record of an evacuation drill required in subsection (8) is maintained for at least one year after the date of the evacuation drill.

**Historical Note**

New Section made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2).

**R9-10-1810. Physical Plant, Environmental Services, and Equipment Standards**

A. A provider shall ensure that an adult behavioral health therapeutic home:

1. Is in a building that:
  - a. Is arranged, designed, and used for the living, sleeping, and housekeeping activities for one family on a permanent basis; and

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- b. Is free of any plumbing, electrical, ventilation, mechanical, chemical, or structural hazard that may jeopardize the health or safety of a resident;
- 2. Has a living room accessible at all times to a resident;
- 3. Has a dining area furnished for group meals that is accessible to the provider, residents, and any other individuals present in the adult behavioral health therapeutic home;
- 4. For each six individuals residing in the adult behavioral health therapeutic home, including residents, has at least one bathroom equipped with:
  - a. A working toilet that flushes and has a seat; and
  - b. A sink with running water accessible for use by a resident;
- 5. Has equipment and supplies to maintain a resident's personal hygiene that are accessible to the resident;
- 6. Is clean and free from accumulations of dirt, garbage, and rubbish; and
- 7. Implements a pest control program that complies with A.A.C. R3-8-201(C)(4) to minimize the presence of insects and vermin at the adult behavioral health therapeutic home.
- B.** A provider shall ensure that pets and animals are:
  - 1. Controlled to prevent endangering the residents and to maintain sanitation;
  - 2. Licensed consistent with local ordinances; and
  - 3. For a dog or cat, vaccinated against rabies.
- C.** If a swimming pool is located on the premises, a provider shall ensure that:
  - 1. The swimming pool is equipped with the following:
    - a. An operational water circulation system that clarifies and disinfects the swimming pool water continuously and that includes at least:
      - i. A removable strainer,
      - ii. Two swimming pool inlets located on opposite sides of the swimming pool, and
      - iii. A drain located at the swimming pool's lowest point and covered by a grating that cannot be removed without using tools; and
    - b. An operational cleaning system;
  - 2. The swimming pool is enclosed by a wall or fence that:
    - a. Is at least five feet in height as measured on the exterior of the wall or fence;
    - b. Has no vertical openings greater than four inches across;
    - c. Has no horizontal openings, except as described in subsection (C)(2)(e);
    - d. Is not chain-link;
    - e. Does not have a space between the ground and the bottom fence rail that exceeds four inches in height; and
    - f. Has a self-closing, self-latching gate that:
      - i. Opens away from the swimming pool,
      - ii. Has a latch located at least 54 inches from the ground, and
      - iii. Is locked when the swimming pool is not in use; and
  - 3. A life preserver or shepherd's crook is available and accessible in the pool area.
- D.** A provider shall ensure that a spa that is not enclosed by a wall or fence as described in subsection (C)(2) is covered and locked when not in use.
- E.** A provider shall ensure that:
  - 1. A bedroom for use by a resident:
    - a. Is separated from a hall, corridors, or other habitable room by floor-to-ceiling walls containing no interior

- openings except doors and is not used as a passageway to another bedroom or habitable room;
- b. Provides sufficient space for an individual in the bedroom to have unobstructed access to the bedroom door;
- c. Contains for each resident using the bedroom:
  - i. A separate, adult-sized, single bed or larger bed with a clean mattress in good repair;
  - ii. Clean bedding appropriate for the season; and
  - iii. An individual dresser and closet for storage of personal possessions and clothing; and
- d. If used for:
  - i. Single occupancy, contains at least 60 square feet of floor space; or
  - ii. Double occupancy, contains at least 100 square feet of floor space; and
- 2. A mirror is available to a resident for grooming;
- 3. A resident does not share a bedroom with an individual who is not a resident;
- 4. No more than two residents share a bedroom;
- 5. If two residents share a bedroom, each resident agrees, in writing, to share the bedroom; and
- 6. A resident's bedroom is not used to store anything other than the furniture and articles used by the resident and the resident's belongings.

**Historical Note**

New Section made by exempt rulemaking at 20 A.A.R. 1409, pursuant to Laws 2013, Ch. 10, § 13; effective July 1, 2014 (Supp. 14-2). Amended by final expedited rulemaking at 25 A.A.R. 259, effective January 8, 2019 (Supp. 19-1).

**ARTICLE 19. COUNSELING FACILITIES****R9-10-1901. Repealed****Historical Note**

New Section made by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4). Repealed by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-1902. Supplemental Application Requirements**

In addition to the license application requirements in A.R.S. § 36-422 and 9 A.A.C. 10, Article 1, a governing authority applying for a license as a counseling facility shall submit, in a format provided by the Department:

- 1. The days and hours of clinical operation and, if different from the days and hours of clinical operation, the days and hours of administrative operation;
- 2. If applicable, a request to provide one of more of the following:
  - a. DUI screening,
  - b. DUI education,
  - c. DUI treatment, or
  - d. Misdemeanor domestic violence offender treatment;
- 3. Whether the counseling facility has an affiliated outpatient treatment center;
- 4. If the counseling facility has an affiliated outpatient treatment center:
  - a. The affiliated outpatient treatment center's name; and
  - b. Either:
    - i. The license number assigned to the affiliated outpatient treatment center by the Department; or

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- ii. If the affiliated outpatient treatment center is not currently licensed, the:
  - (1) Street address of the affiliated outpatient treatment center, and
  - (2) Date the affiliated outpatient treatment center submitted to the Department an application for a health care institution license;
- 5. Whether the counseling facility is sharing administrative support with an affiliated counseling facility; and
- 6. If the counseling facility is sharing administrative support with an affiliated counseling facility, for each affiliated counseling facility sharing administrative support with the counseling facility:
  - a. The affiliated counseling facility's name; and
  - b. Either:
    - i. The license number assigned to the affiliated counseling facility by the Department; or
    - ii. If the affiliated counseling facility is not currently licensed, the:
      - (1) Street address of the affiliated counseling facility, and
      - (2) Date the affiliated counseling facility submitted to the Department an application for a health care institution license.

**Historical Note**

New Section made by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4). Amended by final rulemaking at 25 A.A.R. 1583, effective October 1, 2019 (Supp. 19-3).

**R9-10-1903. Administration**

- A.** A governing authority shall:
  - 1. Consist of one of more individuals accountable for the organization, operation, and administration of a counseling facility;
  - 2. Establish, in writing:
    - a. A counseling facility's scope of services, and
    - b. Qualifications for an administrator;
  - 3. Designate, in writing, an administrator who has the qualifications established in subsection (A)(2)(b);
  - 4. Adopt a quality management program according to R9-10-1904;
  - 5. Review and evaluate the effectiveness of the quality management program in R9-10-1904 at least once every 12 months;
  - 6. Designate, in writing, an acting administrator who has the qualifications established in subsection (A)(2)(b) if the administrator is:
    - a. Expected not to be present on the premises for more than 30 calendar days, or
    - b. Not present on the premises for more than 30 calendar days; and
  - 7. Except as provided in subsection (A)(6), notify the Department according to A.R.S. § 36-425(I) when there is a change in an administrator and identify the name and qualifications of the new administrator.
- B.** An administrator:
  - 1. Is directly accountable to the governing authority for the daily operation of the counseling facility and all services provided by or at the counseling facility;
  - 2. Has the authority and responsibility to manage the counseling facility; and
  - 3. Except as provided in subsection (A)(6), designates in writing, an individual who is present on the counseling facility's premises and accountable for the counseling facility when the administrator is not available.
- C.** An administrator or the administrator of the counseling facility's affiliated outpatient treatment center shall establish policies and procedures to protect the health and safety of a patient that:
  - 1. Cover job descriptions, duties, and qualifications, including required skills, knowledge, education, and experience, for personnel members, employees, volunteers, and students;
  - 2. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
  - 3. Include how a personnel member may submit a complaint relating to services provided to a patient;
  - 4. Cover the requirements in Title 36, Chapter 4, Article 11;
  - 5. Cover patient screening, admission, assessment, discharge planning, and discharge;
  - 6. Cover medical records;
  - 7. Cover the provision of counseling and any services listed in the counseling facility's scope of services;
  - 8. Include when general consent and informed consent are required;
  - 9. Cover telemedicine, if applicable;
  - 10. Cover specific steps for:
    - a. A patient or a patient's representative to file a complaint, and
    - b. A counseling facility to respond to a complaint; and
  - 11. Cover how personnel members will respond to a patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual.
- D.** An administrator shall ensure that:
  - 1. Policies and procedures established according to subsection (C) are documented and implemented;
  - 2. Counseling facility policies and procedures are:
    - a. Reviewed at least once every three years and updated as needed, and
    - b. Available to personnel members and employees;
  - 3. Unless otherwise stated:
    - a. Documentation required by this Article is maintained and provided to the Department within two hours after a Department request; and
    - b. When documentation or information is required by this Chapter to be submitted on behalf of a counseling facility, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the counseling facility;
  - 4. The following are conspicuously posted:
    - a. The current license for the counseling facility issued by the Department;
    - b. The name, address, and telephone number of the Department;
    - c. A notice that a patient may file a complaint with the Department about the counseling facility;
    - d. A list of patient rights;
    - e. A map for evacuating the facility; and
    - f. A notice identifying the location on the premises where current license inspection reports required in A.R.S. § 36-425(H), with patient information redacted, are available;
  - 5. Patient follow-up instructions are:
    - a. Provided, orally or in written form, to a patient or the patient's representative before the patient leaves the counseling facility unless the patient leaves against a personnel member's advice; and
    - b. Documented in the patient's medical record; and

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6. Cardiopulmonary resuscitation training includes a demonstration of the individual's ability to perform cardiopulmonary resuscitation.
- E. If abuse, neglect, or exploitation of a patient is alleged or suspected to have occurred before the patient was admitted or while the patient is not on the premises and not receiving services from a counseling facility's employee or personnel member, an administrator shall report the alleged or suspected abuse, neglect, or exploitation of the patient as follows:
  1. For a patient 18 years of age or older, according to A.R.S. § 46-454; or
  2. For a patient under 18 years of age, according to A.R.S. § 13-3620.
- F. If an administrator has a reasonable basis, according to A.R.S. §§ 13-3620 or 46-454, to believe that abuse, neglect, or exploitation has occurred on the premises or while a patient is receiving services from a counseling facility's employee or personnel member, an administrator shall:
  1. If applicable, take immediate action to stop the suspected abuse, neglect, or exploitation;
  2. Report the suspected abuse, neglect, or exploitation of the patient as follows:
    - a. For a patient 18 years of age or older, according to A.R.S. § 46-454; or
    - b. For a patient under 18 years of age, according to A.R.S. § 13-3620;
  3. Document:
    - a. The suspected abuse, neglect, or exploitation;
    - b. Any action taken according to subsection (F)(1); and
    - c. The report in subsection (F)(2);
  4. Maintain the documentation in subsection (F)(3) for at least 12 months after the date of the report in subsection (F)(2);
  5. Initiate an investigation of the suspected abuse, neglect, or exploitation and document the following information within five working days after the report required in subsection (F)(2):
    - a. The dates, times, and description of the suspected abuse, neglect, or exploitation;
    - b. A description of any injury to the patient related to the suspected abuse or neglect and any change to the patient's physical, cognitive, functional, or emotional condition;
    - c. The names of witnesses to the suspected abuse, neglect, or exploitation; and
    - d. The actions taken by the administrator to prevent the suspected abuse, neglect, or exploitation from occurring in the future; and
  6. Maintain a copy of the documented information required in subsection (F)(5) and any other information obtained during the investigation for at least 12 months after the date the investigation was initiated.

**Historical Note**

New Section made by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4). Amended by final expedited rulemaking at 26 A.A.R. 3041, with an immediate effective date of November 3, 2020 (Supp. 20-4).

**R9-10-1904. Quality Management**

An administrator shall ensure that:

1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
  - a. A method to identify, document, and evaluate incidents;

- b. A method to collect data to evaluate services provided to patients;
- c. A method to evaluate the data collected to identify a concern about the delivery of services related to patient care;
- d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to patient care; and
- e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
2. A documented report is submitted to the governing authority that includes:
  - a. An identification of each concern about the delivery of services related to patient care, and
  - b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to patient care; and
3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

**Historical Note**

New Section made by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4).

**R9-10-1905. Contracted Services**

An administrator shall ensure that:

1. Contracted services are provided according to the requirements in this Article, and
2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

**Historical Note**

New Section made by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4).

**R9-10-1906. Personnel**

An administrator shall ensure that:

1. The qualifications, skills, and knowledge required for each type of personnel member:
  - a. Are based on:
    - i. The type of counseling expected to be provided by the personnel member according to the established job description, and
    - ii. The acuity of the patients expected to be receiving the counseling from the personnel member according to the established job description; and
  - b. Include:
    - i. The specific skills and knowledge necessary for the personnel member to provide the counseling listed in the established job description, and
    - ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the counseling listed in the established job description, and
    - iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the counseling listed in the established job description;
2. A personnel member's skills and knowledge are verified and documented:

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- a. Before the personnel member provides counseling, and
- b. According to policies and procedures;
3. Sufficient personnel members are present on a counseling facility's premises during hours of clinical operation with the qualifications, skills, and knowledge necessary to:
  - a. Provide the counseling in the counseling facility's scope of services,
  - b. Meet the needs of a patient, and
  - c. Ensure the health and safety of a patient;
4. At least one personnel member with cardiopulmonary resuscitation training is present on a counseling facility's premises during hours of clinical operation;
5. At least one personnel member with first aid training is present on a counseling facility's premises during hours of clinical operation;
6. A personnel member only provides counseling the personnel member is qualified to provide;
7. A plan is developed, documented, and implemented to provide orientation specific to the duties of personnel members, employees, volunteers, and students;
8. A personnel member completes orientation before providing counseling to a patient;
9. An individual's orientation is documented, to include:
  - a. The individual's name,
  - b. The date of the orientation, and
  - c. The subject or topics covered in the orientation;
10. A plan is developed, documented, and implemented to provide in-service education specific to the duties of a personnel member;
11. A personnel member's in-service education is documented, to include:
  - a. The personnel member's name,
  - b. The date of the in-service education, and
  - c. The subject or topics covered in the in-service education;
12. A personnel member who is a behavioral health technician or behavioral health paraprofessional complies with the applicable requirements in R9-10-115;
13. A record for a personnel member, an employee, a volunteer, or a student is maintained that includes:
  - a. The individual's name, date of birth, and contact telephone number;
  - b. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
  - c. Documentation of:
    - i. The individual's qualifications, including skills and knowledge applicable to the individual's job duties;
    - ii. The individual's education and experience applicable to the individual's job duties;
    - iii. The individual's completed orientation and in-service education as required by policies and procedures;
    - iv. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
    - v. If the individual is a behavioral health technician, clinical oversight required in R9-10-115;
    - vi. The individual's compliance with the fingerprinting requirements in A.R.S. § 36-425.03, if applicable;
    - vii. If applicable, cardiopulmonary resuscitation training; and
    - viii. If applicable, first aid training; and
14. The record in subsection (13) is:
  - a. Maintained while an individual provides services for or at the counseling facility and for at least 24 months after the last date the individual provided services for or at the counseling facility; and
  - b. If the ending date of employment or volunteer service was 12 or more months before the date of the Department's request, provided to the Department within 72 hours after the Department's request.

**Historical Note**

New Section made by exempt rulemaking at 20 A.A.R. 5535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4).

**R9-10-1907. Patient Rights**

- A.** An administrator shall ensure that at the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (C).
- B.** An administrator shall ensure that:
  1. A patient is treated with dignity, respect, and consideration;
  2. A patient as not subjected to:
    - a. Abuse;
    - b. Neglect;
    - c. Exploitation;
    - d. Coercion;
    - e. Manipulation;
    - f. Sexual abuse;
    - g. Sexual assault;
    - h. Restraint or seclusion;
    - i. Retaliation for submitting a complaint to the Department or another entity; or
    - j. Misappropriation of personal and private property by a counseling facility's personnel member, employee, volunteer, or student; and
  3. A patient or the patient's representative:
    - a. Either consents to or refuses counseling;
    - b. May refuse or withdraw consent for receiving counseling before counseling is initiated;
    - c. Is informed of the following:
      - i. The counseling facility's policy on health care directives, and
      - ii. The patient complaint process;
    - d. Consents to photographs of the patient before the patient is photographed, except that a patient may be photographed when admitted to a counseling facility for identification and administrative purposes; and
    - e. Except as otherwise permitted by law, provides written consent to the release of information in the patient's:
      - i. Medical record, or
      - ii. Financial records.
- C.** A patient has the following rights:
  1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
  2. To receive counseling that supports and respects the patient's individuality, choices, strengths, and abilities;
  3. To receive privacy during counseling;
  4. To review, upon written request, the patient's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
  5. To receive a referral to another health care institution if the counseling facility is not authorized or not able to provide the behavioral health services needed by the patient;

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6. To participate or have the patient's representative participate in the development of, or decisions concerning, the counseling provided to the patient;
7. To participate or refuse to participate in research or experimental treatment; and
8. To receive assistance from a family member, the patient's representative, or other individual in understanding, protecting, or exercising the patient's rights.

**Historical Note**

New Section made by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4).

**R9-10-1908. Medical Records****A.** An administrator shall ensure that:

1. A medical record is established and maintained for each patient according to A.R.S. Title 12, Chapter 13, Article 7.1;
2. An entry in a patient's medical record is:
  - a. Recorded only by a personnel member authorized by policies and procedures to make the entry;
  - b. Dated, legible, and authenticated; and
  - c. Not changed to make the initial entry illegible;
3. An order is:
  - a. Dated when the order is entered in the patient's medical record and includes the time of the order;
  - b. Authenticated by a medical practitioner or behavioral health professional according to policies and procedures; and
  - c. If the order is a verbal order, authenticated by the medical practitioner or behavioral health professional issuing the order;
4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
5. A patient's medical record is available to an individual:
  - a. Authorized according to policies and procedures to access the patient's medical record;
  - b. If the individual is not authorized according to policies and procedures, with the written consent of the patient or the patient's representative; or
  - c. As permitted by law; and
6. A patient's medical record is protected from loss, damage, or unauthorized use.

**B.** If a counseling facility maintains patients' medical records electronically, an administrator shall ensure that:

1. Safeguards exist to prevent unauthorized access, and
2. The date and time of an entry in a medical record is recorded by the computer's internal clock.

**C.** An administrator shall ensure that a patient's medical record contains:

1. Patient information that includes:
  - a. The patient's name and address, and
  - b. The patient's date of birth;
2. A diagnosis or reason for counseling;
3. Documentation of general consent and, if applicable, informed consent for counseling by the patient or the patient's representative;
4. If applicable, the name and contact information of the patient's representative and:
  - a. If the patient is 18 years of age or older or an emancipated minor, the document signed by the patient consenting for the patient's representative to act on the patient's behalf; or

**b.** If the patient's representative:

- i. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-3282, a copy of the health care power of attorney or mental health care power of attorney; or
  - ii. Is a legal guardian, a copy of the court order establishing guardianship;
5. Documentation of medical history;
  6. Orders;
  7. Assessment;
  8. Interval notes;
  9. Progress notes;
  10. Documentation of counseling provided to the patient;
  11. The name of each individual providing counseling;
  12. Disposition of the patient upon discharge;
  13. Documentation of the patient's follow-up instructions provided to the patient;
  14. A discharge summary; and
  15. If applicable, documentation of any actions taken to control the patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual.

**Historical Note**

New Section made by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4).

**R9-10-1909. Counseling****A.** An administrator of a counseling facility shall ensure that:

1. Counseling provided at the counseling facility is provided under the direction of a behavioral health professional;
2. A personnel member who provides counseling is at least 18 years old; and
3. If a counseling facility provides counseling to a patient who is less than 18 years of age, an employee or a volunteer and the owner comply with the fingerprint clearance card requirements in A.R.S. § 36-425.03.

**B.** An administrator of a counseling facility shall ensure that:

1. Before counseling for a patient is initiated, there is a behavioral health assessment for the patient that complies with the requirements in this Section that is:
  - a. Available:
    - i. In the patient's medical record maintained by the counseling facility;
    - ii. If the counseling facility is an affiliated counseling facility, in the patient's integrated medical record; or
    - iii. If the counseling facility has an affiliated outpatient treatment center, in the patient's integrated medical record maintained by the counseling facility's affiliated outpatient treatment center; and
  - b. Either:
    - i. Completed by a personnel member at the counseling facility; or
    - ii. Obtained from a behavioral health provider other than the counseling facility;
2. A behavioral health assessment, obtained from a behavioral health provider other than the counseling facility or available in a medical record or integrated medical record, was completed within 12 months before the date of the patient's current admission;
3. If a behavioral health assessment is obtained from a behavioral health provider other than the counseling facility or is available as stated in subsection (B)(1)(a), the information in the behavioral health assessment is

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- reviewed and updated if additional information that affects the patient's behavioral health assessment is identified;
4. The review and update of the patient's assessment information in subsection (B)(3) is documented in the patient's medical record within 48 hours after the review is completed;
  5. If a behavioral health assessment is conducted by a:
    - a. Behavioral health technician or a registered nurse, within 72 hours after the behavioral health assessment is conducted, a behavioral health professional certified or licensed to provide the counseling needed by the patient reviews and signs the behavioral health assessment to ensure that the behavioral health assessment identifies the counseling needed by the patient; or
    - b. Behavioral health paraprofessional, a behavioral health professional certified or licensed to provide the counseling needed by the patient supervises the behavioral health paraprofessional during the completion of the behavioral health assessment and signs the behavioral health assessment to ensure that the assessment identifies the counseling needed by the patient;
  6. A behavioral health assessment:
    - a. Documents a patient's:
      - i. Presenting issue;
      - ii. Substance use history;
      - iii. Co-occurring disorder;
      - iv. Medical condition and history;
      - v. Legal history, including:
        - (1) Custody,
        - (2) Guardianship, and
        - (3) Pending litigation;
      - vi. Criminal justice record;
      - vii. Family history;
      - viii. Behavioral health treatment history; and
      - ix. Symptoms reported by the patient or the patient's representative and referrals needed by the patient, if any;
    - b. Includes:
      - i. Recommendations for further assessment or examination of the patient's needs;
      - ii. A description of the counseling, including type, frequency, and number of hours, that will be provided to the patient; and
      - iii. The signature and date signed of the personnel member conducting the behavioral health assessment; and
    - c. Is documented in patient's medical record;
  7. A patient is referred to a medical practitioner if a determination is made that the patient requires immediate physical health services or the patient's behavioral health issue may be related to the patient's medical condition;
  8. A request for participation in a patient's behavioral health assessment is made to the patient or the patient's representative;
  9. An opportunity for participation in the patient's behavioral health assessment is provided to the patient or the patient's representative;
  10. Documentation of the request in subsection (B)(8) and the opportunity in subsection (B)(9) is in the patient's medical record;
  11. A patient's behavioral health assessment information is documented in the medical record within 48 hours after completing the assessment;
  12. If information in subsection (B)(6)(a) is obtained about a patient after the patient's behavioral health assessment is completed, an interval note, including the information, is documented in the patient's medical record within 48 hours after the information is obtained;
  13. Counseling is:
    - a. Offered as described in the counseling facility's scope of services;
    - b. Provided according to the type, frequency, and number of hours identified in the patient's assessment; and
    - c. Provided by a behavioral health professional or a behavioral health technician;
  14. A personnel member providing counseling to address a specific type of behavioral health issue has the skills and knowledge necessary to provide the counseling that addresses the specific type of behavioral health issue; and
  15. Each counseling session is documented in the patient's medical record to include:
    - a. The date of the counseling session;
    - b. The amount of time spent in the counseling session;
    - c. Whether the counseling was individual counseling, family counseling, or group counseling;
    - d. The treatment goals addressed in the counseling session; and
    - e. The signature of the personnel member who provided the counseling and the date signed.
- C.** An administrator may provide any of the following, according to the applicable requirements in 9 A.A.C. 20, to individuals required to attend by a referring court, if approved by the Department to provide the services:
1. DUI screening,
  2. DUI education,
  3. DUI treatment, or
  4. Misdemeanor domestic violence offender treatment.
- D.** An administrator of a counseling facility authorized to provide the services in subsection (C):
1. Shall comply with the requirements for the specific service in 9 A.A.C. 20, and
  2. May have a behavioral health technician who has the appropriate skills and knowledge established in policies and procedures provide the services.

**Historical Note**

New Section made by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4). Amended by final expedited rulemaking at 26 A.A.R. 3041, with an immediate effective date of November 3, 2020 (Supp. 20-4).

**R9-10-1910. Physical Plant, Environmental Services, and Safety Standards**

- A.** An administrator shall ensure that a counseling facility has either:
1. Both of the following:
    - a. A smoke detector installed in each hallway of the counseling facility that is:
      - i. Maintained in an operable condition;
      - ii. Either battery operated or, if hard-wired into the electrical system of the outpatient treatment center, has a back-up battery; and
      - iii. Tested monthly; and
    - b. A portable, operable fire extinguisher, labeled as rated at least 2A-10-BC by the Underwriters Laboratories, that:
      - i. Is available at the counseling facility;



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- ii. Is mounted in a fire extinguisher cabinet or placed on wall brackets so that the top handle of the fire extinguisher is not over five feet from the floor and the bottom of the fire extinguisher is at least four inches from the floor;
  - iii. If a disposable fire extinguisher, is replaced when its indicator reaches the red zone; and
  - iv. If a rechargeable fire extinguisher, is serviced at least once every 12 months and has a tag attached to the fire extinguisher that specifies the date of the last servicing and the name of the servicing person; or
- 2. Both of the following that are tested and serviced at least once every 12 months:
  - a. A fire alarm system installed according to the National Fire Protection Association 72: National Fire Alarm and Signaling Code, incorporated by reference in R9-10-104.01, that is in working order; and
  - b. A sprinkler system installed according to the National Fire Protection Association 13: Standard for the Installation of Sprinkler Systems, incorporated by reference in R9-10-104.01, that is in working order.
- B. An administrator shall ensure that documentation of a test required in subsection (A) is maintained for at least 12 months after the date of the test.
- C. An administrator shall ensure that on a counseling facility's premises:
  - 1. Exit signs are illuminated, if the local fire jurisdiction requires illuminated exit signs;
  - 2. Corridors and exits are kept clear of any obstructions;
  - 3. A patient can exit through any exit during hours of clinical operation;
  - 4. An extension cord is not used instead of permanent electrical wiring; and
  - 5. Each electrical outlet and electrical switch has a cover plate that is in good repair.
- D. An administrator shall:
  - 1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal,
  - 2. Make any repairs or corrections stated on the fire inspection report, and
  - 3. Maintain documentation of a current fire inspection.
- E. An administrator shall ensure that:
  - 1. A counseling facility's premises are:
    - a. Sufficient to provide the counseling facility's scope of services;
    - b. Cleaned and disinfected to prevent, minimize, and control illness and infection; and
    - c. Free from a condition or situation that may cause an individual to suffer physical injury;
  - 2. If a bathroom is on the premises, the bathroom contains:
    - a. A working sink with running water,
    - b. A working toilet that flushes and has a seat,
    - c. Toilet tissue,
    - d. Soap for hand washing,
    - e. Paper towels or a mechanical air hand dryer,
    - f. Lighting, and
    - g. A means of ventilation;
  - 3. If a bathroom is not on the premises, a bathroom is:
    - a. Available for a patient's use,
    - b. Located in a building in contiguous proximity to the counseling facility, and
    - c. Free from a condition or situation that may cause an individual using the bathroom to suffer a physical injury; and
  - 4. A tobacco smoke-free environment is maintained on the premises.

**Historical Note**

New Section made by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4). Amended by final expedited rulemaking at 26 A.A.R. 3041, with an immediate effective date of November 3, 2020 (Supp. 20-4).

**R9-10-1911. Integrated Information**

- A. An administrator of an affiliated outpatient treatment center may maintain the following information, required in this Article for a counseling facility for which the affiliated outpatient treatment center provides administrative support, integrated with information required in 9 A.A.C. 10, Article 10 for the outpatient treatment center:
  - 1. Quality management plan, documented incidents, and reports required in R9-10-1904;
  - 2. Contracted services information in R9-10-1905;
  - 3. Orientation plan, in-service education plan, and personnel records in R9-10-1906; and
  - 4. Medical records in R9-10-1908.
- B. An administrator of an affiliated counseling facility that shares administrative support with one or more other affiliated counseling facilities may maintain the information in subsections (A)(1) through (A)(4) integrated with information maintained by the other affiliated counseling facilities.
- C. If an administrator of an affiliated outpatient treatment center or an affiliated counseling facility maintains integrated information according to subsection (A) or (B), the administrator shall develop, document, and implement a method to ensure that:
  - 1. If the quality management plan is integrated, the incidents documented, concerns identified, and changes or actions taken are identified for each facility;
  - 2. If a person provides contracted services at more than one facility, the types of services the person provides at each facility is identified in the contract information;
  - 3. If an orientation plan is applicable to more than one facility, the orientation a personnel member is expected to obtain for each facility is identified in the orientation plan;
  - 4. If an in-service education plan is applicable to more than one facility, the in-service education a personnel member is expected to obtain for each facility is identified in the in-service education plan;
  - 5. If a personnel member provides counseling at more than one facility, the following is identified in the personnel member's record:
    - a. The days and hours the personnel member provides counseling for each facility;
    - b. If the personnel member's job description is different for each facility:
      - i. Each job description for the personnel member, and
      - ii. Verification of the skills and knowledge to provide counseling according to each of the personnel member's job descriptions; and
    - c. If a personnel member is a behavioral health technician, documentation of the clinical oversight pro-

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vided to the personnel member, based on the number and acuity of the patients to whom the personnel member provided counseling at each facility; and

6. If a patient receives counseling at more than one facility, the counseling received and any information related to the counseling received at each facility is identified in the patient's medical record.

**D.** An administrator of a counseling facility receiving administrative support from an affiliated outpatient treatment center or an affiliated counseling facility shall ensure that if the counseling facility:

1. Has integrated information, the integrated information is provided to the Department for review within two hours after the Department's request:
  - a. In a written or electronic format at the counseling facility's premises; or
  - b. Electronically directly to the Department.
2. No longer receives or shares administrative support that includes integrating the information in subsection (A), the information for the counseling facility required in this Article is maintained by the counseling facility and provided to the Department according to the requirements in this Article.

**Historical Note**

New Section made by exempt rulemaking at 20 A.A.R. 3535, pursuant to Laws 2014, Ch. 233, § 5; effective January 1, 2015 (Supp. 14-4). Amended by final expedited rulemaking at 26 A.A.R. 3041, with an immediate effective date of November 3, 2020 (Supp. 20-4).

**ARTICLE 20. PAIN MANAGEMENT CLINICS**

**R9-10-2001. Definitions**

In addition to the definitions in R9-10-101, the following definitions apply in this Article, unless otherwise specified:

1. "Order" means to issue written, verbal, or electronic instructions for a specific dose of a specific medication in a specific quantity and route of administration to be obtained and administered to a patient in a health care institution.
2. "Physician" means an individual licensed as a physician according to A.R.S. Title 32, Chapter 13, 14, or 17.

**Historical Note**

New Section made by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4).

**R9-10-2002. Application and Documentation Submission Requirements**

- A.** An applicant shall submit an application for licensure that meets the requirements in A.R.S. § 36-422 and 9 A.A.C. 10, Article 1.
- B.** An applicant or licensee shall submit to the Department:
  1. The applicable fees required in R9-10-106(C), and
  2. The documentation required according to A.R.S. § 36-448.02(C)(1).

**Historical Note**

New Section made by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4). For clarity, the citation to Arizona Revised Statutes in subsection (B)(2) has been corrected to include "A.R.S." and the § (section) symbol (Supp. 21-2).

**R9-10-2003. Administration**

- A.** A licensee is responsible for the organization and management of a pain management clinic.
- B.** A licensee shall:

1. Adopt policies and procedures for the administration and operation of a pain management clinic;
2. Designate a medical director who:
  - a. Is licensed:
    - i. As a physician according to A.R.S. Title 32, Chapter 13 or 17; or
    - ii. As a nurse practitioner according to A.R.S. Title 32, Chapter 15 with advanced pain management certification from a nationally recognized accreditation or certification entity; and
  - b. May be the same individual as the licensee;
3. Ensure that there are a sufficient number of personnel members and employees with the required knowledge and qualifications to:
  - a. Meet the requirements of this Article,
  - b. Ensure the health and safety of a patient, and
  - c. Meet the needs of a patient based on the patient's medical evaluation; and
4. Ensure the following are conspicuously posted on the premises:
  - a. The current pain management clinic license issued by the Department;
  - b. The current telephone number and address of the unit in the Department responsible for licensing the pain management clinic;
  - c. An evacuation map posted in all hallways; and
  - d. A phone number for:
    - i. An opioid assistance and referral hotline, and
    - ii. A poison control hotline.

**C.** A medical director shall ensure that:

1. Pain management services are provided under the direction of:
  - a. A physician, or
  - b. A nurse practitioner licensed according to A.R.S. Title 32, Chapter 15 with advanced pain management certification from a nationally recognized accreditation or certification entity;
2. A record that includes cardiopulmonary resuscitation training is maintained for each personnel member, employee, volunteer, or student who is required by policies and procedures to obtain cardiopulmonary resuscitation training; and
3. A personnel member certified in cardiopulmonary resuscitation is available on the pain management clinic's premises while patients are present.

**D.** A medical director shall ensure that policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:

1. Cover personnel member qualifications, duties, and responsibilities, including who may order, prescribe, or administer an opioid and the required knowledge and qualifications of those personnel members;
2. Cover cardiopulmonary resuscitation training, including:
  - a. The method and content of cardiopulmonary resuscitation training, including a demonstration of an individual's ability to perform cardiopulmonary resuscitation;
  - b. The qualifications required for an individual to provide cardiopulmonary resuscitation training;
  - c. The time-frame for renewal of cardiopulmonary resuscitation training; and
  - d. The documentation that verifies that an individual has received cardiopulmonary resuscitation training;
3. Cover the storage, accessibility, disposal, and documentation of a medication;
4. Cover the prescribing or ordering of an opioid;

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- a. Including how, when, and by whom:
    - i. A patient's profile on the Arizona Board of Pharmacy Controlled Substances Prescription Monitoring Program database is reviewed;
    - ii. An assessment is conducted of a patient's substance use risk;
    - iii. The potential risks, adverse outcomes, and complications, including death, associated with the use of opioids are explained to a patient or the patient's representative;
    - iv. Alternatives to a prescribed or ordered opioid are explained to a patient or the patient's representative;
    - v. Informed consent is obtained from a patient or the patient's representative;
    - vi. A patient receiving an opioid is monitored; and
    - vii. The actions taken according to subsections (D)(4)(a)(i) through (vi) are documented;
  - b. Addressing conditions that may impose a higher risk to a patient when prescribing or ordering an opioid, including:
    - i. Concurrent use of a benzodiazepine or other sedative-hypnotic medication,
    - ii. History of substance use disorder,
    - iii. Co-occurring behavioral health issue, or
    - iv. Pregnancy;
  - c. Addressing the criteria for co-prescribing a short-acting opioid antagonist for a patient;
  - d. Including the frequency of the following for a patient prescribed an opioid for longer than a 30-calendar-day period:
    - i. Face-to-face interactions with the patient,
    - ii. Assessment of a patient's substance use risk,
    - iii. Urine drug testing,
    - iv. Renewal of an opioid prescription without a face-to-face interaction with the patient, and
    - v. Monitoring the effectiveness of the treatment;
  - e. If applicable according to A.R.S. § 36-2608, including documenting a dispensed opioid in the Arizona Board of Pharmacy Controlled Substances Prescription Monitoring Program database;
  - f. Addressing the criteria and procedures for tapering opioid prescription or ordering;
  - g. Addressing the criteria and procedures for offering or referring a patient for treatment for substance use disorder; and
  - h. If opioids are administered at the pain management clinic, including how, when, and by whom:
    - i. A patient's need for opioid administration is assessed,
    - ii. A patient receiving an opioid is monitored, and
    - iii. The actions taken according to subsections (D)(4)(h)(i) and (ii) are documented;
5. Cover accessibility and security of medical records;
6. Cover infection control, including methods for sterilizing equipment and supplies and methods for identifying, storing, and disposing of biohazardous medical waste; and
7. Cover emergency treatment, including:
- a. A list of the medications, supplies, and equipment kept on the premises to provide treatment in response to an emergency caused by a procedure or medication administered at the pain management clinic;
  - b. A requirement that a cart or a container is available for emergency treatment that contains the medications, supplies, and equipment specified in the policies and procedures according to subsection (D)(7)(a);
- c. A method to verify and document that the contents of the cart or container are available for emergency treatment; and
  - d. A method for ensuring a patient is transferred to a hospital or other health care institution to receive treatment for a medical emergency that the pain management clinic is not authorized or not able to provide.
- E.** As applicable and except when contrary to medical judgment for a patient, a medical director shall ensure that the policies and procedures in subsection (D)(4) are consistent with the Arizona Opioid Prescribing Guidelines or national opioid-prescribing guidelines, such as guidelines developed by the:
1. Centers for Disease Control and Prevention, or
  2. The U.S. Department of Veterans Affairs and the U.S. Department of Defense.
- F.** A medical director shall, except as prohibited by Title 42 Code of Federal Regulations, Chapter I, Subchapter A, Part 2, ensure that:
1. If an opioid may have contributed to a patient's death:
    - a. Written notification of the patient's death is provided to the Department in a Department-provided format if:
      - i. A personnel member of the pain management clinic prescribed, ordered, or administered the opioid that may have contributed to the patient's death, or
      - ii. The patient's death occurred while the patient was on the premises of the pain management clinic; and
    - b. The written notification required by subsection (F)(1)(a)(i) is provided within one working day:
      - i. After the patient's death, if an opioid administered as part of treatment may have contributed to the death; or
      - ii. After a personnel member of the pain management clinic learns of the patient's death, if a prescribed opioid may have contributed to the patient's death; and
    - c. The written notification required by subsection (F)(1)(a)(ii) is provided according to R9-4-602; and
  2. Written notification of a suspected opioid overdose is provided to the Department according to R9-4-602.
- G.** If the Department requests a patient's medical record for review, the licensee:
1. May provide the patient medical record to the Department either in paper or in an electronic format that is acceptable to the Department, and
  2. Shall ensure that documentation required by this Article is provided to the Department within two hours after a Department request.
- H.** The Department may take enforcement action as specified in R9-10-111 if a pain management clinic:
1. Is not in substantial compliance with applicable requirements in 9 A.A.C. 10, Article 1 or this Article; or
  2. Is in substantial compliance, but refuses to carry out a plan of correction acceptable to the Department.

**Historical Note**

New Section made by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4).

**R9-10-2004. Quality Management**

A medical director shall ensure that:

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1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
    - a. A method to identify, document, and evaluate opioid-related adverse reactions or other incidents;
    - b. A method to collect data on services provided to patients;
    - c. A method to use the data to identify concerns about the delivery of services related to patient care;
    - d. A method to make changes or take action in response to a concern identified according to subsection (1)(c); and
    - e. The frequency with which the documented report required in subsection (2) will be submitted to the licensee;
  2. A documented report is submitted to the licensee that includes:
    - a. Each concern about the delivery of services related to patient care, and
    - b. Any changes made or actions taken in response to that concern; and
  3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the licensee.
2. The procedure is performed by a personnel member qualified according to policies and procedures to perform the procedure; and
  3. The following information is included in the patient's medical record:
    - a. The evaluation of the patient required in subsection (B)(1),
    - b. A record of the procedure, and
    - c. Any adverse reaction to the procedure and any measures taken to address an adverse reaction.
- C. Except as provided in subsection (E), a medical director shall ensure that a medical practitioner:
1. Before prescribing an opioid for a patient of the pain management clinic:
    - a. Conducts a physical examination of the patient;
    - b. Except as exempted by A.R.S. § 36-2606(G), reviews the patient's profile on the Arizona Board of Pharmacy Controlled Substances Prescription Monitoring Program database;
    - c. Conducts an assessment of the patient's substance use risk;
    - d. Explains to the patient or the patient's representative the risks and benefits associated with use of an opioid;
    - e. Explains alternatives to a prescribed opioid; and
    - f. Obtains informed consent from the patient or the patient's representative that meets the requirements in R9-10-2007(B), including the potential risks, adverse outcomes, and complications associated with the concurrent use of an opioid and a benzodiazepine or another sedative-hypnotic medication, if the patient:
      - i. Is also prescribed or ordered a sedative-hypnotic medication, or
      - ii. Has been prescribed a sedative-hypnotic medication by another medical practitioner;
  2. Before ordering an opioid for a patient of the pain management clinic:
    - a. Conducts a physical examination of the patient;
    - b. Except as exempted by A.R.S. § 36-2606(G), reviews the patient's profile on the Arizona Board of Pharmacy Controlled Substances Prescription Monitoring Program database;
    - c. Conducts an assessment of the patient's substance use risk;
    - d. Explains to the patient or the patient's representative the risks and benefits associated with the use of opioids or ensures that the patient or the patient's representative understands the risks and benefits associated with the use of an opioid as explained to the patient or the patient's representative by an individual licensed under A.R.S. Title 32 and authorized by policies and procedures to explain to the patient or the patient's representative the risks and benefits associated with the use of an opioid;
    - e. If applicable, explains alternatives to an ordered opioid; and
    - f. Obtains informed consent from the patient or the patient's representative, according to R9-10-2007(B);
  3. When administering or causing administration of an opioid to a patient:
    - a. Before administration, identifies the patient's need for the opioid; and
    - b. Monitors the patient's response to the opioid; and

**Historical Note**

New Section made by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4).

**R9-10-2005. Medication Services**

A medical director shall ensure that:

1. Medications are stored in a locked area on the premises;
2. Only personnel members designated by policies and procedures have access to the locked area containing medications;
3. Expired, mislabeled, or unusable medications are disposed of according to policies and procedures;
4. If an opioid is administered at a pain management clinic, an opioid antagonist is available on the premises;
5. A medication error or an adverse reaction, including any actions taken in response to the medication error or adverse reaction, is:
  - a. Immediately reported to the medical director and licensee, and
  - b. Recorded in the patient's medical record; and
6. Medication information for a patient is maintained in the patient's medical record.

**Historical Note**

New Section made by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4).

**R9-10-2006. Pain Management Services**

- A. A medical director shall ensure that a medical practitioner or nurse anesthetist remains on the premises until all patients who received a procedure at the pain management clinic are discharged.
- B. A medical director shall ensure that, if a procedure other than the administration of an opioid is used to provide pain management services:
  1. Before the procedure is initially used on a patient, the patient is evaluated by:
    - a. A medical practitioner or
    - b. A nurse anesthetist, according to A.R.S. § 32-1634.04;
  2. The procedure is performed by a personnel member qualified according to policies and procedures to perform the procedure; and
  3. The following information is included in the patient's medical record:
    - a. The evaluation of the patient required in subsection (B)(1),
    - b. A record of the procedure, and
    - c. Any adverse reaction to the procedure and any measures taken to address an adverse reaction.
- C. Except as provided in subsection (E), a medical director shall ensure that a medical practitioner:
  1. Before prescribing an opioid for a patient of the pain management clinic:
    - a. Conducts a physical examination of the patient;
    - b. Except as exempted by A.R.S. § 36-2606(G), reviews the patient's profile on the Arizona Board of Pharmacy Controlled Substances Prescription Monitoring Program database;
    - c. Conducts an assessment of the patient's substance use risk;
    - d. Explains to the patient or the patient's representative the risks and benefits associated with the use of opioids or ensures that the patient or the patient's representative understands the risks and benefits associated with the use of an opioid as explained to the patient or the patient's representative by an individual licensed under A.R.S. Title 32 and authorized by policies and procedures to explain to the patient or the patient's representative the risks and benefits associated with the use of an opioid;
    - e. If applicable, explains alternatives to an ordered opioid; and
    - f. Obtains informed consent from the patient or the patient's representative, according to R9-10-2007(B);
  2. Before ordering an opioid for a patient of the pain management clinic:
    - a. Conducts a physical examination of the patient;
    - b. Except as exempted by A.R.S. § 36-2606(G), reviews the patient's profile on the Arizona Board of Pharmacy Controlled Substances Prescription Monitoring Program database;
    - c. Conducts an assessment of the patient's substance use risk;
    - d. Explains to the patient or the patient's representative the risks and benefits associated with the use of opioids or ensures that the patient or the patient's representative understands the risks and benefits associated with the use of an opioid as explained to the patient or the patient's representative by an individual licensed under A.R.S. Title 32 and authorized by policies and procedures to explain to the patient or the patient's representative the risks and benefits associated with the use of an opioid;
    - e. If applicable, explains alternatives to an ordered opioid; and
    - f. Obtains informed consent from the patient or the patient's representative, according to R9-10-2007(B);
  3. When administering or causing administration of an opioid to a patient:
    - a. Before administration, identifies the patient's need for the opioid; and
    - b. Monitors the patient's response to the opioid; and

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4. Documents the pain management services provided in the patient's medical record according to R9-10-2008.
- D.** A medical practitioner is exempt from the requirements in subsection (C)(2), if:
  1. An order for an opioid is part of treatment for a patient in an emergency;
  2. The order is issued according to policies and procedures that include procedures for:
    - a. Providing treatment without obtaining the consent of a patient or the patient's representative,
    - b. Ordering and administering an opioid in an emergency situation, and
    - c. Complying with the requirements in subsection (C)(2) after the emergency is resolved; and
  3. The emergency situation is documented in the patient's medical record.
- E.** The requirements in subsections (C)(1), (2), and (3), as applicable, do not apply when:
  1. A personnel member of a pain management clinic prescribes, orders, or administers an opioid as part of treatment for a patient with an end-of-life condition or pain associated with an active malignancy; or
  2. A prescription for an opioid changes only the type or dosage of an opioid previously prescribed to the patient according to subsection (C)(1):
    - a. Before a pharmacist dispenses the opioid for the patient; or
    - b. If changing the opioid because the patient experienced an adverse reaction to the opioid, within 72 hours after a pharmacist dispensed the opioid for the patient.

**Historical Note**

New Section made by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4).

**R9-10-2007. Patient Rights**

- A.** A licensee shall ensure that a patient is afforded the following rights and is informed of these rights:
  1. To refuse treatment or withdraw consent for treatment;
  2. To have patient medical records kept confidential; and
  3. To be informed of proposed treatment and associated risks, possible complications, and alternatives before pain management services are provided.
- B.** A medical director shall ensure that before an opioid is prescribed or ordered for a patient, a medical practitioner obtains informed consent from the patient or patient's representative that includes:
  1. The patient's:
    - a. Name,
    - b. Date of birth or other patient identifier, and
    - c. Condition for which an opioid is being prescribed or ordered;
  2. That an opioid is being prescribed or ordered;
  3. The potential risks, adverse reactions, complications, and medication interactions associated with the use of an opioid;
  4. If applicable, the potential risks, adverse outcomes, and complications associated with the concurrent use of an opioid and a benzodiazepine or another sedative-hypnotic medication;
  5. Alternatives to a prescribed or ordered opioid;
  6. The name and signature of the individual explaining the use of an opioid to the patient; and
  7. The signature of the patient or the patient's representative and the date signed.

**Historical Note**

New Section made by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4).

**R9-10-2008. Medical Records**

- A.** A medical director shall ensure that a medical record is established and maintained for a patient that contains:
  1. Patient identification, including:
    - a. The patient's name, address, and date of birth;
    - b. The patient's representative, if applicable; and
    - c. The name and telephone number of an individual to contact in an emergency;
  2. The patient's medical history;
  3. The patient's physical examination;
  4. Laboratory test results;
  5. The patient's diagnosis, including co-occurring disorders;
  6. The patient's treatment plan;
  7. If applicable:
    - a. The effectiveness of the patient's current treatment,
    - b. The duration of the current treatment,
    - c. Alternative treatments tried by or planned for the patient, and
    - d. The expected benefit of a new treatment compared with continuing the current treatment;
  8. Each consent form signed by the patient or the patient's representative;
  9. The patient's medication information, including:
    - a. The patient's age and weight;
    - b. The medications and herbal supplements the patient is currently taking; and
    - c. Allergies or sensitivities to medications, antiseptic solutions, or latex;
  10. Prescriptions ordered for the patient and, if an opioid is prescribed or ordered:
    - a. The nature and intensity of the patient's pain,
    - b. The specific opioid and the reason for the prescription or order,
    - c. The objectives used to determine whether the patient is being successfully treated, and
    - d. Other factors relevant to prescribing or ordering an opioid for the patient;
  11. Medications administered to the patient and, if an opioid is administered:
    - a. The patient's need for the opioid before the opioid was administered, and
    - b. The effect of the opioid administered; and
  12. A record of services provided to the patient.
- B.** A licensee shall ensure that:
  1. A medical record is accessible only to the Department or personnel members authorized by policies and procedures;
  2. Medical record information is confidential and released only with the written informed consent of a patient or the patient's representative or as otherwise permitted by law; and
  3. A medical record is protected from loss, damage, or unauthorized use and is retained according to A.R.S. § 12-2297.
- C.** A medical director shall ensure that:
  1. Only personnel authorized by policies and procedures record or sign an entry in a medical record;
  2. An entry in a medical record is dated and legible;
  3. An entry is authenticated;
  4. An entry is not changed after it has been recorded, but additional information related to an entry may be recorded in the medical record;

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5. When a verbal or telephone order is entered in the medical record, the entry is authenticated according to policies and procedures by the individual who issued the order;
6. If a rubber-stamp signature or an electronic signature is used:
  - a. An individual's rubber-stamp or electronic signature is not used by another individual; and
  - b. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature; and
7. If a pain management clinic maintains medical records electronically, the date and time of an entry is recorded by the computer's internal clock.

**Historical Note**

New Section made by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4).

**R9-10-2009. Equipment and Safety Standards**

- A. A medical director shall ensure that:
  1. The equipment is:
    - a. Sufficient to accommodate:
      - i. The services stated in the pain management clinic's scope of services, and
      - ii. An individual accepted as a patient by the pain management clinic;
    - b. Maintained in working order;
    - c. Tested and calibrated at least once every 12 months or according to the manufacturer's recommendations; and
    - d. Used according to the manufacturer's recommendations;
  2. Documentation of each equipment test, calibration, and repair is maintained on the premises for at least 12 months after the date of the testing, calibration, or repair;
  3. Equipment and supplies are clean and, if applicable, sterile before each use;
  4. Personnel members wash hands after each direct patient contact and after handling soiled linen, soiled clothing, or biohazardous medical waste; and
  5. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures.
- B. A medical director shall establish an infection control program and ensure that:
  1. The infection control program includes:
    - a. A method to identify and document infections that occur at the pain management clinic;
    - b. Analysis of the types, causes, and spread of infections and communicable diseases at the pain management clinic;
    - c. The development of corrective measures to minimize or prevent the spread of infections and communicable diseases at the pain management clinic; and
    - d. Documentation of infection control activities, including:
      - i. The collection and analysis of infection control data,
      - ii. The actions taken related to infections and communicable diseases, and
      - iii. Reports of communicable diseases; and
  2. Infection control documentation is maintained for at least 12 months after the date of documentation.

- C. A medical director shall ensure that soiled linen and clothing are kept:
  1. In a covered container, and
  2. Separate from clean linen and clothing.
- D. A licensee shall:
  1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal;
  2. Make and document any repairs or corrections stated on the fire inspection report;
  3. Maintain documentation of a current fire inspection;
  4. Ensure that a written emergency plan is established, documented, and implemented that includes procedures for protecting the health and safety of patients and other individuals if circumstances arise in the pain management clinic that immediately threaten the life or health of patients and other individuals, such as a fire, natural disaster, loss of electrical power, or threat or incidence of violence; and
  5. Ensure that an evacuation drill is conducted at least once every six months that includes all personnel members on the premises on the day of the evacuation drill.
- E. A licensee shall ensure that a pain management clinic has either:
  1. Both of the following that are tested and serviced at least once every 12 months:
    - a. A fire alarm system installed according to the National Fire Protection Association 72: National Fire Alarm and Signaling Code, incorporated by reference in A.A.C. R9-1-412, that is in working order; and
    - b. A sprinkler system installed according to the National Fire Protection Association 13 Standard for the Installation of Sprinkler Systems, incorporated by reference in A.A.C. R9-1-412, that is in working order; or
  2. Both of the following:
    - a. A smoke detector installed in each hallway of the pain management clinic that is:
      - i. Maintained in an operable condition;
      - ii. Either battery operated or, if hard-wired into the electrical system of the pain management clinic, has a back-up battery; and
      - iii. Tested monthly; and
    - b. A portable, operable fire extinguisher, labeled as rated at least 2A-10-BC by the Underwriters Laboratories, that:
      - i. Is available at the pain management clinic;
      - ii. Is mounted in a fire extinguisher cabinet or placed on wall brackets so that the top handle of the fire extinguisher is not over five feet from the floor and the bottom of the fire extinguisher is at least four inches from the floor;
      - iii. If a disposable fire extinguisher, is replaced when its indicator reaches the red zone; and
      - iv. If a rechargeable fire extinguisher, is serviced at least once every 12 months and has a tag attached to the fire extinguisher that specifies the date of the last servicing and the name of the servicing person.

**Historical Note**

New Section made by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4).

**R9-10-2010. Environmental and Physical Plant Standards**

- A. A licensee shall ensure that the premises:

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1. Provide lighting and ventilation to ensure the health and safety of a patient;
  2. Are maintained in a clean condition;
  3. Are free from a condition or situation that may cause a patient to suffer physical injury;
  4. Are maintained free from insects and vermin;
  5. Are smoke-free; and
  6. Are sufficient to accommodate:
    - a. The services stated in the pain management center's scope of services, and
    - b. An individual accepted as a patient by the pain management center.
- B.** A licensee shall ensure that if a pain management clinic collects urine specimens from a patient, the pain management clinic has at least one bathroom on the premises that:
1. Contains:
    - a. A working sink with running water,
    - b. A working toilet that flushes and has a seat,
    - c. Toilet tissue,
    - d. Soap for hand washing,
    - e. Paper towels or a mechanical air hand dryer,
    - f. Lighting, and
    - g. A means of ventilation; and
  2. Is for the exclusive use of the pain management clinic.
- Historical Note**
- New Section made by final rulemaking at 24 A.A.R. 3020, effective January 1, 2019 (Supp. 18-4).
- ARTICLE 21. RECOVERY CARE CENTERS**
- R9-10-2101. Definitions**
- In addition to the definitions in A.R.S. § 36-401 and R9-10-101, the following applies in this Article unless otherwise specified:
- "Recovery care services" has the same meaning as in A.R.S. § 36-448.51.
- Historical Note**
- New Section R9-10-2101 renumbered from R9-10-501 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).
- R9-10-2102. Administration**
- A.** A governing authority shall:
1. Consist of one or more individuals responsible for the organization, operation, and administration of a recovery care center;
  2. Establish in writing:
    - a. A recovery care center's scope of services, and
    - b. Qualifications for an administrator;
  3. Designate an administrator, in writing, who has the qualifications established in subsection (A)(2)(b);
  4. Grant, deny, suspend, or revoke the clinical privileges of a medical staff member according to medical staff bylaws;
  5. Adopt a quality management program according to R9-10-2103;
  6. Review and evaluate the effectiveness of the quality management program at least once every 12 months;
  7. Designate, in writing, an acting administrator who has the qualifications established in subsection (A)(2)(b) if the administrator is:
    - a. Expected not to be present on a recovery care center's premises for more than 30 calendar days, or
    - b. Not present on a recovery care center's premises for more than 30 calendar days; and
  8. Except as provided in subsection (A)(7), notify the Department according to A.R.S. § 36-425(I) when there is a change in the administrator and identify the name and qualifications of the new administrator.
- B.** An administrator:
1. Is directly accountable to the governing authority of a recovery care center for the daily operation of the recovery care center and all services provided by or at the recovery care center;
  2. Has the authority and responsibility to manage a recovery care center; and
  3. Except as provided in subsection (A)(7), designates, in writing, an individual who is present on the recovery care center's premises and accountable for the recovery care center when the administrator is not present on the recovery care center premises.
- C.** An administrator shall ensure that:
1. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient that:
    - a. Cover job descriptions, duties, and qualifications including required skills, knowledge, education, and experience for personnel members, employees, volunteers, and students;
    - b. Cover orientation and in-service education for personnel members, employees, volunteers, and students;
    - c. Include how a personnel member may submit a complaint relating to patient care;
    - d. Cover the requirements in A.R.S. Title 36, Chapter 4, Article 11;
    - e. Cover cardiopulmonary resuscitation training required in R9-10-2105(G) including:
      - i. The method and content of cardiopulmonary resuscitation training,
      - ii. The qualifications for an individual to provide cardiopulmonary resuscitation training,
      - iii. The time-frame for renewal of cardiopulmonary resuscitation training, and
      - iv. The documentation that verifies an individual has received cardiopulmonary resuscitation training;
    - f. Cover first aid training;
    - g. Include a method to identify a patient to ensure the patient receives services as ordered;
    - h. Cover patient rights including assisting a patient who does not speak English or who has a disability to become aware of patient rights;
    - i. Cover specific steps for:
      - i. A patient to file a complaint, and
      - ii. The recovery care center to respond to a patient's complaint;
    - j. Cover health care directives;
    - k. Cover medical records, including electronic medical records;
    - l. Cover a quality management program, including incident reports and supporting documentation;
    - m. Cover contracted services;
    - n. Cover tissue and organ procurement and transplant; and
    - o. Cover when an individual may visit a patient in a recovery care center;
  2. Policies and procedures for recovery care services are established, documented, and implemented to protect the health and safety of a patient that:
    - a. Cover patient screening, admission, transfer, discharge planning, and discharge;
    - b. Cover the provision of recovery care services;

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- c. Include when general consent and informed consent are required;
  - d. Cover prescribing a controlled substance to minimize substance abuse by a patient;
  - e. Cover dispensing, administering, and disposing of medications;
  - f. Cover how personnel members will respond to a patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
  - g. Cover infection control; and
  - h. Cover environmental services that affect patient care;
- 3. Policies and procedures are reviewed at least once every three years and updated as needed;
  - 4. Policies and procedures are available to personnel members, employees, volunteers, and students; and
  - 5. Unless otherwise stated:
    - a. Documentation required by this Article is provided to the Department within two hours after a Department request; and
    - b. When documentation or information is required by this Chapter to be submitted on behalf of a recovery care center, the documentation or information is provided to the unit in the Department that is responsible for licensing and monitoring the recovery care center.

**Historical Note**

New Section R9-10-2102 renumbered from R9-10-502 and amended by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

**R9-10-2103. Quality Management**

- 1. A plan is established, documented, and implemented for an ongoing quality management program that, at a minimum, includes:
  - a. A method to identify, document, and evaluate incidents;
  - b. A method to collect data to evaluate services provided to patients;
  - c. A method to evaluate the data collected to identify a concern about the delivery of services related to patient care;
  - d. A method to make changes or take action as a result of the identification of a concern about the delivery of services related to patient care; and
  - e. The frequency of submitting a documented report required in subsection (2) to the governing authority;
- 2. A documented report is submitted to the governing authority that includes:
  - a. An identification of each concern about the delivery of services related to patient care, and
  - b. Any change made or action taken as a result of the identification of a concern about the delivery of services related to patient care; and
- 3. The report required in subsection (2) and the supporting documentation for the report are maintained for at least 12 months after the date the report is submitted to the governing authority.

**Historical Note**

New Section R9-10-2103 renumbered from R9-10-503 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

**R9-10-2104. Contracted Services**

An administrator shall ensure that:

- 1. Contracted services are provided according to the requirements in this Article, and
- 2. Documentation of current contracted services is maintained that includes a description of the contracted services provided.

**Historical Note**

New Section R9-10-2104 renumbered from R9-10-504 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

**R9-10-2105. Personnel**

A. An administrator shall ensure that:

- 1. The qualifications, skills, and knowledge required for each type of personnel member:
  - a. Are based on:
    - i. The type of physical health services or behavioral health services expected to be provided by the personnel member according to the established job description, and
    - ii. The acuity of the patients receiving physical health services or behavioral health services from the personnel member according to the established job description; and
  - b. Include:
    - i. The specific skills and knowledge necessary for the personnel member to provide the expected physical health services and behavioral health services listed in the established job description,
    - ii. The type and duration of education that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description, and
    - iii. The type and duration of experience that may allow the personnel member to have acquired the specific skills and knowledge for the personnel member to provide the expected physical health services or behavioral health services listed in the established job description;
- 2. A personnel member's skills and knowledge are verified and documented:
  - a. Before the personnel member provides physical health services or behavioral health services, and
  - b. According to policies and procedures; and
- 3. Sufficient personnel members are present on a recovery care center's premises with the qualifications, skills, and knowledge necessary to:
  - a. Provide the services in the recovery care center's scope of services,
  - b. Meet the needs of a patient, and
  - c. Ensure the health and safety of a patient.

B. An administrator shall ensure that an individual who is a baccalaureate social worker, master social worker, associate marriage and family therapist, associate counselor, or associate substance abuse counselor is under direct supervision as defined in 4 A.A.C. 6, Article 1.

C. An administrator shall ensure that a personnel member, or an employee or a volunteer who has or is expected to have direct interaction with a patient, provides evidence of freedom from infectious tuberculosis:

- 1. On or before the date the individual begins providing services at or on behalf of the recovery care center, and
- 2. As specified in R9-10-113.



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- D.** An administrator shall ensure that a personnel record is maintained for each personnel member, employee, volunteer, or student that includes:
1. The individual's name, date of birth, and contact telephone number;
  2. The individual's starting date of employment or volunteer service and, if applicable, the ending date; and
  3. Documentation of:
    - a. The individual's qualifications, including skills and knowledge applicable to the employee's job duties;
    - b. The individual's education and experience applicable to the employee's job duties;
    - c. The individual's completed orientation and in-service education as required by policies and procedures;
    - d. The individual's license or certification, if the individual is required to be licensed or certified in this Article or policies and procedures;
    - e. The individual's compliance with the requirements in A.R.S. § 36-411;
    - f. Cardiopulmonary resuscitation training, if required for the individual, according to R9-10-2102(C)(1)(e);
    - g. First aid training, if the individual is required to have according to this Article and policies and procedures; and
    - h. Evidence of freedom from infectious tuberculosis, if required for the individual according to subsection (C).
- E.** An administrator shall ensure that personnel records are:
1. Maintained:
    - a. Throughout the individual's period of providing services in or for the recovery care center, and
    - b. For at least 24 months after the last date the individual provided services in or for the recovery care center; and
  2. For a personnel member who has not provided physical health services or behavioral health services at or for the recovery care center during the previous 12 months, provided to the Department within 72 hours after the Department's request.
- F.** An administrator shall ensure that:
1. A plan to provide orientation specific to the duties of a personnel member, an employee, a volunteer, and a student is developed, documented, and implemented;
  2. A personnel member completes orientation before providing behavioral health services or physical health services;
  3. An individual's orientation is documented, to include:
    - a. The individual's name,
    - b. The date of the orientation, and
    - c. The subject or topics covered in the orientation;
  4. A director of nursing develops, documents, and implements a plan to provide in-service education specific to the duties of a personnel member;
  5. A personnel member's in-service education is documented, to include:
    - a. The personnel member's name,
    - b. The date of the training, and
    - c. The subject or topics covered in the training; and
  6. A work schedule of each personnel member is developed and maintained at the recovery care center for at least 12 months from the date of the work schedule.
- G.** An administrator shall ensure that a nursing personnel member:
1. Is 18 years of age or older,
  2. Is certified in cardiopulmonary resuscitation within the first month of employment,
  3. Maintains current certification in cardiopulmonary resuscitation, and
  4. Attends additional orientation that includes patient care and infection control policies and procedures.
- Historical Note**  
New Section R9-10-2105 renumbered from R9-10-505 and amended by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).
- R9-10-2106. Medical Staff**
- A.** A governing authority shall require that:
1. The organized medical staff is directly accountable to the governing authority for the quality of care provided by a medical staff member to a patient in a recovery care center;
  2. The medical staff bylaws and medical staff regulations are approved according to the medical staff bylaws and governing authority requirements;
  3. A medical staff member complies with medical staff bylaws and medical staff regulations;
  4. The medical staff includes at least two physicians who have clinical privileges to admit patients to the recovery care center;
  5. A medical staff member is available to direct patient care;
  6. Medical staff bylaws or medical staff regulations are established, documented, and implemented for the process of:
    - a. Conducting peer review according to A.R.S. Title 36, Chapter 4, Article 5;
    - b. Appointing members to the medical staff, subject to approval by the governing authority;
    - c. Establishing committees, including identifying the purpose and organization of each committee;
    - d. Appointing one or more medical staff members to a committee;
    - e. Requiring that each patient has a medical staff member who coordinates the patient's care;
    - f. Defining the responsibilities of a medical staff member to provide medical services to the medical staff member's patient;
    - g. Defining a medical staff member's responsibilities for the transfer of a patient;
    - h. Specifying requirements for oral, telephone, and electronic orders, including which orders require identification of the time of the order;
    - i. Establishing a time-frame for a medical staff member to complete a patient's medical record; and
    - j. Establishing criteria for granting, denying, revoking, and suspending clinical privileges; and
  7. The organized medical staff reviews the medical staff bylaws and the medical staff regulations at least once every three years and updates the bylaws and regulations as needed.
- B.** An administrator shall ensure that:
1. A medical staff member provides evidence of freedom from infectious tuberculosis as specified in R9-10-113 before providing services at the recovery care center and at least once every 12 months thereafter;
  2. A record for each medical staff member is established and maintained that includes:
    - a. A completed application for clinical privileges,
    - b. The dates and lengths of appointment and reappointment of clinical privileges,

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- c. The specific clinical privileges granted to the medical staff member including revision or revocation dates for each clinical privilege, and
  - d. A verification of current Arizona health care professional active license according to A.R.S. Title 32; and
3. Except for documentation of peer review conducted according to A.R.S. § 36-445, a record under subsection (B)(2) is provided to the Department for review:
    - a. For a current medical staff member, within 2 hours after the Department's request, or
    - b. Within 72 hours after the time of the Department's request if the individual is no longer a current medical staff member.

**Historical Note**

New Section R9-10-2106 renumbered from R9-10-506 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

**R9-10-2107. Admission**

- A. An administrator shall ensure that a physician only admits patients to the recovery care center who require recovery care services, as defined in A.R.S. § 36-448.51.
- B. An administrator shall ensure that the following documents are in a patient's medical record at the time the patient is admitted to the recovery care center:
  1. A medical history and physical examination performed or approved by a member of the recovery care center's medical staff within 30 calendar days before the patient's admission to the recovery care center,
  2. A discharge summary from the referring health care institution or physician,
  3. Physician orders, and
  4. Documentation concerning health care directives.

**Historical Note**

New Section R9-10-2107 renumbered from R9-10-507 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

**R9-10-2108. Discharge**

- A. For a patient, an administrator shall ensure that discharge planning:
  1. Identifies the specific needs of the patient after discharge, if applicable;
  2. If a discharge date has been determined, identifies the anticipated discharge date;
  3. Includes the participation of the patient or the patient's representative;
  4. Is completed before discharge occurs;
  5. Provides the patient or the patient's representative with written information identifying classes or subclasses of health care institutions and the level of care that the health care institutions provide that may meet the patient's assessed and anticipated needs after discharge, if applicable; and
  6. Is documented in the patient's medical record.
- B. For a patient discharge or a transfer of the patient, an administrator shall ensure that:
  1. A discharge summary is developed that includes:
    - a. A description of the patient's medical condition and the medical services provided to the patient, and
    - b. The signature of the medical practitioner coordinating the patient's medical services;
  2. A discharge order for the patient is received from a medical practitioner coordinating the patient's medical services before discharge, unless the patient leaves the

- recovery care center against a medical staff member's advice;
3. Discharge instructions are developed and documented; and
  4. The patient or the patient's representative is provided with a copy of the discharge instructions.

**Historical Note**

New Section R9-10-2108 renumbered from R9-10-508 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

**R9-10-2109. Transfer**

Except for a transfer of a patient due to an emergency, an administrator shall ensure that:

1. A personnel member coordinates the transfer and the services provided to the patient;
2. According to policies and procedures:
  - a. An evaluation of the patient is conducted before the transfer;
  - b. Information from the patient's medical record, including orders that are in effect at the time of the transfer, is provided to a receiving health care institution; and
  - c. A personnel member explains risks and benefits of the transfer to the patient or the patient's representative; and
3. Documentation in the patient's medical record includes:
  - a. Communication with an individual at a receiving health care institution;
  - b. The date and time of the transfer;
  - c. The mode of transportation; and
  - d. If applicable, the name of the personnel member accompanying the patient during a transfer.

**Historical Note**

New Section R9-10-2109 renumbered from R9-10-509 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

**R9-10-2110. Patient Rights**

- A. An administrator shall ensure:
  1. The requirements in subsection (B) and the patient rights in subsection (C) are conspicuously posted on the premises;
  2. At the time of admission, a patient or the patient's representative receives a written copy of the requirements in subsection (B) and the patient rights in subsection (C); and
  3. Policies and procedures include:
    - a. How and when a patient or the patient's representative is informed of the patient rights in subsection (C), and
    - b. Where patient rights are posted as required in subsection (A)(1).
- B. An administrator shall ensure that:
  1. A patient is treated with dignity, respect, and consideration;
  2. A patient is not subjected to:
    - a. Abuse;
    - b. Neglect;
    - c. Exploitation;
    - d. Coercion;
    - e. Manipulation;
    - f. Sexual abuse;
    - g. Sexual assault;
    - h. Seclusion;
    - i. Restraint;

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- j. Retaliation for submitting a complaint to the Department or another entity; or
  - k. Misappropriation of personal and private property by a recovery care center's medical staff, personnel members, employees, volunteers, or students; and
  - 3. A patient or the patient's representative:
    - a. Except in an emergency, either consents to or refuses treatment;
    - b. May refuse or withdraw consent for treatment before treatment is initiated;
    - c. Except in an emergency, is informed of proposed treatment alternatives, associated risks, and possible complications;
    - d. Is informed of the following:
      - i. The recovery care center's policy on health care directives, and
      - ii. The patient complaint process;
    - e. Consents to photographs of the patient before the patient is photographed, except that a patient may be photographed when admitted to a recovery care center for identification and administrative purposes; and
    - f. Except as otherwise permitted by law, provides written consent to the release of information in the patient's:
      - i. Medical record, or
      - ii. Financial records.
  - C. A patient has the following rights:
    - 1. Not to be discriminated against based on race, national origin, religion, gender, sexual orientation, age, disability, marital status, or diagnosis;
    - 2. To receive treatment that supports and respects the patient's individuality, choices, strengths, and abilities;
    - 3. To receive privacy in treatment and care for personal needs;
    - 4. To have access to a telephone;
    - 5. To be advised of the recovery care center's policy regarding health care directives;
    - 6. To associate and communicate privately with individuals of the patient's choice;
    - 7. To review, upon written request, the patient's own medical record according to A.R.S. §§ 12-2293, 12-2294, and 12-2294.01;
    - 8. To receive a referral to another health care institution if the health care institution is not authorized or not able to provide physical health services or behavioral health services needed by the patient;
    - 9. To participate or have the patient's representative participate in the development of, or decisions concerning treatment;
    - 10. To participate or refuse to participate in research or experimental treatment; and
    - 11. To receive assistance from a family member, the patient's representative, or other individual in understanding, protecting, or exercising the patient's rights.
- Historical Note**
- New Section R9-10-2110 renumbered from R9-10-510 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).
- R9-10-2111. Medical Records**
- A. An administrator shall ensure that:
    - 1. A patient's medical record is established and maintained for each patient according to A.R.S. Title 12, Chapter 13, Article 7.1;
    - 2. An entry in a patient's medical record is:
      - a. Recorded only by an individual authorized by policies and procedures to make the entry;
      - b. Dated, legible, and authenticated; and
      - c. Not changed to make the initial entry illegible;
  - 3. An order is:
    - a. Dated when the order is entered in the patient's medical record and includes the time of the order;
    - b. Authenticated by a medical staff according to policies and procedures; and
    - c. If the order is a verbal order, authenticated by the medical staff issuing the order;
  - 4. If a rubber-stamp signature or an electronic signature is used to authenticate an order, the individual whose signature the rubber-stamp signature or electronic signature represents is accountable for the use of the rubber-stamp signature or electronic signature;
  - 5. A patient's medical record is available to an individual:
    - a. Authorized according to policies and procedures to access the patient's medical record;
    - b. If the individual is not authorized according to policies and procedures, with the written consent of the patient or the patient's representative; or
    - c. As permitted by law;
  - 6. Policies and procedures that include the maximum timeframe to retrieve an onsite or off-site patient's medical record at the request of a medical staff or authorized personnel member; and
  - 7. A patient's medical record is protected from loss, damage, or unauthorized use.
  - B. If a recovery care center maintains patients' medical records electronically, an administrator shall ensure that:
    - 1. Safeguards exist to prevent unauthorized access, and
    - 2. The date and time of an entry in a patient's medical record is recorded by the computer's internal clock.
  - C. An administrator shall ensure that a patient's medical record contains:
    - 1. Patient information that includes:
      - a. The patient's name,
      - b. The patient's address,
      - c. The patient's date of birth, and
      - d. Any known allergies;
    - 2. The date of admission and, if applicable, the date of discharge;
    - 3. The admitting diagnosis;
    - 4. A discharge summary from the referring health care institution or physician;
    - 5. If applicable, documented general consent and informed consent by the patient or the patient's representative;
    - 6. The medical history and physical examination required in R9-10-2107(B)(1);
    - 7. A copy of the patient's health care directive, if applicable;
    - 8. The name and telephone number of the patient's medical practitioner;
    - 9. If applicable, the name and contact information of the patient's representative and:
      - a. If the patient is 18 years of age or older or an emancipated minor, the document signed by the patient consenting for the patient's representative to act on the patient's behalf; or
      - b. If the patient's representative:
        - i. Is a legal guardian, a copy of the court order establishing guardianship; or
        - ii. Has a health care power of attorney established under A.R.S. § 36-3221 or a mental health care power of attorney executed under A.R.S. § 36-

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- 3282, a copy of the health care power of attorney or mental health care power of attorney;
10. Orders;
  11. Nursing assessment;
  12. Treatment plans;
  13. Progress notes;
  14. Documentation of recovery care center services provided to a patient;
  15. The disposition of the patient after discharge;
  16. The discharge plan;
  17. A discharge summary, if applicable;
  18. Transfer documentation from the referring health care institution or physician;
  19. If applicable:
    - a. A laboratory report,
    - b. A radiologic report,
    - c. A diagnostic report, and
    - d. A consultation report;
  20. If applicable, documentation of any actions taken to control the patient's sudden, intense, or out-of-control behavior to prevent harm to the patient or another individual;
  21. If applicable, documentation that evacuation from the recovery care center would cause harm to the patient; and
  22. Documentation of a medication administered to the patient that includes:
    - a. The date and time of administration;
    - b. The name, strength, dosage, and route of administration;
    - c. For a medication administered for pain on a PRN basis:
      - i. An assessment of the patient's pain before administering the medication, and
      - ii. The effect of the medication administered;
    - d. For a psychotropic medication administered on a PRN basis:
      - i. An assessment of the patient's behavior before administering the psychotropic medication, and
      - ii. The effect of the psychotropic medication administered;
    - e. The signature of the individual administering or observing the patient self-administer the medication; and
    - f. Any adverse reaction a patient has to the medication.
- D.** An administrator shall ensure that a patient's medical record is completed within 30 calendar days after the patient's discharge.

**Historical Note**

New Section R9-10-2111 renumbered from R9-10-511 and amended by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

**R9-10-2112. Nursing Services**

- A.** An administrator shall appoint a registered nurse as the director of nursing who has the authority and responsibility to manage nursing services at a recovery care center.
- B.** A director of nursing shall:
1. Ensure that policies and procedures are developed, documented, and implemented to protect the health and safety of a patient that cover nursing assessments;
  2. Designate, in writing, a registered nurse to manage nursing services when the director of nursing is not present on a recovery care center's premises;
  3. Ensure that a recovery care center is staffed with nursing personnel according to the number of patients and their health care needs;

4. Ensure that a patient receives medical services, nursing services, and health-related services based on the patient's nursing assessment and the physician's orders; and
  5. Ensure that medications are administered by a nurse licensed according to A.R.S. Title 32, Chapter 15 or as otherwise provided by law.
- C.** An administrator shall ensure that a registered nurse completes a nursing assessment of each patient, which addresses patient care needs, when the patient is admitted to the recovery care center.
- D.** An administrator shall ensure that a licensed nurse provides a patient with written discharge instructions, based on the patient's health care needs and physician's instructions, before the patient is discharged from the recovery care center.

**Historical Note**

New Section R9-10-2112 renumbered from R9-10-512 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

**R9-10-2113. Medication Services**

- A.** An administrator shall ensure that policies and procedures for medication services:
1. Include:
    - a. A process for providing information to a patient about medication prescribed for the patient including:
      - i. The prescribed medication's anticipated results,
      - ii. The prescribed medication's potential adverse reactions,
      - iii. The prescribed medication's potential side effects, and
      - iv. Potential adverse reactions that could result from not taking the medication as prescribed;
    - b. Procedures for preventing, responding to, and reporting:
      - i. A medication error,
      - ii. An adverse reaction to a medication, or
      - iii. A medication overdose;
    - c. Procedures for documenting medication administration; and
    - d. Procedures to ensure that a patient's medication regimen and method of administration is reviewed by a medical practitioner to ensure the medication regimen meets the patient's needs; and
  2. Specify a process for review through the quality management program of:
    - a. A medication administration error, and
    - b. An adverse reaction to a medication.
- B.** An administrator shall ensure that:
1. Policies and procedures for medication administration:
    - a. Are reviewed and approved by a medical practitioner;
    - b. Specify the individuals who may:
      - i. Order medication, and
      - ii. Administer medication;
    - c. Ensure that medication is administered to a patient only as prescribed; and
    - d. Cover the documentation of a patient's refusal to take prescribed medication is documented in the patient's medical record;
  2. Verbal orders for medication services are taken by a nurse, unless otherwise provided by law;
  3. A medication administered to a patient:
    - a. Is administered in compliance with an order, and
    - b. Is documented in the patient's medical record.

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- C. An administrator shall ensure that:
1. A current drug reference guide is available for use by personnel members;
  2. A current toxicology reference guide is available for use by personnel members; and
  3. If pharmaceutical services are provided on the premises:
    - a. A committee, composed of at least one physician, one pharmacist, and other personnel members as determined by policies and procedures, is established to:
      - i. Develop a drug formulary,
      - ii. Update the drug formulary at least every 12 months,
      - iii. Develop medication usage and medication substitution policies and procedures, and
      - iv. Specify which medications and medication classifications are required to be stopped automatically after a specific time period unless the ordering medical staff member specifically orders otherwise;
    - b. The pharmaceutical services are provided under the direction of a pharmacist;
    - c. The pharmaceutical services comply with ARS Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23; and
    - d. A copy of the pharmacy license is provided to the Department upon request.
- D. When medication is stored at a recovery care center, an administrator shall ensure that:
1. Medication is stored in a separate locked room, closet, or self-contained unit used only for medication storage;
  2. Medication is stored according to the instructions on the medication container; and
  3. Policies and procedures are established, documented, and implemented to protect the health and safety of a patient for:
    - a. Receiving, storing, inventorying, tracking, dispensing, and discarding medication, including expired medication;
    - b. Discarding or returning prepackaged and sample medication to the manufacturer if the manufacturer requests the discard or return of the medication;
    - c. A medication recall and notification of patients who received recalled medication; and
    - d. Storing, inventorying, and dispensing controlled substances.
- E. An administrator shall ensure that a personnel member immediately reports a medication error or a patient's adverse reaction to a medication to the medical practitioner who ordered the medication and, if applicable, the recovery care center's director of nursing.

**Historical Note**

New Section R9-10-2113 renumbered from R9-10-513 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

**R9-10-2114. Ancillary Services**

An administrator shall ensure that:

1. Laboratory services are provided on the premises, or are available through contract, with a laboratory that holds a certificate of accreditation or certificate of compliance issued by the U.S. Department of Health and Human Services under the 1988 amendments to the Clinical Laboratories Improvement Act of 1967; and

2. Pharmaceutical services are provided on the premises, or are available through contract, by a pharmacy licensed according to A.R.S. Title 32, Chapter 18.

**Historical Note**

New Section R9-10-2114 renumbered from R9-10-514 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

**R9-10-2115. Food Services**

- A. An administrator shall ensure that:
1. The recovery care center has a license or permit as a food establishment under 9 A.A.C. 8, Article 1;
  2. A copy of the recovery care center's food establishment license or permit is maintained; and
  3. If a recovery care center contracts with a food establishment, as established in 9 A.A.C. 8, Article 1, to prepare and deliver food to the recovery care center:
    - a. A copy of the contracted food establishment's license or permit under 9 A.A.C. 8, Article 1 is maintained by the recovery care center; and
    - b. The recovery care center is able to store, refrigerate, and reheat food to meet the dietary needs of a patient.
- B. An administrator shall:
1. Designate a food service manager who is responsible for food service in the recovery care center; and
  2. Ensure that a current therapeutic diet reference manual is available to the food service manager.
- C. A food service manager shall ensure that:
1. Food is prepared:
    - a. Using methods that conserve nutritional value, flavor, and appearance; and
    - b. In a form to meet the needs of a patient such as cut, chopped, ground, pureed, or thickened;
  2. A food menu:
    - a. Is prepared at least one week in advance,
    - b. Includes the foods to be served each day,
    - c. Is conspicuously posted at least one day before the first meal on the food menu will be served,
    - d. Includes any food substitution no later than the morning of the day of meal service with a food substitution, and
    - e. Is maintained for at least 60 calendar days after the last day included in the food menu;
  3. Meals and snacks provided by the recovery care center are served according to posted menus;
  4. Meals and snacks for each day are planned using the applicable guidelines in <http://www.health.gov/dietaryguidelines/2010.asp>;
  5. A patient is provided:
    - a. A diet that meets the patient's nutritional needs and, if applicable, the orders of the patient's physician;
    - b. Three meals a day with not more than 14 hours between the evening meal and breakfast except as provided in subsection (C)(5)(d);
    - c. The option to have a daily evening snack identified in subsection (C)(5)(d)(ii) or other snack; and
    - d. The option to extend the time span between the evening meal and breakfast from 14 hours to 16 hours if:
      - i. A patient agrees; and
      - ii. The patient is offered an evening snack that includes meat, fish, eggs, cheese, or other protein, and a serving from either the fruit and vegetable food group or the bread and cereal food group;

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6. A patient requiring assistance to eat is provided with assistance that recognizes the patient's nutritional, physical, and social needs, including the use of adaptive eating equipment or utensils; and
7. Water is available and accessible to a patient.

**Historical Note**

New Section R9-10-2115 renumbered from R9-10-515 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

**R9-10-2116. Emergency and Safety Standards**

- A.** An administrator shall ensure that policies and procedures for providing emergency treatment are established, documented, and implemented that protect the health and safety of patients and include:
  1. Basic life support procedures, including the administration of oxygen and cardiopulmonary resuscitation; and
  2. Transfer arrangements for patients who require care not provided by the recovery care center.
- B.** An administrator shall ensure that emergency treatment is provided to a patient admitted to the recovery care center according to policies and procedures.
- C.** An administrator shall ensure that:
  1. A disaster plan is developed, documented, maintained in a location accessible to personnel members and other employees, and, if necessary, implemented that includes:
    - a. When, how, and where patients will be relocated, including:
      - i. Instructions for the evacuation or transfer of patients,
      - ii. Assigned responsibilities for each employee and personnel member, and
      - iii. A plan for providing continuing services to meet patient's needs;
    - b. How each patient's medical record will be available to individuals providing services to the patient during a disaster;
    - c. A plan to ensure each patient's medication will be available to administer to the patient during a disaster; and
    - d. A plan for obtaining food and water for individuals present in the recovery care center or the recovery care center's relocation site during a disaster;
  2. The disaster plan required in subsection (C)(1) is reviewed at least once every 12 months;
  3. Documentation of a disaster plan review required in subsection (C)(2) is created, is maintained for at least 12 months after the date of the disaster plan review, and includes:
    - a. The date and time of the disaster plan review;
    - b. The name of each personnel member, employee, or volunteer participating in the disaster plan review;
    - c. A critique of the disaster plan review; and
    - d. If applicable, recommendations for improvement;
  4. A disaster drill for employees is conducted on each shift at least once every three months and documented;
  5. An evacuation drill for employees and patients:
    - a. Is conducted at least once every six months;
    - b. Includes all individuals on the premises except for:
      - i. A patient whose medical record contains documentation that evacuation from the recovery care center would cause harm to the patient, and
      - ii. Sufficient personnel members to ensure the health and safety of patients not evacuated according to subsection (C)(5)(b)(i);

6. Documentation of each evacuation drill is created, is maintained for at least 12 months after the date of the evacuation drill, and includes:
  - a. The date and time of the evacuation drill;
  - b. The amount of time taken for employees and patients to evacuate to a designated area;
  - c. If applicable:
    - i. An identification of patients needing assistance for evacuation, and
    - ii. An identification of patients who were not evacuated;
  - d. Any problems encountered in conducting the evacuation drill; and
  - e. Recommendations for improvement, if applicable; and
7. An evacuation path is conspicuously posted on each hallway of each floor of the recovery care center.
- D.** An administrator shall:
  1. Obtain a fire inspection conducted according to the time-frame established by the local fire department or the State Fire Marshal,
  2. Make any repairs or corrections stated on the inspection report, and
  3. Maintain documentation of a current fire inspection.

**Historical Note**

New Section R9-10-2116 renumbered from R9-10-516 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).

**R9-10-2117. Environmental Standards**

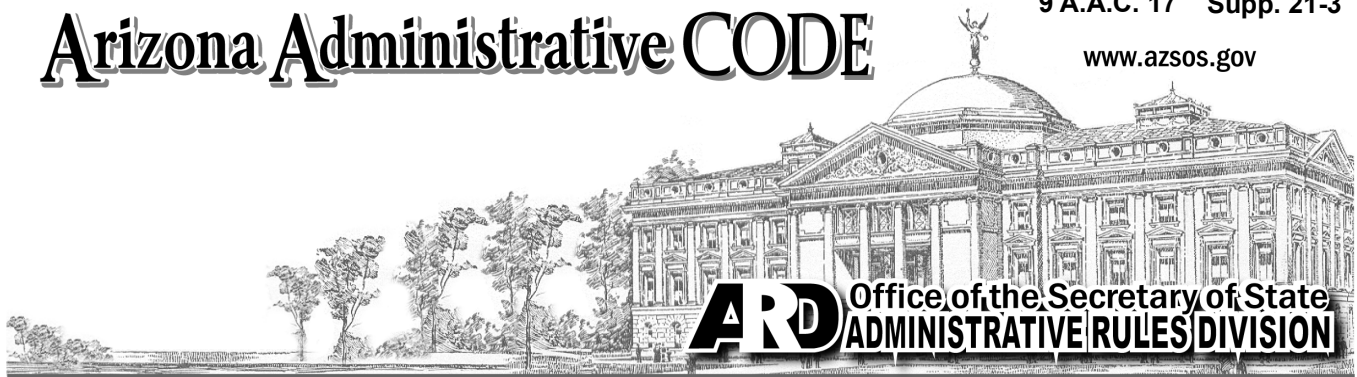
- A.** An administrator shall ensure the recovery care center's infection control policies and procedures include:
  1. Development and implementation of a written plan for preventing, detecting, reporting, and controlling communicable diseases and infection;
  2. Handling and disposal of biohazardous medical waste; and
  3. Sterilization, disinfection, and storage of medical equipment and supplies.
- B.** An administrator shall ensure that:
  1. A recovery care center's premises and equipment are:
    - a. Cleaned and disinfected according to policies and procedures or manufacturer's instructions to prevent, minimize, and control illness or infection; and
    - b. Free from a condition or situation that may cause a patient or an individual to suffer physical injury;
  2. A pest control program is implemented and documented;
  3. Equipment used to provide recovery care services is:
    - a. Maintained in working order;
    - b. Tested and calibrated according to the manufacturer's recommendations or, if there are no manufacturer's recommendations, as specified in policies and procedures; and
    - c. Used according to the manufacturer's recommendations;
  4. Documentation of equipment testing, calibration, and repair is maintained for at least 12 months after the date of the testing, calibration, or repair;
  5. Biohazardous medical waste is identified, stored, and disposed of according to 18 A.A.C. 13, Article 14 and policies and procedures;
  6. Soiled linen and clothing are:
    - a. Collected in a manner to minimize or prevent contamination;
    - b. Bagged at the site of use; and

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- c. Maintained separate from clean linen and clothing and away from food storage, kitchen, or dining areas;
  - 7. Garbage and refuse are:
    - a. Stored in covered containers lined with plastic bags, and
    - b. Removed from the premises at least once a week;
  - 8. Heating and cooling systems maintain the recovery care center at a temperature between 70° F and 84° F;
  - 9. Common areas:
    - a. Are lighted to assure the safety of patients, and
    - b. Have lighting sufficient to allow personnel members to monitor patient activity;
  - 10. The supply of hot and cold water is sufficient to meet the personal hygiene needs of patients and the cleaning and sanitation requirements in this Article;
  - 11. Oxygen containers are secured in an upright position;
  - 12. Poisonous or toxic materials stored by the recovery care center are maintained in labeled containers in a locked area separate from food preparation and storage, dining areas, and medications and are inaccessible to patients;
  - 13. Combustible or flammable liquids and hazardous materials stored by the recovery care center are stored in the original labeled containers or safety containers in a locked area inaccessible to patients;
  - 14. If pets or animals are allowed in the recovery care center, pets or animals are:
    - a. Controlled to prevent endangering the patients and to maintain sanitation; and
    - b. Licensed consistent with local ordinances;
  - 15. If a water source that is not regulated under 18 A.A.C. 4 by the Arizona Department of Environmental Quality is used:
    - a. The water source is tested at least once every 12 months for total coliform bacteria and fecal coliform or *E. coli* bacteria;
    - b. If necessary, corrective action is taken to ensure the water is safe to drink; and
    - c. Documentation of testing is retained for at least 12 months after the date of the test; and
  - 16. If a non-municipal sewage system is used, the sewage system is in working order and is maintained according to applicable state laws and rules.
- C.** An administrator shall ensure that:
- 1. Smoking tobacco products is not permitted within a recovery care center; and
  - 2. Smoking tobacco products may be permitted outside a recovery care center if:
    - a. Signs designating smoking areas are conspicuously posted, and
    - b. Smoking is prohibited in areas where combustible materials are stored or in use.
- Historical Note**  
New Section R9-10-2117 renumbered from R9-10-517 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2).
- R9-10-2118. Physical Plant Standards**
- A.** An administrator shall ensure that recovery care center's patient rooms and service areas comply with the applicable physical plant health and safety codes and standards, incorporated by reference in R9-10-104.01, in effect on the date the recovery care center submitted architectural plans and specifications to the Department for approval, according to R9-10-104.
- B.** An administrator shall ensure that the premises and equipment are sufficient to accommodate:
- 1. The services stated in the recovery care center's scope of services; and
  - 2. An individual accepted as a patient by the recovery care center.
- C.** An administrator shall ensure that the recovery care center does not allow more than two beds per room.
- Historical Note**  
New Section R9-10-2118 renumbered from R9-10-518 by exempt rulemaking at 25 A.A.R. 1222, effective April 25, 2019 (Supp. 19-2). Amended by final expedited rulemaking, at 25 A.A.R. 3481 with an immediate effective date of November 5, 2019 (Supp. 19-4).

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## TITLE 9. HEALTH SERVICES

### CHAPTER 17. DEPARTMENT OF HEALTH SERVICES - MEDICAL MARIJUANA PROGRAM

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

This Chapter contains rules that were filed to be codified in the *Arizona Administrative Code* between the dates of  
July 1, 2021 through September 30, 2021

[R9-17-306.](#)    [Changes to a Dispensary Registration Certificate 25](#)    [R9-17-324.](#)    [Dual Licensees .....40](#)

*R19-17-308 was amended twice in the third quarter of 2021.  
To view the rule as amended in July, refer to the historical note at  
the end of the Section for the Register publication volume and page  
number.*

[R9-17-308.](#)    [Renewing a Dispensary Registration Certificate 26](#)

#### Questions about these rules? Contact:

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#### The release of this Chapter in Supp. 21-3 replaces Supp. 21-2, 1-59 pages

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

## PREFACE

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

Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

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### RULES

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

### THE ADMINISTRATIVE CODE

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

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

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

First Quarter: January 1 - March 31  
Second Quarter: April 1 - June 30  
Third Quarter: July 1 - September 30  
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2021 is cited as Supp. 21-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. This is why the Office lists only updated codified Sections on the previous page.

### AUTHENTICATION OF PDF CODE CHAPTERS

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

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

### HOW TO USE THE CODE

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

### ARIZONA REVISED STATUTE REFERENCES

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

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

### SESSION LAW REFERENCES

Arizona Session Law references in a Chapter can be found at the Secretary of State’s website, [www.azsos.gov](http://www.azsos.gov) under Services-> Legislative Filings.

### EXEMPTIONS FROM THE APA

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

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

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

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

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

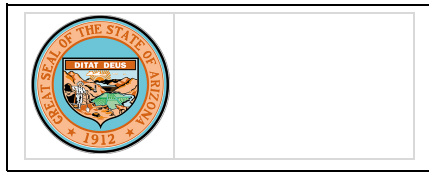
### EXEMPTIONS AND PAPER COLOR

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

### PERSONAL USE/COMMERCIAL USE

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



## Administrative Rules Division

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

## TITLE 9. HEALTH SERVICES

## CHAPTER 17. DEPARTMENT OF HEALTH SERVICES - MEDICAL MARIJUANA PROGRAM

Authority: A.R.S. §§ 36-136(G), 36-2803 and 36-2854

## Supp. 21-3

*Editor's Note: Under A.R.S. 41-1011(C) Table 3.1 referenced in this Chapter now includes the table name Analytes for clarity. This change did not alter the sense, meaning or effect of any rule in this Chapter (Supp. 21-2).*

*Editor's Note: To assist with compliance of exempt rules filed and effective January 15, 2021, the Administrative Rules Division has expedited the publication of this Chapter and released it in Supp. 20-4. Multiple notice filings were received with amendments to the same Sections in this supplement release. For versioning of these Sections, refer to the published notice in the Arizona Administrative Register (Supp. 20-4).*

*Editor's Note: Section R9-17-102 and its historical note were inadvertently removed in Supp. 20-2; the Section and historical note have been restored as last amended in Supp. 19-3 (Supp. 20-3).*

*Editor's Note: This Chapter was adopted under a one-year exemption from the Arizona Administrative Procedure Act (A.R.S. Title 41, Chapter 6) pursuant to Proposition 203 passed by the voters in November 2010. Although exempt from certain provisions of the rulemaking process, Section 6 of the Proposition required the Department to provide the public with an opportunity to comment on these rules before publishing the exempted rules. The Department posted proposed rules for comment on its web site, conducted statewide public meetings and also posted public comments received on its web site. (Supp. 11-2).*

*Editor's Note: 9 A.A.C. 17, formerly contained the rules of the Department of Health Services - Pure Food Control. This Chapter expired under A.R.S. § 41-1056(E) at 13 A.A.R. 3531, effective August 31, 2007 (Supp. 07-3).*

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## ARTICLE 1. GENERAL

**R9-17-101. Definitions**

In addition to the definitions in A.R.S. § 36-2801, the following definitions apply in this Chapter unless otherwise stated:

1. "Accreditation" means being deemed as technically competent under ISO 17025 by the:
  - a. American Association of Laboratory Accreditation,
  - b. Perry Johnson Laboratory Accreditation,
  - c. ANSI National Accreditation Board, or
  - d. International Accreditation Services.
2. "Accuracy testing" means a mechanism in which a laboratory performs testing on samples with known characteristics, prepared by the laboratory, to determine a laboratory agent's ability to analyze samples within specific acceptance criteria.
3. "Acquire" means to obtain through any type of transaction and from any source.
4. "Activities of daily living" means ambulating, bathing, dressing, grooming, eating, toileting, and getting in and out of bed.
5. "Amend" means adding or deleting information on an individual's registry identification card that affects the individual's ability to perform or delegate a specific act or function.
6. "Analyte" means a specific substance for which testing is performed by a laboratory.
7. "Applicant" means:
  - a. An individual submitting an application for a registry identification card or to amend, change, or replace a registry identification card for a qualifying patient, designated caregiver, dispensary agent, or laboratory agent;
  - b. An entity submitting an application for a dispensary registration certificate or approval to operate a dispensary; or
  - c. An individual or entity submitting an application for a laboratory registration certificate, approval to test, or approval to change parameters.
8. "Batch" means:
  - a. When referring to cultivated medical marijuana, a specific lot of medical marijuana grown from one or more seeds or cuttings that are planted and harvested at the same time;
  - b. When referring to marijuana products, a specific amount of a marijuana product infused, manufactured, or prepared for sale from the same set of ingredients at the same time; and
  - c. When referring to testing of medical marijuana or a marijuana product, a specific set of samples prepared and tested during the same run using the same equipment.
9. "Batch number" means a unique numeric or alphanumeric identifier assigned to a batch by a dispensary when:
  - a. The batch of medical marijuana is planted, or
  - b. The batch of a marijuana product is infused, manufactured, or prepared for sale.
10. "Calendar day" means each day, not including the day of the act, event, or default from which a designated period of time begins to run, but including the last day of the period unless it is a Saturday, Sunday, statewide furlough day, or legal holiday, in which case the period runs until the end of the next day that is not a Saturday, Sunday, statewide furlough day, or legal holiday.
11. "Change" means:
  - a. When used in relation to a registry identification card, adding or deleting information on an individual's registry identification card that does not substantively affect the individual's ability to perform or delegate a specific act or function;
  - b. When used in relation to a place, moving to a different location;
  - c. When used in relation to an individual, selecting a different individual to perform specific actions;
  - d. When used in relation to parameters, revising a laboratory's standard operating procedures or quality assurance plan, required in R9-17-404.06, due to:
    - i. Adding or removing a parameter,
    - ii. Altering a testing method, or
    - iii. Using a different instrument for performing a test; and
  - e. When used in relation to testing results, altering the testing results in any way and for any reason.
12. "Commercial device" means the same as in A.R.S. § 3-3451.
13. "Contaminant" means matter, pollutant, hazardous substance, or other substance that is not intended to be part of dispensed medical marijuana or a marijuana product.
14. "Cultivation site" means the one additional location where marijuana may be cultivated, infused, or prepared for sale by and for a dispensary.
15. "Current photograph" means an image of an individual, taken no more than 60 calendar days before the submission of the individual's application, in a Department-approved electronic format capable of producing an image that:
  - a. Has a resolution of at least 600 x 600 pixels but not more than 1200 x 1200 pixels;
  - b. Is 2 inches by 2 inches in size;
  - c. Is in natural color;
  - d. Is a front view of the individual's full face, without a hat or headgear that obscures the hair or hairline;
  - e. Has a plain white or off-white background; and
  - f. Has between 1 and 1 3/8 inches from the bottom of the chin to the top of the head.
16. "Denial" means the Department's final decision not to issue a registry identification card, a dispensary registration certificate, a laboratory registration certificate, or an approval of a change of dispensary or a dispensary's cultivation site location, to an applicant because the applicant or the application does not comply with the applicable requirements in A.R.S. Title 36, Chapter 28.1 or this Chapter.
17. "Dispensary" means the same as "nonprofit medical marijuana dispensary" as defined in A.R.S. § 36-2801.
18. "Dispensary agent" means the same as "nonprofit medical marijuana dispensary agent" as defined in A.R.S. § 36-2801.
19. "Dual licensee" means the same as in A.R.S. § 36-2850.
20. "Edible food product" means a substance, beverage, or ingredient used or intended for use or for sale in whole or in part for human oral consumption.
21. "Enclosed area" when used in conjunction with "enclosed, locked facility" means outdoor space surrounded by solid, 10-foot walls, constructed of metal, concrete, or stone that prevent any viewing of the marijuana plants, and a 1-inch thick metal gate.
22. "Entity" means the same as in A.R.S. § 29-2102.
23. "Generally accepted accounting principles" means the set of financial reporting standards established by the Financial Accounting Standards Board, the Governmental Accounting Standards Board, or another specialized body dealing with accounting and auditing matters.

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24. "Geographic area" means the same as in A.R.S. § 36-2803.01.
25. "In-state financial institution" means the same as in A.R.S. § 6-101.
26. "Inhalable" means intended for use through intake into the lungs of an individual.
27. "Laboratory" means the same as "independent third-party laboratory" as defined in A.R.S. § 36-2801.
28. "Laboratory agent" means the same as "independent third-party laboratory agent" as defined in A.R.S. § 36-2801.
29. "Legal guardian" means an adult who is responsible for a minor:
  - a. Through acceptance of guardianship of the minor through a testamentary appointment or an appointment by a court pursuant to A.R.S. Title 14, Chapter 5, Article 2; or
  - b. As a "custodian" as defined in A.R.S. § 8-201.
30. "Marijuana establishment" means the same as in A.R.S. § 36-2850.
31. "Medical record" means the same as:
  - a. "Adequate records" as defined in A.R.S. § 32-1401,
  - b. "Adequate medical records" as defined in A.R.S. § 32-1501,
  - c. "Adequate records" as defined in A.R.S. § 32-1800, or
  - d. "Adequate records" as defined in A.R.S. § 32-2901.
32. "Out-of-state financial institution" means the same as in A.R.S. § 6-101.
33. "Parameter" means the combination of a particular type of sample with a specific instrument or equipment by which the sample will be tested for a specific analyte or characteristic.
34. "Proficiency testing" means a mechanism in which samples with known characteristics are submitted to a laboratory for analysis to determine a laboratory agent's ability to analyze samples within specific acceptance criteria.
35. "Proficiency testing service" means an independent company or other person acceptable to the Department, based on ISO/IEC 17043:2010 certification, that:
  - a. Is the source for samples with known characteristics for proficiency testing, and
  - b. Assesses the acceptability of a laboratory agent's results from the samples with known characteristics during proficiency testing.
36. "Private school" means the same as in A.R.S. § 15-101.
37. "Public place":
  - a. Means any location, facility, or venue that is not intended for the regular exclusive use of an individual or a specific group of individuals;
  - b. Includes, but not is limited to:
    - i. Airports;
    - ii. Banks;
    - iii. Bars;
    - iv. Child care facilities;
    - v. Child care group homes during hours of operation;
    - vi. Common areas of apartment buildings, condominiums, or other multifamily housing facilities;
    - vii. Educational facilities;
    - viii. Entertainment facilities or venues;
    - ix. Health care institutions, except as provided in subsection (37)(c);
    - x. Hotel and motel common areas;
    - xi. Laundromats;
    - xii. Libraries;
    - xiii. Office buildings;
    - xiv. Parking lots;
    - xv. Parks;
    - xvi. Public transportation facilities;
    - xvii. Reception areas;
    - xviii. Restaurants;
    - xix. Retail food production or marketing establishments;
    - xx. Retail service establishments;
    - xxi. Retail stores;
    - xxii. Shopping malls;
    - xxiii. Sidewalks;
    - xxiv. Sports facilities;
    - xxv. Theaters; and
    - xxvi. Waiting rooms; and
  - c. Does not include:
    - i. Nursing care institutions as defined in A.R.S. § 36-401,
    - ii. Hospices as defined in A.R.S. § 36-401,
    - iii. Assisted living centers as defined in A.R.S. § 36-401,
    - iv. Assisted living homes as defined in A.R.S. § 36-401,
    - v. Adult day health care facilities as defined in A.R.S. § 36-401,
    - vi. Adult foster care homes as defined in A.R.S. § 36-401, or
    - vii. Private residences.
38. "Public school" means the same as "school" as defined in A.R.S. § 15-101.
39. "Registry identification number" means the random 20-digit alphanumeric identifier generated by the Department, containing at least four numbers and four letters, issued by the Department to a qualifying patient, designated caregiver, dispensary, dispensary agent, laboratory, or laboratory agent.
40. "Revocation" means the Department's final decision that an individual's registry identification card, a dispensary registration certificate, or a laboratory registration certificate is rescinded because the individual, the dispensary, or the laboratory does not comply with the applicable requirements in A.R.S. Title 36, Chapter 28.1 or this Chapter.
41. "Sample" means:
  - a. A representative portion of a larger quantity of medical marijuana or a marijuana product,
  - b. A specific quantity of a substance or set of substances to be used for testing purposes, or
  - c. To collect the representative portion in subsection (41)(a).
42. "Working day" means a Monday, Tuesday, Wednesday, Thursday, or Friday that is not a state holiday or a state-wide furlough day.

**Historical Note**

New Section made by exempt rulemaking at 17 A.A.R. 734, effective April 14, 2011 (Supp. 11-2). Amended by final rulemaking at 18 A.A.R. 3354, with an immediate effective date of December 5, 2012 (Supp. 12-4). Amended by exempt rulemaking at 25 A.A.R. 2421, effective August 27, 2019 (Supp. 19-3). Amended by exempt rulemaking at 26 A.A.R. 734, with an immediate effective date of April 2, 2020 (Supp. 20-2). Amended by exempt rulemaking at 27 A.A.R. 111, with an immediate effective date of January 15, 2021 (Supp. 20-4). Amended by exempt rulemaking at 27 A.A.R. 747, effective

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tive May 3, 2021 (Supp. 21-2).

**R9-17-102. Fees**

- A.** An applicant submitting an application to the Department shall submit the following nonrefundable fees:
1. Except as provided in R9-17-303(D), for registration of a dispensary, \$5,000;
  2. To renew the registration of a dispensary, \$1,000;
  3. To change the location of a dispensary, \$2,500;
  4. To change the location of a dispensary's cultivation site or add a cultivation site, \$2,500;
  5. For a registry identification card for a:
    - a. Qualifying patient, except as provided in subsection (B), \$150;
    - b. Designated caregiver, \$200;
    - c. Dispensary agent, \$500; and
    - d. Laboratory agent, \$500;
  6. For renewing a registry identification card for a:
    - a. Qualifying patient, except as provided in subsection (B), \$150;
    - b. Designated caregiver, \$200;
    - c. Dispensary agent, \$500; and
    - d. Laboratory agent, \$500;
  7. For amending or changing a registry identification card, \$10;
  8. For requesting a replacement registry identification card, \$10;
  9. For registration of a laboratory, \$5,000; and
  10. To renew the registration of a laboratory, \$1,000.
- B.** A qualifying patient may pay a reduced fee of \$75 if the qualifying patient submits, with the qualifying patient's application for a registry identification card or the qualifying patient's application to renew the qualifying patient's registry identification card, a copy of an eligibility notice or electronic benefits transfer card demonstrating current participation in the U.S. Department of Agriculture, Food and Nutrition Services, Supplemental Nutrition Assistance Program.

**Historical Note**

New Section made by exempt rulemaking at 17 A.A.R. 734, effective April 14, 2011 (Supp. 11-2). Amended by final rulemaking at 18 A.A.R. 3354, with an immediate effective date of December 5, 2012 (Supp. 12-4).

Amended by exempt rulemaking at 25 A.A.R. 2421, effective August 27, 2019 (Supp. 19-3). Section R9-17-102 and its historical note were inadvertently removed in Supp. 20-2; the Section and historical note have been restored as last amended in Supp. 19-3 (Supp. 20-3).

**R9-17-103. Application Submission**

- A.** An applicant submitting an application for a registry identification card or to amend, change, or replace a registry identification card for a qualifying patient, designated caregiver, dispensary agent, or laboratory agent, shall submit the application electronically in a Department-provided format.
- B.** A residence address or mailing address submitted for a qualifying patient or designated caregiver as part of an application for a registry identification card is located in Arizona.
- C.** A mailing address submitted for a principal officer or board member as part of a dispensary certificate registration application or as part of an application for a dispensary agent registration identification card is located in Arizona.
- D.** A mailing address submitted for an owner as a part of a laboratory registration certificate application or as part of an application for a laboratory agent registration identification card is located in Arizona.

**Historical Note**

New Section made by exempt rulemaking at 17 A.A.R. 734, effective April 14, 2011 (Supp. 11-2). Amended by final rulemaking at 18 A.A.R. 3354, with an immediate effective date of December 5, 2012 (Supp. 12-4). Amended by exempt rulemaking at 25 A.A.R. 2421, effective August 27, 2019 (Supp. 19-3).

**R9-17-104. Changing Information on a Registry Identification Card**

Except as provided in R9-17-203(B) and (C), to make a change to a cardholder's name or address on the cardholder's registry identification card, the cardholder shall submit to the Department, within 10 working days after the change, a request for the change that includes:

1. The cardholder's name and the registry identification number on the cardholder's current registry identification card;
2. The cardholder's new name or address, as applicable;
3. For a change in the cardholder's name, one of the following with the cardholder's new name:
  - a. An Arizona driver's license,
  - b. An Arizona identification card, or
  - c. The photograph page in the cardholder's U.S. passport;
4. For a change in address, the county where the new address is located;
5. The effective date of the cardholder's new name or address; and
6. The applicable fee in R9-17-102 for changing a registry identification card.

**Historical Note**

New Section made by exempt rulemaking at 17 A.A.R. 734, effective April 14, 2011 (Supp. 11-2).

**R9-17-105. Requesting a Replacement Registry Identification Card**

To request a replacement card for a cardholder's registry identification card that has been lost, stolen, or destroyed, the cardholder shall submit to the Department, within 10 working days after the cardholder's registry identification card was lost, stolen, or destroyed, a request for a replacement card that includes:

1. The cardholder's name and date of birth;
2. If known, the registry identification number on the cardholder's lost, stolen, or destroyed registry identification card;
3. If the cardholder cannot provide the registry identification number on the cardholder's lost, stolen, or destroyed registry identification card, a copy of one of the following documents that the cardholder submitted when the cardholder obtained the registry identification card:
  - a. Arizona driver's license,
  - b. Arizona identification card,
  - c. Arizona registry identification card, or
  - d. Photograph page in the cardholder's U.S. passport; and
4. The applicable fee in R9-17-102 for requesting a replacement registry identification card.

**Historical Note**

New Section made by exempt rulemaking at 17 A.A.R. 734, effective April 14, 2011 (Supp. 11-2).

**R9-17-106. Adding a Debilitating Medical Condition**

- A.** An entity may request the addition of a medical condition to the list of debilitating medical conditions in R9-17-201 by sub-



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mitting to the Department, at the times specified in subsection (C), the following in writing:

1. The entity's name;
  2. The entity's mailing address, name of contact individual, telephone number, and, if applicable, e-mail address;
  3. The name of the medical condition the entity is requesting be added;
  4. A description of the symptoms and other physiological effects experienced by an individual suffering from the medical condition or a treatment of the medical condition that may impair the ability of the individual to accomplish activities of daily living;
  5. The availability of conventional medical treatments to provide therapeutic or palliative benefit for the medical condition or a treatment of the medical condition;
  6. A summary of the evidence that the use of marijuana will provide therapeutic or palliative benefit for the medical condition or a treatment of the medical condition; and
  7. Articles, published in peer-reviewed scientific journals, reporting the results of research on the effects of marijuana on the medical condition or a treatment of the medical condition supporting why the medical condition should be added.
- B.** The Department shall:
1. Acknowledge in writing the Department's receipt of a request for the addition of a medical condition to the list of debilitating medical conditions listed in R9-17-201 within 30 calendar days after receiving the request;
  2. Review the request to determine if the requester has provided evidence that:
    - a. The specified medical condition or treatment of the medical condition impairs the ability of the individual to accomplish activities of daily living, and
    - b. Marijuana usage provides a therapeutic or palliative benefit to an individual suffering from the medical condition or treatment of the medical condition;
  3. Within 90 calendar days after receiving the request, notify the requester that the Department has determined that the information provided by the requester:
    - a. Meets the requirements in subsection (B)(2) and the date the Department will conduct a public hearing to discuss the request; or
    - b. Does not meet the requirements in subsection (B)(2), the specific reason for the determination, and the process for requesting judicial review of the Department's determination pursuant to A.R.S. Title 12, Chapter 7, Article 6;
  4. If applicable:
    - a. Schedule a public hearing to discuss the request;
    - b. Provide public notice of the public hearing by submitting a Notice of Public Information to the Office of the Secretary of State, for publication in the *Arizona Administrative Register* at least 30 calendar days before the date of the public hearing;
    - c. Post a copy of the request on the Department's web site for public comment at least 30 calendar days before the date of the public hearing; and
    - d. Hold the public hearing no more than 150 calendar days after receiving the request; and
  5. Within 180 calendar days after receiving the request:
    - a. Add the medical condition to the list of debilitating medical conditions, or
    - b. Provide written notice to the requester of the Department's decision to deny the request that includes:
      - i. The specific reasons for the Department's decision; and

- ii. The process for requesting judicial review of the Department's decision pursuant to A.R.S. Title 12, Chapter 7, Article 6.

- C.** The Department shall accept requests for the addition of a medical condition to the list of debilitating medical conditions in R9-17-201 in January and July of each calendar year starting in January 2012.

**Historical Note**

New Section made by exempt rulemaking at 17 A.A.R. 734, effective April 14, 2011 (Supp. 11-2).

**R9-17-107. Time-frames**

- A.** Within the administrative completeness review time-frame for each type of approval in Table 1.1, the Department shall:
1. Issue a registry identification card, a dispensary registration certificate, an approval to operate a dispensary, a laboratory registration certificate, an approval for testing, or an approval to add a parameter;
  2. Provide a notice of administrative completeness to an applicant; or
  3. Provide a notice of deficiencies to an applicant, including a list of the information or documents needed to complete the application.
- B.** An application for approval to operate a dispensary is not complete until the date the applicant states on a written notice provided to the Department according to R9-17-305 that the dispensary is ready for an inspection by the Department.
- C.** A laboratory's application for approval for testing is not complete until the date the applicant states on a written notice provided to the Department according to R9-17-402.01 that the laboratory is ready for an inspection by the Department.
- D.** If the Department provides a notice of deficiencies to an applicant:
1. The administrative completeness review time-frame and the overall time-frame are suspended from the date of the notice of deficiencies until the date the Department receives the missing information or documents from the applicant; and
  2. The Department shall consider the application withdrawn if the applicant does not submit the missing information or documents to the Department within the time-frame in Table 1.1.
- E.** Within the substantive review time-frame for each type of approval in Table 1.1, the Department:
1. According to subsection (H), shall issue or deny:
    - a. A registry identification card, dispensary registration certificate, or laboratory registration certificate; or
    - b. Approval to operate a dispensary, approval for testing, or approval to add a parameter;
  2. May complete an inspection that may require more than one visit to a dispensary and, if applicable, the dispensary's cultivation site;
  3. May complete an inspection that may require more than one visit to a laboratory; and
  4. May make one written comprehensive request for more information, unless the Department and the applicant agree in writing to allow the Department to submit supplemental requests for information.
- F.** If the Department issues a written comprehensive request or a supplemental request for information:
1. The substantive review time-frame and the overall time-frame are suspended from the date of the written comprehensive request or the supplemental request for information until the date the Department receives all of the information requested, and



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2. The applicant shall submit to the Department all of the information and documents listed in the written comprehensive request or supplemental request for information within 10 working days after the date of the comprehensive written request or supplemental request for information.
- G.** If an applicant for an initial dispensary registration certificate is allocated a dispensary registration certificate as provided in R9-17-303, the Department shall provide a written notice to the applicant of the allocation of the dispensary registration certificate that contains the dispensary's registry identification number.
1. After the applicant receives the written notice of the allocation, the applicant shall submit to the Department for each principal officer or board member for whom fingerprints were submitted according to R9-17-304(C)(3)(b):
    - a. An application for a dispensary agent registry identification card that includes:
      - i. The principal officer's or board member's first name; middle initial, if applicable; last name; and suffix, if applicable;
      - ii. The principal officer's or board member's residence address and mailing address;
      - iii. The county where the principal officer or board member resides;
      - iv. The principal officer's or board member's date of birth;
      - v. The identifying number on the applicable card or document in subsection (G)(1)(b)(i) through (v);
      - vi. The name and registry identification number of the dispensary;
      - vii. One of the following:
        - (1) A statement that the principal officer or board member does not currently hold a valid registry identification card, or
        - (2) The assigned registry identification number for each valid registry identification card currently held by the principal officer or board member;
      - viii. A statement signed by the principal officer or board member pledging not to divert marijuana to any individual who or entity that is not allowed to possess marijuana pursuant to A.R.S. Title 36, Chapter 28.1;
      - ix. An attestation that the information provided in and with the application is true and correct; and
      - x. The signature of the principal officer or board member and the date the principal officer or board member signed;
    - b. A copy of the principal officer's or board member's:
      - i. Arizona driver's license issued on or after October 1, 1996;
      - ii. Arizona identification card issued on or after October 1, 1996;
      - iii. Arizona registry identification card;
      - iv. Photograph page in the principal officer's or board member's U.S. passport; or
      - v. Arizona driver's license or identification card issued before October 1, 1996 and one of the following for the principal officer or board member:
        - (1) Birth certificate verifying U.S. citizenship,
        - (2) U.S. Certificate of Naturalization, or
        - (3) U.S. Certificate of Citizenship;
- c. A current photograph of the principal officer or board member; and
- d. The applicable fee in R9-17-102 for applying for a dispensary agent registry identification card.
2. After receipt of the information and documents in subsection (G)(1), the Department shall review the information and documents.
- a. If the information and documents for at least one of the principal officers or board members complies with the A.R.S. Title 36, Chapter 28.1 and this Chapter, the Department shall issue:
    - i. A dispensary agent registry identification card to any principal officer or board member whose dispensary agent registry identification card application complies with A.R.S. Title 36, Chapter 28.1 and this Chapter; and
    - ii. The dispensary registration certificate.
  - b. If the information and documents for a dispensary agent registry identification card application for any principal officer or board member does not comply with A.R.S. Title 36, Chapter 28.1 and this Chapter, the Department shall deny the dispensary agent registry identification card application and provide notice to the principal officer or board member and to the dispensary that includes:
    - i. The specific reasons for the denial; and
    - ii. The process for requesting a judicial review of the Department's decision pursuant to A.R.S. Title 12, Chapter 7, Article 6.
- H.** If an application for an initial laboratory registration certificate is approved, the Department shall review the information and documents submitted according to R9-17-402(A)(4) and:
1. If the information and documents for at least one of the owners comply with the A.R.S. Title 36, Chapter 28.1 and this Chapter, the Department shall issue:
    - a. A laboratory agent registry identification card to any owner who complies with A.R.S. Title 36, Chapter 28.1 and this Chapter; and
    - b. The laboratory registration certificate; and
  2. If the information and documents submitted according to R9-17-402(A)(4) for an owner do not comply with A.R.S. Title 36, Chapter 28.1 and this Chapter, the Department shall deny the owner a laboratory agent registry identification card and provide notice to the owner and to the laboratory that includes:
    - a. The specific reasons for the denial; and
    - b. The process for requesting a judicial review of the Department's decision pursuant to A.R.S. Title 12, Chapter 7, Article 6.
- I.** The Department shall issue:
1. A registry identification card, renewal of a dispensary registration certificate, an approval to operate a dispensary, renewal of a laboratory registration certificate, an approval for testing, or an approval to add a parameter, as applicable, if the Department determines that the applicant complies with A.R.S. Title 36, Chapter 28.1 and this Chapter;
  2. For an applicant for a registry identification card, a denial that includes the reason for the denial and the process for requesting judicial review if:
    - a. The Department determines that the applicant does not comply with A.R.S. Title 36, Chapter 28.1 and this Chapter; or
    - b. The applicant does not submit all of the information and documents listed in the written comprehensive request or supplemental request for information

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- within 10 working days after the date of the comprehensive written request or supplemental request for information;
3. For an applicant for an initial dispensary registration certificate, if the Department determines that the dispensary registration certificate application complies with A.R.S. Title 36, Chapter 28.1 and this Chapter:
    - a. A dispensary registration certificate, if not all available dispensary registration certificates have been allocated according to the criteria and processes in R9-17-303; or
    - b. Written notice that:
      - i. The dispensary registration certificate application complies with A.R.S. Title 36, Chapter 28.1 and this Chapter;
      - ii. The applicant was not allocated a dispensary registration certificate according to the criteria and processes in R9-17-303 because all available dispensary registration certificates have been allocated according to the criteria and processes in R9-17-303; and
      - iii. The written notice is not a denial and is not considered a final decision of the Department subject to administrative review; or
  4. For an applicant for a dispensary registration certificate, an approval to operate, a laboratory registration certificate, an approval for testing, or an approval to add a parameter, a denial that includes the reason for the denial and the process for administrative review if:
    - a. The Department determines that the applicant does not comply with A.R.S. Title 36, Chapter 28.1 or this Chapter; or
    - b. The applicant does not submit all of the information and documents listed in the written comprehensive request or supplemental request for information within 10 working days after the date of the comprehensive written request or supplemental request for information.

**Historical Note**

New Section made by exempt rulemaking at 17 A.A.R. 734, effective April 14, 2011 (Supp. 11-2). Amended by final rulemaking at 18 A.A.R. 3354, with an immediate effective date of December 5, 2012 (Supp. 12-4).

Amended by exempt rulemaking at 25 A.A.R. 2421, effective August 27, 2019 (Supp. 19-3). Amended by exempt rulemaking at 26 A.A.R. 968, effective April 20, 2020 (Supp. 20-2). Amended by exempt rulemaking at 26 A.A.R. 1905, with an immediate effective date of August 28, 2020 (Supp. 20-3).

**Table 1.1 Time-frames**

Type of approval	Authority (A.R.S. § or A.A.C.)	Overall Time-frame (in working days)	Time-frame for applicant to complete application (in working days)	Administrative Completeness Time-frame (in working days)	Substantive Review Time-frame (in working days)
Changing a registry identification card	§ 36-2808	10	10	5	5
Requesting a replacement registry identification card	§ 36-2804.06	5	5	2	3
Applying for a registry identification card for a qualifying patient or a designated caregiver	§ 36-2804.02(A)	15	30	5	10
Amending a registry identification card for a qualifying patient or a designated caregiver	§ 36-2808	10	10	5	5
Renewing a qualifying patient's or designated caregiver's registry identification card	§§ 36-2804.02(A) and 36-2804.06	15	15	5	10
Applying for a dispensary registration certificate	§ 36-2804	30	10	5	25
Applying for approval to operate a dispensary	R9-17-305	45	-	15	30
Changing a dispensary location or adding or changing a dispensary's cultivation site location	§ 36-2804 and R9-17-307	90	90	30	60
Renewing a dispensary registration certificate	§ 36-2804.06	15	15	5	10
Applying for a dispensary agent registry identification card	§§ 36-2804.01 and 36-2804.03	15	30	5	10
Renewing a dispensary agent's registry identification card	§ 36-2804.06	15	15	5	10

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Type of approval	Authority (A.R.S. § or A.A.C.)	Overall Time-frame (in working days)	Time-frame for applicant to complete application (in working days)	Administrative Completeness Time-frame (in working days)	Substantive Review Time-frame (in working days)
Applying for a laboratory registration certificate	§ 36-2804.07	90	90	30	60
Applying for approval for testing	R9-17-402.01	90	90	30	60
Renewing a laboratory registration certificate	§ 36-2804.06	15	15	5	10
Applying to add a parameter	R9-17-404.07	90	90	30	60
Applying for a laboratory agent registry identification card	§ 36-2804.01	15	30	5	10
Renewing a laboratory agent's registry identification card	§ 36-2804.06	15	15	5	10

**Historical Note**

New Table 1.1 made by exempt rulemaking at 17 A.A.R. 734, effective April 14, 2011 (Supp. 11-2). Table 1.1 amended by emergency rulemaking at 18 A.A.R. 1010, effective April 11, 2012 for 180 days (Supp. 12-2). Emergency expired; Table 1.1 amended by final rulemaking at 18 A.A.R. 3354, with an immediate effective date of December 5, 2012 (Supp. 12-4). Section symbols added to A.R.S. citations (Supp. 17-2). Amended by exempt rulemaking at 25 A.A.R. 2421, effective August 27, 2019 (Supp. 19-3). Amended by exempt rulemaking at 26 A.A.R. 968, effective April 20, 2020 (Supp. 20-2).

**R9-17-108. Expiration of a Registry Identification Card, Dispensary Registration Certificate, or Laboratory Registration Certificate**

- A. Except as provided in subsection (B), a registry identification card issued to a qualifying patient, designated caregiver, dispensary agent, or laboratory agent is valid for two years after the date of issuance.
- B. If the Department issues a registry identification card to a qualifying patient, designated caregiver, dispensary agent, or laboratory agent based on a request for a replacement registry identification card or an application to change or amend a registry identification card, the replacement, changed, or amended registry identification card shall have the same expiration date as the registry identification card being replaced, changed, or amended.
- C. Except as provided in subsection (D), a dispensary registration certificate is valid for two years after the date of issuance.
- D. If the Department issues an amended dispensary registration certificate based on a change of location or an addition of a cultivation site, the dispensary registration certificate shall have the same expiration date as the dispensary registration certificate previously held by the dispensary.
- E. An approval to operate a dispensary shall have the same expiration date as the dispensary registration certificate associated with the approval to operate the dispensary.
- F. A laboratory registration certificate is valid for two years after the original date of issuance.
- G. A laboratory's approval for testing shall have the same expiration date as the laboratory registration certificate associated with the laboratory's approval to test.

**Historical Note**

New Section made by exempt rulemaking at 17 A.A.R. 734, effective April 14, 2011 (Supp. 11-2). Amended by exempt rulemaking at 25 A.A.R. 2421, effective August 27, 2019 (Supp. 19-3). Amended by exempt rulemaking at 26 A.A.R. 1905, with an immediate effective date of August 28, 2020 (Supp. 20-3).

**R9-17-109. Notifications and Void Registry Identification Cards**

- A. The Department shall provide written notice that a cardholder's registry identification card is void and no longer valid under A.R.S. Title 36, Chapter 28.1 and this Chapter to:
  1. Qualifying patient when the Department receives notification from:
    - a. The qualifying patient that the qualifying patient no longer has a debilitating medical condition, or
    - b. The physician who provided the qualifying patient's written certification that the:
      - i. Qualifying patient no longer has a debilitating medical condition,
      - ii. Physician no longer believes that the qualifying patient would receive therapeutic or palliative benefit from the medical use of marijuana, or
      - iii. Physician believes that the qualifying patient is not using the medical marijuana as recommended;
  2. Designated caregiver when:
    - a. The Department receives notification from the designated caregiver's qualifying patient that the designated caregiver no longer assists the qualifying patient with the medical use of marijuana, or
    - b. The registry identification card for the qualifying patient that is listed on the designated caregiver's registry identification card is no longer valid;
  3. Dispensary agent when:
    - a. The Department receives the written notification, required in R9-17-310(A)(9), that the dispensary agent:
      - i. No longer serves as a principal officer, board member, or medical director for the dispensary;
      - ii. Is no longer employed by the dispensary; or
      - iii. No longer provides volunteer service at or on behalf of the dispensary; or
    - b. The registration certificate for the dispensary that is listed on the dispensary agent's registry identification card is no longer valid; or
  4. Laboratory agent when:
    - a. The Department receives the written notification, required in R9-17-404(10), that the laboratory agent no longer:
      - i. Serves as an owner for the laboratory,

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- ii. Is employed by the laboratory, or
  - iii. Provides volunteer service at or on behalf of the laboratory; or
- b. The registration certificate for the laboratory that is listed on the laboratory agent's registration identification card is no longer valid.
- B. The Department shall void a qualifying patient's registry identification card:
  - 1. When the Department receives notification that the qualifying patient is deceased; or
  - 2. For a qualifying patient under 18 years of age, when the qualifying patient's designated caregiver's registry identification card is revoked.
- C. The written notice required in subsection (A) that a registry identification card is void is not a revocation and is not considered a final decision of the Department subject to judicial review.

**Historical Note**

New Section made by exempt rulemaking at 17 A.A.R. 734, effective April 14, 2011 (Supp. 11-2). Amended by final rulemaking at 18 A.A.R. 3354, with an immediate effective date of December 5, 2012 (Supp. 12-4). Amended by exempt rulemaking at 25 A.A.R. 2421, effective August 27, 2019 (Supp. 19-3).

**ARTICLE 2. QUALIFYING PATIENTS AND DESIGNATED CAREGIVERS****R9-17-201. Debilitating Medical Conditions**

An individual applying for a qualifying patient registry identification card shall have a diagnosis from a physician of at least one of the following debilitating medical conditions:

- 1. Cancer;
- 2. Glaucoma;
- 3. Human immunodeficiency virus;
- 4. Acquired immune deficiency syndrome;
- 5. Hepatitis C;
- 6. Amyotrophic lateral sclerosis;
- 7. Crohn's disease;
- 8. Agitation of Alzheimer's disease;
- 9. A chronic or debilitating disease or medical condition or the treatment for a chronic or debilitating disease or medical condition that produces cachexia or wasting syndrome;
- 10. A chronic or debilitating disease or medical condition or the treatment for a chronic or debilitating disease or medical condition that produces severe and chronic pain;
- 11. A chronic or debilitating disease or medical condition or the treatment for a chronic or debilitating disease or medical condition that produces severe nausea;
- 12. A chronic or debilitating disease or medical condition or the treatment for a chronic or debilitating disease or medical condition that produces seizures, including those characteristic of epilepsy;
- 13. A chronic or debilitating disease or medical condition or the treatment for a chronic or debilitating disease or medical condition that produces severe or persistent muscle spasms, including those characteristic of multiple sclerosis; or
- 14. A debilitating medical condition approved by the Department under A.R.S. § 36-2801.01 and R9-17-106.

**Historical Note**

New Section made by exempt rulemaking at 17 A.A.R. 734, effective April 14, 2011 (Supp. 11-2).

**R9-17-202. Applying for a Registry Identification Card for a Qualifying Patient or a Designated Caregiver**

- A. Except for a qualifying patient who is under 18 years of age, a qualifying patient is not required to have a designated caregiver.
- B. A qualifying patient may have only one designated caregiver at any given time.
- C. Except for a qualifying patient who is under 18 years of age, if the information submitted for a qualifying patient complies with A.R.S. Title 36, Chapter 28.1 and this Chapter but the information for the qualifying patient's designated caregiver does not comply with A.R.S. Title 36, Chapter 28.1 and this Chapter, the Department shall issue the registry identification card for the qualifying patient separate from issuing a registry identification card for the qualifying patient's designated caregiver.
- D. If the Department issues a registry identification card to a qualifying patient under subsection (C), the Department shall continue the process for issuing or denying the qualifying patient's designated caregiver's registry identification card.
- E. The Department shall not issue a designated caregiver's registry identification card before the Department issues the designated caregiver's qualifying patient's registry identification card.
- F. Except as provided in subsection (G), to apply for a registry identification card, a qualifying patient shall submit to the Department the following:
  - 1. An application in a Department-provided format that includes:
    - a. The qualifying patient's:
      - i. First name; middle initial, if applicable; last name; and suffix, if applicable;
      - ii. Date of birth; and
      - iii. Gender;
    - b. Except as provided in subsection (F)(1)(i), the qualifying patient's residence address and mailing address;
    - c. The county where the qualifying patient resides;
    - d. The qualifying patient's e-mail address;
    - e. The identifying number on the applicable card or document in subsection (F)(2)(a) through (e);
    - f. The name, address, and telephone number of the physician providing the written certification for medical marijuana for the qualifying patient;
    - g. Whether the qualifying patient is requesting authorization for cultivating marijuana plants for the qualifying patient's medical use because the qualifying patient believes that the qualifying patient resides at least 25 miles from the nearest operating dispensary;
    - h. If the qualifying patient is requesting authorization for cultivating marijuana plants, whether the qualifying patient is designating the qualifying patient's designated caregiver to cultivate marijuana plants for the qualifying patient's medical use;
    - i. If the qualifying patient is homeless, an address where the qualifying patient can receive mail;
    - j. Whether the qualifying patient would like notification of any clinical studies needing human subjects for research on the medical use of marijuana;
    - k. An attestation that the information provided in the application is true and correct; and
    - l. The signature of the qualifying patient and date the qualifying patient signed;
  - 2. A copy of the qualifying patient's:
    - a. Arizona driver's license issued on or after October 1, 1996;
    - b. Arizona identification card issued on or after October 1, 1996;

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- c. Arizona registry identification card;
- d. Photograph page in the qualifying patient's U.S. passport; or
- e. Arizona driver's license or identification card issued before October 1, 1996 and one of the following for the qualifying patient:
  - i. Birth certificate verifying U.S. citizenship,
  - ii. U.S. Certificate of Naturalization, or
  - iii. U.S. Certificate of Citizenship;
- 3. A current photograph of the qualifying patient;
- 4. A statement in a Department-provided format signed by the qualifying patient pledging not to divert marijuana to any individual who or entity that is not allowed to possess marijuana pursuant to A.R.S. Title 36, Chapter 28.1;
- 5. A physician's written certification in a Department-provided format dated within 90 calendar days before the submission of the qualifying patient's application that includes:
  - a. The physician's:
    - i. Name,
    - ii. License number including an identification of the physician license type,
    - iii. Office address on file with the physician's licensing board,
    - iv. Telephone number on file with the physician's licensing board, and
    - v. E-mail address;
  - b. The qualifying patient's name and date of birth;
  - c. A statement that the physician has made or confirmed a diagnosis of a debilitating medical condition as defined in A.R.S. § 36-2801 for the qualifying patient;
  - d. An identification, initialed by the physician, of one or more of the debilitating medical conditions in R9-17-201 as the qualifying patient's specific debilitating medical condition;
  - e. If the debilitating medical condition identified in subsection (F)(5)(d) is a condition in:
    - i. R9-17-201(9) through (13), the underlying chronic or debilitating disease or medical condition; or
    - ii. R9-17-201(14), the debilitating medical condition;
  - f. A statement, initialed by the physician, that the physician:
    - i. Has established a medical record for the qualifying patient, and
    - ii. Is maintaining the qualifying patient's medical record as required in A.R.S. § 12-2297;
  - g. A statement, initialed by the physician, that the physician has conducted an in-person physical examination of the qualifying patient within the previous 90 calendar days appropriate to the qualifying patient's presenting symptoms and the qualifying patient's debilitating medical condition diagnosed or confirmed by the physician;
  - h. The date the physician conducted the in-person physical examination of the qualifying patient;
  - i. A statement, initialed by the physician, that the physician reviewed the qualifying patient's:
    - i. Medical records including medical records from other treating physicians from the previous 12 months,
    - ii. Response to conventional medications and medical therapies, and
    - iii. Profile on the Arizona Board of Pharmacy Controlled Substances Prescription Monitoring Program database;
  - j. A statement, initialed by the physician, that the physician has explained the potential risks and benefits of the medical use of marijuana to the qualifying patient;
  - k. A statement, initialed by the physician, that, in the physician's professional opinion, the qualifying patient is likely to receive therapeutic or palliative benefit from the qualifying patient's medical use of marijuana to treat or alleviate the qualifying patient's debilitating medical condition;
  - l. A statement, initialed by the physician, that, if the physician has referred the qualifying patient to a dispensary, the physician has disclosed to the qualifying patient any personal or professional relationship the physician has with the dispensary;
  - m. A statement, initialed by the physician, that the physician has provided information to the qualifying patient, if the qualifying patient is female, that warns about:
    - i. The potential dangers to a fetus caused by smoking or ingesting marijuana while pregnant or to an infant while breastfeeding, and
    - ii. The risk of being reported to the Department of Child Safety during pregnancy or at the birth of the child by persons who are required to report;
  - n. An attestation that the information provided in the written certification is true and correct; and
  - o. The physician's signature and the date the physician signed;
- 6. If the qualifying patient is designating a caregiver, the following in a Department-provided format:
  - a. The designated caregiver's first name; middle initial, if applicable; last name; and suffix, if applicable;
  - b. The designated caregiver's date of birth;
  - c. The designated caregiver's residence address and mailing address;
  - d. The county where the designated caregiver resides;
  - e. The identifying number on the applicable card or document in subsection (F)(6)(i)(i) through (v);
  - f. One of the following:
    - i. A statement that the designated caregiver does not currently hold a valid registry identification card, or
    - ii. The assigned registry identification number for the designated caregiver for each valid registry identification card currently held by the designated caregiver;
  - g. An attestation signed and dated by the designated caregiver that the designated caregiver has not been convicted of an excluded felony offense as defined in A.R.S. § 36-2801;
  - h. A statement signed by the designated caregiver:
    - i. Agreeing to assist the qualifying patient with the medical use of marijuana; and
    - ii. Pledging not to divert marijuana to any individual who or entity that is not allowed to possess marijuana pursuant to A.R.S. Title 36, Chapter 28.1;
  - i. A copy of the designated caregiver's:
    - i. Arizona driver's license issued on or after October 1, 1996;
    - ii. Arizona identification card issued on or after October 1, 1996;

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- iii. Arizona registry identification card;
    - iv. Photograph page in the designated caregiver's U.S. passport; or
    - v. Arizona driver's license or identification card issued before October 1, 1996 and one of the following for the designated caregiver:
      - (1) Birth certificate verifying U.S. citizenship;
      - (2) U.S. Certificate of Naturalization; or
      - (3) U.S. Certificate of Citizenship;
  - j. A current photograph of the designated caregiver; and
  - k. For the Department's criminal records check authorized in A.R.S. § 36-2804.05:
    - i. The designated caregiver's fingerprints on a fingerprint card that includes:
      - (1) The designated caregiver's first name; middle initial, if applicable; and last name;
      - (2) The designated caregiver's signature;
      - (3) If different from the designated caregiver, the signature of the individual physically rolling the designated caregiver's fingerprints;
      - (4) The designated caregiver's address;
      - (5) If applicable, the designated caregiver's surname before marriage and any names previously used by the designated caregiver;
      - (6) The designated caregiver's date of birth;
      - (7) The designated caregiver's Social Security number;
      - (8) The designated caregiver's citizenship status;
      - (9) The designated caregiver's gender;
      - (10) The designated caregiver's race;
      - (11) The designated caregiver's height;
      - (12) The designated caregiver's weight;
      - (13) The designated caregiver's hair color;
      - (14) The designated caregiver's eye color; and
      - (15) The designated caregiver's place of birth;
 or
    - ii. If the designated caregiver's fingerprints and information required in subsection (F)(6)(k)(i) were submitted to the Department as part of an application for a designated caregiver registry identification card, dispensary agent registry identification card, or laboratory agent registry identification card within the previous six months, the registry identification number on the registry identification card issued to the designated caregiver as a result of the application; and
7. The applicable fees in R9-17-102 for applying for:
- a. A qualifying patient registry identification card; and
  - b. If applicable, a designated caregiver registry identification card.
- G.** To apply for a registry identification card for a qualifying patient who is under 18 years of age, the qualifying patient's custodial parent or legal guardian responsible for health care decisions for the qualifying patient shall submit to the Department the following:
- 1. An application in a Department-provided format that includes:
    - a. The qualifying patient's:
      - i. First name; middle initial, if applicable; last name; and suffix, if applicable;
      - ii. Date of birth; and
    - iii. Gender;
  - 2. A current photograph of the:
    - a. Qualifying patient; and
    - b. Qualifying patient's custodial parent or legal guardian serving as the qualifying patient's designated caregiver;
  - 3. An attestation in a Department-provided format signed and dated by the qualifying patient's custodial parent or legal guardian that the qualifying patient's custodial parent or legal guardian is requesting authorization for cultivating medical marijuana plants for the qualifying patient's medical use because the qualifying patient's custodial parent or legal guardian believes that the qualifying patient resides at least 25 miles from the nearest operating dispensary;
  - 4. Whether the qualifying patient's custodial parent or legal guardian would like notification of any clinical studies needing human subjects for research on the medical use of marijuana;
  - 5. Whether the individual submitting the application on behalf of the qualifying patient under 18 years of age is the qualifying patient's custodial parent or legal guardian;
  - 6. One of the following:
    - i. A statement that the qualifying patient's custodial parent or legal guardian does not currently hold a valid registry identification card; or
    - ii. The assigned registry identification number for the qualifying patient's custodial parent or legal guardian for each valid registry identification card currently held by the qualifying patient's custodial parent or legal guardian;
  - 7. An attestation that the information provided in the application is true and correct; and
  - 8. The signature of the qualifying patient's custodial parent or legal guardian and the date the qualifying patient's custodial parent or legal guardian signed;

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- ent or legal guardian has not been convicted of an excluded felony offense as defined in A.R.S. § 36-2801;
4. A statement in a Department-provided format signed by the qualifying patient's custodial parent or legal guardian who is serving as the qualifying patient's designated caregiver:
    - a. Allowing the qualifying patient's medical use of marijuana;
    - b. Agreeing to assist the qualifying patient with the medical use of marijuana; and
    - c. Pledging not to divert marijuana to any individual who or entity that is not allowed to possess marijuana pursuant to A.R.S. Title 36, Chapter 28.1;
  5. A copy of one of the following for the qualifying patient's custodial parent or legal guardian:
    - a. Arizona driver's license issued on or after October 1, 1996;
    - b. Arizona identification card issued on or after October 1, 1996;
    - c. Arizona registry identification card;
    - d. Photograph page in the qualifying patient's custodial parent or legal guardian U.S. passport; or
    - e. Arizona driver's license or identification card issued before October 1, 1996 and one of the following for the qualifying patient's custodial parent or legal guardian:
      - i. Birth certificate verifying U.S. citizenship,
      - ii. U.S. Certificate of Naturalization, or
      - iii. U.S. Certificate of Citizenship;
  6. If the individual submitting the application on behalf of a qualifying patient is the qualifying patient's legal guardian, a copy of documentation establishing the individual as the qualifying patient's legal guardian;
  7. For the Department's criminal records check authorized in A.R.S. § 36-2804.05:
    - a. The qualifying patient's custodial parent or legal guardian's fingerprints on a fingerprint card that includes:
      - i. The qualifying patient's custodial parent or legal guardian's first name; middle initial, if applicable; and last name;
      - ii. The qualifying patient's custodial parent or legal guardian's signature;
      - iii. If different from the qualifying patient's custodial parent or legal guardian, the signature of the individual physically rolling the qualifying patient's custodial parent's or legal guardian's fingerprints;
      - iv. The qualifying patient's custodial parent's or legal guardian's address;
      - v. If applicable, the qualifying patient's custodial parent's or legal guardian's surname before marriage and any names previously used by the qualifying patient's custodial parent or legal guardian;
      - vi. The qualifying patient's custodial parent's or legal guardian's date of birth;
      - vii. The qualifying patient's custodial parent's or legal guardian's Social Security number;
      - viii. The qualifying patient's custodial parent's or legal guardian's citizenship status;
      - ix. The qualifying patient's custodial parent's or legal guardian's gender;
      - x. The qualifying patient's custodial parent's or legal guardian's race;
    - xi. The qualifying patient's custodial parent's or legal guardian's height;
    - xii. The qualifying patient's custodial parent's or legal guardian's weight;
    - xiii. The qualifying patient's custodial parent's or legal guardian's hair color;
    - xiv. The qualifying patient's custodial parent's or legal guardian's eye color; and
    - xv. The qualifying patient's custodial parent's or legal guardian's place of birth; or
  - b. If the qualifying patient's custodial parent's or legal guardian's fingerprints and information required in subsection (G)(7)(a) were submitted to the Department as part of an application for a designated caregiver registry identification card, dispensary agent registry identification card, or laboratory agent registry identification card within the previous six months, the registry identification number on the registry identification card issued to the qualifying patient's custodial parent or legal guardian as a result of the application;
8. A written certification from the physician in subsection (G)(1)(i) and a separate written certification from the physician in (G)(1)(j) in a Department-provided format dated within 90 calendar days before the submission of the qualifying patient's application that includes:
    - a. The physician's:
      - i. Name,
      - ii. License number including an identification of the physician license type,
      - iii. Office address on file with the physician's licensing board,
      - iv. Telephone number on file with the physician's licensing board, and
      - v. E-mail address;
    - b. The qualifying patient's name and date of birth;
    - c. An identification of one or more of the debilitating medical conditions in R9-17-201 as the qualifying patient's specific debilitating medical condition;
    - d. If the debilitating medical condition identified in subsection (G)(9)(c) is a condition in:
      - i. R9-17-201(9) through (13), the underlying chronic or debilitating disease or medical condition; or
      - ii. R9-17-201(14), the debilitating medical condition;
    - e. For the physician listed in subsection (G)(1)(i):
      - i. A statement that the physician has made or confirmed a diagnosis of a debilitating medical condition as defined in A.R.S. § 36-2801 for the qualifying patient;
      - ii. A statement, initialed by the physician, that the physician:
        - (1) Has established a medical record for the qualifying patient, and
        - (2) Is maintaining the qualifying patient's medical record as required in A.R.S. § 12-2297;
      - iii. A statement, initialed by the physician, that the physician has conducted an in-person physical examination of the qualifying patient within the previous 90 calendar days appropriate to the qualifying patient's presenting symptoms and the qualifying patient's debilitating medical condition diagnosed or confirmed by the physician;

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- iv. The date the physician conducted the in-person physical examination of the qualifying patient;
- v. A statement, initialed by the physician, that the physician reviewed the qualifying patient's:
  - (1) Medical records, including medical records from other treating physicians from the previous 12 months,
  - (2) Response to conventional medications and medical therapies, and
  - (3) Profile on the Arizona Board of Pharmacy Controlled Substances Prescription Monitoring Program database;
- vi. A statement, initialed by the physician, that the physician has explained the potential risks and benefits of the use of medical marijuana to the qualifying patient's custodial parent or legal guardian responsible for health care decisions for the qualifying patient; and
- vii. A statement, initialed by the physician, that the physician has provided information to the qualifying patient's custodial parent or legal guardian responsible for health care decisions for the qualifying patient, if the qualifying patient is female, that warns about:
  - (1) The potential dangers to a fetus caused by smoking or ingesting marijuana while pregnant or to an infant while breastfeeding, and
  - (2) The risk of being reported to the Department of Child Safety during pregnancy or at the birth of the child by persons who are required to report;
- f. For the physician listed in subsection (G)(1)(j), a statement, initialed by the physician, that the physician conducted a comprehensive review of the qualifying patient's medical records from other treating physicians;
- g. A statement, initialed by the physician, that, in the physician's professional opinion, the qualifying patient is likely to receive therapeutic or palliative benefit from the qualifying patient's medical use of marijuana to treat or alleviate the qualifying patient's debilitating medical condition;
- h. A statement, initialed by the physician, that, if the physician has referred the qualifying patient's custodial parent or legal guardian to a dispensary, the physician has disclosed to the qualifying patient any personal or professional relationship the physician has with the dispensary;
- i. An attestation that the information provided in the written certification is true and correct; and
- j. The physician's signature and the date the physician signed; and
- 9. The applicable fees in R9-17-102 for applying for a:
  - a. Qualifying patient registry identification card, and
  - b. Designated caregiver registry identification card.
- H.** For purposes of this Article, "25 miles" includes the area contained within a circle that extends for 25 miles in all directions from a specific location.
- I.** For purposes of this Article, "residence address" when used in conjunction with a qualifying patient means:
  - 1. The street address including town or city and zip code assigned by a local jurisdiction; or
  - 2. For property that does not have a street address assigned by a local jurisdiction, the legal description of the property on the title documents recorded by the assessor of the county in which the property is located.

**Historical Note**

New Section made by exempt rulemaking at 17 A.A.R. 734, effective April 14, 2011 (Supp. 11-2). Amended by final rulemaking at 18 A.A.R. 3354, with an immediate effective date of December 5, 2012 (Supp. 12-4).

Amended by final rulemaking 23 A.A.R. 970, effective June 6, 2017 (Supp. 17-2). Amended by exempt rulemaking at 26 A.A.R. 1905, with an immediate effective date of August 28, 2020 (Supp. 20-3).

**R9-17-203. Amending a Qualifying Patient's or Designated Caregiver's Registry Identification Card**

- A.** To add a designated caregiver or to request a change of a qualifying patient's designated caregiver, the qualifying patient shall submit to the Department, within 10 working days after the addition or the change, the following:
  - 1. An application in a Department-provided format that includes:
    - a. The qualifying patient's name and the registry identification number on the qualifying patient's current registry identification card;
    - b. If applicable, the name of the qualifying patient's current designated caregiver and the date the designated caregiver last provided or will last provide assistance to the qualifying patient;
    - c. The name of the individual the qualifying patient is designating as caregiver; and
    - d. The signature of the qualifying patient and date the qualifying patient signed;
  - 2. For the caregiver the qualifying patient is designating:
    - a. The designated caregiver's first name; middle initial, if applicable; last name; and suffix, if applicable;
    - b. The designated caregiver's date of birth;
    - c. The designated caregiver's residence address and mailing address;
    - d. The county where the designated caregiver resides;
    - e. The identifying number on the applicable card or document in subsection (A)(2)(i)(i) through (v);
    - f. One of the following:
      - i. A statement that the designated caregiver does not currently hold a valid registry identification card, or
      - ii. The assigned registry identification number for the designated caregiver for each valid registry identification card currently held by the designated caregiver;
    - g. An attestation in a Department-provided format signed and dated by the designated caregiver that the designated caregiver has not been convicted of an excluded felony offense as defined in A.R.S. § 36-2801;
    - h. A statement in a Department-provided format signed by the designated caregiver:
      - i. Agreeing to assist the qualifying patient with the medical use of marijuana; and
      - ii. Pledging not to divert marijuana to any individual who or entity that is not allowed to possess marijuana pursuant to A.R.S. Title 36, Chapter 28.1;
    - i. A copy the designated caregiver's:
      - i. Arizona driver's license issued on or after October 1, 1996;
      - ii. Arizona identification card issued on or after October 1, 1996;



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- iii. Arizona registry identification card;
  - iv. Photograph page in the designated caregiver's U.S. passport; or
  - v. Arizona driver's license or identification card issued before October 1, 1996 and one of the following for the designated caregiver:
    - (1) Birth certificate verifying U.S. citizenship,
    - (2) U.S. Certificate of Naturalization, or
    - (3) U.S. Certificate of Citizenship;
  - j. A current photograph of the designated caregiver; and
  - k. For the Department's criminal records check authorized in A.R.S. § 36-2804.05:
    - i. The designated caregiver's fingerprints on a fingerprint card that includes:
      - (1) The designated caregiver's first name; middle initial, if applicable; and last name;
      - (2) The designated caregiver's signature;
      - (3) If different from the designated caregiver, the signature of the individual physically rolling the designated caregiver's fingerprints;
      - (4) The designated caregiver's address;
      - (5) If applicable, the designated caregiver's surname before marriage and any names previously used by the designated caregiver;
      - (6) The designated caregiver's date of birth;
      - (7) The designated caregiver's Social Security number;
      - (8) The designated caregiver's citizenship status;
      - (9) The designated caregiver's gender;
      - (10) The designated caregiver's race;
      - (11) The designated caregiver's height;
      - (12) The designated caregiver's weight;
      - (13) The designated caregiver's hair color;
      - (14) The designated caregiver's eye color; and
      - (15) The designated caregiver's place of birth; or
    - ii. If the designated caregiver's fingerprints and information required in subsection (A)(2)(k)(i) were submitted to the Department as part of an application for a designated caregiver registry identification card, dispensary agent registry identification card, or laboratory agent registry identification card within the previous six months, the registry identification number on the registry identification card issued to the designated caregiver as a result of the application; and
  - 3. The applicable fee in R9-17-102 for applying for a designated caregiver registry identification card.
- B.** To amend a qualifying patient's address on the qualifying patient's registry identification card when the qualifying patient or the qualifying patient's designated caregiver is authorized to cultivate marijuana, the qualifying patient shall submit to the Department, within 10 working days after the change in address, the following:
- 1. The qualifying patient's name and the registry identification number on the qualifying patient's current registry identification card;
  - 2. The qualifying patient's new address;
  - 3. The county where the new address is located;
  - 4. The name of the qualifying patient's designated caregiver, if applicable;
  - 5. Whether the qualifying patient is requesting authorization for cultivating marijuana plants for the qualifying patient's medical use because the qualifying patient believes that the qualifying patient resides at least 25 miles from the nearest operating dispensary;
  - 6. If the qualifying patient is requesting authorization for cultivating marijuana plants, whether the qualifying patient is designating the qualifying patient's designated caregiver to cultivate marijuana plants for the qualifying patient's medical use;
  - 7. The effective date of the qualifying patient's new address; and
  - 8. The applicable fee in R9-17-102 for applying to:
    - a. Amend a qualifying patient's registry identification card; and
    - b. If the qualifying patient is designating a designated caregiver for cultivation authorization, amend a designated caregiver's registry identification card.
- C.** To request authorization to cultivate marijuana based on a qualifying patient's current address or a new address, the qualifying patient shall submit to the Department, if applicable within 10 working days after the change in address, the following:
- 1. The qualifying patient's name and the registry identification number on the qualifying patient's current registry identification card;
  - 2. If the qualifying patient's address is a new address, the qualifying patient's:
    - a. Current address,
    - b. New address,
    - c. The county where the new address is located, and
    - d. The effective date of the qualifying patient's new address;
  - 3. The name of the qualifying patient's designated caregiver, if applicable;
  - 4. Whether the qualifying patient is requesting authorization for cultivating marijuana plants for the qualifying patient's medical use because the qualifying patient believes that the qualifying patient resides at least 25 miles from the nearest operating dispensary;
  - 5. If the qualifying patient is requesting authorization for cultivating marijuana plants, whether the qualifying patient is designating the qualifying patient's designated caregiver to cultivate marijuana plants for the qualifying patient's medical use; and
  - 6. The applicable fee in R9-17-102 for applying to:
    - a. Amend a qualifying patient's registry identification card; and
    - b. If the qualifying patient is designating a designated caregiver for cultivation authorization, amend a designated caregiver's registry identification card.

**Historical Note**

New Section made by exempt rulemaking at 17 A.A.R. 734, effective April 14, 2011 (Supp. 11-2). Amended by final rulemaking at 18 A.A.R. 3354, with an immediate effective date of December 5, 2012 (Supp. 12-4). The Department made a clerical error to R19-17-203(A)(1)(c) when promulgating rules in Supp. 12-4. Remediate or clarify "that" has been moved after "individual" at the request of the Department at file number R19-242 (Supp. 19-3). Amended by exempt rulemaking at 26 A.A.R. 1905, with an immediate effective date of August 28, 2020 (Supp. 20-3).

**R9-17-204. Renewing a Qualifying Patient's or Designated Caregiver's Registry Identification Card**

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- A. Except for a qualifying patient who is under 18 years of age, to renew a qualifying patient's registry identification card, the qualifying patient shall submit the following to the Department at least 30 calendar days before the expiration date of the qualifying patient's registry identification card:
1. An application in a Department-provided format that includes:
    - a. The qualifying patient's first name; middle initial, if applicable; last name; and suffix, if applicable;
    - b. The qualifying patient's date of birth;
    - c. Except as provided in subsection (A)(1)(j), the qualifying patient's residence address and mailing address;
    - d. The county where the qualifying patient resides;
    - e. The qualifying patient's e-mail address;
    - f. The registry identification number on the qualifying patient's current registry identification card;
    - g. The name, address, and telephone number of the physician providing the written certification for medical marijuana for the qualifying patient;
    - h. Whether the qualifying patient is requesting authorization for cultivating marijuana plants for the qualifying patient's medical use because the qualifying patient believes that the qualifying patient resides at least 25 miles from the nearest operating dispensary;
    - i. If the qualifying patient is requesting authorization for cultivating marijuana plants, whether the qualifying patient is designating the qualifying patient's designated caregiver to cultivate marijuana plants for the qualifying patient's medical use;
    - j. If the qualifying patient is homeless, an address where the qualifying patient can receive mail;
    - k. Whether the qualifying patient would like notification of any clinical studies needing human subjects for research on the medical use of marijuana;
    - l. An attestation that the information provided in the application is true and correct; and
    - m. The signature of the qualifying patient and the date the qualifying patient signed;
  2. If the qualifying patient's name in subsection (A)(1)(a) is not the same name as on the qualifying patient's current registry identification card, one of the following with the qualifying patient's new name:
    - a. An Arizona driver's license,
    - b. An Arizona identification card, or
    - c. The photograph page in the qualifying patient's U.S. passport;
  3. A current photograph of the qualifying patient;
  4. A statement in a Department-provided format signed by the qualifying patient pledging not to divert marijuana to any individual who or entity that is not allowed to possess marijuana pursuant to A.R.S. Title 36, Chapter 28.1;
  5. A physician's written certification in a Department-provided format dated within 90 calendar days before the submission of the qualifying patient's renewal application that includes:
    - a. The physician's:
      - i. Name,
      - ii. License number including an identification of the physician license type,
      - iii. Office address on file with the physician's licensing board,
      - iv. Telephone number on file with the physician's licensing board, and
      - v. E-mail address;
    - b. The qualifying patient's name and date of birth;
    - c. A statement that the physician has made or confirmed a diagnosis of a debilitating medical condition as defined in A.R.S. § 36-2801 for the qualifying patient;
    - d. An identification of one or more of the debilitating medical conditions in R9-17-201 as the qualifying patient's specific debilitating medical condition;
    - e. If the debilitating medical condition identified in subsection (A)(5)(d) is a condition in:
      - i. R9-17-201(9) through (13), the underlying chronic or debilitating disease or medical condition; or
      - ii. R9-17-201(14), the debilitating medical condition;
    - f. A statement, initialed by the physician, that the physician:
      - i. Has established a medical record for the qualifying patient, and
      - ii. Is maintaining the qualifying patient's medical record as required in A.R.S. § 12-2297;
    - g. A statement, initialed by the physician, that the physician has conducted an in-person physical examination of the qualifying patient within the previous 90 calendar days appropriate to the qualifying patient's presenting symptoms and the qualifying patient's debilitating medical condition diagnosed or confirmed by the physician;
    - h. The date the physician conducted the in-person physical examination of the qualifying patient;
    - i. A statement, initialed by the physician, that the physician reviewed the qualifying patient's:
      - i. Medical records including medical records from other treating physicians from the previous 12 months,
      - ii. Response to conventional medications and medical therapies, and
      - iii. Profile on the Arizona Board of Pharmacy Controlled Substances Prescription Monitoring Program database;
    - j. A statement, initialed by the physician, that the physician has explained the potential risks and benefits of the medical use of marijuana to the qualifying patient;
    - k. A statement, initialed by the physician, that, in the physician's professional opinion, the qualifying patient is likely to receive therapeutic or palliative benefit from the qualifying patient's medical use of marijuana to treat or alleviate the qualifying patient's debilitating medical condition;
    - l. A statement, initialed by the physician, that, if the physician has referred the qualifying patient to a dispensary, the physician has disclosed to the qualifying patient any personal or professional relationship the physician has with the dispensary;
    - m. A statement, initialed by the physician, that the physician has provided information to the qualifying patient, if the qualifying patient is female, that warns about:
      - i. The potential dangers to a fetus caused by smoking or ingesting marijuana while pregnant or to an infant while breastfeeding, and
      - ii. The risk of being reported to the Department of Child Safety during pregnancy or at the birth of the child by persons who are required to report;
    - n. An attestation that the information provided in the written certification is true and correct; and

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- o. The physician's signature and the date the physician signed;
6. If the qualifying patient is designating a caregiver or if the qualifying patient's designated caregiver's registry identification card has the same expiration date as the qualifying patient's registry identification card, the following in a Department-provided format:
  - a. The designated caregiver's first name; middle initial, if applicable; last name; and suffix, if applicable;
  - b. The designated caregiver's date of birth;
  - c. The designated caregiver's residence address and mailing address;
  - d. The county where the designated caregiver resides;
  - e. If the qualifying patient is renewing the designated caregiver's registry identification card, the registry identification number on the designated caregiver's registry identification card associated with the qualifying patient;
  - f. If the qualifying patient is designating an individual not previously designated as the qualifying patient's designated caregiver, the identification number on and a copy of the designated caregiver's:
    - i. Arizona driver's license issued on or after October 1, 1996;
    - ii. Arizona identification card issued on or after October 1, 1996;
    - iii. Arizona registry identification card;
    - iv. Photograph page in the designated caregiver's U.S. passport; or
    - v. Arizona driver's license or identification card issued before October 1, 1996 and one of the following for the designated caregiver:
      - (1) Birth certificate verifying U.S. citizenship,
      - (2) U.S. Certificate of Naturalization, or
      - (3) U.S. Certificate of Citizenship;
  - g. If the qualifying patient is designating an individual not previously designated as the qualifying patient's designated caregiver, one of the following:
    - i. A statement that the designated caregiver does not currently hold a valid registry identification card, or
    - ii. The assigned registry identification number for the designated caregiver for each valid registry identification card currently held by the designated caregiver;
  - h. A current photograph of the designated caregiver;
  - i. An attestation signed and dated by the designated caregiver that the designated caregiver has not been convicted of an excluded felony offense as defined in A.R.S. § 36-2801;
  - j. A statement in a Department-provided format signed by the designated caregiver:
    - i. Agreeing to assist the qualifying patient with the medical use of marijuana; and
    - ii. Pledging not to divert marijuana to any individual who or entity that is not allowed to possess marijuana pursuant to A.R.S. Title 36, Chapter 28.1; and
  - k. For the Department's criminal records check authorized in A.R.S. § 36-2804.05:
    - i. The designated caregiver's fingerprints on a fingerprint card that includes:
      - (1) The designated caregiver's first name; middle initial, if applicable; and last name;
      - (2) The designated caregiver's signature;
      - (3) If different from the designated caregiver, the signature of the individual physically rolling the designated caregiver's fingerprints;
    - (4) The designated caregiver's address;
    - (5) If applicable, the designated caregiver's surname before marriage and any names previously used by the designated caregiver;
    - (6) The designated caregiver's date of birth;
    - (7) The designated caregiver's Social Security number;
    - (8) The designated caregiver's citizenship status;
    - (9) The designated caregiver's gender;
    - (10) The designated caregiver's race;
    - (11) The designated caregiver's height;
    - (12) The designated caregiver's weight;
    - (13) The designated caregiver's hair color;
    - (14) The designated caregiver's eye color; and
    - (15) The designated caregiver's place of birth; or
  - ii. If the designated caregiver's fingerprints and information required in subsection (A)(6)(k)(i) were submitted to the Department as part of an application for a designated caregiver registry identification card, dispensary agent registry identification card, or laboratory agent registry identification card within the previous six months, the registry identification number on the registry identification card issued to the designated caregiver as a result of the application;
7. If the qualifying patient's designated caregiver's registry identification card has the same expiration date as the qualifying patient's registry identification card and the designated caregiver's name in subsection (A)(6)(a) is not the same name as on the designated caregiver's current registry identification card, one of the following with the designated caregiver's new name:
  - a. An Arizona driver's license,
  - b. An Arizona identification card, or
  - c. The photograph page in the designated caregiver's U.S. passport; and
8. The applicable fees in R9-17-102 for applying to:
  - a. Renew a qualifying patient's registry identification card; and
  - b. If applicable, issue or renew a designated caregiver's registry identification card.
- B. To renew a registry identification card for a qualifying patient who is under 18 years of age, the qualifying patient's custodial parent or legal guardian responsible for health care decisions for the qualifying patient shall submit to the Department the following:
  1. An application in a Department-provided format that includes:
    - a. The qualifying patient's:
      - i. First name; middle initial, if applicable; last name; and suffix, if applicable; and
      - ii. Date of birth;
    - b. The qualifying patient's residence address and mailing address;
    - c. The county where the qualifying patient resides;
    - d. The registry identification number on the qualifying patient's current registry identification card;

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- e. The qualifying patient's custodial parent's or legal guardian's first name; middle initial, if applicable; last name; and suffix, if applicable;
  - f. The qualifying patient's custodial parent's or legal guardian's residence address and mailing address;
  - g. The county where the qualifying patient's custodial parent or legal guardian resides;
  - h. The qualifying patient's custodial parent's or legal guardian's e-mail address;
  - i. The registry identification number on the qualifying patient's custodial parent's or legal guardian's current registry identification card;
  - j. The name, address, and telephone number of a physician who has a physician-patient relationship with the qualifying patient and is providing the written certification for medical marijuana for the qualifying patient;
  - k. The name, address, and telephone number of a second physician who has conducted a comprehensive review of the qualifying patient's medical record maintained by other treating physicians, and is providing a written certification for medical marijuana for the qualifying patient;
  - l. Whether the qualifying patient's custodial parent or legal guardian is requesting approval for cultivating marijuana plants for the qualifying patient's medical use because the qualifying patient's custodial parent or legal guardian believes that the qualifying patient resides at least 25 miles from the nearest operating dispensary;
  - m. Whether the qualifying patient's custodial parent or legal guardian would like notification of any clinical studies needing human subjects for research on the medical use of marijuana;
  - n. A statement in a Department-provided format signed by the qualifying patient's custodial parent or legal guardian who is serving as the qualifying patient's designated caregiver:
    - i. Allowing the qualifying patient's medical use of marijuana;
    - ii. Agreeing to assist the qualifying patient with the medical use of marijuana; and
    - iii. Pledging not to divert marijuana to any individual who or entity that is not allowed to possess marijuana pursuant to A.R.S. Title 36, Chapter 28.1;
  - o. An attestation that the information provided in the application is true and correct; and
  - p. The signature of the qualifying patient's custodial parent or legal guardian and the date the qualifying patient's custodial parent or legal guardian signed;
2. If the qualifying patient's custodial parent's or legal guardian's name in subsection (B)(1)(e) is not the same name as on the qualifying patient's custodial parent's or legal guardian's current registry identification card, one of the following with the custodial parent's or legal guardian's new name:
    - a. An Arizona driver's license,
    - b. An Arizona identification card, or
    - c. The photograph page in the qualifying patient's custodial parent's or legal guardian's U.S. passport;
  3. A current photograph of the qualifying patient;
  4. A written certification from the physician in subsection (B)(1)(j) and a separate written certification from the physician in subsection (B)(1)(k) in a Department-provided format dated within 90 calendar days before the submission of the qualifying patient's renewal application that includes:
    - a. The physician's:
      - i. Name,
      - ii. License number including an identification of the physician license type,
      - iii. Office address on file with the physician's licensing board,
      - iv. Telephone number on file with the physician's licensing board, and
      - v. E-mail address;
    - b. The qualifying patient's name and date of birth;
    - c. An identification of one or more of the debilitating medical conditions in R9-17-201 as the qualifying patient's specific debilitating medical condition;
    - d. If the debilitating medical condition identified in subsection (B)(4)(c) is a condition in:
      - i. R9-17-201(9) through (13), the underlying chronic or debilitating disease or medical condition; or
      - ii. R9-17-201(14), the debilitating medical condition;
    - e. For the physician listed in subsection (B)(1)(j):
      - i. A statement that the physician has made or confirmed a diagnosis of a debilitating medical condition as defined in A.R.S. § 36-2801 for the qualifying patient;
      - ii. A statement, initialed by the physician, that the physician:
        - (1) Has established a medical record for the qualifying patient, and
        - (2) Is maintaining the qualifying patient's medical record as required in A.R.S. § 12-2297;
      - iii. A statement, initialed by the physician, that the physician has conducted an in-person physical examination of the qualifying patient within the previous 90 calendar days appropriate to the qualifying patient's presenting symptoms and the qualifying patient's debilitating medical condition diagnosed or confirmed by the physician;
      - iv. The date the physician conducted the in-person physical examination of the qualifying patient;
      - v. A statement, initialed by the physician, that the physician reviewed the qualifying patient's:
        - (1) Medical records including medical records from other treating physicians from the previous 12 months,
        - (2) Response to conventional medications and medical therapies, and
        - (3) Profile on the Arizona Board of Pharmacy Controlled Substances Prescription Monitoring Program database;
      - vi. A statement, initialed by the physician, that the physician has explained the potential risks and benefits of the use of medical marijuana to the qualifying patient's custodial parent or legal guardian responsible for health care decisions for the qualifying patient; and
      - vii. A statement, initialed by the physician, that the physician has provided information to the qualifying patient's custodial parent or legal guardian responsible for health care decisions for the qualifying patient, if the qualifying patient is female, that warns about:

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- (1) The potential dangers to a fetus caused by smoking or ingesting marijuana while pregnant or to an infant while breastfeeding, and
    - (2) The risk of being reported to the Department of Child Safety during pregnancy or at the birth of the child by persons who are required to report;
  - f. For the physician listed in subsection (B)(1)(k), a statement, initialed by the physician, that the physician conducted a comprehensive review of the qualifying patient's medical records from other treating physicians;
  - g. A statement, initialed by the physician, that, in the physician's professional opinion, the qualifying patient is likely to receive therapeutic or palliative benefit from the qualifying patient's medical use of marijuana to treat or alleviate the qualifying patient's debilitating medical condition;
  - h. A statement, initialed by the physician, that, if the physician has referred the qualifying patient's custodial parent or legal guardian to a dispensary, the physician has disclosed to the qualifying patient's custodial parent or legal guardian any personal or professional relationship the physician has with the dispensary;
  - i. An attestation that the information provided in the written certification is true and correct; and
  - j. The physician's signature and the date the physician signed; and
5. A current photograph of the qualifying patient's custodial parent or legal guardian;
  6. For the Department's criminal records check authorized in A.R.S. § 36-2804.05:
    - a. The qualifying patient's custodial parent's or legal guardian's fingerprints on a fingerprint card that includes:
      - i. The qualifying patient's custodial parent's or legal guardian's first name; middle initial, if applicable; and last name;
      - ii. The qualifying patient's custodial parent's or legal guardian's signature;
      - iii. If different from the qualifying patient's custodial parent or legal guardian, the signature of the individual physically rolling the qualifying patient's custodial parent's or legal guardian's fingerprints;
      - iv. The qualifying patient's custodial parent's or legal guardian's address;
      - v. If applicable, the qualifying patient's custodial parent's or legal guardian's surname before marriage and any names previously used by the qualifying patient's custodial parent or legal guardian;
      - vi. The qualifying patient's custodial parent's or legal guardian's date of birth;
      - vii. The qualifying patient's custodial parent's or legal guardian's Social Security number;
      - viii. The qualifying patient's custodial parent's or legal guardian's citizenship status;
      - ix. The qualifying patient's custodial parent's or legal guardian's gender;
      - x. The qualifying patient's custodial parent's or legal guardian's race;
      - xi. The qualifying patient's custodial parent's or legal guardian's height;
      - xii. The qualifying patient's custodial parent's or legal guardian's weight;
      - xiii. The qualifying patient's custodial parent's or legal guardian's hair color;
      - xiv. The qualifying patient's custodial parent's or legal guardian's eye color; and
      - xv. The qualifying patient's custodial parent's or legal guardian's place of birth; or
  - b. If the qualifying patient's custodial parent's or legal guardian's fingerprints and information required in subsection (B)(6)(a) were submitted to the Department as part of an application for a designated caregiver registry identification card, dispensary agent registry identification card, or laboratory agent registry identification card within the previous six months, the registry identification number on the registry identification card issued to the patient's custodial parent or legal guardian serving as the qualifying patient's designated caregiver as a result of the application; and
7. The applicable fees in R9-17-102 for applying to renew a:
    - a. Qualifying patient's registry identification card, and
    - b. Designated caregiver's registry identification card.
- C. Except as provided in subsection (A)(6), to renew a qualifying patient's designated caregiver's registry identification card, the qualifying patient shall submit to the Department, at least 30 calendar days before the expiration date of the designated caregiver's registry identification card, the following:
    1. An application in a Department-provided format that includes:
      - a. The qualifying patient's first name; middle initial, if applicable; last name; and suffix, if applicable;
      - b. The registry identification number on the qualifying patient's current registry identification card;
      - c. The designated caregiver's first name; middle initial, if applicable; last name; and suffix, if applicable;
      - d. The designated caregiver's date of birth;
      - e. The designated caregiver's residence address and mailing address;
      - f. The county where the designated caregiver resides;
      - g. The registry identification number on the designated caregiver's current registry identification card;
    2. If the designated caregiver's name in subsection (C)(1)(a) is not the same name as on the designated caregiver's current registry identification card, one of the following with the designated caregiver's new name:
      - a. An Arizona driver's license,
      - b. An Arizona identification card, or
      - c. The photograph page in the designated caregiver's U.S. passport;
    3. A current photograph of the designated caregiver;
    4. A statement in a Department-provided format signed by the designated caregiver:
      - a. Agreeing to assist the qualifying patient with the medical use of marijuana; and
      - b. Pledging not to divert marijuana to any individual or person who is not allowed to possess marijuana pursuant to A.R.S. Title 36, Chapter 28.1; and
    5. For the Department's criminal records check authorized in A.R.S. § 36-2804.05:
      - a. The designated caregiver's fingerprints on a fingerprint card that includes:
        - i. The designated caregiver's first name; middle initial, if applicable; and last name;
        - ii. The designated caregiver's signature;

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- iii. If different from the designated caregiver, the signature of the individual physically rolling the designated caregiver's fingerprints;
- iv. The designated caregiver's address;
- v. If applicable, the designated caregiver's surname before marriage and any names previously used by the designated caregiver;
- vi. The designated caregiver's date of birth;
- vii. The designated caregiver's Social Security number;
- viii. The designated caregiver's citizenship status;
- ix. The designated caregiver's gender;
- x. The designated caregiver's race;
- xi. The designated caregiver's height;
- xii. The designated caregiver's weight;
- xiii. The designated caregiver's hair color;
- xiv. The designated caregiver's eye color; and
- xv. The designated caregiver's place of birth; or
- b. If the designated caregiver's fingerprints and information required in subsection (C)(1)(j)(i) were submitted to the Department as part of an application for a designated caregiver registry identification card, dispensary agent registry identification card, or laboratory agent registry identification card within the previous six months, the registry identification number on the registry identification card issued to the designated caregiver as a result of the application; and
- 6. The applicable fee in R9-17-102 for renewing a designated caregiver's registry identification card.

**Historical Note**

New Section made by exempt rulemaking at 17 A.A.R. 734, effective April 14, 2011 (Supp. 11-2). Amended by final rulemaking at 23 A.A.R. 970, effective June 6, 2017 (Supp. 17-2). Amended by exempt rulemaking at 26 A.A.R. 1905, with an immediate effective date of August 28, 2020 (Supp. 20-3).

**R9-17-205. Denial or Revocation of a Qualifying Patient's or Designated Caregiver's Registry Identification Card**

- A. The Department shall deny a qualifying patient's application for or renewal of the qualifying patient's registry identification card if the qualifying patient does not have a debilitating medical condition.
- B. The Department shall deny a designated caregiver's application for or renewal of the designated caregiver's registry identification card if the designated caregiver does not meet the definition of "designated caregiver" in A.R.S. § 36-2801.
- C. The Department may deny a qualifying patient's or designated caregiver's application for or renewal of the qualifying patient's or designated caregiver's registry identification card if the qualifying patient or designated caregiver:
  - 1. Previously had a registry identification card revoked for not complying with A.R.S. Title 36, Chapter 28.1 or this Chapter; or
  - 2. Provides false or misleading information to the Department.
- D. The Department shall revoke a qualifying patient's or designated caregiver's registry identification card if the qualifying patient or designated caregiver diverts medical marijuana to an individual who or entity that is not allowed to possess marijuana pursuant to A.R.S. Title 36, Chapter 28.1.
- E. The Department shall revoke a designated caregiver's registry identification card if the designated caregiver has been convicted of an excluded felony offense.

- F. The Department may revoke a qualifying patient's or designated caregiver's registry identification card if the qualifying patient or designated caregiver knowingly violates A.R.S. Title 36, Chapter 28.1 or this Chapter.
- G. If the Department denies or revokes a qualifying patient's registry identification card, the Department shall provide written notice to the qualifying patient that includes:
  - 1. The specific reason or reasons for the denial or revocation; and
  - 2. The process for requesting a judicial review of the Department's decision pursuant to A.R.S. Title 12, Chapter 7, Article 6.
- H. If the Department denies or revokes a qualifying patient's designated caregiver's registry identification card, the Department shall provide written notice to the qualifying patient and the designated caregiver that includes:
  - 1. The specific reason or reasons for the denial or revocation; and
  - 2. The process for requesting a judicial review of the Department's decision pursuant to A.R.S. Title 12, Chapter 7, Article 6.

**Historical Note**

New Section made by exempt rulemaking at 17 A.A.R. 734, effective April 14, 2011 (Supp. 11-2). Amended by exempt rulemaking at 25 A.A.R. 2421, effective August 27, 2019 (Supp. 19-3).

**ARTICLE 3. DISPENSARIES AND DISPENSARY AGENTS****R9-17-301. Principal Officers and Board Members**

- A. For the purposes of this Chapter, in addition to the individual or individuals identified in the dispensary's by-laws or other organizational governing documents as principal officers of the dispensary, if applicable, the following individuals are considered principal officers:
  - 1. If a corporation is applying for a dispensary registration certificate, two individuals who are officers of the corporation, including, but not limited to, the president or chief executive officer and those individuals serving in the positions of secretary and treasurer;
  - 2. If a partnership is applying for a dispensary registration certificate, all individuals who are general partners and the principal officers of any entity general partner;
  - 3. If a limited liability company is applying for a dispensary registration certificate, all managers of a manager-managed limited liability company, all members of a member-managed limited liability company, and the principal officers of an entity manager or member;
  - 4. If an association or cooperative is applying for a dispensary registration certificate, the chief executive officer, executive director, or other comparable leader of the association or cooperative; and
  - 5. If a business organization type other than those described in subsections (A)(1) through (4) is applying for a dispensary registration certificate, two individuals who occupy the top leadership positions of the business organization.
- B. For purposes of this Chapter, in addition to the individual or individuals identified in the dispensary's by-laws or other organizational governing documents as board members of the dispensary, if applicable, the following individuals are considered board members:
  - 1. If a corporation is applying for a dispensary registration certificate, the members of the board of directors of the corporation;
  - 2. If a partnership is applying for a dispensary registration certificate, the partners who are not limited partners;

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3. If a limited liability company is applying for a dispensary registration certificate, the principal officers of the limited liability company;
4. If an association or cooperative is applying for a dispensary registration certificate, the principal officers of the association or cooperative; and
5. If a business organization type other than the types of business organizations in subsections (B)(1) through (4), the principal officers of the business organization.

**Historical Note**

New Section made by exempt rulemaking at 17 A.A.R. 734, effective April 14, 2011 (Supp. 11-2). Amended by exempt rulemaking at 27 A.A.R. 111, with an immediate effective date of January 15, 2021 (Supp. 20-4). Amended by exempt rulemaking at 27 A.A.R. 747, effective May 3, 2021 (Supp. 21-2).

**R9-17-302. Repealed****Historical Note**

New Section made by exempt rulemaking at 17 A.A.R. 734, effective April 14, 2011 (Supp. 11-2). Amended by emergency rulemaking at 18 A.A.R. 1010, effective April 11, 2012 for 180 days (Supp. 12-2). Repealed by final rulemaking at 18 A.A.R. 3354, with an immediate effective date of December 5, 2012 (Supp. 12-4).

**R9-17-303. Dispensary Registration Certificate Allocation Process**

- A. Each calendar year, the Department may review current valid dispensary registration certificates to determine if the Department may issue additional dispensary registration certificates pursuant to A.R.S. § 36-2804(C).
1. If the Department determines that the Department may issue additional dispensary registration certificates, the Department shall post, on the Department's website, the information that the Department is accepting dispensary registration certificate applications, including the deadline for accepting dispensary registration certificate applications.
    - a. The Department shall post the information in subsection (A)(1) at least 30 calendar days before the date the Department begins accepting applications.
    - b. The deadline for submission of dispensary registration certificate applications is 10 working days after the date the Department begins accepting applications.
    - c. Sixty working days after the date the Department begins accepting applications, the Department shall determine if the Department received more dispensary registration certificate applications that are complete and in compliance with A.R.S. Title 36, Chapter 28.1 and this Chapter to participate in the allocation process than the Department is allowed to issue.
      - i. If the Department received more dispensary registration certificate applications than the Department is allowed to issue, the Department shall allocate any available dispensary registration certificates according to the priorities established in subsection (B).
      - ii. If the Department is allowed to issue a dispensary registration certificate for each dispensary registration certificate application the Department received, the Department shall allocate the dispensary registration certificates to those applicants.

2. If the Department determines that the Department is not allowed to issue additional dispensary registration certificates, the Department shall, on the Department's website:
  - a. Post the information that the Department is not accepting dispensary registration certificate applications, and
  - b. Maintain the information until the next review.

- B. If the Department receives, by 60 working days after the date the Department begins accepting applications, more dispensary registration certificate applications that are complete and are in compliance with A.R.S. Title 36, Chapter 28.1 and this Chapter to participate in the allocation process than the Department is allowed to issue, the Department shall allocate the dispensary registration certificates according to the following criteria:

1. If dispensary registration certificate applications are received for a county that does not contain a dispensary:
  - a. If only one dispensary registration certificate application is received for a dispensary located in the county, the Department shall allocate the dispensary registration certificate to that applicant; or
  - b. If more than one dispensary registration certificate application is received for a dispensary located in the county, the Department shall prioritize and allocate a dispensary registration certificate to an applicant according to subsection (B)(2);
2. For dispensary registration certificate applications received according to subsection (B)(1)(b), the Department shall prioritize and allocate a dispensary registration certificate to an applicant according to the following:
  - a. If only one dispensary registration certificate application is received for a dispensary located in a geographic area in the county that is at least 25 miles from another dispensary and from which another dispensary has moved, the Department shall allocate the dispensary registration certificate to that applicant;
  - b. If more than one dispensary registration certificate application is received for a dispensary located in a geographic area in the county that is at least 25 miles from another dispensary and from which another dispensary has moved, the Department shall prioritize and allocate a dispensary registration certificate to an applicant based on which proposed dispensary location will provide dispensary services to the most qualifying patients within five miles of the proposed dispensary location, as determined from the number of registry identification cards issued to qualifying patients; and
  - c. If no dispensary registration certificate applications are received for a dispensary located in a geographic area in the county that meets the criteria in subsection (2)(a), the Department shall allocate a dispensary registration certificate in the county as follows:
    - i. If only one dispensary registration certificate application is received for a dispensary located in a geographic area that is at least 25 miles from another dispensary, the Department shall allocate the dispensary registration certificate to that applicant;
    - ii. If more than one dispensary registration certificate application is received for a dispensary located in a geographic area that is at least 25 miles from another dispensary, the Department shall allocate a dispensary registration certificate

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- cate to an applicant based on random drawing; and
- iii. If no dispensary registration certificate is allocated according to subsection (B)(2)(c)(i) or (ii), the Department shall allocate a dispensary registration certificate to an applicant for a dispensary located in the county based on random drawing;
3. If additional dispensary registration certificates are available after dispensary registration certificates are allocated for a county that does not contain a dispensary according to subsection (B)(1) or (2), the Department shall allocate the dispensary registration certificates as follows:
    - a. If only one dispensary registration certificate application is received for a dispensary located in a geographic area that is at least 25 miles from another dispensary and from which another dispensary has moved since the previous allocation of dispensary registration certificates, the Department shall allocate the dispensary registration certificate to that applicant; or
    - b. If more than one dispensary registration certificate application is received for a dispensary located in a geographic area that is at least 25 miles from another dispensary and from which another dispensary has moved since the previous allocation of dispensary registration certificates, the Department shall prioritize and allocate dispensary registration certificates to applicants based on which proposed dispensary location will provide dispensary services to the most qualifying patients within five miles of the proposed dispensary location, as determined from the number of registry identification cards issued to qualifying patients;
  4. If additional dispensary registration certificates are available after dispensary registration certificates are allocated according to subsections (B)(1), (2), and (3), the Department shall allocate the dispensary registration certificates as follows:
    - a. If only one dispensary registration certificate application is received for a dispensary located in a geographic area in which there are no other dispensaries operating within 25 miles of the geographic area, the Department shall allocate a dispensary registration certificate to that applicant; or
    - b. If more than one dispensary registration certificate application is received for a dispensary located in a geographic area in which there are no other dispensaries operating within 25 miles of the geographic area, the Department shall allocate a dispensary registration certificate to an applicant based on random drawing; and
  5. If additional dispensary registration certificates are available after dispensary registration certificates are allocated according to subsections (B)(1) through (4), for all dispensary registration certificate applications not allocated a dispensary registration certificate, the Department shall allocate a dispensary registration certificate to an applicant based on random drawing.
- C. If there is a tie or a margin of 0.1% or less in the scores generated by applying the criteria in subsection (B), the Department shall randomly select one dispensary registration certificate application and allocate a dispensary registration certificate to that applicant.
  - D. For purposes of subsection (B):
    1. "Five miles" includes the area contained within a circle that extends for five miles in all directions from a specific location, not the distance traveled from the specific location by road; and
    2. "25 miles" includes the area contained within a circle that extends for 25 miles in all directions from the center of a geographic area, not the distance traveled from the center of the geographic area by road.
  - E. If the Department does not allocate a dispensary registration certificate to an applicant that had submitted a dispensary registration certificate application that the Department determined was complete and in compliance with A.R.S. Title 36, Chapter 28.1 and this Chapter to participate in the allocation process, the Department shall:
    1. Provide a written notice to the applicant that states that, although the applicant's dispensary registration certificate application was complete and complied with A.R.S. Title 36, Chapter 28.1 and this Chapter, the Department did not allocate the applicant a dispensary registration certificate under the processes in this Section; and
    2. Return \$1,000 of the application fee to the applicant.
  - F. If the Department receives a dispensary registration certificate application at a time other than the time stated in subsection (B), the Department shall return the dispensary registration certificate application, including the application fee, to the applicant.

**Historical Note**

New Section made by exempt rulemaking at 17 A.A.R. 734, effective April 14, 2011 (Supp. 11-2). Amended by emergency rulemaking at 18 A.A.R. 1010, effective April 11, 2012 for 180 days (Supp. 12-2). Emergency expired (Supp. 12-4). Amended by final rulemaking at 18 A.A.R. 3354, with an immediate effective date of December 5, 2012 (Supp. 12-4). Amended by exempt rulemaking at 27 A.A.R. 111, with an immediate effective date of January 15, 2021 (Supp. 20-4).

**R9-17-304. Applying for a Dispensary Registration Certificate**

- A. An individual shall not be an applicant, principal officer, or board member on:
  1. More than one dispensary registration certificate application for a location in a single geographic area, or
  2. More than five dispensary registration certificate applications for locations in different geographic areas.
- B. If the Department determines that an individual is an applicant, principal officer, or board member on more than one dispensary registration certificate application for a geographic area or more than five dispensary registration certificate applications, the Department shall review the applications and provide the applicant on each of the dispensary registration certificate applications with a written comprehensive request for more information that includes the specific requirements in A.R.S. Title 36, Chapter 28.1 and this Chapter that the dispensary registration certificate application does not comply with.
  1. If an applicant withdraws an application to comply with this Chapter and submits information demonstrating compliance with A.R.S. Title 36, Chapter 28.1 and this Chapter, the Department shall process the applicant's remaining dispensary registration certificate applications according to this Chapter.
  2. If an applicant does not withdraw an application or submit information demonstrating compliance with A.R.S. Title 36, Chapter 28.1 and this Chapter, the Department shall issue a denial to the applicant according to R9-17-322.



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3. An application fee submitted with a dispensary registration certificate application in subsection (B) that is withdrawn is not refunded.
- C. To apply for a dispensary registration certificate, an applicant shall submit to the Department the following:
  1. An application in a Department-provided format that includes:
    - a. The legal name of the proposed dispensary;
    - b. The physical address and geographic area of the proposed dispensary;
    - c. The following information for the applicant:
      - i. Name of the individual or entity applying,
      - ii. Type of business organization,
      - iii. Mailing address,
      - iv. Telephone number, and
      - v. E-mail address;
    - d. The name of the individual designated to submit dispensary agent registry identification card applications on behalf of the proposed dispensary;
    - e. The name and professional license number of the proposed dispensary's medical director;
    - f. The name, residence address, and date of birth of each:
      - i. Principal officer, and
      - ii. Board member;
    - g. For each principal officer or board member, whether the principal officer or board member:
      - i. Has served as a principal officer or board member for a dispensary that had the dispensary registration certificate revoked;
      - ii. Is a physician currently providing written certifications for qualifying patients;
      - iii. Is a law enforcement officer; or
      - iv. Is employed by or a contractor of the Department;
    - h. Whether the applicant agrees to allow the Department to submit supplemental requests for information;
    - i. A statement that, if the applicant is issued a dispensary registration certificate, the proposed dispensary will not operate until the proposed dispensary is inspected and obtains an approval to operate from the Department;
    - j. An attestation that the information provided to the Department to apply for a dispensary registration certificate is true and correct; and
    - k. The signatures of each principal officer and each board member of the proposed dispensary according to R9-17-301 and the date signed;
  2. If the applicant is one of the business organizations in R9-17-301(A)(2) through (7), a copy of the business organization's articles of incorporation, articles of organization, or partnership or joint venture documents that include:
    - a. The name of the business organization,
    - b. The type of business organization, and
    - c. The names and titles of the individuals in R9-17-301(A) and (B);
  3. For each principal officer and each board member:
    - a. An attestation signed and dated by the principal officer or board member that the principal officer or board member has not been convicted of an excluded felony offense as defined in A.R.S. § 36-2801; and
    - b. For the Department's criminal records check authorized in A.R.S. §§ 36-2804 and 36-2804.05:
      - i. The principal officer's or board member's fingerprints on a fingerprint card that includes:
        - (1) The principal officer's or board member's first name; middle initial, if applicable; and last name;
        - (2) The principal officer's or board member's signature;
        - (3) If different from the principal officer or board member, the signature of the individual physically rolling the principal officer's or board member's fingerprints;
        - (4) The principal officer's or board member's residence address;
        - (5) If applicable, the principal officer's or board member's surname before marriage and any names previously used by the principal officer or board member;
        - (6) The principal officer's or board member's date of birth;
        - (7) The principal officer's or board member's Social Security number;
        - (8) The principal officer's or board member's citizenship status;
        - (9) The principal officer's or board member's gender;
        - (10) The principal officer's or board member's race;
        - (11) The principal officer's or board member's height;
        - (12) The principal officer's or board member's weight;
        - (13) The principal officer's or board member's hair color;
        - (14) The principal officer's or board member's eye color; and
        - (15) The principal officer's or board member's place of birth; or
      - ii. If the fingerprints and information required in subsection (C)(3)(b)(i) were submitted to the Department as part of an application for a designated caregiver registry identification card, dispensary agent registry identification card, or laboratory agent registry identification card within the previous six months, the registry identification number on the registry identification card issued to the principal officer or board member as a result of the application;
  4. Policies and procedures that comply with the requirements in this Chapter for:
    - a. Inventory control,
    - b. Laboratory testing of medical marijuana and medical marijuana products,
    - c. Qualifying patient recordkeeping,
    - d. Security, and
    - e. Patient education and support;
  5. As required in A.R.S. § 36-2804(B)(1)(d), a sworn statement, signed and dated by the each principal officer and each board member of the proposed dispensary according to R9-17-301, certifying that the proposed dispensary is in compliance with any local zoning restrictions;
  6. Documentation from the local jurisdiction where the proposed dispensary's physical address is located that:
    - a. There are no local zoning restrictions for the proposed dispensary's location, or
    - b. The proposed dispensary's location is in compliance with any local zoning restrictions;

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7. Documentation of:
    - a. Ownership of the physical address of the proposed dispensary, or
    - b. Permission from the owner of the physical address of the proposed dispensary for the applicant for a dispensary registration certificate to operate a dispensary at the physical address;
  8. The proposed dispensary's by-laws including:
    - a. The names and titles of individuals designated as principal officers and board members of the proposed dispensary;
    - b. Whether the applicant plans to:
      - i. Cultivate marijuana;
      - ii. Acquire marijuana from qualifying patients, designated caregivers, or other dispensaries;
      - iii. Sell or provide marijuana to other dispensaries;
      - iv. Transport marijuana;
      - v. Prepare, sell, or dispense marijuana-infused edible food products;
      - vi. Prepare, sell, or dispense marijuana-infused non-edible products;
      - vii. Sell or provide marijuana paraphernalia or other supplies related to the administration of marijuana to qualifying patients and designated caregivers;
      - viii. Deliver medical marijuana to qualifying patients; or
      - ix. Provide patient support and related services to qualifying patients;
    - c. Provisions for the disposition of revenues and receipts to ensure that the proposed dispensary operates on a not-for-profit basis; and
    - d. Provisions for amending the proposed dispensary's by-laws;
  9. A business plan demonstrating the on-going viability of the proposed dispensary on a not-for-profit basis that includes:
    - a. A description and total dollar amount of expenditures already incurred to establish the proposed dispensary or to secure a dispensary registration certificate by the applicant for the dispensary registration certificate;
    - b. A description and total dollar amount of monies or tangible assets received for operating the proposed dispensary from entities other than the applicant for the dispensary registration certificate or a principal officer or board member associated with the applicant, including the entity's name and the interest in the dispensary or the benefit the entity obtained;
    - c. Projected expenditures expected before the proposed dispensary is operational;
    - d. Projected expenditures after the proposed dispensary is operational; and
    - e. Projected revenue; and
  10. The applicable fee in R9-17-102 for applying for a dispensary registration certificate.
- D.** Before an entity with a dispensary registration certificate begins operating a dispensary, the entity shall apply for and obtain an approval to operate a dispensary from the Department.

**Historical Note**

New Section made by exempt rulemaking at 17 A.A.R. 734, effective April 14, 2011 (Supp. 11-2). Amended by emergency rulemaking at 18 A.A.R. 1010, effective April 11, 2012 for 180 days (Supp. 12-2). Emergency expired (Supp. 12-4). Amended by final rulemaking at 18 A.A.R.

3354, with an immediate effective date of December 5, 2012 (Supp. 12-4). Amended by exempt rulemaking at 27 A.A.R. 111, with an immediate effective date of January 15, 2021 (Supp. 20-4).

**R9-17-305. Applying for Approval to Operate a Dispensary**

- A.** To apply for approval to operate a dispensary, a person holding a dispensary registration certificate shall submit to the Department, and, if the dispensary registration certificate was issued on or after April 1, 2020, within 18 months after the dispensary registration certificate was issued, the following:
1. An application in a Department-provided format that includes:
    - a. The name and registry identification number of the dispensary;
    - b. The physical address of the dispensary;
    - c. The name, address, and date of birth of each dispensary agent;
    - d. Except as provided in R9-17-324, the name and professional license number of the dispensary's medical director;
    - e. If applicable, the physical address of the dispensary's cultivation site;
    - f. The dispensary's Transaction Privilege Tax Number issued by the Arizona Department of Revenue;
    - g. The dispensary's proposed hours of operation during which the dispensary plans to be available to dispense medical marijuana to qualifying patients and designated caregivers;
    - h. Whether the dispensary agrees to allow the Department to submit supplemental requests for information;
    - i. Whether the dispensary and, if applicable, the dispensary's cultivation site are ready for an inspection by the Department;
    - j. If the dispensary and, if applicable, the dispensary's cultivation site are not ready for an inspection by the Department, the date the dispensary and, if applicable, the dispensary's cultivation site will be ready for an inspection by the Department;
    - k. An attestation that the information provided to the Department to apply for approval to operate a dispensary is true and correct; and
    - l. The signatures of each principal officer and each board member of the dispensary according to R9-17-301 and the date signed;
  2. A copy of documentation issued by the local jurisdiction to the dispensary authorizing occupancy of the building as a dispensary and, if applicable, as the dispensary's cultivation site, such as a certificate of occupancy, a special use permit, or a conditional use permit;
  3. A sworn statement, signed and dated by each principal officer and each board member of the dispensary according to R9-17-301, certifying that the dispensary is in compliance with local zoning restrictions;
  4. The distance to the closest private school or public school from:
    - a. The dispensary; and
    - b. If applicable, the dispensary's cultivation site;
  5. A site plan drawn to scale of the dispensary location showing streets, property lines, buildings, parking areas, outdoor areas if applicable, fences, security features, fire hydrants if applicable, and access to water mains;
  6. A floor plan drawn to scale of the building where the dispensary is located showing the:
    - a. Layout and dimensions of each room,
    - b. Name and function of each room,

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- c. Location of each hand washing sink,
- d. Location of each toilet room,
- e. Means of egress,
- f. Location of each video camera,
- g. Location of each panic button, and
- h. Location of natural and artificial lighting sources;
- 7. If applicable, a site plan drawn to scale of the dispensary's cultivation site showing streets, property lines, buildings, parking areas, outdoor areas if applicable, fences, security features, fire hydrants if applicable, and access to water mains; and
- 8. If applicable, a floor plan drawn to scale of each building at the dispensary's cultivation site showing the:
  - a. Layout and dimensions of each room,
  - b. Name and function of each room,
  - c. Location of each hand washing sink,
  - d. Location of each toilet room,
  - e. Means of egress,
  - f. Location of each video camera,
  - g. Location of each panic button, and
  - h. Location of natural and artificial lighting sources.
- B. A dispensary's cultivation site may be located anywhere in the state where a cultivation site is allowed by the local jurisdiction.

**Historical Note**

New Section made by exempt rulemaking at 17 A.A.R. 734, effective April 14, 2011 (Supp. 11-2). Amended by exempt rulemaking at 27 A.A.R. 111, with an immediate effective date of January 15, 2021 (Supp. 20-4). Amended by exempt rulemaking at 27 A.A.R. 747, effective May 3, 2021 (Supp. 21-2).

**R9-17-306. Changes to a Dispensary Registration Certificate**

- A. Except as provided in R9-17-324, a dispensary may not transfer or assign the dispensary registration certificate.
- B. A dispensary may change the location of the:
  - 1. Dispensary:
    - a. If the dispensary was allocated a dispensary registration certificate on or after April 1, 2020, according to A.R.S. § 36-2803.01(D); and
    - b. If the dispensary was allocated a dispensary registration certificate before April 1, 2020:
      - i. Within the first three years after the Department issued the dispensary's registration certificate, to another location in the geographic area where the dispensary is located; or
      - ii. After the first three years after the Department issued a dispensary registration certificate to the dispensary, to another location in the state; or
  - 2. Dispensary's cultivation site to another location in the state.
- C. A dispensary or the dispensary's cultivation site shall not cultivate, manufacture, distribute, dispense, or sell medical marijuana at a new location until the dispensary submits an application for a change in a dispensary location or a change or addition of a cultivation site in R9-17-307 and the Department issues an amended dispensary registration certificate or an approval for the dispensary's cultivation site's new location to the dispensary.

**Historical Note**

New Section made by exempt rulemaking at 17 A.A.R. 734, effective April 14, 2011 (Supp. 11-2). Amended by exempt rulemaking at 27 A.A.R. 111, with an immediate effective date of January 15, 2021 (Supp. 20-4). Amended by exempt rulemaking at 27 A.A.R. 1587, with

an immediate effective date of September 7, 2021 (Supp. 21-3).

**R9-17-307. Applying to Change a Dispensary's Location or Change or Add a Dispensary's Cultivation Site**

- A. To change the location of a dispensary or the dispensary's cultivation site or to add a cultivation site, the dispensary shall submit an application to the Department that includes:
  - 1. The following information in a Department-provided format:
    - a. The legal name of the dispensary;
    - b. The registry identification number for the dispensary;
    - c. Whether the request is for:
      - i. A change of location for the dispensary,
      - ii. A change of location for the dispensary's cultivation site, or
      - iii. An addition of a cultivation site;
    - d. The current physical address of the dispensary or the dispensary's cultivation site;
    - e. The physical address of the proposed location for the dispensary or the dispensary's cultivation site;
    - f. The distance to the closest public school or private school from:
      - i. The proposed location for the dispensary, or
      - ii. The proposed location for the dispensary's cultivation site;
    - g. The name of the entity applying;
    - h. If applicable, the anticipated date of the change of location;
    - i. Whether the proposed dispensary or the dispensary's proposed cultivation site is ready for an inspection by the Department;
    - j. If the proposed dispensary or the dispensary's proposed cultivation site is not ready for an inspection by the Department, the date the dispensary or the dispensary's cultivation site will be ready for an inspection by the Department;
    - k. An attestation that the information provided to the Department to apply for a change in location is true and correct; and
    - l. The signature of each principal officer and board member of the dispensary according to R9-17-301 and the date signed;
  - 2. A copy of documentation issued by the local jurisdiction to the dispensary authorizing occupancy of the proposed building as a dispensary or location as the dispensary's cultivation site, such as a certificate of occupancy, a special use permit, or a conditional use permit;
  - 3. A sworn statement, signed by each principal officer and board member of the dispensary according to R9-17-301, certifying that the location of the proposed dispensary building or of the dispensary's proposed cultivation site is in compliance with local zoning restrictions;
  - 4. If the change in location is for the dispensary:
    - a. A site plan drawn to scale of the proposed dispensary location showing streets, property lines, buildings, parking areas, outdoor areas if applicable, fences, security features, fire hydrants if applicable, and access to water mains; and
    - b. A floor plan drawn to scale of the building where the proposed dispensary is located showing the:
      - i. Layout and dimensions of each room,
      - ii. Name and function of each room,
      - iii. Location of each hand washing sink,
      - iv. Location of each toilet room,
      - v. Means of egress,

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- vi. Location of each video camera,
  - vii. Location of each panic button, and
  - viii. Location of natural and artificial lighting sources;
5. If the change in location is for the dispensary's cultivation site or if adding a cultivation site:
    - a. A site plan drawn to scale of the dispensary's proposed cultivation site showing streets, property lines, buildings, parking areas, outdoor areas if applicable, fences, security features, fire hydrants if applicable, and access to water mains; and
    - b. If applicable, a floor plan drawn to scale of each building used by the dispensary's proposed cultivation site showing the:
      - i. Layout and dimensions of each room,
      - ii. Name and function of each room,
      - iii. Location of each hand washing sink,
      - iv. Location of each toilet room,
      - v. Means of egress,
      - vi. Location of each video camera,
      - vii. Location of each panic button, and
      - viii. Location of natural and artificial lighting sources; and
  6. The applicable fee in R9-17-102 for applying for a change in location or the addition of a cultivation site.
- B.** If the information and documents submitted by the dispensary comply with A.R.S. Title 36, Chapter 28.1 and this Chapter, the Department shall issue an amended dispensary registration certificate that includes the new address of the new location and retains the expiration date of the previously issued dispensary registration certificate.
- C.** An application for a change in location of a dispensary or a dispensary's cultivation site or the addition of a cultivation site may not be combined with an application for renewing a dispensary registration certificate. The Department shall process each application separately according to the applicable time-frame established in R9-17-107.
- D.** A dispensary shall submit written notification to the Department when the dispensary no longer uses a previously approved cultivation site.
- g. The dispensary's hours of operation during which the dispensary is available to dispense medical marijuana to qualifying patients and designated caregivers;
  - h. The name, address, date of birth, and registry identification number of each:
    - i. Principal officer,
    - ii. Board member, and
    - iii. Dispensary agent;
  - i. For each principal officer or board member, whether the principal officer or board member:
    - i. Has served as a principal officer or board member for a dispensary that had the dispensary registration certificate revoked,
    - ii. Is a physician currently providing written certifications for qualifying patients,
    - iii. Is a law enforcement officer, or
    - iv. Is employed by or a contractor of the Department;
  - j. The dispensary's Transaction Privilege Tax Number issued by the Arizona Department of Revenue;
  - k. Whether the dispensary agrees to allow the Department to submit supplemental requests for information;
  - l. An attestation that the information provided to the Department to renew the dispensary registration certificate is true and correct; and
  - m. The signature of each principal officer and board member of the dispensary according to R9-17-301 and the date signed;
2. If the application is for renewing a dispensary registration certificate that was initially issued within the previous 12 months, a copy of the dispensary's approval to operate a dispensary issued by the Department;
  3. Except as specified in R9-17-324(E):
    - a. A copy of an annual financial statement for the previous two years, or for the portion of the previous two years the dispensary was operational, prepared according to generally accepted accounting principles; and
    - b. A report of an audit by an independent certified public accountant of the annual financial statement required in subsection (3)(a); and
  4. The applicable fee in R9-17-102 for applying to renew a dispensary registration certificate.

**Historical Note**

New Section made by exempt rulemaking at 17 A.A.R. 734, effective April 14, 2011 (Supp. 11-2). Amended by exempt rulemaking at 26 A.A.R. 1905, with an immediate effective date of August 28, 2020 (Supp. 20-3). Amended by exempt rulemaking at 27 A.A.R. 111, with an immediate effective date of January 15, 2021 (Supp. 20-4).

**R9-17-308. Renewing a Dispensary Registration Certificate**

To renew a dispensary registration certificate, a dispensary that has an approval to operate a dispensary issued by the Department, shall submit to the Department, at least 30 calendar days before the expiration date of the dispensary's current dispensary registration certificate, the following:

1. An application in a Department-provided format that includes:
  - a. The legal name of the dispensary;
  - b. The registry identification number for the dispensary;
  - c. If the dispensary is a dual licensee, the marijuana establishment license number;
  - d. The physical address of the dispensary;
  - e. The name of the entity applying;
  - f. Except as provided in R9-17-324(D), the name and license number of the dispensary's medical director;

**Historical Note**

New Section made by exempt rulemaking at 17 A.A.R. 734, effective April 14, 2011 (Supp. 11-2). Amended by emergency rulemaking at 18 A.A.R. 1010, effective April 11, 2012 for 180 days (Supp. 12-2). Emergency expired (Supp. 12-4). Amended by final rulemaking at 18 A.A.R. 3354, with an immediate effective date of December 5, 2012 (Supp. 12-4). Amended by exempt rulemaking at 25 A.A.R. 2421, effective August 27, 2019 (Supp. 19-3). Amended by exempt rulemaking at 27 A.A.R. 111, with an immediate effective date of January 15, 2021 (Supp. 20-4). Amended by exempt rulemaking at 27 A.A.R. 747, effective May 3, 2021 (Supp. 21-2). Amended by exempt rulemaking at 27 A.A.R. 1229, with an immediate effective date of July 23, 2021; amended by exempt rulemaking at 27 A.A.R. 1587, with an immediate effective date of September 7, 2021 (Supp. 21-3).

**R9-17-309. Inspections**

- A. Submission of an application for a dispensary registration certificate constitutes permission for entry to and inspection of

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the dispensary and, if applicable, the dispensary's cultivation site.

- B. Except as provided in subsection (D), an onsite inspection of a dispensary or the dispensary's cultivation site shall occur at a date and time agreed to by the dispensary and the Department that is no later than five working days after the date the Department submits a written request to the dispensary to schedule the certification or compliance inspection, unless the Department agrees to a later date and time.
- C. The Department shall not accept allegations of a dispensary's or a dispensary's cultivation site's noncompliance with A.R.S. Title 36, Chapter 28.1 or this Chapter from an anonymous source.
- D. If the Department receives an allegation of a dispensary's or a dispensary's cultivation site's noncompliance with A.R.S. Title 36, Chapter 28.1 or this Chapter, the Department may conduct an unannounced inspection of the dispensary or the dispensary's cultivation site.
- E. If the Department identifies a violation of A.R.S. Title 36, Chapter 28.1 or this Chapter during an inspection of a dispensary or the dispensary's cultivation site:
  - 1. The Department shall provide the dispensary with a written notice that includes the specific rule or statute that was violated; and
  - 2. The dispensary shall notify the Department in writing, with a postmark date within 20 working days after the date of the notice of violations, identifying the corrective actions taken and the date of the correction.

**Historical Note**

New Section made by exempt rulemaking at 17 A.A.R. 734, effective April 14, 2011 (Supp. 11-2). Amended by final rulemaking at 18 A.A.R. 3354, with an immediate effective date of December 5, 2012 (Supp. 12-4). Amended by exempt rulemaking at 26 A.A.R. 1905, with an immediate effective date of August 28, 2020 (Supp. 20-3).

**R9-17-310. Administration****A. A dispensary shall:**

- 1. Ensure that the dispensary is operating and available to dispense medical marijuana and marijuana products to qualifying patients and designated caregivers:
  - a. At least 30 hours weekly between the hours of 7:00 a.m. and 10:00 p.m.; and
  - b. For a dispensary with a dispensary registration certificate issued on or after April 1, 2020, within 18 months after receiving the dispensary registration certificate;
- 2. Develop, document, and implement policies and procedures regarding:
  - a. Job descriptions and employment contracts, including:
    - i. Personnel duties, authority, responsibilities, and qualifications;
    - ii. Personnel supervision;
    - iii. Training in and adherence to confidentiality requirements;
    - iv. Periodic performance evaluations; and
    - v. Disciplinary actions;
  - b. Business records, such as manual or computerized records of assets and liabilities, monetary transactions, journals, ledgers, and supporting documents, including agreements, checks, invoices, and vouchers;
  - c. Inventory control, including:
    - i. Tracking;

- ii. Packaging;
- iii. Accepting marijuana from qualifying patients and designated caregivers;
- iv. Acquiring marijuana or marijuana products from other dispensaries;
- v. Providing marijuana or marijuana products to another dispensary; and
- vi. Either:
  - (1) Providing samples of marijuana or marijuana products to a laboratory for testing, or
  - (2) Allowing a laboratory agent access to medical marijuana or marijuana product to collect samples;
- d. Laboratory testing, including:
  - i. The analytes, including possible contaminants, to be tested for;
  - ii. The process for separating a batch of marijuana or of a marijuana product until laboratory testing has been completed and testing results received by the dispensary;
  - iii. The process for collecting samples of medical marijuana or a marijuana product for laboratory testing, including:
    - (1) The amount to be collected from each batch,
    - (2) The method for ensuring that a sample collected is representative of the batch,
    - (3) The packaging of the sample,
    - (4) The method for documenting chain of custody for the sample, and
    - (5) Methods to deter tampering with the sample and to determine whether tampering has occurred;
  - vi. The process for submitting a sample of medical marijuana or a marijuana product to a laboratory agent or laboratory for testing;
  - v. The process for requesting retesting of the remaining portion of a sample of medical marijuana or a marijuana product; and
  - vi. Actions to be taken on the basis of laboratory testing results;
- e. Remediation, including:
  - i. Criteria for when a batch of medical marijuana or marijuana product can be remediated;
  - ii. The process by which each type of medical marijuana or marijuana product is remediated, including the methods for remediation and subsequent retesting; and
  - iii. Documentation of the remediation process;
- f. Disposal of medical marijuana or a marijuana product, including:
  - i. Destroying a batch of marijuana or a marijuana product that does not meet the requirements in Table 3.1 Analytes and documenting the destruction;
  - ii. Submitting marijuana that is not usable marijuana to a local law enforcement agency and documenting the submission; or
  - iii. Otherwise disposing of marijuana or a marijuana product such that the marijuana or marijuana product is unrecognizable or cannot otherwise be used and documenting the method of disposal, the laboratory agent overseeing the disposal, and the date of disposal;

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- g. Qualifying patient records, including purchases, denials of sale, any delivery options, confidentiality, and retention; and
  - h. Patient education and support, including the development and distribution of materials on:
    - i. Availability of different strains of marijuana and the purported effects of the different strains;
    - ii. Information about the purported effectiveness of various methods, forms, and routes of medical marijuana administration;
    - iii. Information about laboratory testing, the analytes for which the dispensary receives testing results, the right to receive a copy of the final report of testing specified in R9-17-404.06 upon request, and how to read and understand the final report of testing;
    - iv. Methods of tracking the effects on a qualifying patient of different strains and forms of marijuana; and
    - v. Prohibition on the smoking of medical marijuana in public places;
  - 3. Maintain copies of the policies and procedures at the dispensary and provide copies to the Department for review upon request;
  - 4. Review dispensary policies and procedures at least once every 12 months from the issue date of the dispensary registration certificate and update as needed;
  - 5. Except as provided in R9-17-324(D), employ or contract with a medical director;
  - 6. Except as provided in R9-17-324(C), ensure that each dispensary agent has the dispensary agent's registry identification card in the dispensary agent's immediate possession when the dispensary agent is:
    - a. Working or providing volunteer services at the dispensary or the dispensary's cultivation site, or
    - b. Transporting marijuana for the dispensary;
  - 7. Except as provided in R9-17-324(C), ensure that a dispensary agent accompanies any individual other than another dispensary agent associated with the dispensary when the individual is present in the enclosed, locked facility where marijuana is cultivated by the dispensary;
  - 8. Except as provided in R9-17-324(C), not allow an individual who does not possess a dispensary agent registry identification card issued under the dispensary registration certificate to:
    - a. Serve as a principal officer or board member for the dispensary,
    - b. Serve as the medical director for the dispensary,
    - c. Be employed by the dispensary, or
    - d. Provide volunteer services at or on behalf of the dispensary;
  - 9. Provide written notice to the Department, including the date of the event, within 10 working days after the date, when a dispensary agent no longer:
    - a. Serves as a principal officer or board member for the dispensary,
    - b. Serves as the medical director for the dispensary,
    - c. Is employed by the dispensary, or
    - d. Provides volunteer services at or on behalf of the dispensary;
  - 10. Document and report any loss or theft of marijuana from the dispensary to the appropriate law enforcement agency;
  - 11. Maintain copies of any documentation required in this Chapter for at least 12 months after the date on the documentation and provide copies of the documentation to the Department for review upon request;
  - 12. Post the following information in a place that can be viewed by individuals entering the dispensary:
    - a. If applicable, the dispensary's approval to operate;
    - b. The dispensary's registration certificate;
    - c. Except as provided in R9-17-324(D), the name of the dispensary's medical director and the medical director's professional license number on a sign at least 20 centimeters by 30 centimeters;
    - d. The hours of operation during which the dispensary will dispense medical marijuana to a qualifying patient or a designated caregiver;
    - e. A sign in a Department-provided format that contains the following language:
      - i. "WARNING: There may be potential dangers to fetuses caused by smoking or ingesting marijuana while pregnant or to infants while breastfeeding," and
      - ii. "WARNING: Use of marijuana during pregnancy may result in a risk of being reported to the Department of Child Safety during pregnancy or at the birth of the child by persons who are required to report;" and
    - f. A sign stating that a qualifying patient has the right to receive the results of laboratory testing of medical marijuana or a marijuana product; and
  - 13. Except as provided in R9-17-324(D):
    - a. Not lend any part of the dispensary's income or property without receiving adequate security and a reasonable rate of interest,
    - b. Not purchase property for more than adequate consideration in money or cash equivalent,
    - c. Not pay compensation for salaries or other compensation for personal services that is in excess of a reasonable allowance,
    - d. Not sell any part of the dispensary's property or equipment for less than adequate consideration in money or cash equivalent, and
    - e. Not engage in any other transaction that results in a substantial diversion of the dispensary's income or property.
- B.** If a dispensary cultivates marijuana, the dispensary shall cultivate the marijuana in an enclosed, locked facility.

**Historical Note**

New Section made by exempt rulemaking at 17 A.A.R. 734, effective April 14, 2011 (Supp. 11-2). Amended by final rulemaking at 18 A.A.R. 3354, with an immediate effective date of December 5, 2012 (Supp. 12-4). Amended by final rulemaking at 23 A.A.R. 970, effective June 6, 2017 (Supp. 17-2). Amended by exempt rulemaking at 25 A.A.R. 2421, effective August 27, 2019 (Supp. 19-3). Amended by exempt rulemaking at 26 A.A.R. 734, with an immediate effective date of April 2, 2020 (Supp. 20-2). Amended by exempt rulemaking at 27 A.A.R. 111, with an immediate effective date of January 15, 2021 (Supp. 20-4). Amended by exempt rulemaking at 27 A.A.R. 747, effective May 3, 2021 (Supp. 21-2).

**R9-17-311. Submitting an Application for a Dispensary Agent Registry Identification Card**

Except as provided in R9-17-107(F) or R9-17-324(C), to obtain a dispensary agent registry identification card for an individual serving as a principal officer or board member for the dispensary, employed by the dispensary, or providing volunteer services at or

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on behalf of the dispensary, the dispensary shall submit to the Department the following for each individual:

1. An application in a Department-provided format that includes:
  - a. The individual's first name; middle initial, if applicable; last name; and suffix, if applicable;
  - b. The individual's residence address and mailing address;
  - c. The county where the individual resides;
  - d. The individual's date of birth;
  - e. The identifying number on the applicable card or document in subsection (5)(a) through (e);
  - f. The name and registry identification number of the dispensary; and
  - g. The signature of the individual in R9-17-304(C)(1)(d) or of a principal officer or board member, as applicable, designated to submit dispensary agent applications on the dispensary's behalf and the date signed;
2. An attestation signed and dated by the individual that the individual has not been convicted of an excluded felony offense as defined in A.R.S. § 36-2801;
3. One of the following:
  - a. A statement that the individual does not currently hold a valid registry identification card, or
  - b. The assigned registry identification number for the individual for each valid registry identification card currently held by the individual;
4. A statement in a Department-provided format signed by the individual pledging not to divert marijuana to any other individual who or entity that is not allowed to possess marijuana pursuant to A.R.S. Title 36, Chapter 28.1;
5. A copy of the individual's:
  - a. Arizona driver's license issued on or after October 1, 1996;
  - b. Arizona identification card issued on or after October 1, 1996;
  - c. Arizona registry identification card;
  - d. Photograph page in the individual's U.S. passport; or
  - e. Arizona driver's license or identification card issued before October 1, 1996 and one of the following for the individual:
    - i. Birth certificate verifying U.S. citizenship,
    - ii. U.S. Certificate of Naturalization, or
    - iii. U.S. Certificate of Citizenship;
6. A current photograph of the individual;
7. For the Department's criminal records check authorized in A.R.S. §§ 36-2804.01 and 36-2804.05:
  - a. The individual's fingerprints on a fingerprint card that includes:
    - i. The individual's first name; middle initial, if applicable; and last name;
    - ii. The individual's signature;
    - iii. If different from the individual, the signature of another individual physically rolling the individual's fingerprints;
    - iv. The individual's address;
    - v. If applicable, the individual's surname before marriage and any names previously used by the individual;
    - vi. The individual's date of birth;
    - vii. The individual's Social Security number;
    - viii. The individual's citizenship status;
    - ix. The individual's gender;
    - x. The individual's race;
    - xi. The individual's height;

- xii. The individual's weight;
  - xiii. The individual's hair color;
  - xiv. The individual's eye color; and
  - xv. The individual's place of birth; or
  - b. If the individual's fingerprints and information required in subsection (7)(a) were submitted to the Department as part of an application for a designated caregiver registry identification card, dispensary agent registry identification card for another dispensary, or laboratory agent registry identification card within the previous six months, the registry identification number on the registry identification card issued to the individual as a result of the application; and
8. The applicable fee in R9-17-102 for applying for a dispensary agent registry identification card.

**Historical Note**

New Section made by exempt rulemaking at 17 A.A.R. 734, effective April 14, 2011 (Supp. 11-2). Amended by emergency rulemaking at 18 A.A.R. 1010, effective April 11, 2012 for 180 days (Supp. 12-2). Emergency expired (Supp. 12-4). Amended by final rulemaking at 18 A.A.R. 3354, with an immediate effective date of December 5, 2012 (Supp. 12-4). Amended by exempt rulemaking at 26 A.A.R. 1905, with an immediate effective date of August 28, 2020 (Supp. 20-3). Amended by exempt rulemaking at 27 A.A.R. 747, effective May 3, 2021 (Supp. 21-2).

**R9-17-312. Submitting an Application to Renew a Dispensary Agent's Registry Identification Card**

To renew a dispensary agent's registry identification card, a dispensary shall submit to the Department, at least 30 calendar days before the expiration of the dispensary agent's registry identification card, the following:

1. An application in a Department-provided format that includes:
  - a. The dispensary agent's first name; middle initial, if applicable; last name; and suffix, if applicable;
  - b. The dispensary agent's residence address and mailing address;
  - c. The county where the dispensary agent resides;
  - d. The dispensary agent's date of birth;
  - e. The registry identification number on the dispensary agent's current registry identification card;
  - f. The name and registry identification number of the dispensary; and
  - g. The signature of the individual in R9-17-304(C)(1)(d) or of a principal officer or board member, as applicable, designated to submit dispensary agent applications on the dispensary's behalf and the date signed;
2. An attestation signed and dated by the dispensary agent that the dispensary agent has not been convicted of an excluded felony offense as defined in A.R.S. § 36-2801;
3. If the dispensary agent's name in subsection (1)(a) is not the same name as on the dispensary agent's current registry identification card, one of the following with the dispensary agent's new name:
  - a. An Arizona driver's license,
  - b. An Arizona identification card, or
  - c. The photograph page in the dispensary agent's U.S. passport;
4. A statement in a Department-provided format signed by the dispensary agent pledging not to divert marijuana to any individual who or entity that is not allowed to possess marijuana pursuant to A.R.S. Title 36, Chapter 28.1;

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5. A current photograph of the dispensary agent;
  6. For the Department's criminal records check authorized in A.R.S. § 36-2804.05:
    - a. The dispensary agent's fingerprints on a fingerprint card that includes:
      - i. The dispensary agent's first name; middle initial, if applicable; and last name;
      - ii. The dispensary agent's signature;
      - iii. If different from the dispensary agent, the signature of the individual physically rolling the dispensary agent's fingerprints;
      - iv. The dispensary agent's address;
      - v. If applicable, the dispensary agent's surname before marriage and any names previously used by the dispensary agent;
      - vi. The dispensary agent's date of birth;
      - vii. The dispensary agent's Social Security number;
      - viii. The dispensary agent's citizenship status;
      - ix. The dispensary agent's gender;
      - x. The dispensary agent's race;
      - xi. The dispensary agent's height;
      - xii. The dispensary agent's weight;
      - xiii. The dispensary agent's hair color;
      - xiv. The dispensary agent's eye color; and
      - xv. The dispensary agent's place of birth; or
    - b. If the dispensary agent's fingerprints and information required in subsection (6)(a) were submitted to the Department as part of an application for a designated caregiver registry identification card, dispensary agent registry identification card for another dispensary, or laboratory agent registry identification card within the previous six months, the registry identification number on the registry identification card issued to the dispensary agent as a result of the application; and
  7. The applicable fee in R9-17-102 for applying to renew a dispensary agent's registry identification card.
- a. Guidelines for providing information to qualifying patients related to risks, benefits, and side effects associated with medical marijuana;
  - b. Guidelines for providing support to qualifying patients related to the qualifying patient's self-assessment of the qualifying patient's symptoms, including a rating scale for pain, cachexia or wasting syndrome, nausea, seizures, muscle spasms, and agitation;
  - c. Recognizing signs and symptoms of substance abuse; and
  - d. Guidelines for refusing to provide medical marijuana to an individual who appears to be impaired or abusing medical marijuana; and
2. Assist in the development and implementation of review and improvement processes for patient education and support provided by the dispensary.
- D.** A medical director shall provide oversight for the development and dissemination of:
1. Educational materials for qualifying patients and designated caregivers that include:
    - a. Alternative medical options for the qualifying patient's debilitating medical condition;
    - b. Information about possible side effects of and contraindications for medical marijuana including possible impairment with use and operation of a motor vehicle or heavy machinery, when caring for children, or of job performance;
    - c. Guidelines for notifying the physician who provided the written certification for medical marijuana if side effects or contraindications occur;
    - d. A description of the potential for differing strengths of medical marijuana strains and products;
    - e. Information about potential drug-to-drug interactions, including interactions with alcohol, prescription drugs, non-prescription drugs, and supplements;
    - f. Techniques for the use of medical marijuana and marijuana paraphernalia;
    - g. Information about different methods, forms, and routes of medical marijuana administration;
    - h. Signs and symptoms of substance abuse, including tolerance, dependency, and withdrawal; and
    - i. A listing of substance abuse programs and referral information;
  2. A system for a qualifying patient or the qualifying patient's designated caregiver to document the qualifying patient's pain, cachexia or wasting syndrome, nausea, seizures, muscle spasms, or agitation that includes:
    - a. A log book, maintained by the qualifying patient and or the qualifying patient's designated caregiver, in which the qualifying patient or the qualifying patient's designated caregiver may track the use and effects of specific medical marijuana strains and products;
    - b. A rating scale for pain, cachexia or wasting syndrome, nausea, seizures, muscles spasms, and agitation;
    - c. Guidelines for the qualifying patient's self-assessment or, if applicable, assessment of the qualifying patient by the qualifying patient's designated caregiver; and
    - d. Guidelines for reporting usage and symptoms to the physician providing the written certification for medical marijuana and any other treating physicians; and

**Historical Note**

New Section made by exempt rulemaking at 17 A.A.R. 734, effective April 14, 2011 (Supp. 11-2). Amended by emergency rulemaking at 18 A.A.R. 1010, effective April 11, 2012 for 180 days (Supp. 12-2). Emergency expired (Supp. 12-4). Amended by final rulemaking at 18 A.A.R. 3354, with an immediate effective date of December 5, 2012 (Supp. 12-4). Amended by exempt rulemaking at 26 A.A.R. 1905, with an immediate effective date of August 28, 2020 (Supp. 20-3). Amended by exempt rulemaking at 27 A.A.R. 747, effective May 3, 2021 (Supp. 21-2).

**R9-17-313. Medical Director**

- A.** Except as provided in R9-17-324(D), a dispensary shall appoint an individual who is a physician to function as a medical director.
- B.** During a dispensary's hours of operation, a medical director or an individual who is a physician and is designated by the medical director to serve as medical director in the medical director's absence is:
1. Onsite; or
  2. Able to be contacted by any means possible, such as by telephone or pager.
- C.** A medical director shall:
1. Develop and provide training to the dispensary's dispensary agents at least once every 12 months from the initial date of the dispensary's registration certificate on the following subjects:



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3. Policies and procedures for refusing to provide medical marijuana to an individual who appears to be impaired or abusing medical marijuana.
- E. A medical director for a dispensary shall not provide a written certification for medical marijuana for any qualifying patient.

**Historical Note**

New Section made by exempt rulemaking at 17 A.A.R. 734, effective April 14, 2011 (Supp. 11-2). Amended by exempt rulemaking at 27 A.A.R. 747, effective May 3, 2021 (Supp. 21-2).

**R9-17-314. Dispensing Medical Marijuana**

- A. Before a dispensary agent dispenses medical marijuana or a marijuana product to a qualifying patient or a designated caregiver, the dispensary agent shall:
  1. Verify the qualifying patient's or the designated caregiver's identity,
  2. Offer any appropriate patient education or support materials,
  3. Make available the results of testing of the medical marijuana or marijuana product required in R9-17-317.01(A), if requested by the qualifying patient or designated caregiver,
  4. Enter the qualifying patient's or designated caregiver's registry identification number on the qualifying patient's or designated caregiver's registry identification card into the medical marijuana electronic verification system,
  5. Verify the validity of the qualifying patient's or designated caregiver's registry identification card,
  6. Verify that the amount of medical marijuana or marijuana product the qualifying patient or designated caregiver is requesting would not cause the qualifying patient to exceed the limit on obtaining no more than two and one-half ounces of medical marijuana during any 14-calendar-day period, and
  7. Enter the following information into the medical marijuana electronic verification system for the qualifying patient or designated caregiver:
    - a. The amount of medical marijuana dispensed,
    - b. Whether the medical marijuana was dispensed to the qualifying patient or to the qualifying patient's designated caregiver,
    - c. The date and time the medical marijuana was dispensed,
    - d. The dispensary agent's registry identification number, and
    - e. The dispensary's registry identification number.
- B. A dispensary shall ensure that medical marijuana or a marijuana product provided by the dispensary to a qualifying patient or a designated caregiver is dispensed in a container made of material that will not react with or leach into the medical marijuana or marijuana product.

**Historical Note**

New Section made by exempt rulemaking at 17 A.A.R. 734, effective April 14, 2011 (Supp. 11-2). Amended by exempt rulemaking at 26 A.A.R. 1905, with an immediate effective date of August 28, 2020 (Supp. 20-3). Amended by exempt rulemaking at 26 A.A.R. 2991, with an effective date of November 1, 2020 (Supp. 20-4).

**R9-17-315. Qualifying Patient Records**

- A. A dispensary shall ensure that:
  1. A qualifying patient record is established and maintained for each qualifying patient who obtains medical marijuana or a marijuana product from the dispensary;
  2. An entry in a qualifying patient record:

- a. Is recorded only by a dispensary agent authorized by dispensary policies and procedures to make an entry,
  - b. Is dated and signed by the dispensary agent,
  - c. Includes the dispensary agent's registry identification number, and
  - d. Is not changed to make the initial entry illegible;
3. If an electronic signature is used to sign an entry, the dispensary agent whose signature the electronic code represents is accountable for the use of the electronic signature;
4. A qualifying patient record is only accessed by a dispensary agent authorized by dispensary policies and procedures to access the qualifying patient record;
5. A qualifying patient record is provided to the Department for review upon request;
6. A qualifying patient record is protected from loss, damage, or unauthorized use; and
7. A qualifying patient record is maintained for five years after the date of the qualifying patient's or, if applicable, the qualifying patient's designated caregiver's last request for medical marijuana from the dispensary.
- B. If a dispensary maintains qualifying patient records electronically, the dispensary shall ensure that:
  1. There are safeguards to prevent unauthorized access, and
  2. The date and time of an entry in a qualifying patient record is recorded electronically by an internal clock.
- C. A dispensary shall ensure that the qualifying patient record for a qualifying patient who requests or whose designated caregiver on behalf of the qualifying patient requests medical marijuana or a marijuana product from the dispensary contains:
  1. Qualifying patient information that includes:
    - a. The qualifying patient's name;
    - b. The qualifying patient's date of birth; and
    - c. The name of the qualifying patient's designated caregiver, if applicable;
  2. Documentation of any patient education and support materials provided to the qualifying patient or the qualifying patient's designated caregiver, including a description of the materials and the date the materials were provided; and
  3. For each time the qualifying patient requests and does not obtain medical marijuana or a marijuana product or, if applicable, the designated caregiver requests on behalf of the qualifying patient and does not obtain medical marijuana or a marijuana product from the dispensary, the following:
    - a. The date,
    - b. The name and registry identification number of the individual who requested the medical marijuana or marijuana product, and
    - c. The dispensary's reason for refusing to provide the medical marijuana or marijuana product.

**Historical Note**

New Section made by exempt rulemaking at 17 A.A.R. 734, effective April 14, 2011 (Supp. 11-2). Amended by exempt rulemaking at 26 A.A.R. 1905, with an immediate effective date of August 28, 2020 (Supp. 20-3).

**R9-17-316. Inventory Control System**

- A. A dispensary shall designate in writing a dispensary agent who has oversight of the dispensary's medical marijuana inventory control system.
- B. A dispensary shall only acquire marijuana from:
  1. The dispensary's cultivation site,
  2. Another dispensary or another dispensary's cultivation site,

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3. A qualifying patient authorized by the Department to cultivate marijuana, or
4. A designated caregiver authorized by the Department to cultivate marijuana.
- C. A dispensary shall establish and implement an inventory control system for the dispensary's medical marijuana and marijuana products that documents:
  1. The following amounts:
    - a. Each day's beginning inventory of medical marijuana and marijuana products,
    - b. Acquisitions according to subsection (B),
    - c. Medical marijuana harvested by the dispensary,
    - d. Medical marijuana and marijuana products provided to another dispensary,
    - e. Medical marijuana and marijuana products dispensed to a qualifying patient or designated caregiver,
    - f. Medical marijuana and marijuana products submitted to a laboratory for testing according to R9-17-317.01,
    - g. Medical marijuana or marijuana products that were disposed of, and
    - h. The day's ending medical marijuana and marijuana products inventory;
  2. For acquiring medical marijuana from a qualifying patient or designated caregiver:
    - a. A description of the medical marijuana acquired including the amount and strain,
    - b. The name and registry identification number of the qualifying patient or designated caregiver who provided the medical marijuana,
    - c. The name and registry identification number of the dispensary agent receiving the medical marijuana on behalf of the dispensary, and
    - d. The date of acquisition;
  3. For acquiring medical marijuana or a marijuana product from another dispensary:
    - a. A description of the medical marijuana or marijuana product acquired including:
      - i. The amount, batch number, and strain of the medical marijuana or marijuana product;
      - ii. For a marijuana product, the ingredients in order of abundance; and
      - iii. For an edible marijuana product infused with medical marijuana or a marijuana product:
        - (1) The date of manufacture,
        - (2) The total weight of the edible marijuana product, and
        - (3) The estimated amount and batch number of the medical marijuana or marijuana product infused in the edible marijuana product;
    - b. The name and registry identification number of the dispensary providing the medical marijuana or marijuana product;
    - c. The name and registry identification number of the dispensary agent providing the medical marijuana or marijuana product;
    - d. The name and registry identification number of the dispensary agent receiving the medical marijuana or marijuana product on behalf of the dispensary; and
    - e. The date of acquisition;
  4. For each batch of marijuana cultivated:
    - a. The batch number;
    - b. Whether the batch originated from marijuana seeds or marijuana cuttings;
    - c. The origin and strain of the marijuana seeds or marijuana cuttings planted;
    - d. The number of marijuana seeds or marijuana cuttings planted;
    - e. The date the marijuana seeds or cuttings were planted;
    - f. A list of all chemical additives, including nonorganic pesticides, herbicides, and fertilizers used in the cultivation;
    - g. The number of plants grown to maturity; and
    - h. Harvest information including:
      - i. Date of harvest,
      - ii. Final processed usable marijuana yield weight, and
      - iii. Name and registry identification number of the dispensary agent responsible for the harvest;
  5. For providing medical marijuana or a marijuana product to another dispensary:
    - a. A description of the medical marijuana or marijuana product provided including:
      - i. The amount, batch number, and strain of the medical marijuana or marijuana product;
      - ii. For a marijuana product, the ingredients in order of abundance; and
      - iii. For an edible marijuana product infused with medical marijuana or a marijuana product:
        - (1) The date of manufacture,
        - (2) The total weight of the edible marijuana product, and
        - (3) The estimated amount and batch number of the medical marijuana or marijuana product infused in the edible marijuana product;
    - b. The name and registry identification number of the other dispensary;
    - c. The name and registry identification number of the dispensary agent who received the medical marijuana or marijuana product on behalf of the other dispensary; and
    - d. The date the medical marijuana or marijuana product was provided;
  6. For submitting marijuana or marijuana products to a laboratory agent or laboratory for testing:
    - a. The amount, strain, and batch number of the marijuana or marijuana product submitted;
    - b. The name and registry identification number of the laboratory;
    - c. The name and registry identification number of the laboratory agent who received the marijuana or marijuana product on behalf of the laboratory; and
    - d. The date the marijuana or marijuana product was submitted to the laboratory; and
  7. For disposal of medical marijuana or a marijuana product that is not to be dispensed or used for making a marijuana product:
    - a. Description of and reason for the medical marijuana or marijuana product being disposed of including, if applicable:
      - i. The number of failed or other unusable plants, and
      - ii. The results of laboratory testing;
    - b. Date of disposal;
    - c. Method of disposal; and
    - d. Name and registry identification number of the dispensary agent responsible for the disposal.

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- D. The individual designated in subsection (A) shall conduct and document an audit of the dispensary's inventory that is accounted for according to generally accepted accounting principles at least once every 30 calendar days.
1. If the audit identifies a reduction in the amount of medical marijuana or a marijuana product in the dispensary's inventory not due to documented causes, the dispensary shall determine and document where the loss has occurred and take and document corrective action.
  2. If the reduction in the amount of medical marijuana or a marijuana product in the dispensary's inventory is due to suspected criminal activity by a dispensary agent, the dispensary shall report the dispensary agent to the Department and to the local law enforcement authorities.
- E. A dispensary shall:
1. Maintain the documentation required in subsections (C) and (D) at the dispensary for at least five years after the date on the document, and
  2. Provide the documentation required in subsections (C) and (D) to the Department for review upon request.
- B. If a dispensary provides medical marijuana cultivated, or a marijuana product infused or prepared for sale, by the dispensary to another dispensary, the dispensary shall ensure that:
1. The medical marijuana or marijuana product is labeled with:
    - a. The dispensary's registry identification number;
    - b. The amount, strain, and batch number of the medical marijuana or marijuana product; and
    - c. The date of harvest or sale; and
  2. A copy of laboratory testing results for the medical marijuana or marijuana product is provided to the receiving dispensary.
- C. A dispensary shall ensure that medical marijuana or a marijuana product being submitted to a laboratory for testing is labeled according to requirements in R9-17-317.01(B)(5).

**Historical Note**

New Section made by exempt rulemaking at 17 A.A.R. 734, effective April 14, 2011 (Supp. 11-2). Amended by exempt rulemaking at 25 A.A.R. 2421, effective August 27, 2019 (Supp. 19-3). Amended by exempt rulemaking at 26 A.A.R. 1905, with an immediate effective date of August 28, 2020 (Supp. 20-3). Amended by exempt rulemaking at 27 A.A.R. 111, with an immediate effective date of January 15, 2021 (Supp. 20-4).

**R9-17-317. Product Labeling**

- A. A dispensary shall ensure that medical marijuana or a marijuana product provided by the dispensary to a qualifying patient or a designated caregiver is labeled with:
1. The dispensary's registry identification number;
  2. The amount, strain, and batch number of the medical marijuana or marijuana product;
  3. The form of the medical marijuana or marijuana product;
  4. As applicable, the weight of the medical marijuana or marijuana product;
  5. In compliance with Table 3.1 Analytes, the potency of the medical marijuana or marijuana product, based on laboratory testing results, including the number of milligrams per designated unit or percentage of:
    - a. Total tetrahydrocannabinol, reported according to R9-17-404.03(S)(2)(a);
    - b. Total cannabidiol, reported according to R9-17-404.03(S)(2)(b); and
    - c. Any other cannabinoid for which the dispensary is making a claim related to the effect of the cannabinoid on the human body;
  6. The following statement: "ARIZONA DEPARTMENT OF HEALTH SERVICES' WARNING: Marijuana use can be addictive and can impair an individual's ability to drive a motor vehicle or operate heavy machinery. Marijuana smoke contains carcinogens and can lead to an increased risk for cancer, tachycardia, hypertension, heart attack, and lung infection. KEEP OUT OF REACH OF CHILDREN";
  7. If not cultivated by the dispensary, whether the medical marijuana was obtained from a qualifying patient, a designated caregiver, or another dispensary;
  8. If not infused or prepared for sale by the dispensary, whether the marijuana product was obtained from another dispensary;
  9. For a marijuana product:

- a. The ingredients in order of abundance; and
  - b. If the marijuana product contains ethanol, the percentage of ethanol in the marijuana product;
10. The date of manufacture, harvest, or sale; and
  11. The registry identification number of the qualifying patient.

- B. If a dispensary provides medical marijuana cultivated, or a marijuana product infused or prepared for sale, by the dispensary to another dispensary, the dispensary shall ensure that:
1. The medical marijuana or marijuana product is labeled with:
    - a. The dispensary's registry identification number;
    - b. The amount, strain, and batch number of the medical marijuana or marijuana product; and
    - c. The date of harvest or sale; and
  2. A copy of laboratory testing results for the medical marijuana or marijuana product is provided to the receiving dispensary.
- C. A dispensary shall ensure that medical marijuana or a marijuana product being submitted to a laboratory for testing is labeled according to requirements in R9-17-317.01(B)(5).

**Historical Note**

New Section made by exempt rulemaking at 17 A.A.R. 734, effective April 14, 2011 (Supp. 11-2). Amended by exempt rulemaking at 26 A.A.R. 734, with an immediate effective date of April 2, 2020; amended by exempt rulemaking at 26 A.A.R. 968, effective April 20, 2020 (Supp. 20-2). Amended by exempt rulemaking at 26 A.A.R. 2991, with an effective date of November 1, 2020; amended by exempt rulemaking at 27 A.A.R. 111, with an immediate effective date of January 15, 2021 (Supp. 20-4).

**R9-17-317.01. Analysis of Medical Marijuana or a Marijuana Product**

- A. Before offering a batch of medical marijuana or of a marijuana product for sale or dispensing to a qualifying patient or designated caregiver, a dispensary shall ensure that:
1. Except as provided in subsection (A)(2), each batch of medical marijuana or marijuana product is tested in compliance with requirements in R9-17-404.03, R9-17-404.04, and Table 3.1 Analytes; and
  2. Each batch of a marijuana product is tested according to requirements in R9-17-404.03, R9-17-404.04, and Table 3.1 Analytes for, as applicable:
    - a. At least potency and microbial contaminants other than mycotoxins if the marijuana product was prepared from another marijuana product, such as a concentrate or tincture, that is in compliance with requirements in R9-17-404.03, R9-17-404.04, and Table 3.1 Analytes, using none of the following:
      - i. A temperature above which any analyte could chemically decompose or react with a component of the marijuana product;
      - ii. A pressure above which any analyte could chemically decompose or react with a component of the marijuana product;
      - iii. A process by which any analyte in the marijuana product that is in compliance with requirements in R9-17-404.03, R9-17-404.04, and Table 3.1 Analytes may be further concentrated; or
      - iv. A solvent other than water; or
    - b. All analytes except ethanol if the marijuana product is intended to contain ethanol.
- B. A dispensary shall ensure that:

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1. Until laboratory testing has been completed and testing results received by the dispensary that comply with requirements in R9-17-404.03, R9-17-404.04, and Table 3.1 Analytes, a batch of marijuana or of a marijuana product is stored in a location away from medical marijuana and marijuana products offered for dispensing;
  2. Only one sample of each batch of medical marijuana or marijuana product is collected according to ANSI/ASQ Standard Z1.4 (2018), General Inspection Level II, incorporated by reference, including no future editions, and available at <https://asq.org/quality-resources/z14-z19>, including:
    - a. Use, as applicable, of one of the following sampling methods:
      - i. Top, middle, and bottom sampling using a sample thief, a device consisting of two nested tubes with one or more aligned slots through which a sample may be collected and then sealed into the inner tube by rotating the outer tube;
      - ii. Star pattern sampling from the top, middle, and bottom of each storage container;
      - iii. Collecting discrete incremental units of a batch, such as every tenth unit or every twentieth drop; or
      - iv. Quartering until the sample reaches the size specified in subsection (B)(3); and
    - b. For sampling methods specified in subsections (B)(2)(a)(i) through (iii), quartering the volume of the aggregated portions collected to obtain the sample size specified in subsection (B)(3);
  3. The size of the sample provided to a laboratory is sufficient for testing and, if necessary, retesting;
  4. Each sample in subsection (B)(3) is packaged in a container made of:
    - a. The same material that would be used for dispensing, or
    - b. Another material that will not react with or leach into the sample;
  5. Each packaged sample is labeled with the:
    - a. The dispensary's registry identification number;
    - b. The amount, strain, and batch number of the medical marijuana or marijuana product;
    - c. The storage temperature for the medical marijuana or marijuana product; and
    - d. The date of sampling;
  6. A packaged sample in subsection (B)(4) is submitted to a laboratory that:
    - a. Has a laboratory registration certificate issued by the Department, and
    - b. Is approved for testing by the Department for an analyte for which testing is being requested;
  7. Except as specified in subsections (A)(2) and (C)(1) or (3)(b), as applicable, the samples in subsection (B)(4) are tested for each analyte specified in Table 3.1 Analytes by a laboratory that is approved by the Department for testing the analyte;
  8. Only batches of marijuana or marijuana products for which laboratory testing results in subsection (B)(7) are in compliance with the requirements in R9-17-404.03, R9-17-404.04, and Table 3.1 Analytes are offered for sale or dispensing; and
  9. Except as provided in subsection (C), any batch of marijuana or marijuana product that does not comply with the requirements in R9-17-404.03, R9-17-404.04, and Table 3.1 Analytes is remediated, if applicable, or destroyed according to policies and procedures.
- C.** If a dispensary receives a final report of testing, specified in R9-17-404.06(B)(3), from a laboratory that indicates that a batch of marijuana or marijuana product does not comply with the requirements in R9-17-404.03, R9-17-404.04, and Table 3.1 Analytes, the dispensary:
1. Within seven days after receiving the final report of testing, may request retesting of the remaining portion of the sample in subsection (B)(4) for all analytes that do not comply with the requirements in R9-17-404.03, R9-17-404.04, and Table 3.1 Analytes by a second, independent laboratory that is approved by the Department for testing the analytes;
  2. If the final report of testing from the second, independent laboratory indicates that any analyte tested for according to subsection (C)(1) does not comply with the requirements in R9-17-404.03, R9-17-404.04, and Table 3.1 Analytes, shall remediate, if applicable, or destroy the batch of marijuana or marijuana product according to policies and procedures;
  3. If the final report of testing from the second, independent laboratory indicates that all analytes tested for according to subsection (C)(1) comply with the requirements in R9-17-404.03, R9-17-404.04, and Table 3.1 Analytes:
    - a. Shall ensure that the batch of medical marijuana or marijuana product is not offered for sale or dispensing; and
    - b. May request retesting of the remaining portion of the sample in subsection (B)(4) for the analytes that do not comply with the requirements in R9-17-404.03, R9-17-404.04, and Table 3.1 Analytes by a third, independent laboratory that is approved by the Department for testing the analytes; and
  4. If the dispensary requested retesting of the remaining portion of the sample in subsection (B)(4) for an analyte by a third, independent laboratory according to subsection (C)(3)(b):
    - a. If the final report of testing from the third, independent laboratory indicates that the analyte tested for according to subsection (C)(3) complies with the requirements in R9-17-404.03, R9-17-404.04, and Table 3.1 Analytes, may offer the batch of medical marijuana or marijuana product for sale or dispensing; and
    - b. If the final report of testing from the third, independent laboratory indicates that an analyte tested for according to subsection (C)(3) does not comply with the requirements in R9-17-404.03, R9-17-404.04, and Table 3.1 Analytes, shall remediate, if applicable, or destroy the batch of medical marijuana or marijuana product according to policies and procedures.
- D.** A dispensary shall ensure that remediation of a batch of marijuana or of a marijuana product that has undergone laboratory testing and does not comply with the requirements in R9-17-404.03, R9-17-404.04, and Table 3.1 Analytes:
1. Is performed according to policies and procedures,
  2. Uses a method that is appropriate to address an analyte not in compliance with Table 3.1 Analytes, and
  3. Does not introduce or produce a substance in a concentration that is known to be harmful to humans.
- E.** If a batch of medical marijuana or a marijuana product is remediated, a dispensary shall submit samples from the remediated batch for laboratory testing according to subsection (B).

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- F. A dispensary shall provide to the Department upon request a sample of the dispensary's inventory of medical marijuana or a marijuana product of sufficient quantity to enable the Department to conduct an analysis of the medical marijuana or marijuana product.

(Supp. 20-2). Amended by exempt rulemaking at 26 A.A.R. 1905, with an immediate effective date of August 28, 2020 (Supp. 20-3). Amended by exempt rulemaking at 26 A.A.R. 2991, with an effective date of November 1, 2020; amended by exempt rulemaking at 27 A.A.R. 111, with an immediate effective date of January 15, 2021 (Supp. 20-4).

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 734, with an immediate effective date of April 2, 2020

**Table 3.1. Analytes****Key:**

CAS Number = Chemical Abstract Services Registry number

CFU = Colony-forming unit, a method to estimate the number of viable bacteria or fungal cells in a sample

\* = Testing for the analyte required beginning May 1, 2021

A. Microbial Contaminants		
Analyte	Maximum Allowable Contaminants	Required Action
<i>Escherichia coli</i>	100 CFU/g	Remediate and retest, or Destroy
<i>Salmonella</i> spp.	Detectable in 1 gram	Destroy
<i>Aspergillus flavus</i> <i>Aspergillus fumigatus</i> <i>Aspergillus niger</i> <i>Aspergillus terreus</i>	Inhalable: Detectable in 1 gram	Remediate and retest, Remediate and use for preparing an extract or a concentrate, or Destroy
*Mycotoxins: Aflatoxin B1, B2, G1, and G2 Ochratoxin A	Marijuana product, except a marijuana product intended for topical application, prepared from an extract or concentrate of medical marijuana: 20 µg/kg (ppb) of total aflatoxins 20 µg/kg (ppb) of ochratoxin	Destroy

B. Heavy Metals		
Analyte	Maximum Allowable Concentration	Required Action
Arsenic	0.4 ppm	Remediate and retest, or Destroy
Cadmium	0.4 ppm	
Lead	1.0 ppm	
Mercury	1.2 ppm	

C. Residual Solvents			
Analyte	CAS Number	Maximum Allowable Concentration	Required Action
Acetone	67-64-1	1,000 ppm	Remediate and retest, or Destroy
Acetonitrile	75-05-8	410 ppm	
Benzene	71-43-2	2 ppm	
Butanes (measured as the cumulative residue of n-butane and iso-butane)	106-97-8 and 75-28-5, respectively	5,000 ppm	
Chloroform	67-66-3	60 ppm	
Dichloromethane	75-09-2	600 ppm	
Ethanol	64-17-5	5,000 ppm	
Ethyl Acetate	141-78-6	5,000 ppm	
Ethyl Ether	60-29-7	5,000 ppm	
Heptane	142-82-5	5,000 ppm	
Hexanes (measured as the cumulative residue of n-hexane, 2-methylpentane, 3-methylpentane, 2,2-dimethylbutane, and 2,3-dimethylbutane)	110-54-3, 107-83-5, 96-14-0, 75-83-2, and 79-29-8, respectively	290 ppm	
Isopropyl Acetate	108-21-4	5,000 ppm	
Methanol	67-56-1	3,000 ppm	

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Pentanes (measured as the cumulative residue of n-pentane, iso-pentane, and neo-pentane)	109-66-0, 78-78-4, and 463-82-1, respectively	5,000 ppm	
2-Propanol (IPA)	67-63-0	5,000 ppm	
Propane	74-98-6	5,000 ppm	
Toluene	108-88-3	890 ppm	
Xylenes (measured as the cumulative residue of 1,2-dimethylbenzene, 1,3-dimethylbenzene, and 1,4-dimethylbenzene, and the non-xylene, ethyl benzene)	1330-20-7 (95-47-6, 108-38-3, and 106-42-3, respectively, and 100-41-4)	2,170 ppm	

D. Pesticides, Fungicides, Growth Regulators			
Analyte	CAS Number	Maximum Allowable Concentration	Required Action
*Abamectin	71751-41-2	0.5 ppm	Remediate and retest, or Destroy
Acephate	30560-19-1	0.4 ppm	
Acequinocyl	57960-19-7	2.0 ppm	
Acetamiprid	135410-20-7	0.2 ppm	
Aldicarb	116-06-3	0.4 ppm	
Azoxystrobin	131860-33-8	0.2 ppm	
*Bifenazate	149877-41-8	0.2 ppm	
Bifenthrin	82657-04-3	0.2 ppm	
Boscalid	188425-85-6	0.4 ppm	
Carbaryl	63-25-2	0.2 ppm	
Carbofuran	1563-66-2	0.2 ppm	
*Chlorantraniliprole	500008-45-7	0.2 ppm	
*Chlorfenapyr	122453-73-0	1.0 ppm	
Chlorpyrifos	2921-88-2	0.2 ppm	
*Clofentezine	74115-24-5	0.2 ppm	
*Cyfluthrin	68359-37-5	1.0 ppm	
*Cypermethrin	52315-07-8	1.0 ppm	
*Daminozide	1596-84-5	1.0 ppm	
*DDVP (Dichlorvos)	62-73-7	0.1 ppm	
Diazinon	333-41-5	0.2 ppm	
Dimethoate	60-51-5	0.2 ppm	
Ethoprophos	13194-48-4	0.2 ppm	
Etofenprox	80844-07-1	0.4 ppm	
Etoxazole	153233-91-1	0.2 ppm	
Fenoxycarb	72490-01-8	0.2 ppm	
Fenpyroximate	134098-61-6	0.4 ppm	
*Fipronil	120068-37-3	0.4 ppm	
Flonicamid	158062-67-0	1.0 ppm	
Fludioxonil	131341-86-1	0.4 ppm	
Hexythiazox	78587-05-0	1.0 ppm	
Imazalil	35554-44-0	0.2 ppm	
Imidacloprid	138261-41-3	0.4 ppm	
Kresoxim-methyl	143390-89-0	0.4 ppm	
Malathion	121-75-5	0.2 ppm	
Metalaxyl	57837-19-1	0.2 ppm	
Methiocarb	2032-65-7	0.2 ppm	
Methomyl	16752-77-5	0.4 ppm	
Myclobutanil	88671-89-0	0.2 ppm	
Naled	300-76-5	0.5 ppm	

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Oxamyl	23135-22-0	1.0 ppm
*Paclobutrazol	76738-62-0	0.4 ppm
*Permethrins (measured as the cumulative residue of cis- and trans- isomers)	52645-53-1 (54774-45-7 and 51877-74-8)	0.2 ppm
*Phosmet	732-11-6	0.2 ppm
Piperonyl_butoxide	51-03-6	2.0 ppm
*Prallethrin	23031-36-9	0.2 ppm
Propiconazole	60207-90-1	0.4 ppm
Propoxur	114-26-1	0.2 ppm
*Pyrethrins (measured as the cumulative residue of pyrethrin 1, cinerin 1 and jasmolin 1)	8003-34-7 (121-21-1, 25402-06-6, and 4466-14-2)	1.0 ppm
*Pyridaben	96489-71-3	0.2 ppm
*Spinosad	168316-95-8	0.2 ppm
Spiromesifen	283594-90-1	0.2 ppm
Spirotetramat	203313-25-1	0.2 ppm
Spiroxamine	118134-30-8	0.4 ppm
Tebuconazole	107534-96-3	0.4 ppm
Thiacloprid	111988-49-9	0.2 ppm
Thiamethoxam	153719-23-4	0.2 ppm
Trifloxystrobin	141517-21-7	0.2 ppm

E. Potency		
Analyte	Labelling	Required Action
Tetrahydrocannabinolic acid (THC-A)	Label claim is not within +/- 20% of tested value	Revise label as necessary
Delta-9-tetrahydrocannabinol ( $\Delta$ 9-THC)		
Cannabidiolic acid (CBD-A)		
Cannabidiol (CBD)		

F. Herbicides		
Analyte	Maximum Allowable Contaminant	Required Action
Pendimethalin	0.1 ppm	Remediate and retest, or Destroy

**Historical Note**

New Table 3.1 Analytes made by exempt rulemaking at 26 A.A.R. 734, with an immediate effective date of April 2, 2020 (Supp. 20-2). Amended by exempt rulemaking at 26 A.A.R. 1905, with an immediate effective date of August 28, 2020 (Supp. 20-3). Amended by exempt rulemaking at 26 A.A.R. 2848, with an immediate effective date of October 15, 2020; amended by exempt rulemaking at 26 A.A.R. 2991, with an effective date of November 1, 2020 (Supp. 20-4).

**R9-17-318. Security**

- A.** Except as provided in R9-17-310(A)(7) or R9-17-324(C), a dispensary shall ensure that access into areas of the dispensary or the dispensary's cultivation site where marijuana is cultivated, processed, manufactured, or stored is limited to the dispensary's principal officers, board members, and authorized dispensary agents.
- B.** A dispensary agent may transport marijuana, marijuana plants, marijuana products, and marijuana paraphernalia between the dispensary and:
1. The dispensary's cultivation site,
  2. A qualifying patient,
  3. Another dispensary, and
  4. A laboratory that has a laboratory registration certificate issued by the Department.
- C.** Before transportation, a dispensary agent shall:
1. Complete a trip plan that includes:
    - a. The name of the dispensary agent in charge of transporting the marijuana;
    - b. The date and start time of the trip;
    - c. A description of the marijuana, marijuana plants, marijuana products, or marijuana paraphernalia being transported;
    - d. Any anticipated stops during the trip, including the locations of the stop and arrival and departure time from the location; and
    - e. The anticipated route of transportation; and
  2. Provide a copy of the trip plan in subsection (C)(1) to the dispensary.
- D.** During transportation, a dispensary agent shall:
1. Carry a copy of the trip plan in subsection (C)(1) with the dispensary agent for the duration of the trip;
  2. Use a vehicle without any medical marijuana identification;

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3. Have a means of communication with the dispensary; and
4. Ensure that the marijuana, marijuana plants, marijuana products, or marijuana paraphernalia are not visible.
- E. After transportation, a dispensary agent shall enter the end time of the trip and any changes to the trip plan on the trip plan required in subsection (C)(1).
- F. A dispensary shall:
  1. Maintain the documents required in subsection (C)(2) and (E) for at least two years after the date of the documentation;
  2. If transporting a sample to a laboratory for testing, provide a copy of the trip plan to the laboratory; and
  3. Provide a copy of the documents required in subsection (C)(2) and (E) to the Department for review upon request.
- G. To prevent unauthorized access to medical marijuana at the dispensary and, if applicable, the dispensary's cultivation site, the dispensary shall have the following:
  1. Security equipment to deter and prevent unauthorized entrance into limited access areas that include:
    - a. Devices or a series of devices to detect unauthorized intrusion, which may include a signal system interconnected with a radio frequency method, such as cellular, private radio signals, or other mechanical or electronic device;
    - b. Exterior lighting to facilitate surveillance;
    - c. Electronic monitoring including:
      - i. At least one 19-inch or greater call-up monitor;
      - ii. A printer capable of immediately producing a clear still photo from any video camera image;
      - iii. Video cameras:
        - (1) Providing coverage of all entrances to and exits from limited access areas and all entrances to and exits from the building, capable of identifying any activity occurring in or adjacent to the building; and
        - (2) Having a recording resolution of at least 704 x 480 or the equivalent;
    - iv. A video camera at each point of sale location allowing for the identification of any qualifying patient or designated caregiver purchasing medical marijuana;
    - v. A video camera in each grow room capable of identifying any activity occurring within the grow room in low light conditions;
    - vi. Storage of video recordings from the video cameras for at least 30 calendar days;
    - vii. A failure notification system that provides an audible and visual notification of any failure in the electronic monitoring system; and
    - viii. Sufficient battery backup for video cameras and recording equipment to support at least five minutes of recording in the event of a power outage; and
    - d. Panic buttons in the interior of each building; and
  2. Policies and procedures:
    - a. That restrict access to the areas of the dispensary that contain marijuana and, if applicable, the dispensary's cultivation site to authorized individuals only;
    - b. That provide for the identification of authorized individuals;
    - c. That prevent loitering;
    - d. For conducting electronic monitoring; and
    - e. For the use of a panic button.

**Historical Note**

New Section made by exempt rulemaking at 17 A.A.R. 734, effective April 14, 2011 (Supp. 11-2). Amended by

exempt rulemaking at 25 A.A.R. 2421, effective August 27, 2019 (Supp. 19-3). Amended by exempt rulemaking at 26 A.A.R. 1905, with an immediate effective date of August 28, 2020 (Supp. 20-3). Amended by exempt rulemaking at 27 A.A.R. 747, effective May 3, 2021 (Supp. 21-2).

**R9-17-319. Edible Food Products**

- A. A dispensary that prepares, sells, or dispenses marijuana-infused edible food products shall:
  1. Before preparing, selling, or dispensing marijuana-infused edible food product obtain written authorization from the Department to prepare, sell, or dispense marijuana-infused edible food products;
  2. If the dispensary prepares the marijuana-infused edible food products, ensure that the marijuana-infused edible food products are prepared according to the applicable requirements in 9 A.A.C. 8, Article 1;
  3. If the marijuana-infused edible food products are not prepared at the dispensary, obtain and maintain at the dispensary a copy of the current written authorization to prepare marijuana-infused edible food products from the dispensary that prepares the marijuana-infused edible products; and
  4. If a dispensary sells or dispenses marijuana-infused edible food products, ensure that the marijuana-infused edible food products are sold or dispensed according to applicable requirements in 9 A.A.C. 8, Article 1.
- B. A dispensary is responsible for the content and quality of any edible food product sold or dispensed by the dispensary.

**Historical Note**

New Section made by exempt rulemaking at 17 A.A.R. 734, effective April 14, 2011 (Supp. 11-2).

**R9-17-320. Cleaning and Sanitation**

- A. A dispensary shall ensure that:
  1. Any building or equipment used by a dispensary for the cultivation, harvest, preparation, packaging, storage, infusion, or sale of medical marijuana or marijuana products is maintained in a clean and sanitary condition;
  2. Medical marijuana or marijuana products, in the process of production, preparation, manufacture, packing, storage, sale, distribution, or transportation, are protected from flies, dust, dirt, and all other contamination;
  3. Refuse or waste products incident to the manufacture, preparation, packing, selling, distributing, or transportation of medical marijuana or marijuana products are removed from the building used as a dispensary and, if applicable, a building at the dispensary's cultivation site at least once every 24 hours or more often as necessary to maintain a clean condition;
  4. All trucks, trays, buckets, other receptacles, platforms, racks, tables, shelves, knives, saws, cleavers, other utensils, or the machinery used in moving, handling, cutting, chopping, mixing, canning, packaging, or other processes are cleaned daily;
  5. Any equipment used in the preparation of marijuana products is clean, in good repair, and, if applicable, calibrated according to the manufacturer's recommendations;
  6. Any supplies used in the preparation of marijuana products, including flammable or volatile chemicals, are stored in a manner to avoid a hazardous condition from occurring; and
  7. All stored marijuana products are securely covered.
- B. A dispensary shall ensure that a dispensary agent at the dispensary or the dispensary's cultivation site:



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1. Cleans the dispensary agent's hands and exposed portions of the dispensary agent's arms in a hand washing sink:
  - a. Before preparing medical marijuana or marijuana products including working with food, equipment, and utensils;
  - b. During preparation, as often as necessary to remove soil and contamination and to prevent cross-contamination when changing tasks;
  - c. After handling soiled equipment or utensils;
  - d. After touching bare human body parts other than the dispensary agent's clean hands and exposed portions of arms; and
  - e. After using the toilet room;
2. If working directly with the preparation of medical marijuana or the infusion of marijuana into non-edible products:
  - a. Keeps the dispensary agent's fingernails trimmed, filed, and maintained so that the edges and surfaces are cleanable;
  - b. Unless wearing intact gloves in good repair, does not have fingernail polish or artificial fingernails on the dispensary agent's fingernails; and
  - c. Wears protective apparel such as coats, aprons, gowns, or gloves to prevent contamination;
3. Wears clean clothing appropriate to assigned tasks;
4. Reports to the medical director any health condition experienced by the dispensary agent that may adversely affect the safety or quality of any medical marijuana or marijuana products with which the dispensary agent may come into contact; and
5. If the medical director determines that a dispensary agent has a health condition that may adversely affect the safety or quality of the medical marijuana or marijuana products, is prohibited from direct contact with any medical marijuana, marijuana products, or equipment or materials for processing medical marijuana or marijuana products until the medical director determines that the dispensary agent's health condition will not adversely affect the medical marijuana or marijuana products.

**Historical Note**

New Section made by exempt rulemaking at 17 A.A.R. 734, effective April 14, 2011 (Supp. 11-2). Amended by exempt rulemaking at 26 A.A.R. 1905, with an immediate effective date of August 28, 2020 (Supp. 20-3). Amended by exempt rulemaking at 27 A.A.R. 111, with an immediate effective date of January 15, 2021 (Supp. 20-4).

**R9-17-321. Physical Plant**

- A. A dispensary or a dispensary's cultivation site shall be located at least 500 feet from a private school or a public school that existed, as applicable:
  1. Before the date the dispensary submitted the initial dispensary registration certificate application,
  2. Before the date of an application to change the location of the dispensary, or
  3. Before the date of an application to add a cultivation site.
- B. A dispensary shall provide onsite parking or parking adjacent to the building used as the dispensary.
- C. A building used as a dispensary or the location used as a dispensary's cultivation site shall have:
  1. At least one toilet room;
  2. Each toilet room shall contain:
    - a. A flushable toilet;
    - b. Mounted toilet tissue;
    - c. A sink with running water;

- d. Soap contained in a dispenser; and
- e. Disposable, single-use paper towels in a mounted dispenser or a mechanical air hand dryer;
3. At least one hand washing sink not located in a toilet room;
4. Designated storage areas for medical marijuana or materials used in direct contact with medical marijuana separate from storage areas for toxic or flammable materials; and
5. If preparation or packaging of medical marijuana is done in the building, a designated area for the preparation or packaging that:
  - a. Includes work space that can be sanitized, and
  - b. Is only used for the preparation or packaging of medical marijuana.
- D. For each commercial device used at a dispensary or the dispensary's cultivation site, the dispensary shall:
  1. Ensure that the commercial device is licensed or certified pursuant to A.R.S. § 41-2091,
  2. Maintain documentation of the commercial device's license or certification, and
  3. Provide a copy of the commercial device's license or certification to the Department for review upon request.

**Historical Note**

New Section made by exempt rulemaking at 17 A.A.R. 734, effective April 14, 2011 (Supp. 11-2). Amended by exempt rulemaking at 26 A.A.R. 1905, with an immediate effective date of August 28, 2020 (Supp. 20-3).

**R9-17-322. Denial or Revocation of a Dispensary Registration Certificate**

- A. The Department shall deny an application for a dispensary registration certificate or a renewal if:
  1. For an application for a dispensary registration certificate, the physical address of the building or, if applicable, the physical address of the dispensary's cultivation site is within 500 feet of a private school or a public school that existed before the date the dispensary submitted the initial dispensary registration certificate application, before the date of an application to change the location of the dispensary, or before the date of an application to add a cultivation site;
  2. A principal officer or board member:
    - a. Has been convicted of an excluded felony offense;
    - b. Has served as a principal officer or board member for a dispensary that:
      - i. Had the dispensary registration certificate revoked, or
      - ii. Did not obtain an approval to operate the dispensary within the first year after the dispensary registration certificate was issued;
    - c. Is under 21 years of age;
    - d. Is a physician currently providing written certifications for medical marijuana for qualifying patients;
    - e. Is a law enforcement officer; or
    - f. Is an employee or contractor of the Department; or
  3. The application or the dispensary does not comply with the requirements in A.R.S. Title 36, Chapter 28.1 and this Chapter.
- B. The Department may deny an application for a dispensary registration certificate if a principal officer or board member of the dispensary provides false or misleading information to the Department.
- C. The Department shall revoke a dispensary's registration certificate if:
  1. The dispensary:

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- a. Operates before obtaining approval to operate a dispensary from the Department;
  - b. Diverts marijuana to an entity other than:
    - i. Another dispensary with a valid dispensary registration certificate issued by the Department,
    - ii. A laboratory with a valid laboratory registration certificate issued by the Department,
    - iii. A qualifying patient with a valid registry identification card issued by the Department,
    - iv. A designated caregiver with a valid registry identification card issued by the Department,
    - v. A dispensary agent with a valid registry identification card issued by the Department accepting the marijuana on behalf of a dispensary, or
    - vi. A laboratory agent with a valid registry identification card issued by the Department accepting the marijuana on behalf of a laboratory;
  - c. Acquires usable marijuana or mature marijuana plants from any entity other than another dispensary with a valid dispensary registration certificate issued by the Department, a qualifying patient with a valid registry identification card, or a designated caregiver with a valid registry identification card; or
  - d. Acquires a marijuana product from any person other than another dispensary with a valid dispensary registration certificate issued by the Department; or
  - 2. A principal officer or board member has been convicted of an excluded felony offense.
- D.** The Department may revoke a dispensary registration certificate if the dispensary does not:
- 1. Comply with the requirements in A.R.S. Title 36, Chapter 28.1 and this Chapter; or
  - 2. Implement the policies and procedures or comply with the statements provided to the Department with the dispensary's application.
- E.** If the Department denies a dispensary registration certificate application, the Department shall provide notice to the applicant that includes:
- 1. The specific reason or reasons for the denial, and
  - 2. All other information required by A.R.S. § 41-1076.
- F.** If the Department revokes a dispensary registration certificate, the Department shall provide notice to the dispensary that includes:
- 1. The specific reason or reasons for the revocation; and
  - 2. The process for requesting a judicial review of the Department's decision pursuant to A.R.S. Title 12, Chapter 7, Article 6.

**Historical Note**

New Section made by exempt rulemaking at 17 A.A.R. 734, effective April 14, 2011 (Supp. 11-2). Amended by emergency rulemaking at 18 A.A.R. 1010, effective April 11, 2012 for 180 days (Supp. 12-2). Emergency expired (Supp. 12-4). Amended by final rulemaking at 18 A.A.R. 3354, with an immediate effective date of December 5, 2012 (Supp. 12-4). Amended by exempt rulemaking at 25 A.A.R. 2421, effective August 27, 2019 (Supp. 19-3). Amended by exempt rulemaking at 26 A.A.R. 1905, with an immediate effective date of August 28, 2020 (Supp. 20-3).

**R9-17-323. Denial or Revocation of a Dispensary Agent's Registry Identification Card**

- A.** The Department shall deny a dispensary agent's application for or renewal of the dispensary agent's registry identification card if the dispensary agent:

- 1. Does not meet the definition "nonprofit medical marijuana dispensary agent" in A.R.S. § 36-2801; or
  - 2. Previously had a registry identification card revoked for not complying with A.R.S. Title 36, Chapter 28.1 or this Chapter.
- B.** The Department may deny a dispensary agent's application for or renewal of the dispensary agent's registry identification card if the dispensary agent provides false or misleading information to the Department.
- C.** The Department shall revoke a dispensary agent's registry identification card if the dispensary agent:
- 1. Uses medical marijuana, if the dispensary agent does not have a qualifying patient registry identification card;
  - 2. Diverts marijuana to an entity other than:
    - a. Another dispensary with a valid dispensary registration certificate issued by the Department,
    - b. A laboratory with a valid laboratory registration certificate issued by the Department,
    - c. A qualifying patient with a valid registry identification card issued by the Department,
    - d. A designated caregiver with a valid registry identification card issued by the Department,
    - e. A dispensary agent with a valid registry identification card issued by the Department accepting the marijuana on behalf of a dispensary, or
    - f. A laboratory agent with a valid registry identification card issued by the Department accepting the marijuana on behalf of a laboratory; or
  - 3. Has been convicted of an excluded felony offense.
- D.** The Department may revoke a dispensary agent's registry identification card if the dispensary agent knowingly violates A.R.S. Title 36, Chapter 28.1 or this Chapter.
- E.** If the Department denies or revokes a dispensary agent's registry identification card, the Department shall provide notice to the dispensary agent and the dispensary agent's dispensary that includes:
- 1. The specific reason or reasons for the denial or revocation; and
  - 2. The process for requesting a judicial review of the Department's decision pursuant to A.R.S. Title 12, Chapter 7, Article 6.

**Historical Note**

New Section made by exempt rulemaking at 17 A.A.R. 734, effective April 14, 2011 (Supp. 11-2). Amended by exempt rulemaking at 25 A.A.R. 2421, effective August 27, 2019 (Supp. 19-3). Amended by exempt rulemaking at 26 A.A.R. 1905, with an immediate effective date of August 28, 2020 (Supp. 20-3).

**R9-17-324. Dual Licensees**

- A.** If a dispensary is a dual licensee, the dispensary shall:
- 1. Provide marijuana and marijuana products, according to A.A.C. R9-18-309, to consumers, as defined in A.R.S. § 36-2850, at the same location as the dispensary dispenses medical marijuana and marijuana products to qualifying patients and designated caregivers;
  - 2. Notify the Department within five calendar days after beginning to operate on a for-profit basis, as allowed by A.R.S. § 36-2858(D)(2), and, if applicable, provide to the Department the documents required in R9-17-304(C)(2) for the new organizational or corporate structure; and
  - 3. Comply with the requirements in A.R.S. § 36-2858(D)(3).
- B.** If a dispensary is a dual licensee, the entity holding the valid dispensary registration certificate may:

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1. Request that the dispensary's cultivation site, specified according to R9-17-305(A)(1)(e) or R9-17-307(A)(1), be transferred under the entity's marijuana establishment license according to A.A.C. R9-18-303(E)(3);
  2. Request approval of a change in the location in subsection (A)(1) by complying with the requirements in both:
    - a. R9-17-307(A), and
    - b. A.A.C. R9-18-306; or
  3. Transfer or assign both the dispensary registration certificate and the marijuana establishment license to the same entity.
- C. A dispensary that is a dual licensee may allow an individual without a dispensary agent registry identification card to be employed by or contracted with the dispensary and into areas of the dispensary or the dispensary's cultivation site where marijuana is cultivated, processed, manufactured, or stored if:
1. The individual has a marijuana facility agent license, issued under 9 A.A.C. 18, Article 2, associated with the entity holding the dispensary's dispensary registration certificate and marijuana establishment license; or
  2. The individual:
    - a. Is not at the dispensary or the dispensary's cultivation site more than once per week; and
    - b. When at the dispensary or the dispensary's cultivation site, is supervised by a dispensary agent who has a valid registry identification card or an individual in subsection (C)(1).
- D. A dispensary that is a dual licensee is exempt from the requirements in:
1. R9-17-310(A)(5), (12), and (13);
  2. R9-17-313; and
  3. R9-17-320(B)(4) and (5), but shall ensure that a dispensary agent or marijuana facility agent at the dispensary or the dispensary's cultivation site:
    - a. Reports to a principal officer or board member of the dispensary any health condition experienced by the dispensary agent or marijuana facility agent that may adversely affect the safety or quality of any medical marijuana or marijuana products with which the dispensary agent or marijuana facility agent may come into contact; and
    - b. If the principal officer or board member determines that a dispensary agent or marijuana facility agent has a health condition that may adversely affect the safety or quality of the medical marijuana or marijuana products, is prohibited from direct contact with any medical marijuana, marijuana products, or equipment or materials for processing medical marijuana or marijuana products until the principal officer or board member determines that the dispensary agent's or marijuana facility agent's health condition will not adversely affect the medical marijuana or marijuana products.
- E. A dual licensee:
1. If the dispensary has notified the Department according to subsection (A)(2) that the dispensary has begun operating on a for-profit basis and provided a valid marijuana establishment license number according to R9-17-308(1)(c), is exempt from the requirements in R9-17-308(3); and
  2. If the dispensary is still operating on a not-for-profit basis and provided a valid marijuana establishment license number according to R9-17-308(1)(c), may submit to the Department when renewing the dispensary's dispensary registration certificate an attestation, in a Department-provided format, that the dispensary is operating on a not-

for-profit basis in lieu of submitting the copy of an annual financial statement required in R9-17-308(3)(a) and the report of an audit required in R9-17-308(3)(b).

- F. If the Department identifies an instance of noncompliance with a requirement of both this Chapter and 9 A.A.C. 18 during an inspection of a dual licensee, the Department shall note the instance of noncompliance on a notice of deficiencies associated with the dual licensee's marijuana establishment license under 9 A.A.C. 18, rather than on both the notice of deficiencies for the dispensary registration certificate and the notice of deficiencies for the marijuana establishment license.

**Historical Note**

New Section made by exempt rulemaking at 27 A.A.R. 747, effective May 3, 2021 (Supp. 21-2). Amended by exempt rulemaking at 27 A.A.R. 1587, with an immediate effective date of September 7, 2021 (Supp. 21-3).

**ARTICLE 4. LABORATORIES AND LABORATORY AGENTS****R9-17-401. Owner**

- A. For the purposes of this Article the following individuals are considered owners:
1. If an individual is applying for a laboratory registration certificate, the individual;
  2. If a corporation is applying for a laboratory registration certificate, two individuals who are officers of the corporation;
  3. If a partnership is applying for a laboratory registration certificate, two of the individuals who are partners;
  4. If a limited liability company is applying for a laboratory registration certificate, a manager or, if the limited liability company does not have a manager, an individual who is a member of the limited liability company;
  5. If an association or cooperative is applying for a laboratory registration certificate, two individuals who are members of the governing board of the association or cooperative;
  6. If a joint venture is applying for a laboratory registration certificate, two of the individuals who signed the joint venture agreement; and
  7. If a business organization type other than those described in subsections (A)(2) through (6) is applying for a laboratory registration certificate, two individuals who are members of the business organization.
- B. When a laboratory is required by this Chapter to provide information, sign documents, or ensure actions are taken, the individual or individuals in subsection (A) shall comply with the requirement on behalf of the laboratory.

**Historical Note**

New Section made by exempt rulemaking at 25 A.A.R. 2421, effective August 27, 2019 (Supp. 19-3). Amended by exempt rulemaking at 27 A.A.R. 111, with an immediate effective date of January 15, 2021 (Supp. 20-4).

**R9-17-402. Applying for a Laboratory Registration Certificate**

- A. To apply for a laboratory registration certificate, an applicant shall submit to the Department the following:
1. An application in a Department-provided format that includes:
    - a. The physical address of the laboratory;
    - b. The distance to the closest private school or public school from the laboratory;
    - c. The following information for the laboratory applying:
      - i. The legal name of the laboratory,

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- ii. Type of business organization,
    - iii. Mailing address,
    - iv. Telephone number, and
    - v. E-mail address;
  - d. The name of the owner designated to submit laboratory agent registry identification card applications on behalf of the laboratory;
  - e. The name, residence address, and date of birth of each owner;
  - f. The identifying number on the applicable card or document in subsection (A)(4)(d)(i) through (v);
  - g. The name, residence address, and date of birth of the technical laboratory director designated according to R9-17-404(3);
  - h. The name, residence address, and date of birth of each laboratory agent other than an owner or the technical laboratory director, if applicable;
  - i. Whether the laboratory agrees to allow the Department to submit supplemental requests for information;
  - j. An attestation that the information provided to the Department to apply for a laboratory registration certificate is true and correct; and
  - k. The signatures of the owner of the laboratory, according to R9-17-401(A), and the technical laboratory director and the date each signed;
2. Policies and procedures that comply with the requirements in this Chapter that contain:
- a. Inventory control;
  - b. A chain of custody and sample requirement process;
  - c. A records retention process;
  - d. A secure method to transfer the portion of a sample remaining after testing to another laboratory with an approval for testing issued by the Department:
    - i. For testing of parameters or analytes that the laboratory receiving the sample from a dispensary is not approved by the Department to conduct, or
    - ii. For retesting at the request of a dispensary according to R9-17-317.01(C);
  - e. Security;
  - f. A process to ensure marijuana or marijuana products testing results are accurate, precise, and scientifically valid before reporting the results; and
  - g. A process for disposal of marijuana or marijuana products that are submitted to the laboratory for testing;
3. If the applicant is one of the business organizations in R9-17-401(A)(2) through (7), a copy of the business organization's articles of incorporation, articles of organization, or partnership or joint venture documents that include:
- a. The name of the business organization,
  - b. The type of business organization, and
  - c. The names and titles of the individuals in R9-17-401(A);
4. For each owner:
- a. An attestation signed and dated by the owner that the owner has not been convicted of an excluded felony offense as defined in A.R.S. § 36-2801;
  - b. An attestation signed and dated by the owner that the owner does not have a direct or indirect familial or financial relationship with or interest in a dispensary, related medical marijuana business entity, or management company;
  - c. An attestation signed and dated by the owner that the laboratory will not test marijuana or marijuana products for a designated caregiver who the owner has a direct or indirect familial or financial relationship with;
- d. An attestation signed and dated by the owner pledging not to divert marijuana to any individual who or entity that is not allowed to possess marijuana pursuant to A.R.S. Title 36, Chapter 28.1;
- e. A copy the owner's:
- i. Arizona driver's license issued on or after October 1, 1996;
  - ii. Arizona identification card issued on or after October 1, 1996;
  - iii. Arizona registry identification card;
  - iv. Photograph page in the owner's U.S. passport; or
  - v. Arizona driver's license or identification card issued before October 1, 1996 and one of the following for the owner:
    - (1) Birth certificate verifying U.S. citizenship,
    - (2) U.S. Certificate of Naturalization, or
    - (3) U.S. Certificate of Citizenship; and
- f. For the Department's criminal records check authorized in A.R.S. §§ 36-2804.01 and 36-2804.07:
- i. The owner's fingerprints on a fingerprint card that includes:
    - (1) The owner's first name; middle initial, if applicable; and last name;
    - (2) The owner's signature;
    - (3) If different from the owner, the signature of the individual physically rolling the owner's fingerprints;
    - (4) The owner's residence address;
    - (5) If applicable, the owner's surname before marriage and any names previously used by the owner;
    - (6) The owner's date of birth;
    - (7) The owner's Social Security number;
    - (8) The owner's citizenship status;
    - (9) The owner's gender;
    - (10) The owner's race;
    - (11) The owner's height;
    - (12) The owner's weight;
    - (13) The owner's hair color;
    - (14) The owner's eye color; and
    - (15) The owner's place of birth; or
  - ii. If the fingerprints and information required in subsection (A)(4)(f)(i) were submitted to the Department as part of an application for a designated caregiver registry identification card, dispensary agent registry identification card, or laboratory agent registry identification card within the previous six months, the registry identification number on the registry identification card issued to the owner as a result of the application;
5. If zoning restrictions have been enacted, a sworn statement signed and dated by the individual or individuals in R9-17-401(A) certifying that the laboratory is in compliance with any local zoning restrictions;
6. A copy of documentation issued by the local jurisdiction to the laboratory authorizing occupancy of the building as a laboratory, such as a certificate of occupancy, a special use permit, or a conditional use permit;
7. A site plan drawn to scale of the laboratory location showing streets, property lines of the contiguous premises, buildings, parking areas, outdoor areas if applicable,

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- fences, security features, fire hydrants if applicable, and access to water mains;
8. A building plan drawn to scale of the building where the laboratory is located showing the:
    - a. Layout and dimensions of each room;
    - b. Name and function of each room;
    - c. Fire ratings of the materials used for ceilings, walls, doors, and floors of rooms used to store flammable substances;
    - d. Location of each fire protection device;
    - e. Layout of heating, air conditioning, exhaust, and ventilation systems;
    - f. Location and layout of refrigerated rooms or freezer rooms;
    - g. Location of each sink, safety shower, other water supply, or plumbing fixture;
    - h. Location of fixed or movable equipment and instruments that require dedicated electrical, water, vacuum, gas, or other building systems;
    - i. Location of security measures or equipment to protect from diversion of marijuana or marijuana products; and
    - j. Means of egress;
  9. Documentation of accreditation of the location specified according to subsection (A)(1)(a) for which the applicant is applying for a laboratory registration certificate;
  10. The laboratory's Transaction Privilege Tax Number issued by the Arizona Department of Revenue, if applicable; and
  11. The applicable fee in R9-17-102 for applying for a laboratory registration certificate.
- B.** Within 72 hours after an owner receives a laboratory registration certificate pursuant to an application submitted according to subsection (A), the owner shall apply for a laboratory agent registry identification card, according to R9-17-405, for each laboratory agent, including a technical laboratory director.
- C.** A change in location of the laboratory's physical address or ownership requires a new application to be submitted according to subsection (A).
- D.** A separate laboratory registration certificate is required for each noncontiguous portion of a laboratory.

**Historical Note**

New Section made by exempt rulemaking at 25 A.A.R. 2421, effective August 27, 2019 (Supp. 19-3). Amended by exempt rulemaking at 26 A.A.R. 734, with an immediate effective date of April 2, 2020; amended by exempt rulemaking at 26 A.A.R. 968, effective April 20, 2020 (Supp. 20-2). Amended by exempt rulemaking at 26 A.A.R. 1905, with an immediate effective date of August 28, 2020 (Supp. 20-3).

**R9-17-402.01. Applying for Approval for Testing**

To apply for approval for testing, an applicant shall submit to the Department, at least 60 calendar days before the expiration of the initial laboratory registration certificate for the laboratory, the following:

1. An application in a Department-provided format that includes:
  - a. The name and registry identification number of the laboratory;
  - b. The physical address of the laboratory;
  - c. The name of the applicant;
  - d. The name of the technical laboratory director designated according to R9-17-404(3);
  - e. For each parameter for which approval for testing is being requested:
    - i. The analyte to be tested for;
    - ii. The instruments and equipment to be used for testing; and
    - iii. The software to be used at the laboratory for instrument control and data reduction interpretation;
  - f. The laboratory's proposed hours of operation;
  - g. Whether the laboratory agrees to allow the Department to submit supplemental requests for information;
  - h. Whether the laboratory is ready for an inspection by the Department;
  - i. If the laboratory is not ready for an inspection by the Department, the date the laboratory will be ready for an inspection by the Department;
  - j. An attestation that the information provided to the Department to apply for approval for testing is true and correct; and
  - k. The signatures of the owner of the laboratory, according to R9-17-401(A), and the technical laboratory director and the date each signed;
2. For each parameter and analyte listed according to subsection (1)(e):
  - a. The limit of quantitation;
  - b. A copy of a proficiency testing report, if applicable, or accuracy testing documentation; and
  - c. A copy of the standard operating procedure;
3. Policies and procedures that comply with the requirements in this Chapter that include:
  - a. A quality assurance program and standards, and
  - b. A process to compile testing results into a single laboratory report to be provided to a dispensary; and
4. If different from the building plan submitted according to R9-17-402(A)(8), a building plan drawn to scale of the building where the laboratory is located showing the:
  - a. Layout and dimensions of each room;
  - b. Name and function of each room;
  - c. Fire ratings of the materials used for ceilings, walls, doors, and floors of rooms used to store flammable substances;
  - d. Location of each fire protection device;
  - e. Layout of heating, air conditioning, exhaust, and ventilation systems;
  - f. Location and layout of refrigerated rooms or freezer rooms;
  - g. Location of each sink, safety shower, other water supply, or plumbing fixture;
  - h. Location of fixed or movable equipment and instruments that require dedicated electrical, water, vacuum, gas, or other building systems;
  - i. Location of security equipment to protect from diversion of marijuana or marijuana products; and
  - j. Means of egress.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 734, with an immediate effective date of April 2, 2020; amended by exempt rulemaking at 26 A.A.R. 968, effective April 20, 2020 (Supp. 20-2). Amended by exempt rulemaking at 26 A.A.R. 1905, with an immediate effective date of August 28, 2020 (Supp. 20-3).

**R9-17-403. Renewing a Laboratory Registration Certificate**

To renew a laboratory registration certificate, an applicant shall submit to the Department, at least 30 calendar days before the expiration date of the current laboratory registration certificate, but no

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more than 90 days before the expiration date of the current laboratory registration certificate, the following:

1. An application in a Department-provided format that includes:
  - a. The physical address of the laboratory;
  - b. The following information for the laboratory:
    - i. The legal name of the laboratory,
    - ii. The registry identification number for the laboratory,
    - iii. Type of business organization,
    - iv. Mailing address,
    - v. Telephone number, and
    - vi. E-mail address;
  - c. The name of the owner designated to submit laboratory agent registry identification card applications on behalf of the laboratory;
  - d. The name, residence address, and date of birth of each owner;
  - e. The name, residence address, and date of birth of the technical laboratory director designated according to R9-17-404(3);
  - f. The name, residence address, and date of birth of each laboratory agent, if applicable;
  - g. Whether the laboratory agrees to allow the Department to submit supplemental requests for information;
  - h. An attestation that the information provided to the Department to renew the laboratory registration certificate is true and correct; and
  - i. The signatures of the owner of the laboratory, according to R9-17-401(A), and the technical laboratory director and the date each signed;
2. For each owner:
  - a. An attestation signed and dated by the owner that the owner has not been convicted of an excluded felony offense as defined in A.R.S. § 36-2801; and
  - b. An attestation signed and dated by the owner that the laboratory will not test medical marijuana and medical marijuana products for:
    - i. A dispensary, related medical marijuana business entity, or management company that the owner has a direct or indirect familial or financial relationship with or interest in; or
    - ii. A designated caregiver who the owner has a direct or indirect familial or financial relationship with;
3. For each current parameter and analyte, documentation of current accreditation;
4. If a change has been made to the standard operating procedure for a current parameter, a copy of the revised standard operating procedure;
5. If a change has been made in the quality assurance plan for a current parameter required in R9-17-404.03 or R9-17-404.04, a copy of the revised quality assurance plan; and
6. The applicable fee in R9-17-102 for applying to renew a laboratory registration certificate.

**Historical Note**

New Section made by exempt rulemaking at 25 A.A.R. 2421, effective August 27, 2019 (Supp. 19-3). Amended by exempt rulemaking at 26 A.A.R. 734, with an immediate effective date of April 2, 2020; amended by exempt rulemaking at 26 A.A.R. 968, effective April 20, 2020 (Supp. 20-2). Amended by exempt rulemaking at 26

A.A.R. 1905, with an immediate effective date of August 28, 2020 (Supp. 20-3).

**R9-17-404. Administration**

An owner of a laboratory with a laboratory registration certificate shall:

1. Comply with the:
  - a. Quality assurance requirements in R9-17-404.05,
  - b. Operation requirements in R9-17-404.06, and
  - c. Laboratory records and reports requirements in R9-17-404;
2. Maintain accreditation for each approved parameter and analyte;
3. Designate in writing a technical laboratory director who:
  - a. Has knowledge and experience in overseeing a laboratory as documented by:
    - i. A doctoral degree in chemistry, biochemistry, microbiology, or a similar laboratory science;
    - ii. A master's degree in chemistry, biochemistry, microbiology, or a similar laboratory science and at least two years of experience working in a laboratory and providing laboratory testing; or
    - iii. A bachelor's degree in chemistry, biochemistry, microbiology, or a similar laboratory science and at least four years of experience working in a laboratory and providing laboratory testing; and
  - b. Is responsible for:
    - i. Ensuring that all services and tests provided by the laboratory are performed in compliance with the requirements in this Article;
    - ii. Directing and supervising services and tests provided by the laboratory;
    - iii. Overseeing the work of all personnel in the laboratory;
    - iv. Providing ongoing training to laboratory agents, as applicable to the functions performed by a laboratory agent; and
    - v. Ensuring safety and hazardous substance control in the laboratory;
4. Notify the Department in writing within 20 business working days after any change in the technical laboratory director, providing the name and contact information for the new technical laboratory director;
5. Develop, document, and implement policies and procedures regarding:
  - a. Job descriptions and employment contracts, including:
    - i. Personnel duties, authority, responsibilities, and qualifications;
    - ii. Personnel supervision;
    - iii. Ongoing training, applicable to the functions performed by a laboratory agent;
    - iv. Training in and adherence to confidentiality requirements;
    - v. Periodic performance evaluations, including proficiency testing or accuracy testing, as applicable, on a rotating basis among all laboratory agents performing similar functions; and
    - vi. Disciplinary actions;
  - b. Business records, such as manual or computerized records of assets and liabilities, monetary transactions, journals, ledgers, and supporting documents, including agreements, checks, invoices, and vouchers;
  - c. Inventory control, including:

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- i. Tracking;
- ii. Accepting medical marijuana or marijuana products for testing;
- iii. Transferring a portion of a sample to another laboratory for testing of parameters or analytes that the laboratory is not approved by the Department to conduct;
- iv. Testing medical marijuana and marijuana products;
- v. Providing the remaining sample of tested medical marijuana or a marijuana product to another laboratory with an approval for testing issued by the Department at the request of a dispensary according to R9-17-317.01(C);
- vi. Retaining the residual portion of a sample accepted for testing from a dispensary for at least 14 days after sending the final report of testing required in R9-17-404.06(B)(3) to the dispensary; and
- vii. Disposing of medical marijuana or a marijuana product such that the marijuana or marijuana product is unrecognizable or cannot otherwise be used and documenting:
  - (1) The method of disposal;
  - (2) Whether the medical marijuana or marijuana product was tested;
  - (3) If not tested, the reason for not testing;
  - (4) The laboratory agent overseeing the disposal; and
  - (5) The date of disposal;
- d. Standard operating procedures, including:
  - i. The review and updating of standard operating procedures;
  - ii. Requirements for a laboratory agent to review current, new, or updated standard operating procedures applicable to the functions performed by the laboratory agent; and
  - iii. Documenting the review of standard operating procedures by applicable laboratory agents;
- e. Laboratory records, including:
  - i. Maintenance and monitoring of instruments and equipment;
  - ii. Acceptance of medical marijuana and marijuana products for testing;
  - iii. The chain of custody for a sample accepted by the laboratory for testing;
  - iv. The storage of a submitted sample prior to testing to maintain the integrity of the sample and analyte;
  - v. The process for selecting a homogeneous portion of a submitted sample for testing;
  - vi. Ensuring testing results are accurate, precise, and scientifically valid before reporting the results;
  - vii. Reporting of testing results, including:
    - (1) Testing results obtained from another laboratory for testing of parameters or analytes that the laboratory is not approved by the Department to conduct, or
    - (2) Testing results provided to another laboratory from which the laboratory had received a portion of a sample for testing of parameters or analytes that the other laboratory is not approved by the Department to conduct;
  - viii. If applicable, transfer of a portion of a sample to another laboratory with an approval for testing issued by the Department for testing of parameters or analytes that the laboratory is not approved by the Department to conduct, including:
    - (1) The name and registry identification number of the dispensary from which the sample was obtained,
    - (2) The name and registry identification number of the laboratory to which the portion of the sample is being transferred,
    - (3) The date of the transfer,
    - (4) The amount of sample being transferred,
    - (5) The name and registry identification number of the laboratory agent receiving the marijuana or marijuana products on behalf of the other laboratory;
    - (6) The parameters or analytes being tested by the other laboratory, and
    - (7) The testing results obtained from the other laboratory;
  - ix. If applicable, transfer of the portion of a sample remaining after testing to another laboratory with an approval for testing issued by the Department at the request of a dispensary according to R9-17-317.01(C), including:
    - (1) The name and registry identification number of the dispensary,
    - (2) The name and registry identification number of the dispensary agent requesting the transfer on behalf of the dispensary,
    - (3) The date of the request,
    - (4) The amount of sample being transferred,
    - (5) The name and registry identification number of the other laboratory, and
    - (6) The name and registry identification number of the laboratory agent receiving the marijuana or marijuana products on behalf of the other laboratory;
  - x. Confidentiality; and
  - xi. Retention;
- f. A quality assurance program and standards;
- g. A records retention process; and
- h. Security;
- 6. Review and document the review of laboratory policies and procedures at least once every 12 months after the issue date of the laboratory registration certificate and update as needed;
- 7. Ensure that each laboratory agent has the laboratory agent's registry identification card in the laboratory agent's immediate possession when the laboratory agent is working or providing volunteer services related to marijuana or marijuana products testing at the laboratory;
- 8. Ensure that a laboratory agent accompanies any individual other than another laboratory agent associated with the laboratory when the individual is present in the area of the laboratory where marijuana or marijuana products are being tested or stored for testing;
- 9. Not allow an individual who does not possess a laboratory agent registry identification card issued under the laboratory registration certificate to:
  - a. Serve as an owner for the laboratory,
  - b. Be employed by the laboratory, or
  - c. Provide volunteer services at or on behalf of the laboratory;

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10. Provide written notice to the Department, including the date of the event, within 10 working days after the date, when a laboratory agent no longer:
  - a. Serves as an owner for the laboratory,
  - b. Is employed by the laboratory, or
  - c. Provides volunteer services at or on behalf of the laboratory; and
11. Unless otherwise specified, maintain copies of any documentation required in this Chapter for at least two years after the date on the documentation and provide copies of the documentation to the Department for review upon request.

**Historical Note**

New Section made by exempt rulemaking at 25 A.A.R. 2421, effective August 27, 2019 (Supp. 19-3). Amended by exempt rulemaking at 26 A.A.R. 734, with an immediate effective date of April 2, 2020 (Supp. 20-2). Amended by exempt rulemaking at 26 A.A.R. 1905, with an immediate effective date of August 28, 2020 (Supp. 20-3). Amended by exempt rulemaking at 27 A.A.R. 111, with an immediate effective date of January 15, 2021 (Supp. 20-4).

**R9-17-404.01. Compliance Monitoring**

- A. Submission of an application for a laboratory registration certificate constitutes permission for:
  1. The Department's entry to and inspection of the laboratory, and
  2. The Department to conduct proficiency testing according to R9-17-404.02.
- B. The Department shall conduct:
  1. An initial laboratory inspection; and
  2. A follow-up laboratory inspection, at least annually.
- C. The Department shall comply with A.R.S. § 41-1009 in conducting a laboratory inspection or investigation.
- D. The Department shall not accept allegations of a laboratory's noncompliance with A.R.S. Title 36, Chapter 28.1 or this Chapter from an anonymous source.
- E. If the Department receives an allegation of a laboratory's noncompliance with A.R.S. Title 36, Chapter 28.1 or this Chapter, the Department may conduct an unannounced inspection of the laboratory.
- F. If the Department determines that a laboratory is not in compliance with the requirements of A.R.S. Title 36, Chapter 28.1, or this Chapter, the Department:
  1. Shall provide the owner, according to R9-17-401(A), and technical laboratory director with a written notice that includes the specific rule or statute that was violated; and
  2. May:
    - a. Take an enforcement action as described in R9-17-410; or
    - b. Require that the technical laboratory director submit to the Department, within 30 calendar days after written notice from the Department, a corrective action plan to address issues of compliance that do not directly affect the health or safety of a qualifying patient or laboratory agent that:
      - i. Describes how each identified instance of noncompliance will be corrected and reoccurrence prevented, and
      - ii. Includes a date for correcting each instance of noncompliance that is appropriate to the actions necessary to correct the instance of noncompliance.
- G. Under A.R.S. § 41-1009(G) and (I), the Department's decision regarding whether a technical laboratory director may submit a

corrective action plan on behalf of a laboratory or whether a deficiency has been corrected or has been corrected within a reasonable period of time is not an appealable agency action as defined by A.R.S. § 41-1092.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 734, with an immediate effective date of April 2, 2020 (Supp. 20-2).

**R9-17-404.02. Proficiency Testing; Accuracy Testing**

- A. At least once in each 12-month period, and more often if requested by the Department, a technical laboratory director shall have at least one laboratory agent, selected according to policies and procedures, participate in proficiency testing provided by the Department or a proficiency testing service that:
  1. Includes at least one proficiency testing sample for each parameter and analyte for which the laboratory has been approved or is requesting approval and for which proficiency testing samples are available;
  2. Demonstrates the laboratory agent's competence in testing for the parameter; and
  3. If the laboratory has been approved or has requested approval to test an analyte by different methods, may use the same proficiency testing sample for each method.
- B. If a proficiency testing sample is not available for a specific parameter and analyte, a technical laboratory director shall have at least one laboratory agent, selected according to policies and procedures, participate in accuracy testing for the parameter.
- C. To demonstrate competence in testing for a parameter, testing results reported for the parameter shall be within acceptance limits established by the Department, according to R9-17-404.03 or R9-17-404.04, or the proficiency testing service, as applicable.
- D. A technical laboratory director shall ensure that:
  1. Each sample for proficiency testing accepted at the laboratory is analyzed at the laboratory;
  2. Each sample for accuracy testing is analyzed at the laboratory;
  3. Each sample for proficiency testing or accuracy testing is tested according to R9-17-404.03 or R9-17-404.04, using the same procedures and techniques employed for routine sample testing;
  4. A proficiency testing service provides the results for each proficiency testing sample directly to the laboratory and the Department;
  5. If proficiency testing is provided by the Department, the laboratory submits to the Department payment for the actual costs of the materials for proficiency testing; and
  6. If proficiency testing is not provided by the Department, the laboratory selects a proficiency testing service and contracts with and pays the proficiency testing service directly for proficiency testing.
- E. The Department may submit blind proficiency testing samples to a laboratory at any time during the certification period.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 734, with an immediate effective date of April 2, 2020 (Supp. 20-2). Amended by exempt rulemaking at 26 A.A.R. 1905, with an immediate effective date of August 28, 2020 (Supp. 20-3).

**R9-17-404.03. Method Criteria and References for Chemical Analyses**



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- A. In addition to the definitions in A.R.S. § 36-2801 and R9-17-101, the following definitions apply in this Section unless otherwise stated:
1. "Limit of quantitation" means the lowest concentration of an analyte that may be detected and the concentration of the analyte reliably and accurately determined.
  2. "Matrix" means the specific components of a sample, other than the analyte being tested for.
  3. "Mid-level standard" means a standard that is between the highest concentration and lowest concentration of standards containing the same substances that are used as a reference when testing for the concentration of an analyte.
  4. "Response factor" means the ratio between a signal produced by an analyte relative to a signal produced by an internal standard at a specific concentration.
  5. "Retention time" means the length of time taken by an analyte to pass through a chromatography column.
  6. "Standard" means a sample of known concentration and containing specific substances that is used as a reference when testing for the concentration of an analyte.
- B. To perform laboratory testing using chemical analytical methods for any of the analytes in Table 3.1 Analytes, a laboratory may use:
1. An established national or international chemical method; or
  2. A laboratory-developed method that was validated according to:
    - a. AOAC - Appendix K: Guidelines for Dietary Supplements and Botanicals, 2013, which is incorporated by reference, includes no future editions or amendments, and is available at [http://www.eoma.aoac.org/app\\_k.pdf](http://www.eoma.aoac.org/app_k.pdf);
    - b. USDA - Guidelines for the Validation of Chemical Methods for the FDA FVM Program, 2nd Edition, April 2015, which is incorporated by reference, includes no future editions or amendments, and is available at <https://www.fda.gov/media/81810/download>; or
    - c. ICH - Validation of Analytical Procedures: Text and Methodology Q2(R1) 2005, which is incorporated by reference, includes no future editions or amendments, and is available at [https://database.ich.org/sites/default/files/Q2\\_R1\\_Guideline.pdf](https://database.ich.org/sites/default/files/Q2_R1_Guideline.pdf) or <https://www.fda.gov/regulatory-information/search-fda-guidance-documents/q2-r1-validation-analytical-procedures-text-and-methodology>.
- C. A technical laboratory director shall ensure that all instruments and equipment used for testing medical marijuana or a marijuana product by chemical analytical methods are:
1. Set up, tuned, and calibrated according to:
    - a. Manufacturer's acceptance criteria, or
    - b. Criteria validated according to subsection (B), as applicable;
  2. Monitored and maintained according to AOAC - Guidelines for Laboratories Performing Microbiological and Chemical Analyses of Food, Dietary Supplements, and Pharmaceuticals, Appendix A: Equipment, August 2018, which is incorporated by reference, includes no future editions or amendments, and is available at <https://www.aoac.org/aoac-accreditation-guidelines-for-laboratories-alacc>; and
  3. Applicable for the analytes to be tested.
- D. A technical laboratory director shall ensure that for an initial demonstration of capability:
1. Before implementing a method, at least four replicate reference samples for each analyte are:
    - a. Spiked into a clean matrix with, as applicable, an amount  $\pm 20\%$  of the maximum allowable concentration for the analyte in Table 3.1 Analytes or the mid-level standard for potency testing;
    - b. Taken through the entire sample preparation and analysis process;
    - c. Have a relative standard deviation of  $\pm 20\%$ ; and
    - d. Have an accuracy that meets the acceptance criteria in subsection (K)(2)(c);
  2. Whenever a significant change to instrumentation or to a standard operating procedure occurs, the laboratory demonstrates, as specified in subsection (D)(1), that acceptable precision and bias can still be obtained by the changed conditions; and
  3. Whenever a new laboratory agent who will be performing testing on medical marijuana or marijuana products is being trained, the laboratory agent demonstrates, as specified in subsection (D)(1), acceptable precision and bias.
- E. For potency testing or testing for pesticides, fungicides, herbicides, growth regulators, or residual solvents, a technical laboratory director shall ensure that:
1. For establishing the retention time for an analyte, the retention time is determined by three injections, over the course of a 72-hour period, of a standard  $\pm 20\%$  of, as applicable:
    - a. The maximum allowable concentration in Table 3.1 Analytes for the analyte; or
    - b. The mid-level standard for potency testing; and
  2. The width of the retention time window for each analyte is defined as  $\pm 3$  times the standard deviation of the mean absolute retention time that was established during the 72-hour period or 0.1 minutes, whichever is greater.
- F. A technical laboratory director shall ensure that:
1. The laboratory complies with the following requirements related to calibration and standards:
    - a. Except as specified in subsection (F)(1)(c), a minimum of:
      - i. Five standards are used for an average response factor or for a linear model,
      - ii. Six standards are used for a quadratic model, and
      - iii. Seven standards are used for a cubic model;
    - b. An X-value of zero is not included as a calibration point;
    - c. A calibration curve for heavy metal testing includes a minimum of three standards and a calibration blank;
    - d. One standard is  $\pm 20\%$  of the limit of quantitation;
    - e. Except as specified in subsection (F)(1)(f) and as applicable, one standard for each analyte is  $\pm 20\%$  of the:
      - i. Maximum allowable concentration in Table 3.1 Analytes for the analyte, or
      - ii. Mid-level standard for potency testing; and
    - f. For testing for residual solvents, either:
      - i. One standard for each analyte is  $\pm 20\%$  of the maximum allowable concentration in Table 3.1 Analytes for the analyte; or
      - ii. A standard is created containing a concentration of specific analytes that is a dilution factor from the maximum allowable concentration in Table 3.1 Analytes for the analyte and is used when performing multiple runs on a sample, with or without dilution, to cover the range of

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- maximum allowable concentrations in Table 3.1 Analytes;
- g. One standard is above the maximum allowable concentration in Table 3.1 Analytes for an analyte;
  2. The acceptance criteria for testing is one of the following, as applicable:
    - a. The maximum relative standard deviation for the average calibration factor, for an external calibration model, or the response factor, for an internal calibration model, is no more than 20%; and
    - b. For linear and non-linear calibration models, the coefficient of determination ( $r^2$ ) is greater than or equal to 0.99;
  3. For chromatographic testing methods using internal standards for calibration:
    - a. The relative retention time of each analyte to the internal calibration standard is within 0.06 units;
    - b. The areas of the peaks for the internal standards in any sample are between 50 and 200% of the area of the peak of the internal standard in subsection (F)(1)(e) used for calibration; and
    - c. The internal standards:
      - i. Have retention times similar to the analytes being tested for;
      - ii. Do not interfere with any of the analytes, and
      - iii. Have similar chemical properties as the analytes being tested for; and
  4. For methods testing for heavy metals using internal standards, the internal standards:
    - a. Are appropriate for the analyte, and
    - b. Do not interfere with any of the analytes.
- G.** To obtain an acceptable calibration, a technical laboratory director:
1. May use any of the following options:
    - a. Perform instrument maintenance to optimize analyte responses, as long as all resulting calibration models meet the acceptance criteria appropriate for the analyte;
    - b. If the problem appears to be associated with a single standard:
      - i. Reanalyze that one standard, at the time of calibration and before any samples are analyzed, to rule out problems due to random error; and
      - ii. Recalculate and reevaluate the standard against the acceptance criteria;
    - c. Narrow the calibration range by replacing one or more of the calibration standards at the upper or lower ends of the curve;
    - d. Narrow the calibration range by removing data points from either extreme end of the range and recalculating the calibration function; or
    - e. Perform a new initial calibration according to subsection (F); and
  2. May not:
    - a. Remove data points from within a calibration range while still retaining the extreme ends of the calibration range, or
    - b. Use non-linear calibrations to compensate for detector saturation or to avoid proper instrument maintenance.
- H.** A technical laboratory director shall ensure that for initial calibration verification:
1. Standards are prepared either from a different source or from a different lot of standards from the same source than the source from which the initial calibration standards specified in subsection (F)(1) were obtained and used as applicable:
    - a. Be  $\pm 20\%$  of:
      - i. The maximum allowable concentrations for an analyte in Table 3.1 Analytes,
      - ii. According to subsection (F)(1)(f)(ii), or
      - iii. The mid-level standard for potency testing; and
    - b. Contain all analytes being reported to comply with R9-17-317(A)(5); and
  2. The following acceptance criteria are used:
    - a. For potency testing, 80 to 120% recovery of true value;
    - b. For testing for pesticides, fungicides, herbicides, growth regulators, mycotoxins, or residual solvents, 70 to 130% recovery of the true value; and
    - c. For heavy metal testing, 90 to 110% recovery of the true value.
- I.** A technical laboratory director shall ensure that for the limit of quantitation:
1. The limit of quantitation is initially verified by the analysis of at least seven replicate samples, spiked at the limit of quantitation, and processed through all preparation and analysis steps of the method;
  2. The signal-to-noise ratio of the replicate samples in subsection (I)(1) is at least 5:1;
  3. The mean recovery of the replicate samples in subsection (I)(1) is:
    - a. For potency testing,  $\pm 20\%$  of the true value;
    - b. For testing for pesticides, fungicides, herbicides, growth regulators, mycotoxins, or residual solvents,  $\pm 50\%$  of the true value; and
    - c. For heavy metal testing,  $\pm 35\%$  of the true value;
  4. The relative standard deviation of the replicate samples in subsection (I)(1) is less than 20%;
  5. The limit of quantitation is, as applicable, no greater than:
    - a. Half the maximum allowable concentrations for an analyte in Table 3.1 Analytes;
    - b. For chlorfenapyr, cyfluthrin, or cypermethrin, the maximum allowable concentrations for the analyte in Table 3.1 Analytes; or
    - c. 1.0 mg/g for each analyte for potency testing;
  6. Any changes to specific sample amounts, dilutions, or volumes employed are reflected in the limit of quantitation stated on a sample report;
  7. The signal-to-noise ratio in subsection (I)(2) is reverified each time the instrument used for testing is calibrated; and
  8. Documentation of the current limit of quantitation is maintained for each analyte for each instrument.
- J.** Except as provided in subsection (P), a technical laboratory director shall ensure that for batch analysis:
1. Continuing calibration verification standards:
    - a. Are prepared from the same calibration standard source used to prepare the standards specified in subsection (F)(1):
      - i. Initially, with a concentration  $\pm 20\%$  of, as applicable, the maximum allowable concentration for an analyte in Table 3.1 Analytes, according to subsection (F)(1)(f)(ii), or the mid-level standard for potency testing for all analytes being reported to comply with R9-17-317(A)(5); and
      - ii. Subsequently, with a concentration at or between the highest concentration and lowest concentration of standards for the analytes in the batch;

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- b. Have the following acceptance criteria:
      - i. For potency testing, 80 - 120% recovery of true value;
      - ii. For testing for pesticides, fungicides, herbicides, growth regulators, mycotoxins, or residual solvents, 70 - 130% recovery of the true value; and
      - iii. For heavy metal testing, 90 - 110% recovery of the true value;
  2. If internal standards are used in continuing calibration verification, the acceptability criteria of the internal standards is determined as follows:
    - a. For testing for pesticides, fungicides, herbicides, growth regulators, or residual solvents by mass spectrometry, if the area of the peak for an internal standard is different by a factor of two from the area of the respective standard in subsection (F)(1)(e), for the most recent initial calibration sequence, according to subsection (F):
      - i. The mass spectrometer is inspected for malfunctions and corrected, and
      - ii. Reanalysis of the continuing calibration verification meets acceptance criteria in subsection (J)(1)(b)(ii) before any samples are tested; and
    - b. For heavy metal testing:
      - i. The intensity of an internal standard is monitored for each analysis to ensure that the intensity does not vary by more than  $\pm 30\%$ , with respect to the intensity during the initial calibration in subsection (F); and
      - ii. If the intensity of an internal standard is outside the range also observed in the calibration blank required in subsection (F)(1)(c):
        - (1) Testing is stopped until the problem is corrected, the instrument is recalibrated, and the new calibration is verified;
        - (2) Reanalysis of the continuing calibration verification meets acceptance criteria in subsection (J)(1)(b)(iii) before any samples are tested; and
        - (3) The affected samples are retested; and
  3. The frequency of continuing calibration verification is as follows:
    - a. For testing by a method other than mass spectrometry:
      - i. At the beginning of the test;
      - ii. After every 20 samples, not counting a quality control sample, such as a sample required in subsection (K); and
      - iii. At the end of the test; and
    - b. For testing by mass spectrometry:
      - i. At the beginning of the testing,
      - ii. After every 12 hours of running, and
      - iii. At the end of the run.
- K. Except as provided in subsection (P), a technical laboratory director shall ensure that for batch analysis:
  1. A method blank, with a matrix similar to each type of sample matrix to be tested within the batch:
    - a. Contains the same internal standards as the samples in the batch,
    - b. Is prepared and tested with each batch, and
    - c. Produces results below the limit of quantitation;
  2. Except as provided in subsection (R), a laboratory control sample and duplicate:
    - a. Are prepared  $\pm 20\%$  of, as applicable:
      - i. The maximum allowable concentrations for an analyte in Table 3.1 Analytes,
      - ii. According to subsection (F)(1)(f)(ii), or
      - iii. The mid-level standard for potency testing;
- L. A technical laboratory director shall ensure that:
  1. Except as provided in subsection (P), for potency testing or testing for pesticides, fungicides, herbicides, growth regulators, or residual solvents by mass spectrometry, the relative intensities of the characteristic ions agrees within 30% of the relative intensities of these ions in the reference spectrum; and
  2. For heavy metal testing, the intensity of each internal standard is monitored for each analysis to ensure that the intensity does not vary more than  $\pm 30\%$ , with respect to

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the intensity of the internal standard during the initial calibration specified in subsection (F).

- M.** A technical laboratory director shall ensure that the resolution of chromatographic peaks in potency testing or testing for pesticides, fungicides, herbicides, growth regulators, or residual solvents by a method other than mass spectrometry is maintained so that the height of the valley between the two chromatographic peaks is less than 50% of the average of the two peak heights.
- N.** A technical laboratory director shall ensure that confirmation for testing for pesticides, fungicides, herbicides, growth regulators, or residual solvents by a method other than mass spectrometry:
  - 1. Is performed using:
    - a. A second column:
      - i. That has a stationary phase dissimilar to the stationary phase in the primary column, and
      - ii. From which the analyte is eluted in a different order than from the primary column;
    - b. A different instrument type, such as gas chromatography followed by mass spectrometry;
    - c. Gas chromatography with two different types of detectors; or
    - d. Other recognized confirmation techniques;
  - 2. Meets the applicable criteria in subsections (D) through (M); and
  - 3. Includes as part of the confirmation of the analyte:
    - a. An evaluation of the agreement of the quantitative values of the results from both methods of testing; and
    - b. Determination of the relative percent difference between the values.
- O.** If the relative percent difference between the values obtained according to subsection (N) is more than 40%, a technical laboratory director shall ensure that:
  - 1. The chromatograms are checked to see if an obviously overlapping peak is causing an erroneously high result, and the chromatographic conditions are reviewed; and
  - 2. Either:
    - a. If a problem is found with one of the tests, the result from the other test is reported; and
    - b. If there is no evidence of a chromatographic problem, the higher result is reported.
- P.** A technical laboratory director may release testing results that are scientifically valid and defensible, according to R9-17-404.06(B)(3), with the following data qualifier notations if:
  - 1. The target analyte detected in the calibration blank required in subsection (F)(1)(c) or the method blank specified in subsection (K)(1) is at or above the limit of quantitation, but the sample result:
    - a. For potency testing, is below the limit of quantitation – B1; or
    - b. When testing for pesticides, fungicides, herbicides, growth regulators, heavy metals, or residual solvents, is below the maximum allowable concentration in Table 3.1 Analytes for the analyte – B2;
  - 2. The limit of quantitation and the sample results were adjusted to reflect sample dilution – D1;
  - 3. The relative intensity of a characteristic ion in a sample analyte exceeded the acceptance criteria in subsection (L)(1) with respect to the reference spectra, indicating interference – I1;
  - 4. When testing for pesticides, fungicides, herbicides, growth regulators, heavy metals, or residual solvents, the percent recovery of a laboratory control sample is greater than the acceptance limits in subsection (K)(2)(c), but the sample's target analytes were not detected above the maximum allowable concentrations in Table 3.1 Analytes for the analytes in the sample – L1;
- 5. The recovery from the matrix spike in subsection (K)(4) was:
  - a. High, but the recovery from the laboratory control sample in subsection (K)(2) was within acceptance criteria – M1,
  - b. Low, but the recovery from the laboratory control sample in subsection (K)(2) was within acceptance criteria – M2, or
  - c. Unusable because the analyte concentration was disproportionate to the spike level, but the recovery from the laboratory control sample in subsection (K)(2) was within acceptance criteria – M3;
- 6. The analysis of a spiked sample required a dilution such that the spike recovery calculation does not provide useful information, but the recovery from the associated laboratory control sample in subsection (K)(2) was within acceptance criteria – M4;
- 7. The analyte concentration was determined by the method of standard addition, in which the standard is added directly to the aliquots of the analyzed sample – M5;
- 8. A description of the variance is described in the final report of testing according to R9-17-404.06(B)(3)(d)(ii) – N1;
- 9. The relative percent difference for the laboratory control sample and duplicate exceeded the limit in subsection (K)(3), but the recovery in subsection (K)(2) was within acceptance criteria – R1;
- 10. The relative percent difference for a sample and duplicate exceeded the limit in subsection (O) – R2; or
- 11. The recovery from continuing calibration verification standards exceeded the acceptance limits in subsection (J)(1)(b), but the sample's target analytes were not detected above the maximum allowable concentrations in Table 3.1 Analytes for the analytes in the sample – V1.
- Q.** A technical laboratory director shall include in the final report of testing, according to R9-17-404.06(B)(3)(d)(iii), the following data qualifier notations if:
  - 1. Sample integrity was not maintained – Q1;
  - 2. The sample is heterogeneous, and sample homogeneity could not be readily achieved using routine laboratory practices – Q2; or
  - 3. Testing result is for informational purposes only and cannot be used to satisfy dispensary testing requirements in R9-17-317.01(A) or labeling requirements in R9-17-317 – Q3.
- R.** For batch analysis of samples to determine potency, a technical laboratory director may check precision by using either a duplicate laboratory control sample or a duplicate sample prepared from the medical marijuana or marijuana product being tested, according to requirements in subsections (K)(2) and (3).
- S.** A technical laboratory director shall ensure that the reporting units for:
  - 1. Pesticides, fungicides, herbicides, growth regulators, heavy metals, or residual solvents are in parts per million (ppm); and
  - 2. Potency are:
    - a. In either:
      - i. Percent (w/w) relative to the bulk plant material or marijuana product, as applicable; or
      - ii. Number of milligrams per designated unit; and
    - b. For:

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- i. Total tetrahydrocannabinol, the sum of tetrahydrocannabinolic acid (THC-A), multiplied by 0.877, and delta-9-tetrahydrocannabinol ( $\Delta$ 9-THC); and
- ii. Total cannabidiol, the sum of cannabidiolic acid (CBD-A), multiplied by 0.877, and cannabidiol (CBD).

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 734, with an immediate effective date of April 2, 2020 (Supp. 20-2). Amended by exempt rulemaking at 26 A.A.R. 1905, with an immediate effective date of August 28, 2020 (Supp. 20-3). Amended by exempt rulemaking at 26 A.A.R. 2848, with an immediate effective date of October 15, 2020; amended by exempt rulemaking at 26 A.A.R. 2991, effective November 1, 2020; amended by exempt rulemaking at 27 A.A.R. 111, with an immediate effective date of January 15, 2021 (Supp. 20-4).

**R9-17-404.04. Method Criteria and References for Analytes for Microbial Contaminants**

**A.** To perform laboratory testing for the microbial contaminants in Table 3.1 Analytes, a laboratory shall use an applicable method:

1. Described in:
  - a. The Bacteriological Analytical Manual (BAM), 2019, which is incorporated by reference, includes no future editions or amendments, and is available at <https://www.fda.gov/food/laboratory-methods-food/bacteriological-analytical-manual-bam>; or
  - b. AOAC Official Methods of Analysis, 21st Edition, 2019, which is incorporated by reference, includes no future editions or amendments, and is available at <https://www.aoac.org/official-methods-of-analysis-21st-edition-2019>; and
2. Validated according to, as applicable:
  - a. AOAC - Appendix J: Guidelines for Validation of Microbiological Methods for Food and Environmental Surfaces, 2012, which is incorporated by reference, includes no future editions or amendments, and is available at [http://www.eoma.aoac.org/app\\_j.pdf](http://www.eoma.aoac.org/app_j.pdf);
  - b. AOAC - Appendix K: Guidelines for Dietary Supplements and Botanicals, 2013, which is incorporated by reference, includes no future editions or amendments, and is available at [http://www.eoma.aoac.org/app\\_k.pdf](http://www.eoma.aoac.org/app_k.pdf); or
  - c. ICH - Validation of Analytical Procedures: Text and Methodology Q2(R1) 2005, which is incorporated by reference, includes no future editions or amendments, and is available at [https://database.ich.org/sites/default/files/Q2\\_R1\\_Guideline.pdf](https://database.ich.org/sites/default/files/Q2_R1_Guideline.pdf) or <https://www.fda.gov/regulatory-information/search-fda-guidance-documents/q2-r1-validation-analytical-procedures-text-and-methodology>.

**B.** A technical laboratory director shall ensure that all instruments and equipment used for testing medical marijuana or a marijuana product for microbial contaminants are:

1. Set up, calibrated, and verified according to:
  - a. Manufacturer's acceptance criteria; and
  - b. Requirements for the specific method, as specified in subsection (A)(1)(a) or (b), as applicable;
2. Monitored and maintained according to AOAC - Guidelines for Laboratories Performing Microbiological and Chemical Analyses of Food, Dietary Supplements, and Pharmaceuticals, 6.3: Facilities and Environmental Con-

ditions, 6.4: Equipment, 7.7: Ensuring the Validity of Results, and Appendix A: Equipment, August 2018, which is incorporated by reference, includes no future editions or amendments, and is available at <https://www.aoac.org/aoac-accreditation-guidelines-for-laboratories-alacc>; and

3. Applicable for the analytes to be tested.

**C.** A technical laboratory director shall ensure that:

1. The organisms required as controls are checked, as appropriate for their application:
  - a. To ensure there is no contamination with other organisms,
  - b. For verification of biochemical or other biological characteristics, and
  - c. To ascertain the number of organisms; and
2. Documentation is maintained of the:
  - a. Checking required in subsection (C)(1), and
  - b. Traceability of the organisms in subsection (C)(1) from date of possession.

**D.** A technical laboratory director shall ensure that for an initial demonstration of capability:

1. Before implementing a method, at least four replicate reference samples for each analyte are:
  - a. Spiked with control organisms at an amount allowing for quantitation, and
  - b. Taken through the entire sample preparation and analysis process;
2. Whenever a significant change to instrumentation or to a standard operating procedure occurs, the laboratory demonstrates, as specified in subsection (D)(1), that acceptable precision and bias can still be obtained by the changed conditions; and
3. Whenever a new laboratory agent who will be performing testing on medical marijuana or marijuana products is being trained, the laboratory agent demonstrates, as specified in subsection (D)(1), acceptable precision and bias.

**E.** A technical laboratory director shall ensure that each batch of media or reagent:

1. Is examined to ensure it is suitable for use;
2. If externally prepared, has a certificate of meeting quality control standards, issued by the manufacturer;
3. If internally prepared, has documentation of:
  - a. Instructions for preparation;
  - b. Traceability to dehydrated media or reagent concentrate;
  - c. Sterility, including, as applicable:
    - i. Autoclave records showing the date, run number, autoclave identifier, nature of the material being autoclaved, time at desired temperature, and name of the laboratory agent starting the autoclave; and
    - ii. For another sterilization method, records showing the date, type of sterilization method, nature of the material being sterilized, confirmation of the sterilization as applicable to the method, and name of the laboratory agent initiating the sterilization method;
- d. Checking for the following, as applicable, including the name of the laboratory agent who performed the check and date of the check:
  - i. pH,
  - ii. Appearance,
  - iii. Fill volumes,
  - iv. Batch size, and
  - v. Quantity; and

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4. Undergoes quality control verification, as applicable, including the name of the laboratory agent who performed the verification and date of verification, for:
  - a. The ability of media to sustain growth of the organism for which the media will be used;
  - b. If applicable, the ability of media to select for specific organisms or characteristics of an organism;
  - c. The ability of a reagent to function as intended; and
  - d. Sterility of the media or reagent before use.
- F. If test kits or other identification systems are used for laboratory testing, a technical laboratory director shall ensure that:
  1. Each lot of test kits or other identification systems undergoes quality control verification, including the name of the laboratory agent who performed the verification and date of verification, for:
    - a. Having a certificate of meeting quality control standards, issued by the manufacturer; and
    - b. Passing a visual inspection of physical characteristics;
  2. If an identification system is intended to speciate organisms, the identification system is tested with at least one control organism appropriate for the identification system to confirm acceptability; and
  3. For testing using ELISA:
    - a. The ELISA testing calibration curve has at least four standards;
    - b. The standards in subsection (F)(3)(a) bracket the maximum allowable contaminants in Table 3.1 Analytes for the analyte; and
    - c. For linear and non-linear calibration models, the coefficient of determination ( $r^2$ ) is greater than or equal to 0.99.
- G. A technical laboratory director shall ensure that:
  1. For testing for *Aspergillus* with a plating method:
    - a. One of the following plating media is used:
      - i. Malt extract agar, BAM Media M182;
      - ii. Dichloran rose bengal chloramphenicol agar, BAM Media M183; or
      - iii. Potato dextrose agar with rose bengal and chloramphenicol; and
    - b. Petrifilm™, Simplate™, or another pre-made plate that is unsuitable for growing spreading molds is not used; and
  2. For testing for mycotoxins by any method, at least a 0.5 g sample is tested.
- H. A technical laboratory director shall include in the final report of testing, according to R9-17-404.06(B)(3)(d)(iii), the following data qualifier notations if:
  1. The limit of quantitation and the sample results were adjusted to reflect sample dilution - D1;
  2. A description of the variance is described in the final report of testing according to R9-17-404.06(B)(3)(d)(ii) - N1;
  3. Sample integrity was not maintained - Q1;
  4. The sample is heterogeneous, and sample homogeneity could not be readily achieved using routine laboratory practices - Q2; or
  5. Testing result is for informational purposes only and cannot be used to satisfy dispensary testing requirements in R9-17-317.01(A) or labeling requirements in R9-17-317 - Q3.
- I. A technical laboratory director shall ensure that:
  1. The reporting units for *Escherichia coli* are colony forming units per gram (CFU/g);
  2. Reporting for *Salmonella* is "Detected" or "Not detected" in one gram;
3. Reporting for *Aspergillus* is "Detected" or "Not detected" in one gram; and
4. Reporting for mycotoxins includes:
  - a. Total aflatoxins in units of micrograms per kilogram ( $\mu\text{g/kg}$ ), and
  - b. Ochratoxin A in units of micrograms per kilogram ( $\mu\text{g/kg}$ ).

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 734, with an immediate effective date of April 2, 2020 (Supp. 20-2). Amended by exempt rulemaking at 27 A.A.R. 111, with an immediate effective date of January 15, 2021 (Supp. 20-4).

**R9-17-404.05. Quality Assurance**

- A. An owner holding a laboratory registration certificate or applicant shall ensure that the analytical data produced at the owner's or applicant's laboratory are of known and acceptable precision and accuracy, as prescribed by the method criteria for each analyte in R9-17-404.03 or R9-17-404.04, and are scientifically valid and defensible.
- B. An owner holding a laboratory registration certificate or applicant shall establish, implement, and comply with a written quality assurance plan that contains the following and is available at the laboratory for Department review:
  1. A title page identifying the laboratory and date of review and including the technical laboratory director's signature of approval;
  2. A table of contents;
  3. An organization chart or list of the laboratory personnel, including names, lines of authority, and identification of principal quality assurance personnel;
  4. A copy of the current laboratory registration certificate and a list of approved parameters;
  5. A statement of quality assurance objectives, including data quality objectives with precision and accuracy goals and the criteria for determining the acceptability of each testing;
  6. Specifications for preservation of samples;
  7. A procedure for documenting laboratory receipt of samples and tracking of samples during laboratory testing;
  8. A procedure for analytical instrument calibration, including frequency of calibration and complying with the requirements for calibration in subsection (D);
  9. A procedure for testing data reduction and validation and reporting of final results, including the identification and treatment of data outliers, the determination of the accuracy of data transcription, and all calculations;
  10. If using control limits derived by the laboratory as a basis for determining acceptance of a testing result, a procedure to ensure that the control limits are:
    - a. Statistically significant, valid, and defensible; and
    - b. Updated at least every 12 months;
  11. A statement of the frequency of all quality control checks;
  12. A statement of the acceptance criteria for all quality control checks;
  13. Preventive maintenance procedures and schedules;
  14. Assessment procedures for data acceptability, including appropriate procedures for manual integration of chromatograms and when manual integration is inappropriate;
  15. Corrective action procedures to be taken when results from analytical quality control checks are unacceptable, including steps to demonstrate the presence of any interference if the precision, accuracy, or limit of quantitation

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of the reported testing result is affected by the interference; and

16. Procedures for chain-of-custody documentation, including procedures for the documentation and reporting of any deviation from the sample handling or preservation requirements.
- C. An owner holding a laboratory registration certificate or applicant shall ensure that a laboratory's written quality assurance plan is a separate document available at the laboratory and includes all of the components required in subsection (B), but an owner or applicant may satisfy the components required in subsections (B)(3) through (15) through incorporating by reference provisions in separate documents, such as standard operating procedures.
- D. An owner holding a laboratory registration certificate or applicant shall:
1. Have available at the laboratory all methods, equipment, reagents, and supplies necessary for the testing for which the owner or applicant is approved or is requesting approval;
  2. Use only reagents of a grade equal to or greater than that required by the method criteria in R9-17-404.03 or R9-17-404.04, and document the use of the reagents;
  3. Maintain and require each laboratory agent performing testing on medical marijuana or a marijuana product to comply with a complete and current standard operating procedure that meets the requirements for each method, as specified in R9-17-404.03 or R9-17-404.04, which shall include at least:
    - a. A description of all procedures to be followed when the method is performed;
    - b. A list of the concentrations for calibration standards, check standards, and spikes;
    - c. Requirements for instrumental conditions and set up;
    - d. A requirement for frequency of calibration;
    - e. The quantitative methods to be used to calculate the final concentration of an analyte in samples, including any factors used in the calculations and the calibration algorithm used; and
    - f. Requirements for preventative maintenance;
  4. Calibrate each instrument as required by the standard operating procedure, as specified in R9-17-404.03 or R9-17-404.04, for which the equipment is used;
  5. Maintain calibration documentation, including documentation that demonstrates the calculations performed using each calibration model;
  6. Develop, document, and maintain a current limit of quantitation, as specified in R9-17-404.03, for each compliance parameter for each instrument;
  7. For each parameter and analyte tested at the laboratory use the quality control acceptance criteria specified according to R9-17-404.03, R9-17-404.04, and Table 3.1 Analytes;
  8. Discard or segregate all expired standards or reagents;
  9. Maintain a record showing the traceability of reagents; and
  10. Ensure that a calibration model is not used or changed to avoid necessary instrument maintenance.
- E. Except as provided in subsection (F), an owner holding a laboratory registration certificate or applicant shall ensure that each laboratory standard operating procedure is a separate document available at the laboratory and includes all of the components required in subsection (D)(3).
- F. An owner holding a laboratory registration certificate or applicant may satisfy the components required in subsections

(D)(3)(e) and (f) through incorporating by reference provisions in separate documents, such as other standard operating procedures.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 734, with an immediate effective date of April 2, 2020 (Supp. 20-2). Amended by exempt rulemaking at 26 A.A.R. 1905, with an immediate effective date of August 28, 2020 (Supp. 20-3). Amended by exempt rulemaking at 27 A.A.R. 111, with an immediate effective date of January 15, 2021 (Supp. 20-4).

**R9-17-404.06. Operations**

- A. A technical laboratory director shall ensure that:
1. A sample of medical marijuana or a marijuana product accepted at the technical laboratory director's laboratory is analyzed:
    - a. Either:
      - i. At the laboratory, or
      - ii. For testing of parameters or analytes that the laboratory is not approved by the Department to conduct, at another laboratory with an approval for testing issued by the Department; and
    - b. As received;
  2. If an instrument or equipment used for testing medical marijuana or a marijuana product has a mechanism to track any changes made to testing results, the tracking mechanism is installed and activated;
  3. The facility and utilities required to operate equipment and perform testing of medical marijuana or marijuana products are maintained;
  4. Environmental controls are maintained within the laboratory to ensure that laboratory environmental conditions do not affect analytical results beyond quality control limits established for the methods performed at the laboratory;
  5. Storage, handling, and disposal of hazardous materials at the laboratory are in accordance with all state and federal regulations;
  6. The laboratory complies with all applicable federal, state, and local occupational safety and health regulations; and
  7. The following information is maintained for all laboratory agents providing supervisory, quality assurance, or analytical functions related to testing of medical marijuana or a marijuana product:
    - a. A summary of each laboratory agent's education and professional experience;
    - b. Documentation of each laboratory agent's applicable certifications and specialized training;
    - c. Information related to the laboratory agent's registry identification card;
    - d. Documentation of each laboratory agent's review of the quality assurance plan required under R9-17-404.05(B) and the methods and laboratory standard operating procedures for all testing of marijuana or marijuana products performed by the laboratory agent or for which the laboratory agent has supervisory or quality assurance responsibility;
    - e. Documentation of each laboratory agent's completion of training on the use of equipment and of proper laboratory technique, including the name of the laboratory agent, the name of the instructor, the duration of the training, and the date of completion of the training;

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- f. Documentation of each laboratory agent's completion of training classes, continuing education courses, seminars, and conferences that relate to the testing procedures used by the laboratory agent for testing of marijuana or marijuana products;
  - g. Documentation of each laboratory agent's completion of initial demonstration of capability, as required in R9-17-404.03(D)(3) or R9-17-404.04(D)(3), for each approved method performed by the laboratory agent;
  - h. Documentation of each laboratory agent's performance of proficiency testing or accuracy testing, as applicable; and
  - i. Documentation of each laboratory agent's completion of training related to instrument calibration that includes:
    - i. Instruction on each calibration model that the laboratory agent will use or for which the laboratory agent will review data;
    - ii. For each calibration model in subsection (A)(7)(i)(i), description of the specific aspects of the calibration model that might compromise the data quality, such as detector saturation, lack of detector sensitivity, the calibration model's not accurately reflecting the calibration points, inappropriate extension of the calibration range, weighting factors, and dropping of mid-level calibration points without justification; and
    - iii. Instruction that a calibration model shall not be used or changed to avoid necessary instrument maintenance.
- B. A technical laboratory director shall ensure that:**
- 1. A testing record for marijuana or marijuana products contains:
    - a. Sample information, including the following:
      - i. A unique sample identification assigned at the laboratory;
      - ii. A description of the marijuana or marijuana product from which the submitted sample was taken, including the amount, strain, and batch number;
      - iii. The sample collection date and time; and
      - iv. The type of testing to be performed, including whether the testing is to satisfy the requirement in R9-17-317.01(A) or for a dispensary's information only;
    - b. A picture of the sample as submitted;
    - c. The name and registry identification number of the dispensary, qualifying patient, or designated caregiver submitting the sample to the laboratory;
    - d. If applicable, name and the registry identification number of the dispensary agent submitting the sample to the laboratory on behalf of a dispensary;
    - e. The date and time of receipt of the sample at the laboratory;
    - f. The name and registry identification number of the laboratory agent who received the sample at the laboratory;
    - g. The dates and times of testing, including the date and time of each critical step;
    - h. Whether testing results related to a sample were changed;
    - i. If testing results related to a sample were changed, what was changed, the name of the laboratory agent who changed the testing results, the time and date the data were changed, and why the testing results were changed;
  - j. If testing results were changed due to retesting:
    - i. What was used or done to the sample, and
    - ii. The original and changed testing results;
  - k. The actual results of testing, including all raw data, work sheets, and calculations performed;
  - l. The actual results of quality control data validating the testing results, including the calibration and calculations performed;
  - m. The name of each laboratory agent who performed the testing; and
  - n. A copy of the final report;
2. A testing result for medical marijuana or a marijuana product that is known to be inaccurate is not reported; and
3. Except as specified in subsection (C), a final report of testing of marijuana or marijuana products contains:
- a. The name, address, and telephone number of the laboratory;
  - b. The registry identification number assigned to the laboratory by the Department;
  - c. Actual scientifically valid and defensible results of testing of a sample of medical marijuana or a marijuana product in appropriate units of measure, obtained in accordance with R9-17-404.03, R9-17-404.04, and the quality assurance plan;
  - d. As applicable:
    - i. A statement that testing results were obtained according to requirements in the quality assurance plan in R9-17-404.05, in the applicable standard operating procedure, and in R9-17-404.03 or R9-17-404.04;
    - ii. A description of any variances from the requirements in the quality assurance plan in R9-17-404.05, the applicable standard operating procedure, R9-17-404.03, or R9-17-404.04 made to ensure scientifically valid and defensible testing results, and the reason for the variance; or
    - iii. A qualifier according to R9-17-404.03(P) or (Q);
  - e. A list of each method used to obtain the reported results;
  - f. Sample information, including the following:
    - i. The unique sample identification assigned at the laboratory;
    - ii. A picture of the sample as submitted;
    - iii. A description of the marijuana or marijuana product from which the submitted sample was taken, including the amount, strain and batch number;
    - iv. The sample collection date and time;
    - v. The name and registry identification number of the dispensary, laboratory, qualifying patient, or designated caregiver submitting the sample to the laboratory; and
    - vi. If applicable, name and the registry identification number of the dispensary agent submitting the sample to the laboratory on behalf of a dispensary;
  - g. The date of testing for each parameter reported;
  - h. The date of the final report; and
  - i. The technical laboratory director's or designee's signature.
- C. If a sample of medical marijuana or a marijuana product accepted at a laboratory is analyzed at another laboratory, as**



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allowed according to R9-17-404.06(A)(1)(a)(ii), a technical laboratory director shall ensure that the final report of testing required in subsection (B)(3) includes a copy of the final report of testing from each laboratory to which the laboratory accepting the sample from a dispensary sent a portion of the sample for testing of parameters or analytes that the laboratory is not approved by the Department to conduct.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 734, with an immediate effective date of April 2, 2020 (Supp. 20-2). Amended by exempt rulemaking at 26 A.A.R. 1905, with an immediate effective date of August 28, 2020 (Supp. 20-3). Amended by exempt rulemaking at 27 A.A.R. 111, with an immediate effective date of January 15, 2021 (Supp. 20-4).

**R9-17-404.07. Adding or Removing Parameters for Testing**

- A.** During the term of a laboratory registration certificate, an owner may request to have one or more parameters:
1. Added to the laboratory registration certificate, or
  2. Removed from the laboratory registration certificate.
- B.** To request a change to one or more parameters, an applicant shall submit to the Department:
1. The following information in a Department-provided format:
    - a. The name, address, and telephone number of the applicant;
    - b. The name, address, and telephone number of the laboratory for which the change is requested;
    - c. If requesting the removal of a parameter, identification of the parameter to be removed;
    - d. If requesting the addition of a parameter:
      - i. The analyte to be tested for,
      - ii. The instruments and equipment to be used for testing,
      - iii. The software to be used at the laboratory for instrument control and data reduction interpretation, and
      - iv. The limit of quantitation, if applicable;
    - e. An attestation that the information provided to the Department to apply for the addition of a parameter is true and correct; and
    - f. The signatures of the owner of the laboratory, according to R9-17-401(A), and the technical laboratory director and the date each signed;
  2. The following for each parameter requested to be added:
    - a. A copy of current accreditation;
    - b. A copy of a proficiency testing report, if applicable, or accuracy testing documentation; and
    - c. A copy of the standard operating procedure; and
  3. If applicable, any changes to the quality assurance plan in R9-17-404.05(B) made due to the addition or removal of the parameter.
- C.** The Department may conduct a laboratory inspection during the substantive review period for a request to have one or more parameters added to a laboratory registration certificate.
- D.** The Department shall process a request to have one or more parameters added to a laboratory registration certificate as provided in R9-17-107.

**Historical Note**

New Section made by exempt rulemaking at 26 A.A.R. 734, with an immediate effective date of April 2, 2020 (Supp. 20-2). Amended by exempt rulemaking at 26

A.A.R. 1905, with an immediate effective date of August 28, 2020 (Supp. 20-3).

**R9-17-405. Submitting an Application for a Laboratory Agent Registry Identification Card**

To obtain a laboratory agent registry identification card for an individual serving as an owner for the laboratory, employed by the laboratory, or providing volunteer services at or on behalf of the laboratory, the owner shall submit to the Department the following for each laboratory agent:

1. An application in a Department-provided format that includes:
  - a. The laboratory agent's first name; middle initial, if applicable; last name; and suffix, if applicable;
  - b. The laboratory agent's residence address and mailing address;
  - c. The county where the laboratory agent resides;
  - d. The laboratory agent's date of birth;
  - e. The identifying number on the applicable card or document in subsections (5)(a) through (e);
  - f. The name and registry identification number of the laboratory; and
  - g. The signature of the individual in R9-17-402(A)(1)(c) designated to submit laboratory agent applications on the laboratory's behalf and the date the individual signed;
2. An attestation signed and dated by the laboratory agent that the laboratory agent:
  - a. Has not been convicted of an excluded felony offense as defined in A.R.S. § 36-2801, and
  - b. Will not test medical marijuana and medical marijuana products for:
    - i. A dispensary, related medical marijuana business entity, or management company that the laboratory agent has a direct or indirect familial or financial relationship with or interest in; or
    - ii. A designated caregiver who the laboratory has a direct or indirect familial or financial relationship with;
3. One of the following:
  - a. A statement that the laboratory agent does not currently hold a valid registry identification card, or
  - b. The assigned registry identification number for the laboratory agent for each valid registry identification card currently held by the laboratory agent;
4. A statement in a Department-provided format, signed by the laboratory agent, pledging not to divert marijuana to any individual who or entity that is not allowed to possess marijuana pursuant to A.R.S. Title 36, Chapter 28.1;
5. A copy of the laboratory agent's:
  - a. Arizona driver's license issued on or after October 1, 1996;
  - b. Arizona identification card issued on or after October 1, 1996;
  - c. Arizona registry identification card;
  - d. Photograph page in the laboratory agent's U.S. passport; or
  - e. Arizona driver's license or identification card issued before October 1, 1996 and one of the following for the laboratory agent:
    - i. Birth certificate verifying U.S. citizenship,
    - ii. U.S. Certificate of Naturalization, or
    - iii. U.S. Certificate of Citizenship;
6. A current photograph of the laboratory agent;
7. For the Department's criminal records check authorized in A.R.S. §§ 36-2804.01 and 36-2804.07:

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- a. The laboratory agent's fingerprints on a fingerprint card that includes:
    - i. The laboratory agent's first name; middle initial, if applicable; and last name;
    - ii. The laboratory agent's signature;
    - iii. If different from the laboratory agent, the signature of the individual physically rolling the laboratory agent's fingerprints;
    - iv. The laboratory agent's address;
    - v. If applicable, the laboratory agent's surname before marriage and any names previously used by the laboratory agent;
    - vi. The laboratory agent's date of birth;
    - vii. The laboratory agent's Social Security number;
    - viii. The laboratory agent's citizenship status;
    - ix. The laboratory agent's gender;
    - x. The laboratory agent's race;
    - xi. The laboratory agent's height;
    - xii. The laboratory agent's weight;
    - xiii. The laboratory agent's hair color;
    - xiv. The laboratory agent's eye color; and
    - xv. The laboratory agent's place of birth; or
  - b. If the laboratory agent's fingerprints and information required in subsection (7)(a) were submitted to the Department within the previous six months as part of an application for a designated caregiver registry identification card, a dispensary agent registry identification card, or a laboratory agent registry identification card, the registry identification number on the registry identification card issued to the laboratory agent as a result of the application; and
8. The applicable fee in R9-17-102 for applying for a laboratory agent registry identification card.

**Historical Note**

New Section made by exempt rulemaking at 25 A.A.R. 2421, effective August 27, 2019 (Supp. 19-3).

**R9-17-406. Submitting an Application to Renew a Laboratory Agent's Registry Identification Card**

To renew a laboratory agent's registry identification card for an individual serving as an owner for the laboratory, employed by the laboratory, or providing volunteer services at or on behalf of the laboratory, the laboratory shall submit to the Department, at least 30 calendar days before the expiration of the laboratory agent's registry identification card, but no more than 90 days before the expiration date of the laboratory's agent's registry identification card, the following:

1. An application in a Department-provided format that includes:
  - a. The laboratory agent's first name; middle initial, if applicable; last name; and suffix, if applicable;
  - b. The laboratory agent's residence address and mailing address;
  - c. The county where the laboratory agent resides;
  - d. The laboratory agent's date of birth;
  - e. The registry identification number on the laboratory agent's current registry identification card;
  - f. The identifying number on the applicable card or document in subsection (6)(a) through (e);
  - g. The name and registry identification number of the laboratory; and
  - h. The signature of the individual in R9-17-402(A)(1)(c) designated to submit laboratory agent applications on the laboratory's behalf and the date the individual signed;
2. If the laboratory agent's name in subsection (1)(a) is not the same name as on the laboratory agent's current registry identification card, one of the following with the laboratory agent's new name:
  - a. An Arizona driver's license,
  - b. An Arizona identification card, or
  - c. The photograph page in the laboratory agent's U.S. passport;
3. An attestation signed and dated by the laboratory agent that the laboratory agent:
  - a. Has not been convicted of an excluded felony offense as defined in A.R.S. § 36-2801; and
  - b. Will not test medical marijuana and medical marijuana products for:
    - i. A dispensary, related medical marijuana business entity or management company the laboratory agent has a direct or indirect familial or financial relationship with or interest in; or
    - ii. A designated caregiver the laboratory has a direct or indirect familial or financial relationship with;
4. One of the following:
  - a. A statement that the laboratory agent does not currently hold a valid registry identification card, or
  - b. The assigned registry identification number for the laboratory agent for each valid registry identification card currently held by the laboratory agent;
5. A statement in a Department-provided format signed by the laboratory agent pledging not to divert marijuana to any individual who or entity that is not allowed to possess marijuana pursuant to A.R.S. Title 36, Chapter 28.1;
6. A copy of the laboratory agent's:
  - a. Arizona driver's license issued on or after October 1, 1996;
  - b. Arizona identification card issued on or after October 1, 1996;
  - c. Arizona registry identification card;
  - d. Photograph page in the laboratory agent's U.S. passport; or
  - e. Arizona driver's license or identification card issued before October 1, 1996 and one of the following for the laboratory agent:
    - i. Birth certificate verifying U.S. citizenship,
    - ii. U.S. Certificate of Naturalization, or
    - iii. U.S. Certificate of Citizenship;
7. A current photograph of the laboratory agent;
8. For the Department's criminal records check authorized in A.R.S. §§ 36-2804.01 and 36-2804.07:
  - a. The laboratory agent's fingerprints on a fingerprint card that includes:
    - i. The laboratory agent's first name; middle initial, if applicable; and last name;
    - ii. The laboratory agent's signature;
    - iii. If different from the laboratory agent, the signature of the individual physically rolling the laboratory agent's fingerprints;
    - iv. The laboratory agent's address;
    - v. If applicable, the laboratory agent's surname before marriage and any names previously used by the laboratory agent;
    - vi. The laboratory agent's date of birth;
    - vii. The laboratory agent's Social Security number;
    - viii. The laboratory agent's citizenship status;
    - ix. The laboratory agent's gender;
    - x. The laboratory agent's race;
    - xi. The laboratory agent's height;

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- xii. The laboratory agent's weight;
- xiii. The laboratory agent's hair color;
- xiv. The laboratory agent's eye color; and
- xv. The laboratory agent's place of birth; or
- b. If the laboratory agent's fingerprints and information required in subsection (8)(a) were submitted to the Department within the previous six months as part of an application for a designated caregiver registry identification card, a dispensary agent registry identification card, or a laboratory agent registry identification card, the registry identification number on the registry identification card issued to the laboratory agent as a result of the application; and
- 9. The applicable fee in R9-17-102 for applying to renew a laboratory agent's registry identification card.

**Historical Note**

New Section made by exempt rulemaking at 25 A.A.R. 2421, effective August 27, 2019 (Supp. 19-3).

**R9-17-407. Inventory Control System**

- A. A laboratory shall not accept submissions of marijuana or marijuana products for testing from an individual who or entity that is not allowed to possess marijuana pursuant to A.R.S. Title 36, Chapter 28.1.
- B. A technical laboratory director shall designate in writing a laboratory agent who has oversight of the laboratory's marijuana inventory control system.
- C. A technical laboratory director shall establish and implement an inventory control system for the laboratory's medical marijuana and marijuana products that documents:
  - 1. The following amounts in appropriate units:
    - a. Each day's beginning inventory of medical marijuana and marijuana products,
    - b. Medical marijuana and marijuana products accepted for testing,
    - c. The portions of a sample of medical marijuana or a marijuana product removed for testing with the name of the laboratory agent removing each portion,
    - d. Medical marijuana and marijuana products transferred to or from another laboratory for testing of parameters or analytes that the laboratory receiving a sample from a dispensary is not approved by the Department to conduct,
    - e. Medical marijuana and marijuana products transferred to another laboratory at the request of a dispensary according to R9-17-317.01(C),
    - f. Medical marijuana or marijuana products that were disposed of, and
    - g. The day's ending medical marijuana and marijuana products inventory;
  - 2. The chain of custody for each sample of medical marijuana or a marijuana product submitted to the laboratory for testing;
  - 3. Any damage to a sample's container or possible tampering;
  - 4. As applicable, for submissions of marijuana and marijuana products for testing:
    - a. A description of the submitted marijuana or marijuana products including the amount, strain and batch number;
    - b. The name and registry identification number of the dispensary that submitted the marijuana or marijuana products;
    - c. The name and registry identification number of the dispensary agent that submitted the marijuana or marijuana products;
    - d. The name and registry identification number of the qualifying patient that submitted the marijuana or marijuana products;
    - e. The name and registry identification number of the designated caregiver that submitted the marijuana or marijuana products;
    - f. The name and registry identification number of the laboratory agent receiving the marijuana or marijuana products on behalf of the laboratory;
    - g. The date of acquisition;
    - h. The date of each test; and
    - i. The testing results; and
- 5. For disposal of the remaining sample of medical marijuana or a marijuana product after testing:
  - a. The amount and description of the medical marijuana or marijuana product being disposed of;
  - b. The name and registry identification number of the dispensary submitting the sample,
  - c. Date of disposal;
  - d. Method of disposal; and
  - e. Name and registry identification number of the laboratory agent responsible for the disposal.
- D. The individual designated in subsection (B) shall conduct and document an audit of the laboratory's inventory that is accounted for according to generally accepted accounting principles at least once every 30 calendar days.
  - 1. If the audit identifies a reduction in the amount of marijuana or marijuana products in the laboratory's inventory not due to documented causes, the technical laboratory director shall determine where the loss has occurred and take and document corrective action.
  - 2. If the reduction in the amount of marijuana or marijuana products in the laboratory's inventory is due to suspected criminal activity by a laboratory agent, the technical laboratory director shall report the laboratory agent to the Department and to the local law enforcement authorities and document the report.
- E. A laboratory shall:
  - 1. Maintain the documentation required in subsections (C) and (D) at the laboratory for at least five years after the date on the document, and
  - 2. Provide the documentation required in subsections (C) and (D) to the Department for review upon request.

**Historical Note**

New Section made by exempt rulemaking at 25 A.A.R. 2421, effective August 27, 2019 (Supp. 19-3). Amended by exempt rulemaking at 26 A.A.R. 734, with an immediate effective date of April 2, 2020; amended by exempt rulemaking at 26 A.A.R. 968, effective April 20, 2020 (Supp. 20-2). Amended by exempt rulemaking at 26 A.A.R. 1905, with an immediate effective date of August 28, 2020 (Supp. 20-3). Amended by exempt rulemaking at 27 A.A.R. 111, with an immediate effective date of January 15, 2021 (Supp. 20-4).

**R9-17-408. Security**

- A. Except as provided in R9-17-404(8), a laboratory shall ensure that access to the area of the laboratory where marijuana or marijuana products are being tested or stored for testing is limited to a laboratory's owners and authorized laboratory agents.
- B. A laboratory agent may transport marijuana or marijuana products submitted for testing to a laboratory.
- C. Before transportation to a laboratory, a laboratory agent shall:
  - 1. Complete a trip plan that includes:
    - a. The name of the laboratory agent in charge of transporting the marijuana or marijuana products;

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- b. The date and start time of the trip;
  - c. A description of the marijuana or marijuana products being transported;
  - d. Any anticipated stops during the trip, including the locations of the stops; and
  - e. The anticipated route of transportation; and
- 2. Provide a copy of the trip plan in subsection (C)(1) to the laboratory.
- D. During transportation to the laboratory, a laboratory agent shall:
  - 1. Carry a copy of the trip plan in subsection (C)(1) with the laboratory agent for the duration of the trip;
  - 2. Use a vehicle without any medical marijuana identification;
  - 3. Have a means of communication with the laboratory; and
  - 4. Ensure that the marijuana or marijuana products are not visible.
- E. After transportation, a laboratory agent shall enter the end time of the trip and any changes to the trip plan on the trip plan required in subsection (C)(1).
- F. If a dispensary agent transports medical marijuana or a marijuana product to a laboratory for testing, the laboratory shall require that a copy of the trip plan be provided by the dispensary before accepting the medical marijuana or marijuana product for testing.
- G. A laboratory shall:
  - 1. Maintain the documents required in subsections (C)(2), (E), and (F); and
  - 2. Provide a copy of the documents required in subsections (C)(2), (E), and (F) to the Department for review upon request.
- H. To prevent unauthorized access to marijuana or marijuana products at the laboratory for testing, the laboratory shall have the following:
  - 1. Security equipment to deter and prevent unauthorized entrance into limited access areas that include:
    - a. Devices or a series of devices to detect unauthorized intrusion, which may include a signal system interconnected with a radio frequency method, such as cellular, private radio signals, or other mechanical or electronic device;
    - b. Exterior lighting to facilitate surveillance;
    - c. Electronic monitoring including:
      - i. At least one 19-inch or greater call-up monitor;
      - ii. A video printer capable of immediately producing a clear still photo from any video camera image;
      - iii. Video cameras:
        - (1) Providing coverage of all entrances to and exits from limited access areas and all entrances to and exits from the building, capable of identifying any activity occurring in or adjacent to the building; and
        - (2) Having a recording resolution of at least 704 x 480 or the equivalent;
      - iv. A video camera in each area of the laboratory where marijuana or marijuana products are being tested or stored for testing capable of identifying any activity occurring within the area in low light conditions;
      - v. Storage of video recordings from the video cameras for at least 30 calendar days;
      - vi. A failure notification system that provides an audible and visual notification of any failure in the electronic monitoring system; and
      - vii. Sufficient battery backup for video cameras and recording equipment to support at least five minutes of recording in the event of a power outage; and
    - d. Panic buttons in the interior of each building; and
  - 2. Policies and procedures that:
    - a. Restrict access to the areas of the laboratory that contain marijuana or marijuana products and, if applicable, to authorized individuals only;
    - b. Provide for the identification of authorized individuals; and
    - c. Prevent loitering.

**Historical Note**

New Section made by exempt rulemaking at 25 A.A.R. 2421, effective August 27, 2019 (Supp. 19-3). Amended by exempt rulemaking at 26 A.A.R. 734, with an immediate effective date of April 2, 2020 (Supp. 20-2).

**R9-17-409. Physical Plant**

- A. A laboratory shall ensure that designated storage areas for marijuana or marijuana products or materials used in direct contact with marijuana or marijuana products are:
  - 1. Separate from storage areas for toxic or flammable materials; and
  - 2. Maintained in a manner to prevent:
    - a. Microbial contamination and proliferation, and
    - b. Contamination or infestation by insects or rodents.
- B. A laboratory shall ensure that:
  - 1. Storage areas are designated for:
    - a. Medical marijuana and marijuana products awaiting testing;
    - b. Reagents, standards, and other testing relates chemicals or materials; and
    - c. The remaining portions of tested medical marijuana and marijuana products retained according to R9-17-404(5)(c)(vi);
  - 2. Designated storage areas are monitored to ensure that a:
    - a. Room temperature storage area is maintained between 20°C and 28°C,
    - b. Refrigerated storage area is maintained between 2°C and 8°C, and
    - c. Freezer storage area is maintained at less than -20°C;
  - 3. A storage area for the storage of medical marijuana or marijuana product awaiting testing is labeled to indicate the temperature range and types of medical marijuana or marijuana products to be stored in the storage area;
  - 4. Medical marijuana or a marijuana product awaiting testing is stored at an appropriate temperature, as specified on the packaged sample;
  - 5. Reagents, standards, and other testing relates chemicals or materials are stored according to manufacturer's directions; and
  - 6. The remaining portions of tested medical marijuana and marijuana products are stored in a refrigerated storage area or a freezer storage area to reduce microbial proliferation.
- C. A laboratory shall ensure that a designated area for testing medical marijuana or a marijuana product for microbial contaminants is maintained in a manner to prevent exposure of the medical marijuana or marijuana product to external microbial contaminants.
- D. A laboratory shall ensure that a designated area for testing medical marijuana or a marijuana product for pesticides, fungicides, herbicides, growth regulators, heavy metals, or residual solvents is maintained in a manner to prevent exposure of

## CHAPTER 17. DEPARTMENT OF HEALTH SERVICES - MEDICAL MARIJUANA PROGRAM

the medical marijuana or marijuana product to external contamination.

**Historical Note**

New Section made by exempt rulemaking at 25 A.A.R. 2421, effective August 27, 2019 (Supp. 19-3). Amended by exempt rulemaking at 26 A.A.R. 734, with an immediate effective date of April 2, 2020 (Supp. 20-2). Amended by exempt rulemaking at 27 A.A.R. 111, with an immediate effective date of January 15, 2021 (Supp. 20-4).

**R9-17-410. Denial or Revocation of a Laboratory Registration Certificate**

- A.** The Department shall deny an application for a laboratory registration certificate if:
1. The physical address of the laboratory is within 500 feet of a private school or a public school that existed before the date the laboratory submitted the initial laboratory registration certificate application;
  2. An owner:
    - a. Has been convicted of an excluded felony offense, or
    - b. Is under 21 years of age;
  3. The application or the laboratory does not comply with the requirements in A.R.S. Title 36, Chapter 28.1 and this Chapter;
  4. The laboratory acquires marijuana or marijuana products from an individual who or entity that is not allowed to possess marijuana pursuant to A.R.S. Title 36, Chapter 28.1;
  5. The laboratory diverts marijuana or marijuana products to an individual who or entity that is not allowed to possess marijuana pursuant to A.R.S. Title 36, Chapter 28.1;
  6. An owner has any direct or indirect familial or financial relationship with or interest in a dispensary or related medical marijuana business entity or management company, or any direct or indirect familial or financial relationship with a designated caregiver for whom the laboratory is testing marijuana and marijuana products for medical use in this state; or
  7. The laboratory fails to maintain accreditation.
- B.** The Department may deny an application for a laboratory registration certificate if an owner of the laboratory provides false or misleading information to the Department.
- C.** The Department shall revoke a laboratory's registration certificate if:
1. The laboratory acquires marijuana or marijuana products from an individual who or entity that is not allowed to possess marijuana pursuant to A.R.S. Title 36, Chapter 28.1;
  2. The laboratory diverts marijuana or marijuana products to an individual who or entity that is not allowed to possess marijuana pursuant to A.R.S. Title 36, Chapter 28.1;
  3. An owner has been convicted of an excluded felony offense;
  4. An owner has any direct or indirect familial or financial relationship with or interest in a dispensary or related medical marijuana business entity or management company, or any direct or indirect familial or financial relationship with a designated caregiver for whom the laboratory is testing marijuana and marijuana products for medical use in this state; or
  5. The laboratory fails to maintain accreditation.

- D.** The Department may deny an application for a laboratory registration certificate or revoke a laboratory registration certificate if the laboratory does not:
1. Comply with:
    - a. The requirements in A.R.S. Title 36, Chapter 28.1 and this Chapter; or
    - b. The provisions in a corrective action plan submitted according to R9-17-404.01(E)(2)(b); or
  2. Implement the policies and procedures or comply with the statements provided to the Department with the laboratory's application.
- E.** If the Department denies a laboratory registration certificate application, the Department shall provide notice to the applicant that includes:
1. The specific reason or reasons for the denial, and
  2. All other information required by A.R.S. § 41-1076.
- F.** If the Department revokes a laboratory registration certificate, the Department shall provide notice to the laboratory that includes:
1. The specific reason or reasons for the revocation; and
  2. The process for requesting a judicial review of the Department's decision pursuant to A.R.S. Title 12, Chapter 7, Article 6.

**Historical Note**

New Section made by exempt rulemaking at 25 A.A.R. 2421, effective August 27, 2019 (Supp. 19-3). Amended by exempt rulemaking at 26 A.A.R. 734, with an immediate effective date of April 2, 2020 (Supp. 20-2).

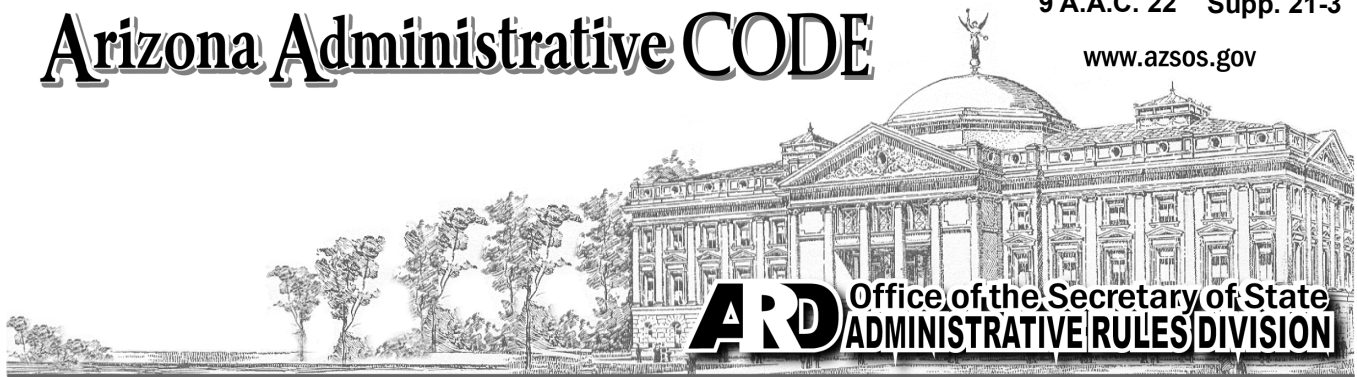
**R9-17-411. Denial or Revocation of a Laboratory Agent's Registry Identification Card**

- A.** The Department shall deny an application for or renewal of a laboratory agent's registry identification card if the laboratory agent does not meet the requirements in A.R.S. § 36-2801.
- B.** The Department may deny an application for or renewal of a laboratory agent's registry identification card if the laboratory agent provides false or misleading information to the Department.
- C.** The Department shall revoke a laboratory agent's registry identification card if the laboratory agent:
1. Uses marijuana, if the laboratory agent does not have a qualifying patient registry identification card;
  2. Diverts marijuana or marijuana products to an individual who or entity that is not allowed to possess marijuana pursuant to A.R.S. Title 36, Chapter 28.1; or
  3. Has been convicted of an excluded felony offense.
- D.** The Department may revoke a laboratory agent's registry identification card if the laboratory agent knowingly violates A.R.S. Title 36, Chapter 28.1 or this Chapter.
- E.** If the Department denies or revokes a laboratory agent's registry identification card, the Department shall provide notice to the laboratory agent and the laboratory agent's laboratory that includes:
1. The specific reason or reasons for the denial or revocation; and
  2. The process for requesting a judicial review of the Department's decision pursuant to A.R.S. Title 12, Chapter 7, Article 6.

**Historical Note**

New Section made by exempt rulemaking at 25 A.A.R. 2421, effective August 27, 2019 (Supp. 19-3).

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## TITLE 9. HEALTH SERVICES

### CHAPTER 22. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM - ADMINISTRATION

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

This Chapter contains rules that were filed to be codified in the *Arizona Administrative Code* between the dates of  
July 1, 2021 through September 30, 2021

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#### Questions about these rules? Contact:

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**The release of this Chapter in Supp. 21-3 replaces Supp. 21-1, 1-131 pages**

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

## PREFACE

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

Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

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### RULES

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

### THE ADMINISTRATIVE CODE

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

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

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

First Quarter: January 1 - March 31

Second Quarter: April 1 - June 30

Third Quarter: July 1 - September 30

Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2021 is cited as Supp. 21-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. This is why the Office lists only updated codified Sections on the previous page.

### AUTHENTICATION OF PDF CODE CHAPTERS

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

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

### HOW TO USE THE CODE

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

### ARIZONA REVISED STATUTE REFERENCES

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

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

### SESSION LAW REFERENCES

Arizona Session Law references in a Chapter can be found at the Secretary of State’s website, [www.azsos.gov](http://www.azsos.gov) under Services-> Legislative Filings.

### EXEMPTIONS FROM THE APA

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

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

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

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

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

### EXEMPTIONS AND PAPER COLOR

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

### PERSONAL USE/COMMERCIAL USE

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





## Administrative Rules Division

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

## TITLE 9. HEALTH SERVICES

## CHAPTER 22. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM - ADMINISTRATION

Authority: A.R.S. §§ 36-2901.08

## Supp. 21-3

**Editor's Note:** Historical notes for Sections made, repealed or amended in Supp. 14-1 were updated to reflect the effective date as immediate per the original notice filed by the agency. A number of other publication errors have been corrected in Supplement 20-4 that should have been made in Supp. 14-1. These include: adding new Sections R9-22-301 and R9-22-301; correcting a punctuation error in R2-22-1401; repealing Sections R2-22-1407 and R22-22-1443; and the amending of R9-22-1501 (Supp. 20-4).

**Editor's Note:** The Office of the Secretary of State prints all Code Chapters on white paper (Supp 01-3).

**Editor's Note:** This Chapter contains rules which were adopted or amended under an exemption from the Arizona Administrative Procedure Act (A.R.S. Title 41, Chapter 6), pursuant to Laws 1992, Ch. 301, § 61 and Ch. 302, § 13, and Laws 1993, Ch. 6, § 34. Exemption from A.R.S. Title 41, Chapter 6 means that AHCCCS did not submit notice of this rulemaking to the Secretary of State's Office for publication in the Arizona Administrative Register; the Governor's Regulatory Review Council did not review these rules; AHCCCS was not required to hold public hearings on these rules; and the Attorney General did not certify these rules. Because this Chapter contains rules which are exempt from the regular rulemaking process, the Chapter is printed on blue paper.

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*Article 6, consisting of Sections R9-22-601 through R9-22-605, repealed by final rulemaking at 5 A.A.R. 607, effective February 5, 1999 (Supp. 99-1).*

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*Article 22, consisting of Sections R9-22-901 through R9-22-909, repealed by final rulemaking at 12 A.A.R. 4484, January 6, 2007 (Supp. 06-4).*

*Article 22, consisting of Sections R9-22-901 through R9-22-908, adopted effective August 29, 1985.*

*Former Article 22, consisting of Section R9-22-901, repealed effective October 1, 1983.*

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*Article 10, consisting of Section R9-22-1001 through R9-22-1002, adopted effective November 7, 1997 (Supp. 97-4).*

*Article 10, consisting of Section R9-22-1001 through R9-22-1002, repealed effective November 7, 1997 (Supp. 97-4).*

*Article 10 consisting of Sections R9-22-1001 and R9-22-1002 adopted effective October 1, 1985.*

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*Article 13, consisting of Sections R9-22-1301 through R9-22-1306, made by final rulemaking at 19 A.A.R. 2954, effective November 10, 2013 (Supp. 13-3).*

*Article 13, consisting of Sections R9-22-1301 through R9-22-1306, made by exempt rulemaking at 18 A.A.R. 2074, effective August 1, 2012 (Supp. 12-3). Exemption to promulgate rules repealed under Laws 2012, Chapter 299, Section 7 (Supp. 13-3).*

*Article 13, consisting of Sections R9-22-1301 through R9-22-1309, repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004. The subject matter of Article 13 is now in 9 A.A.C. 34 (Supp. 04-1).*

*Article 13, consisting of Sections R9-22-1301 through R9-22-1309, adopted effective September 9, 1998 (Supp. 98-3).*

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*Article 14, consisting of Sections R9-22-1401 through R9-22-1436, repealed; new Article 14, consisting of Sections R9-22-1401 through R9-22-1433 made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).*

*Article 14, consisting of Sections R9-22-1401 through R9-22-1436, adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).*

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*Article 15, consisting of Sections R9-22-1501 through R9-22-1508, repealed; new Article 15, consisting of Sections R9-22-1501 through R9-22-1505 made by exempt rulemaking at 7 A.A.R. 4593,*

*effective October 1, 2001 (Supp. 01-3).*

*Article 15, consisting of Sections R9-22-1501 through R9-22-1508, adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).*

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*Article 16, consisting of Section R9-22-1601 made by final rulemaking at 20 A.A.R. 3436, effective January 1, 2015 (Supp. 14-4).*

*Article 16, consisting of Sections R9-22-1601 through R9-22-1612, R9-22-1614 through R9-22-1616, and R9-22-1618 through R9-22-1619, expired at 17 A.A.R. 2384, effective October 31, 2011 (Supp. 11-4).*

*Article 16, consisting of Sections R9-22-1601 through R9-22-1636, repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).*

*Article 16, consisting of Sections R9-22-1601 through R9-22-1613, R9-22-1615 through R9-22-1620, R9-22-1622 through R9-22-1631, R9-22-1633, R9-22-1634, and R9-22-1636, adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).*

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*Article 17, consisting of Sections R9-22-1701 through R9-22-1704, adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).*

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## Section

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## ARTICLE 1. DEFINITIONS

**R9-22-101. Location of Definitions**

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

Definition	Section or Citation
"Accommodation"	R9-22-701
"Active treatment"	R9-22-1301
"ADHS"	R9-22-101
"Administration"	A.R.S. § 36-2901
"Adult behavioral health therapeutic home"	9 A.A.C. 10, Article 1
"Adverse action"	R9-22-101
"Affiliated corporate organization"	R9-22-101
"Aged"	42 U.S.C. 1382c(a)(1)(A) and R9-22-1501
"Agency"	R9-22-1201
"Aggregate"	R9-22-701
"AHCCCS"	R9-22-101
"AHCCCS inpatient hospital day or days of care"	R9-22-701
"AHCCCS registered provider"	R9-22-101
"Ambulance"	A.R.S. § 36-2201
"Ancillary service"	R9-22-101
"Anticipatory guidance"	R9-22-201
"Annual enrollment choice"	R9-22-1701
"APC"	R9-22-701
"Applicant"	R9-22-101 or R9-22-301
"Application"	R9-22-101
"Assessment"	R9-22-1101 or R9-22-1201
"Assignment"	R9-22-101
"Attending physician"	R9-22-101 or R9-22-202
"Authorized representative"	R9-22-101
"Authorization"	R9-22-202
"Auto-assignment algorithm"	R9-22-1701
"AZ-NBCCEDP"	R9-22-2001
"Behavior management services"	R9-22-1201
"Behavioral health therapeutic home care services"	R9-22-1201
"Behavioral health paraprofessional"	R9-22-101
"Behavioral health professional"	R9-22-101
"Behavioral health recipient"	R9-22-201
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"Benefit year"	R9-22-201
"BHS"	R9-22-301
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"Case management"	R9-22-1201
"Case record"	R9-22-101
"Cash assistance"	R9-22-1401
"Certified psychiatric nurse practitioner"	R9-22-1201
"Charge master"	R9-22-712
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"Children's Rehabilitative Services" or "CRS"	R9-22-101 or R9-22-301
"Chronic"	R9-22-1301
"Claim"	R9-22-1101
"Claims paid amount"	R9-22-712.07
"Clean claim"	A.R.S. § 36-2904
"Clinical oversight"	9 A.A.C. 10
"CMDP"	R9-22-1701
"CMS"	R9-22-101
"Continuous stay"	R9-22-101
"Contract"	R9-22-101
"Contract year"	R9-22-101
"Contractor"	A.R.S. § 36-2901 or R9-22-210.01
"Copayment"	R9-22-701
"Cost avoid"	R9-22-1201
"Cost-To-Charge Ratio" or "CCR"	R9-22-701 or R9-22-712

"Court-ordered evaluation"	R9-22-1201
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**B. General definitions.** In addition to definitions contained in A.R.S. § 36-2901, the words and phrases in this Chapter have the following meanings unless the context explicitly requires another meaning:

"ADHS" means the Arizona Department of Health Services.

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

"Affiliated corporate organization" means any organization that has ownership or control interests as defined in 42 CFR 455.101, and includes a parent and subsidiary corporation.

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

"AHCCCS registered provider" means a provider or non-contracting provider who:

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

Meets license or certification requirements to provide covered services.

"Ancillary service" means all hospital services for patient care other than room and board and nursing services, including but not limited to, laboratory, radiology, drugs, delivery room (including maternity labor room), operating room (including postanesthesia and postoperative recovery rooms), and therapy services (physical, speech, and occupational).

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

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

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

"Attending physician" means a licensed allopathic or osteopathic doctor of medicine who has primary responsibility for providing or directing preventive and treatment services for a Fee-For-Service member.

"Authorized representative" means a person who is authorized to apply for medical assistance or act on behalf of another person.

"Behavioral health paraprofessional" means an individual who is not a behavioral health professional who provides

behavioral health services at or for a health care institution according to the health care institution's policies and procedures that:

If the behavioral health services were provided in a setting other than a licensed health care institution,

If the individual would be required to be licensed as a behavioral professional under A.R.S. Title 32, Chapter 33,

If the behavioral health services were provided in a setting other than a licensed health care institution; and

Are provided under supervision by a behavioral health professional R9-10-101.

"Behavioral Health Professional" has the same meaning as defined A.A.C. R9-10-101 excluding subsection (g).

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

"Case record" means an individual or family file retained by the Department that contains all pertinent eligibility information, including electronically stored data.

"Children's Rehabilitative Services" or "CRS" means the program that provides covered medical services and covered support services in accordance with A.R.S. § 36-261.

"CMS" means the Centers for Medicare and Medicaid Services.

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

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

"Contract year" means the period beginning on October 1 of a year and continuing until September 30 of the following year.

"Covered services" means the health and medical services described in Articles 2 and 12 of this Chapter as being eligible for reimbursement by AHCCCS.

"Day" means a calendar day unless otherwise specified.

"DBHS" means the Division of Behavioral Health Services within the Arizona Department of Health Services.

"DES" means the Department of Economic Security.

"Diagnostic services" means services provided for the purpose of determining the nature and cause of a condition, illness, or injury.

"Director" means the Director of the Administration or the Director's designee.

"Discussion" means an oral or written exchange of information or any form of negotiation.

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“DME” means durable medical equipment, which is an item or appliance that can withstand repeated use, is designed to serve a medical purpose, and is not generally useful to a person in the absence of a medical condition, illness, or injury.

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

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

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

“Fee-For-Service” or “FFS” means a method of payment by the AHCCCS Administration to a registered provider on an amount-per-service basis for a member not enrolled with a contractor.

“FES member” means a person who is eligible to receive emergency medical and behavioral health services through the FESP under R9-22-217.

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

“FQHC” means federally qualified health center.

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

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

“IHS” means Indian Health Service.

“IMD” or “Institution for Mental Diseases” means an Institution for Mental Diseases as described in 42 CFR 435.1010 that is licensed by ADHS.

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

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

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

Shown on the postmark;

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

Entered as the date on the document, if there is no legible postmark or postage meter mark.

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

“Medical supplies” means consumable items that are designed specifically to meet a medical purpose.

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

“Medicare claim” means a claim for Medicare-covered services for a member with Medicare coverage.

“Non-FES member” means an eligible person who is entitled to full AHCCCS services.

“Offeror” means an individual or entity that submits a proposal to the Administration in response to an RFP.

“Physician” means a person licensed as an allopathic or osteopathic physician under A.R.S. Title 32, Chapter 13 or Chapter 17.

“Practitioner” means a physician assistant licensed under A.R.S. Title 32, Chapter 25, or a registered nurse practitioner certified under A.R.S. Title 32, Chapter 15.

“Prescription” means an order to provide covered services that is signed or transmitted by a provider authorized to prescribe the services.

“Primary care provider” or “PCP” means an individual who meets the requirements of A.R.S. § 36-2901 (14), and who is responsible for the management of a member’s health care.

“Prior authorization” means the process by which the Administration or contractor, whichever is applicable, authorizes, in advance, the delivery of covered services based on factors including but not limited to medical necessity, cost effectiveness, compliance with this Article and any applicable contract provisions. Prior authorization is not a guarantee of payment.

“Prior period coverage” means the period prior to the member’s enrollment during which a member is eligible for covered services. PPC begins on the first day of the month of application or the first eligible month, whichever is later, and continues until the day the member is enrolled with a contractor.

“Proposal” means all documents, including best and final offers, submitted by an offeror in response to an RFP by the Administration.

“Radiology” means professional and technical services rendered to provide medical imaging, radiation oncology, and radioisotope services.

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

“Rehabilitation services” means physical, occupational, and speech therapies, and items to assist in improving or restoring a person’s functional level.

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“Responsible offeror” means an individual or entity that has the capability to perform the requirements of a contract and that ensures good faith performance.

“Responsive offeror” means an individual or entity that submits a proposal that conforms in all material respects to an RFP.

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

“Review month” means the month in which the individual’s or family’s circumstances and case record are reviewed.

“RFP” means Request for Proposals, including all documents, whether attached or incorporated by reference, that are used by the Administration for soliciting a proposal under 9 A.A.C. 22, Article 6.

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

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

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

“Specialist” means a Board-eligible or certified physician who declares himself or herself as a specialist and practices a specific medical specialty. For the purposes of this definition, Board-eligible means a physician who meets all the requirements for certification but has not tested for or has not been issued certification.

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

“SSN” means Social Security number.

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

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

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

A marketing organization, or

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

“Taxi” is as defined in A.R.S. § 28-101(53).

#### Historical Note

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-101 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-101 repealed, former Sections R9-22-102 and R9-22-301

renumbered as Section R9-22-101 and amended effective October 1, 1983 (Supp. 83-5). Adopted as an emergency effective May 18, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-3). Amended as an emergency by adding new paragraphs (24), (46), (84) and (91) and renumbering accordingly effective August 16, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Amended as an emergency by adding new paragraphs (2) and (15) and renumbering accordingly effective October 25, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-5). Emergency expired. Permanent amendment added paragraphs (2) and (15) and renumbered accordingly effective February 1, 1985 (Supp. 85-1). Amended effective October 1, 1985 (Supp. 85-5). Amended paragraphs (10) and (15) effective October 1, 1986 (Supp. 86-5). Amended effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended effective October 1, 1987; amended effective December 22, 1987 (Supp. 87-4). Amended by deleting paragraphs (39) and (62) and renumbering accordingly effective July 1, 1988 (Supp. 88-3). Amended effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended effective September 29, 1992 (Supp. 92-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective March 1, 1993 (Supp. 93-1). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 26, 1993 (Supp. 93-4). Amended effective December 13, 1993 (Supp. 93-4). Amended effective January 14, 1997 (Supp. 97-1). Section repealed; new Section adopted effective December 8, 1997 (Supp. 97-4). Section repealed, new Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Amended by final rulemaking at 5 A.A.R. 607, effective February 5, 1999 (Supp. 99-1). Amended by final rulemaking at 5 A.A.R. 867, effective March 4, 1999 (Supp. 99-1). Amended by final rulemaking at 5 A.A.R. 4061, effective October 8, 1999 (Supp. 99-4). Amended by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Amended by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by exempt rulemaking at 7 A.A.R. 5701, effective December 1, 2001 (Supp. 01-4). Amended by final rulemaking at 7 A.A.R. 5814, effective December 6, 2001 (Supp. 01-4). Amended by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2). Amended by final rulemaking at 8 A.A.R. 3317, effective July 15, 2002 (Supp. 02-3). Amended by exempt rulemaking at 9 A.A.R. 4001, effective October 19, 2003 (Supp. 03-3). Amended by exempt rulemaking at 10 A.A.R. 4588, effective October 12, 2004 (Supp. 04-4). Amended by final rulemaking at 11 A.A.R. 3830, effective November 12, 2005 (Supp. 05-3). Amended by final rulemaking at 11 A.A.R. 5467, effective December 6, 2005 (Supp. 05-4). Amended by final rulemaking at 13 A.A.R. 836, effective May 5, 2007 (Supp. 07-1). Amended by final rulemaking at 13 A.A.R. 3351, effective November 10, 2007 (Supp. 07-3). Amended by final rulemaking at 14 A.A.R. 1598, effective May 31, 2008

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(Supp. 08-2). Amended by exempt rulemaking at 16 A.A.R. 1638, effective October 1, 2010 (Supp. 10-3). Amended by final rulemaking at 17 A.A.R. 1658, effective August 2, 2011 (Supp. 11-3). Amended by exempt rulemaking at 18 A.A.R. 461, effective April 1, 2012 (Supp. 12-1). Amended by final rulemaking at 20 A.A.R. 3098, effective January 4, 2015 (Supp. 14-4).

**R9-22-102. Repealed****Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-102 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1092 (Supp. 82-4). Former Section R9-22-102 renumbered together with former Section R9-22-301 as Section R9-22-101 and amended effective October 1, 1983 (Supp. 83-5). New Section adopted effective December 8, 1997 (Supp. 97-4). Amended by exempt rulemaking at 7 A.A.R. 5701, effective December 1, 2001 (Supp. 01-4). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R. 5467, effective December 6, 2005 (Supp. 05-4). Amended by final rulemaking at 13 A.A.R. 836, effective May 5, 2007 (Supp. 07-1). Section repealed by final rulemaking at 13 A.A.R. 3351, effective November 10, 2007 (Supp. 07-3).

**R9-22-103. Repealed****Historical Note**

Adopted effective December 8, 1997 (Supp. 97-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

**R9-22-104. Reserved****R9-22-105. Repealed****Historical Note**

Adopted effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Section repealed by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4).

**R9-22-106. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 607, effective February 5, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Section repealed by final rulemaking at 11 A.A.R. 5467, effective December 6, 2005 (Supp. 05-4).

**R9-22-107. Repealed****Historical Note**

Adopted effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 8 A.A.R. 3317, effective July 15, 2002 (Supp. 02-3). Section repealed by exempt rulemaking at 11 A.A.R. 2297, effective July 1, 2005 (Supp. 05-2).

**R9-22-108. Repealed****Historical Note**

Adopted effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 6 A.A.R. 3317, effective

August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1).

**R9-22-109. Repealed****Historical Note**

Adopted effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 5 A.A.R. 4061, effective October 8, 1999 (Supp. 99-4). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed by final rulemaking at 12 A.A.R. effective 4484, effective January 6, 2007 (Supp. 06-4).

**R9-22-110. Repealed****Historical Note**

Adopted effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Section repealed by final rulemaking at 10 A.A.R. 1146, effective May 1, 2004 (Supp. 04-1).

**R9-22-111. Reserved****R9-22-112. Repealed****Historical Note**

Adopted effective December 8, 1997 (Supp. 97-4). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Repealed by final rulemaking at 13 A.A.R. 836, effective May 5, 2007 (Supp. 07-1).

**R9-22-113. Reserved****R9-22-114. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed by final rulemaking at 11 A.A.R. 5467, effective December 6, 2005 (Supp. 05-4).

**R9-22-115. Repealed****Historical Note**

Final Section adopted at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed by final rulemaking at 11 A.A.R. 5467, effective December 6, 2005 (Supp. 05-4).

**R9-22-116. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

**R9-22-117. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Amended by

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exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed by final rulemaking at 14 A.A.R. 1598, effective May 31, 2008 (Supp. 08-2).

**R9-22-118. Reserved**

**R9-22-119. Reserved**

**R9-22-120. Repealed**

### Historical Note

New Section made by final rulemaking at 7 A.A.R. 5814, effective December 6, 2001 (Supp. 01-4). Section repealed by final rulemaking at 12 A.A.R. 4488, effective January 6, 2007 (Supp. 06-4).

## ARTICLE 2. SCOPE OF SERVICES

### R9-22-201. Scope of Services-related Definitions

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

“Anticipatory guidance” means a person responsible for a child receives information and guidance of what the person should expect of the child’s development and how to help the child stay healthy.

“Behavioral health recipient” means a Title XIX or Title XXI acute care member who is eligible for, and is receiving, behavioral health services through ADHS/DBHS.

“Benefit year” means a one-year time period of October 1st through September 30th.

“Emergency behavioral health condition for a non-FES member” means a condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that a prudent layperson who possesses an average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in:

Placing the health of the person, including mental health, in serious jeopardy;

Serious impairment to bodily functions;

Serious dysfunction of any bodily organ or part; or

Serious physical harm to another person.

“Emergency behavioral health services for a non-FES member” means those behavioral health services provided for the treatment of an emergency behavioral health condition.

“Emergency medical condition for a non-FES member” means treatment for a medical condition, including labor and delivery, which manifests itself by acute symptoms of sufficient severity, including severe pain, such that a prudent layperson who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:

Placing the member’s health in serious jeopardy,

Serious impairment to bodily functions, or

Serious dysfunction of any bodily organ or part.

“Emergency medical services for a non-FES member” means services provided for the treatment of an emergency medical condition.

“Hearing aid” means an instrument or device designed for, or represented by the supplier as aiding or compensating for

impaired or defective human hearing, and includes any parts, attachments, or accessories of the instrument or device.

“Home health services” means services and supplies that are provided by a home health agency that coordinates in-home intermittent services for curative, habilitative care, including home-health aide services, licensed nurse services, and medical supplies, equipment, and appliances.

“Occupational therapy” means medically prescribed treatment provided by or under the supervision of a licensed occupational therapist, to restore or improve an individual’s ability to perform tasks required for independent functioning.

“Pharmaceutical service” means medically necessary medications that are prescribed by a physician, practitioner, or dentist under R9-22-209.

“Physical therapy” means treatment services to restore or improve muscle tone, joint mobility, or physical function provided by or under the supervision of a registered physical therapist.

“Post-stabilization services” means covered services related to an emergency medical or behavioral health condition provided after the condition is stabilized.

“Primary care provider services” means healthcare services provided by and within the scope of practice, as defined by law, of a licensed physician, certified nurse practitioner, or licensed physician assistant.

“Psychosocial rehabilitation services” means services that provide education, coaching, and training to address or prevent residual functional deficits and may include services that may assist a member to secure and maintain employment. Psychosocial rehabilitation services may include:

Living skills training,

Cognitive rehabilitation,

Health promotion,

Supported employment, and

Other services that increase social and communication skills to maximize a member’s ability to participate in the community and function independently.

“RBHA” or “Regional Behavioral Health Authority” means the same as in A.R.S. § 36-3401.

“Residual functional deficit” means a member’s inability to return to a previous level of functioning, usually after experiencing a severe psychotic break or state of decompensation.

“Respiratory therapy” means treatment services to restore, maintain, or improve respiratory functions that are provided by, or under the supervision of, a respiratory therapist licensed according to A.R.S. Title 32, Chapter 35.

“Scope of services” means the covered, limited, and excluded services under Articles 2 and 12 of this Chapter.

“Speech therapy” means medically prescribed diagnostic and treatment services provided by or under the supervision of a certified speech therapist.

“Sterilization” means a medically necessary procedure, not for the purpose of family planning, to render an eligible person or member barren in order to:

Prevent the progression of disease, disability, or adverse health conditions; or

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Prolong life and promote physical health.

“Substance abuse” means the chronic, habitual, or compulsive use of any chemical matter that, when introduced into the body, is capable of altering human behavior or mental functioning and, with extended use, may cause psychological dependence and impaired mental, social or educational functioning. Nicotine addiction is not considered substance abuse for adults who are 21 years of age or older

#### Historical Note

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-201 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (B) effective May 30, 1989 (Supp. 89-2). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Section repealed, new Section adopted effective September 22, 1997 (Supp. 97-3). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2). Amended by exempt rulemaking at 10 A.A.R. 4588, effective October 12, 2004 (Supp. 04-4). Amended by final rulemaking at 11 A.A.R. 3217, effective October 1, 2005 (Supp. 05-3). Section repealed; new Section made by final rulemaking at 13 A.A.R. 3351, effective November 10, 2007 (Supp. 07-3). Amended by exempt rulemaking at 16 A.A.R. 1638, effective October 1, 2010 (Supp. 10-3). Amended by final rulemaking at 17 A.A.R. 1658, effective August 2, 2011 (Supp. 11-3). Amended by exempt rulemaking at 17 A.A.R. 1707, effective October 1, 2011 (Supp. 11-3). Amended by final rulemaking at 19 A.A.R. 2747, effective October 8, 2013 (Supp. 13-3). Amended by final rulemaking at 20 A.A.R. 3098, effective January 4, 2015 (Supp. 14-4).

#### R9-22-202. General Requirements

- A. For the purposes of this Article, the following definitions apply:
  1. “Authorization” means written, verbal, or electronic authorization by:
    - a. The Administration for services rendered to a fee-for-service member, or
    - b. The contractor for services rendered to a prepaid capitated member.
  2. Use of the phrase “attending physician” applies only to the fee-for-service population.
- B. In addition to other requirements and limitations specified in this Chapter, the following general requirements apply:
  1. Only medically necessary, cost effective, and federally-reimbursable and state-reimbursable services are covered services.
  2. Covered services for the federal emergency services program (FESP) are under R9-22-217.
  3. The Administration or a contractor may waive the covered services referral requirements of this Article.
  4. Except as authorized by the Administration or a contractor, a primary care provider, attending physician, practitioner, or a dentist shall provide or direct the member’s covered services. Delegation of the provision of care to a practitioner does not diminish the role or responsibility of the primary care provider.
  5. A contractor shall offer a female member direct access to preventive and routine services from gynecology provid-

- ers within the contractor’s network without a referral from a primary care provider.
6. A member may receive physical and behavioral health services as specified in Articles 2 and 12.
7. The Administration or a contractor shall provide services under the Section 1115 Waiver as defined in A.R.S. § 36-2901.
8. An AHCCCS registered provider shall provide covered services within the provider’s scope of practice.
9. In addition to the specific exclusions and limitations otherwise specified under this Article, the following are not covered:
  - a. A service that is determined by the AHCCCS Chief Medical Officer to be experimental or provided primarily for the purpose of research;
  - b. Services or items furnished gratuitously, and
  - c. Personal care items except as specified under R9-22-212.
10. Medical or behavioral health services are not covered services if provided to:
  - a. An inmate of a public institution; or
  - b. A person who is in residence at an institution for the treatment of tuberculosis.
- C. The Administration or a contractor may deny payment of non-emergency services if prior authorization is not obtained as specified in this Article and Article 7 of this Chapter. The Administration or a contractor shall not provide prior authorization for services unless the provider submits documentation of the medical necessity of the treatment along with the prior authorization request.
- D. Services under A.R.S. § 36-2908 provided during the prior period coverage do not require prior authorization.
- E. Prior authorization is not required for services necessary to evaluate and stabilize an emergency medical condition. The Administration or a contractor shall not reimburse services that require prior authorization unless the provider documents the diagnosis and treatment.
- F. A service is not a covered service if provided outside the GSA unless one of the following applies:
  1. A member is referred by a primary care provider for medical specialty care outside the GSA. If a member is referred outside the GSA to receive an authorized medically necessary service, the contractor shall also provide all other medically necessary covered services for the member;
  2. There is a net savings in service delivery costs as a result of going outside the GSA that does not require undue travel time or hardship for a member or the member’s family;
  3. The contractor authorizes placement in a nursing facility located out of the GSA; or
  4. Services are provided during prior period coverage or during the prior quarter coverage.
- G. If a member is traveling or temporarily residing outside of the GSA, covered services are restricted to emergency care services, unless otherwise authorized by the contractor.
- H. A contractor shall provide at a minimum, directly or through subcontracts, the covered services specified in this Chapter and in contract.
- I. The Administration shall determine the circumstances under which a FFS member may receive services, other than emergency services, from service providers outside the member’s county of residence or outside the state. Criteria considered by the Administration in making this determination shall include availability and accessibility of appropriate care and cost effectiveness.

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**J.** The restrictions, limitations, and exclusions in this Article do not apply to a contractor electing to provide noncovered services.

1. The Administration shall not consider the costs of providing a noncovered service to a member in the development or negotiation of a capitation rate.
2. A contractor shall pay for noncovered services from administrative revenue or other contractor funds that are unrelated to the provision of services under this Chapter.
3. If a member requests a service that is not covered or is not authorized by a contractor, or the Administration, an AHCCCS-registered service provider may provide the service according to R9-22-702.

**K.** Subject to CMS approval, the restrictions, limitations, and exclusions specified in the following subsections do not apply to American Indians receiving services through IHS or a tribal health program operating under P.L. 93-638 when those services are eligible for 100 percent federal financial participation:

1. R9-22-205(A)(8),
2. R9-22-206,
3. R9-22-207,
4. R9-22-212(C),
5. R9-22-212(D),
6. R9-22-212(E)(8),
7. R9-22-215(C)(5), (C)(6), and
8. R9-22-215(C)(4).

#### Historical Note

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-202 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective October 1, 1985 (Supp. 85-5). Amended effective October 1, 1987; amended effective December 22, 1987 (Supp. 87-4). Amended effective May 30, 1989 (Supp. 89-2).

Amended effective April 13, 1990 (Supp. 90-2).

Amended effective December 13, 1993 (Supp. 93-4).

Amended effective July 1, 1995, under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1994, Ch. 322, § 21; filed with the Office of the Secretary of State June 22, 1995 (Supp. 95-3). Amended effective January 1, 1996, under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1995, Third Special Session, Ch. 1, § 5; filed with the Office of the Secretary of State December 28, 1995 (Supp. 95-4). Section repealed effective September 22, 1997 (Supp. 97-3). New Section made by final rulemaking at 13 A.A.R. 3351, effective November 10, 2007 (Supp. 07-3). Amended by exempt rulemaking at 16 A.A.R. 1638, effective October 1, 2010 (Supp. 10-3). Amended by final rulemaking at 17 A.A.R. 1658, effective August 2, 2011 (Supp. 11-3). Amended by final rulemaking at 20 A.A.R. 1949, effective September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 20 A.A.R. 3098, effective January 4, 2015 (Supp. 14-4). Amended by final rulemaking at 21 A.A.R. 1225, effective July 7, 2015 (Supp. 15-3).

#### R9-22-203. Experimental Services

**A.** Experimental services are not covered. A service is not experimental if:

1. It is generally and widely accepted as a standard of care in the practice of medicine in the United States and is a safe and effective treatment for the condition for which it is intended or used.

2. The service does not meet the standard in subsection (A)(1), but the service has been demonstrated to be safe and effective for the condition for which it is intended or used based on the weight of the evidence in peer-reviewed articles in medical journals published in the United States.

3. The service does not meet the standard in subsection (A)(2) because the condition for which the service is intended or used is rare, but the service has been demonstrated to be safe and effective for the condition for which it is intended or used based on the weight of opinions from specialists who provide the service or related services.

**B.** The following factors shall be considered when evaluating the weight of peer-reviewed articles or the opinions of specialists:

1. The mortality rate and survival rate of the service as compared to the rates for alternative non-experimental services.
2. The types, severity, and frequency of complications associated with the services as compared with the complications associated with alternative non-experimental services.
3. The frequency with which the service has been performed in the past.
4. Whether there is sufficient historical information regarding the service to provide reliable data regarding risks and benefits.
5. The reputation and experience of the authors and/or specialists and their record in related areas.
6. The extent to which medical science in the area develops rapidly and the probability that more definite data will be available in the foreseeable future.
7. Whether the peer reviewed article describes a random controlled trial or an anecdotal clinical case study.

#### Historical Note

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-203 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective October 1, 1985 (Supp. 85-5). Amended effective October 1, 1987; amended effective December 22, 1987 (Supp. 87-4). Amended effective May 30, 1989 (Supp. 89-2).

Amended effective April 13, 1990 (Supp. 90-2).

Amended effective September 29, 1992 (Supp. 92-3).

Amended under an exemption from the provisions of the Administrative Procedure Act effective March 22, 1993; received in the Office of the Secretary of State March 24, 1993 (Supp. 93-1). Amended effective December 13, 1993 (Supp. 93-4). Section repealed effective September 22, 1997 (Supp. 97-3). New Section made by exempt rulemaking at 16 A.A.R. 1638, effective October 1, 2010 (Supp. 10-3). Section amended by final rulemaking at 20 A.A.R. 1956, effective September 6, 2014 (Supp. 14-3).

#### R9-22-204. Inpatient General Hospital Services

**A.** The following limitations apply to inpatient general hospital services that are provided by FFS providers.

1. Providers shall obtain prior authorization from the Administration for the following inpatient hospital services:
  - a. Nonemergency and elective admission, including psychiatric hospitalization;
  - b. Elective surgery; and

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- c. Services or items provided to cosmetically reconstruct or improve personal appearance after an illness or injury.
  2. The Administration or a contractor may deny a claim if a provider fails to obtain prior authorization.
  3. Providers are not required to obtain prior authorization from the Administration for the following inpatient hospital services:
    - a. Voluntary sterilization,
    - b. Dialysis shunt placement,
    - c. Arteriovenous graft placement for dialysis,
    - d. Angioplasties or thrombectomies of dialysis shunts,
    - e. Angioplasties or thrombectomies of arteriovenous graft for dialysis,
    - f. Hospitalization for vaginal delivery that does not exceed 48 hours,
    - g. Hospitalization for cesarean section delivery that does not exceed 96 hours, and
    - h. Other services identified by the Administration through the Provider Participation Agreement.
  4. The Administration may perform concurrent review for hospitalizations of non-FES members to determine whether there is medical necessity for the hospitalization. A provider shall notify the Administration no later than 72 hours after an emergency admission.
- C. Coverage of in-state and out-of-state inpatient hospital services is limited to 25 days per benefit year for members age 21 and older for claims with discharge dates on or before September 30, 2014. The limit applies for all inpatient hospital services with dates of service during the benefit year regardless of whether the member is enrolled in Fee for Service, is enrolled with one or more contractors, or both, during the benefit year.
  1. For purposes of calculating the limit:
    - a. Inpatient days are counted towards the limit if paid by the Administration or a contractor;
    - b. Inpatient days will be counted toward the limit in the order of the adjudication date of a paid claim;
    - c. Paid inpatient days are allocated to the benefit year in which the date of service occurs;
    - d. Each 24 hours of paid observation services is counted as one inpatient day if the patient is not admitted to the same hospital directly following the observation services,
    - e. Observation services, which are directly followed by an inpatient admission to the same hospital are not counted towards the inpatient limit; and
    - f. After 25 days of inpatient hospital services have been paid as provided for in this rule Section:
      - i. Outpatient services that are directly followed by an inpatient admission to the same hospital, including observation services, are not covered.
      - ii. Continuous periods of observation services of less than 24 hours that are not directly followed by an inpatient admission to the same hospital are covered.
      - iii. For continuous periods of observation services of 24 hours or more that are not directly followed by an inpatient admission to the same hospital, 23 hours of observation services are covered.
  2. The following inpatient days are not included in the inpatient hospital limitation described in this Section:
    - a. Days reimbursed under specialty contracts between AHCCCS and a transplant facility that are included within the component pricing referred to in the contract;
    - b. Days related to Behavioral Health:
      - i. Inpatient days that qualify for the psychiatric tier under R9-22-712.09 and reimbursed by the Administration or its contractors, or
      - ii. Inpatient days with a primary psychiatric diagnosis code reimbursed by the Administration or its contractors, or
      - iii. Inpatient days paid by the Arizona Department of Health Services Division of Behavioral Health Services or a RBHA or TRBHA.
    - c. Days related to treatment for burns and burn late effects at an American College of Surgeons verified burn center;
    - d. Same Day Admit Discharge services are excluded from the 25 day limit; and
    - e. Subject to approval by CMS, days for which the state claims 100% FFP, such as payments for days provided by IHS or 638 facilities.

**Historical Note**

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-204 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (A) effective December 22, 1987 (Supp. 87-4). Amended effective December 13, 1993 (Supp. 93-4). Section repealed, new Section adopted effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2). Amended by final rulemaking at 17 A.A.R. 1658, effective August 2, 2011 (Supp. 11-3). Amended by exempt rulemaking at 17 A.A.R. 1707, effective October 1, 2011 (Supp. 11-3). Amended by exempt rulemaking at 18 A.A.R. 1745, effective October 1, 2012 (Supp. 12-2). Amended by final rulemaking at 19 A.A.R. 2747, effective October 8, 2013 (Supp. 13-3). Amended by final rulemaking at 20 A.A.R. 1956, effective September 6, 2014 (Supp. 14-3).

**R9-22-205. Attending Physician, Practitioner, and Primary Care Provider Services**

- A. A primary care provider, attending physician, or practitioner shall provide primary care provider services within the provider's scope of practice under A.R.S. Title 32. A member may receive primary care provider services in an inpatient or outpatient setting including at a minimum:
  1. Periodic health examination and assessment;
  2. Evaluation and diagnostic workup;
  3. Medically necessary treatment;
  4. Prescriptions for medication and medically necessary supplies and equipment;
  5. Referral to a specialist or other health care professional if medically necessary;
  6. Patient education;
  7. Home visits if medically necessary; and
  8. Preventive health services, such as, well visits, immunizations, colonoscopies, mammograms and PAP smears.



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**B.** The following limitations and exclusions apply to attending physician and practitioner services and primary care provider services:

1. Specialty care and other services provided to a member upon referral from a primary care provider, or to a member upon referral from the attending physician or practitioner are limited to the service or condition for which the referral is made, or for which authorization is given by the Administration or a contractor.
2. A member's physical examination is not covered if the sole purpose is to obtain documentation for one or more of the following:
  - a. Qualification for insurance,
  - b. Pre-employment physical evaluation,
  - c. Qualification for sports or physical exercise activities,
  - d. Pilot's examination for the Federal Aviation Administration,
  - e. Disability certification to establish any kind of periodic payments,
  - f. Evaluation to establish third-party liabilities, or
  - g. Physical ability to perform functions that have no relationship to primary objectives of the services listed in subsection (A).
3. Orthognathic surgery is covered only for a member who is less than 21 years of age;
4. The following services are excluded from AHCCCS coverage:
  - a. Infertility services, reversal of surgically induced infertility (sterilization), and gender reassignment surgeries;
  - b. Pregnancy termination counseling services;
  - c. Pregnancy terminations, unless required by state or federal law.
  - d. Services or items furnished solely for cosmetic purposes; and
  - e. Hysterectomies unless determined medically necessary.

**Historical Note**

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-205 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (A), paragraph (15) and added paragraph (20) effective December 22, 1987 (Supp. 87-4). Amended subsection (C)(2) effective May 30, 1989 (Supp. 89-2). Amended under an exemption from the provisions of the Administrative Procedure Act effective March 22, 1993; received in the Office of the Secretary of State March 24, 1993 (Supp. 93-1). Amended effective December 13, 1993 (Supp. 93-4). Section repealed, new Section adopted effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2). Amended by exempt rulemaking at 10 A.A.R. 4588, effective October 12, 2004 (Supp. 04-4). Amended by exempt rulemaking at 16 A.A.R. 1638, effective October 1, 2010 (Supp. 10-3). Amended by final rulemaking at 20 A.A.R. 1949, effective September 6, 2014 (Supp. 14-3).

**Editor's Note:** The following Section was renumbered and a new Section adopted under an exemption from the provisions of the Administrative Procedure Act which means that this rule was

*not published as a proposed rule in the Arizona Administrative Register; the rule was not reviewed or approved by the Governor's Regulatory Review Council; and the agency was not required to hold public hearings on the rule. This Section was subsequently amended through the regular rulemaking process.*

**R9-22-206. Organ and Tissue Transplant Services**

- A.** Organ and tissue transplant services are covered for a member if prior authorized and coordinated with the member's contractor, or the Administration. Only the following transplants are covered for individuals 21 years of age or older:
  1. Heart, including transplants for the treatment of non-ischemic cardiomyopathy;
  2. Liver, including transplants for patients with hepatitis C;
  3. Kidney (cadaveric and live donor);
  4. Simultaneous Pancreas/Kidney (SPK);
  5. Autologous and Allogeneic related and unrelated Hematopoietic Cell transplants;
  6. Cornea;
  7. Bone;
  8. Lung; and
  9. Pancreas after a kidney transplant (PAK).
- B.** The following transplants are not covered for members 21 years of age or older:
  1. Pancreas only transplants if it is not performed simultaneously with or following a kidney transplant. Partial pancreas transplants and autologous and allogeneic pancreas islet cell transplants are not covered even if performed simultaneously with or following a kidney transplant,
  2. Intestine transplants, and
  3. Any other type of transplant not specifically listed in subsection (A).
- C.** When there is a transplant of multiple organs, reimbursement will only be made for those covered.
- D.** Organ and tissue transplant services are not covered for non-qualified aliens or noncitizens members of FESP under A.R.S. § 36-2903.03(D).

**Historical Note**

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-206 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective October 1, 1985 (Supp. 85-5). Amended effective December 13, 1993 (Supp. 93-4). Former Section R9-22-206 renumbered to R9-22-218, new Section R9-22-206 adopted effective January 1, 1996, under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1995, Third Special Session, Ch. 1, § 5; filed with the Office of the Secretary of State December 28, 1995 (Supp. 95-4). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Amended by exempt rulemaking at 7 A.A.R. 5701, effective December 1, 2001 (Supp. 01-4). Amended by exempt rulemaking at 10 A.A.R. 4588, effective October 12, 2004 (Supp. 04-4). Amended by exempt rulemaking at 16 A.A.R. 1386, effective July 15, 2010 (Supp. 10-3). Amended by exempt rulemaking at 16 A.A.R. 1638, effective October 1, 2010 (Supp. 10-3). Amended by exempt rulemaking at 17 A.A.R. 1122, April 1, 2011 (Supp. 11-2).

**R9-22-207. Dental Services**

- A.** The Administration or a contractor shall cover dental services for a member less than 21 years of age under R9-22-213.
- B.** For individuals age 21 years of age or older, the Administration or a contractor shall cover medical and surgical services

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furnished by a dentist only to the extent such services may be performed under state law either by a physician or by a dentist and such services would be considered a physician service if furnished by a physician.

1. Except as specified in subsection (C), such services must be related to the treatment of a medical condition such as acute pain, infection, or fracture of the jaw. Covered dental services include examination of the oral cavity, radiographs, complex oral surgical procedures such as treatment of maxillofacial fractures, administration of an appropriate level of anesthesia and the prescription of pain medication and antibiotics.
  2. Such services do not include services that physicians are not generally competent to perform such as dental cleanings, routine dental examinations, dental restorations including crowns and fillings, extractions, pulpotomies, root canals, and the construction or delivery of complete or partial dentures. Diagnosis and treatment of temporomandibular joint dysfunction are not covered except for the reduction of trauma.
- C. For the purposes of this subsection, simple restorations means silver amalgam or composite resin fillings, stainless steel crowns or preformed crowns. In addition, dental services for an individual 21 years of age or older include:
1. The elimination of oral infections and the treatment of oral disease, which includes dental cleanings, treatment of periodontal disease, medically necessary extractions and the provision of simple restorations as a medically necessary pre-requisite to covered transplantation; and
  2. Prophylactic extraction of teeth in preparation for covered radiation treatment of cancer of the jaw, neck or head.

**Historical Note**

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-207 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-207 repealed, new Section R9-22-207 adopted effective October 1, 1985 (Supp. 85-5). Section repealed, new Section adopted effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2). Amended by exempt rulemaking at 16 A.A.R. 1638, effective October 1, 2010 (Supp. 10-3).

**R9-22-208. Laboratory, Radiology, and Medical Imaging Services**

Laboratory, radiology, and medical imaging services are covered services if:

1. Prescribed by the member's attending physician, practitioner, primary care provider or a dentist, or prescribed by a physician or practitioner upon referral from the primary care provider or dentist.
2. Provided by licensed health care providers in a:
  - a. Hospital,
  - b. Clinic,
  - c. Physician's office, or
  - d. Other health care facility.

**Historical Note**

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-208 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-208 repealed, new Section R9-22-208 adopted effective

October 1, 1985 (Supp. 85-5). Amended subsection (C) effective December 22, 1987 (Supp. 87-4). Amended effective December 13, 1993 (Supp. 93-4). Section repealed, new Section adopted effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2).

**R9-22-209. Pharmaceutical Services**

- A. An inpatient or outpatient provider, including a hospital, clinic, other appropriately licensed health care facility, and pharmacy may provide covered pharmaceutical services.
- B. The Administration or a contractor shall require a provider to make pharmaceutical services:
  1. Available during customary business hours, and
  2. Located within reasonable travel distance of a member's residence.
- C. Pharmaceutical services are covered if:
  1. Prescribed for a member by the member's primary care provider, attending physician, practitioner, or dentist;
  2. Prescribed by a specialist upon referral from the primary care provider or attending physician; or
  3. The contractor or its designee authorizes the service.
- D. The following limitations apply to pharmaceutical services:
  1. A medication personally dispensed by a physician, dentist, or a practitioner within the individual's scope of practice is not covered, except in geographically remote areas where there is no participating pharmacy or if accessible pharmacies are closed.
  2. A new prescription or refill in excess of a 30 day supply is not covered unless:
    - a. The member will be out of the provider's service area for an extended period of time and the prescription is limited to the extended time period, not to exceed a 90 day supply; or
    - b. The Contractor authorizes the prescription for an extended time period not to exceed a 90-day supply.
  3. An over-the-counter medication, in place of a covered prescription medication, is covered only if the over-the-counter medication is appropriate, equally effective, safe, and less costly than the covered prescription medication.
- E. A contractor shall monitor and ensure sufficient services to prevent any gap in the pharmaceutical regimen of a member who requires a continuing or complex regimen of pharmaceutical treatment to restore, improve, or maintain physical well being.

**Historical Note**

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-209 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective October 1, 1985 (Supp. 85-5). Amended effective September 24, 1986 (Supp. 86-5). Amended subsections (A) and (C) effective December 22, 1987 (Supp. 87-4). Amended subsection (C)(3), effective May 30, 1989 (Supp. 89-2). Amended under an exemption from the Administrative Procedure Act effective March 22, 1993; received in the Office of the Secretary of State March 24, 1993 (Supp. 93-1). Amended effective December 13, 1993 (Supp. 93-4). Section repealed, new Section adopted effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2). Amended by

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final rulemaking at 20 A.A.R. 1949, effective September 6, 2014 (Supp. 14-3).

### **R9-22-210. Emergency Medical Services for Non-FES Members**

#### **A. General provisions.**

1. **Applicability.** This Section applies to emergency medical services for non-FES members. Provisions regarding emergency behavioral health services for non-FES members are in R9-22-210.01. Provisions regarding emergency medical and behavioral health services for FES members are in R9-22-217.
2. **Definitions.**
  - a. For the purposes of this Section, "contractor" has the same meaning as in A.R.S. § 36-2901. Contractor does not include ADHS/DBHS or a subcontractor of ADHS/DBHS.
  - b. For the purposes of this Section and R9-22-210.01, "fiscal agent" means a person who bills and accepts payment for a hospital or emergency room provider.
3. **Verification.** A provider of emergency medical services shall verify a person's eligibility status with AHCCCS, and if eligible, determine whether the person is enrolled with AHCCCS as non-FES FFS or is enrolled with a contractor.
4. **Prior authorization.**
  - a. **Emergency medical services.** A provider is not required to obtain prior authorization for emergency medical services.
  - b. **Non-emergency medical services.** If a non-FES member's medical condition does not require emergency medical services, the provider shall obtain prior authorization as required by the terms of the provider agreement under R9-22-714(A) or the provider's subcontract with the contractor, whichever is applicable.
5. **Prohibition against denial of payment.** Neither the Administration nor a contractor shall:
  - a. Limit what constitutes an emergency medical condition on the basis of lists of diagnoses or symptoms,
  - b. Deny or limit payment because the provider failed to obtain prior authorization for emergency services,
  - c. Deny or limit payment because the provider does not have a subcontract.
6. **Grounds for denial.** The Administration and a contractor may deny payment for emergency medical services for reasons including but not limited to:
  - a. The claim was not a clean claim;
  - b. The claim was not submitted timely; and
  - c. The provider failed to provide timely notification under subsection (B)(4) to the contractor or the Administration, as appropriate, and the contractor does not have actual notice from any other source that the member has presented for services.

#### **B. Additional requirements for emergency medical services for non-FES members enrolled with a contractor.**

1. **Responsible entity.** A contractor is responsible for the provision of all emergency medical services to non-FES members enrolled with the contractor.
2. **Prohibition against denial of payment.** A contractor shall not limit or deny payment for emergency medical services when an employee of the contractor instructs the member to obtain emergency medical services.
3. **Contractor notification.** A contractor shall not deny payment to a hospital, emergency room provider, or fiscal agent for an emergency medical service rendered to a non-FES member based on the failure of the hospital,

emergency room provider, or fiscal agent to notify the member's contractor within 10 days from the day that the member presented for the emergency medical service.

4. **Contractor notification.** A hospital, emergency room provider, or fiscal agent shall notify the contractor no later than the 11th day after presentation of the non-FES member for emergency inpatient medical services. A contractor may deny payment for a hospital's, emergency room provider's, or fiscal agent's failure to provide timely notice, under this subsection.

#### **C. Post-stabilization services for non-FES members enrolled with a contractor.**

1. After the emergency medical condition of a member enrolled with a contractor is stabilized, a provider shall request prior authorization from the contractor for post-stabilization services.
2. The contractor is financially responsible for medical post-stabilization services obtained within or outside the network that have been prior authorized by the contractor.
3. The contractor is financially responsible for medical post-stabilization services obtained within or outside the network that are not prior authorized by the contractor, but are administered to maintain the member's stabilized condition within one hour of a request to the contractor for prior authorization of further post-stabilization services;
4. The contractor is financially responsible for medical post-stabilization services obtained within or outside the network that are not prior authorized by the contractor, but are administered to maintain, improve, or resolve the member's stabilized condition if:
  - a. The contractor does not respond to a request for prior authorization within one hour;
  - b. The contractor authorized to give the prior authorization cannot be contacted; or
  - c. The contractor representative and the treating physician cannot reach an agreement concerning the member's care and the contractor physician is not available for consultation. In this situation, the contractor shall give the treating physician the opportunity to consult with a contractor physician. The treating physician may continue with care of the member until the contractor physician is reached or:
    - i. A contractor physician with privileges at the treating hospital assumes responsibility for the member's care,
    - ii. A contractor physician assumes responsibility for the member's care through transfer,
    - iii. The contractor's representative and the treating physician reach agreement concerning the member's care, or
    - iv. The member is discharged.
5. **Transfer or discharge.** The attending physician or practitioner actually treating the member for the emergency medical condition shall determine when the member is sufficiently stabilized for transfer or discharge and that decision shall be binding on the contractor.

#### **D. Additional requirements for FFS members.**

1. **Responsible entity.** The Administration is responsible for the provision of all emergency medical services to non-FES FFS members.
2. **Grounds for denial.** The Administration may deny payment for emergency medical services if a provider fails to provide timely notice to the Administration.
3. **Notification.** A provider shall notify the Administration no later than 72 hours after a FFS member receiving

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emergency medical services presents to a hospital for inpatient services. The Administration may deny payment for failure to provide timely notice.

**Historical Note**

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-210 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-210 repealed, new Section R9-22-210 adopted effective October 1, 1983 (Supp. 83-5). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (B), paragraph (1) effective October 1, 1987 (Supp. 87-4).

Amended effective December 13, 1993 (Supp. 93-4).

Amended effective September 22, 1997 (Supp. 97-3).

Amended by final rulemaking at 5 A.A.R. 867, effective March 4, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2). Amended by final rulemaking at 11 A.A.R.

5480, effective December 6, 2005 (Supp. 05-4).

Amended by final rulemaking at 17 A.A.R. 1658, effective August 2, 2011 (Supp. 11-3). Amended by final rulemaking at 20 A.A.R. 1949, effective September 6, 2014 (Supp. 14-3).

**R9-22-210.01. Emergency Behavioral Health Services for Non-FES Members****A. General provisions.**

1. Applicability. This Section applies to emergency behavioral health services for non-FES members. Provisions regarding emergency medical services for non-FES members are in R9-22-210. Provisions regarding emergency medical and behavioral health services for FES members are in R9-22-217.
2. Definition. For the purposes of this Section, "contractor" has the same meaning as in A.R.S. § 36-2901. Contractor does not include ADHS/DBHS, a subcontractor of ADHS/DBHS, or Children's Rehabilitative Services.
3. Responsible entity for inpatient emergency behavioral health services.
  - a. Members enrolled with a contractor. ADHS/DBHS, ADHS/DBHS or a subcontractor of ADHS/DBHS is responsible for providing all inpatient emergency behavioral health services to non-FES members with psychiatric or substance abuse diagnoses who are enrolled with the contractor.
  - b. FFS members. ADHS/DBHS or a subcontractor of ADHS/DBHS is responsible for providing all inpatient emergency behavioral health services for non-FES FFS members with psychiatric or substance abuse diagnoses unless services are provided in an IHS or tribally operated 638 facility.
4. Responsible entity for non-inpatient emergency behavioral health services for non-FES members. ADHS/DBHS or a subcontractor of ADHS/DBHS is responsible for providing all non-inpatient emergency behavioral health services for non-FES members.
5. Verification. A provider of emergency behavioral health services shall verify a person's eligibility status with AHCCCS, and if eligible, determine whether the person is a member enrolled with AHCCCS as non-FES FFS or is enrolled with a contractor, and determine whether the

member is a behavioral health recipient as defined in R9-22-201.

## 6. Prior authorization.

- a. Emergency behavioral health services. A provider is not required to obtain prior authorization for emergency behavioral health services.
- b. Non-emergency behavioral health services. When a non-FES member's behavioral health condition is determined by the provider not to require emergency behavioral health services, the provider shall follow the prior authorization requirements of a contractor and ADHS/DBHS or a subcontractor of ADHS/DBHS.

## 7. Prohibition against limitation or denial of payment. A contractor, TRBHA, the Administration, ADHS/DBHS, or a subcontractor of ADHS/DBHS shall not limit or deny payment to an emergency behavioral health provider for emergency behavioral health services to a non-FES member for the following reasons:

- a. On the basis of lists of diagnoses or symptoms;
- b. Prior authorization was not obtained;
- c. The provider does not have a contract;
- d. An employee of the contractor, ADHS/DBHS, or a subcontractor of ADHS/DBHS instructs the member to obtain emergency behavioral health services; or
- e. The failure of a hospital, emergency room provider, or fiscal agent to notify the member's contractor, ADHS/DBHS, or a subcontractor of ADHS/DBHS within 10 days from the day the member presented for the emergency service.

## 8. Grounds for denial. A contractor, the Administration, ADHS/DBHS, or a subcontractor of ADHS/DBHS may deny payment for emergency behavioral health services for reasons including but not limited to the following:

- a. The claim was not a clean claim;
- b. The claim was not submitted timely; or
- c. The provider failed to provide timely notification under subsection (A)(9) to the contractor, ADHS/DBHS, or a subcontractor of ADHS/DBHS or the Administration.

## 9. Notification.

- a. A hospital, emergency room provider, or fiscal agent shall notify a contractor, ADHS/DBHS, or a subcontractor of ADHS/DBHS, whichever is appropriate, no later than the 11th day from presentation of the non-FES member for emergency inpatient behavioral health services.
- b. A hospital, emergency room provider, or fiscal agent shall notify the Administration no later than 72 hours after a FFS member receiving emergency behavioral health services presents to a hospital for inpatient services.

## 10. Transfer or discharge. The attending physician or the provider actually treating the non-FES member for the emergency behavioral health condition shall determine when the member is sufficiently stabilized for transfer or discharge and that decision shall be binding on the contractor and ADHS/DBHS or a subcontractor of ADHS/DBHS.

**B. Post-stabilization requirements for non-FES members.**

1. A contractor, ADHS/DBHS, or a subcontractor of ADHS/DBHS, as appropriate, is financially responsible for behavioral health post-stabilization services obtained within or outside the network that have been prior authorized by the contractor, ADHS/DBHS, or a subcontractor of ADHS/DBHS.

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2. The contractor, ADHS/DBHS, or a subcontractor of ADHS/DBHS, as appropriate, is financially responsible for behavioral health post-stabilization services obtained within or outside the network that are not prior authorized by the contractor, ADHS/DBHS, or a subcontractor of ADHS/DBHS, but are administered to maintain the member's stabilized condition within one hour of a request to the contractor, ADHS/DBHS, or a subcontractor for prior authorization of further post-stabilization services;
3. The contractor, ADHS/DBHS, or a subcontractor of ADHS/DBHS, as appropriate, is financially responsible for behavioral health post-stabilization services obtained within or outside the network that are not prior authorized by the contractor, ADHS/DBHS, or a subcontractor of ADHS/DBHS, but are administered to maintain, improve, or resolve the member's stabilized condition if:
  - a. The contractor, ADHS/DBHS, or a subcontractor of ADHS/DBHS, does not respond to a request for prior authorization within one hour;
  - b. The contractor, ADHS/DBHS, or a subcontractor of ADHS/DBHS authorized to give the prior authorization cannot be contacted; or
  - c. The representative of the contractor, ADHS/DBHS, or the subcontractor and the treating physician cannot reach an agreement concerning the member's care and the contractor's, ADHS/DBHS' or the subcontractor's physician, is not available for consultation. The treating physician may continue with care of the member until ADHS/DBHS', the contractor's, or the subcontractor's physician is reached, or:
    - i. A contracted physician with privileges at the treating hospital assumes responsibility for the member's care;
    - ii. ADHS/DBHS', a contractor's, or a subcontractor's physician assumes responsibility for the member's care through transfer;
    - iii. A representative of the contractor, ADHS/DBHS, or the subcontractor and the treating physician reach agreement concerning the member's care; or
    - iv. The member is discharged.
- b. The transport is to the nearest appropriate provider or medical facility capable of meeting the member's medical needs, and
- c. No prior authorization is required for reimbursement of these transports.
3. The member's medical condition at the time of transport determines whether the transport is medically necessary.
4. A ground or air ambulance provider furnishing transport in response to a 911 call or other emergency response system shall notify the member's contractor within 10 working days from the date of transport. Failure of the provider to provide notification is cause for denial.
5. Notification to the Administration of emergency transportation provided to a FFS member is not required, but the provider shall submit documentation with the claim that justifies the service.
- B.** The Administration or a contractor covers air ambulance services only if at least one criterion in subsection (B)(1) is met and at least one criterion in subsection (B)(2), or the criterion in subsection (B)(3) is met. The criteria are:
  1. The air ambulance transport is initiated at the request of:
    - a. An emergency response unit,
    - b. A law enforcement official,
    - c. A clinic or hospital medical staff member, or
    - d. A physician or practitioner, and
  2. The point of pickup:
    - a. Is inaccessible by ground ambulance, or
    - b. Is a great distance from the nearest hospital or other provider with appropriate facilities to treat the member's condition and ground ambulance service will not suffice, or
  3. The medical condition of the member requires immediate intervention from emergency ambulance personnel or providers with the appropriate facilities to treat the member's condition.
- C.** Coverage of medically necessary nonemergency transportation is limited to the cost of transporting the member to an appropriate provider capable of meeting the member's medical needs.
  1. As specified in contract, a contractor shall arrange or provide medically necessary nonemergency transportation services for a member who is unable to arrange transportation to a service site or location.
  2. For a fee-for-service member, the Administration shall authorize medically necessary nonemergency transportation for a member who is unable to arrange transportation to a service site or location.
- D.** For the purposes of this subsection, an individual means a person who is not in the business of providing transportation services such as a family or household member, friend, or neighbor. The Administration or a contractor shall cover expenses for transportation in traveling to and returning from an approved and prior authorized health care service site provided by an individual if:
  1. The transportation services are authorized by the Administration or the member's contractor or designee,
  2. The individual is an AHCCCS registered provider, and
  3. No other means of appropriate transportation is available.
- E.** The Administration or a contractor shall cover expenses for meals, lodging, and transportation for a member traveling to and returning from an approved health care service site outside of the member's service area or county of residence.
- F.** The Administration or a contractor shall cover the expense of meals, lodging, and transportation for:
  1. A family member accompanying a member if:

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 5480, effective December 6, 2005 (Supp. 05-4).  
 Amended by final rulemaking at 17 A.A.R. 1658, effective August 2, 2011 (Supp. 11-3). Amended by final rulemaking at 20 A.A.R. 3098, effective January 4, 2015 (Supp. 14-4).

**R9-22-211. Transportation Services****A. Emergency ambulance services.**

1. A member shall receive medically necessary emergency transportation in a ground or air ambulance:
  - a. To the nearest appropriate provider or medical facility capable of meeting the member's medical needs, and
  - b. If no other appropriate means of transportation is available.
2. The Administration or a member's contractor shall reimburse a ground or air ambulance transport that originates in response to a 911 call or other emergency response system:
  - a. If the member's medical condition justifies the medical necessity of the type of ambulance transportation received,

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- a. The member is traveling to or returning from an approved health care service site outside of the member's service area or county of residence; and
  - b. The meals, lodging, and transportation services are authorized by the Administration or the member's contractor or designee.
- 2. An escort who is not a family member as follows:
  - a. If the member is travelling to or returning from an approved and prior authorized health care service site, including an inpatient facility, outside of the member's service area or county of residence;
  - b. If the escort services are authorized by the Administration or the member's contractor or designee; and
  - c. Wage paid to an escort as reimbursement shall not exceed the federal minimum wage.
- G. A provider shall obtain prior authorization from the Administration for transportation services provided for a member for the following:
  - 1. Medically necessary nonemergency transportation services not originated through a 911 call or other emergency response system when the distance traveled exceeds 100 miles (whether one way or round trip); and
  - 2. All meals, lodging, and services of an escort accompanying the member under this Section.
- H. A charitable organization routinely providing transportation service at no cost to an ambulatory or chairbound person shall not charge or seek reimbursement from the Administration or a contractor for the provision of the service to a member but may enter into a subcontract with a contractor for medically necessary transportation services provided to a member.

**Historical Note**

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-211 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (A) effective October 1, 1986 (Supp. 86-5). Amended effective December 13, 1993 (Supp. 93-4). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2). Amended by final rulemaking at 17 A.A.R. 1658, effective August 2, 2011 (Supp. 11-3).

**R9-22-212. Durable Medical Equipment, Orthotic and Prosthetic Devices, and Medical Supplies**

- A. Durable medical equipment, orthotic and prosthetic devices, and medical supplies, including incontinence briefs as specified in subsection (E), are covered services to the extent permitted in this Section if provided in compliance with requirements of this Chapter; and
  - 1. Prescribed by the primary care provider, attending physician, or practitioner; or
  - 2. Prescribed by a specialist upon referral from the primary care provider, attending physician, or practitioner; and
  - 3. Authorized as required by the Administration, contractor, or contractor's designee.
- B. Covered medical supplies are consumable items that are designed specifically to meet a medical purpose, are disposable, and are essential for the member's health.
- C. Covered DME is any item, appliance, or piece of equipment that is not a prosthetic or orthotic; and
  - 1. Is designed for a medical purpose, and is generally not useful to a person in the absence of an illness or injury, and
  - 2. Can withstand repeated use, and
  - 3. Is generally reusable by others.
- D. Prosthetics are devices prescribed by a physician or other licensed practitioner to artificially replace missing, deformed or malfunctioning portion of the body. Only those prosthetics that are medically necessary for rehabilitation are covered, except as otherwise provided in R9-22-215.
- E. The following limitations on coverage apply:
  - 1. The DME is furnished on a rental or purchase basis, whichever is less expensive. The total expense of renting the DME does not exceed the cost of the DME if purchased.
  - 2. Reasonable repair or adjustment of purchased DME is covered if necessary to make the DME serviceable and if the cost of repair or adjustment is less than the cost of renting or purchasing another unit.
  - 3. A change in, or addition to, an original order for DME is covered if approved by the prescriber in subsection (A), or prior authorized by the Administration or contractor, and the change or addition is indicated clearly on the order and initialed by the vendor. No change or addition to the original order for DME may be made after a claim for services is submitted to the member's contractor, or the Administration, without prior written notification of the change or addition to the Administration or the contractor.
  - 4. Reimbursement for rental fees shall terminate:
    - a. No later than the end of the month in which the prescriber in subsection (A) certifies that the member no longer needs the DME;
    - b. If the member is no longer eligible for AHCCCS services; or
    - c. If the member is no longer enrolled with a contractor, with the exception of transitions of care as specified in R9-22-509.
  - 5. Except for incontinence briefs for persons over 3 years old and under 21 years old as provided in subsection (E)(6), personal care items including items for personal cleanliness, body hygiene, and grooming are not covered unless needed to treat a medical condition. Personal care items are not covered services if used solely for preventive purposes.
  - 6. Incontinence briefs, including pull-ups are covered to prevent skin breakdown and enable participation in social, community, therapeutic and educational activities under the following circumstances:
    - a. The member is over 3 years old and under 21 years old;
    - b. The member is incontinent due to a documented disability that causes incontinence of bowel or bladder, or both;
    - c. The PCP or attending physician has issued a prescription ordering the incontinence briefs;
    - d. Incontinence briefs do not exceed 240 briefs per month unless the prescribing physician presents evidence of medical necessity for more than 240 briefs per month for a member diagnosed with chronic diarrhea or spastic bladder;
    - e. The member obtains incontinence briefs from providers in the contractor's network;
    - f. Prior authorization has been obtained as required by the Administration, contractor, or contractor's designee. Contractors may require a new prior authorization to be issued no more frequently than every 12 months. Prior authorization for a renewal of an existing prescription may be provided by the physician through telephone contact with the member

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rather than an in-person physician visit. Prior authorization will be permitted to ascertain that:

- i. The member is over age 3 and under age 21;
  - ii. The member has a disability that causes incontinence of bladder or bowel, or both;
  - iii. A physician has prescribed incontinence briefs as medically necessary. A physician prescription supporting medical necessity may be required for specialty briefs or for briefs different from the standard briefs supplied by the contractor; and
  - iv. The prescription is for 240 briefs or fewer per month, unless evidence of medical necessity for over 240 briefs is provided.
7. First aid supplies are not covered unless they are provided in accordance with a prescription.
  8. The following services are not covered for individuals 21 years of age or older:
    - a. Hearing aids;
    - b. Prescriptive lenses unless they are the sole visual prosthetic device used by the member after a cataract extraction;
    - c. Bone Anchor Hearing Aid (BAHA);
    - d. Cochlear implant;
    - e. Percussive vest;
    - f. Insulin pump;
    - g. Microprocessor-controlled lower limbs or microprocessor-controlled joints for lower limbs; and
    - h. Orthotics, which are defined as devices that are prescribed by a physician or other licensed practitioner of the healing arts to support a weak or deformed portion of the body.

**F. Liability and ownership.**

1. Purchased DME that is provided to a member and no longer needed by the member may be disposed of in accordance with each contractor's policy.
2. The Administration shall retain title to purchased DME provided to a member who becomes ineligible or no longer requires use of the DME.
3. If customized DME is purchased by the Administration or contractor for a member, the equipment shall remain with the person during times of transition to a different contractor, or upon loss of eligibility. For purposes of this subsection, customized DME refers to equipment that is altered or built to specifications unique to a member's medical needs and that, most likely, cannot be used or reused to meet the needs of another individual.
4. A member shall return DME obtained fraudulently to the Administration or the contractor.

**Historical Note**

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-212 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-212 repealed, new Section R9-22-212 adopted effective October 1, 1983 (Supp. 83-5). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (B), paragraph (2), and deleted subsection (C) effective October 1, 1986 (Supp. 86-5). Section repealed, new Section adopted effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2). Amended by final rulemaking at 13 A.A.R. 3272, effective September 11, 2007

(Supp. 07-3). Amended by exempt rulemaking at 16 A.A.R. 1638, effective October 1, 2010 (Supp. 10-3).

**R9-22-213. Early and Periodic Screening, Diagnosis, and Treatment Services (E.P.S.D.T.)**

- A.** The following E.P.S.D.T. services are covered for a member less than 21 years of age:
1. Screening services including:
    - a. Comprehensive health and developmental history;
    - b. Comprehensive unclothed physical examination;
    - c. Appropriate immunizations according to age and health history;
    - d. Laboratory tests; and
    - e. Health education, including anticipatory guidance;
  2. Vision services including:
    - a. Diagnosis and treatment for defects in vision;
    - b. Eye examinations for the provision of prescriptive lenses;
    - c. Prescriptive lenses; and
    - d. Frames.
  3. Hearing services including:
    - a. Diagnosis and treatment for defects in hearing;
    - b. Testing to determine hearing impairment; and
    - c. Hearing aids;
  4. Dental services including:
    - a. Emergency dental services as specified in R9-22-207;
    - b. Preventive services including screening, diagnosis, and treatment of dental disease; and
    - c. Therapeutic dental services including fillings, crowns, dentures, and other prosthetic devices;
  5. Orthognathic surgery;
  6. Medically necessary, nutritional assessment and nutritional therapy as specified in contract to provide complete daily dietary requirements or supplement a member's daily nutritional and caloric intake;
  7. Behavioral health services under 9 A.A.C. 22, Article 12;
  8. Hospice services do not include home-delivered meals or services provided and covered through Medicare. The following hospice services are covered:
    - a. Hospice services are covered only for a member who is in the final stages of a terminal illness and has a prognosis of death within six months;
    - b. Services available to a member receiving hospice care are limited to those allowable under 42 CFR 418.202, October 1, 2006, incorporated by reference and on file with the Administration. This incorporation by reference contains no future editions or amendments;
  9. Incontinence briefs as specified under R9-22-212; and
  10. Other necessary health care, diagnostic services, treatment, and measures required by 42 U.S.C. 1396d(r)(5).
- B.** Providers of E.P.S.D.T. services shall meet the following standards:
1. Ensure that services are provided by or under the direction of the member's primary care provider, attending physician, practitioner, or dentist.
  2. Perform tests and examinations under 42 CFR 441 Subpart B, October 1, 2006, which is incorporated by reference and on file with the Administration. This incorporation by reference contains no future editions or amendments.
  3. Refer a member as necessary for dental diagnosis and treatment and necessary specialty care.
  4. Refer a member as necessary for behavioral health evaluation and treatment services.

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- C. Contractors shall meet other E.P.S.D.T. requirements as specified in contract.
- D. A primary care provider, attending physician, or practitioner shall refer a member with special health care needs under R9-7-301 to CRS.

**Historical Note**

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-213 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-213 repealed, new Section R9-22-213 adopted effective October 1, 1983 (Supp. 83-5). Amended effective October 1, 1985 (Supp. 85-5). Amended effective December 13, 1993 (Supp. 93-4). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2). Amended by final rulemaking at 13 A.A.R. 3272, effective September 11, 2007 (Supp. 07-3). Amended by final rulemaking at 20 A.A.R. 1949, effective September 6, 2014 (Supp. 14-3).

**R9-22-214. Repealed****Historical Note**

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-214 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-214 repealed, new Section R9-22-214 adopted effective October 1, 1983 (Supp. 83-5). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (B), paragraph (4) and added subsection (C), paragraph (2) effective October 1, 1986 (Supp. 86-5). Correction to subsection (C), paragraph (2) (Supp. 87-4). Section repealed effective September 22, 1997 (Supp. 97-3).

**R9-22-215. Other Medical Professional Services**

- A. The following medical professional services are covered services if a member receives these services in an inpatient, outpatient, or office:
  1. Dialysis;
  2. The following family planning services if provided to delay or prevent pregnancy:
    - a. Medications,
    - b. Supplies,
    - c. Devices, and
    - d. Surgical procedures;
  3. Family planning services are limited to:
    - a. Contraceptive counseling, medications, supplies, and associated medical and laboratory examinations, including HIV blood screening as part of a package of sexually transmitted disease tests provided with a family planning service;
    - b. Sterilization; and
    - c. Natural family planning education or referral;
  4. Midwifery services provided by a certified nurse practitioner in midwifery;
  5. Midwifery services for low-risk pregnancies and home deliveries provided by a licensed midwife;
  6. Respiratory therapy;
  7. Ambulatory and outpatient surgery facilities services;
  8. Home health services under A.R.S. § 36-2907(D);
  9. Private or special duty nursing services;

10. Rehabilitation services including physical therapy, occupational therapy, speech therapy, and audiology within limitations in subsection (C);
  11. Total parenteral nutrition services, which are the provision of total caloric needs by intravenous route for individuals with severe pathology of the alimentary tract; and
  12. Chemotherapy.
- B. Prior authorization from the Administration for a member is required for services listed in subsections (A)(3)(b), and (A)(4) through (11); except for:
    1. Voluntary sterilization;
    2. Dialysis shunt placement;
    3. Arteriovenous graft placement for dialysis;
    4. Angioplasties or thrombectomies of dialysis shunts;
    5. Angioplasties or thrombectomies of arteriovenous grafts for dialysis;
    6. Eye surgery for the treatment of diabetic retinopathy;
    7. Eye surgery for the treatment of glaucoma;
    8. Eye surgery for the treatment of macular degeneration;
    9. Home health visits following an acute hospitalization (limited up to five visits);
    10. Hysteroscopies (up to two, one before and one after) when associated with a family planning diagnosis code and done within 90 days of hysteroscopic sterilization;
    11. Physical therapy subject to the limitation in subsection (C);
    12. Facility services related to wound debridement,
    13. Apnea management and training for premature babies up to the age of 1; and
    14. Other services identified by the Administration through the Provider Participation Agreement.
  - C. The following are not covered services:
    1. Occupational and speech therapies provided on an outpatient basis for a member age 21 or older;
    2. Abortion counseling;
    3. Services or items furnished solely for cosmetic purposes;
    4. Services provided by a podiatrist; or
    5. More than 15 outpatient physical therapy visits per benefit year for persons age 21 years or older for the purpose of restoring a skill or level of function and maintaining that skill or level of function once restored.
    6. More than 15 outpatient physical therapy visits per benefit year for persons age 21 years or older for the purpose of acquiring a new skill or a new level of function and maintaining that skill or level of function once acquired.

**Historical Note**

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-215 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective October 1, 1985 (Supp. 85-5). Section repealed, new Section adopted effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2). Amended by exempt rulemaking at 16 A.A.R. 1638, effective October 1, 2010 (Supp. 10-3). Amended by final rulemaking at 17 A.A.R. 1658, effective August 2, 2011 (Supp. 11-3). Amended by final rulemaking at 20 A.A.R. 1949, effective September 6, 2014 (Supp. 14-3).

**R9-22-216. NF, Alternative HCBS Setting, or HCBS**

- A. Services provided in a NF, including room and board, an alternative HCBS setting as defined in R9-28-101, or a HCBS as



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defined in A.R.S. § 36-2939 are covered for a maximum of 90 days per contract year if the member's medical condition would otherwise require hospitalization.

**B.** Except as otherwise provided in 9 A.A.C. 28, the following services are not itemized for separate billing if provided in a NF, alternative HCBS setting, or HCBS:

1. Nursing services, including:
  - a. Administering medication;
  - b. Tube feedings;
  - c. Personal care services, including but not limited to assistance with bathing and grooming;
  - d. Routine testing of vital signs; and
  - e. Maintenance of a catheter;
2. Basic patient care equipment and sickroom supplies, including:
  - a. First aid supplies such as bandages, tape, ointments, peroxide, alcohol, and over-the-counter remedies;
  - b. Bathing and grooming supplies;
  - c. Identification device;
  - d. Skin lotion;
  - e. Medication cup;
  - f. Alcohol wipes, cotton balls, and cotton rolls;
  - g. Rubber gloves (non-sterile);
  - h. Laxatives;
  - i. Bed and accessories;
  - j. Thermometer;
  - k. Ice bags;
  - l. Rubber sheeting;
  - m. Passive restraints;
  - n. Glycerin swabs;
  - o. Facial tissue;
  - p. Enemas;
  - q. Heating pad; and
  - r. Incontinence briefs.
3. Dietary services including preparation and administration of special diets, and adaptive tools for eating;
4. Any service that is included in a NF's room and board charge or a service that is required of the NF to meet a federal or state licensure standard or county certification requirement;
5. Physician visits made solely for the purpose of meeting state licensure standards or county certification requirements;
6. Physical therapy prescribed only as a maintenance regimen; and
7. Assistive devices and non-customized durable medical equipment.

**C.** A provider shall obtain prior authorization from the Administration for a NF admission for a FFS member.

**Historical Note**

Adopted effective October 1, 1985 (Supp. 85-5). Section repealed, new Section adopted effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Subsection (C) amended to correct a typographical error (Supp. 00-4). Amended by final rulemaking at 8 A.A.R. 2325, effective May 9, 2002 (Supp. 02-2). Amended by final rulemaking at 13 A.A.R. 3272, effective September 11, 2007 (Supp. 07-3). Amended by final rulemaking at 13 A.A.R. 4122, effective November 6, 2007 (Supp. 07-4).

**R9-22-217. Services Included in the Federal Emergency Services Program**

**A.** Definition. Notwithstanding the definition in R9-22-201, for the purposes of this Section, an emergency medical or behav-

ioral health condition for a FES member means a medical condition or a behavioral health condition, including labor and delivery, manifesting itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in:

1. Placing the member's health in serious jeopardy,
2. Serious impairment to bodily functions,
3. Serious dysfunction of any bodily organ or part, or
4. Serious physical harm to another person.

**B.** Services. "Emergency services for a FES member" mean those medical or behavioral health services provided for the treatment of an emergency condition. Emergency services include outpatient dialysis services for a FES member with End Stage Renal Disease (ESRD) where a treating physician has certified for the month in which services are received that in the physician's opinion the absence of receiving dialysis at least three times per week would reasonably be expected to result in:

1. Placing the member's health in serious jeopardy, or
2. Serious impairment of bodily function, or
3. Serious dysfunction of a bodily organ or part.

**C.** Covered services. Services are considered emergency services if all of the criteria specified in subsection (A) are satisfied at the time the services are rendered. The Administration shall determine whether an emergency condition exists on a case-by-case basis.

**D.** Prior authorization. A provider is not required to obtain prior authorization for emergency services for FES members. Prior authorization for outpatient dialysis services is met when the treating physician has completed and signed a monthly certification as described in subsection (B).

**E.** Services rendered through the Federal Emergency Services Program are subject to all exclusions and limitation on services in this Article including but not limited to the limitations on inpatient hospital services in R9-22-204.

**Historical Note**

Adopted under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 26, 1993 (Supp. 93-4). Section repealed, new Section adopted effective September 22, 1997 (Supp. 97-3). Amended by exempt rulemaking at 7 A.A.R. 5701, effective December 1, 2001 (Supp. 01-4). Amended by exempt rulemaking at 10 A.A.R. 4588, effective October 12, 2004 (Supp. 04-4). Amended by final rulemaking at 11 A.A.R. 5480, effective December 6, 2005 (Supp. 05-4). Amended by final rulemaking at 13 A.A.R. 3351, effective November 10, 2007 (Supp. 07-3). Amended by final rulemaking at 17 A.A.R. 1658, effective August 2, 2011 (Supp. 11-3). Amended by exempt rulemaking at 17 A.A.R. 1868, effective October 1, 2011 (Supp. 11-3). Amended by final rulemaking at 19 A.A.R. 2747, effective October 8, 2013 (Supp. 13-3). Amended by final rulemaking at 20 A.A.R. 3098, effective January 4, 2015 (Supp. 14-4).

**R9-22-218. Repealed**

**Historical Note**

Section R9-22-218 renumbered from R9-22-206 effective January 1, 1996, under an exemption from A.R.S. Title 41, Chapter 6, pursuant to Laws 1995, Third Special Session, Ch. 1, § 5; filed with the Office of the Secretary of State December 28, 1995 (Supp. 95-4). Section repealed effective September 22, 1997 (Supp. 97-3).

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**ARTICLE 3. GENERAL ELIGIBILITY REQUIREMENTS****R9-22-301. General Eligibility Definitions**

Definitions. In addition to definitions contained in R9-22-101 and A.R.S. § 36-2901, the words and phrases in this Article, Article 14 and Article 15 have the following meanings unless the context explicitly requires another meaning:

“Applicant,” notwithstanding R9-22-101, means a person listed on an application for whom AHCCCS coverage is being sought.

“BHS” means the division of Behavioral Health Services within the Arizona Department of Health Services.

“CRS” means the program administered by the Administration or its designee that provides covered medical services and covered support services in accordance with A.R.S. 36-261.

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

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

“Income” means combined earned and unearned income.

“Medical support” means to provide health care coverage in the form of health insurance or court-ordered payment for medical care.

“Member” means an applicant who has been determined to qualify for AHCCCS coverage by the Administration or its designee.

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

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

“Sponsor” means an individual who signs the USCIS I-864 Affidavit of Support agreeing to support a non-citizen as a condition of the non-citizen’s admission for permanent residence in the United States.

“Sponsor deemed income” means the unearned income deemed available to the applicant named on the USCIS I-864 Affidavit of Support.

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

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

**Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4). Former Section R9-22-301 renumbered together with former Section R9-22-102 as Section R9-22-101 and amended effective October 1, 1983 (Supp. 83-5). New Section R9-22-301 adopted effective November 20, 1984 (Supp. 84-6).

Amended effective October 1, 1985 (Supp. 85-5).

Amended subsection (B), paragraph (8), subsection (E), paragraph (3), and subsection (J), paragraph (5) effective

October 1, 1986 (Supp. 86-5). Amended subsections (C) and (E) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsections (B) and (C) effective October 1, 1987; amended subsection (D) effective December 22, 1987 (Supp. 87-4). Amended effective May 30, 1989 (Supp. 89-2). Amended effective September 29, 1992 (Supp. 92-3). Amended effective December 13, 1993 (Supp. 93-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section reserved by final rulemaking at 19 A.A.R. 3309, effective November 30, 2013 (Supp. 13-4). New Section made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014; the adoption of this Section was slated to be codified in Supp. 14-1 but due to a clerical error, was not published. The new Section was published in Supp. 20-4 and no additional amendments have been made to this Section since January 7, 2014 (Supp. 20-4).

**R9-22-302. AHCCCS Eligibility Application****Application Process**

1. Right to apply. A person may apply for AHCCCS medical coverage by submitting an Administration-approved application to the Administration or its designee, an FAA office, or one of the following outstation locations:
  - a. A BHS site;
  - b. A Federally Qualified Health Center or disproportionate share hospital under 42 U.S.C. 1396r-4; or
  - c. Any other site, including a hospital, approved by the Administration or its designee.
2. Application. To initiate the application process, the Administration or its designee will accept an application from the applicant, an adult who is in the applicant’s household, as defined in 42 CFR 435.603(f), or family, as defined in section 36B(d)(1) of the Internal Revenue Service (IRS) Code, an authorized representative, or if the applicant is a minor or incapacitated, someone acting responsibly for the applicant by submitting a written or online application under 42 CFR 435.907.
  - a. A phone or written application must contain at least the following to be submitted to the Administration or its designee:
    - i. Applicant’s legible name,
    - ii. Address or location where the applicant can be reached,
    - iii. Signature of the person submitting the application,
    - iv. Date the application was signed.
    - v. The Administration or its designee shall require that a third party witness the signing and attest by signing the application if the individual signing the application signs with a mark.
  - b. An online application must be completed in full in order to be submitted to the Administration or its designee.
3. Incomplete application. If the application is incomplete, the Administration or its designee shall do at least one of the following:
  - a. Contact an applicant or an applicant’s representative by telephone or electronic medium to obtain the missing information required for an eligibility determination;
  - b. Mail a request for additional information to an applicant or an applicant’s representative, allowing 10 days from the date of the request to provide the required additional information; or

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- c. Meet with the applicant, representative, or household member.
- 4. Date of application. The date of application is the date application is received by the Administration or its designee either on-line or at a location listed in subsection (1).
- 5. Complete application form. The Administration or its designee shall consider an application complete when all questions are answered. The same person as listed under subsection (2) is the person that must sign the completed application. The application shall be witnessed and signed by a third party if the individual signing the application signs with a mark.
- 6. Assistance with application. The Administration or its designee shall allow a person of the applicant's choice to accompany, assist, and represent the applicant in the application process.

**Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4). Former Section R9-22-302 repealed, new Section R9-22-302 adopted effective November 20, 1984 (Supp. 84-6). Amended effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended effective September 29, 1992 (Supp. 92-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section reserved by final rulemaking at 19 A.A.R. 3309, effective November 30, 2013 (Supp. 13-4). New Section made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014; the adoption of this Section was slated to be codified in Supp. 14-1 but due to a clerical error, was not published. The new Section was published in Supp. 20-4 and no additional amendments have been made to this Section since January 7, 2014 (Supp. 20-4).

**R9-22-303. Prior Quarter Eligibility**

- A. Subject to CMS approval, prior quarter coverage eligibility shall be limited to applicants who meet the requirements in subsection (B) and who also:
  - 1. Are eligible during any of the three months prior to application; and
  - 2. Received one or more covered services described in 9 A.A.C. 22, Article 2 and Article 12, and 9 A.A.C. 28, Article 2 during the month; and
  - 3. Would have qualified for Medicaid at the time services were received if the person had applied regardless of whether the person is alive when the application is made.
- B. Prior quarter coverage eligibility is limited to applicants who are:
  - 1. Under the age of 19, or
  - 2. Pregnant, or
  - 3. In the 60 day post-partum period beginning with the last day of the pregnancy.

**Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4). Former Section R9-22-303 repealed, new Section R9-22-303 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsection (A) effective February 26, 1988 (Supp. 88-1). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section made by final rulemaking at 19 A.A.R. 3309, effective November 30, 2013 (Supp. 13-

4). Amended by final rulemaking at 25 A.A.R. 1849, with an immediate effective date of July 1, 2019 (Supp. 19-3).

**R9-22-304. Verification of Eligibility Information**

- A. Except as provided in subsection (E), if information provided by or on behalf of an applicant or member on an application, renewal form or otherwise does not conflict with information obtained by the agency through an electronic data match, the Administration or its designee shall determine or renew eligibility based on such information.
- B. The Administration or its designee shall not require an applicant, member, or representative to provide additional verification unless the verification cannot be obtained electronically or the verification obtained electronically conflicts with information provided by or on behalf of the applicant or member.
- C. If information provided by or on behalf of an applicant or member does conflict with information obtained through an electronic data match, the applicant or member shall provide the Administration or its designee with information or documentation necessary to verify eligibility, including evidence originating from an agency, organization, or an individual with actual knowledge of the information.
- D. Income information obtained through an electronic data match shall be considered reasonably compatible with income information provided by or on behalf of an individual if both meet or both exceed the applicable income limit.
- E. The Administration or its designee shall not accept the applicant's or member's statement by itself as verification of:
  - 1. SSN;
  - 2. Qualified alien status, except as described under 42 USC 1320b-7(d)(4)(A); or
  - 3. Citizenship, except as described under 42 USC 1396a(ee)(1).
- F. The Administration or its designee shall give an applicant or member at least 10 days from the date of a written or electronic request for information to provide required verification. The Administration or its designee may deny the application or discontinue eligibility if an applicant or a member does not provide the required information timely.

**Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4). Former Section R9-22-304 repealed, new Section R9-22-304 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-304 made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-305. Eligibility Requirements**

As a condition of eligibility, the Administration or its designee must require applicants, and members to do the following:

- 1. Take all necessary steps to obtain any annuities, pensions, retirement, disability benefits to which they are entitled, unless they can show good cause for not doing so.
- 2. Furnish a SSN under 42 CFR 435.910 and 435.920, or in the absence of an SSN, provide proof of a submitted application of SSN. The Administration or its designee will assist in obtaining or verifying the applicant's SSN under 42 CFR 435.910 if an applicant cannot recall the applicant's SSN or has not been issued a SSN. An applicant is not required to furnish an SSN if the applicant is not able to legally obtain a SSN. The Administration or its designee shall determine eligibility notwithstanding the applicant's lack of a SSN, if the applicant is cooperating with the Administration or its designee to obtain a

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SSN and obtain a SSN prior to the next scheduled review of eligibility.

3. Provide proof of residency of Arizona. An applicant or a member is not eligible unless the applicant or member is a resident of Arizona under 42 CFR 435.403 effective October 1, 2012, which is incorporated by reference and on file with the Administration, and available from the U.S. Government Printing Office, Mail Stop: IDCC, 732 N. Capitol Street, NW, Washington, DC, 20401. This incorporation by reference contains no future editions or amendments.
4. A written declaration, signed under penalty of perjury, must be provided for each person for whom benefits are being sought stating whether the individual is a citizen or national of the United States, and, if that individual is not a citizen or national of the United States, that the individual is a qualified alien. The declaration must be provided by the individual for whom eligibility is being sought or an adult member of the individual's family or household.
5. Each applicant who claims qualified alien status must provide either:
  - a. Alien registration documentation or other proof of immigration registration from the Immigration and Naturalization Service that contains the individual's alien admission number or alien file number (or numbers if the individual has more than one number), or
  - b. Other documents that the Administration or its designee accepts as evidence of immigration status, such as:
    - i. A Form I-94 Departure Record issued by the USCIS,
    - ii. A Foreign Passport,
    - iii. A USCIS Parole Notice,
    - iv. A Victim of Trafficking Certification or Eligibility Letter issued by the US DHHS Office of Refugee Resettlement,
    - v. Other documentation consistent with 42 CFR 435.406 or 435.407.
  - c. Sufficient information for the Administration or its designee to obtain electronic verification of immigration status from the USCIS.
6. If a person for whom eligibility is being sought, states that they are an alien, that person is not required to comply with subsections (4) and (5); however, if they do not comply with those sections, and if they meet all other eligibility criteria, benefits will be limited to those necessary to treat an emergency medical condition.

#### Historical Note

Adopted effective August 30, 1982 (Supp. 82-4). Former Section R9-22-305 repealed, new Section R9-22-305 adopted effective November 20, 1984 (Supp. 84-6). Amended subsection (A) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsection (A) effective February 26, 1988 (Supp. 88-1). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-305 made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

#### R9-22-306. Administration, Administration's designee or Member Responsibilities

- A. The Administration or its designee is responsible for the following:
  1. The Administration or its designee shall determine eligibility within 90 days for an applicant applying on the

basis of disability and 45 days for all other applicants, unless:

- a. The agency cannot reach a decision because the applicant or an examining physician delays or fails to take a required action, or
  - b. When there is an administrative or other emergency beyond the agency's control.
2. If an applicant dies while an application is pending, the Administration or its designee shall complete an eligibility determination for the deceased applicant.
  3. The Administration or its designee shall complete an eligibility determination on an application filed on behalf of a deceased applicant.
  4. During the application process the Administration or its designee shall provide information to the applicant or member explaining the requirements to:
    - a. Cooperate with DCSS in establishing paternity and enforcing medical support, except in circumstances when good cause under 42 CFR 433.147 exists for not cooperating;
    - b. Establish good cause for not cooperating with DCSS in establishing paternity and enforcing medical support, when applicable;
    - c. Report a change listed under subsection (B)(3)(c) no later than 10 days from the date the applicant or member knows of the change;
    - d. Send to the Administration or its designee any medical support payments resulting from a court order;
    - e. Cooperate with the Administration or its designee's assignment of rights and securing payments received from any liable party for a member's medical care.
  5. Offer to help the applicant or member to complete the application form and to obtain the required verification;
  6. Provide the applicant or member with information explaining:
    - a. The eligibility and verification requirements for AHCCCS medical coverage;
    - b. The requirement that the applicant or member obtain and provide a SSN to the Administration or its designee;
    - c. How the Administration or its designee uses the SSN;
  7. Explain to the applicant or member the practice of exchange of eligibility and income information through the electronic service established by the Secretary;
  8. Explain to the applicant and member the right to appeal an adverse action under R9-22-315;
  9. Use any information provided by the member to complete data matches with potentially liable parties;
  10. Explain the eligibility review process;
  11. Explain the AHCCCS pre-enrollment process;
  12. Use the Systematic Alien Verification for Entitlements (SAVE) process to verify qualified alien status;
  13. Provide information regarding the penalties for perjury and fraud on the application;
  14. Review any verification items provided by the applicant or member and inform the member of any additional verification items and time-frames within which the applicant or member shall provide information to the Administration or its designee;
  15. Explain to the applicant or member the applicant's and member's responsibilities under subsection (B);
  16. Transfer the applicant's information to other insurance affordability programs as described under 42 CFR 435.1200(e) when the applicant does not qualify for Medicaid;

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17. Attain a written record of a collateral contact: such as a verbal statement from a representative of an agency or organization, or an individual with actual knowledge of the information;
  18. Complete a review of eligibility:
    - a. Any time there is a change in a member's circumstance that may affect eligibility,
    - b. For a member approved for the MED program under R9-22-1435 through R9-22-1440 before the end of the six-month eligibility period,
    - c. Of each member's continued eligibility for AHCCCS medical coverage once every 12 months;
  19. The Administration or its designee shall discontinue eligibility and notify the member of the discontinuance under R9-22-307 if the member:
    - a. Fails to comply with the review of eligibility,
    - b. Fails to comply under 42 CFR 433.148 with the requirements and conditions of eligibility under this Article regarding assignment of rights and cooperation of establishing paternity and obtaining medical support, or
    - c. Does not meet the eligibility requirements; and
  20. Redetermine eligibility for a person terminated from the SSI cash program.
    - a. Continuation of AHCCCS medical coverage. The Administration shall continue AHCCCS medical coverage for a person terminated from the SSI cash program until a redetermination of eligibility is completed.
    - b. Coverage group screening. Before terminating a person from the SSI cash program, the Administration shall determine if the person is eligible for coverage as a person described in A.R.S. §§ 36-2901(6)(a)(i) through (vi) or 36-2934.
    - c. Eligibility decision.
      - i. If a person is eligible under this Article or 9 A.A.C. 28, Article 4, the Administration shall send a notice informing the applicant that AHCCCS medical coverage is approved.
      - ii. If a person is ineligible, the Administration shall send a notice to deny AHCCCS medical coverage.
- B. Applicant and Member Responsibilities.**
1. An applicant or a member shall authorize the Administration or its designee to obtain verification for initial eligibility or continuation of eligibility.
  2. As a condition of eligibility, an applicant or a member shall:
    - a. Provide the Administration or its designee with complete and truthful information. The Administration or its designee may deny an application or discontinue eligibility if:
      - i. The applicant or member fails to provide information necessary for initial or continuing eligibility;
      - ii. The applicant or member fails to provide the Administration or its designee with written authorization or electronic authorization to permit the Administration or its designee to obtain necessary initial or continuing eligibility verification;
      - iii. The applicant or member fails to provide verification under R9-22-304 after the Administration or its designee made an effort to obtain the necessary verification but has not obtained the necessary information; or
    - iv. The applicant or member does not assist the Administration or its designee in resolving incomplete, inconsistent, or unclear information that is necessary for initial or continuing eligibility;
    - b. Cooperate with the Division of Child Support Services (DCSS) in establishing paternity and enforcing medical support obligations when requested unless good cause exists for not cooperating under 42 CFR 433.147 as of October 1, 2012, which is incorporated by reference, on file with the Administration, and available from the U.S. Government Printing Office, Mail Stop: IDCC, 732 N. Capitol St., NW, Washington, DC, 20401. This incorporation by reference contains no future editions or amendments. The Administration or its designee shall not deny AHCCCS eligibility to an applicant who would otherwise be eligible, is a minor child, and whose parent or legal representative does not cooperate with the medical support requirements or first- and third-party liability requirements under Article 10 of this Chapter; and
    - c. Provide the information needed to pursue third party coverage for medical care, such as:
      - i. Name of policyholder,
      - ii. Policyholder's relationship to the applicant or member,
      - iii. Name and address of the insurance company, and
      - iv. Policy number.
3. A member or an applicant shall:
    - a. Send to the Administration or its designee any medical support payments received while the member is eligible that result from a medical support order;
    - b. Cooperate with the Administration or its designee regarding any issues arising as a result of Eligibility Quality Control described under A.R.S. § 36-2903.01; and
    - c. Inform the Administration or its designee of the following changes within 10 days from the date the applicant or member knows of a change:
      - i. In address;
      - ii. In the household's composition;
      - iii. In income;
      - iv. In resources, when required under the Medical Expense Deduction (MED) program;
      - v. In Arizona state residency;
      - vi. In citizenship or immigrant status;
      - vii. In first- or third-party liability that may contribute to the payment of all or a portion of the person's medical costs;
      - viii. That may affect the member's or applicant's eligibility, including a change in a woman's pregnancy status;
      - ix. Death;
      - x. Change in marital status; or
      - xi. Change in school attendance.
  4. As a condition of eligibility, an applicant or a member shall cooperate with the assignment of rights as required by R9-22-311. If the applicant or member receives medical care and services for which a first or third party is or may be liable, the applicant or member shall cooperate with the Administration or its designee in assisting, identifying and providing information to assist the Adminis-

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tration or its designee in pursuing any first or third party who is or may be liable to pay for medical care and services.

5. A pregnant woman under A.R.S. § 36-2901(6)(a)(ii) is not required to provide the Administration or its designee with information regarding paternity or medical support from a father of a child born out of wedlock.

**C. Administration or its designee responsibilities at Eligibility Renewal.**

1. The Administration or its designee shall renew eligibility without requiring information from the individual if able to do so based on reliable information available to the agency, including through an electronic data match. If able to renew eligibility based on such information, the Administration or its designee shall send the member notice of:
  - a. The eligibility determination; and
  - b. The member's requirement to notify the Administration or its designee if any of the information contained in the renewal notice is inaccurate.
2. If unable to renew eligibility, the Administration or its designee shall:
  - a. Send a pre-populated renewal form listing the information needed to renew eligibility,
  - b. Give the member 30 days from the date of the renewal form to submit the signed renewal form and the information needed,
  - c. Send the member notice of the renewal decision under R9-22-312 or R9-22-1413(B) as applicable.

**Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4). Former Section R9-22-306 repealed, new Section R9-22-306 adopted effective November 20, 1984 (Supp. 84-6).

Amended effective October 1, 1985 (Supp. 85-5).

Amended subsection (B), paragraphs (1) and (6) effective October 1, 1986 (Supp. 86-5). Amended subsection (B), paragraph (1) and added a new subsection (N) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6).

Amended subsection (B) effective October 1, 1987; amended subsection (N) effective December 22, 1987 (Supp. 87-4). Amended effective April 13, 1990 (Supp. 90-2). Amended effective September 29, 1992 (Supp. 92-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 26, 1993 (Supp. 93-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-306 made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-307. Approval or Denial of Eligibility**

**A. Approval.** If the applicant meets all the eligibility requirements and conditions of eligibility of this Article, the Administration or its designee shall approve the application and provide the applicant with an approval notice. The approval notice shall contain:

1. The name of each approved applicant,
2. The effective date of eligibility for each approved applicant,
3. The reason and the legal citations if a member is approved for only emergency medical services, and
4. The applicant's right to appeal the decision.

**B. Denial.** If an applicant fails to meet the eligibility requirements or conditions of eligibility of this Article, the Administration

or its designee shall deny the application and provide the applicant with a denial notice. The denial notice shall contain:

1. The name of each ineligible applicant,
2. The specific reason why the applicant is ineligible,
3. The income and resource calculations for the applicant compared to the income or resource standards for eligibility when the reason for the denial is due to the applicant's income or resources exceeding the applicable standard,
4. The legal citations supporting the reason for the ineligibility,
5. The location where the applicant can review the legal citations,
6. The date of the application being denied; and
7. The applicant's right to appeal the decision and request a hearing.

**Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4).

Amended subsections (A) and (C), added subsection (G) and (H) effective October 1, 1983 (Supp. 83-5). Former Section R9-22-307 repealed, new Section R9-22-307 adopted effective November 20, 1984 (Supp. 84-6).

Amended effective October 1, 1985 (Supp. 85-5).

Amended subsection (A) as an emergency effective December 4, 1985 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 85-6). Permanent amendment to subsection (A) effective February 5, 1986 (Supp. 86-1).

Amended subsections (E) and (F) effective October 1, 1986 (Supp. 86-5). Amended effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsection (A) effective February 26, 1988 (Supp. 88-1).

Amended effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended effective September 29, 1992 (Supp. 92-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 26, 1993 (Supp. 93-4). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 8, 1996; filed with the Office of the Secretary of State November 6, 1996 (Supp. 96-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-307 made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-308. Reinstating Eligibility**

The Administration or its designee shall reopen an application or reinstate eligibility of a member when any of the following conditions are met:

1. The denial or discontinuance of eligibility was due to an administrative error,
2. The discontinuance of eligibility was due to noncompliance with a condition of eligibility and the applicant or member complies prior to the effective date of the discontinuance,
3. The member informs the Administration or its designee of a change of circumstances prior to the effective date of the discontinuance, that would allow for continued eligibility, or
4. Following a discontinuance, the member qualifies for continuation of medical coverage pending an appeal.

**Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4).

Amended effective October 1, 1983 (Supp. 83-5).

Amended by adding subsection (C) effective March 2,

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1984 (Supp. 84-2). Former Section R9-22-308 repealed, new Section R9-22-308 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended effective October 1, 1986 (Supp. 86-5). Change in heading only effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 26, 1993 (Supp. 93-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-308 made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

#### **R9-22-309. Confidentiality and Safeguarding of Information**

The Administration or its designee shall maintain the confidentiality of an applicant or member's records and limit the release of safeguarded information under R9-22-512 and 6 A.A.C. 12, Article 1. In the event of a conflict between R9-22-512 and 6 A.A.C. 12, Article 1, R9-22-512 prevails.

##### **Historical Note**

Adopted effective August 30, 1984 (Supp. 82-4). Amended (D)(1)(d) effective October 1, 1983 (Supp. 83-5). Former Section R9-22-309 repealed, new Section R9-22-309 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended effective October 1, 1986 (Supp. 86-5). Amended subsection (F) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsections (A), (B) and (C) effective October 1, 1987 (Supp. 87-4). Amended effective May 30, 1989 (Supp. 89-2). Amended effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-309 made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

#### **R9-22-310. Ineligible Person**

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

1. An inmate of a public institution, or
2. Over age 64 and is residing in an Institution for Mental Disease under 42 CFR 435.1009 except as allowed in 42 USC 1396d(h) or as allowed under the Administration's Section 1115 waiver.

##### **Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4). Amended (B)(7) and added subsections (C) and (D) effective October 1, 1983 (Supp. 83-5). Former Section R9-22-310 repealed, new Section R9-22-310 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (B) and deleted subsection (C) effective October 1, 1986 (Supp. 86-5). Amended subsection (B), paragraph (7) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsection (B) effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended effective December 13, 1993

(Supp. 93-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-310 made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

#### **R9-22-311. Assignment of Rights Under Operation of Law**

By operation of law and under A.R.S. § 36-2903, a person determined eligible assigns rights to the system medical benefits to which the person is entitled.

##### **Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4). Former Section R9-22-311 repealed, new Section R9-22-311 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Change in heading only effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended effective April 13, 1990 (Supp. 90-2). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-311 made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

#### **R9-22-312. Member Notices**

- A.** Contents of notice. The Administration or its designee shall issue a notice by mail, personal delivery, or electronic means when an action is taken regarding a person's eligibility or premiums. The notice shall contain the following information:
  1. The date of the notice issued;
  2. A statement of the action being taken;
  3. The effective date of the action;
  4. The specific reason for the intended action;
  5. If eligibility is being discontinued due to income in excess of the income standards, the actual figures used in the eligibility determination and the amount by which the person exceeds income standards;
  6. If a premium is imposed or increased, the actual figures used in determining the premium amount;
  7. The specific law or regulation that supports the action, or a change in federal or state law that requires an action;
  8. An explanation of the member's rights to an appeal and continued benefits.
- B.** Advance notice of changes in eligibility or premiums. "Advance notice" means a notice that is issued to a person at least 10 days before the effective date of the change. Except as specified in subsection (C), advance notice shall be issued whenever the following adverse action is taken:
  1. To discontinue or suspend or reduce eligibility or covered services; or
  2. To impose a premium or increase a person's premium.
- C.** The Administration or its designee shall issue a Notice of Adverse Action to a member no later than the effective date of action if:
  1. The Administration or its designee receives a request to withdraw;
  2. A person provides information that requires termination of eligibility or an increase or imposition of the premium and the person signs a clear written statement waiving advance notice;
  3. A person cannot be located and mail sent to that person has been returned as undeliverable;
  4. A person has been admitted to a public institution where the person is ineligible under R9-22-310;

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5. A person has been approved for Medicaid or CHIP in another state; or
6. The Administration or its designee has information that confirms the death of the person.

**Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4). Amended subsections (A) and (B), added subsection (D) effective October 1, 1983 (Supp. 83-5). Former Section R9-22-312 repealed, new Section R9-22-312 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (A) effective October 1, 1986 (Supp. 86-5). Change in heading only effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsection (A) effective October 1, 1987 (Supp. 87-4). Amended effective April 13, 1990 (Supp. 90-2). Amended effective September 29, 1992 (Supp. 92-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-312 made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-313. Withdrawal of Application**

- A. An applicant may withdraw an application at any time before the Administration or its designee completes an eligibility determination by making an oral or written request for withdrawal to the Administration or its designee and stating the reason for withdrawal.
- B. If an applicant orally requests withdrawal of the application, the Administration or its designee shall document the:
  1. Date of the request,
  2. Name of the applicant for whom the withdrawal applies, and
  3. Reason for the withdrawal.
- C. An applicant may withdraw an application in writing by:
  1. Completing an Administration-approved voluntary withdrawal form; or
  2. Submitting a written, signed, and dated request to withdraw the application.
- D. The effective date of the withdrawal is the date of the application.
- E. If an applicant requests to withdraw an application, the Administration or its designee shall:
  1. Deny the application, and
  2. Notify the applicant of the denial following the notice requirements under R9-22-307.

**Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4). Amended effective October 1, 1983 (Supp. 83-5). Amended subsections (C) and (D) as an emergency effective May 18, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-3). Amended subsections (D) and (E) as an emergency effective August 16, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Emergency expired. Former Section R9-22-313 repealed, new Section R9-22-313 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended effective October 1, 1986 (Supp. 86-5). Amended subsections (B), (C), (E) and (G) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsections (B) and (C) effective December 22, 1987 (Supp. 87-4). Amended effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended effective September

ber 29, 1992 (Supp. 92-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 26, 1993 (Supp. 93-4).

Amended effective December 13, 1993 (Supp. 93-4). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 8, 1996; filed with the Office of the Secretary of State November 6, 1996 (Supp. 96-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-313 made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-314. Withdrawal from AHCCCS Medical Coverage**

- A. A member may withdraw from AHCCCS medical coverage at any time by giving oral or written notice of withdrawal to the Administration or its designee. The member or the member's legal or authorized representative shall provide the Administration or its designee with:
  1. The reason for the withdrawal,
  2. The date the notice is effective, and
  3. The name of the member for whom AHCCCS medical coverage is being withdrawn.
- B. If a notice of withdrawal does not identify specific members the Administration or its designee shall discontinue eligibility for any members that the person submitting the withdrawal has legal authority to act on behalf of.
- C. The Administration or its designee shall notify the member of the discontinuance as required by R9-22-312.

**Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4). Amended subsection (A) and added subsection (F) as an emergency effective February 28, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-1). Amended subsection (A) and added subsection (F) as a permanent rule effective May 16, 1983; text of the amended rule identical to the emergency (Supp. 83-3). Former Section R9-22-314 repealed, new Section R9-22-314 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended effective May 30, 1989 (Supp. 89-2). Amended effective September 29, 1992 (Supp. 92-3). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-314 made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-315. Notice of Adverse Action**

- A. Adverse actions. An applicant or member may appeal, as described under Chapter 34, by requesting a hearing from the Administration or its designee concerning any of the following adverse actions:
  1. Complete or partial denial of eligibility under R9-22-307 and R9-22-313(E);
  2. Suspension, termination, or reduction of AHCCCS medical coverage under R9-22-307, R9-22-312 and R9-22-314;
  3. Delay in the eligibility determination beyond the timeframes under this Article;
  4. The imposition of or increase in a premium or copayment; or
  5. The effective date of eligibility.



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- B.** Notice of Adverse Action. The Administration or its designee shall personally deliver or send, by mail, or electronic means a Notice of Adverse Action to the person affected by the action. For the purpose of this Section, the date of the Notice of Adverse Action shall be the date of personal delivery to the applicant or the postmark date, if mailed.
- C.** Automatic change and hearing rights.
1. An applicant or a member is not entitled to a hearing if the sole issue is a federal or state law requiring an automatic change adversely affecting some or all recipients.
  2. An applicant or a member is entitled to a hearing if a federal or state law requires an automatic change and the applicant or member timely files an appeal that alleges a misapplication of the facts to the law.

**Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4). Former Section R9-22-315 repealed, new Section R9-22-315 adopted effective November 20, 1984 (Supp. 84-6). Repealed effective October 1, 1985 (Supp. 85-5). New Section R9-22-315 adopted effective February 5, 1986 (Supp. 86-1). Amended effective February 26, 1988 (Supp. 88-1). Amended effective April 13, 1990 (Supp. 90-2). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-315 made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-316. Exemptions from Sponsor Deemed Income**

- A.** An applicant shall provide proof to the Administration or its designee when claiming an exemption from sponsor deemed income.
- B.** The Administration or its designee shall grant an exemption from deeming a sponsor's income for a Lawful Permanent Resident applicant if the applicant:
1. Adjusted immigration status to Lawful Permanent Resident from status as a refugee or asylee;
  2. Is the spouse or dependent child of the sponsor and lives with the sponsor;
  3. Is indigent as specified in subsection (C);
  4. Is a victim of domestic violence or extreme cruelty as specified in subsection (D); or
  5. Has acquired 40 qualified quarters of work credit based on earnings as specified in subsection (E).
- C.** Exemption from sponsor deeming based on indigence.
1. The Administration or its designee shall consider the applicant indigent and grant an exemption from sponsor deemed income for an applicant, for a period of 12 months beginning with the first month of eligibility if all the following are met:
    - a. An applicant is indigent if all of the following are met:
      - i. The applicant does not reside with the applicant's sponsor;
      - ii. The applicant does not receive free room and board; and
      - iii. The applicant's total gross income including monies received from the sponsor and the value of any vendor payments received for food, utilities, or shelter does not exceed 100% of the FPL for the size of the income group.
  2. The Administration or its designee shall send a notice under 8 U.S.C. 1631(e)(2) to the Attorney General's Office when approving an applicant who is exempt from sponsor deemed income due to indigence.
- D.** The Administration or its designee shall grant an exemption from sponsor deemed income for an applicant who is a victim of domestic violence or extreme cruelty under 8 CFR 204.2 for a period of 12 months beginning with the first month of eligibility. The Administration or its designee shall redetermine the exemption status at each renewal.
1. The Administration or its designee considers an applicant to be a victim of domestic violence or extreme cruelty when all of the following are met:
    - a. The applicant is the victim, the parent of a child victim, or the child of a parent victim;
    - b. The perpetrator of the domestic violence or extreme cruelty was the spouse or parent of the victim or other family member related by blood, marriage or adoption to the victim;
    - c. The perpetrator was residing in the same household as the victim when the abuse occurred;
    - d. The abuse occurred in the United States;
    - e. The applicant did not participate in the domestic violence or cruelty; and
    - f. The victim does not currently live with the perpetrator.
  2. The applicant shall provide proof that the applicant or the applicant's child is a victim of domestic violence or extreme cruelty by presenting one of the following:
    - a. USCIS form I-360 Petition for Amerasian, Widow, or Special Immigrant;
    - b. USCIS form I-797 USCIS approval of the I-360 petition;
    - c. Reports or affidavits concerning the domestic violence or cruelty documented by police, judges, or other court officials, medical personnel, school officials, clergy, social workers, counseling or mental health personnel, or other social service agency personnel;
    - d. Legal documentation, such as an order of protection against the perpetrator or an order convicting the perpetrator of committing an act of domestic violence or extreme cruelty that chronicles the existence of domestic violence or extreme cruelty;
    - e. Evidence that indicates that the applicant sought safe haven in a battered women's shelter or similar refuge because of the domestic violence or extreme cruelty against the applicant or the applicant's child; or
    - f. Photographs of the applicant or applicant's child showing visible injury.
- E.** The Administration or its designee shall grant an exemption from sponsor deemed income for an applicant who has reached 40 qualifying quarters of work credit.
1. The Administration or its designee shall not count quarters credited after January 1, 1997 that were earned while the applicant was receiving any federal means-tested benefits.
  2. The Administration or its designee shall not count the 40 qualifying quarters of work credit unless the credited quarters are:
    - a. Quarters that the applicant worked;
    - b. Quarters worked by the applicant's spouse or deceased spouse during their marriage; or
    - c. Quarters worked by the applicant's parents when the applicant was under age 18.

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**Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4). Former Section R9-22-316 repealed, new Section R9-22-316 adopted as an emergency effective February 9, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-1). Former Section R9-22-316 repealed, new Section R9-22-316 adopted as a permanent rule effective May 16, 1983; text of permanent rule identical to the emergency (Supp. 83-3). Amended effective October 1, 1983 (Supp. 83-5). Correction subsection (A), paragraph (1) amended effective October 1, 1983, (Supp. 83-6). Amended as an emergency effective May 18, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-3). Amended as an emergency effective August 16, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Emergency expired. Former Section R9-22-316 repealed, new Section R9-22-316 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (C) effective October 1986 (Supp. 86-5). Change in heading only effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended effective April 13, 1990 (Supp. 90-2). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-316 made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-317. Sponsor Deemed Income**

- A. The Administration or its designee shall use income of a USCIS sponsor to determine eligibility for a non-citizen applicant, whether or not the income is available, to the non-citizen applicant unless exempt under R9-22-316.
- B. Counting the income from a sponsor.
  1. This Section applies to non-citizen applicants who:
    - a. Are Lawful Permanent Residents under 8 CFR 101.3;
    - b. Applied for Lawful Permanent Resident Status on or after December 19, 1997;
    - c. Are sponsored by an individual who signed a USCIS I-864 Affidavit of Support; and
    - d. Are eligible for full AHCCCS medical coverage.
  2. Sponsor deemed income shall be considered the income of the non-citizen applicant only.
  3. The Administration or its designee shall not use the provisions of this Section when:
    - a. The applicant becomes a naturalized U.S. citizen;
    - b. The applicant qualifies for an exemption listed in R9-22-316; or
    - c. The sponsor dies.
- C. Determining income from a sponsor.
  1. For an applicant who is exempt from sponsor deeming under R9-22-316, only cash contributions actually received from the sponsor are countable income to the applicant.
  2. For an applicant to whom the sponsor's income is deemed, the Administration or its designee shall exclude any cash contributions received from the sponsor.
- D. Calculation of income from a sponsor.
  1. The Administration or its designee shall include the total gross income of the sponsor and the sponsor's spouse, when living with the sponsor;
  2. The Administration or its designee shall subtract an amount equal to 100% of the FPL for the sponsor's household size from the total gross income under (D)(1); and

3. The amount calculated under subsection (D)(2) is deemed as income to the applicant for purposes of determining eligibility.

**Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4). Former Section R9-22-317 repealed, new Section R9-22-317 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1986 (Supp. 86-5). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). New Section R9-22-317 made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-318. Repealed****Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4). Amended effective October 1, 1983 (Supp. 83-5). Amended as an emergency effective May 18, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-3). Amended as an emergency effective August 16, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Emergency expired. Former Section R9-22-318 repealed, new Section R9-22-318 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (A) and added subsection (C) effective October 1, 1986 (Supp. 86-5). Amended subsection (A) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsection (B) effective October 1, 1987; amended subsection (A) effective December 22, 1987 (Supp. 87-4). Amended effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended effective September 29, 1992 (Supp. 92-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended effective December 13, 1993 (Supp. 93-4). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 8, 1996; filed with the Office of the Secretary of State November 6, 1996 (Supp. 96-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

**R9-22-319. Repealed****Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4). Amended as an emergency effective May 18, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-3). Amended as an emergency effective August 16, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Emergency expired. Former Section R9-22-319 repealed, new Section R9-22-319 adopted effective November 20, 1984 (Supp. 84-6). Amended effective May 30, 1989 (Supp. 89-2). Amended effective December 13, 1993 (Supp. 93-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

**R9-22-320. Repealed****Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4). Former Section R9-22-320 repealed, new Section R9-22-320 adopted effective November 20, 1984 (Supp. 84-6).

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Amended effective April 13, 1990 (Supp. 90-2).  
Repealed effective December 13, 1993 (Supp. 93-4).

**R9-22-321. Repealed****Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4). Former Section R9-22-321 repealed, new Section R9-22-321 adopted effective November 20, 1984 (Supp. 84-6).  
Amended effective October 1, 1985 (Supp. 85-5).  
Amended subsections (B) through (E) effective October 1, 1986 (Supp. 86-5). Amended effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended effective October 1, 1987 (Supp. 87-4). Amended subsections (B) and (D) effective May 30, 1989 (Supp. 89-2).  
Amended effective April 13, 1990 (Supp. 90-2).  
Amended effective September 29, 1992 (Supp. 92-3).  
Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended December 13, 1993 (Supp. 93-4).  
Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

**R9-22-322. Repealed****Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4).  
Amended as an emergency effective May 27, 1983 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-3). Former Section R9-22-322 repealed, new Section R9-22-322 adopted effective October 1, 1983 (Supp. 83-5).  
Amended as an emergency effective May 18, 1984 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-3). Amended as an emergency effective August 16, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Emergency expired. Former Section R9-22-322 repealed, new Section R9-22-322 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Change in heading only effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended effective September 29, 1992 (Supp. 92-3). Amended December 13, 1993 (Supp. 93-4).  
Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

**R9-22-323. Repealed****Historical Note**

Adopted effective August 30, 1982 (Supp. 82-4). Former Section R9-22-323 repealed, new Section R9-22-323 adopted effective October 1, 1983 (Supp. 83-5).  
Amended as an emergency effective May 18, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-3). Amended as an emergency effective August 16, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Emergency expired. Former Section R9-22-323 repealed, new Section R9-22-323 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended subsections (B) through (D) effective October 1, 1986 (Supp. 86-5). Amended subsections (A), (B) and (D) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsections (B), (D) and (E) effective October 1, 1987 (Supp. 87-4). Amended subsections (B) and (D) effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended effective September 29, 1992 (Supp. 92-3). Amended effective December 13, 1993 (Supp. 93-4). Section repealed by final rulemak-

ing at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

**R9-22-324. Repealed****Historical Note**

Adopted as an emergency effective July 27, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-4). Former Section R9-22-324 adopted as an emergency renumbered as Section R9-22-327. New Section R9-22-324 adopted effective October 1, 1983 (Supp. 83-5). Former Section R9-22-324 repealed, former Section R9-22-323 renumbered as Section R9-22-324 and adopted as an emergency effective May 18, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-3). Former Section R9-22-324 repealed, new Section R9-22-324 adopted as an emergency effective August 16, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Emergency expired. Former Section R9-22-324 repealed, new Section R9-22-324 adopted effective November 20, 1984 (Supp. 84-6). Change in heading only effective October 1, 1987 (Supp. 87-4). Amended effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended effective September 29, 1992 (Supp. 92-3). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

**R9-22-325. Repealed****Historical Note**

Adopted effective October 1, 1983 (Supp. 83-5). Former Section R9-22-325 repealed, new Section R9-22-325 adopted effective November 20, 1984 (Supp. 84-6).  
Amended effective October 1, 1987 (Supp. 87-4).  
Amended effective December 13, 1993 (Supp. 93-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

**R9-22-326. Repealed****Historical Note**

Adopted effective October 1, 1983 (Supp. 83-5). Former Section R9-22-326 repealed, new Section R9-22-326 adopted effective November 20, 1984 (Supp. 84-6).  
Amended effective October 1, 1985 (Supp. 85-5).  
Amended subsection (A) effective October 1, 1986 (Supp. 86-5). Amended subsection (A) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Change in heading only effective October 1, 1987 (Supp. 87-4). Amended subsection (A) effective May 30, 1989 (Supp. 89-2). Amended effective December 13, 1993 (Supp. 93-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

**R9-22-327. Repealed****Historical Note**

Former Section R9-22-324 adopted as an emergency effective July 27, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days renumbered as Section R9-22-327 and adopted as a permanent rule effective October 1, 1983 (Supp. 83-5). Former Section R9-22-327 repealed, new Section R9-22-327 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended subsections (A), (D), (E), (G), (H), and (I) effective October 1, 1986 (Supp. 86-5). Amended subsection (D) and added a new subsection (J) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsections (A) and (E) effective

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October 1, 1987 (Supp. 87-4). Amended effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended effective September 29, 1992 (Supp. 92-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

**R9-22-328. Repealed****Historical Note**

Adopted as an emergency effective October 6, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-5). Emergency Expired. New Section R9-22-328 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended subsections (A) and (E) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsection (D) effective October 1, 1987 (Supp. 87-4). Amended subsection (D) effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

**R9-22-329. Repealed****Historical Note**

Adopted as an emergency effective May 18, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-3). Adopted as an emergency effective August 16, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Emergency expired. New Section R9-22-329 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (B) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

**R9-22-330. Repealed****Historical Note**

Adopted as an emergency effective August 16, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Emergency expired. New Section R9-22-330 adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended subsection (A) effective October 1, 1986 (Supp. 86-5). Amended effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsection (A) effective October 1, 1987 (Supp. 87-4). Amended subsection (A) effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

**R9-22-331. Repealed****Historical Note**

Adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended effective October 1, 1986 (Supp. 86-5). Amended effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended effective October 1, 1987 (Supp. 87-4). Amended effective December 13, 1993 (Supp. 93-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

**R9-22-332. Repealed****Historical Note**

Adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended effective April 13, 1990 (Supp. 90-2). Amended effective September 29, 1992 (Supp. 92-3). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

**R9-22-333. Repealed****Historical Note**

Adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

**R9-22-334. Repealed****Historical Note**

Adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended effective December 13, 1993 (Supp. 93-4). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

**R9-22-335. Repealed****Historical Note**

Adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended by adding subsection (C) effective October 1, 1986 (Supp. 86-5). Amended subsection (B) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

**R9-22-336. Repealed****Historical Note**

Adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended by adding subsection (C) effective September 16, 1987 (Supp. 87-3). Amended subsection (A) effective October 1, 1987 (Supp. 87-4). Amended effective April 13, 1990 (Supp. 90-2). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

**R9-22-337. Repealed****Historical Note**

Adopted effective November 20, 1984 (Supp. 84-6). Amended effective October 1, 1985 (Supp. 85-5). Amended effective October 1, 1986 (Supp. 86-5). Amended effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Correction to subsection (B), paragraph (1) (Supp. 87-3). Amended subsection (C) effective December 22, 1987 (Supp. 87-4). Amended subsection (C) effective December 22, 1987 (Supp. 87-4). Amended effective April 13, 1990 (Supp. 90-2). Section repealed by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

**R9-22-338. Repealed**

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**Historical Note**

Adopted effective November 20, 1984 (Supp. 84-6).  
 Heading changed effective October 1, 1985 (Supp. 85-5).  
 Change in heading only effective January 1, 1987, filed  
 December 31, 1986 (Supp. 86-6). Section repealed by  
 final rulemaking at 5 A.A.R. 294, effective January 8,  
 1999 (Supp. 99-1).

**R9-22-339. Repealed****Historical Note**

Adopted effective October 1, 1985 (Supp. 85-5).  
 Amended effective October 1, 1986 (Supp. 86-5).  
 Amended subsection (B) effective October 1, 1987  
 (Supp. 87-4). Amended effective January 14, 1997 (Supp.  
 97-1). Section repealed by final rulemaking at 5 A.A.R.  
 294, effective January 8, 1999 (Supp. 99-1).

**R9-22-340. Reserved****Historical Note**

Adopted effective October 1, 1986 (Supp. 86-5). Section  
 repealed by final rulemaking at 5 A.A.R. 294, effective  
 January 8, 1999 (Supp. 99-1).

**R9-22-341. Repealed****Historical Note**

Adopted effective March 1, 1987, filed December 31,  
 1986 (Supp. 86-6). Section repealed by final rulemaking  
 at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1).

**R9-22-342. Repealed****Historical Note**

Adopted effective September 29, 1992 (Supp. 92-3).  
 Amended effective September 22, 1997 (Supp. 97-3).  
 Section repealed by final rulemaking at 5 A.A.R. 294,  
 effective January 8, 1999 (Supp. 99-1).

**R9-22-343. Repealed****Historical Note**

Adopted under an exemption from the provisions of the  
 Administrative Procedure Act, effective July 1, 1993  
 (Supp. 93-3). Amended under an exemption from the pro-  
 visions of the Administrative Procedure Act, effective  
 October 26, 1993 (Supp. 93-4). Section repealed by final  
 rulemaking at 5 A.A.R. 294, effective January 8, 1999  
 (Supp. 99-1).

**R9-22-344. Repealed****Historical Note**

Adopted under an exemption from the provisions of the  
 Administrative Procedure Act, effective October 8, 1996;  
 filed with the Office of the Secretary of State November  
 6, 1996 (Supp. 96-4). Section repealed by final rulemak-  
 ing at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-  
 1).

**ARTICLE 4. PENALTY FOR OBTAINING ELIGIBILITY BY FRAUD****R9-22-401. Definitions**

Definitions. The following definitions apply specifically to terms  
 used within this Article:

“Amounts incurred by the system” include capitation pay-  
 ments, costs incurred by any contractor in excess of capitation,  
 reinsurance, and other administrative, legal or investigative  
 costs associated with a person who obtained eligibility con-  
 trary to A.R.S. §§ 36-2905.04 and/or A.R.S. § 36-2991.

“Application for eligibility” means any request for benefits  
 administered by AHCCCS under the authority of A.R.S. Title  
 36, Chapter 29, including applications for presumptive eli-  
 gibility submitted to hospitals as described under Article 16 of  
 this Chapter.

“Penalty” means an amount not to exceed the amounts  
 incurred by the system during any time period that the person  
 would have been ineligible for benefits but for the false or  
 fraudulent information provided on the application for eligibil-  
 ity. A penalty does not include, and does not need to be  
 reduced by, the amount of any overpayments that AHCCCS  
 may be entitled to recoup from a person who violated A.R.S. §  
 36-2905.04 and/or A.R.S. § 36-2991.

**Historical Note**

Adopted as an emergency effective May 20, 1982 pursu-  
 ant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-  
 3). Former Section R9-22-401 adopted as an emergency  
 now adopted as a permanent rule effective August 30,  
 1982 (Supp. 82-4). Amended effective January 31, 1986  
 (Supp. 86-1). Amended effective January 31, 1997 (Supp.  
 97-1). Amended by final rulemaking at 5 A.A.R. 867,  
 effective March 4, 1999 (Supp. 99-1). Section repealed  
 by final rulemaking at 8 A.A.R. 424, effective January  
 10, 2002 (Supp. 02-1). New Section made by final  
 rulemaking at 22 A.A.R. 3191, effective October 19,  
 2016 (Supp. 16-4).

**R9-22-402. Determining the Amount of the Penalty**

- A. AHCCCS shall determine the amount of a penalty according  
 to A.R.S. § 36-2905.04(B) or A.R.S. § 36-2991(B), whichever  
 is applicable, and this Article.
- B. In addition to any penalty imposed pursuant to ARS §§ 36-  
 2905.04 or 36-2991, and this Article, the Administration may  
 also recoup from the person the amounts incurred by the sys-  
 tem as a part of the notice and appeal process described in this  
 Article.

**Historical Note**

Adopted as an emergency effective May 20, 1982, pursu-  
 ant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-  
 3). Former Section R9-22-402 adopted as an emergency  
 now adopted and amended as a permanent rule effective  
 August 30, 1982 (Supp. 82-4). Amended effective Janu-  
 ary 31, 1986 (Supp. 86-1). Amended effective January  
 14, 1997 (Supp. 97-1). Amended by final rulemaking at 6  
 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Section  
 repealed by final rulemaking at 8 A.A.R. 424, effective  
 January 10, 2002 (Supp. 02-1). New Section made by  
 final rulemaking at 22 A.A.R. 3191, effective October 19,  
 2016 (Supp. 16-4).

**R9-22-403. Mitigating and Aggravating Circumstances**

- A. AHCCCS shall consider any of the following to be mitigating  
 circumstances when determining the amount of a penalty for  
 obtaining eligibility by fraud.
  1. Degree of culpability. The degree of culpability of a per-  
 son is a mitigating circumstance if the person did not  
 intend to provide or cause to be provided false informa-  
 tion on the application for eligibility but was negligent as  
 to the truthfulness of the information provided.
  2. Prior Offenses. At the time of the submittal of the appli-  
 cation the person:
    - a. Did not have any prior criminal convictions; and
    - b. Had not been held civilly liable for defrauding a  
 public assistance program.
  3. Financial condition. The financial condition of a person  
 who violates A.R.S. §§ 36-2905.04 or 36-2991 is a miti-

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gating circumstance if the imposition of a penalty without reduction will render the person incapable of obtaining necessities of life such as food, clothing, and shelter. AHCCCS may consider the resources available to the person when determining the amount of the penalty.

4. Other matters as justice may require. AHCCCS shall take into account other circumstances of a mitigating nature, if in the interest of justice; the circumstances require a reduction of the penalty.

**B.** AHCCCS shall consider any of the following to be aggravating circumstances when determining the amount of a penalty for obtaining eligibility by fraud.

1. Degree of culpability. The degree of culpability of a person who provides or causes to be provided false information on the application for eligibility is an aggravating circumstance if the person knows or had reason to know that the information provided on the application for eligibility was false, or the person failed to correct the false information prior to AHCCCS incurring a financial loss as a result of the application for eligibility.
2. Prior offenses. At any time before the submittal of the application for eligibility, the person was held criminally or civilly liable for committing any fraud, waste, or abuse against any public assistance program.
3. Financial Loss. The person's violation of A.R.S. §§ 36-2905.04 or 36-2991 caused a loss to the system equal to or exceeding \$5,000.00.
4. Other matters as justice may require. AHCCCS shall take into account other circumstances of an aggravating nature, if in the interest of justice; the circumstances require an increase of the penalty.

**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-403 adopted as an emergency now adopted as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective January 31, 1986 (Supp. 86-1). Amended by adding subsection (C) effective October 1, 1987 (Supp. 87-4). Amended effective January 14, 1997 (Supp. 97-1). Section repealed by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). New Section made by final rulemaking at 22 A.A.R. 3191, effective October 19, 2016 (Supp. 16-4).

**R9-22-404. Notice of Intent**

- A.** If AHCCCS imposes a penalty pursuant to this Article, AHCCCS shall hand deliver or send by certified mail, return receipt requested, or Federal Express to the person, a written Notice of Intent to impose a penalty.
- B.** The Notice of Intent shall include:
  1. The legal and factual basis for AHCCCS' determination that there has been a violation of A.R.S. §§ 36-2905.04 and/or 36-2991;
  2. The penalty;
  3. The amounts incurred by the system as a result of the violation of A.R.S. §§ 36-2905.04 and/or 36-2991, if AHCCCS intends to recoup those amounts through this process; and
  4. The procedure for requesting a State Fair Hearing.

**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-404 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective January 31, 1986 (Supp. 86-1). Amended effective January

14, 1997 (Supp. 97-1). Section repealed by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). New Section made by final rulemaking at 22 A.A.R. 3191, effective October 19, 2016 (Supp. 16-4).

**R9-22-405. Failure to Respond to the Notice of Intent**

If a person fails to respond to the Notice of Intent within the time-frame described in A.A.C. § R9-22-406(A), AHCCCS shall uphold the penalty and recoupment amounts described in the Notice of Intent.

**Historical Note**

Adopted as an emergency effective May 20, 1982 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-405 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended as an emergency effective February 23, 1983 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-1). Amended as a permanent rule effective May 16, 1983; text of the amended rule similar to the emergency (Supp. 83-3).

Amended effective January 31, 1986 (Supp. 86-1). Amended effective January 14, 1997 (Supp. 97-1). Section repealed by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). New Section made by final rulemaking at 22 A.A.R. 3191, effective October 19, 2016 (Supp. 16-4).

**R9-22-406. Request for State Fair Hearing**

- A.** To dispute the agency action described in the Notice of Intent, the person shall file a written Request for State Fair Hearing with AHCCCS within sixty (60) days from the date of receipt of the Notice of Intent.
- B.** If AHCCCS receives a timely request for a State Fair Hearing from the person, AHCCCS shall mail a Notice of Hearing pursuant to the Uniform Administrative Hearing Procedures described in A.R.S. Title 41, Chapter 6, Article 10.
- C.** AHCCCS shall accept a written request for withdrawal of a hearing request if the written request for withdrawal is received from the person before AHCCCS mails a Notice of Hearing under the Uniform Administrative Hearing Procedures described in A.R.S. Title 41, Chapter 6, Article 10.

**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-406 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-406 repealed, new Section R9-22-406 adopted as an emergency effective February 23, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-1). Former Section R9-22-316 repealed, new Section R9-22-316 adopted as a permanent rule effective May 16, 1983; text of the Section identical to the emergency (Supp. 83-3). Amended effective January 31, 1986 (Supp. 86-1). Amended effective January 14, 1997 (Supp. 97-1). Section repealed by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). New Section made by final rulemaking at 22 A.A.R. 3191, effective October 19, 2016 (Supp. 16-4).

**R9-22-407. Burden of Proof**

- A.** In any State Fair Hearing conducted under this Article, AHCCCS shall prove a violation of A.R.S. §§ 36-2905.04 and/or 36-2991, and any aggravating circumstances by a preponderance of the evidence.

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- B. AHCCCS does not have to prove any specific intent to defraud.
- C. A person shall bear the burden of producing and proving by a preponderance of the evidence any affirmative defense or any circumstance that would justify reducing the amount of the penalty.

**Historical Note**

New Section made by final rulemaking at 22 A.A.R. 3191, effective October 19, 2016 (Supp. 16-4).

**R9-22-408. Rescission of the Notice of Intent**

AHCCCS may rescind the Notice of Intent at any time prior to the State Fair Hearing without prejudice.

**Historical Note**

New Section made by final rulemaking at 22 A.A.R. 3191, effective October 19, 2016 (Supp. 16-4).

**ARTICLE 5. GENERAL PROVISIONS AND STANDARDS****R9-22-501. General Provisions and Standards - Related Definitions**

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

“Quality management” means a process used by professional health personnel through a formal program involving multiple organizational components and committees to:

- Assess the degree to which services provided conform to desired medical standards and practices; and
- Quality improvement or maintenance of care and services.

“Quality Improvement” means a process designed to achieve, through ongoing measurements and intervention, significant improvement that is sustained over time, in the areas of clinical care and non-clinical care and is expected to have a favorable effect on health outcomes and member satisfaction. Quality Improvement includes focusing organizational efforts on improving performance and utilizing data to develop intervention strategies to improve performance and outcomes.

“Utilization management/review” means a methodology used by professional health personnel to assess the medical indications, appropriateness, and efficiency of care provided. Utilization management applies to a contractor’s process to evaluate and approve or deny the medical necessity, appropriateness, efficacy and efficiency of health care services, procedures, or settings. Utilization review includes processes for prior authorization, concurrent review, retrospective review, and case management.

**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-501 adopted as an emergency now adopted as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-501 repealed, former Section R9-22-502 renumbered and adopted without change as Section R9-22-501 effective October 1, 1983 (Supp. 83-5). Former Section R9-22-501 repealed, former Section R9-22-526 renumbered and amended as Section R9-22-501 effective October 1, 1985 (Supp. 85-5). Amended effective December 8, 1997 (Supp. 97-4). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005

(Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 4330, effective January 3, 2009 (Supp. 08-4).

**R9-22-502. Pre-existing Conditions**

- A. A contractor shall not impose a pre-existing condition exclusion with respect to covered services.
- B. A contractor or subcontractor shall not adopt or use any procedure to identify a person who has an existing or anticipated medical or psychiatric condition in order to discourage or exclude the person from enrolling in the contractor’s health plan or encourage the person to enroll in another health plan.

**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-502 adopted as an emergency now adopted as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-502 renumbered without change as Section R9-22-501, former Section R9-22-503 renumbered and amended as Section R9-22-502 effective October 1, 1983 (Supp. 83-5). Former Section R9-22-502 repealed, new Section R9-22-502 adopted effective October 1, 1985 (Supp. 85-5). Amended effective December 8, 1997 (Supp. 97-4). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 4330, effective January 3, 2009 (Supp. 08-4). Amended by final rulemaking at 19 A.A.R. 3309, effective November 30, 2013 (Supp. 13-4).

**R9-22-503. Provider Requirements Regarding Records**

The provider shall maintain records that meet uniform accounting standards and generally accepted practices for maintenance of medical records, including detailed specification of all patient services delivered, the rationale for delivery, and the service date. A provider shall maintain and upon request, make available to a contractor and to the Administration, financial and medical records relating to payment for not less than five years from the date of final payment, or for records relating to costs and expenses to which the Administration has taken exception, five years after the date of final disposition or resolution of the exception. Providers shall provide one copy of a medical record at no cost if requested by the member.

**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-503 adopted as an emergency now adopted as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-503 renumbered and amended as Section R9-22-502, new Section R9-22-503 adopted effective October 1, 1983 (Supp. 83-5). Amended effective October 1, 1985 (Supp. 85-5). Amended effective May 30, 1986 (Supp. 86-3). Amended subsection (D) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsections (F) and (G) effective December 22, 1987 (Supp. 87-4). Amended subsection (I) effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended effective September 29, 1992 (Supp. 92-3). Amended effective December 8, 1997 (Supp. 97-4). Section repealed by final rulemaking at 8 A.A.R. 3317, effective July 15, 2002 (Supp. 02-3). New Section made by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 4330, effective January 3, 2009 (Supp. 08-4).

**R9-22-504. Marketing; Prohibition Against Induce-**

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**ments; Misrepresentations; Discrimination; Sanctions**

- A.** A contractor or the contractor's marketing representative shall not offer or give any form of compensation or reward, or engage in any behavior or activity that may be reasonably construed as coercive, to induce or procure AHCCCS enrollment with the contractor. Any marketing solicitation offering a benefit, good, or service in excess of the covered services in Article 2 is deemed an inducement.
- B.** A marketing representative shall not misrepresent itself, the contracting health plan represented, or the AHCCCS program, through false advertising, false statements, or in any other manner to induce a member of another contractor to enroll in the represented health plan. Violations of this subsection include, but are not limited to, false or misleading claims, inferences, or representations such as:
1. A member will lose benefits under the AHCCCS program or lose any other health or welfare benefits to which a member is legally entitled, if the member does not enroll in the represented contracting health plan;
  2. Marketing representatives are employees of the state or representatives of the Administration, a county, or any health plan other than the health plan by which they are employed, or by which they are reimbursed; and
  3. The represented health plan is recommended or endorsed as superior to its competition by any state or county agency, or any organization, unless the organization has certified its endorsement in writing to the health plan and the Administration.
- C.** A marketing representative shall not engage in any marketing or pre-enrollment practice that discriminates against a member because of race, creed, age, color, sex, religion, national origin, ancestry, marital status, sexual preference, physical or mental disability, or health status.
- D.** The Administration shall hold a contractor responsible for a violation of this Section resulting from the performance of any marketing representative, subcontractor, agent, program, or process under the contractor's employ or direction and shall impose contract sanctions on the contractor as specified in contract.
- E.** A contractor shall produce and distribute informational materials that are approved by the Administration to each enrolled member or designated representative after the contractor receives notification of enrollment from the Administration. The contractor shall ensure that the informational materials include, at a minimum:
1. A description of all covered services as specified in contract;
  2. An explanation of service limitations and exclusions;
  3. An explanation of the procedure for obtaining services;
  4. An explanation of the procedure for obtaining emergency services;
  5. An explanation of the procedure for filing a grievance and appeal; and
  6. An explanation of when plan changes may occur as specified in contract.

**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-504 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-504 repealed, former Section R9-22-505 renumbered and adopted without change as Section R9-22-504 effective October 1, 1983 (Supp. 83-5). Former Section R9-22-504 repealed, former Section R9-22-528 renumbered and amended as Section R9-22-504 effective October 1, 1985

(Supp. 85-5). Amended effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 4330, effective January 3, 2009 (Supp. 08-4).

**R9-22-505. Standards, Licensure, and Certification for Providers of Hospital and Medical Services**

A provider shall not provide hospital or medical services to a member unless the provider is licensed by the Arizona Department of Health Services and meets the requirements in 42 CFR 441 and 482, as of October 1, 2007, and 42 CFR 456 Subpart C, as of October 1, 2007, incorporated by reference, on file with the Administration and available from the U.S. Government Printing Office, 732 N. Capitol St., N.W., Washington, D.C. 20401. This incorporation contains no future editions or amendments. An Indian Health Service (IHS) hospital and a Veterans Administration hospital shall not provide services to a member unless accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO).

**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-505 adopted as an emergency expired, former Section R9-22-506 adopted as an emergency now adopted, amended and renumbered as Section R9-22-505 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-505 renumbered without change as Section R9-22-504, new Section R9-22-505 adopted effective October 1, 1983 (Supp. 83-5). Former Section R9-22-505 renumbered and amended as Section R9-22-509, former Section R9-22-527 renumbered and amended as Section R9-22-505 effective October 1, 1985 (Supp. 85-5). Editorial correction, spelling of "paraphernalia" in subsection (A) (Supp. 87-4). Amended effective December 8, 1997 (Supp. 97-4). Section repealed by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4). New Section made by final rulemaking at 14 A.A.R. 4330, effective January 3, 2009 (Supp. 08-4).

**R9-22-506. Repealed****Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-506 adopted as an emergency adopted, amended and renumbered as Section R9-22-505, former Section R9-22-507 adopted as an emergency now adopted, amended and renumbered as Section R9-22-506 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-506 repealed, new Section R9-22-506 adopted effective October 1, 1983 (Supp. 83-5). Former Section R9-22-506 repealed, new Section R9-22-506 adopted effective October 1, 1985 (Supp. 85-5). Amended effective October 1, 1986 (Supp. 86-5). Amended subsection (D) effective December 22, 1987 (Supp. 87-4). Repealed effective April 13, 1990 (Supp. 90-2). New Section adopted effective December 13, 1993 (Supp. 93-4). Repealed effective December 8, 1997 (Supp. 97-4).

**R9-22-507. Repealed****Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-507 adopted as an emergency adopted, amended and renumbered as Section R9-22-506,



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former Section R9-22-508 adopted as an emergency now adopted, amended and renumbered as Section R9-22-507 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-507 repealed, new Section R9-22-507 adopted effective October 1, 1985 (Supp. 85-5). Amended effective December 8, 1997 (Supp. 97-4). Section repealed by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4).

**R9-22-508. Repealed****Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-508 adopted as an emergency adopted, amended and renumbered as Section R9-22-507, former Section R9-22-509 adopted as an emergency now adopted, amended and renumbered as Section R9-22-508 as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective December 8, 1997 (Supp. 97-4). Section repealed by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4).

**R9-22-509. Transition and Coordination of Member Care**

A. A contractor shall assist in the transition of members to and from other AHCCCS contractors.

1. Both the receiving and relinquishing contractor shall:
  - a. Coordinate with the other contractor to facilitate and schedule appointments for medically necessary services for the transitioned member within the Administration's timelines specified in the contract. If requested by the Administration, a contractor shall submit the policies and procedures regarding transition of members to the Administration for review and approval;
  - b. Assist in the referral of transitioned members to other community health agencies or county medical assistance programs for medically necessary services not covered by the Administration, as appropriate; and
  - c. Develop policies and procedures to be followed when transitioning members who have significant medical conditions; are receiving ongoing services; or have, at the time of the transition, received prior authorization or approval for undelivered, specific services.
2. The relinquishing contractor shall notify the receiving contractor of relevant information about the member's medical condition and current treatment regimens within the timelines defined in contract;
3. The relinquishing contractor shall forward medical records and other relevant materials to the receiving contractor. The relinquishing contractor shall bear the cost of reproducing and forwarding medical records and other relevant materials;
4. Within the timelines specified in contract, the receiving contractor shall ensure that the member selects or is assigned to a primary care provider, and provide the member with:
  - a. Information regarding the contractor's providers,
  - b. Emergency numbers, and
  - c. Instructions about how to obtain services.

B. A contractor shall not use a county or noncontracting provider health resource alternative to diminish the contractor's contractual responsibility or accountability for providing the full scope of covered services. The Administration may impose sanctions as described in contract if a contractor makes refer-

als to other agencies or programs to reduce expenses incurred by the contractor on behalf of its members.

**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-509 adopted as an emergency adopted, amended and renumbered as Section R9-22-508, former Section R9-22-510 adopted as an emergency now adopted and renumbered as Section R9-22-509 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-509 repealed, former Section R9-22-505 renumbered and amended as Section R9-22-509 effective October 1, 1985 (Supp. 85-5). Amended effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 4330, effective January 3, 2009 (Supp. 08-4).

**R9-22-510. Repealed****Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-510 adopted as an emergency adopted and renumbered as Section R9-22-509, former Section R9-22-511 adopted as an emergency now adopted, amended and renumbered as Section R9-22-510 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-510 repealed, new Section R9-22-510 adopted effective October 1, 1985 (Supp. 85-5). Amended effective December 8, 1997 (Supp. 97-4). Section repealed by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4).

**R9-22-511. Repealed****Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-511 adopted as an emergency adopted, amended and renumbered as Section R9-22-510, former Section R9-22-512 adopted as an emergency now adopted, amended and renumbered as Section R9-22-511 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-511 repealed, new Section R9-22-511 adopted effective October 1, 1985 (Supp. 85-5). Amended effective December 8, 1997 (Supp. 97-4). Section repealed by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4).

**R9-22-512. Release of Safeguarded Information**

- A. The Administration, contractors, providers, and noncontracting providers shall limit the release of safeguarded information to persons or agencies for the following purposes in accordance with 45 CFR 160 and 45 CFR 164, October 1, 2004, and 42 CFR 431.300 through 431.307, October 1, 2004, incorporated by reference, on file with the Administration and available from the U.S. Government Printing Office, 732 N. Capitol St., N.W., Washington, D.C. 20401. This incorporation by reference contains no future editions or amendments:
1. Official purposes directly related to the administration of the AHCCCS program including:
    - a. Establishing eligibility and post-eligibility treatment of income, as applicable;
    - b. Determining the amount of medical assistance;
    - c. Providing services for members;
    - d. Performing evaluations and analysis of AHCCCS operations;

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- e. Filing liens on property as applicable;
  - f. Filing claims on estates, as applicable; and
  - g. Filing, negotiating, and settling medical liens and claims.
2. Law enforcement. The Administration may release safeguarded information without the applicant's or member's written or verbal consent, for the purpose of conducting or assisting an investigation, prosecution, or criminal or civil proceeding related to the administration of the AHC-CCS program.
  3. The Administration may release safeguarded member information to a review committee in accordance with the provisions of A.R.S. § 36-2917, without the consent of the applicant or member.
- B.** Except as provided in subsection (A), the Administration, contractors, providers, and noncontracting providers shall disclose safeguarded information only to:
1. An applicant;
  2. A member;
  3. An unemancipated minor, with written permission of a parent, custodial relative, or designated representative, if:
    - a. An Administration employee, authorized representative, or responsible caseworker is present during the examination of the safeguarded information; or
    - b. After written notification to the provider, and at a reasonable time and place.
  4. Persons authorized by the applicant or member; or
  5. A court order or subpoena compliant with 45 CFR 164.512(e), October 1, 2004, incorporated by reference, on file with the Administration and available from the U.S. Government Printing Office, 732 N. Capitol St., N.W., Washington, D.C. 20401. This incorporation by reference contains no future editions or amendments.
- C.** The Administration, contractors, providers, and noncontracting providers shall safeguard identifiable information, protected health information as specified in 45 CFR 160, and information obtained in the course of application for or redetermination of eligibility concerning an applicant or member, that includes, but is not limited to the following:
1. Name and address;
  2. Social Security number;
  3. Social and economic conditions or circumstances;
  4. Agency evaluation of personal information;
  5. Medical data and information concerning medical services received, including diagnosis and history of disease or disability;
  6. State Data Exchange (SDX) tapes, and other types of information received from outside sources for the purpose of verifying income eligibility and amount of medical assistance payments; and
  7. Any information received in connection with the identification of legally liable third-party resources.
- D.** The restriction upon disclosure of information in this Section does not apply to:
1. De-identified information as described by 45 CFR 164.514, October 1, 2004, incorporated by reference in subsection (A); or
  2. A disclosure, in response to a request for information, that complies with 45 CFR 160 and 45 CFR 164, October 1, 2004, and 42 CFR 431.300 through 431.307, October 1, 2004, incorporated by reference in subsection (A).
- E.** A provider shall furnish records requested by the Administration or a contractor to the Administration or the contractor at no charge.

**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-512 adopted as an emergency adopted, amended and renumbered as Section R9-22-511, former Section R9-22-513 adopted as an emergency now adopted and renumbered as Section R9-22-512 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-512 repealed, new Section R9-22-512 adopted effective October 1, 1985 (Supp. 85-5). Amended effective December 13, 1993 (Supp. 93-4). Amended effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 4330, effective January 3, 2009 (Supp. 08-4).

**R9-22-513. Repealed****Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-513 adopted as an emergency adopted and renumbered as Section R9-22-512, former Section R9-22-514 adopted as an emergency now adopted, amended and renumbered as Section R9-22-513 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-513 repealed, former Section R9-22-526 renumbered and amended as Section R9-22-513 effective October 1, 1985 (Supp. 85-5). Amended effective December 8, 1997 (Supp. 97-4). Section repealed by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4).

**R9-22-514. Repealed****Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-514 adopted as an emergency adopted, amended and renumbered as Section R9-22-513, former Section R9-22-515 adopted as an emergency now adopted, amended and renumbered as Section R9-22-514 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-514 repealed, former Section R9-22-517 renumbered and amended as Section R9-22-514 effective October 1, 1985 (Supp. 85-5). Amended effective December 8, 1997 (Supp. 97-4). Section repealed by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4).

**R9-22-515. Repealed****Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-515 adopted as an emergency adopted, amended and renumbered as Section R9-22-514, former Section R9-22-517 adopted as an emergency now adopted, amended and renumbered as Section R9-22-515 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-515 repealed, former Section R9-22-522 renumbered and amended as Section R9-22-515 effective October 1, 1985 (Supp. 85-5). Repealed effective December 8, 1997 (Supp. 97-4).

**R9-22-516. Renumbered**

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**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-516 adopted as an emergency expired, former Section R9-22-518 adopted as an emergency now adopted, amended and renumbered as Section R9-22-516 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-516 renumbered as Section R9-22-513 effective October 1, 1985 (Supp. 85-5).

**R9-22-517. Renumbered****Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-517 adopted as an emergency adopted, amended and renumbered as Section R9-22-515, former Section R9-22-519 adopted as an emergency now adopted and renumbered and amended as Section R9-22-517 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-517 renumbered and amended as Section R9-22-514 effective October 1, 1985 (Supp. 85-5).

**R9-22-518. Information to Enrolled Members**

- A. Each contractor shall produce and distribute printed informational materials to each member or family unit no later than 10 days of receipt of notification of enrollment from the Administration. The contractor shall ensure that the informational materials meet the requirements specified in the contractor's current contract.
- B. A contractor shall provide a member with the name, address, and telephone number of the member's primary care provider no later than 10 days from the date of enrollment. The contractor shall include information on how the member may change primary care providers.

**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-518 adopted as an emergency adopted, amended and renumbered as Section R9-22-516, former Section R9-22-520 adopted as an emergency now adopted, amended and renumbered as Section R9-22-518 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-518 repealed, new Section R9-22-518 adopted effective October 1, 1985 (Supp. 85-5). Amended effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 4330, effective January 3, 2009 (Supp. 08-4).

**R9-22-519. Repealed****Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-519 adopted as an emergency adopted, amended and renumbered as Section R9-22-517, former Section R9-22-521 adopted as an emergency now adopted, amended and renumbered as Section R9-22-519 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-519 repealed, new Section R9-22-519 adopted effective October 1, 1985 (Supp. 85-5). Repealed effective December 8, 1997 (Supp. 97-4).

**R9-22-520. Expired****Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-520 adopted as an emergency adopted, amended and renumbered as Section R9-22-518, former Section R9-22-522 adopted as an emergency now adopted, amended and renumbered as Section R9-22-520 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-520 repealed, new Section R9-22-520 adopted effective October 1, 1985 (Supp. 85-5). Amended effective December 13, 1993 (Supp. 93-4). Amended effective December 8, 1997 (Supp. 97-4). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 4851, effective October 9, 2002 (Supp. 02-4).

**R9-22-521. Program Compliance Audits**

- A. The Administration shall conduct an onsite program compliance audit of a contractor at least once every three years during the term of the Administration's contract with the contractor. The Administration may conduct, without prior notice, inspections of contractor facilities or perform other elements of a program compliance audit.
- B. An audit team may perform any or all of the following procedures:
  1. Conduct private interviews and group conferences with members, physicians, other health professionals, and members of the contractor's administrative staff including, but not limited to, the contractor's principal management persons;
  2. Examine records, books, reports, and papers of the contractor and any management company, and all providers or subcontractors providing health care and other services. The examination may include, but need not be limited to: minutes of medical staff meetings, peer review and quality of care review records, duty rosters of medical personnel, appointment records, written procedures for the internal operation of the health plan, contracts and correspondence with members and with providers of health care services and other services to the plan, and additional documentation deemed necessary by the Administration to review the quality of medical care.

**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-521 adopted as an emergency adopted, amended and renumbered as Section R9-22-519, former Section R9-22-523 adopted as an emergency now adopted, amended and renumbered as Section R9-22-521 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-521 repealed, new Section R9-22-521 adopted effective October 1, 1985 (Supp. 85-5). Amended effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 4330, effective January 3, 2009 (Supp. 08-4).

*Editor's Note: The following Section was amended under an exemption from the provisions of the Administrative Procedure Act which means that this rule was not reviewed by the Governor's Regulatory Review Council; the agency did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the agency was not required to hold public hearings on the rules; and the Attorney General has not certified this rule. This Section was subsequently*

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*amended through the regular rulemaking process.*

**R9-22-522. Quality Management/Utilization Management (QM/UM) Requirements**

- A.** A contractor shall comply with Quality Management/Utilization Management (QM/UM) requirements specified in this Section and in contract. The contractor shall ensure compliance with QM/UM requirements that are accomplished through delegation or subcontract with another party.
- B.** In addition to any requirements specified in contract, a contractor shall:
1. Submit to the Administration a written QM/UM plan that includes a description of the systems, methodologies, protocols, and procedures to be used in:
    - a. Monitoring and evaluating the types of services provided,
    - b. Identifying the numbers and costs of services provided,
    - c. Assessing and improving the quality and appropriateness of care and services,
    - d. Evaluating the outcome of care provided to members, and
    - e. Determining the actions necessary to improve service delivery;
  2. Submit the QM/UM plan to the Administration on an annual basis within timelines specified in contract. If the QM/UM plan is changed during the year, the contractor shall submit the revised plan to the Administration before implementation;
  3. Receive approval from the Administration before implementing the initial or revised QM/UM plan;
  4. Ensure that a QM/UM committee operates under the control of the contractor's medical director and includes representation from medical and executive management personnel. The committee shall:
    - a. Oversee the development, revision, and implementation of the QM/UM plan; and
    - b. Ensure that there are qualified QM/UM personnel and sufficient resources to implement the contractor's QM/UM activities; and
  5. Ensure that the QM/UM activities include at least:
    - a. Prior authorization for non-emergency or scheduled hospital admissions;
    - b. Concurrent review of inpatient hospitalization;
    - c. Retrospective review of hospital claims;
    - d. Program and provider audits designed to detect over- or under-utilization, service delivery effectiveness, and outcome;
    - e. Medical records audits;
    - f. Surveys to determine satisfaction of members;
    - g. Assessment of the adequacy and qualifications of the contractor's provider network;
    - h. Review and analysis of QM/UM data;
    - i. Measurement of performance using objective quality indicators;
    - j. Ensuring individual and systemic quality of care;
    - k. Integrating quality throughout the organization;
    - l. Process improvement;
    - m. Credentialing a provider network;
    - n. Resolving quality of care grievances; and
    - o. Quality improvement activities focused on improving the quality of care and the efficient, cost-effective delivery and utilization of services.
- C.** A member's primary care provider shall maintain medical records that:

1. Conform to professional medical standards and practices for documentation of medical diagnostic and treatment data;
  2. Facilitate follow-up treatment; and
  3. Permit professional medical review and medical audit processes.
- D.** Within 30 days following termination of the contract between a subcontractor and a contractor, the subcontractor or the subcontractor's designee shall forward to the primary care provider medical records or copies of medical records of all members assigned to the subcontractor or for whom the subcontractor has provided services.
- E.** The Administration shall monitor each contractor and the contractor's providers to ensure compliance with Administration QM/UM requirements and adherence to the contractor's QM/UM plan.
1. A contractor and the contractor's providers shall cooperate with the Administration in the performance of the Administration's QM/UM monitoring activities; and
  2. A contractor and the contractor's providers shall develop and implement mechanisms for correcting deficiencies identified through the Administration's QM/UM monitoring.

**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-522 adopted as an emergency adopted, amended and renumbered as Section R9-22-520, former Section R9-22-524 adopted as an emergency now adopted and renumbered as Section R9-22-522 as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-522 renumbered and amended as Section R9-22-515, new Section R9-22-522 adopted effective October 1, 1985 (Supp. 85-5). Amended under an exemption from the provisions of the Administrative Procedure Act, effective March 1, 1993 (Supp. 93-1). Amended effective December 13, 1993 (Supp. 93-4). Amended effective December 8, 1997 (Supp. 97-4). Amended by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 4330, effective January 3, 2009 (Supp. 08-4).

**R9-22-523. Expired**

**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-523 adopted as an emergency adopted, amended and renumbered as Section R9-22-521, former Section R9-22-525 adopted as an emergency now adopted, amended and renumbered as Section R9-22-523 as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective October 1, 1985 (Supp. 85-5). Amended effective December 8, 1997 (Supp. 97-4). Section expired under A.R.S. § 41-1056(E) at 8 A.A.R. 4851, effective October 9, 2002 (Supp. 02-4).

**R9-22-524. Repealed**

**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-524 adopted as an emergency adopted and renumbered as Section R9-22-522, former Section R9-22-526 adopted as an emergency now adopted, amended and renumbered as Section R9-22-524 as a permanent rule effective August 30, 1982 (Supp. 82-

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4). Former Section R9-22-524 repealed, new Section R9-22-524 adopted effective October 1, 1985 (Supp. 85-4). Amended effective December 8, 1997 (Supp. 97-4). Section repealed by final rulemaking at 11 A.A.R. 4277, effective December 5, 2005 (Supp. 05-4).

**R9-22-525. Repealed****Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-525 adopted as an emergency adopted, amended and renumbered as Section R9-22-523, former Section R9-22-527 adopted as an emergency now adopted, amended and renumbered as Section R9-22-525 as a permanent rule effective August 30, 1982 (Supp. 82-4). Repealed effective October 1, 1985 (Supp. 85-5).

**R9-22-526. Renumbered****Historical Note**

Adopted as an emergency effective February 23, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-1). Adopted as a permanent rule effective May 16, 1983; text of the permanent rule identical to the emergency (Supp. 83-3). Former Section R9-22-526 repealed, new Section R9-22-526 adopted effective October 1, 1983 (Supp. 83-5). Former Section R9-22-526 renumbered and amended as Section R9-22-501 effective October 1, 1985 (Supp. 85-1).

**R9-22-527. Renumbered****Historical Note**

Adopted effective October 1, 1983 (Supp. 83-5). Former Section R9-22-527 renumbered and amended as Section R9-22-505 effective October 1, 1985 (Supp. 85-5).

**R9-22-528. Renumbered****Historical Note**

Adopted effective October 1, 1983 (Supp. 83-5). Former Section R9-22-528 renumbered and amended as Section R9-22-504 effective October 1, 1985 (Supp. 85-5).

**R9-22-529. Renumbered****Historical Note**

Adopted as Section R9-22-529 effective October 1, 1985, then renumbered as Section R9-22-1002 effective October 1, 1985 (Supp. 85-5).

**ARTICLE 6. RFP AND CONTRACT PROCESS****R9-22-601. General Provisions**

- A. The Director has full operational authority to adopt rules for the RFP process and the award of contracts under A.R.S. § 36-2906.
- B. This Article applies to the award of contracts under A.R.S. §§ 36-2904 and 36-2906 to provide services under A.R.S. § 36-2907 and the expenditure of public monies by the Administration pertaining to covered services when the procurement so states. The Administration shall establish conflict-of-interest safeguards for officers and employees of this state with responsibilities relating to contracts that comply with 42 U.S.C. 1396u-2(d)(3).
- C. The Administration is exempt from the procurement code under A.R.S. § 41-2501.
- D. The Administration and contractors shall retain all contract records for five years under A.R.S. § 36-2903 and dispose of the records under A.R.S. § 41-2550.
- E. The following terms are defined as related to this Article:

“Procurement file” means the official records file of the Director whether located in the Office of the Director or at the public procurement unit. The procurement file shall include in electronic or paper form a list of notified vendors, final solicitation, solicitation amendments, bids/offers, final proposal revisions, clarifications, and final evaluation report.

**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-601 adopted as an emergency now adopted as a permanent rule effective August 30, 1982 (Supp. 82-4). Repealed effective October 1, 1983 (Supp. 83-5). Adopted effective July 16, 1985 (Supp. 85-4). Amended effective December 13, 1993 (Supp. 93-4). Section repealed, new Section adopted by final rulemaking at 5 A.A.R. 607, effective February 5, 1999 (Supp. 99-1). Amended by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 18 A.A.R. 2340, effective November 11, 2012 (Supp. 12-3).

**R9-22-602. RFP**

- A. RFP content. The Administration shall include the following items in any RFP under this Article:
  1. Instructions and information to an offeror concerning the proposal submission including:
    - a. The deadline for submitting a proposal,
    - b. The address of the office at which a proposal is to be received,
    - c. The period during which the RFP remains open, and
    - d. Any special instructions and information;
  2. The scope of covered services under Article 2 of this Chapter and A.R.S. §§ 36-2906 and 36-2907, covered populations, geographic coverage, service and performance requirements, and a delivery or performance schedule;
  3. The contract terms and conditions, including bonding or other security requirements, if applicable;
  4. The factors used to evaluate a proposal;
  5. The location and method of obtaining documents that are incorporated by reference in the RFP;
  6. A requirement that the offeror acknowledge receipt of all RFP amendments issued by the Administration;
  7. The type of contract to be used and a copy of a proposed contract form or provisions;
  8. The length of the contract service;
  9. A requirement for cost or pricing data;
  10. The minimum RFP requirements; and
  11. A provision requiring an offeror to certify that a submitted proposal does not involve collusion or other anti-competitive practices.
- B. Proposal process.
  1. After the deadline for submitting proposals, the Administration may open a proposal publicly and announce and record the name of the offeror. The Administration shall keep all other information contained in a proposal confidential. The Administration shall open a proposal for public inspection after contract award unless the Administration determines that disclosure is not in the best interest of the state.
  2. The Administration shall evaluate a proposal based on the GSA and the evaluation factors listed in the RFP.
  3. The Administration may initiate discussions with a responsive and responsible offeror to clarify and assure full understanding of an offeror's proposal. The Administration shall provide an offeror fair treatment with respect

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to discussion and revision of a proposal. The Administration shall not disclose information derived from a proposal submitted by a competing offeror.

4. The Administration shall allow for the adjustment of covered services by expansion, deletion, segregation, or combination in order to secure the most financially advantageous proposals for the state.
5. The Administration may conduct an investigation of a person or organization who has ownership or management interests in corporate offerors or affiliated corporate organizations of an offeror.
6. The Administration may issue a written request for best and final offers. The Administration shall state in the request the date, time, and place for the submission of best and final offers.
7. The Administration shall not request best and final offers more than once unless the Administration determines that it is advantageous to the state to request additional best and final offers. The Administration shall state in the written request for best and final offers that if the offeror does not submit a notice of withdrawal or a best and final offer, the Administration shall take the most recent offer as the offeror's best and final offer.

**C. Proposal rejection.**

1. The Administration may reject an offeror's proposal if the offeror fails to supply the information requested by the Administration.
2. The offeror shall not disclose information pertaining to its proposal to any other offeror prior to contract award. The offeror may disclose proposal information to a person other than another offeror if the recipient agrees to keep the information confidential until contract award. Disclosure in violation of this subsection may be grounds for rejecting a proposal.
3. The Administration shall provide written notification to an offeror whose proposal is rejected. The rejection notice shall be part of the contract file and a public record.
4. If the Administration determines that it is in the best interest of the state, the Administration may reject any and all proposals, in whole or in part, under the RFP. The reasons for rejection shall be part of the contract file. An offeror shall have no right to damages for any claims against the state, the state's employees, or agents if a proposal is rejected in whole or in part.

- D. Proposal cancellation.** If the Administration determines that it is in the best interest of the state, the Administration may cancel a RFP. The reasons for cancellation shall be part of the contract file. An offeror shall have no right to damages for any claims against the state, the state's employees, or agents if a RFP is cancelled.

**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-602 adopted as an emergency now adopted as a permanent rule effective August 30, 1982 (Supp. 82-4). Repealed effective October 1, 1983 (Supp. 83-5). Adopted effective July 16, 1985 (Supp. 85-4). Section repealed, new Section adopted by final rulemaking at 5 A.A.R. 607, effective February 5, 1999 (Supp. 99-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1).

**R9-22-603. Contract Award**

The Administration shall award a contract to the responsible and responsive offeror whose proposal is determined most advantageous to the state under A.R.S. § 36-2906. If the Administration determines that multiple contracts are in the best interest of the state, the Administration may award multiple contracts. The contract file shall contain the basis on which the award is made.

**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-603 adopted as an emergency now adopted as a permanent rule effective August 30, 1982 (Supp. 82-4). Repealed effective October 1, 1983 (Supp. 83-5). Adopted effective July 16, 1985 (Supp. 85-4). Section repealed, new Section adopted by final rulemaking at 5 A.A.R. 607, effective February 5, 1999 (Supp. 99-1). Section repealed; new Section made by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1).

**R9-22-604. Contract or Proposal Protests; Appeals**

- A.** Disputes related to contract performance. This Section does not apply to a dispute related to contract performance. A contract performance dispute is governed by 9 A.A.C. 34.
- B.** Resolution of a proposal protest. The procurement officer issuing a RFP shall have the authority to resolve proposal protests. An appeal from the decision of the procurement officer shall be made to the Director.
- C.** Filing of a protest.
  1. A person may file a protest with the procurement officer regarding:
    - a. A RFP issued by the Administration,
    - b. A proposed award, or
    - c. An award of a contract.
  2. A protester shall submit a written protest and include the following information:
    - a. The name, address, and telephone number of the protester;
    - b. The signature of the protester or protester's representative;
    - c. Identification of a RFP or contract number;
    - d. A detailed statement of the legal and factual grounds of the protest including copies of any relevant documents; and
    - e. The relief requested.
- D.** Time for filing a protest.
  1. A protester filing a protest alleging improprieties in an RFP or an amendment to an RFP shall file the protest at least 14 days before the due date of receipt of proposals.
  2. Any protest alleging improprieties in an amendment issued 14 or fewer days before the due date of the proposal shall be filed before the due date for receipt of proposals.
  3. In cases other than those covered in subsections (D)(1) and (2), a protester shall file a protest no later than 10 days after the procurement officer makes the procurement file available for public inspection.
- E.** Stay of procurement during the protest. If a protester files a protest before the contract award, the procurement officer may issue a written stay of the contract award. In considering whether to issue a written stay of contract, the procurement officer shall consider but is not limited to considering whether:
  1. A reasonable probability exists that the protest will be sustained, and
  2. The stay of the contract award is in the best interest of the state.

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- F. Stay of contract award during an appeal to the Director. The Director shall automatically continue the stay of a contract award if:
1. An appeal is filed before a contract award, and
  2. The procurement officer issues a stay of the contract award under subsection (E), unless
  3. The Director issues a written determination that the contract award is necessary to protect the best interest of the state.
- G. Decision by the procurement officer.
1. The procurement officer shall issue a written decision no later than 14 days after a protest has been filed. The decision shall contain an explanation of the basis of the decision.
  2. The procurement officer shall furnish a copy of the decision to the protester by:
    - a. Certified mail, return receipt requested; or
    - b. Any other method that provides evidence of receipt.
  3. The Administration may extend, for good cause, the time-limit for decisions in subsection (G)(1) for a time not to exceed 30 days. The procurement officer shall notify the protester in writing that the time for the issuance of a decision has been extended and the date by which a decision shall be issued.
  4. If the procurement officer fails to issue a decision within the time-limits in subsection (G)(1) or (G)(3), the protester may proceed as if the procurement officer issued an adverse decision.
- H. Remedies.
1. If the procurement officer sustains the protest in whole or in part and determines that the RFP, proposed contract award, or contract award does not comply with applicable statutes and rules, the procurement officer shall order an appropriate remedy.
  2. In determining an appropriate remedy, the procurement officer shall consider all the circumstances of the procurement or proposed procurement, including:
    - a. Seriousness of the procurement deficiency,
    - b. Degree of prejudice to other interested parties or to the integrity of the RFP process,
    - c. Good faith of the parties,
    - d. Extent of performance,
    - e. Costs to the state, and
    - f. Urgency of the procurement.
  3. An appropriate remedy may include one or more of the following:
    - a. Terminating the contract;
    - b. Reissuing the RFP;
    - c. Issuing a new RFP;
    - d. Awarding a contract consistent with statutes, rules, and the terms of the RFP; or
    - e. Any relief determined necessary to ensure compliance with applicable statutes and rules.
- I. Appeals to the Director.
1. A person may file an appeal of a procurement officer's decision with both the Director and the procurement officer no later than five days from the date the decision is received. The date the decision is received shall be determined under subsection (G)(2).
  2. The appeal shall contain:
    - a. The information required in subsection (C)(2),
    - b. A copy of the procurement officer's decision,
    - c. The alleged factual or legal error in the decision of the procurement officer on which the appeal to the Director is based, and
    - d. A request for hearing unless the person requests that the Director's decision be based solely upon the procurement file.
- J. Dismissal. The Director shall not schedule a hearing and shall dismiss an appeal with a written determination if:
1. The appeal does not state a basis for protest,
  2. The appeal is untimely under subsection (I)(1), or
  3. The appeal is moot.
- K. Hearing. Hearings under this Section shall be conducted using the Arizona Administrative Procedure Act under A.R.S. Title 41, Ch. 6.
- Historical Note**
- Adopted effective July 16, 1985 (Supp. 85-4). Section repealed, new Section adopted by final rulemaking at 5 A.A.R. 607, effective February 5, 1999 (Supp. 99-1). Amended by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 18 A.A.R. 2340, effective November 11, 2012 (Supp. 12-3).
- R9-22-605. Waiver of Contractor's Subcontract with Hospitals**
- If a contractor is unable to obtain a subcontract with a hospital as contractually required, the contractor may request in writing a waiver from the Administration as allowed by A.R.S. § 36-2906. The contractor shall state in the request the reasons a waiver is believed to be necessary and all efforts the contractor has made to secure a subcontract.
- Historical Note**
- Adopted effective January 31, 1986 (Supp. 86-1). Amended effective December 13, 1993 (Supp. 93-4). Section repealed by final rulemaking at 5 A.A.R. 607, effective February 5, 1999 (Supp. 99-1). New Section made by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 18 A.A.R. 2340, effective November 11, 2012 (Supp. 12-3).
- R9-22-606. Contract Compliance Sanction**
- A. The Director may impose sanctions upon a contractor for violation of any provision of this Chapter or of a contract. Sanctions include but are not limited to:
1. Suspension of any or all further member enrollment, by choice and/or assignment for a period of time.
  2. Imposition of a monetary sanction.
- B. The Director shall consider the nature, severity, and length of the violation when determining a sanction.
- C. The Director shall provide a contractor with written notice specifying grounds and terms for the sanction.
- D. Nothing contained in this Section shall be construed to prevent the Administration from imposing sanctions as provided in contract under A.R.S. § 36-2903.
- Historical Note**
- New Section made by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 18 A.A.R. 2340, effective November 11, 2012 (Supp. 12-3).
- ARTICLE 7. STANDARDS FOR PAYMENTS**
- R9-22-701. Standard for Payments Related Definitions**
- In addition to definitions contained in A.R.S. § 36-2901, the words and phrases in this Article have the following meanings unless the context explicitly requires another meaning:
- "Accommodation" means room and board services provided to a patient during an inpatient hospital stay and includes all staffing, supplies, and equipment. The accommodation is

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semi-private except when the member must be isolated for medical reasons. Types of accommodation include hospital routine medical/surgical units, intensive care units, and any other specialty care unit in which room and board are provided.

“Aggregate” means the combined amount of hospital payments for covered services provided within and outside the GSA.

“AHCCCS inpatient hospital day or days of care” means each day of an inpatient stay for a member beginning with the day of admission and including the day of death, if applicable, but excluding the day of discharge, provided that all eligibility, medical necessity, and medical review requirements are met.

“Ancillary service” means all hospital services for patient care other than room and board and nursing services, including but not limited to, laboratory, radiology, drugs, delivery room (including maternity labor room), operating room (including postanesthesia and postoperative recovery rooms), and therapy services (physical, speech, and occupational).

“APC” means the Ambulatory Payment Classification system under 42 CFR 419.31 used by Medicare for grouping clinically and resource-similar procedures and services.

“Billed charges” means charges for services provided to a member that a hospital includes on a claim consistent with the rates and charges filed by the hospital with Arizona Department of Health Services (ADHS).

“Business agent” means a company such as a billing service or accounting firm that renders billing statements and receives payment in the name of a provider.

“Capital costs” means costs as reported by the hospital to CMS as required by 42 CFR 413.20.

“Copayment” means a monetary amount, specified by the Director, that a member pays directly to a contractor or provider at the time covered services are rendered.

“Cost-to-charge ratio” (CCR) means a hospital’s costs for providing covered services divided by the hospital’s charges for the same services. The CCR is the percentage derived from the cost and charge data for each revenue code provided to AHCCCS by each hospital.

“Covered charges” means billed charges that represent medically necessary, reasonable, and customary items of expense for covered services that meet medical review criteria of AHCCCS or a contractor.

“CPT” means Current Procedural Terminology, published and updated by the American Medical Association. CPT is a nationally-accepted listing of descriptive terms and identifying codes for reporting medical services and procedures performed by physicians that provide a uniform language to accurately designate medical, surgical, and diagnostic services.

“Critical Access Hospital” is a hospital certified by Medicare under 42 CFR 485 Subpart F and 42 CFR 440.170(g). “Direct graduate medical education costs” or “direct program costs” means the costs that are incurred by a hospital for the education activities of an approved graduate medical education program that are the proximate result of training medical residents in the hospital, including resident salaries and fringe benefits, the portion of teaching physician salaries and fringe benefits that are related to the time spent in teaching and supervision of residents, and other related GME overhead costs.

“DRI inflation factor” means Global Insights Prospective Hospital Market Basket.

“Eligibility posting” means the date a member’s eligibility information is entered into the AHCCCS Pre-paid Medical Management Information System (PMMIS).

“Encounter” means a record of a medically-related service rendered by an AHCCCS-registered provider to a member enrolled with a contractor on the date of service.

“Existing outpatient service” means a service provided by a hospital before the hospital files an increase in its charge master as defined in R9-22-712(G), regardless of whether the service was explicitly described in the hospital charge master before filing the increase or how the service was described in the charge master before filing the increase.

“Expansion funds” means funds appropriated to support GME program expansions as described under A.R.S. § 36-2903.01(G)(9)(b) and (c)(i).

“Factor” means a person or an organization, such as a collection agency or service bureau, that advances money to a provider for accounts receivable that the provider has assigned, sold, or transferred to the organization for an added fee or a deduction of a portion of the accounts receivable. Factor does not include a business agent.

“Fiscal intermediary” means an organization authorized by CMS to make determinations and payments for Part A and Part B provider services for a given region.

“Freestanding Children’s Hospital” means a separately standing hospital with at least 120 pediatric beds that is dedicated to provide the majority of the hospital’s services to children.

“GME program approved by the Administration” or “approved GME program” means a graduate medical education program that has been approved by a national organization as described in 42 CFR 415.152.

“Graduate medical education (GME) program” means an approved residency program that prepares a physician for independent practice of medicine by providing didactic and clinical education in a medical environment to a medical student who has completed a recognized undergraduate medical education program.

“HCAC” means a health care acquired condition described under 42 CFR 447.26 but does not include Deep Vein Thrombosis (DVT)/Pulmonary Embolism (PE) as related to total knee replacement or hip replacement surgery in pediatric and obstetric patients.

“HCPCS” means the Health Care Procedure Coding System, published and updated by Center for Medicare and Medicaid Services (CMS). HCPCS is a listing of codes and descriptive terminology used for reporting the provision of physician services, other health care services, and substances, equipment, supplies or other items used in health care services.

“HIPAA” means the Health Insurance Portability and Accountability Act of 1996, as specified under 45 CFR 162, that establishes standards and requirements for the electronic transmission of certain health information by defining code sets used for encoding data elements, such as tables of terms, medical concepts, medical diagnostic codes, or medical procedure codes.

“ICU” means the intensive care unit of a hospital.



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“Indirect program costs” means the marginal increase in operating costs that a hospital experiences as a result of having an approved graduate medical education program and that is not accounted for by the hospital’s direct program costs.

“Intern and Resident Information System” means a software program used by teaching hospitals and the provider community for collecting and reporting information on resident training in hospital and non-hospital settings.

“Medical education costs” means direct hospital costs for intern and resident salaries, fringe benefits, program costs, nursing school education, and paramedical education, as described in the Medicare Provider Reimbursement Manual.

“Medical review” means a clinical evaluation of documentation conducted by AHCCCS or a contractor for purposes of prior authorization, concurrent review, post-payment review, or determining medical necessity. The criteria for medical review are established by AHCCCS or a contractor based on medical practice standards that are updated periodically to reflect changes in medical care.

“Medicare Urban or Rural Cost-to-Charge Ratio (CCR)” means statewide average capital cost-to-charge ratio published annually by CMS added to the urban or rural statewide average operating cost-to-charge ratio published annually by CMS.

“National Standard code sets” means codes that are accepted nationally in accordance with federal requirements under 45 CFR 160 and 45 CFR 164.

“New hospital” means a hospital for which Medicare Cost Report claim and encounter data are not available for the fiscal year used for initial rate setting or rebasing.

“NICU” means the neonatal intensive care unit of a hospital that is classified as a Level II or Level III perinatal center by the Arizona Perinatal Trust.

“Non-IHS Acute Hospital” means a hospital that is not run by Indian Health Services, is not a free-standing psychiatric hospital, such as an IMD, and is paid under ADHS rates.

“Observation day” means a physician-ordered evaluation period of less than 24 hours to determine whether a person needs treatment or needs to be admitted as an inpatient. Each observation day consists of a period of 24 hours or less.

“Operating costs” means AHCCCS-allowable accommodation costs and ancillary department hospital costs excluding capital and medical education costs.

“OPPC” means an Other Provider Preventable Condition that is: (1) a wrong surgical or other invasive procedure performed on a patient, (2) a surgical or other invasive procedure performed on the wrong body part, or (3) a surgical or other invasive procedure performed on the wrong patient.

“Organized health care delivery system” means a public or private organization that delivers health services. It includes, but is not limited to, a clinic, a group practice prepaid capitation plan, and a health maintenance organization.

“Outlier” means a hospital claim or encounter in which the operating costs per day for an AHCCCS inpatient hospital stay meet the criteria described under this Article and A.R.S. § 36-2903.01(G).

“Outpatient hospital service” means a service provided in an outpatient hospital setting that does not result in an admission.

“Ownership change” means a change in a hospital’s owner, lessor, or operator under 42 CFR 489.18(a).

“Participating institution” means an institution at which portions of a graduate medical education program are regularly conducted and to which residents rotate for an educational experience for at least one month.

“Peer group” means hospitals that share a common, stable, and independently definable characteristic or feature that significantly influences the cost of providing hospital services, including specialty hospitals that limit the provision of services to specific patient populations, such as rehabilitative patients or children.

“PPC” means prior period coverage. PPC is the period of time, prior to the member’s enrollment, during which a member is eligible for covered services. The time-frame is the first day of the month of application or the first eligible month, whichever is later, until the day a member is enrolled with a contractor.

“PPS bed” means Medicare-approved Prospective Payment beds for inpatient services as reported in the Medicare cost reports for the most recent fiscal year for which the Administration has a complete set of Medicare cost reports for every rural hospital as determined as of the first of February of each year.

“Procedure code” means the numeric or alphanumeric code listed in the CPT or HCPCS manual by which a procedure or service is identified.

“Prospective rates” means inpatient or outpatient hospital rates set by AHCCCS in advance of a payment period and representing full payment for covered services excluding any quick-pay discounts, slow-pay penalties, and first-and third-party payments regardless of billed charges or individual hospital costs.

“Public hospital” means a hospital that is owned and operated by county, state, or hospital health care district.

“Qualifying health information exchange organization” means a non-profit health information organization as defined in A.R.S. § 36-3801 that provides the statewide exchange of patient health information among disparate health care organizations and providers not owned, operated, or controlled by the health information exchange. A qualifying health information exchange organization must include representation by the administration on its board of directors, and have a significant number of health care participants, including hospitals, laboratories, payers, community physicians and Federally Qualified Health Centers.

“Rebase” means the process by which the most currently available and complete Medicare Cost Report data for a year and AHCCCS claim and encounter data for the same year are collected and analyzed to reset the Inpatient Hospital Tiered per diem rates, or the Outpatient Hospital Capped Fee-For-Service Schedule.

“Reinsurance” means a risk-sharing program provided by AHCCCS to contractors for the reimbursement of specified contract service costs incurred by a member beyond a certain monetary threshold.

“Remittance advice” means an electronic or paper document submitted to an AHCCCS-registered provider by AHCCCS to explain the disposition of a claim.

“Resident” means a physician engaged in postdoctoral training in an accredited graduate medical education program, including an intern and a physician who has completed the requirements for the physician’s eligibility for board certification.

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“Revenue code” means a numeric code, that identifies a specific accommodation, ancillary service, or billing calculation, as defined by the National Uniform Billing committee for UB-04 forms.

“Sub-acute services” means inpatient care for a patient with an acute illness, injury or exacerbation of a disease process when the patient does not require acute inpatient hospitalization. Sub-acute care is rendered immediately after, or instead of, acute inpatient hospitalization.

“Specialty facility” means a facility where the service provided is limited to a specific population, such as rehabilitative services for children.

“Sponsoring institution” means the institution or entity that is recognized by the GME accrediting organization and designated as having ultimate responsibility for the assurance of academic quality and compliance with the terms of accreditation.

“Tier” means a grouping of inpatient hospital services into levels of care based on diagnosis, procedure, or revenue codes, peer group, NICU classification level, or any combination of these items.

“Tiered per diem” means an AHCCCS capped fee schedule in which payment is made on a per-day basis depending upon the tier (or tiers) into which an AHCCCS inpatient hospital day of care is assigned.

“Trip” means a one-way transport each time a taxi is called. If the taxi waits for the member then the transport continues to be part of the one-way trip. If the taxi leaves and is called to pick up the member, that is considered a new one-way trip.

#### Historical Note

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-701 adopted as an emergency now adopted as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-701 repealed, new Section R9-22-701 adopted effective October 1, 1983 (Supp. 83-5). Amended effective October 1, 1985 (Supp. 85-5). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). Section repealed; new Section made by exempt rulemaking at 11 A.A.R. 2297, effective July 1, 2005 (Supp. 05-2). Amended by final rulemaking at 12 A.A.R. 2188, effective June 6, 2006 (Supp. 06-2). Amended by final rulemaking at 13 A.A.R. 662, effective April 7, 2007 (Supp. 07-1). Amended by final rulemaking at 13 A.A.R. 1782, effective June 30, 2007 (Supp. 07-2). Amended by exempt rulemaking at 13 A.A.R. 3190, effective October 1, 2007 (Supp. 07-3). Amended by exempt rulemaking at 13 A.A.R. 4032, effective November 1, 2007 (Supp. 07-4). Amended by final rulemaking at 20 A.A.R. 1956, effective September 6, 2014; amended by exempt rulemaking at 20 A.A.R. 2755, effective January 1, 2015 (Supp. 14-3). Amended by final rulemaking at 22 A.A.R. 2187, effective October 1, 2016 (Supp. 16-4).

**R9-22-701.01. Reserved**

**R9-22-701.02. Reserved**

**R9-22-701.03. Reserved**

**R9-22-701.04. Reserved**

**R9-22-701.05. Reserved**

**R9-22-701.06. Reserved**

**R9-22-701.07. Reserved**

**R9-22-701.08. Reserved**

**R9-22-701.09. Reserved**

#### **R9-22-701.10 Scope of the Administration’s and Contractor’s Liability**

The Administration shall bear no liability for providing covered services for any member beyond the date of termination of the member’s eligibility or during the member’s enrollment with a contractor. A contractor has no financial responsibility for services provided to a member beyond the last date of enrollment except as provided in Articles 2 and 5 of this Chapter and as specified in contract.

#### Historical Note

New Section made by final rulemaking at 13 A.A.R. 662, effective April 7, 2007 (Supp. 07-1).

#### **R9-22-702. Charges to Members**

- A.** For purposes of this subsection, the term “member” includes the member’s financially responsible representative as described under A.R.S. § 36-2903.01.
- B.** Registered providers must accept payment from the Administration or a contractor as payment in full.
- C.** Except as provided in subsection (D) a registered provider shall not request or collect payment from, refer to a collection agency, or report to a credit reporting agency an eligible person or a person claiming to be an eligible person.
- D.** An AHCCCS registered provider may charge, submit a claim to, or demand or collect payment from a member:
  1. To collect the copayment described in R9-22-711;
  2. To recover from a member that portion of a payment made by a third party to the member for an AHCCCS covered service if the member has not transferred the payment to the Administration or the contractor as required by the statutory assignment of rights to AHCCCS;
  3. To obtain payment from a member for medical expenses incurred during a period when the member intentionally withheld information or intentionally provided inaccurate information pertaining to the member’s AHCCCS eligibility or enrollment that caused payment to the provider to be reduced or denied;
  4. For a service that is excluded by statute or rule, or provided in an amount that exceeds a limitation in statute or rule, if the member signs a document in advance of receiving the service stating that the member understands the service is excluded or is subject to a limit and that the member will be financially responsible for payment for the excluded service or for the services in excess of the limit;
  5. When the contractor or the Administration has denied authorization for a service if the member signs a document in advance of receiving the service stating that the member understands that authorization has been denied and that the member will be financially responsible for payment for the service;

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6. For services requested for a member enrolled with a contractor, and rendered by a noncontracting provider under circumstances where the member's contractor is not responsible for payment of "out of network" services under R9-22-705(A), if the member signs a document in advance of receiving the service stating that the member understands the provider is out of network, that the member's contractor is not responsible for payment, and that the member will be financially responsible for payment for the excluded service;
  7. For services rendered to a person eligible for the FESP if the provider submits a claim to the Administration in the reasonable belief that the service is for treatment of an emergency medical condition and the Administration denies the claim because the service does not meet the criteria of R9-22-217; or
  8. If the provider has received verification from the Administration that the person was not an eligible person on the date of service.
- E.** The signature requirement of subsections (D)(4), (D)(5), and (D)(6) do not apply if:
1. The member is unable or incompetent to sign such a document, or
  2. When services are rendered for the purpose of treating an emergency medical condition as defined in R9-22-217 and a delay in providing treatment to obtain a signature would have a significant adverse affect on the member's health.
- F.** Except as provided for in this Section, registered providers shall not bill a member when the provider could have received reimbursement from the Administration or a contractor but for the provider's failure to file a claim in accordance with the requirements of AHCCCS statutes, rules, the provider agreement, or contract, such as, but not limited to, requirements to request and obtain prior authorization, timely filing, and clean claim requirements.

**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-702 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended as an emergency effective February 23, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-1). Amended as a permanent rule effective May 16, 1983; text identical to the emergency (Supp. 83-3). Former Section R9-22-702 repealed, new Section R9-22-702 adopted effective October 1, 1983 (Supp. 83-5). Amended by adding subsection (B) effective October 1, 1985 (Supp. 85-5). Amended by adding subsection (C) effective October 1, 1987 (Supp. 87-4). Amended effective April 13, 1990 (Supp. 90-2). Amended effective December 13, 1993 (Supp. 93-4). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 8 A.A.R. 3317, effective July 15, 2002 (Supp. 02-3). Amended by final rulemaking at 11 A.A.R. 3217, effective October 1, 2005 (Supp. 05-3). Amended by exempt rulemaking at 17 A.A.R. 1707, effective October 1, 2011 (Supp. 11-3). Amended by final rulemaking at 19 A.A.R. 2747, effective October 8, 2013 (Supp. 13-3).

**R9-22-703. Payments by the Administration**

- A.** General requirements. A provider shall enter into a provider agreement with the Administration that meets the requirements of A.R.S. § 36-2904 and 42 CFR 431.107(b) as of October 1, 2012, which is incorporated by reference and on file

with the Administration, and available from the U.S. Government Printing Office, Mail Stop: IDCC, 732 N. Capitol Street, NW, Washington, DC, 20401. This incorporation by reference contains no future editions or amendments.

**B. Timely submission of claims.**

1. Under A.R.S. § 36-2904, the Administration shall deem a paper claim to be submitted on the date that it is received by the Administration. An electronic claim is deemed received by the Administration when the claim enters the information processing system designated by the Administration for electronic claims in a form that is capable of being processed by the designated information processing system. The Administration shall do one or more of the following for each claim it receives:
  - a. Place a date stamp on the face of the claim,
  - b. Assign a system-generated claim reference number, or
  - c. Assign a system-generated date-specific number.
2. Unless a shorter time period is specified in contract, the Administration shall not pay a claim for a covered service unless the claim is initially submitted within one of the following time limits, whichever is later:
  - a. Six months from the date of service or for an inpatient hospital claim, six months from the date of discharge; or
  - b. Six months from the date of eligibility posting.
3. Unless a shorter time period is specified in contract, the Administration shall not pay a claim for a covered service unless the claim is submitted within one of the following time limits, whichever is later:
  - a. Twelve months from the date of service or for an inpatient hospital claim, 12 months from the date of discharge; or
  - b. Twelve months from the date of eligibility posting.
4. Unless a shorter time period is specified in contract, the Administration shall not pay a claim submitted by an HIS or tribal facility for a covered service unless the claim is initially submitted within 12 months from the date of service, date of discharge, or eligibility posting, whichever is later.

**C. Claims processing.**

1. The Administration shall notify the AHCCCS-registered provider with a remittance advice when a claim is processed for payment.
2. The Administration shall reimburse a hospital for inpatient hospital admissions and outpatient hospital services rendered on or after March 1, 1993, as follows and in the manner and at the rate described in A.R.S. § 36-2903.01:
  - a. If the hospital bill is paid within 30 days from the date of receipt, the claim is paid at 99 percent of the rate.
  - b. If the hospital bill is paid between 30 and 60 days from the date of receipt, the claim is paid at 100 percent of the rate.
  - c. If the hospital bill is paid after 60 days from the date of receipt, the claim is paid at 100 percent of the rate plus a fee of one percent per month for each month or portion of a month following the 60th day of receipt of the bill until date of payment.
3. A claim is paid on the date indicated on the disbursement check.
4. A claim is denied as of the date of the remittance advice.
5. The Administration shall process a hospital claim under this Article.

**D. Prior authorization.**

1. An AHCCCS-registered provider shall:

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- a. Obtain prior authorization from the Administration for non-emergency hospital admissions, covered services as specified in Articles 2 and 12 of this Chapter, and for administrative days as described in R9-22-712.75,
  - b. Notify the Administration of hospital admissions under Article 2 of this Chapter, and
  - c. Make records available for review by the Administration upon request.
- 2. The Administration may deny a claim if the provider fails to comply with subsection (D)(1).
- 3. If the Administration issues prior authorization for an inpatient hospital admission, a specific service, or level of care but subsequent medical review indicates that the admission, the service, or level of care was not medically appropriate, the Administration shall adjust the claim payment.
- E. Review of claims and coverage for hospital supplies.**
  - 1. The Administration may conduct prepayment and post-payment review of any claims, including but not limited to hospital claims.
  - 2. Personal care items supplied by a hospital, including but not limited to the following, are not covered services:
    - a. Patient care kit,
    - b. Toothbrush,
    - c. Toothpaste,
    - d. Petroleum jelly,
    - e. Deodorant,
    - f. Septi soap,
    - g. Razor or disposable razor,
    - h. Shaving cream,
    - i. Slippers,
    - j. Mouthwash,
    - k. Shampoo,
    - l. Powder,
    - m. Lotion,
    - n. Comb, and
    - o. Patient gown.
  - 3. The following hospital supplies and equipment, if medically necessary and used by the member, are covered services:
    - a. Arm board,
    - b. Diaper,
    - c. Underpad,
    - d. Special mattress and special bed,
    - e. Gloves,
    - f. Wrist restraint,
    - g. Limb holder,
    - h. Disposable item used instead of a durable item,
    - i. Universal precaution,
    - j. Stat charge, and
    - k. Portable charge.
  - 4. The Administration shall determine in a hospital claims review whether services rendered were:
    - a. Covered services as defined in Article 2;
    - b. Medically necessary;
    - c. Provided in the most appropriate, cost-effective, and least restrictive setting; and
    - d. For claims with dates of admission on and after March 1, 1993, substantiated by the minimum documentation specified in A.R.S. § 36-2903.01.
  - 5. If the Administration adjudicates a claim, a person may file a claim dispute challenging the adjudication under 9 A.A.C. 34.
- F. Overpayment for AHCCCS services.**
  - 1. An AHCCCS-registered provider shall notify the Administration when the provider discovers the Administration made an overpayment.
  - 2. The Administration shall recoup an overpayment from a future claim cycle if an AHCCCS-registered provider fails to return the overpaid amount to the Administration.
  - 3. The Administration shall document any recoupment of an overpayment on a remittance advice.
  - 4. An AHCCCS-registered provider may file a claim dispute under 9 A.A.C. 34 if the AHCCCS-registered provider disagrees with a recoupment action.
- G.** For services subject to limitations or exclusions such as the number of hours, days, or visits covered as described in Article 2 of this Chapter, once the limit is reached the Administration will not reimburse the services.
- H.** Prior quarter reimbursement. A provider shall:
  - 1. Bill the Administration for services provided during a prior quarter eligibility period upon verification of eligibility or upon notification from a member of AHCCCS eligibility.
  - 2. Reimburse a member when payment has been received from the Administration for covered services during a prior quarter eligibility period. All funds paid by the member shall be reimbursed.
  - 3. Accept payment received by the Administration as payment in full.
- I.** Payment for in-state inpatient hospital services for claims with discharge dates on or before September 30, 2014. The Administration shall reimburse an in-state provider of inpatient hospital services rendered with a discharge date on or before September 30, 2014, the prospective tiered-per-diem amount in A.R.S. § 36-2903.01 and this Article.
- J.** Payment for out-of-state inpatient hospital services for claims with discharge dates on or before September 30, 2014. The Administration shall reimburse an out-of-state provider of inpatient hospital services rendered with a discharge date on or before September 30, 2014, for covered inpatient services by multiplying covered charges by the most recent statewide urban cost-to-charge ratio as determined in R9-22-712.01(6)(b).
- K.** Payment for inpatient hospital services for claims with discharge dates on and after October 1, 2014 regardless of admission date. The Administration shall reimburse an in-state or out-of-state provider of inpatient hospital services rendered with a discharge date on or after October 1, 2014, the DRG rate established by the Administration.
- L.** The Administration may enter into contracts for the provisions of transplant services.

**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R-22-703 adopted as an emergency now adopted as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-703 repealed, new Section R9-22-703 adopted effective October 1, 1983 (Supp. 83-5). Amended effective October 1, 1985 (Supp. 85-5). Amended effective October 1, 1986 (Supp. 86-5). Amended subsection (B), paragraph (1) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsection (A) effective September 16, 1987 (Supp. 87-3). Amended effective May 30, 1989 (Supp. 89-2). Amended effective September 29, 1992 (Supp. 92-3). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 8 A.A.R. 3317, effective July 15, 2002 (Supp. 02-3). Amended by final rulemaking at 11 A.A.R. 3222, effective October 1, 2005 (Supp.

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05-3). Amended by final rulemaking at 13 A.A.R. 662, effective April 7, 2007 (Supp. 07-1). Amended by final rulemaking at 17 A.A.R. 1658, effective August 2, 2011 (Supp. 11-3). Amended by exempt rulemaking at 17 A.A.R. 1707, effective October 1, 2011 (Supp. 11-3). Amended by final rulemaking at 19 A.A.R. 2747, effective October 8, 2013 (Supp. 13-3). Amended by final rulemaking at 19 A.A.R. 3309, November 30, 2013 (Supp. 13-4). Amended by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 27 A.A.R. 237, effective April 4, 2021 (Supp. 21-1).

**R9-22-704. Repealed****Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-704 adopted as an emergency now adopted and amended as a permanent rule effective August 30 1982 (Supp. 82-4). Amended effective October 1, 1983 (Supp. 83-5). Amended subsection A., Paragraph 2. effective October 1, 1985 (Supp. 85-5). Amended by final rulemaking at 8 A.A.R. 3317, effective July 15, 2002 (Supp. 02-3). Section repealed by final rulemaking at 13 A.A.R. 662, effective April 7, 2007 (Supp. 07-1).

**R9-22-705. Payments by Contractors**

**A.** General requirements. A contractor shall contract with providers to provide covered services to members enrolled with the contractor. The contractor is responsible for reimbursing providers and coordinating care for services provided to a member. Except as provided in subsection (A)(2), a contractor is not required to reimburse a noncontracting provider for services rendered to a member enrolled with the contractor.

1. Providers. A provider shall enter into a provider agreement with the Administration that meets the requirements of A.R.S. § 36-2904 and 42 CFR 431.107(b) as of March 6, 1992, which is incorporated by reference and on file with the Administration, and available from the U.S. Government Printing Office, Mail Stop: IDCC, 732 N. Capitol Street, NW, Washington, DC, 20401. This incorporation by reference contains no future editions or amendments.
2. A contractor shall reimburse a noncontracting provider for services rendered to a member enrolled with the contractor as specified in this Article if:
  - a. The contractor referred the member to the provider or authorized the provider to render the services and the claim is otherwise payable under this Chapter, or
  - b. The service is emergent under Article 2 of this Chapter.

**B. Timely submission of claims.**

1. Under A.R.S. § 36-2904, a contractor shall deem a paper or electronic claim as submitted on the date that the claim is received by the contractor. The contractor shall do one or more of the following for each claim the contractor receives:
  - a. Place a date stamp on the face of the claim,
  - b. Assign a system-generated claim reference number, or
  - c. Assign a system-generated date-specific number.
2. Unless a shorter time period is specified in subcontract, a contractor shall not pay a claim for a covered service unless the claim is initially submitted within one of the following time limits, whichever is later:

- a. Six months from the date of service or for an inpatient hospital claim, six months from the date of discharge; or
  - b. Six months from the date of eligibility posting.
3. Unless a shorter time period is specified in subcontract, a contractor shall not pay a claim for a covered service unless the claim is submitted within one of the following time limits, whichever is later:
    - a. Twelve months from the date of service or for an inpatient hospital claim, 12 months from the date of discharge; or
    - b. Twelve months from the date of eligibility posting.

**C. Date of claim.**

1. A contractor's date of receipt of an inpatient or an outpatient hospital claim is the date the claim is received by the contractor as indicated by the date stamp on the claim, the system-generated claim reference number, or the system-generated date-specific number assigned by the contractor.
2. A hospital claim is considered paid on the date indicated on the disbursement check.
3. A denied hospital claim is considered adjudicated on the date of the claim's denial.
4. For a claim that is pending for additional supporting documentation specified in A.R.S. § 36-2903.01 or 36-2904, the contractor shall assign a new date of receipt upon receipt of the additional documentation.
5. For a claim that is pending for documentation other than the minimum required documentation specified in either A.R.S. § 36-2903.01 or 36-2904, the contractor shall not assign a new date of receipt.
6. A contractor and a hospital may, through a contract approved as specified in R9-22-715, adopt a method for identifying, tracking, and adjudicating a claim that is different from the method described in this subsection.

**D.** Payment for in-state inpatient hospital services for claims with discharge dates on or before September 30, 2014. A contractor shall reimburse an in-state provider of inpatient hospital services rendered with a discharge date on or before September 30, 2014, at either a rate specified by subcontract or, in absence of the subcontract, the prospective tiered-per-diem amount in A.R.S. § 36-2903.01 and this Article. Subcontract rates, terms, and conditions are subject to review and approval or disapproval under A.R.S. § 36-2904 and R9-22-715. This subsection does not apply to an urban contractor as specified in R9-22-718 and A.R.S. § 36-2905.01.

**E.** Payment for Inpatient out-of-state hospital payments for claims with discharge dates on or before September 30, 2014. In the absence of a contract with an out-of-state hospital that specifies payment rates, a contractor shall reimburse out-of-state hospitals for covered inpatient services by multiplying covered charges by the most recent statewide urban cost-to-charge ratio as determined in R9-22-712.01(6)(b).

**F.** Payment for inpatient hospital services for claims with discharge dates on and after October 1, 2014 regardless of admission date. Subject to R9-22-718 and A.R.S. § 36-2905.01 regarding urban hospitals, a contractor shall reimburse an in-state or out-of-state provider of inpatient hospital services, at either a rate specified by subcontract or, in absence of a subcontract, the DRG rate established by the Administration and this Article. Subcontract rates, terms, and conditions are subject to review and approval or disapproval under A.R.S. § 36-2904 and R9-22-715.

**G. Payment for in-state outpatient hospital services.**

A contractor shall reimburse an in-state provider of outpatient hospital services rendered on or after July 1, 2005,

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at either a rate specified by a subcontract or, in absence of a subcontract, as provided under R9-22-712.10, A.R.S. § 36-2903.01 and other sections of this Article. The terms of the subcontract are subject to review and approval or disapproval under A.R.S. § 36-2904 and R9-22-715.

- H. Outpatient out-of-state hospital payments. In the absence of a contract with an out-of-state hospital that specifies payment rates, a contractor shall reimburse out-of-state hospitals for covered outpatient services by applying the methodology described in R9-22-712.10 through R9-22-712.50. If the outpatient procedure is not assigned a fee schedule amount, the contractor shall pay the claim by multiplying the covered charges for the outpatient services by the statewide outpatient cost-to-charge ratio.
- I. Payment for observation days. A contractor shall reimburse a provider and a noncontracting provider for the provision of observation days at either a rate specified by subcontract or, in the absence of a subcontract, as prescribed under R9-22-712, R9-22-712.10, and R9-22-712.45.
- J. Review of claims and coverage for hospital supplies.
  - 1. A contractor may conduct a review of any claims submitted and recoup any payments made in error.
  - 2. A hospital shall obtain prior authorization from the appropriate contractor for nonemergency admissions. When issuing prior authorization, a contractor shall consider the medical necessity of the service, and the availability and cost effectiveness of an alternative treatment. Failure to obtain prior authorization when required is cause for nonpayment or denial of a claim. A contractor shall not require prior authorization for medically necessary services provided during any prior period for which the contractor is responsible. If a contractor and a hospital agree to a subcontract, the parties shall abide by the terms of the subcontract regarding utilization control activities. A hospital shall cooperate with a contractor's reasonable activities necessary to perform concurrent review and shall make the hospital's medical records pertaining to a member enrolled with a contractor available for review.
  - 3. Regardless of prior authorization or concurrent review activities, a contractor may make prepayment or post-payment review of all claims, including but not limited to a hospital claim. A contractor may recoup an erroneously paid claim. If prior authorization was given for an inpatient hospital admission, a specific service, or level of care but subsequent medical review indicates that the admission, the service, or level of care was not medically appropriate, the contractor shall adjust the claim payment.
  - 4. A contractor and a hospital may enter into a subcontract that includes hospital claims review criteria and procedures if the subcontract meets the requirements of R9-22-715.
  - 5. Personal care items supplied by a hospital, including but not limited to the following, are not covered services:
    - a. Patient care kit,
    - b. Toothbrush,
    - c. Toothpaste,
    - d. Petroleum jelly,
    - e. Deodorant,
    - f. Septi soap,
    - g. Razor,
    - h. Shaving cream,
    - i. Slippers,
    - j. Mouthwash,
    - k. Disposable razor,
    - l. Shampoo,
    - m. Powder,
    - n. Lotion,
    - o. Comb, and
    - p. Patient gown.
- 6. The following hospital supplies and equipment, if medically necessary and used by the member, are covered services:
  - a. Arm board,
  - b. Diaper,
  - c. Underpad,
  - d. Special mattress and special bed,
  - e. Gloves,
  - f. Wrist restraint,
  - g. Limb holder,
  - h. Disposable item used instead of a durable item,
  - i. Universal precaution,
  - j. Stat charge, and
  - k. Portable charge.
- 7. The contractor shall determine in a hospital claims review whether services rendered were:
  - a. Covered services as defined in R9-22-201;
  - b. Medically necessary;
  - c. Provided in the most appropriate, cost-effective, and least restrictive setting; and
  - d. For claims with dates of admission on and after March 1, 1993, substantiated by the minimum documentation specified in A.R.S. § 36-2904.
- 8. If a contractor adjudicates a claim or recoups payment for a claim, a person may file a claim dispute challenging the adjudication or recoupment as described under 9 A.A.C. 34.
- K. Non-hospital claims. A contractor shall pay claims for non-hospital services in accordance with contract, or in the absence of a contract, at a rate not less than the Administration's capped fee-for-service schedule or at a lower rate if negotiated between the two parties.
- L. Payments to hospitals. A contractor shall pay for inpatient hospital admissions and outpatient hospital services rendered on or after March 1, 1993, as follows and as described in A.R.S. § 36-2904:
  - 1. If the hospital bill is paid within 30 days from the date of receipt, the claim is paid at 99 percent of the rate.
  - 2. If the hospital bill is paid between 30 and 60 days from the date of receipt, the claim is paid at 100 percent of the rate.
  - 3. If the hospital bill is paid after 60 days from the date of receipt, the claim is paid at 100 percent of the rate plus a 1 percent penalty of the rate for each month or portion of the month following the 60th day of receipt of the bill until date of payment.
- M. Interest payment. In addition to the requirements in subsection (L), a contractor shall pay interest for late claims as defined by contract.
- N. For services subject to limitations or exclusions such as the number of hours, days, or visits covered as described in Article 2 of this Chapter, once the limit is reached the Administration will not reimburse the services.

**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-705 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended as an emergency effective February 23, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-1). Amended as a permanent rule effective May 16, 1983; text of the

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amended rule identical to emergency (Supp. 83-3). Former Section R9-22-705 repealed, new Section R9-22-705 adopted effective October 1, 1983 (Supp. 83-5).

Amended as an emergency effective October 25, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-5). Emergency expired. Permanent amendment adopted effective February 1, 1985 (Supp. 85-1).

Amended effective October 1, 1985 (Supp. 85-5).

Amended subsection (C) effective October 1, 1986 (Supp. 86-5). Amended subsection (C) effective October 1, 1987; amended subsection (C) effective December 22, 1987 (Supp. 87-4). Amended subsections (A) and (C) effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended under an exemption from the provisions of the Administrative Procedure Act, effective March 1, 1993 (Supp. 93-1). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 5 A.A.R. 867, effective March 4, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by final rulemaking at 11 A.A.R. 3222, effective October 1, 2005 (Supp. 05-3). Amended by final rulemaking at 13 A.A.R. 662, effective April 7, 2007 (Supp. 07-1). Amended by final rulemaking at 14 A.A.R. 1439, effective May 31, 2008 (Supp. 08-2). Amended by exempt rulemaking at 17 A.A.R. 1707, effective October 1, 2011 (Supp. 11-3). Amended by final rulemaking at 19 A.A.R. 2747, effective October 8, 2013 (Supp. 13-3). Amended by final rulemaking at 20 A.A.R. 1556, September 6, 2014 (Supp. 14-3).

**R9-22-706. Repealed****Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-706 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-706 repealed, new Section R9-22-706 adopted effective October 1, 1983 (Supp. 83-5). Adopted as an emergency effective May 18, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-3). Amended as an emergency effective August 16, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Amended as an emergency effective October 25, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-5).

Emergency expired. Permanent amendment adopted effective February 1, 1985 (Supp. 85-1). Amended effective October 1, 1985 (Supp. 85-5). Amended effective October 1, 1986 (Supp. 86-5). Amended subsections (A), (D), (E), (F), and (G) effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsection (F) effective December 22, 1987 (Supp. 87-4). Amended subsections (A) and (F) effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended effective September 29, 1992 (Supp. 92-3). Amended effective September 22, 1997 (Supp. 97-3). Section repealed by final rulemaking at 10 A.A.R. 4656, effective January 1, 2005 (Supp. 04-4).

**R9-22-707. Repealed****Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-

3). Former Section R9-22-707 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Repealed as an emergency effective February 23, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-1). Repealed as a permanent action effective May 16, 1983 (Supp. 83-3).

New Section R9-22-707 adopted effective October 1, 1983 (Supp. 83-5). Adopted as an emergency effective May 18, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-3). Adopted as an emergency effective August 16, 1984, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 84-4). Former Section R9-22-707 repealed, new Section R9-22-707 adopted effective October 1, 1985 (Supp. 85-5). Former Section R9-22-707 repealed, new Section R9-22-707 adopted effective October 1, 1986 (Supp. 86-5). Amended subsection (A) effective October 1, 1987 (Supp. 87-4). Amended effective September 29, 1992 (Supp. 92-3). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 8 A.A.R. 3317, effective July 15, 2002 (Supp. 02-3). Section repealed by final rulemaking at 13 A.A.R. 856, effective May 5, 2007 (Supp. 07-1).

**R9-22-708. Payments for Services Provided to Eligible American Indians**

- A.** For purposes of this Article “IHS enrolled” or “enrolled with IHS” means an American Indian who has elected to receive covered services through IHS instead of a contractor.
- B.** For an American Indian who is enrolled with IHS, AHCCCS shall pay IHS the most recent all-inclusive inpatient, outpatient or ambulatory surgery rates published by Health and Human Services (HHS) in the Federal Register, or a separately contracted rate with IHS, for AHCCCS-covered services provided in an IHS facility. AHCCCS shall reimburse providers for the Medicare coinsurance and deductible amounts required to be paid by the Administration or contractor in Chapter 29, Article 3 of this Title.
- C.** When IHS refers an American Indian enrolled with IHS to a provider other than an IHS or tribal facility, the provider to whom the referral is made shall obtain prior authorization from AHCCCS for services as required under Articles 2, 7 or 12 of this Chapter.
- D.** For an American Indian enrolled with a contractor, AHCCCS shall pay the contractor a monthly capitation payment.
- E.** Once an American Indian enrolls with a contractor, AHCCCS shall not reimburse any provider other than IHS or a Tribal facility.

**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-708 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-708 repealed, new Section R9-22-708 adopted effective October 1, 1983 (Supp. 83-5). Former Section R9-22-708 renumbered and amended as Section R9-22-709, new Section R9-22-708 adopted effective October 1, 1985 (Supp. 85-5). Amended effective October 1, 1986 (Supp. 86-5). Amended by final rulemaking at 10 A.A.R. 4656, effective January 1, 2005 (Supp. 04-4). Amended by final rulemaking at 20 A.A.R. 1556, September 6, 2014 (Supp. 14-3).

**R9-22-709. Contractor's Liability to Hospitals for the Provision of Emergency and Post-stabilization Care**

A contractor is liable for emergency hospitalization and post-stabilization care as described in R9-22-210 and R9-22-210.01.

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**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-709 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-709 repealed, new Section R9-22-709 adopted effective October 1, 1983 (Supp. 83-5). Former Section R9-22-709 renumbered and amended as Section R9-22-713, former Section R9-22-708 renumbered and amended as Section R9-22-709 effective October 1, 1985 (Supp. 85-5). Amended under an exemption from the provisions of the Administrative Procedure Act, effective March 1, 1993 (Supp. 93-1). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 13 A.A.R. 856, effective May 5, 2007 (Supp. 07-1).

**Editor's Note:** *The following Section was amended under an exemption from the provisions of the Administrative Procedure Act which means that this rule was not reviewed by the Governor's Regulatory Review Council; the agency did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the agency was not required to hold public hearings on the rules; and the Attorney General did not certify this rule. This Section was subsequently amended through the regular rulemaking process.*

**R9-22-710. Payments for Non-hospital Services**

- A.** Capped fee-for-service. The Administration shall provide notice of changes in methods and standards for setting payment rates for services in accordance with 42 CFR 447.205, December 19, 1983, incorporated by reference and on file with the Administration and available from the U.S. Government Printing Office, Mail Stop: IDCC, 732 N. Capitol Street, NW, Washington, DC, 20401. This incorporation by reference contains no future editions or amendments.
1. Non-contracted services. In the absence of a contract that specifies otherwise, a contractor shall reimburse a provider or noncontracting provider for non-hospital services according to the Administration's capped-fee-for-service schedule.
  2. Procedure codes. The Administration shall maintain a current copy of the National Standard Code Sets mandated under 45 CFR 160 (October 1, 2004) and 45 CFR 162 (October 1, 2004), incorporated by reference and on file with the Administration and available from the U.S. Government Printing Office, Mail Stop: IDCC, 732 N. Capitol Street, NW, Washington, DC, 20401. This incorporation by reference contains no future editions or amendments.
    - a. A person shall submit an electronic claim consistent with 45 CFR 160 (October 1, 2004) and 45 CFR 162 (October 1, 2004).
    - b. A person shall submit a paper claim using the National Standard Code Sets as described under 45 CFR 160 (October 1, 2004) and 45 CFR 162 (October 1, 2004).
    - c. The Administration may deny a claim for failure to comply with subsection (A) (2) (a) or (b).
  3. Fee schedule. The Administration shall pay providers, including noncontracting providers, at the lesser of billed charges or the capped fee-for-service rates specified in subsections (A)(3)(a) through (A)(3)(d) unless a different fee is specified in a contract between the Administration and the provider, or is otherwise required by law.

- a. Physician services. Fee schedules for payment for physician services are on file at the central office of the Administration for reference use during customary business hours.
  - b. Dental services. Fee schedules for payment for dental services are on file at the central office of the Administration for reference use during customary business hours.
  - c. Transportation services. Fee schedules for payment for transportation services are on file at the central office of the Administration for reference use during customary business hours. For dates of service beginning:
    - i. October 1, 2012 through September 30, 2013, the Administration and its contractors shall reimburse ambulance services at 68.59 percent of the ADHS rates that are in effect as of August 2, 2012.
    - ii. October 1, 2013 through September 30, 2014, the Administration and its contractors shall reimburse ambulance services at 68.59 percent of the ADHS rates that are in effect as of August 2, 2013.
    - iii. October 1, 2014 through September 30, 2015, the Administration and its contractors shall reimburse ambulance services at 74.74 percent of the ADHS rates that are in effect as of August 2, 2014.
  - d. Medical supplies and durable medical equipment (DME). Fee schedules for payment for medical supplies and DME are on file at the central office of the Administration for reference use during customary business hours. The Administration shall reimburse a provider once for purchase of DME during any two-year period, unless the Administration determines that DME replacement within that period is medically necessary for the member. Unless prior authorized by the Administration, no more than one repair and adjustment of DME shall be reimbursed during any two-year period.
- B.** Pharmacy services. The Administration shall not reimburse pharmacy services unless the services are provided by a pharmacy having a subcontract with a Pharmacy Benefit Manager (PBM) contracted with AHCCCS. Except as specified in subsection (C), the Administration shall reimburse pharmacy services according to the terms of the contract.
- C.** FQHC Pharmacy reimbursement.
1. For purposes of this Section the following terms are defined:
    - a. "340B Drug Pricing Program" means the discount drug purchasing program described in 42 U.S.C. 256b.
    - b. "340B Ceiling Price" means the maximum price that drug manufacturers can charge covered entities participating in the 340B Drug Pricing Program as reported by the drug manufacturer to HRSA.
    - c. "340B entity" means a covered entity, eligible to participate in the 340B Drug Pricing Program, as defined by the Health Resources and Human Services Administration.
    - d. "Actual Acquisition Cost (AAC)" means the purchase price of a drug paid by a pharmacy net of discounts, rebates, chargebacks and other adjustments to the price of the drug. The AAC excludes dispensing fees.



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- e. "Contracted Pharmacy" means an arrangement through which a 340B entity may contract with an outside pharmacy to provide comprehensive pharmacy services utilizing medications subject to 340B pricing.
  - f. "Dispensing Fee" means the amount paid for the professional services provided by the pharmacist for dispensing a prescription. The Dispensing Fee does not include any payment for the drugs being dispensed.
  - g. "Federally Qualified Health Center" means a public or private non-profit health care organization that has been identified by HRSA and certified by CMS as meeting the criteria under sections 1861(aa)(4) and 1905(l)(2)(B) of the Social Security Act and receives funds under section 330 of the Public Health Service Act.
  - h. "Federally Qualified Health Center Look-Alike" means a public or private non-profit health care organization that has been identified by HRSA and certified by CMS as meeting the definition of "health center" under section 330 of the Public Health Service Act, but does not receive grant funding under section 330.
  - i. "FQHC or FQHC Look-Alike pharmacy" means a pharmacy that dispenses drugs to FQHC or FQHC-LA patients and that is owned and/or operated by an FQHC/FQHC-LA or by an entity that reports the costs of an FQHC/FQHC-LA on its Medicare Cost Report, whether or not collocated with an FQHC or an FQHC Look-Alike.
2. Effective the later of February 1, 2012, or CMS approval of a State Plan Amendment, an FQHC or FQHC Look-Alike shall:
    - a. Notify the AHCCCS provider registration unit of its status as a 340B covered entity no later than:
      - i. 30 days after the effective date of this Section;
      - ii. 30 days after registration with the Health Resources and Services Administration (HRSA) for participation in the 340B program, or
      - iii. The time of application to become an AHCCCS provider.
    - b. Provide the 340B pricing file to the AHCCCS Administration upon request. The 340B pricing file shall be provided in the file format as defined by AHCCCS.
    - c. Identify 340B drug claims submitted to the AHCCCS FFS PBM or the Managed Care Contractors' PBMs for reimbursement. The 340B drug claim identification and claims processing for a drug claim submission shall be consistent with claim instructions issued and required by AHCCCS to identify such claims.
  3. The FQHC and the FQHC Look-Alike pharmacies shall submit claims for AHCCCS members for drugs that are identified in the 340B pricing file, whether or not purchased under the 340B pricing file, with the lesser of:
    - a. The actual acquisition cost, or
    - b. The 340B ceiling price.
  4. The AHCCCS Fee-for-Service and Managed Care Contractors' PBMs shall reimburse claims for drugs which are identified in the 340B pricing file dispensed by FQHC and FQHC Look -Alike pharmacies, whether or not purchased under the 340B pricing file, at the amount submitted under subsection (C)(3) plus a dispensing fee listed in the AHCCCS Capped Fee-For-Service Schedule unless a contract between the 340B entity and a Managed Care Contractor's PBM specifies a different dispensing fee.
  5. Contracted pharmacies shall not submit claims for drugs dispensed under an agreement with the 340B entity as part of the 340B drug pricing program, and the AHCCCS Administration and Managed Care Contractors shall not reimburse such claims.
  6. The AHCCCS Administration and Managed Care Contractors shall reimburse contracted pharmacies for drugs not dispensed under an agreement with the 340B entity as part of the 340B program at the price and dispensing fee set forth in the contract between the contracted pharmacy and the AHCCCS or its Managed Care Contractors' PBMs. Neither the Administration nor its Managed Care Contractors will reimburse a contracted pharmacy that does not have a contract with the Administration or MCO's PBM.
  7. The AHCCCS Administration and its Managed Care Contractors shall reimburse FQHC and FQHC Look-Alike pharmacies for drugs that are not eligible under the 340B Drug Pricing Program at the price and dispensing fee set forth in their contract with the AHCCCS or its Managed Care Contractors' PBMs.
  8. AHCCCS may periodically conduct audits to ensure compliance with this Section.

**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-710 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended as an emergency effective February 23, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-1). Amended as a permanent rule effective May 16, 1983; text of amended rule identical to emergency (Supp. 83-3). Former Section R9-22-710 repealed, new Section R9-22-710 adopted effective October 1, 1983 (Supp. 83-5). Amended effective October 1, 1985. The capped fee-for-service schedules, deleted from Section R9-22-710, are now on file at the central office of the Administration (Supp. 85-5). Amended subsections (B) through (D) effective October 1, 1986 (Supp. 86-5). Amended subsection (B) effective July 1, 1988 (Supp. 88-3). Amended subsection (B) effective April 27, 1989 (Supp. 89-2). Amended under an exemption from the provisions of the Administrative Procedure Act, effective March 1, 1993 (Supp. 93-1). Amended effective December 13, 1993 (Supp. 93-4). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 11 A.A.R. 3830, effective November 12, 2005 (Supp. 05-3). Amended by exempt rulemaking at 18 A.A.R. 212, effective February 1, 2012 (Supp. 12-1). Amended by exempt rulemaking at 18 A.A.R. 1971, effective August 1, 2012 (Supp. 12-3). Amended by exempt rulemaking at 18 A.A.R. 2630, effective October 1, 2012 (Supp. 12-4). Amended by final rulemaking at 19 A.A.R. 1681, effective August 9, 2013 (Supp. 13-2). Amended by exempt rulemaking at 19 A.A.R. 3525, effective October 18, 2013 (Supp. 13-4).

**R9-22-711. Copayments****A. For purposes of this Article:**

1. A copayment is a monetary amount that a member pays directly to a provider at the time a covered service is rendered.

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2. An eligible individual is assigned to a hierarchy established in subsections (B) through (E), for the purposes of establishing a copayment amount.
3. No refunds shall be made for a retroactive period if there is a change in an individual's status that alters the amount of a copayment.
- B.** The following services are exempt from AHCCCS copayments for all members:
  1. Family planning services and supplies,
  2. Services related to a pregnancy or any other medical condition that may complicate the pregnancy, including tobacco cessation treatment for a pregnant woman,
  3. Emergency services as described in 42 CFR 447.56(2)(i),
  4. All services paid on a fee-for-service basis,
  5. Preventive services, such as well visits, immunizations, pap smears, colonoscopies, and mammograms,
  6. Provider preventable services.
- C.** The following individuals are exempt from AHCCCS copayments:
  1. An individual under age 19, including individuals eligible for the KidsCare Program in A.R.S. § 36-2982;
  2. An individual determined to be Seriously Mentally Ill (SMI) by the Arizona Department of Health Services;
  3. An individual eligible for the Arizona Long-Term Care Program in A.R.S. § 36-2931;
  4. An individual eligible for QMB under Chapter 29;
  5. An individual eligible for the Children's Rehabilitative Services program under A.R.S. § 36-2906(E);
  6. An individual receiving nursing facility or HCBS services under R9-22-216;
  7. An individual receiving hospice care as defined in 42 U.S.C. 1396d(o);
  8. An American Indian individual enrolled in a health plan and has received services through an IHS facility, tribal 638 facility or urban Indian health program;
  9. An individual eligible in the Breast and Cervical Cancer program as described under Article 20;
  10. An individual who is pregnant and through the postpartum period following the pregnancy;
  11. An individual with respect to whom child welfare services are made available under Part B of Title IV of the Social Security Act on the basis of being a child in foster care, without regard to age;
  12. An individual with respect to whom adoption or foster care assistance is made available under Part E of Title IV of the Social Security Act, without regard to age; and
  13. An adult eligible under R9-22-1427(E), with income at or below 106% of the FPL.
- D.** Non-mandatory copayments. Unless otherwise listed in subsection (B) or (C), individuals under subsections (D)(1) through (6) are subject to the copayments listed in this subsection. A provider shall not deny a service when a member states to the provider an inability to pay a copayment.
  1. A caretaker relative eligible under R9-22-1427(A);
  2. An individual eligible for Young Adult Transitional Insurance (YATI) in A.R.S. § 36-2901(6)(a)(iii);
  3. An individual eligible for State Adoption Assistance in R9-22-1433;
  4. An individual eligible for Supplemental Security Income (SSI);
  5. An individual eligible for SSI Medical Assistance Only (SSI/MAO) in Article 15; and
  6. An individual eligible for the Freedom to Work program in A.R.S. § 36-2901(6)(g).
  7. Copayment amount per service:
    - a. \$2.30 per prescription drug.
    - b. \$3.40 per outpatient visit, excluding an emergency room visit, if any of the services rendered during the visit are coded as evaluation and management services or non-emergent surgical procedures according to the National Standard Code Sets. An outpatient visit includes any setting where these services are performed such as a physician's office, an Ambulatory Surgical Center (ASC), or a clinic.
    - c. \$2.30 per visit, if a copayment is not being imposed under subsection (D)(7)(b) and any of the services rendered during the visit are coded as physical, occupational or speech therapy services according to the National Standard Code Sets.
- E.** Mandatory copayments.
  1. Copayments for individuals eligible for Transitional Medical Assistance (TMA) under R9-22-1427(B)(1)(c)(i). Unless otherwise listed in subsection (C), an individual is required to pay the following copayments for prescription drugs and outpatient services unless the service is provided during an emergency room visit or the service is otherwise exempt under subsection (B). An outpatient visit includes any setting where these outpatient services are performed such as, an outpatient hospital, a physician's provider's office, HCBS setting, an Ambulatory Surgical Center (ASC), or a clinic:
    - a. \$2.30 per prescription drug.
    - b. \$4.00 per outpatient visit, if any of the services rendered during the visit are coded as evaluation and management services according to the National Standard Code Sets.
    - c. If a copayment is not being imposed under subsection (E)(1)(b), \$3.00 per visit if any of the services rendered during the visit are coded as physical, occupational or speech therapy services according to the National Standard Code Sets.
    - d. If a copayment is not being imposed under subsection (E)(1)(b) or (c), \$3.00 per visit, if any of the services rendered during the visit are coded as non-emergent surgical procedures according to the National Standard Code Sets.
  2. Copayments for persons eligible under R9-22-1427(E) with income above 106% of the FPL and for persons eligible under A.R.S. §§ 36-2907.10 and 36-2907.11. Subject to CMS approval, unless otherwise listed in subsection (C), these individuals are required to pay the following copayments for prescription drugs and outpatient services unless the service is provided during an emergency room visit or the service is otherwise exempt under subsection (B). An outpatient visit includes any setting where these outpatient services are performed such as, an outpatient hospital, a physician's provider's office, HCBS setting, an Ambulatory Surgical Center (ASC), or a clinic:
    - a. \$4.00 per prescription drug.
    - b. \$5.00 per outpatient visit when the AHCCCS fee schedule for the visit code is a rate from \$50 to less than \$100, if any of the services rendered during the visit are coded as evaluation and management services according to the National Standard Code Sets.
    - c. \$10.00 per outpatient visit when the AHCCCS fee schedule for the visit code is a rate of \$100 or greater, if any of the services rendered during the visit are coded as evaluation and management services according to the National Standard Code Sets.
    - d. If a copayment is not being imposed under subsection (E)(2)(b) or (E)(2)(c), for services coded as

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physical, occupational or speech therapy services according to the National Standard Code Sets.

- i. \$2.00 if the rate on the fee schedule is \$20 to \$39.99,
  - ii. \$4.00 if the rate on the fee schedule is \$40 to \$49.99, or
  - iii. \$5.00 if the rate on the fee schedule is \$50 and above per visit.
- e. If a copayment is not being imposed under subsection (E)(2)(b) – (E)(2)(d), for services coded as non-emergent surgical procedures according to the National Standard Code Sets,
- i. \$30.00 if the rate on the fee schedule is \$300 to \$499.99, or
  - ii. \$50.00 if the rate on the fee schedule is \$500 and above per visit.
- f. Unless the individual is otherwise exempt in subsection (C) or the service is exempted under subsection (B) the individual is required to pay \$2.00 per trip for non-emergency transportation in an urban area.
- g. Unless the individual is otherwise exempt in subsection (C) or the service is exempted under subsection (B) the individual is required to pay \$8.00 for non-emergency use of the emergency room.
- h. Unless the individual is otherwise exempt in subsection (C) or the service is exempted under subsection (B) the individual is required to pay \$75 for an Inpatient stay.
3. The provider may deny a service if the member does not pay the copayment required by subsection (E), however, a provider may choose to reduce or waive copayments under this subsection on a case-by-case basis.

- F. A provider is responsible for collecting any copayment imposed under this Section.
- G. The total aggregate amount of copayments under subsections (D) or (E) may not exceed 5% of the family's income as applied on a quarterly basis. The member may establish that the aggregate limit has been met on a quarterly basis by providing the Administration with records of copayments incurred during the quarter. In addition, the Administration shall also use claims and encounters information available to the Administration to establish when a member's copayment obligation has reached 5% of the family's income.
- H. Reduction in payments to providers. The Administration and its contractors shall reduce the payment it makes to any provider by the amount of a member's copayment obligation under subsection (E), regardless of whether the provider successfully collects the copayments described in this Section.

**Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Sections R9-22-711 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-711 repealed, new Section R9-22-711 adopted effective October 1, 1983 (Supp. 83-5). Amended effective October 1, 1985 (Supp. 85-5). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 26, 1993 (Supp. 93-4). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Amended by final rulemaking at 8 A.A.R. 3317, effective July 15, 2002 (Supp. 02-3).

Amended by exempt rulemaking at 9 A.A.R. 4557, effective October 1, 2003 (Supp. 03-4). Amended by exempt rulemaking at 10 A.A.R. 2194, effective May 3, 2004 (Supp. 04-2). Amended by exempt rulemaking at 10 A.A.R. 4266, effective October 1, 2004 (Supp. 04-3). Amended by final rulemaking at 16 A.A.R. 1449, effective October 1, 2010 (Supp. 10-3). Section amended by exempt rulemaking at 18 A.A.R. 461, effective April 1, 2012 (Supp. 12-1). Section amended by final rulemaking at 19 A.A.R. 2954, effective November 11, 2013 (Supp. 13-3). Amended by exempt rulemaking at 20 A.A.R. 128, effective December 30, 2013 (Supp. 13-4). Amended by exempt rulemaking at 20 A.A.R. 2755, effective January 1, 2015 (Supp. 14-3).

*Editor's Note: The following Section was adopted and amended under an exemption from the provisions of the Administrative Procedure Act which means that this rule was not reviewed by the Governor's Regulatory Review Council; the agency did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the agency was not required to hold public hearings on the rules; and the Attorney General did not certify this rule. This Section was subsequently amended through the regular rulemaking process.*

**R9-22-712. Reimbursement: General**

- A. Inpatient and outpatient discounts and penalties. If a claim is pending for additional documentation required under A.R.S. § 36-2903.01(G)(4), the period during which the claim is pending is not used in the calculation of the quick-pay discounts and slow-pay penalties under A.R.S. § 36-2903.01(G)(5).
- B. Inpatient and outpatient in-state or out-of-state hospital payments.
1. Payment for inpatient out-of-state hospital services for claims with discharge dates on or before September 30, 2014. In the absence of a contract with an out-of-state hospital that specifies payment rates, AHCCCS shall reimburse out-of-state hospitals for covered inpatient services by multiplying covered charges by the most recent statewide urban cost-to-charge ratio as determined in R9-22-712.01(6)(d).
  2. Payment for inpatient in-state hospital services for claims with discharge dates on or before September 30, 2014. AHCCCS shall reimburse an in-state provider of inpatient hospital services rendered with a discharge date on or before September 30, 2014, at the prospective tiered-per-diem amount in A.R.S. § 36-2903.01 and this Article.
  3. Payment for inpatient in-state or out-of-state hospital services for claims with discharge dates on and after October 1, 2014 regardless of admission date. Subject to R9-22-718 and A.R.S. § 36-2905.01 regarding urban hospitals, a contractor shall reimburse an in-state or out-of-state provider of inpatient hospital services, at either a rate specified by subcontract or, in the absence of a subcontract, the DRG rate established by the Administration and this Article. Subcontract rates, terms, and conditions are subject to review and approval or disapproval under A.R.S. § 36-2904 and R9-22-715.
  4. Outpatient out-of-state hospital payments. In the absence of a contract with an out-of-state hospital that specifies payment rates, AHCCCS shall reimburse an out-of-state hospital for covered outpatient services by applying the methodology described in R9-22-712.10 through R9-22-712.50. If the outpatient procedure is not assigned a fee schedule amount, the Administration shall pay the claim by multiplying the covered charges for the outpatient services by the statewide outpatient cost-to-charge ratio.

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5. Outpatient in-state hospital payments. A contractor shall reimburse an in-state provider of outpatient hospital services rendered on or after July 1, 2005, at either a rate specified by a subcontract or, in absence of a subcontract, as provided under R9-22-712.10, A.R.S. § 36-2903.01 and other sections of this Article. The terms of the subcontract are subject to review and approval or disapproval under A.R.S. § 36-2904 and R9-22-715.
- C. Access to records. Subcontracting and noncontracting providers of outpatient or inpatient hospital services shall allow the Administration access to medical records regarding eligible persons and shall in all other ways fully cooperate with the Administration or the Administration's designated representative in performance of the Administration's utilization control activities. The Administration shall deny a claim for failure to cooperate.
- D. Prior authorization. The Administration or contractor may deny a claim if a provider fails to obtain prior authorization as required under R9-22-210.
- E. Review of claims. Regardless of prior authorization or concurrent review activities, the Administration may subject all hospital claims, including outliers, to prepayment medical review or post-payment review, or both. The Administration shall conduct post-payment reviews consistent with A.R.S. § 36-2903.01 and may recoup erroneously paid claims.
- F. Claim receipt.
  1. The Administration's date of receipt of inpatient or outpatient hospital claims is the date the claim is received by the Administration as indicated by the date stamp on the claim and the system-generated claim reference number or system-generated date-specific number.
  2. Hospital claims are considered paid on the date indicated on disbursement checks.
  3. A denied claim is considered adjudicated on the date the claim is denied.
  4. Claims that are denied and are resubmitted are assigned new receipt dates.
  5. For a claim that is pending for additional supporting documentation specified in A.R.S. § 36-2903.01 or 36-2904, the Administration shall assign a new date of receipt upon receipt of the additional documentation.
  6. For a claim that is pending for documentation other than the minimum required documentation specified in either A.R.S. § 36-2903.01 or 36-2904, the Administration shall not assign a new date of receipt.
- G. Outpatient hospital reimbursement. The Administration shall pay for covered outpatient hospital services provided to eligible persons with dates of service from March 1, 1993 through June 30, 2005, at the AHCCCS outpatient hospital cost-to-charge ratio, multiplied by the amount of the covered charges.
  1. Computation of outpatient hospital reimbursement. The Administration shall compute the cost-to-charge ratio on a hospital-specific basis by determining the covered charges and costs associated with treating eligible persons in an outpatient setting at each hospital. Outpatient operating and capital costs are included in the computation but outpatient medical education costs that are included in the inpatient medical education component are excluded. To calculate the outpatient hospital cost-to-charge ratio annually for each hospital, the Administration shall use each hospital's Medicare Cost Reports and a database consisting of outpatient hospital claims paid and encounters processed by the Administration for each hospital, subjecting both to the data requirements specified in R9-22-712.01. The Administration shall use the following methodology to establish the outpatient hospital cost-to-charge ratios:
    - a. Cost-to-charge ratios. The Administration shall calculate the costs of the claims and encounters for outpatient hospital services by multiplying the ancillary line item cost-to-charge ratios by the covered charges for corresponding revenue codes on the claims and encounters. Each hospital shall provide the Administration with information on how the revenue codes used by the hospital to categorize charges on claims and encounters correspond to the ancillary line items on the hospital's Medicare Cost Report. The Administration shall then compute the overall outpatient hospital cost-to-charge ratio for each hospital by taking the average of the ancillary line items cost-to-charge ratios for each revenue code weighted by the covered charges.
    - b. Cost-to-charge limit. To comply with 42 CFR 447.325, the Administration may limit cost-to-charge ratios to 1.00 for each ancillary line item from the Medicare Cost Report. The Administration shall remove ancillary line items that are non-covered or not applicable to outpatient hospital services from the Medicare Cost Report data for purposes of computing the overall outpatient hospital cost-to-charge ratio.
  2. New hospitals. The Administration shall reimburse new hospitals at the weighted statewide average outpatient hospital cost-to-charge ratio multiplied by covered charges. The Administration shall continue to use the statewide average outpatient hospital cost-to-charge ratio for a new hospital until the Administration rebases the outpatient hospital cost-to-charge ratios and the new hospital has a Medicare Cost Report for the fiscal year being used in the rebasing.
  3. Specialty outpatient services. The Administration may negotiate, at any time, reimbursement rates for outpatient hospital services in a specialty facility.
  4. Reimbursement requirements. To receive payment from the Administration, a hospital shall submit claims that are legible, accurate, error free, and have a covered charge greater than zero. The Administration shall not reimburse hospitals for emergency room treatment, observation hours or days, or other outpatient hospital services performed on an outpatient basis, if the eligible person is admitted as an inpatient to the same hospital directly from the emergency room, observation area, or other outpatient department. Services provided in the emergency room, observation area, and other outpatient hospital services provided before the hospital admission are included in the tiered per diem payment.
  5. Rebasing. The Administration shall rebase the outpatient hospital cost-to-charge ratios at least every four years but no more than once a year using updated Medicare Cost Reports and claim and encounter data.
  6. If a hospital files an increase in its charge master for an existing outpatient service provided on or after July 1, 2004, and on or before June 30, 2005, which represents an aggregate increase in charges of more than 4.7%, the Administration shall adjust the hospital-specific cost-to-charge ratio as calculated under subsection (G)(1) through (5) by applying the following formula:  

$$CCR * [1.047 / (1 + \% \text{ increase})]$$

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Where “CCR” means the hospital-specific cost-to-charge ratio as calculated under subsection (G)(1) through (5) and “% increase” means the aggregate percentage increase in charges for outpatient services shown on the hospital charge master.

“Charge master” means the schedule of rates and charges as described under A.R.S. § 36-436 and the rules that relate to those rates and charges that are filed with the Director of the Arizona Department of Health Services.

**Historical Note**

Adopted as an emergency effective February 23, 1983 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-1). Adopted as a permanent rule effective May 16, 1983; text of adopted rule identical to emergency (Supp. 83-3). Former Section R9-22-712 repealed, new Section R9-22-712 adopted effective October 1, 1983 (Supp. 83-5). Former Section R9-22-712 renumbered and amended as Section R9-22-1001 effective October 1, 1985 (Supp. 85-5). New Section R9-22-712 adopted under an exemption from the provisions of the Administrative Procedure Act, effective March 1, 1993 (Supp. 93-1). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended effective January 14, 1997 (Supp. 97-1). Amended by exempt rulemaking at 10 A.A.R. 3831, effective August 25, 2004 (Supp. 04-3). Amended by exempt rulemaking at 11 A.A.R. 2297, effective July 1, 2005 (Supp. 05-2). Amended by final rulemaking at 11 A.A.R. 3231, effective October 1, 2005 (Supp. 05-3). Amended by final rulemaking at 14 A.A.R. 1439, effective May 31, 2008 (Supp. 08-2). Amended by exempt rulemaking at 17 A.A.R. 1337, effective October 1, 2011 (Supp. 11-3). Amended by final rulemaking at 17 A.A.R. 1658, effective August 2, 2011 (Supp. 11-3). Amended by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

**R9-22-712.01. Inpatient Hospital Reimbursement for claims with admission dates and discharge dates from October 1, 1998 through September 30, 2014**

Inpatient hospital reimbursement. The Administration shall pay for covered inpatient acute care hospital services provided to eligible persons for claims with admission dates and discharge dates from October 1, 1998 through September 30, 2014, on a prospective reimbursement basis. The prospective rates represent payment in full, excluding quick-pay discounts, slow-pay penalties, and third-party payments for both accommodation and ancillary department services. The rates include reimbursement for operating and capital costs. The Administration shall make reimbursement for direct graduate medical education as described in A.R.S. § 36-2903.01. For payment purposes, the Administration shall classify each AHCCCS inpatient hospital day of care into one of several tiers appropriate to the services rendered. The rate for a tier is referred to as the tiered per diem rate of reimbursement. The number of tiers is seven and the maximum number of tiers payable per continuous stay is two. Payment of outlier claims, transplant claims, or payment to out-of-state hospitals, freestanding psychiatric hospitals, and other specialty facilities may differ from the inpatient hospital tiered per diem rates of reimbursement described in this Section.

1. Tier rate data. The Administration shall base tiered per diem rates effective on and after October 1, 1998 on Medicare Cost Reports for Arizona hospitals for the fiscal year ending in 1996 and a database consisting of inpatient hospital claims and encounters for dates of service matching each hospital's 1996 fiscal year end.

- a. Medicare Cost Report data. Because Medicare Cost Report years are not standard among hospitals and were not audited at the time of the rate calculation, the Administration shall inflate all the costs to a common point in time as described in subsection (2) for each component of the tiered per diem rates. The Administration shall not make any changes to the tiered per diem rates if the Medicare Cost Report data are subsequently updated or adjusted. If a single Medicare Cost Report is filed for more than one hospital, the Administration shall allocate the costs to each of the respective hospitals. A hospital shall submit information to assist the Administration in this allocation.
  - b. Claim and encounter data. For the database, the Administration shall use only those inpatient hospital claims paid by the Administration and encounters that were accepted and processed by the Administration at the time the database was developed for rates effective on and after October 1, 1998. The Administration shall subject the claim and encounter data to a series of data quality, reasonableness, and integrity edits and shall exclude from the database or adjust claims and encounters that fail these edits. The Administration shall also exclude from the database the following claims and encounters:
    - i. Those missing information necessary for the rate calculation,
    - ii. Medicare crossovers,
    - iii. Those submitted by freestanding psychiatric hospitals, and
    - iv. Those for transplant services or any other hospital service that the Administration would pay on a basis other than the tiered per diem rate.
2. Tier rate components. The Administration shall establish inpatient hospital prospective tiered per diem rates based on the sum of the operating and capital components. The rate for the operating component is a statewide rate for each tier except for the NICU and Routine tiers, which are based on peer groups. The rate for the capital component is a blend of statewide and hospital-specific values, as described in A.R.S. § 36-2903.01. The Administration shall use the following methodologies to establish the rates for each of these components.
    - a. Operating component. Using the Medicare Cost Reports and the claim and encounter database, the Administration shall compute the rate for the operating component as follows:
      - i. Data preparation. The Administration shall identify and group into department categories, the Medicare Cost Report data that provide ancillary department cost-to-charge ratios and accommodation costs per day. To comply with 42 CFR 447.271, the Administration shall limit cost-to-charge ratios to 1.00 for each ancillary department.
      - ii. Operating cost calculation. To calculate the rate for the operating component, the Administration shall derive the operating costs from claims and encounters by combining the Medicare Cost Report data and the claim and encounter database for all hospitals. In performing this calculation, the Administration shall match the revenue codes on the claims and encounters to the

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- departments in which the line items on the Medicare Cost Reports are grouped. The ancillary department cost-to-charge ratios for a particular hospital are multiplied by the covered ancillary department charges on each of the hospital's claims and encounters. The AHCCCS inpatient days of care on the particular hospital's claims and encounters are multiplied by the corresponding accommodation costs per day from the hospital's Medicare Cost Report. The ancillary cost-to-charge ratios and accommodation costs per day do not include medical education and capital costs. The Administration shall inflate the resulting operating costs for the claims and encounters of each hospital to a common point in time, December 31, 1996, using the DRI inflation factor and shall reduce the operating costs for the hospital by an audit adjustment factor based on available national data and Arizona historical experience in adjustments to Medicare reimbursable costs. The Administration shall further inflate operating costs to the midpoint of the rate year (March 31, 1999).
- iii. Operating cost tier assignment. After calculating the operating costs, the Administration shall assign the claims and encounters used in the calculation to tiers based on diagnosis, procedure, or revenue codes, or NICU classification level, or a combination of these. For the NICU tier, the Administration shall further assign claims and encounters to NICU Level II or NICU Level III peer groups, based on the hospital's certification by the Arizona Perinatal Trust. For the Routine tier, the Administration shall further assign claims and encounters to the general acute care hospital or rehabilitation hospital peer groups, based on state licensure by the Department of Health Services. For claims and encounters assigned to more than one tier, the Administration shall allocate ancillary department costs to the tiers in the same proportion as the accommodation costs. Before calculating the rate for the operating component, the Administration shall identify and exclude any claims and encounters that are outliers as defined in subsection (6).
  - iv. Operating rate calculation. The Administration shall set the rate for the operating component for each tier by dividing total statewide or peer group hospital costs identified in this subsection within the tier by the total number of AHCCCS inpatient hospital days of care reflected in the claim and encounter database for that tier.
  - b. Capital component. For rates effective October 1, 1999 the capital component is calculated as described in A.R.S. § 36-2903.01.
  - c. Statewide inpatient hospital cost-to-charge ratio. For dates of service prior to October 1, 2007, the statewide inpatient hospital cost-to-charge ratio is used for payment of outliers, as described in subsections (4), (5), and (6), and out-of-state hospitals, as described in R9-22-712(B). The Administration shall calculate the AHCCCS statewide inpatient hospital cost-to-charge ratio by using the Medicare Cost Report data and claim and encounter database described in subsection (1) and used to determine the tiered per diem rates. For each hospital, the covered inpatient days of care on the claims and encounters are multiplied by the corresponding accommodation costs per day from the Medicare Cost Report. Similarly, the covered ancillary department charges on the claims and encounters are multiplied by the ancillary department cost-to-charge ratios. The accommodation costs per day and the ancillary department cost-to-charge ratios for each hospital are determined in the same way described in subsection (2)(a) but include costs for operating and capital. The Administration shall then calculate the statewide inpatient hospital cost-to-charge ratio by summing the covered accommodation costs and ancillary department costs from the claims and encounters for all hospitals and dividing by the sum of the total covered charges for these services for all hospitals.
  - d. Unassigned tiered per diem rates. If a hospital has an insufficient number of claims to set a tiered per diem rate, the Administration shall pay that hospital the statewide average rate for that tier.
3. Tier assignment. The Administration shall assign AHCCCS inpatient hospital days of care to tiers based on information submitted on the inpatient hospital claim or encounter including diagnosis, procedure, or revenue codes, peer group, NICU classification level, or a combination of these.
    - a. Tier hierarchy. In assigning claims for AHCCCS inpatient hospital days of care to a tier, the Administration shall follow the Hierarchy for Tier Assignment through September 30, 2014 in R9-22-712.09. The Administration shall not pay a claim for inpatient hospital services unless the claim meets medical review criteria and the definition of a clean claim. The Administration shall not pay for a hospital stay on the basis of more than two tiers, regardless of the number of interim claims that are submitted by the hospital.
    - b. Tier exclusions. The Administration shall not assign to a tier or pay AHCCCS inpatient hospital days of care that do not occur during a period when the person is eligible. Except in the case of death, the Administration shall pay claims in which the day of admission and the day of discharge are the same, termed a same day admit and discharge, including same day transfers, as an outpatient hospital claim. The Administration shall pay same day admit and discharge claims that qualify for either the maternity or nursery tiers based on the lesser of the rate for the maternity or nursery tier, or the outpatient hospital fee schedule.
    - c. Seven tiers. The seven tiers are:
      - i. Maternity. The Administration shall identify the Maternity Tier by a primary diagnosis code. If a claim has an appropriate primary diagnosis, the Administration shall pay the AHCCCS inpatient hospital days of care on the claim at the maternity tiered per diem rate.
      - ii. NICU. The Administration shall identify the NICU Tier by a revenue code. A hospital

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- does not qualify for the NICU tiered per diem rate unless the hospital is classified as either a NICU Level II or NICU Level III perinatal center by the Arizona Perinatal Trust. The Administration shall pay AHCCCS inpatient hospital days of care on the claim that meet the medical review criteria for the NICU tier and have a NICU revenue code at the NICU tiered per diem rate. The Administration shall pay any remaining AHCCCS inpatient hospital day on the claim that does not meet NICU Level II or NICU Level III medical review criteria at the nursery tiered per diem rate.
- iii. ICU. The Administration shall identify the ICU Tier by a revenue code. The Administration shall pay AHCCCS inpatient hospital days of care on the claim that meets the medical review criteria for the ICU tier and has an ICU revenue code at the ICU tiered per diem rate. The Administration may classify any AHCCCS inpatient hospital days on the claim without an ICU revenue code, as surgery, psychiatric, or routine tiers.
  - iv. Surgery. The Administration shall identify the Surgery Tier by a revenue code and a valid surgical procedure code that is not on the AHCCCS excluded surgical procedure list. The excluded surgical procedure list identifies minor procedures such as sutures that do not require the same hospital resources as other procedures. The Administration shall only split a surgery tier with an ICU tier. AHCCCS shall pay at the surgery tier rate only when the surgery occurs on a date during which the member is eligible.
  - v. Psychiatric. The Administration shall identify the Psychiatric Tier by either a psychiatric revenue code and a psychiatric diagnosis or any routine revenue code if all diagnosis codes on the claim are psychiatric. The Administration shall not split a claim with AHCCCS inpatient hospital days of care in the psychiatric tier with any tier other than the ICU tier.
  - vi. Nursery. The Administration shall identify the Nursery Tier by a revenue code. The Administration shall not split a claim with AHCCCS inpatient hospital days of care in the nursery tier with any tier other than the NICU tier.
  - vii. Routine. The Administration shall identify the Routine Tier by revenue codes. The routine tier includes AHCCCS inpatient hospital days of care that are not classified in another tier or paid under any other provision of this Section. The Administration shall not split the routine tier with any tier other than the ICU tier.
4. Annual update. The Administration shall annually update the inpatient hospital tiered per diem rates through September 30, 2011.
  5. New hospitals. For rates effective on and after October 1, 1998, the Administration shall pay new hospitals the statewide average rate for each tier, as appropriate. The Administration shall update new hospital tiered per diem rates through September 30, 2011.
  6. Outliers. The Administration shall reimburse hospitals for AHCCCS inpatient hospital days of care identified as outliers under this Section by multiplying the covered charges on a claim by the Medicare Urban or Rural Cost-to-Charge Ratio. The Urban cost-to-charge ratio will be used for hospitals located in a county of 500,000 residents or more. The Rural cost-to-charge ratio will be used for hospitals located in a county of fewer than 500,000 residents.
    - a. Outlier criteria. For rates effective on and after October 1, 1998, the Administration set the statewide outlier cost threshold for each tier at the greater of three standard deviations from the statewide mean operating cost per day within the tier, or two standard deviations from the statewide mean operating cost per day across all the tiers. If the covered costs per day on a claim exceed the urban or rural cost threshold for a tier, the claim is considered an outlier. Outliers will be paid by multiplying the covered charges by the applicable Medicare Urban or Rural CCR. The resulting amount will be the outlier payment. If there are two tiers on a claim, the Administration shall determine whether the claim is an outlier by using a weighted threshold for the two tiers. The weighted threshold is calculated by multiplying each tier rate by the number of AHCCCS inpatient hospital days of care for that tier and dividing the product by the total tier days for that hospital. Routine maternity stays shall be excluded from outlier reimbursement. A routine maternity is any one-day stay with a delivery of one or two babies. A routine maternity stay will be paid at tier.
    - b. Update. The CCR is updated annually by the Administration for dates of service beginning October 1, using the most current Medicare cost-to-charge ratios published or placed on display by CMS by August 31 of that year. The Administration shall update the outlier cost thresholds for each hospital through September 30, 2011 as described under A.R.S. § 36-2903.01. For inpatient hospital admissions with begin dates of service on and after October 1, 2011, AHCCCS will increase the outlier cost thresholds by 5% of the thresholds that were effective on September 30, 2011.
    - c. Medicare Cost-to-Charge Ratio Phase-In. AHCCCS shall phase in the use of the Medicare Urban or Rural Cost-to-Charge Ratios for outlier determination, calculation and payment. The three-year phase-in does not apply to out-of-state or new hospitals.
      - i. Medicare Cost-to-Charge Ratio Phase-In outlier determination and threshold calculation. For outlier claims with dates of service on or after October 1, 2007 through September 30, 2008, AHCCCS shall adjust each hospital specific inpatient cost-to-charge ratio in effect on September 30, 2007 by subtracting one-third of the difference between the hospital specific inpatient cost-to-charge ratio and the effective Medicare Urban or Rural Cost-to-Charge Ratio. For outlier claims with dates of service on or after October 1, 2008 through September 30, 2009, AHCCCS shall adjust each hospital specific inpatient cost-to-charge ratio in effect on

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- September 30, 2007 by subtracting two-thirds of the difference between the hospital specific inpatient cost-to-charge ratio and the effective Medicare Urban or Rural Cost-to-Charge Ratio. The adjusted hospital specific inpatient cost-to-charge ratios shall be used for all calculations using the Medicare Urban or Rural Cost-to-Charge Ratios, including outlier determination, and threshold calculation.
- ii. Medicare Cost-to-Charge Ratio Phase-In calculation for payment. For payment of outlier claims with dates of service on or after October 1, 2007 through September 30, 2008, AHCCCS shall adjust the statewide inpatient hospital cost-to-charge ratio in effect on September 30, 2007 by subtracting one-third of the difference between the statewide inpatient hospital cost-to-charge ratio and the effective Medicare urban or rural cost-to-charge ratio. For payment of outlier claims with dates of service on or after October 1, 2008 through September 30, 2009, AHCCCS shall adjust the statewide inpatient hospital cost-to-charge ratio in effect on September 30, 2007 by subtracting two-thirds of the difference between the statewide inpatient hospital cost-to-charge ratio and the effective Medicare urban or rural cost-to-charge ratio.
  - iii. Medicare Cost-to-Charge Ratio for outlier determination, threshold calculation, and payment. For outlier claims with dates of service on or after October 1, 2009, the full Medicare Urban or Rural Cost-to-Charge Ratios shall be utilized for all outlier calculations.
  - d. Cost-to-Charge Ratio used for qualification and payment of outlier claims.
    - i. For qualification and payment of outlier claims with begin dates of service on or after April 1, 2011 through September 30, 2011, the CCR will be equal to 95% of the ratios in effect on October 1, 2010.
    - ii. For qualification and payment of outlier claims with begin dates of service on or after October 1, 2011, the CCR will be equal to 90.25% of the most recent published Urban or Rural Medicare CCR as described in subsection (6)(b).
    - iii. For qualification and payment of outlier claims with begin dates of service on or after October 1, 2011 through September 30, 2012, AHCCCS will reduce the cost-to-charge ratio determined under subsection (6)(d)(ii) for a hospital that filed a charge master with ADHS on or after April 1, 2011 by an additional percentage equal to the total percent increase reported on the charge master.
    - iv. Subject to approval by CMS, for qualification and payment of outlier claims with begin dates of service on or after October 1, 2012, AHCCCS will reduce the cost-to-charge ratio determined under subsection (6)(d)(ii) for a hospital that filed a charge master with ADHS on or after June 1, 2012 by an additional percentage equal to the total percent increase reported on the charge master.
  7. Transplants. The Administration shall reimburse hospitals for an AHCCCS inpatient stay in which a covered transplant as described in R9-22-206 is performed through the terms of the relevant contract. If the Administration and a hospital that performs transplant surgery on an eligible person do not have a contract for the transplant surgery, the Administration shall not reimburse the hospital more than what would have been paid to the contracted hospital for that same surgery.
  8. Ownership change. The Administration shall not change any of the components of a hospital's tiered per diem rates upon an ownership change.
  9. Psychiatric hospitals. The Administration shall pay free-standing psychiatric hospitals an all-inclusive per diem rate based on the contracted rates used by the Department of Health Services.
  10. Specialty facilities. The Administration may negotiate, at any time, reimbursement rates for inpatient specialty facilities or inpatient hospital services not otherwise addressed in this Section as provided by A.R.S. § 36-2903.01. For purposes of this subsection, "specialty facility" means a facility where the service provided is limited to a specific population, such as rehabilitative services for children.
  11. Outliers for new hospitals. Outliers for new hospitals will be calculated using the Medicare Urban or Rural Cost-to-Charge Ratio times covered charges. If the resulting cost is equal to or above the cost threshold, the claim will be paid at the Medicare Urban or Rural Cost-to-Charge ratio.
  12. Reductions to tiered per diem payment for inpatient hospital services. Inpatient hospital admissions with begin dates of service on or after October 1, 2011, shall be reimbursed at 95 percent of the tiered per diem rates in effect on September 30, 2011.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 3231, effective October 1, 2005 (Supp. 05-3). Amended by exempt rulemaking at 13 A.A.R. 3190, effective October 1, 2007 (Supp. 07-3). Amended by exempt rulemaking at 17 A.A.R. 1337, effective October 1, 2011 (Supp. 11-3). Amended by exempt rulemaking at 18 A.A.R. 1914, effective July 18, 2012 (Supp. 12-3). Amended by final rulemaking at 19 A.A.R. 3315, effective November 30, 2013 (Supp. 13-4). Amended by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

**R9-22-712.02.      Reserved**

**R9-22-712.03.      Reserved**

**R9-22-712.04.      Reserved**

**R9-22-712.05.      Graduate Medical Education Fund Allocation**

**A.** Graduate medical education (GME) reimbursement as of September 30, 1997. Subject to legislative appropriation, the Administration shall make a distribution based on direct graduate medical education costs as described in A.R.S. § 36-2903.01(G)(9)(a).

**B.** Subject to available funds and approval by CMS, the Administration shall annually distribute monies appropriated for the expansions of GME programs approved by the Administration to hospitals for direct program costs eligible for funding under



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A.R.S. § 36-2903.01(G)(9)(b). A GME program is deemed to be established as of the date of its original accreditation. All determinations that are necessary to make distributions described by this subsection shall be made using information possessed by the Administration as of the date of reporting under subsection (B)(3).

1. Eligible health care facilities. A health care facility is eligible for distributions under subsection (B) if all of the following apply:
  - a. It is a hospital in Arizona that is the sponsoring institution of, or a participating institution in, one or more of the GME programs in Arizona;
  - b. It incurs direct costs for the training of residents in the GME programs, which costs are or will be reported on the hospital's Medicare Cost Report;
  - c. It is not administered by or does not receive its primary funding from an agency of the federal government.
2. Eligible resident positions. For purposes of determining program allocation amounts under subsection (B)(4) the following resident positions are eligible for consideration to the extent that the resident training takes place in Arizona and not at a health care facility made ineligible under subsection (B)(1)(c):
  - a. Filled resident positions in approved programs established as of October 1, 1999 at hospitals that receive funding as described in A.R.S. § 36-2903.01(G)(9)(a) that are additional to the number of resident positions that were filled as of October 1, 1999; and
  - b. All filled resident positions in approved programs other than GME programs described in A.R.S. § 36-2903.01(G)(9)(a) that were established before July 1, 2006.
3. Annual reporting. By April 1st of each year, each GME program and each hospital seeking a distribution under subsection (B) shall provide the applicable information listed in this subsection to the Administration:
  - a. A GME program shall provide all of the following:
    - i. The program name and number assigned by the accrediting organization;
    - ii. The original date of accreditation;
    - iii. The names of the sponsoring institution and all participating institutions current as of the date of reporting;
    - iv. The number of approved resident positions and the number of filled resident positions current as of the date of reporting;
    - v. For programs established as of October 1, 1999, the number of resident positions that were filled as of October 1, 1999, if the program has not already provided this information to the Administration;
  - b. A hospital seeking a distribution under subsection (B) shall provide all of the following that apply:
    - i. If the hospital uses the Intern and Resident Information System (IRIS) for tracking and reporting its resident activity to the fiscal intermediary, copies of the IRIS master and assignment files for the hospital's two most recently completed Medicare cost reporting years as filed with the fiscal intermediary;
    - ii. If the hospital does not use the IRIS or has less than two cost reporting years available in the form of the IRIS master and assignment files, the information normally contained in the IRIS master and assignment files in an alternative format for the hospital's two most recently completed Medicare cost reporting years;
- iii. At the request of the Administration, a copy of the hospital's Medicare Cost Report or any part of the report for the most recently completed cost reporting year.
4. Allocation of expansion funds. Annually the Administration shall allocate available funds to each approved GME program in the following manner:
  - a. Information provided by hospitals under subsection (B)(3)(b) shall be used to determine the program in which each eligible resident is enrolled and the number of days that each eligible resident worked in any area of the hospital complex or in a non-hospital setting under agreement with the reporting hospital during the period of assignment to that hospital. For this purpose, the Administration shall use data relating to the most recent 12-month period that is common to all information provided under subsections (B)(3)(b)(i) and (ii).
  - b. The number of eligible residents allocated to each participating institution within each approved GME program shall be determined as follows:
    - i. Total the number of days determined for each participating institution under subsection (B)(4)(a) and divide each total by 365.
    - ii. Proportionally adjust the result of subsection (B)(4)(b)(i) for each participating institution within each program according to the number of residents determined to be eligible under subsection (B)(2).
  - c. The number of allocated eligible residents determined under subsection (B)(4)(b)(ii) shall be adjusted for Arizona Medicaid utilization using the most recent Medicare Cost Report information on file with the Administration as of the date of reporting under subsection (B)(3) and the Administration's inpatient hospital claims and encounter data for the time period corresponding to the Medicare Cost Report information for each hospital. The Administration shall use only those inpatient hospital claims paid by the Administration and encounters that were adjudicated by the Administration as of the date of reporting under subsection (B)(3). The Medicaid-adjusted eligible residents shall be determined as follows:
    - i. For each hospital, the total AHCCCS inpatient hospital days of care shall be divided by the total Medicare Cost Report inpatient hospital days, multiplied by 100 and rounded up to the nearest multiple of 5 percent.
    - ii. The number of allocated eligible residents determined for each participating hospital under subsection (B)(4)(b)(ii) shall be multiplied by the percentage derived under subsection (B)(4)(c)(i) for that hospital. The number of allocated eligible residents determined under subsection (B)(4)(b)(ii) for a participating institution that is not a hospital and not a health care facility made ineligible under subsection (B)(1)(c) shall be multiplied by the percentage derived under subsection (B)(4)(c)(i) for the program's sponsoring institution or, if the sponsoring

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- institution is not a hospital, the sponsoring institution's affiliated hospital. The number of allocated eligible residents determined under subsection (B)(4)(b)(ii) for a participating institution that is made ineligible under subsection (B)(1)(c) shall be multiplied by zero percent.
- d. The total allocation for each approved program shall be determined by multiplying the Medicaid-adjusted eligible residents determined under subsection (B)(4)(c)(ii) by the per-resident conversion factor determined below and totaling the resulting dollar amounts for all participating institutions in the program. The per-resident conversion factor shall be determined as follows:
    - i. Calculate the total direct GME costs from the most recent Medicare Cost Reports on file with the Administration for all hospitals that have reported such costs.
    - ii. Calculate the total allocated residents determined under subsection (B)(4)(b)(i) for those hospitals described under subsection (B)(4)(d)(i).
    - iii. Divide the total GME costs calculated under subsection (B)(4)(d)(i) by the total allocated residents calculated under subsection (B)(4)(d)(ii).
5. Distribution of expansion funds. On an annual basis subject to available funds, the Administration shall distribute the allocated amounts determined under subsection (B)(4) in the following manner:
- a. The allocated amounts shall be distributed in the following order of priority:
    - i. To eligible hospitals that do not receive funding in accordance with A.R.S. § 36-2903.01(G)(9)(a) for the direct costs of programs established before July 1, 2006;
    - ii. To eligible hospitals that receive funding in accordance with A.R.S. § 36-2903.01(G)(9)(a) for the direct costs of programs established before July 1, 2006;
  - b. The allocated amounts shall be distributed to the eligible hospitals in each approved program in proportion to the number of Medicaid-adjusted eligible residents allocated to each hospital within that program under subsection (B)(4)(c)(ii).
  - c. If funds are insufficient to cover all distributions within any priority group described under subsection (B)(5)(a), the Administration shall adjust the distributions proportionally within that priority group.
- C. Subject to available funds and approval by CMS, the Administration shall annually distribute monies appropriated for the expansions of GME programs approved by the Administration to hospitals for direct program costs eligible for funding under A.R.S. § 36-2903.01(G)(9)(c)(i). A GME program is deemed to be established as of the date of its original accreditation. All determinations that are necessary to make distributions described by this subsection shall be made using information possessed by the Administration as of the date of reporting under subsection (C)(3).
1. Eligible health care facilities. A health care facility is eligible for distributions under subsection (C) if it meets all the conditions of subsections (B)(1)(a) through (c).
  2. Eligible resident positions. For purposes of determining program allocation amounts under subsection (C)(4), the following resident positions are eligible for consideration to the extent that the resident training takes place in Arizona and not at a health care facility made ineligible under subsection (B)(1)(c):
    - a. All filled resident positions in approved programs established on or after July 1, 2006; and
    - b. For approved programs established on or after July 1, 2006 that have been established for less than one year as of the date of reporting under subsection (C)(3) and have not yet filled their first-year resident positions, all prospective residents reasonably expected by the program to be enrolled as a result of the most recently completed annual resident match.
3. Annual reporting. By April 1st of each year, each GME program and each hospital seeking a distribution under subsection (C) shall provide to the Administration:
- a. A GME program shall provide all of the following:
    - i. The requirements of subsections (B)(3)(a)(i) through (iv);
    - ii. The academic year rotation schedule on file with the program current as of the date of reporting; and
    - iii. For programs described under subsection (C)(2)(b), the number of residents expected to be enrolled as a result of the most recently completed annual resident match.
  - b. A hospital seeking a distribution under subsection (C) shall provide the requirements of subsection (B)(3)(b).
4. Allocation of expansion funds. Annually the Administration shall allocate available funds to approved GME programs in the following manner:
- a. Information provided by hospitals in accordance with subsection (B)(3)(b) shall be used to determine the program in which each eligible resident is enrolled and the number of days that each eligible resident worked in any area of the hospital complex or in a non-hospital setting under agreement with the reporting hospital during the period of assignment to that hospital. For this purpose, the Administration shall use data relating to the most recent 12-month period that is common to all information provided in accordance with subsections (B)(3)(b)(i) and (ii).
  - b. For approved programs whose resident activity is not represented in the information provided in accordance with subsection (B)(3)(b), information provided by GME programs under subsection (C)(3)(a) shall be used to determine the number of days that each eligible resident is expected to work at each participating institution.
  - c. The number of eligible residents allocated to each participating institution for each approved GME program shall be determined by totaling the number of days determined under subsections (C)(4)(a) and (b) and dividing the totals by 365.
  - d. The number of allocated residents determined under subsection (C)(4)(c) shall be adjusted for Arizona Medicaid utilization in accordance with subsection (B)(4)(c).
  - e. The total allocation for each approved program shall be determined in accordance with subsection (B)(4)(d).
5. Distribution of expansion funds. On an annual basis subject to available funds, the Administration shall distribute the allocated amounts determined under subsection (C)(4) to the eligible hospitals in each approved program in proportion to the number of Medicaid-adjusted eligible

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residents allocated to each within that program under subsection (C)(4)(d).

- D.** Subject to available funds and approval by CMS, the Administration shall annually distribute monies appropriated for GME programs approved by the Administration to hospitals for indirect program costs eligible for funding under A.R.S. § 36-2903.01(G)(9)(c)(ii). A GME program is deemed to be established as of the date of its original accreditation. All determinations that are necessary to make distributions described by this subsection shall be made using information possessed by the Administration as of the date of reporting under subsection (D)(3).
1. Eligible health care facilities. A health care facility is eligible for distributions under subsection (D) if all of the following apply:
    - a. It is a hospital in Arizona that is the sponsoring institution of, or a participating institution in, one or more of the GME programs in Arizona or is the base hospital for one or more of the GME programs in Arizona whose sponsoring institutions are not hospitals;
    - b. It incurs indirect program costs for the training of residents in the GME programs, which are or will be calculated on the hospital's Medicare Cost Report or are reimbursable under the Children's Hospitals Graduate Medical Education Payment Program administered by HRSA;
    - c. It is not administered by or does not receive its primary funding from an agency of the federal government.
  2. Eligible resident positions. For purposes of determining program allocation amounts under subsection (D)(4) the following resident positions are eligible for consideration to the extent that the resident training takes place in Arizona and not at a health care facility made ineligible under subsection (D)(1)(c):
    - a. Any filled resident position in an approved program that includes a rotation of at least one month per year in a county other than Maricopa or Pima whose population was less than 500,000 persons at the time the residency rotation was added to the academic year rotation schedule;
    - b. For approved programs that have been established for less than one year as of the date of reporting under subsection (D)(3) and have not yet filled their first-year resident positions, all prospective residents reasonably expected by the program to be enrolled as a result of the most recently completed annual resident match who will perform rotations of at least one month per year in a county other than Maricopa or Pima whose population was less than 500,000 persons at the time the residency rotation was added to the academic year rotation schedule.
  3. Annual reporting. By April 1st of each year, each GME program and each hospital seeking a distribution under subsection (D) shall provide to the Administration:
    - a. A GME program shall provide all of the following:
      - i. The requirements of subsections (B)(3)(a)(i) through (iv);
      - ii. The academic year rotation schedule on file with the program current as of the date of reporting;
      - iii. For programs described under subsection (D)(2)(c), the number of residents expected to be enrolled as a result of the most recently completed annual resident match.
    - b. A hospital seeking a distribution under subsection (D) shall provide the requirements of subsection (B)(3)(b)(iii).
  4. Allocation of funds for indirect program costs. Annually the Administration shall allocate available funds to approved GME programs in the following manner:
    - a. Using the information provided by programs under subsection (D)(3), the Administration shall determine for each program the number of residents in the program who are eligible under subsection (D)(2) and the number of months per year that each eligible resident will perform rotations in counties described by subsection (D)(2), multiply the number of eligible residents by the number of months and multiply the result by the per resident per month conversion factor determined under subsection (D)(4)(b).
    - b. Using the most recent Medicare Cost Reports on file with the Administration for all hospitals that have calculated a Medicare indirect medical education payment, the Administration shall determine a per resident per month conversion factor as follows:
      - i. Calculate each hospital's Medicare share by dividing the Medicare inpatient discharges on the Medicare Cost Report by the total inpatient hospital discharges on the Medicare Cost Report.
      - ii. Calculate the ratio of residents to beds by dividing the total allocated residents described in subsection (B)(4)(d)(ii) by the number of bed days available from the Medicare Cost Report and dividing the result by the number of days in the cost reporting period.
      - iii. Calculate the indirect medical education adjustment factor by adding 1 to the value calculated in (D)(4)(b)(ii), multiplying the result by the exponential value 0.405, subtracting 1 from the result, and multiplying that result by 1.35.
      - iv. Calculate each hospital's total indirect medical education cost by adding the DRG amounts other than outlier payments from the Medicare cost report and the managed care simulated payments from the Medicare Cost Report, multiplying the total by the indirect medical education adjustment factor determined in (D)(4)(b)(iii) and dividing the result by the Medicare share determined in (D)(4)(b)(i).
      - v. Calculate each hospital's Medicaid indirect medical education cost by multiplying the amount determined in (D)(4)(b)(iv) by the value determined in subsection (B)(4)(c)(i).
      - vi. Total the amounts determined in (D)(4)(b)(v) for all hospitals, divide the result by the total allocated residents described in subsection (B)(4)(d)(ii) for all hospitals, and divide that result by 12.
  5. Distribution of funds for indirect program costs. On an annual basis subject to available funds, the Administration shall distribute to each eligible hospital the amount calculated for the hospital at subsection (D)(4)(a).
- E.** Reallocation of funds. If funds appropriated for subsection (B) are not allocated by the Administration and funds appropriated for subsections (C) and (D) are insufficient to cover all distri-

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butions under subsections (C)(5) and (D)(5), the funds not allocated under subsection (B) shall be allocated under subsections (C) and (D) to the extent of the calculated distributions. If funds are insufficient to cover all distributions under subsections (C)(5) and (D)(5), the Administration shall adjust the distributions proportionally. If funds appropriated for subsections (C) and (D) are not allocated by the Administration and funds appropriated for subsection (B) are insufficient to cover all distributions under subsection (B)(5), the funds not allocated under subsections (C) and (D) shall be allocated under subsection (B) to the extent of the calculated distributions.

F. The Administration may enter into intergovernmental agreements with local, county, and tribal governments wherein local, county and tribal governments may transfer funds or certify public expenditures to the Administration. Such funds or certification, subject to approval by CMS, will be used to qualify for additional federal funds. Those funds will be used for the purposes of reimbursing hospitals that are eligible under subsection (D)(1) and specified by the local, county, or tribal government for indirect program costs other than those reimbursed under subsection (D). The Administration shall allocate available funds in accordance with subsection (D) except that reimbursement with such funds is not limited to resident positions or rotations in counties with populations of less than 500,000 persons. On an annual basis subject to available funds, the Administration shall distribute to each eligible hospital the greatest among the following amounts, less any amounts distributed under subsection (D)(5):

1. The amount that results from multiplying the total number of eligible residents allocated to the hospital under subsection (B)(4)(d)(ii) by 12 by the per resident per month conversion factor determined under subsection (D)(4)(b);
2. The amount calculated for the hospital at subsection (D)(4)(b)(v);
3. The median of all amounts calculated at subsection (D)(4)(b)(v) if the hospital does not have an indirect medical education payment calculated on the Medicare Cost Report because it is a new training hospital; or
4. If the hospital does not have an indirect medical education payment calculated on the Medicare Cost Report because it is a children's hospital, the median Medicaid indirect medical education payment costs shall be calculated as follows:
  - a. For each hospital with indirect medical education costs on the Medicare Cost Report, determine a per resident total indirect medical education cost by dividing the total indirect medical education costs determined under subsection (D)(4)(b) by the number of filled resident positions under subsection (B)(2).
  - b. Determine the median per resident amount under subsection (F)(4)(a).
  - c. For each hospital without an indirect medical education component on the Medicare cost report, multiply the median per resident amount under subsection (F)(4)(b) by the number of filled resident positions under subsection (B)(2) for that hospital and by the Medicaid utilization percent for that hospital determined in subsection (B)(4)(c)(i).

**Historical Note**

New Section made by final rulemaking at 13 A.A.R. 1782, effective June 30, 2007 (Supp. 07-2). Amended by exempt rulemaking at 13 A.A.R. 4032, effective November 1, 2007 (Supp. 07-4). Amended by final rulemaking at 21 A.A.R. 3469, effective January 30, 2016 (Supp. 15-

4). Amended by final rulemaking at 24 A.A.R. 185, effective January 9, 2018 (Supp. 18-1). Amended by final rulemaking at 24 A.A.R. 3321, effective January 5, 2019 (Supp. 18-4).

**R9-22-712.06. Reserved****R9-22-712.07. Rural Hospital Inpatient Fund Allocation**

A. For purposes of this Section, the following words and phrases have the following meanings unless the context specifically requires another meaning:

1. "Calculated inpatient costs" means the sum of inpatient covered charges multiplied by the Milliman study's implied cost-to-charge ratio of .8959.
2. "Claims paid amount" means the sum of all claims paid by the Administration and contractors, as reported by the contractor to the Administration, to a rural hospital for covered inpatient services rendered for dates of service during the previous state fiscal year.
3. "Fund" means any state funds appropriated by the Legislature for the purposes set forth in A.R.S. § 36-2905.02 and any federal funds that are available for matching the state funds.
4. "Inpatient covered charges" means the sum of all covered charges billed by a hospital to the Administration or contractors, as reported by the contractors to the Administration, for inpatient services rendered during the previous state fiscal year.
5. "Milliman study" means the report issued by Milliman USA on March 11, 2004, to the Arizona Hospital and Healthcare Association that updated a portion of a cost study entitled "Evaluation of the AHCCCS Inpatient Hospital Reimbursement System" prepared by Milliman USA for AHCCCS on November 15, 2002. A copy of each report is on file with the Administration.
6. "Rural hospital" means a health care institution that is licensed as an acute care hospital by the Arizona Department of Health Services for the previous state fiscal year and is not an IHS hospital or a tribally owned or operated facility and:
  - a. Has 100 or fewer PPS beds, not including beds reported as sub provider beds on the hospital's Medicare Cost Report, and is located in a county with a population of less than 500,000 persons, or
  - b. Is designated as a critical access hospital for the majority of the previous state fiscal year.

B. Each February, the Administration shall allocate the Fund to the following three pools for the fiscal year:

1. Rural hospitals with 25 or fewer PPS beds not including sub provider beds and all Critical Access Hospitals, regardless of the number of beds in the Critical Access Hospital;
2. Rural hospitals other than Critical Access Hospitals with 26 to 75 PPS beds not including sub provider beds; and
3. Rural hospitals other than Critical Access Hospitals with 76 to 100 PPS beds not including sub provider beds.

C. The Administration shall allocate the Fund to each pool according to the ratio of claims paid amount for all hospitals assigned to the pool to total claims paid amount for all rural hospitals.

D. The Administration shall determine each hospital's claims paid amount and allocate the funds in each pool to each hospital in the pool based on the ratio of each hospital's claims paid amount to the sum of the claims paid amount for all hospitals assigned to the pool.

E. The Administration shall not make a Fund payment to a hospital that will result in the hospital's claims paid amount plus

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that hospital's Fund payment being greater than that hospital's calculated inpatient costs.

1. If a hospital's claims paid amount plus the hospital's Fund payment would be greater than the hospital's calculated inpatient costs, the Administration shall make a Fund payment to the hospital equal to the difference between the hospital's calculated inpatient costs and the hospital's claims paid amount.
2. The Administration shall reallocate any portion of a hospital's Fund allocation that is not paid to the hospital due to the reason in subsection (E)(1) to the other eligible hospitals in the pool based upon the ratio of the claims paid amount for each hospital remaining in the pool to the sum of the claims paid amount for each hospital remaining in the pool.

- F. If funds remain in a pool after allocations to each hospital in the pool under subsections (D) and (E), the Administration

shall reallocate the remaining funds to the other pools based upon the ratio of each pool's original allocation of the Fund as determined under subsection (C) to the sum of the remaining pools' original Fund allocations under subsection (C). The Administration shall allocate remaining funds to the hospitals in the remaining pools under subsection (D) and (E). See Exhibit 1 for an example.

- G. Subject to CMS approval of the method and distribution of the Fund, the administration or its contractors will distribute the Fund as a lump sum allocation to the rural hospitals in either one or two installments by the end of each state fiscal year.

**Historical Note**

New Section made by final rulemaking at 12 A.A.R. 2188, effective June 6, 2006 (Supp. 06-2). Amended by final rulemaking at 22 A.A.R. 3476, effective January 30, 2016 (Supp. 15-4).

**Exhibit 1. Pool Example**

Pool A receives \$2,000,000. Pool B receives \$7,000,000. Pool C receives \$3,000,000.

If all of the funds in Pool B are paid to eligible hospitals and there is \$1,000,000 remaining, the remaining funds would be allocated to Pool A and Pool C based on the ratio of each pool's original allocation (original allocations of \$2,000,000 and \$3,000,000) to the total of their original allocation (\$2,000,000 + \$3,000,000 = \$5,000,000).

Pool A would receive 2/5 of the remaining funds (\$400,000) and Pool C would receive 3/5 of the remaining funds (\$600,000).

**Historical Note**

Exhibit 1 made by final rulemaking at 12 A.A.R. 2188, effective June 6, 2006 (Supp. 06-2).

**R9-22-712.08. Reserved****R9-22-712.09. Hierarchy for Tier Assignment through September 30, 2014**

TIER	IDENTIFICATION CRITERIA	ALLOWED SPLITS
MATERNITY	A primary diagnosis defined as maternity 640.xx - 643.xx, 644.2x - 676.xx, v22.xx - v24.xx or v27.xx.	None
NICU	Revenue Code of 174 and the provider has a Level II or Level III NICU.	Nursery
ICU	Revenue Codes of 200-204, 207-212, or 219.	Surgery Psychiatric Routine
SURGERY	Surgery is identified by a revenue code of 36x. To qualify in this tier, there must be a valid surgical procedure code that is not on the excluded procedure list.	ICU
PSYCHIATRIC	Psychiatric Revenue Codes of 114, 124, 134, 144, or 154 AND primary Psychiatric Diagnosis = 290.xx - 316.xx. If a routine revenue code is present and all diagnoses codes on the claim are equal to 290.xx - 316.xx, classify as a psychiatric claim.	ICU
NURSERY	Revenue Code of 17x, not equal to 174.	NICU
ROUTINE	Revenue Codes of 100 - 101, 110-113, 116 - 123, 126 - 133, 136 - 143, 146 - 153, 156 - 159, 16x, 206, 213, or 214.	ICU

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 3231, effective October 1, 2005 (Supp. 05-3). Amended by exempt rulemaking at 17 A.A.R. 1707, effective October 1, 2011 (Supp. 11-3). Amended by final rulemaking at 19 A.A.R. 2747, effective October 8, 2013 (Supp. 13-3). Amended by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

**R9-22-712.10. Outpatient Hospital Reimbursement: General**

- A. Effective rule. The outpatient hospital reimbursement rules apply to dates of service beginning July 1, 2005, subject to Laws 2004, Ch. 279, § 19.
- B. Basis For Payment. Except as provided under R9-22-712.30, AHCCCS shall pay for designated outpatient procedures provided to AHCCCS members according to the AHCCCS Outpatient Capped Fee-For-Service Schedule as defined in R9-22-712.20.
- C. Data. AHCCCS shall use Medicare Cost Report and adjudicated claim and encounter data from non-IHS acute care hospitals located in the state of Arizona to develop fees for the AHCCCS Outpatient Capped Fee-For-Service Schedule.
- D. Hospital Services Subject To Fees. AHCCCS shall reimburse services, in the following outpatient hospital categories under the AHCCCS Outpatient Capped Fee-For-Service Schedule:
1. Surgery,
  2. Emergency Department,
  3. Laboratory,
  4. Radiology,
  5. Clinic, and
  6. Other services.
- E. Reimbursement. AHCCCS shall reimburse outpatient hospital services by procedure codes, in proper combination with revenue codes, as prescribed by AHCCCS.

**Historical Note**

New Section made by exempt rulemaking at 11 A.A.R. 2297, effective July 1, 2005 (Supp. 05-2).

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**R9-22-712.11. Reserved****R9-22-712.12. Reserved****R9-22-712.13. Reserved****R9-22-712.14. Reserved****R9-22-712.15. Outpatient Hospital Reimbursement: Affected Hospitals**

Except as provided in R9-22-712(G), the AHCCCS Outpatient Capped Fee-For-Service Schedule shall apply to AHCCCS payments for outpatient services in all non-IHS acute hospitals.

**Historical Note**

New Section made by exempt rulemaking at 11 A.A.R. 2297, effective July 1, 2005 (Supp. 05-2).

**R9-22-712.16. Reserved****R9-22-712.17. Reserved****R9-22-712.18. Reserved****R9-22-712.19. Reserved****R9-22-712.20. Outpatient Hospital Reimbursement: Methodology for the AHCCCS Outpatient Capped Fee-For-Service Schedule**

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

1. Define the dataset of claims and encounters that shall be used to establish the AHCCCS Outpatient Capped Fee-for-service Schedule.
2. Identify all the claims and encounters from non-IHS acute hospitals located in Arizona for services to be paid under the AHCCCS Outpatient Capped Fee-for-service Schedule.
3. Match the revenue code on each detail of each claim and encounter to the ancillary line item CCR as reported on hospital-specific mapping documents and hospital-specific Medicare Cost Report for those hospitals that have submitted Medicare Cost Reports FYE 2002.
4. Multiply the line item CCR from subsection (A)(3) by the covered billed charge for that revenue code to establish the cost for the service.
5. Inflate the cost for the service from subsection (A)(4) using Global Insight Health-care Cost Review inflation factors from date of service month to the midpoint of the rate year in which the fees are initially effective.
6. Include associated costs under R9-22-712.25 to calculate the rates for emergency room and surgery services.
7. Combine data from all Arizona hospitals identified in subsection (A)(3) for each procedure code to establish the statewide median cost for each procedure.
8. Group procedure codes according to the Ambulatory Payment Classification (APC) System groups as listed in 69 FR 65682, November 15, 2004, and establish a statewide median cost for each APC. Multiply each statewide median APC cost by 116 percent to establish the AHCCCS-based fee for each procedure in that specific APC group. AHCCCS shall assign each procedure in the group the same fee.
9. For those procedure codes that are not grouped into any APC, establish a procedure-specific fee using either:
  - a. The AHCCCS Non-hospital Capped Fee-for-service Fee Schedule,
  - b. 116 percent of the procedure-specific median cost AHCCCS-based fee, or

c. The Medicare Clinical Laboratory Fee Schedule for laboratory services.

10. Compare the AHCCCS-based fee established in subsections (A)(8) and (9) against the comparable Medicare fee established for the Medicare APC group as listed in the 69 FR 65682, November 15, 2004. The fee for each procedure shall be the greater of the AHCCCS-based fee or the Medicare fee but no more than 150 percent of the AHCCCS-based fee; however, for those laboratory services for which a limit is established in the Medicare Clinical Laboratory Fee Schedule, the fee shall not exceed that limit.

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

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

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

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

**Historical Note**

New Section made by exempt rulemaking at 11 A.A.R. 2297, effective July 1, 2005 (Supp. 05-2). Amended by final rulemaking at 17 A.A.R. 1460, effective October 1, 2011 (Supp. 11-3). Amended by exempt rulemaking at 18 A.A.R. 1914, effective July 18, 2012 (Supp. 12-3). Amended by final rulemaking at 19 A.A.R. 3315, effective November 30, 2013 (Supp. 13-4).

**R9-22-712.21. Reserved****R9-22-712.22. Reserved****R9-22-712.23. Reserved****R9-22-712.24. Reserved****R9-22-712.25. Outpatient Hospital Fee Schedule Calculations: Associated Service Costs**

- A. AHCCCS shall include the costs of associated services, as defined by revenue codes and procedure codes, when determining the specific fees for the outpatient hospital procedures for emergency department and surgery services.
- B. Payment made under subsection (A) or R9-22-712.20(B)(2) is inclusive of all services on the claim regardless of whether the services are provided on one or more days.
- C. A complete listing of the revenue codes and procedure codes for associated costs included in the payment for emergency and surgery services including the effective date of any changes to the listing are on file and posted on AHCCCS' web site.

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**Historical Note**

New Section made by exempt rulemaking at 11 A.A.R. 2297, effective July 1, 2005 (Supp. 05-2). Amended by final rulemaking at 17 A.A.R. 1460, effective October 1, 2011 (Supp. 11-3).

**R9-22-712.26. Reserved**

**R9-22-712.27. Reserved**

**R9-22-712.28. Reserved**

**R9-22-712.29. Reserved**

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

- A. AHCCCS shall calculate a statewide CCR for a service where a specific fee cannot be determined under R9-22-712.20.
- B. For claims with a begin date of service on or before September 30, 2011, the statewide CCR shall be calculated based on the costs and covered charges associated with a service under subsection (A) for all Arizona hospitals, using the method specified in R9-22-712.20(A)(3).
- C. For all claims with a begin date of service on or after October 1, 2011, the statewide CCR calculation shall equal either the CMS Medicare Outpatient Urban Cost-to-charge Ratio or the CMS Medicare Outpatient Rural Cost-to-charge Ratio published by CMS for the state of Arizona. AHCCCS shall use the urban cost-to-charge ratio for hospitals located in a county of 500,000 residents or more and for out-of-state hospitals. AHCCCS shall use the rural cost-to-charge ratio for hospitals located in a county of fewer than 500,000 residents. On October 1st of each year, AHCCCS shall adjust urban and rural CCRs to the CCRs as published by CMS in the *Federal Register* on or before August 1st of that year.
- D. To determine the payment amount for procedures where a specific fee is not determined under R9-22-712.20, the statewide CCR is multiplied by the covered charges.
- E. Reductions to payments for outpatient hospital services not listed in the AHCCCS Outpatient Capped Fee-For-Service Schedule. Outpatient hospital services not listed in the AHCCCS Outpatient Capped Fee-For-Service Schedule with dates of service on or after October 1, 2011, shall be reimbursed at 95 percent of the rate published by CMS pursuant to subsection (C) of this Section.

**Historical Note**

New Section made by exempt rulemaking at 11 A.A.R. 2297, effective July 1, 2005 (Supp. 05-2). Amended by final rulemaking at 17 A.A.R. 1460, effective October 1, 2011 (Supp. 11-3). Amended by exempt rulemaking at 18 A.A.R. 1914, effective July 18, 2012 (Supp. 12-3). Amended by final rulemaking at 19 A.A.R. 3315, effective November 30, 2013 (Supp. 13-4).

**R9-22-712.31. Reserved**

**R9-22-712.32. Reserved**

**R9-22-712.33. Reserved**

**R9-22-712.34. Reserved**

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

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

1. By 48 percent for public hospitals on July 1, 2005, and hospitals that were public anytime during the calendar year 2004;
  2. By 45 percent for hospitals in counties other than Maricopa and Pima with more than 100 Medicare PPS beds during the contract year in which the Outpatient Capped Fee-for-service Schedule rates are effective;
  3. By 50 percent for hospitals in counties other than Maricopa and Pima with 100 or less Medicare PPS beds during the contract year in which the Outpatient Capped Fee-for-service Schedule rates are effective;
  4. By 115 percent for hospitals designated as Critical Access Hospitals or hospitals that have not been designated as Critical Access Hospitals but meet the criteria during the contract year in which the Outpatient Capped Fee-for-service Schedule rates are effective;
  5. By 113 percent for a Freestanding Children's Hospital with at least 110 pediatric beds during the contract year in which the Outpatient Capped Fee-for-service Schedule rates are effective; or
  6. By 14 percent for a University Affiliated Hospital which is a hospital that has a majority of the members of its board of directors appointed by the Board of Regents during the contract year in which the Outpatient Capped Fee-for-service Schedule rates are effective.
- B. For all claims with a begin date of service on or after October 1, 2011, AHCCCS shall increase the Outpatient Capped Fee-for-service Schedule (except for laboratory services, and out-of-state hospital services) for the following hospitals. A hospital shall receive an increase from only one of the following categories:
    1. By 73 percent for public hospitals;
    2. By 31 percent for hospitals in counties other than Maricopa and Pima with more than 100 licensed beds as of October 1 of that contract year;
    3. By 37 percent for hospitals in counties other than Maricopa and Pima with 100 or fewer licensed beds as of October 1 of that contract year;
    4. By 100 percent for hospitals designated as Critical Access Hospitals or hospitals that have not been designated as Critical Access Hospitals but meet the critical access criteria;
    5. By 78 percent for a Freestanding Children's Hospital with at least 110 pediatric beds as of October 1 of that contract year; or
    6. By 41 percent for a University Affiliated Hospital, this is a hospital that has a majority of the members of its board of directors appointed by the Arizona Board of Regents.
  - C. In addition to subsections (A) and (B), an Arizona Level 1 trauma center as defined by R9-22-2101 shall receive a 50 percent increase to the Outpatient Capped Fee-for-service Schedule (except for laboratory services and out-of-state hospital services) for Level 2 and 3 emergency department procedures.
  - D. Hospitals with greater than 100 pediatric beds not receiving an increase under subsection (B) shall receive an 18 percent increase to the Outpatient Capped Fee-for-service Schedule (except for laboratory services, and out-of-state hospital services).
  - E. For outpatient services with dates of service from October 1, 2020 through September 30, 2021, the payment otherwise required for outpatient hospital services provided by qualifying hospitals shall be increased by a percentage established by the administration. The percentage is published on the Administration's public website as part of its fee schedule subsequent to the public notice published no later than September 1, 2020.

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A hospital will qualify for an increase if it meets the criteria specified below for the applicable hospital subtype.

1. A hospital designated by the Arizona Department of Health Services Division of Licensing Services as type: hospital, subtype: short-term or children's will qualify for an increase if it meets the criteria in (E)(1)(a), (b), (c), (d), or (e):

- a. By May 27, 2020, a hospital which did not receive Differential Adjusted Payments from October 1, 2019 through September 30, 2020, submits a Letter of Intent to AHCCCS and a qualifying Health Information Exchange (HIE) organization in which the hospital agrees to achieve all of the following:
  - i. By May 27, 2020, the hospital must have in place an active participation agreement with a qualifying HIE organization and submit a LOI to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates, or maintain its participation in the milestone activities if they have already been achieved;
  - ii. By June 1, 2020, the hospital must electronically submit the following actual patient identifiable information to the production environment of qualifying HIE organization: admission, discharge, and transfer information (generally known as ADT information), including data from the hospital emergency department if the provider has an emergency department;
  - iii. By August 1, 2020, the hospital must electronically submit the following actual patient identifiable information to the production environment of a qualifying HIE organization: laboratory and radiology information (if the provider has these services), transcription, medication information, immunization data, and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination;
  - iv. By September 1, 2020, or within 30 days of initiating COVID-19 lab testing, submit all COVID-19 lab test codes and the associated LOINC codes to qualifying HIE to ensure proper processing of lab results within the HIE system if applicable;
  - v. By September 1, 2020, or within 30 days of initiating COVID-19 antibody testing, submit all COVID-19 antibody test codes and the associated LOINC codes to the qualifying HIE to ensure proper processing of lab results within the HIE system if applicable;
  - vi. Within 30 days of initiating COVID-19 immunizations, submit all COVID-19 immunization codes and the associated LOINC codes to the qualifying HIE to ensure proper processing of immunizations within the HIE system if applicable;
  - vii. By October 1, 2020, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the qualifying HIE, if required by the external reference lab, to have all outsourced

lab test results flow to the qualifying HIE on their behalf if applicable;

- viii. By November 1, 2020, the hospital must approve and authorize a formal scope of work (SOW) with a qualifying HIE organization to initiate and complete a Phase 1 data quality improvement effort, as defined by the qualifying HIE organization in collaboration with the qualifying HIE organization;
- ix. By January 1, 2021, the hospital must complete the Phase 1 initial data quality profile with a qualifying HIE organization;
- x. By May 1, 2021, the hospital must complete the Phase 1 final data quality profile with a qualifying HIE organization;
- b. By May 27, 2020, a hospital which received Differential Adjusted Payments October 1, 2019 through September 30, 2020, submits a Letter of Intent to AHCCCS and a qualifying HIE organization in which the hospital agrees to achieve all of the following:
  - i. By May 27, 2020, the hospital must have in place an active participation agreement with a qualifying HIE organization and submit a LOI to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates, or maintain its participation in the milestone activities if they have already been achieved;
  - ii. By June 1, 2020, the hospital must electronically submit the following actual patient identifiable information to the production environment of a qualifying HIE organization: admission, discharge and transfer information (generally known as ADT information), including data from the hospital emergency department if the provider has an emergency department, laboratory and radiology information (if the provider has these services), transcription, medication information, immunization data, and discharge summaries that include, at a minimum, discharge orders, discharge instruction, active medication, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination;
  - iii. By September 1, 2020, or within 30 days of initiating COVID-19 lab testing, submit all COVID-19 lab test codes and the associated LOINC codes to qualifying HIE to ensure proper processing of lab results within the HIE system if applicable;
  - iv. By September 1, 2020 or within 30 days of initiating COVID-19 antibody testing, submit all COVID-19 antibody test codes and the associated LOINC codes to the qualifying HIE to ensure proper processing of lab results within the HIE system if applicable;
  - v. Within 30 days of initiating COVID-19 immunizations, submit all COVID-19 immunization codes and the associated LOINC codes to the qualifying HIE to ensure proper processing of immunizations within the HIE system if applicable;



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- vi. By October 1, 2020, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the qualifying HIE, if required by the external reference lab, to have all outsourced lab test results flow to the qualifying HIE on their behalf if applicable;
  - vii. By November 1, 2020, the hospital must approve and authorize a formal SOW to initiate and complete a Phase 2 data quality improvement effort, as defined by the qualifying HIE organization and in collaboration with the qualifying HIE organization;
  - viii. By January 1, 2021, the hospital must complete the Phase 2 initial data quality profile with a qualifying HIE organization;
  - ix. By May 1, 2021, the hospital must complete the Phase 2 final data quality profile with a qualifying HIE organization;
  - x. Hospitals that meet each of the following HIE data quality performance criteria will be eligible to receive DAP increases:
    - (1) Demonstrate a 10% improvement from baseline measurements in the initial data quality profile, based on July 2019 data, to the final data quality profile, based on March 2020 data.
    - (2) Meet a minimum performance standard of at least 60% based on March 2020 data.
    - (3) If performance meets or exceeds an upper threshold of 90% based on March 2020 data the hospital meets the criteria. Regardless of the percentage improvement from the baseline measurements;
  - c. Meet or exceed the statewide average on May 12, 2020 for the Severe Sepsis/Septic Shock (SEP-1) performance measure from the Medicare Hospital Compare website;
  - d. Be a participant in the Improving Pediatric Sepsis Outcomes collaborative in 2020;
  - e. For dates of services from October 1, 2020 through September 30, 2021, hospitals subject to APR-DRG reimbursement (Provider Type 02) may qualify for a DAP on codes J7296-J7298, J7300-J7301, and J7307 billed on the 1500 or UB-04 forms for long-acting reversible contraception devices.
2. A hospital designated by the Arizona Department of Health Services Division of Licensing Services as type: hospital, subtype: critical access hospital will qualify for an increase if it meets this criteria. By May 27, 2020, a hospital which received Differential Adjusted Payments October 1, 2019 through September 30, 2020, submits a Letter of Intent to AHCCCS and a qualifying HIE organization in which the hospital agrees to achieve all of the following:
- a. By May 27, 2020, the hospital must have in place an active participation agreement with a qualifying HIE organization and submit a LOI to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates, or maintain its participation in the milestone activities if they have already been achieved;
  - b. By June 1, 2020, the hospital must electronically submit the following actual patient identifiable information to the production environment of a qualifying HIE organization: admission, discharge and transfer information (generally known as ADT information), including data from the hospital emergency department if the provider has an emergency department, laboratory and radiology information (if the provider has these services), transcription, medication information, immunization data, and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination;
  - c. By September 1, 2020, or within 30 days of initiating COVID-19 lab testing, submit all COVID-19 lab test codes and the associated LOINC codes to qualifying HIE to ensure proper processing of lab results within the HIE system if applicable;
  - d. By September 1, 2020 or within 30 days of initiating COVID-19 antibody testing, submit all COVID-19 antibody test codes and the associated LOINC codes to the qualifying HIE to ensure proper processing of lab results within the HIE system if applicable;
  - e. Within 30 days of initiating COVID-19 immunizations, submit all COVID-19 immunization codes and the associated LOINC codes to the qualifying HIE to ensure proper processing of immunizations within the HIE system if applicable;
  - f. By October 1, 2020, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the qualifying HIE, if required by the external reference lab, to have all outsourced lab test results flow to the qualifying HIE on their behalf if applicable;
  - g. By November 1, 2020, the hospital must approve and authorize a formal SOW to initiate and complete a Phase 2 data quality improvement effort, as defined by the qualifying HIE organization and in collaboration with the qualifying HIE organization;
  - h. By January 1, 2021, the hospital must complete the Phase 2 initial data quality profile with a qualifying HIE organization;
  - i. By May 1, 2021, the hospital must complete the Phase 2 final data quality profile with a qualifying HIE organization;
  - j. Hospitals that meet each of the following HIE data quality performance criteria will be eligible to receive DAP increases:
    - i. Demonstrate a 10% improvement from baseline measurements in the initial data quality profile, based on July 2019 data, to the final data quality profile, based on March 2020 data;
    - ii. Meet a minimum performance standard of at least 60% based on March 2020 data;
    - iii. If performance meets or exceeds an upper threshold of 90% based on March 2020 data the hospital meets the criteria, regardless of the percentage improvement from the baseline measurements;
3. A hospital designated as type: hospital, subtype: long term, psychiatric, or rehabilitation by the Arizona Department of Health Services Division of Licensing Services will qualify for an increase if it meets the criteria specified in (E)(3)(a), (b), (c), (d), or (e):
- a. By May 27, 2020, a hospital which did receive Differential Adjusted Payments from October 1, 2019 through September 30, 2020, submits a Letter of

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Intent to AHCCCS and a qualifying HIE organization in which the hospital agrees to achieve all of the following:

- i. By May 27, 2020, the hospital must have in place an active participation agreement with a qualifying HIE organization and submit a LOI to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates, or maintain its participation in the milestone activities if they have already been achieved;
- ii. By June 1, 2020, the hospital must electronically submit the following actual patient identifiable information to the production environment of a qualifying HIE organization: admission, discharge, and transfer information (generally known as ADT information), including data from the hospital emergency department if the provider has an emergency department;
- iii. By August 1, 2020, the hospital must electronically submit the following actual patient identifiable information to the production environment of a qualifying HIE organization: laboratory and radiology information (if the provider has these services), transcription, medication information, immunization data, and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination;
- iv. By September 1, 2020, or within 30 days of initiating COVID-19 lab testing, submit all COVID-19 lab test codes and the associated LOINC codes to qualifying HIE to ensure proper processing of lab results within the HIE system if applicable;
- v. By September 1, 2020, or within 30 days of initiating COVID-19 antibody testing, submit all COVID-19 antibody test codes and the associated LOINC codes to the qualifying HIE to ensure proper processing of lab results within the HIE system if applicable;
- vi. Within 30 days of initiating COVID-19 immunizations, submit all COVID-19 immunization codes and the associated LOINC codes to the qualifying HIE to ensure proper processing of immunizations within the HIE system if applicable;
- vii. By October 1, 2020, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the qualifying HIE, if required by the external reference lab, to have all outsourced lab test results flow to the qualifying HIE on their behalf if applicable;
- viii. By November 1, 2020, the hospital must approve and authorize a formal SOW with a qualifying HIE organization to initiate and complete a Phase 1 data quality improvement effort, as defined by the qualifying HIE organization and in collaboration with the qualifying HIE organization;
- ix. By January 1, 2021, the hospital must complete the Phase 1 initial data quality profile with a qualifying HIE organization;
- x. By May 1, 2021, the hospital must complete the Phase 1 final data quality profile with a qualifying HIE organization;
- b. By May 27, 2020, a hospital which received Differential Adjusted Payments October 1, 2019 through September 30, 2020, submits a Letter of Intent to AHCCCS and a qualifying HIE organization in which the hospital agrees to achieve all of the following:
  - i. By May 27, 2020, the hospital must have in place an active participation agreement with a qualifying HIE organization and submit a LOI to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates, or maintain its participation in the milestone activities if they have already been achieved;
  - ii. By June 1, 2020, the hospital must electronically submit the following actual patient identifiable information to the production environment of a qualifying HIE organization: admission, discharge and transfer information (generally known as ADT information), including data from the hospital emergency department if the provider has an emergency department, laboratory and radiology information (if the provider has these services), transcription, medication information, immunization data, and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination;
  - iii. By September 1, 2020 or within 30 days of initiating COVID-19 lab testing, submit all COVID-19 lab test codes and the associated LOINC codes to qualifying HIE to ensure proper processing of lab results within the HIE system if applicable;
  - iv. By September 1, 2020 or within 30 days of initiating COVID-19 antibody testing, submit all COVID-19 antibody test codes and the associated LOINC codes to the qualifying HIE to ensure proper processing of lab results within the HIE system if applicable;
  - v. Within 30 days of initiating COVID-19 immunizations, submit all COVID-19 immunization codes and the associated LOINC codes to the qualifying HIE to ensure proper processing of immunizations within the HIE system if applicable;
  - vi. By October 1, 2020, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the qualifying HIE, if required by the external reference lab, to have all outsourced lab test results flow to the qualifying HIE on their behalf if applicable;
  - vii. By November 1, 2020, the hospital must approve and authorize a formal SOW to initiate and complete a Phase 2 data quality improve-

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- ment effort, as defined by the qualifying HIE organization and in collaboration with a qualifying HIE organization;
- viii. By January 1, 2021, the hospital must complete the Phase 2 initial data quality profile with a qualifying HIE organization;
  - ix. By May 1, 2021, the hospital must complete the Phase 2 final data quality profile with a qualifying HIE organization;
  - x. Performance Criteria: Hospitals that meet each of the following HIE data quality performance criteria will be eligible to DAP increases;
    - (1) Demonstrate a 10% improvement from baseline measurements in the initial data quality profile, based on July 2019 data, to the final data quality profile, based on March 2020 data;
    - (2) Meet a minimum performance standard of at least 60% based on March 2020 data;
    - (3) If performance meets or exceeds an upper threshold of 90% based on March 2020 data the hospital meets the criteria, regardless of the percentage improvement from the baseline measurements.
  - c. On May 12, 2020 is identified as a Medicare Annual Payment Update recipients on the QualityNet.org website;
  - d. On May 12, 2020 meets or falls below the national average for the rate of pressure ulcers that are new or worsened from the Medicare Long Term Hospital Compare website;
  - e. On May 12, 2020 meets or falls below the national average for the rate of pressure ulcers that are new or worsened from the Medicare Inpatient Rehabilitation Facility Compare website.
4. A hospital designated as type: hospital by the Arizona Department of Health Services Division of Licensing Services and is owned and/or operated by Indian Health Services (HIS) or under Tribal authority will qualify for an increase if it meets this criteria. By May 27, 2020, a hospital submits a Letter of Intent to AHCCCS and a qualifying HIE organization in which the hospital agrees to achieve all of the following:
- a. By May 27, 2020, the facility must have in place an active participation agreement with a qualifying HIE organization and submit a LOI to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates, or maintain its participation in the milestone activities if they have already been achieved;
  - b. By October 1, 2020, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the qualifying HIE, if required by the external reference lab, to have all outsourced lab test results flow to the qualifying HIE on their behalf;
  - c. By December 1, 2020, the facility must approve and authorize a formal SOW with a qualifying HIE organization to develop and implement the data exchange necessary to meet the requirements of Milestones d, e and f;
  - d. By April 1, 2021 the facility must electronically submit actual patient identifiable information to the production environment of a qualifying HIE organization, including admission, discharge, and transfer information (generally known as ADT information), including data from the hospital emergency department if the facility has an emergency department;
  - e. By June 1, 2021 the facility must electronically submit the following actual patient identifiable information to the production environment of a qualifying HIE organization: laboratory and radiology information (if the provider has these services), transcription, medication information, immunization data, and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination;
  - f. If the facility has ambulatory and/or behavioral health practices, then no later than June 1, 2021 the facility must submit actual patient identifiable information to the production environment of a qualifying HIE, including registration, encounter summary, and SMI data elements as defined by the qualifying HIE organization.
- F. If a hospital submits a Letter of Intent to AHCCCS and received the Differential Adjusted Payments October 1, 2019 through September 30, 2020, but fails to achieve or maintain one or more of the required criteria by the specified date, that hospital will be ineligible to receive any Differential Adjusted Payments for dates of service from October 1, 2020 through September 30, 2021 if a Differential Adjusted Payment is available at that time.
- G. Fee adjustments made under subsections (A), (B), (C), (D), and (E) are on file with AHCCCS and current adjustments are posted on AHCCCS' website.

**Historical Note**

New Section made by exempt rulemaking at 11 A.A.R. 2297, effective July 1, 2005 (Supp. 05-2). Amended by final rulemaking at 13 A.A.R. 3584, effective October 1, 2007 (Supp. 07-4). Amended by final rulemaking at 14 A.A.R. 1439, effective May 31, 2008 (Supp. 08-2). Amended by final rulemaking at 17 A.A.R. 1460, effective October 1, 2011 (Supp. 11-3). Amended by final rulemaking at 22 A.A.R. 2187, effective October 1, 2016 (Supp. 16-4). Amended by final rulemaking at 23 A.A.R. 2338, effective October 1, 2017 (Supp. 17-3). Amended by final rulemaking at 24 A.A.R. 2851, effective October 1, 2018 (Supp. 18-3). Amended by final rulemaking at 25 A.A.R. 3114, effective October 1, 2019 (Supp. 19-4). Amended by final rulemaking at 26 A.A.R. 3025, with an immediate effective date of November 3, 2020 (Supp 20-4).

**R9-22-712.36.      Reserved****R9-22-712.37.      Reserved****R9-22-712.38.      Reserved****R9-22-712.39.      Reserved****R9-22-712.40.      Outpatient      Hospital      Reimbursement:  
Annual and Periodic Update**

- A. Procedure codes. When procedure codes are issued by CMS and added to the Current Procedural Terminology published by the American Medical Association, AHCCCS shall add to the Outpatient Capped Fee-for-Service Schedule the new procedure codes for covered outpatient services and shall either assign the default CCR under R9-22-712.40(F)(2), the Medicare rate, or calculate an appropriate fee.

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- B.** APC changes. AHCCCS may reassign procedure codes to new or different APC groups when APC groups are revised by CMS. AHCCCS may reassign procedure codes to a different APC group than Medicare. If AHCCCS determines that utilization of a procedure code within the Medicare program is substantially different from utilization of the procedure code in the AHCCCS program, AHCCCS may choose not to assign the procedure code to any APC group. For procedure codes not grouped into an APC by Medicare, AHCCCS may assign the code to an APC group when AHCCCS determines that the cost and resources associated with the non-assigned code are substantially similar to those in the APC group.
- C.** Annual update for Outpatient Hospital Fee Schedule. Beginning October 1, 2006, through September 30, 2011, AHCCCS shall adjust outpatient fee schedule rates:
1. Annually by multiplying the rates effective during the prior year by the Global Insight Prospective Hospital Market Basket Inflation Index; or
  2. In a particular year the director may substitute the increases in subsection (C)(1) by calculating the dollar value associated with the inflation index in subsection (C)(1), and applying the dollar value to adjust rates at varying levels.
- D.** Reductions to the Outpatient Capped Fee-For-Service Schedule. Claims paid using the Outpatient Capped Fee-For-Service Schedule with dates of service on or after October 1, 2011, shall be reimbursed at 95 percent of the rates in effect on September 30, 2011, subject to the annual adjustments to procedure codes and APCs under this Section.
- E.** Rebase. AHCCCS shall rebase the outpatient fees every five years.
- F.** Statewide CCR:
1. For begin dates of service on or before September 30, 2011, the statewide CCR calculated in R9-22-712.30 shall be recalculated at the time of rebasing. When rebasing, AHCCCS may recalculate the statewide CCR based on the costs and charges for services excluded from the outpatient hospital fee schedule.
  2. For begin dates of service on or after October 1, 2011, the statewide CCR shall be set under R9-22-712.30(C).
- G.** Other Updates. In addition to the other updates provided for in this Section, the Administration may adjust the Outpatient Capped Fee-For-Service Fee Schedule and the Statewide CCR to the extent necessary to assure that payments are consistent with efficiency, economy, and quality of care and are sufficient to enlist enough providers so that care and services are available at least to the extent that such care and services are available to the general population in the geographic area.

**Historical Note**

New Section made by exempt rulemaking at 11 A.A.R. 2297, effective July 1, 2005 (Supp. 05-2). Amended by final rulemaking at 13 A.A.R. 3584, effective October 1, 2007 (Supp. 07-4). Amended by final rulemaking at 14 A.A.R. 1439, effective May 31, 2008 (Supp. 08-2). Amended by final rulemaking at 17 A.A.R. 1460, effective October 1, 2011 (Supp. 11-3). Amended by exempt rulemaking at 18 A.A.R. 1914, effective July 18, 2012 (Supp. 12-3). Amended by final rulemaking at 19 A.A.R. 3315, effective November 30, 2013 (Supp. 13-4). Amended by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

**R9-22-712.41. Reserved****R9-22-712.42. Reserved****R9-22-712.43. Reserved****R9-22-712.44. Reserved****R9-22-712.45. Outpatient Hospital Reimbursement: Outpatient Payment Restrictions**

- A.** AHCCCS shall not reimburse hospitals for emergency room treatment, observation hours, or other outpatient hospital services performed on an outpatient basis if the member is admitted as an inpatient to the same hospital directly from the emergency room, observation, or other outpatient department.
- B.** AHCCCS shall include payment for the emergency room, observation, and other outpatient hospital services provided to the member before the hospital admission in the AHCCCS Inpatient Tiered Per Diem Capped Fee-For-Service Schedule under Article 7 of this Chapter.
- C.** Same day admit and discharge.
1. For discharges before September 30, 2014. Same day admit and discharge claims that qualify for either the maternity or nursery tiers shall be paid based on the lesser of the rate for the maternity or nursery tier, or the outpatient hospital fee schedule.
  2. For discharge dates on and after October 1, 2014. Same day admit and discharge claims are paid for through the outpatient fee schedule.

**Historical Note**

New Section made by exempt rulemaking at 11 A.A.R. 2297, effective July 1, 2005 (Supp. 05-2). Amended by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

**R9-22-712.46. Reserved****R9-22-712.47. Reserved****R9-22-712.48. Reserved****R9-22-712.49. Reserved****R9-22-712.50. Outpatient Hospital Reimbursement: Billing**

To receive appropriate reimbursement, hospitals shall:

1. Bill outpatient hospital services on the CMS approved Uniform Billing Form or in electronic format using the appropriate HIPAA transaction.
2. Follow the UB Manual Guidelines, as published by the National Uniform Billing Committee, and use the appropriate revenue code and procedure code combination as prescribed by AHCCCS and on file and online with AHCCCS.

**Historical Note**

New Section made by exempt rulemaking at 11 A.A.R. 2297, effective July 1, 2005 (Supp. 05-2).

**R9-22-712.51. Reserved****R9-22-712.52. Reserved****R9-22-712.53. Reserved****R9-22-712.54. Reserved****R9-22-712.55. Reserved****R9-22-712.56. Reserved****R9-22-712.57. Reserved****R9-22-712.58. Reserved**

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**R9-22-712.59. Reserved****R9-22-712.60. Diagnosis Related Group Payments**

- A.** Inpatient hospital services with discharge dates on or after October 1, 2014, shall be reimbursed using the diagnosis related group (DRG) payment methodology described in this Section and sections R9-22-712.61 through R9-22-712.81.
- B.** Payments made using the DRG methodology shall be the sole reimbursement to the hospital for all inpatient hospital services and related supplies provided by the hospital. Services provided in the emergency room, observation area, or other outpatient departments that are directly followed by an inpatient admission to the same hospital are not reimbursed separately. Are reimbursed through the DRG methodology and not reimbursed separately.
- C.** Each claim for an inpatient hospital stay shall be assigned a DRG code and a DRG relative weight based on the All Patient Refined Diagnosis Related Group (APR-DRG) classification system established by 3M Health Information Systems. The applicable version of the APR-DRG classification system shall be available on the agency's website.
- D.** Payments for inpatient hospital services reimbursed using the DRG payment methodology are subject to quick pay discounts and slow pay penalties under A.R.S. 36-2904.
- E.** Payments for inpatient hospital services reimbursed using the DRG payment methodology are subject to the Urban Hospital Reimbursement Program under R9-22-718.
- F.** For purposes of this Section and sections R9-22-712.61 through R9-22-712.81:
  1. "DRG National Average length of stay" means the national arithmetic mean length of stay published in the All Patient Refined Diagnosis Related Group (APR-DRG) classification established by 3M Health Information Systems.
  2. "Length of stay" means the total number of calendar days of an inpatient stay beginning with the date of admission through discharge, but not including the date of discharge (including the date of a discharge to another hospital, i.e., a transfer) unless the member expires.
  3. "Medicare" means Title XVIII of the Social Security Act, 42 U.S.C. 1395 et seq.
  4. "Medicare labor share" means a hospital's labor costs as a percentage of its total costs as determined by CMS for purposes of the Medicare Inpatient Prospective Payment System.

**Historical Note**

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 22 A.A.R. 2187, effective October 1, 2016 (Supp. 16-4). Amended by final rulemaking at 23 A.A.R. 2896, effective January 1, 2018 (Supp. 17-4).

**R9-22-712.61. DRG Payments: Exceptions**

- A.** Notwithstanding section R9-22-712.60, claims for inpatient services from the following hospitals shall be paid on a per diem basis, including provisions for outlier payments, where rates and outlier thresholds are included in the capped fee schedule published by the Administration on its website and available for inspection during normal business hours at 701 E. Jefferson, Phoenix, Arizona. If the covered costs per day on a claim exceed the published threshold for a day, the claim is considered an outlier. Outliers will be paid by multiplying the covered charges by the outlier CCR. The outlier CCR will be the sum of the urban or rural default operating CCR appropriate to the location of the hospital and the statewide capital cost-to-charge ratio in the data file established as part of the Medicare Inpatient Prospective Payment System by CMS. The

resulting amount will be the total reimbursement for the claim. There is no provision for outlier payments for hospitals described under subsection (A)(3).

1. Hospitals designated as type: hospital, subtype; rehabilitation in the Provider & Facility Database for Arizona Medical Facilities posted by the Arizona Department of Health Services Division of Licensing Services on its website in March of each year;
2. Hospitals designated as type: hospital, subtype: long term in the Provider & Facility Database for Arizona Medical Facilities posted by the Arizona Department of Health Services Division of Licensing Services on its website for March of each year;
3. Hospitals designated as type: hospital, subtype; psychiatric in the Provider & Facility Database for Arizona Medical Facilities posted by the Arizona Department of Health Services Division of Licensing Services on its website for March of each year;
- B.** Notwithstanding section R9-22-712.60, claims for inpatient services that are covered by a RBHA or TRBHA, where the principal diagnosis on the claim is a behavioral health diagnosis, shall be reimbursed as prescribed by a per diem rate described by a fee schedule established by the Administration; however, if the principal diagnosis is a physical health diagnosis, the claim shall be processed under the DRG methodology described in this section, even if behavioral health services are provided during the inpatient stay.
- C.** Notwithstanding section R9-22-712.60, claims for services associated with transplant services shall be paid in accordance with the contract between the AHCCCS administration and the transplant facility.
- D.** Notwithstanding section R9-22-712.60, claims from an IHS facility or 638 Tribal provider shall be paid the all-inclusive rate on a per visit basis in accordance with the rates published annually by IHS in the federal register.
- E.** For hospitals that have contracts with the Administration for the provision of transplant services, inpatient days associated with transplant services are paid in accordance with the terms of the contract.
- F.** For inpatient services with a date of admission from October 1, 2020 through September 30, 2021, provided by a hospital in subsection (A) that qualifies, the administration shall pay the hospital an Inpatient Differential Adjusted Payment equal to the sum of the payment otherwise provided for in subsection (A) plus the product of the amount otherwise provided for in subsection (A) and a percentage published on the Administration's public website as part of its fee schedule, subsequent to a public notice published no later than September 1, 2020. A hospital will qualify for an increase if it meets the criteria specified below for the applicable hospital subtype.
  1. A hospital designated by the Arizona Department of Health Services Division of Licensing Services as type: hospital, subtype: short-term or children's will qualify for an increase if it meets the criteria in subsection (F)(1)(a), (i) through (x), (F)(1)(b), (i) through (x), and (1) through (3); (F)(1)(c); (F)(1)(d), or (F)(1)(e):
    - a. By May 27, 2020, a hospital which did not receive Differential Adjusted Payments from October 1, 2019 through September 30, 2020, submits a Letter of Intent to AHCCCS and a qualifying Health Information Exchange (HIE) organization in which the hospital agrees to achieve all of the following:
      - i. By May 27, 2020, the hospital must have in place an active participation agreement with a qualifying HIE organization and submit a LOI to AHCCCS and the HIE, in which it agrees to

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- achieve the following milestones by the specified dates, or maintain its participation in the milestone activities if they have already been achieved;
- ii. By June 1, 2020, the hospital must electronically submit the following actual patient identifiable information to the production environment of qualifying HIE organization: admission, discharge, and transfer information (generally known as ADT information), including data from the hospital emergency department if the provider has an emergency department;
  - iii. By August 1, 2020, the hospital must electronically submit the following actual patient identifiable information to the production environment of a qualifying HIE organization: laboratory and radiology information (if the provider has these services), transcription, medication information, immunization data, and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination;
  - iv. By September 1, 2020, or within 30 days of initiating COVID-19 lab testing, submit all COVID-19 lab test codes and the associated LOINC codes to qualifying HIE to ensure proper processing of lab results within the HIE system if applicable;
  - v. By September 1, 2020, or within 30 days of initiating COVID-19 antibody testing, submit all COVID-19 antibody test codes and the associated LOINC codes to the qualifying HIE to ensure proper processing of lab results within the HIE system if applicable;
  - vi. Within 30 days of initiating COVID-19 immunizations, submit all COVID-19 immunization codes and the associated LOINC codes to the qualifying HIE to ensure proper processing of immunizations within the HIE system if applicable;
  - vii. By October 1, 2020, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the qualifying HIE, if required by the external reference lab, to have all outsourced lab test results flow to the qualifying HIE on their behalf if applicable;
  - viii. By November 1, 2020, the hospital must approve and authorize a formal scope of work (SOW) with a qualifying HIE organization to initiate and complete a Phase 1 data quality improvement effort, as defined by the qualifying HIE organization in collaboration with the qualifying HIE organization;
  - ix. By January 1, 2021, the hospital must complete the Phase 1 initial data quality profile with a qualifying HIE organization;
  - x. By May 1, 2021, the hospital must complete the Phase 1 final data quality profile with a qualifying HIE organization;
- b. By May 27, 2020, a hospital which received Differential Adjusted Payments October 1, 2019 through September 30, 2020, submits a Letter of Intent to AHCCCS and a qualifying HIE organization in which the hospital agrees to achieve all of the following:
    - i. By May 27, 2020, the hospital must have in place an active participation agreement with a qualifying HIE organization and submit a LOI to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates, or maintain its participation in the milestone activities if they have already been achieved;
    - ii. By June 1, 2020, the hospital must electronically submit the following actual patient identifiable information to the production environment of a qualifying HIE organization: admission, discharge and transfer information (generally known as ADT information), including data from the hospital emergency department if the provider has an emergency department, laboratory and radiology information (if the provider has these services), transcription, medication information, immunization data, and discharge summaries that include, at a minimum, discharge orders, discharge instruction, active medication, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination;
    - iii. By September 1, 2020, or within 30 days of initiating COVID-19 lab testing, submit all COVID-19 lab test codes and the associated LOINC codes to qualifying HIE to ensure proper processing of lab results within the HIE system if applicable;
    - iv. By September 1, 2020 or within 30 days of initiating COVID-19 antibody testing, submit all COVID-19 antibody test codes and the associated LOINC codes to the qualifying HIE to ensure proper processing of lab results within the HIE system if applicable;
    - v. Within 30 days of initiating COVID-19 immunizations, submit all COVID-19 immunization codes and the associated LOINC codes to the qualifying HIE to ensure proper processing of immunizations within the HIE system if applicable;
    - vi. By October 1, 2020, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the qualifying HIE, if required by the external reference lab, to have all outsourced lab test results flow to the qualifying HIE on their behalf if applicable;
    - vii. By November 1, 2020, the hospital must approve and authorize a formal SOW to initiate and complete a Phase 2 data quality improvement effort, as defined by the qualifying HIE organization and in collaboration with the qualifying HIE organization;
    - viii. By January 1, 2021, the hospital must complete the Phase 2 initial data quality profile with a qualifying HIE organization;

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- ix. By May 1, 2021, the hospital must complete the Phase 2 final data quality profile with a qualifying HIE organization;
  - x. Hospitals that meet each of the following HIE data quality performance criteria will be eligible to receive DAP increases:
    - (1) Demonstrate a 10% improvement from baseline measurements in the initial data quality profile, based on July 2019 data, to the final data quality profile, based on March 2020 data;
    - (2) Meet a minimum performance standard of at least 60% based on March 2020 data;
    - (3) If performance meets or exceeds an upper threshold of 90% based on March 2020 data the hospital meets the criteria. Regardless of the percentage improvement from the baseline measurements;
  - c. Meet or exceed the statewide average on May 12, 2020 for the Severe Sepsis/Septic Shock (SEP-1) performance measure from the Medicare Hospital Compare website;
  - d. Be a participant in the Improving Pediatric Sepsis Outcomes collaborative in 2020;
  - e. For dates of services from October 1, 2020 through September 30, 2021, hospitals subject to APR-DRG reimbursement (Provider Type 02) may qualify for a DAP on codes J7296-J7298, J7300-J7301, and J7307 billed on the 1500 or UB-04 forms for long-acting reversible contraception devices.
2. A hospital designated by the Arizona Department of Health Services Division of Licensing Services as type: hospital, subtype: critical access hospital will qualify for an increase if it meets this criteria. By May 27, 2020, a hospital which received Differential Adjusted Payments October 1, 2019 through September 30, 2020, submits a Letter of Intent to AHCCCS and a qualifying HIE organization in which the hospital agrees to achieve all of the following:
- a. By May 27, 2020, the hospital must have in place an active participation agreement with a qualifying HIE organization and submit a LOI to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates, or maintain its participation in the milestone activities if they have already been achieved;
  - b. By June 1, 2020, the hospital must electronically submit the following actual patient identifiable information to the production environment of a qualifying HIE organization: admission, discharge and transfer information (generally known as ADT information), including data from the hospital emergency department if the provider has an emergency department, laboratory and radiology information (if the provider has these services), transcription, medication information, immunization data, and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination;
  - c. By September 1, 2020, or within 30 days of initiating COVID-19 lab testing, submit all COVID-19 lab test codes and the associated LOINC codes to qualifying HIE to ensure proper processing of lab results within the HIE system if applicable;
  - d. By September 1, 2020 or within 30 days of initiating COVID-19 antibody testing, submit all COVID-19 antibody test codes and the associated LOINC codes to the qualifying HIE to ensure proper processing of lab results within the HIE system if applicable;
  - e. Within 30 days of initiating COVID-19 immunizations, submit all COVID-19 immunization codes and the associated LOINC codes to the qualifying HIE to ensure proper processing of immunizations within the HIE system if applicable;
  - f. By October 1, 2020, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the qualifying HIE, if required by the external reference lab, to have all outsourced lab test results flow to the qualifying HIE on their behalf if applicable;
  - g. By November 1, 2020, the hospital must approve and authorize a formal SOW to initiate and complete a Phase 2 data quality improvement effort, as defined by the qualifying HIE organization and in collaboration with the qualifying HIE organization;
  - h. By January 1, 2021, the hospital must complete the Phase 2 initial data quality profile with a qualifying HIE organization;
  - i. By May 1, 2021, the hospital must complete the Phase 2 final data quality profile with a qualifying HIE organization;
  - j. Hospitals that meet each of the following HIE data quality performance criteria will be eligible to receive DAP increases:
    - i. Demonstrate a 10% improvement from baseline measurements in the initial data quality profile, based on July 2019 data, to the final data quality profile, based on March 2020 data;
    - ii. Meet a minimum performance standard of at least 60% based on March 2020 data;
    - iii. If performance meets or exceeds an upper threshold of 90% based on March 2020 data the hospital meets the criteria, regardless of the percentage improvement from the baseline measurements.

**Historical Note**

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 22 A.A.R. 2187, effective October 1, 2016 (Supp. 16-4). Amended by final rulemaking at 23 A.A.R. 2338, effective October 1, 2017 (Supp. 17-3). Amended by final rulemaking at 24 A.A.R. 2851, effective October 1, 2018 (Supp. 18-3). Amended by final rulemaking at 25 A.A.R. 3111 and at 25 A.A.R. 3114, effective October 1, 2019 (Supp. 19-4). Amended by final rulemaking at 26 A.A.R. 3025, with an immediate effective date of November 3, 2020 (Supp 20-4).

**R9-22-712.62. DRG Base Payment**

- A. The initial DRG base payment is the product of the DRG base rate, the DRG relative weight for the post-HCAC DRG code assigned to the claim, and any applicable provider and service policy adjusters.
- B. The DRG base rate for each hospital is the statewide standardized amount of which the hospital's labor-related share of that amount is adjusted by the hospital's wage index. The hospital's labor share is determined based on the labor share for the

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Medicare inpatient prospective payment system published in Volume 81 of the Federal Register at page 57312 published August 22, 2016. The hospital's wage index is determined based on the wage index tables reference in Volume 81 of the Federal Register at page 57311 published August 22, 2016. The statewide standardized amount is included in the AHCCCS capped fee schedule available on the agency's website.

- C. Claims shall be assigned both a DRG code derived from all diagnosis and surgical procedure codes included on the claim (the "pre-HCAC" DRG code) and a DRG code derived excluding diagnosis and surgical procedure codes associated with the health care acquired conditions that were not present on admission or any other provider-preventable conditions (the "post-HCAC" DRG code). The DRG code with the lower relative weight shall be used to process claims using the DRG methodology.

**Historical Note**

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 23 A.A.R. 2896, effective January 1, 2018 (Supp. 17-4).

**R9-22-712.63. DRG Base Payments Not Based on the Statewide Standardized Amount**

- A. Notwithstanding Section R9-22-712.62, a select specialty hospital standardized amount shall be used in place of the statewide standardized amount in subsection R9-22-712.62(B) to calculate the DRG base rate for the following hospitals:
1. Hospitals located in a city with a population greater than one million, which on average have at least 15 percent of inpatient days for patients who reside outside of Arizona, and at least 50 percent of discharges as reported on the 2011 Medicare Cost Report are reimbursed by Medicare.
  2. Hospitals designated as type: hospital, subtype: short-term that has a license number beginning "SH" in the Provider & Facility Database for Arizona Medical Facilities posted by the ADHS Division of Licensing Services on its website for March of each year.
- B. The select specialty hospital standardized amount is included in the AHCCCS capped fee schedule available on the agency's website.

**Historical Note**

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 23 A.A.R. 2896, effective January 1, 2018 (Supp. 17-4).

**R9-22-712.64. DRG Base Payments and Outlier CCR for Out-of-State Hospitals**

- A. DRG Base payment:
1. For high volume out-of-state hospitals defined in subsection (C), the wage adjusted DRG base payment is determined as described in R9-22-712.62.
  2. Notwithstanding subsection R9-22-712.62 the wage adjusted DRG base rate for out-of-state hospitals that are not high volume hospitals shall be included in the AHCCCS capped fee schedule available on the agency's website.
- B. Outlier CCR:
1. Notwithstanding subsection R9-22-712.68, the CCR used for the outlier calculation for out-of-state hospitals that are not high volume hospitals shall be the sum of the statewide urban default operating cost-to-charge ratio and the statewide capital CCR in the data file established as part of the Medicare Inpatient Prospective Payment System by CMS.

2. The CCR used for the outlier calculation for high volume out-of-state hospitals is the same as in-state hospitals as described in R9-22-712.68.

- C. A high volume out-of-state hospital is a hospital not otherwise excluded under R9-22-712.61, that is located in a county that borders the State of Arizona and had 500 or more AHCCCS covered inpatient days for the fiscal year beginning October 1, 2015.
- D. Other than as required by this Section, DRG reimbursement for out-of-state hospitals is determined under R9-22-712.60 through R9-22-712.81.

**Historical Note**

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 23 A.A.R. 2896, effective January 1, 2018 (Supp. 17-4).

**R9-22-712.65. DRG Provider Policy Adjustor**

- A. After calculating the DRG base payment as required in sections R9-22-712.62, R9-22-712.63, or R9-22-712.64, for claims from a high-utilization hospital, the product of the DRG base rate and the DRG relative weight for the post-HCAC DRG code shall be multiplied by a provider policy adjustor that is included in the AHCCCS capped fee schedule available on the agency's website.
- B. A hospital is a high-utilization hospital if the hospital had:
1. Covered inpatient days subject to DRG reimbursement, determined using adjudicated claim and encounter data during the fiscal year beginning October 1, 2015, equal to at least four hundred percent of the statewide average number of AHCCCS-covered inpatient days at all hospitals;
  2. A Medicaid inpatient utilization rate greater than 30% calculated as the ratio of AHCCCS-covered inpatient days to total inpatient days as reported in the hospital's Medicare Cost Report for the fiscal year ending 2016; and,
  3. Received less than \$2 million in add-on payment for outliers under R9-22-712.68, based on adjudicated claims and encounters for fiscal year beginning October 1, 2015.

**Historical Note**

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 23 A.A.R. 2896, effective January 1, 2018 (Supp. 17-4).

**R9-22-712.66. DRG Service Policy Adjustor**

In addition to Section R9-22-712.65, for claims with DRG codes in the following categories, the product of the DRG base rate, the DRG relative weight for the post-HCAC DRG code, and the DRG provider policy adjustor shall be multiplied by the service policy adjustor listed in the AHCCCS capped fee schedule, available on the agency's website, corresponding to the following DRG codes:

1. Normal newborn DRG codes,
2. Neonates DRG codes,
3. Obstetrics DRG codes,
4. Psychiatric DRG codes,
5. Rehabilitation DRG codes,
6. Burn DRG codes.
7. Claims for members under age 19 assigned DRG codes other than listed above:
  - a. For dates of discharge occurring on or after October 1, 2014 and ending no later than December 31, 2015 regardless of severity of illness level,
  - b. For dates of discharge on or after January 1, 2016, for severity of illness levels 1 and 2,



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- c. For dates of discharge on or after January 1, 2016 and before January 1, 2017, for severity of illness levels 3 and 4.
  - d. For dates of discharge on or after January 1, 2017, and before January 1, 2018 for severity of illness levels 3 and 4.
  - e. For dates of discharge on or after January 1, 2018, for severity of illness levels 3 and 4.
8. Claims for members assigned DRG codes other than listed above.

**Historical Note**

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 22 A.A.R. 2187, effective October 1, 2016 (Supp. 16-4). Amended by final rulemaking at 23 A.A.R. 2896, effective January 1, 2018 (Supp. 17-4).

**R9-22-712.67. DRG Reimbursement: Transfers**

- A. For purposes of this Section a "transfer" means the transfer of a member from a hospital to a short-term general hospital for inpatient care, a designated cancer center, children's hospital, or a critical access hospital except when a member is moved for the purpose of receiving sub-acute services.
- B. Designated cancer center or children's hospitals are those hospitals identified as such in the UB-04 billing manual published by the National Uniform Billing Committee.
- C. The hospital the member is transferred from shall be reimbursed either the initial DRG base payment or the transfer DRG base payment, whichever is less.
- D. The transfer DRG base payment is an amount equal to the initial DRG base payment, as determined after making any provider or service policy adjustors, divided by the DRG National Average length of stay for the DRG code multiplied by the sum of one plus the length of stay.
- E. The hospital the member is transferred to shall be reimbursed under the DRG payment methodology without a reduction due to the transfer.
- F. Unadjusted DRG base payment. The unadjusted DRG base payment is either the initial DRG base payment, as determined after making any provider or service policy adjustors, or the transfer DRG base payment, whichever is less.

**Historical Note**

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 22 A.A.R. 2187, effective October 1, 2016 (Supp. 16-4).

**R9-22-712.68. DRG Reimbursement: Unadjusted Outlier Add-on Payment**

- A. Claims for inpatient hospital services qualify for an outlier add-on payment if the claim cost exceeds the outlier cost threshold.
- B. The claim cost is determined by multiplying covered charges by an outlier CCR as described by the following subsections:
  - 1. For hospitals designated as type: hospital, subtype: children's in the Provider & Facility Database for Arizona Medical Facilities posted by the ADHS Division of Licensing Services on its website for March of each year. The outlier CCR will be calculated by dividing the hospital total costs by the total charges using the most recent Medicare Cost Report available as of September 1 of that year.
  - 2. For Critical Access Hospitals the outlier CCR will be the sum of the statewide rural default operating cost-to-charge ratio and the statewide capital cost-to-charge ratio

in the data file established as part of the Medicare Inpatient Prospective Payment System by CMS.

- 3. For all other hospitals the outlier CCR will be the sum of the operating cost-to-charge ratio and the capital cost-to-charge ratio established for each hospital in the impact file established as part of the Medicare Inpatient Prospective Payment System by CMS.
- C. AHCCCS shall update the CCRs described in subsection (B) to conform to the most recent CCRs established by CMS as of September 1 of each year, and the CCRs so updated shall be used for claims with dates of discharge on or after October 1 of that year.
  - D. The outlier threshold is equal to the sum of the unadjusted DRG base payment plus the fixed loss amount. The fixed loss amount for critical access hospitals and for all other hospitals are included in the AHCCCS capped fee schedule available on the agency's website.
  - E. For those inpatient hospital claims that qualify for an outlier add-on payment, the payment is calculated by subtracting the outlier threshold from the claim cost and multiplying the result by the DRG marginal cost percentage. The DRG marginal cost percentage for claims assigned DRG codes associated with the treatment of burns and for all other claims are included in the AHCCCS capped fee schedule available on the agency's website.

**Historical Note**

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 23 A.A.R. 2896, effective January 1, 2018 (Supp. 17-4).

**R9-22-712.69. DRG Reimbursement: Covered Day Adjusted DRG Base Payment and Covered Day Adjusted Outlier Add-on Payment**

Adjustments to the payments are made to account for days not covered by AHCCCS as follows:

- 1. A covered day reduction factor unadjusted is determined if the member is not eligible on the first day of the inpatient stay but is eligible for subsequent days during the inpatient stay. In this case, a covered day reduction factor unadjusted is calculated by dividing the number of AHCCCS covered days by the DRG National Average length of stay. The number of AHCCCS covered days is equal to the number of days the member is eligible during the inpatient stay.
- 2. A covered day reduction factor unadjusted is also determined if the member is eligible on the first day of the inpatient stay but is determined ineligible for one or more days prior to the date of discharge. In this case, a covered day reduction factor unadjusted is calculated by adding one to the number of AHCCCS covered days and dividing the result by the DRG National Average length of stay. The number of AHCCCS covered days is equal to the number of days the member is eligible during the inpatient stay.
- 3. If the covered day reduction factor unadjusted is greater than one, then the covered day reduction factor final is one; otherwise, the covered day reduction factor final is equal to the covered day reduction factor unadjusted.
- 4. The covered day adjusted DRG base payment is an amount equal to the product of the unadjusted DRG base payment and the covered day reduction factor final.
- 5. The covered day adjusted DRG outlier add-on payment is an amount equal to the product of the unadjusted DRG outlier add-on payment and the covered day reduction factor final.

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**Historical Note**

New Section made by final rulemaking at 20 A.A.R.  
1956, September 6, 2014 (Supp. 14-3).

**R9-22-712.70. Covered Day Adjusted DRG Base Payment and Covered Day Adjusted Outlier Add-on Payment for FES members**

In addition to the covered day reduction factor in R9-22-712.69, a covered day reduction factor unadjusted is determined for an inpatient stay during which an FES member receives services for the treatment of an emergency medical condition and also receives services once the condition no longer meets the criteria as an emergency medical condition described in R9-22-217.

1. A covered day reduction factor unadjusted is calculated by adding one to the AHCCCS covered days and dividing the result by the DRG National Average length of stay. The number of AHCCCS covered days is equal to the number of inpatient days during which an FES member receives services for an emergency medical condition as described in R9-22-217. For purposes of this adjustment, any portion of a day during which the FES member receives treatment for an emergency medical condition is counted as an AHCCCS covered day.
2. If the covered day reduction factor unadjusted is greater than one, then the covered day reduction factor final is one; otherwise, the covered day reduction factor final is equal to the covered day reduction factor unadjusted.
3. The covered day adjusted DRG base payment is an amount equal to the product of the unadjusted DRG base payment and the covered day reduction factor final.
4. The covered day adjusted DRG outlier add-on payment is an amount equal to the product of the unadjusted DRG outlier add-on payment and the covered day reduction factor final.

**Historical Note**

New Section made by final rulemaking at 20 A.A.R.  
1956, September 6, 2014 (Supp. 14-3).

**R9-22-712.71. Final DRG Payment**

The final DRG payment is the sum of the final DRG base payment, the final DRG outlier add-on payment, and the Differential Adjusted Payment.

1. The final DRG base payment is an amount equal to the product of the covered day adjusted DRG base payment and a hospital-specific factor established to limit the financial impact to individual hospitals of the transition from the tiered per diem payment methodology and to account for improvements in documentation and coding that are expected as a result of the transition.
2. The final DRG outlier add-on payment is an amount equal to the product of the covered day adjusted DRG outlier add-on payment and a hospital-specific factor established to limit the financial impact to individual hospitals of the transition from the tiered per diem payment methodology and to account for improvements in documentation and coding that are expected as a result of the transition.
3. The factor for each hospital and for each federal fiscal year is published as part of the AHCCCS capped fee schedule and is available on the AHCCCS administration's website and is on file for public inspection at the AHCCCS administration located at 701 E. Jefferson Street, Phoenix, Arizona.
4. For inpatient services with a date of discharge from October 1, 2020 through September 30, 2021, the Inpatient Differential Adjusted Payment is the sum of the final DRG base payment and the final DRG outlier add-on

payment multiplied by a percentage published on the Administration's public website as part of its fee schedule, subsequent to the public notice published no later than September 1, 2020. A hospital will qualify for an increase if it meets the criteria specified below for the applicable hospital subtype.

- a. A hospital designated by the Arizona Department of Health Services Division of Licensing Services as type: hospital, subtype: short-term or children's will qualify for an increase if it meets the criteria in (4)(a)(i), (1) through (10); (4)(a)(ii), (1) through (10)(a) through (c); and (4)(iii), (iv), or (v):
  - i. By May 27, 2020, a hospital which did not receive Differential Adjusted Payments from October 1, 2019 through September 30, 2020, submits a Letter of Intent to AHCCCS and a qualifying Health Information Exchange (HIE) organization in which the hospital agrees to achieve all of the following:
    - (1) By May 27, 2020, the hospital must have in place an active participation agreement with a qualifying HIE organization and submit a LOI to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates, or maintain its participation in the milestone activities if they have already been achieved;
    - (2) By June 1, 2020, the hospital must electronically submit the following actual patient identifiable information to the production environment of qualifying HIE organization: admission, discharge, and transfer information (generally known as ADT information), including data from the hospital emergency department if the provider has an emergency department;
    - (3) By August 1, 2020, the hospital must electronically submit the following actual patient identifiable information to the production environment of a qualifying HIE organization: laboratory and radiology information (if the provider has these services), transcription, medication information, immunization data, and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination;
    - (4) By September 1, 2020, electronically submit laboratory, radiology, transcription, and medication information, and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination to a qualifying HIE or within 30 days of initiating COVID-19 lab testing, submit all COVID-19 lab test codes and the associated LOINC codes to qualifying HIE to ensure proper processing of lab results within the HIE system if appli-

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- cable;
  - (5) By September 1, 2020, or within 30 days of initiating COVID-19 antibody testing, submit all COVID-19 antibody test codes and the associated LOINC codes to the qualifying HIE to ensure proper processing of lab results within the HIE system if applicable;
  - (6) Within 30 days of initiating COVID-19 immunizations, submit all COVID-19 immunization codes and the associated LOINC codes to the qualifying HIE to ensure proper processing of immunizations within the HIE system if applicable;
  - (7) By October 1, 2020, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the qualifying HIE, if required by the external reference lab, to have all outsourced lab test results flow to the qualifying HIE on their behalf if applicable;
  - (8) By November 1, 2020, the hospital must approve and authorize a formal scope of work (SOW) with a qualifying HIE organization to initiate and complete a Phase 1 data quality improvement effort, as defined by the qualifying HIE organization in collaboration with the qualifying HIE organization;
  - (9) By January 1, 2021, the hospital must complete the Phase 1 initial data quality profile with a qualifying HIE organization;
  - (10) By May 1, 2021, the hospital must complete the Phase 1 final data quality profile with a qualifying HIE organization;
- ii. By May 27, 2020, a hospital which received Differential Adjusted Payments October 1, 2019 through September 30, 2020, submits a Letter of Intent to AHCCCS and a qualifying HIE organization in which the hospital agrees to achieve all of the following:
  - (1) By May 27, 2020, the hospital must have in place an active participation agreement with a qualifying HIE organization and submit a LOI to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates, or maintain its participation in the milestone activities if they have already been achieved;
  - (2) By June 1, 2020, the hospital must electronically submit the following actual patient identifiable information to the production environment of a qualifying HIE organization: admission, discharge and transfer information (generally known as ADT information), including data from the hospital emergency department if the provider has an emergency department, laboratory and radiology information (if the provider has these services), transcription, medication information, immunization data, and discharge summaries that include, at a minimum, discharge orders, discharge instruction, active medication, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination;
  - (3) By September 1, 2020, or within 30 days of initiating COVID-19 lab testing, submit all COVID-19 lab test codes and the associated LOINC codes to qualifying HIE to ensure proper processing of lab results within the HIE system if applicable;
  - (4) By September 1, 2020 or within 30 days of initiating COVID-19 antibody testing, submit all COVID-19 antibody test codes and the associated LOINC codes to the qualifying HIE to ensure proper processing of lab results within the HIE system if applicable;
  - (5) Within 30 days of initiating COVID-19 immunizations, submit all COVID-19 immunization codes and the associated LOINC codes to the qualifying HIE to ensure proper processing of immunizations within the HIE system if applicable;
  - (6) By October 1, 2020, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the qualifying HIE, if required by the external reference lab, to have all outsourced lab test results flow to the qualifying HIE on their behalf if applicable;
  - (7) By November 1, 2020, the hospital must approve and authorize a formal SOW to initiate and complete a Phase 2 data quality improvement effort, as defined by the qualifying HIE organization and in collaboration with the qualifying HIE organization;
  - (8) By January 1, 2021, the hospital must complete the Phase 2 initial data quality profile with a qualifying HIE organization;
  - (9) By May 1, 2021, the hospital must complete the Phase 2 final data quality profile with a qualifying HIE organization;
  - (10) Hospitals that meet each of the following HIE data quality performance criteria will be eligible to receive DAP increases:
    - (a) Demonstrate a 10% improvement from baseline measurements in the initial data quality profile, based on July 2019 data, to the final data quality profile, based on March 2020 data;
    - (b) Meet a minimum performance standard of at least 60% based on March 2020 data;
    - (c) If performance meets or exceeds an upper threshold of 90% based on March 2020 data the hospital meets the criteria. Regardless of the percentage improvement from the baseline measurements;
- iii. Meet or exceed the statewide average on May 12, 2020 for the Severe Sepsis/Septic Shock

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- (SEP-1) performance measure from the Medicare Hospital Compare website;
- iv. Be a participant in the Improving Pediatric Sepsis Outcomes collaborative in 2020;
  - v. For dates of services from October 1, 2020 through September 30, 2021, hospitals subject to APR-DRG reimbursement (Provider Type 02) may qualify for a DAP on codes J7296-J7298, J7300-J7301, and J7307 billed on the 1500 or UB-04 forms for long-acting reversible contraception devices.
- b. A hospital designated by the Arizona Department of Health Services Division of Licensing Services as type: hospital, subtype: critical access hospital will qualify for an increase if by May 27, 2020, a hospital which received Differential Adjusted Payments October 1, 2019 through September 30, 2020, submits a Letter of Intent to AHCCCS and a qualifying HIE organization in which the hospital agrees to achieve all of the following:
- i. By May 27, 2020, the hospital must have in place an active participation agreement with a qualifying HIE organization and submit a LOI to AHCCCS and the HIE, in which it agrees to achieve the following milestones by the specified dates, or maintain its participation in the milestone activities if they have already been achieved;
  - ii. By June 1, 2020, the hospital must electronically submit the following actual patient identifiable information to the production environment of a qualifying HIE organization: admission, discharge and transfer information (generally known as ADT information), including data from the hospital emergency department if the provider has an emergency department, laboratory and radiology information (if the provider has these services), transcription, medication information, immunization data, and discharge summaries that include, at a minimum, discharge orders, discharge instructions, active medications, new prescriptions, active problem lists (diagnosis), treatments and procedures conducted during the stay, active allergies, and discharge destination;
  - iii. By September 1, 2020, or within 30 days of initiating COVID-19 lab testing, submit all COVID-19 lab test codes and the associated LOINC codes to qualifying HIE to ensure proper processing of lab results within the HIE system if applicable;
  - iv. By September 1, 2020 or within 30 days of initiating COVID-19 antibody testing, submit all COVID-19 antibody test codes and the associated LOINC codes to the qualifying HIE to ensure proper processing of lab results within the HIE system if applicable;
  - v. Within 30 days of initiating COVID-19 immunizations, submit all COVID-19 immunization codes and the associated LOINC codes to the qualifying HIE to ensure proper processing of immunizations within the HIE system if applicable;
  - vi. By October 1, 2020, hospitals that utilize external reference labs for any lab result processing must submit necessary provider authorization forms to the qualifying HIE, if required by the external reference lab, to have all outsourced lab test results flow to the qualifying HIE on their behalf if applicable;
  - vii. By November 1, 2020, the hospital must approve and authorize a formal SOW to initiate and complete a Phase 2 data quality improvement effort, as defined by the qualifying HIE organization and in collaboration with the qualifying HIE organization;
  - viii. By January 1, 2021, the hospital must complete the Phase 2 initial data quality profile with a qualifying HIE organization;
  - ix. By May 1, 2021, the hospital must complete the Phase 2 final data quality profile with a qualifying HIE organization;
  - x. Hospitals that meet each of the following HIE data quality performance criteria will be eligible to receive DAP increases:
    - (1) Demonstrate a 10% improvement from baseline measurements in the initial data quality profile, based on July 2019 data, to the final data quality profile, based on March 2020 data;
    - (2) Meet a minimum performance standard of at least 60% based on March 2020 data;
    - (3) If performance meets or exceeds an upper threshold of 90% based on March 2020 data the hospital meets the criteria, regardless of the percentage improvement from the baseline measurements.

**Historical Note**

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 22 A.A.R. 2187, effective October 1, 2016 (Supp. 16-4). Amended by final rulemaking at 23 A.A.R. 2338, effective October 1, 2017 (Supp. 17-3). Amended by final rulemaking at 23 A.A.R. 2896, effective January 1, 2018 (Supp. 17-4). Amended by final rulemaking at 24 A.A.R. 2851, effective October 1, 2018 (Supp. 18-3). Amended by final rulemaking at 25 A.A.R. 3114, effective October 31, 2019 (Supp. 19-4). Amended by final rulemaking at 26 A.A.R. 3025, with an immediate effective date of November 3, 2020 (Supp 20-4).

**R9-22-712.72. DRG Reimbursement: Enrollment Changes During an Inpatient Stay**

- A. If a member's enrollment changes during an inpatient stay, including changing enrollment from fee-for-service to a contractor, or vice versa, or changing from one contractor to another contractor, the contractor with whom the member is enrolled on the date of discharge shall be responsible for reimbursing the hospital for the entire length of stay under the DRG payment rules in sections R9-22-712.60 through R9-22-712.81. If the member is eligible but not enrolled with a contractor on the date of discharge, then the AHCCCS administration shall be responsible for reimbursing the hospital for the entire length of stay under the DRG payment rules in sections R9-22-712.60 through R9-22-712.81.
- B. When a member's enrollment changes during an inpatient stay, the hospital shall use the date of enrollment with the payer responsible on the date of discharge as the "from" date of service on the claim regardless of the date of admission.
- C. Interim claims submitted to a payer other than the payer responsible on the day of discharge shall be processed in the

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same manner as other interim claims as described in R9-22-712.76.

**Historical Note**

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 23 A.A.R. 2896, effective January 1, 2018 (Supp. 17-4).

**R9-22-712.73. DRG Reimbursement: Inpatient Stays for Members Eligible for Medicare**

If the hospital receives less than the full Medicare payment for a member eligible for benefits under Part A of Medicare because the member has exceeded the maximum benefit permitted under Part A of Medicare, the hospital shall submit a separate claim for services performed after the date the maximum Medicare Part A benefit is exceeded. The claim may include all diagnosis codes for the entire inpatient stay, but the hospital is only required to include revenue codes, surgical procedure codes, service units, and charges for services performed after the date the Medicare Part A benefit is exceeded. A claim so submitted shall be reimbursed using the DRG payment methodology.

**Historical Note**

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

**R9-22-712.74. DRG Reimbursement: Third Party Liability**  
DRG payments are subject to reduction based on cost avoidance under Section R9-22-1003 and other rules regarding first-and third-party liability under Article 10 of this Chapter including cost avoidance for claims for ancillary services covered under Part B of Medicare.

**Historical Note**

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

**R9-22-712.75. DRG Reimbursement: Payment for Administrative Days**

- A.** Categories of Administrative Days. Administrative days fall into one of two categories, either subsection (A)(1) or (A)(2).
1. Administrative days due to lack of appropriate placement options and not meeting inpatient medical criteria. Administrative days are days in which a member is admitted as an inpatient to an acute care hospital, does not meet the criteria for an acute inpatient stay, but is admitted or not discharged because; (1) an appropriate placement outside the hospital is not available, (2) the member cannot be safely discharged or transferred, or (3) the Administration or the contractor failed to provide for the appropriate placement outside the hospital in a timely manner.
    - a. Administrative days may occur prior to an acute care episode, for example, when a woman with a high-risk pregnancy is admitted to a hospital while awaiting delivery.
    - b. Administrative days may also occur at the end of an acute care episode, for example, when a member is not discharged while awaiting placement in a nursing facility or other sub-acute or post-acute setting.
    - c. Administrative days may also include days in a receiving hospital when the member has been discharged from one acute care hospital for the purpose of receiving sub-acute services at the receiving hospital.
    - d. Administrative days do not include days when the member is awaiting appropriate placement or services that are currently available but the hospital has

not transferred or discharged the member because of the hospital's administrative or operational delays.

- e. Administrative days include inpatient claims covered by a RBHA or TRBHA that otherwise meet the criteria in subsection (A)(1).
  2. Administrative days for claims with the principal diagnosis of behavioral health meeting inpatient medical criteria. Administrative days are days with dates of discharge on or after October 1, 2018, in which a member is admitted as an inpatient to an acute care hospital, meets the criteria for an acute inpatient stay, and the principal diagnosis on the hospital claim is a behavioral health diagnosis. Inpatient claims covered by a RBHA or TRBHA are not considered administrative days under subsection (A)(2) regardless of the principal diagnosis on the hospital claim.
- B.** Reimbursement of Administrative Days.
1. Administrative days under subsection (A)(1) are reimbursed at the rate the claim would have paid had the services not been provided in an inpatient hospital setting but had been provided at the appropriate level of care such as the rate paid for stays at a nursing facility.
  2. Administrative days under subsection (A)(2) are reimbursed at the daily rate found on the Inpatient Behavioral Health Capped Fee-For-Service Schedule meeting the criteria of "Service Description – Psychiatric Stay," regardless of revenue code.
- C.** Prior authorization is required for administrative days.
- D.** A hospital shall submit a claim for administrative days separate from any claim for reimbursement for the inpatient stay otherwise reimbursable under the DRG payment methodology.

**Historical Note**

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 22 A.A.R. 2187, effective October 1, 2016 (Supp. 16-4). Amended by final rulemaking at 25 A.A.R. 3111, effective October 1, 2019 (Supp. 19-4).

**R9-22-712.76. DRG Reimbursement: Interim Claims**

- A.** For inpatient stays with a length of stay greater than 29 days, a hospital may submit interim claims for each 30 day period during the inpatient stay.
- B.** Hospitals shall be reimbursed for interim claims at a per diem rate of \$500 per day.
- C.** Following discharge, the hospital shall void all interim claims. In such circumstances, the hospital shall submit a claim to the payer with whom the member is enrolled on the date of discharge, whether the Administration or a contractor, for the entire inpatient stay for which the final claim shall be reimbursed under the DRG payment methodology. Interim claims will be recouped.

**Historical Note**

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

**R9-22-712.77. DRG Reimbursement: Admissions and Discharges on the Same Day**

- A.** Except as provided for in subsection (B), for any claim for inpatient services with an admission date and discharge date that are the same calendar date, the contractor or the Administration shall process the claim as an outpatient claim and the hospital shall be reimbursed under R9-22-712.10 through R9-22-712.50.
- B.** Claims with an admission date and discharge date that are the same calendar date that also indicate that the member expired

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on the date of discharge shall be reimbursed under the DRG methodology.

**Historical Note**

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

**R9-22-712.78. DRG Reimbursement: Readmissions**

If a member is readmitted without prior authorization to the same hospital that the member was discharged from within 72 hours and the DRG code assigned to the claim for the prior admission has the same first three digits as the DRG code assigned to the claim for the readmission, then payment for the claim for the readmission will be disallowed only if the readmission could have been prevented by the hospital.

**Historical Note**

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

**R9-22-712.79. DRG Reimbursement: Change of Ownership**

The administration shall not change any of the components of the calculation of reimbursement for inpatient services using the DRG methodology based upon a change in the hospital's ownership except to the extent those components would change under the methodology had the hospital not changed ownership (e.g., updating the hospital's cost-to-charge ratio as of September 1 of each year under R9-22-712.68).

**Historical Note**

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

**R9-22-712.80. DRG Reimbursement: New Hospitals**

- A. DRG base payment for new hospitals. For any hospital that does not have a labor share or wage index published by CMS as described in subsection R9-22-712.62(B) because the hospital was not in operation, the DRG base rate described in subsection R9-22-712.62(B) shall be calculated as the statewide standardized amount after adjusting that amount for the labor-related share and the wage index published by CMS as described in subsection R9-22-712.62(B) that is appropriate to the location of the hospital published by CMS as described in subsection R9-22-712.62(B).
- B. Outlier calculations for new hospitals. For any hospital that does not have an operating cost-to-charge ratio listed in the impact file described in subsection R9-22-712.68(B) because the hospital was not in operation prior to the publication of the impact file, the statewide urban or rural default operating cost-to-charge ratio appropriate to the location of the hospital and the statewide capital cost-to-charge ratio shall be used to determine the unadjusted outlier add-on payment. The statewide urban or rural default operating cost-to-charge ratio and the statewide capital cost-to-charge ratio shall be based on the ratios published by CMS and updated by the Administration as described in subsection R9-22-712.68(C).
- C. In addition to the requirement of this Section, DRG reimbursement for new hospitals is determined under R9-22-712.60 through R9-22-712.79.

**Historical Note**

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 23 A.A.R. 2896, effective January 1, 2018 (Supp. 17-4).

**R9-22-712.81. DRG Reimbursement: Updates**

In addition to the other updates provided for in Sections R9-22-712.60 through R9-22-712.80, the Administration may update the

version of the APR-DRG classification system established by 3M Health Information Systems, adjust the statewide standardized amount in Section R9-22-712.62, the base payments in sections R9-22-712.63 and R9-22-712.64, the provider policy adjustor in section R9-22-712.65, service policy adjustors Section R9-22-712.66, and the fixed loss amounts and marginal cost percentages used to calculate the outlier threshold in Section R9-22-712.68 to the extent necessary to assure that payments are consistent with efficiency, economy, and quality of care and are sufficient to enlist enough providers so that care and services are available at least to the extent that such care and services are available to the general population in the geographic area. The Administration shall publish any proposed classification system on the agency's website at least 30 days prior to the effective date, to ensure a sufficient period for public comment, as required by 42 C.F.R. § 447.205. In addition, the public notice shall be available for inspection during normal business hours at 701 E. Jefferson, Phoenix, Arizona. The requirements of 42 CFR § 447.205 as of November 2, 2015 are incorporated by reference and do not include any later amendments.

**Historical Note**

New Section made by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final rulemaking at 23 A.A.R. 2896, effective January 1, 2018 (Supp. 17-4).

**R9-22-712.90. Reimbursement of Hospital-based Free-standing Emergency Departments**

- A. "Hospital-based freestanding emergency department" (hospital-based FSED) means an outpatient treatment center, as defined in R9-10-101, that: (1) provides emergency room services under R9-10-1019, (2) is subject to the requirements of 42 CFR 489.24, and (3) shares an ownership interest with a hospital, regardless of whether the outpatient treatment center operates under a hospital's single group license as described in A.R.S. § 36-422.
- B. A hospital-based FSED shall register with the Administration separately from the hospital with which an ownership interest is shared and shall obtain a separate provider identification number. The Administration shall not charge a separate provider enrollment fee for registration of a hospital-based FSED. The Administration shall accept a hospital's compliance with the provider screening and enrollment requirements of 42 CFR Part 455 as compliance by the hospital-based FSED.
- C. For dates of service on and after March 1, 2017, and except as provided in subsection (D), services provided by a hospital-based FSED for evaluation and management CPT codes 99281 through 99285 shall be reimbursed at the following percentages of the amounts otherwise reimbursable under sections R9-22-712.20 through R9-22-712.30. All other covered codes shall be reimbursed in accordance with sections R9-22-712.20 through R9-22-712.30 without a percentage reduction.
  1. 60% for a level 1 emergency department visit as indicated by CPT 99281.
  2. 80% for a level 2 emergency department visit as indicated by CPT 99282.
  3. 90% for a level 3 emergency department visit as indicated by CPT 99283.
  4. 100% for a level 4 or 5 emergency department visit as indicated by CPT codes 99284 and 99285.
- D. A hospital-based FSED located in a city or town in a county with less than 500,000 residents, where the only hospital in the city or town operating an emergency department closed on or after January 1, 2015, shall be reimbursed under sections R9-22-712.20 through R9-22-712.35 using the adjustment in R9-22-712.35 associated with the nearest hospital with which the

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freestanding emergency department shares an ownership interest.

- E. Services provided by an outpatient treatment center that provides emergency room services under R9-10-1019, but does not otherwise meet the criteria in subsection A, shall be reimbursed based on the non-hospital AHCCCS capped fee-for-service schedule under R9-22-710.
- F. The Administration shall not reimburse a hospital for services provided at a hospital-based FSED if the member is admitted directly from a hospital-based FSED to a hospital with an ownership interest in the hospital-based FSED. As provided in R9-22-712.60(B), payments made for the inpatient stay using the DRG methodology shall be the sole reimbursement.

**Historical Note**

New Section made by final rulemaking at 23 A.A.R. 22, February 11, 2017 (Supp. 16-4).

**R9-22-713. Overpayment and Recovery of Indebtedness**

- A. If a contractor or a subcontracting provider receives an overpayment from the Administration or otherwise becomes indebted to the Administration, the contractor or subcontracting provider shall immediately remit the amount of the indebtedness or overpayment to the Administration for deposit in the AHCCCS fund.
- B. If the funds described in subsection (A) are not remitted, the Administration may recover the funds paid by the Administration to a contractor or subcontracting provider through:
  - 1. A repayment agreement executed with the Administration;
  - 2. Withholding or offsetting against current or future payments to be paid to the contractor or subcontracting provider; or
  - 3. Enforcement of, or collection against, the performance bond, financial reserve, or other financial security under A.R.S. § 36-2903.

**Historical Note**

Adopted as an emergency effective February 23, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-1). Adopted as a permanent rule effective May 16, 1983; text of adopted rule identical to the emergency (Supp. 83-3). Former Section R9-22-713 repealed, new Section R9-22-713 adopted effective October 1, 1983 (Supp. 83-5). Former Section R9-22-713 renumbered and amended as Section R9-22-714, former Section R9-22-709 renumbered and amended as Section R9-22-713 effective October 1, 1985 (Supp. 85-5). Amended by final rulemaking at 8 A.A.R. 3317, effective July 15, 2002 (Supp. 02-3). Amended by final rulemaking at 13 A.A.R. 856, effective May 5, 2007 (Supp. 07-1).

**R9-22-714. Payments to Providers**

- A. Provider agreement. The Administration or a contractor shall not reimburse a covered service provided to a member unless the provider has signed a provider agreement with the Administration that establishes the terms and conditions of participation and payment under A.R.S. § 36-2904.
- B. Provider reimbursement. The Administration or a contractor shall reimburse a provider for a service furnished to a member only if:
  - 1. The provider personally furnishes the service to a specific member. For purposes of this Section, services personally furnished by a provider include:
    - a. Services provided by medical residents or dental students in a teaching environment; or
    - b. Services provided by a licensed or certified assistant under the general supervision of a licensed practitioner in accordance with 4 A.A.C. 24, 9 A.A.C. 16, 4 A.A.C. 43, or 4 A.A.C. 45;

tioner in accordance with 4 A.A.C. 24, 9 A.A.C. 16, 4 A.A.C. 43, or 4 A.A.C. 45;

- 2. The provider verifies that individuals who have provided services described in subsection (B)(1) have not been placed on the List of Excluded Individuals/Entities (LEIE) maintained by the United States Department of Health and Human Services Office of the Inspector General (OIG), located at OIG's web site;
- 3. The service contributes directly to the diagnosis or treatment of the member; and
- 4. The service ordinarily requires performance by the type of provider seeking reimbursement.
- C. The Administration or a contractor may make a payment for covered services only:
  - 1. To the provider;
  - 2. To anyone specified in a reassignment from the provider to a government agency or reassignment by a court order;
  - 3. To a business agent, if the agent's compensation for the service is:
    - a. Related to the cost of processing the billing;
    - b. Not related on a percentage or other basis to the amount that is billed or collected; and
    - c. Not dependent upon collection of the payment;
  - 4. To the employer of the provider, if the provider is required as a condition of employment to turn over the provider's fees to the employer;
  - 5. To the inpatient facility in which the service is provided, if the provider has a contract under which the inpatient facility submits the claim; or
  - 6. To a foundation, plan, or similar organization operating an organized health care delivery system, if the provider has a contract under which the foundation, plan or similar organization submits the claim.
- D. The Administration or a contractor shall not make a payment to or through a factor, either directly or by power of attorney, for a covered service furnished to a member by a provider.
- E. Reimbursement for a pathology service. Unless otherwise specified in a contract, the Administration or a contractor shall reimburse a pathologist for a pathology service furnished to a member only if the other requirements in this Section are met and the service is:
  - 1. A surgical pathology service;
  - 2. A specific cytopathology, hematology, or blood banking pathology service that requires performance by a physician and is listed in the capped fee-for-service schedule;
  - 3. A clinical consultation service that:
    - a. Is requested by the member's attending physician or primary care physician,
    - b. Is related to a test result that is outside the clinically significant normal or expected range in view of the condition of the member,
    - c. Results in a written narrative report included in the member's medical record,
    - d. Requires the exercise of medical judgment by the consultant pathologist, and
    - e. Is listed in the capped fee-for-service schedule; or
  - 4. A clinical laboratory interpretative service that:
    - a. Is requested by the member's attending physician or primary care physician,
    - b. Results in a written narrative report included in the member's medical record,
    - c. Requires the exercise of medical judgment by the consultant pathologist, and
    - d. Is listed in the capped fee-for-service schedule.

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**Historical Note**

Adopted as an emergency effective February 23, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-1). Adopted as a permanent rule effective May 16, 1983; text of adopted rule is similar to the emergency (Supp. 83-3). Repealed effective October 1, 1983 (Supp. 83-5). Former Section R9-22-713 renumbered and amended as Section R9-22-714 effective October 1, 1985 (Supp. 85-5). Section repealed; new Section made by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). Amended by final rulemaking at 9 A.A.R. 3800, effective October 4, 2003 (Supp. 03-3). Amended by final rulemaking at 13 A.A.R. 662, effective April 7, 2007 (Supp. 07-1).

*Editor's Note: The following Section was amended under an exemption from the provisions of the Administrative Procedure Act which means that this rule was not reviewed by the Governor's Regulatory Review Council; the agency did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the agency was not required to hold public hearings on the rules; and the Attorney General did not certify this rule. This Section was subsequently amended through the regular rulemaking process.*

**R9-22-715. Hospital Rate Negotiations**

- A. A contractor that negotiates with hospitals for inpatient or outpatient services shall reimburse hospitals for services rendered on or after March 1, 1993, as described in A.R.S. § 36-2903.01 and this Article, or at the negotiated rate that, in the aggregate, does not exceed reimbursement levels that would have been paid under A.R.S. § 36-2903.01, and this Article. This subsection does not apply to urban hospitals described under R9-22-718. Contractors may engage in rate negotiations with a hospital at any time during the contract period.
- B. The Administration may negotiate or contract with a hospital on behalf of a contractor for discounted hospital rates and may require that the negotiated discounted rates be included in a subcontract between the contractor and hospital.

**Historical Note**

Adopted as an emergency effective February 23, 1983, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 83-1). Adopted as a permanent rule effective May 16, 1983; text of adopted rule identical to the emergency (Supp. 83-3). Repealed effective October 1, 1983 (Supp. 83-5). New Section R9-22-715 adopted effective October 1, 1985 (Supp. 85-5). Amended under an exemption from the provisions of the Administrative Procedure Act, effective March 1, 1993 (Supp. 93-1). Amended effective January 14, 1997 (Supp. 97-1). Amended effective September 22, 1997 (Supp. 97-3). Amended by final rulemaking at 11 A.A.R. 3222, effective October 1, 2005 (Supp. 05-3). Amended by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3).

*Editor's Note: The following Section was amended under an exemption from the provisions of the Administrative Procedure Act which means that this rule was not reviewed by the Governor's Regulatory Review Council; the agency did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the agency was not required to hold public hearings on the rules; and the Attorney General did not certify this rule. This Section was subsequently amended through the regular rulemaking process.*

**R9-22-716. Repealed****Historical Note**

Adopted effective October 1, 1985 (Supp. 85-5). Amended under an exemption from the provisions of the Administrative Procedure Act, effective March 1, 1993 (Supp. 93-1). Amended effective January 14, 1997 (Supp. 97-1). Amended by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1). Section repealed by final rulemaking at 13 A.A.R. 662, effective April 7, 2007 (Supp. 07-1).

**R9-22-717. Repealed****Historical Note**

Adopted effective July 30, 1993 (Supp. 93-3). Amended effective September 22, 1997 (Supp. 97-3). Section repealed by final rulemaking at 11 A.A.R. 3222, effective October 1, 2005 (Supp. 05-3).

*Editor's Note: The following Section was originally adopted under an exemption from the provisions of the Administrative Procedure Act which means that this rule was not reviewed by the Governor's Regulatory Review Council. The agency was required to submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; and was required to hold a public hearing. It has since been amended under the regular rulemaking process.*

**R9-22-718. Urban Hospital Inpatient Reimbursement Program**

- A. Definitions. The following definitions apply to this Section:
1. "Contractor" has the same meaning as set forth in A.R.S. § 36-2901, and includes all contractors regardless of whether the GSA's served by the contractor includes urban or rural counties.
  2. "Noncontracted Hospital" means an urban hospital, including psychiatric hospitals, which does not have a contract under this Section with a contractor.
  3. "Urban Hospital" means a hospital that is not a rural hospital, as defined in R9-22-712.07, and that is physically located in Maricopa or Pima County.
- B. General Provisions.
1. This Section applies to an urban hospital who receives payment for inpatient hospital services under A.R.S. §§ 36-2903.01 and 36-2904.
  2. AHCCCS shall operate an inpatient hospital reimbursement program under A.R.S. § 36-2905.01 and this Section.
  3. Residency of the member receiving inpatient AHCCCS covered services is not a factor in determining which hospitals are required to contract with which contractors.
  4. A contractor shall enter into a contract for reimbursement for inpatient AHCCCS covered services with one or more urban hospitals located in the same county as the contractor.
  5. A noncontracted urban hospital shall be reimbursed for inpatient services by a contractor at 95% of the amount calculated as defined in A.R.S. § 36-2903.01 and this Article, unless otherwise negotiated by both parties.
- C. Contract Begin Date. A contract under this Article shall cover inpatient acute care hospital services for members with hospital admissions on and after October 1, 2003.
- D. Outpatient urban hospital services. Outpatient urban hospital services, including observation days and emergency room treatments that do not result in an admission, shall be reimbursed either through an urban hospital contract negotiated between a contractor and an urban hospital, or the reimbursement rates set forth in A.R.S. § 36-2903.01. Outpatient ser-



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vices in an urban hospital that result in an admission shall be paid as inpatient services in accordance with this Section.

**E. Urban Hospital Contract.**

1. Provisions of an urban hospital contracts. The urban hospital contract shall contain but is not limited to the following provisions:
    - a. Required provisions as described in the Request for Proposals (RFP);
    - b. Dispute settlement procedures. If the AHCCCS Grievance System prescribed in A.R.S. § 36-2903.01(B) and rule is not used, then arbitration shall be used;
    - c. Arbitration procedure. If arbitration is used, the urban hospital contract shall identify:
      - i. The parties' agreement on arbitrating claims arising from the contract,
      - ii. Whether arbitration is nonbinding or binding,
      - iii. Timeliness of arbitration,
      - iv. What contract provisions may be appealed,
      - v. What rules will govern arbitrations,
      - vi. The number of arbitrators that shall be used,
      - vii. How arbitrators shall be selected, and
      - viii. How arbitrators shall be compensated.
    - d. Timeliness of claims submission and payment;
    - e. Prior authorization;
    - f. Concurrent review;
    - g. Electronic submission of claims;
    - h. Claims review criteria;
    - i. Payment of discounts or penalties such as quick-pay and slow-pay provisions;
    - j. Payment of outliers;
    - k. Claim documentation specifications under A.R.S. § 36-2904.
    - l. Treatment and payment of emergency room services; and
    - m. Provisions for rate changes and adjustments.
  2. AHCCCS review and approval of urban hospital contracts:
    - a. AHCCCS may review, approve, or disapprove the hospital contract rates, terms, conditions, and amendments to the contract;
    - b. The AHCCCS evaluation of each urban hospital contract shall include but not be limited to the following areas:
      - i. Availability and accessibility of services to members,
      - ii. Related party interests,
      - iii. Inclusion of required terms pursuant to this Section, and
      - iv. Reasonableness of the rates.
- F. Quick-Pay/Slow-Pay.** A payment made by a contractor to a noncontracted hospital shall be subject to quick-pay discounts and slow-pay penalties under A.R.S. § 36-2904.

**Historical Note**

Adopted under an exemption from the provisions of the Administrative Procedure Act, effective January 29, 1997; pursuant to Laws 1996, Ch. 288, § 24 (Supp. 97-1). Amended by exempt rulemaking at 10 A.A.R. 500, effective February 1, 2004 (Supp. 04-1). Amended by exempt rulemaking at 13 A.A.R. 3190, effective October 1, 2007 (Supp. 07-3). Amended by final rulemaking at 20 A.A.R. 1956, September 6, 2014 (Supp. 14-3). Amended by final

rulemaking at 24 A.A.R. 1515, effective June 30, 2018 (Supp. 18-2).

**R9-22-719.**

**Contractor Performance Measure Outcomes**

The Administration may retain a specified percentage of capitation reimbursement to distribute to contractors based on their performance measure outcomes under A.R.S. § 36-2904. The Administration shall notify contractors 60 days prior to a new contract year if this methodology is implemented. The Administration shall specify the details of the reimbursement methodology in contract.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 424, effective January 10, 2002 (Supp. 02-1).

**R9-22-720.**

**Reinsurance**

- A.** Reinsurance is a stop-loss program provided by the Administration to a contractor for partial reimbursement of the cost of covered services for a member with an acute medical condition when the cost of covered services exceeds a pre-determined deductible level amount within a contract year. The Administration self-insures the reinsurance program through a reduction to capitation rates. The reinsurance program also includes a catastrophic reinsurance program for members diagnosed with specific medical conditions.
- B.** The Administration shall specify in contract guidelines for claims submission, processing, payment, and the types of care and services that are provided to a member whose care is covered by reinsurance.
- C.** When the Administration determines that a contractor does not follow the specified guidelines for care or services and the care or services could have been provided at a lower cost according to the guidelines, the Administration shall reimburse the contractor as if the care or services had been provided as specified in the guidelines.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 3317, effective July 15, 2002 (Supp. 02-3). Amended by final rulemaking at 13 A.A.R. 856, effective May 5, 2007 (Supp. 07-1).

**R9-22-721.**

**Behavioral Health Inpatient Facilities**

"Behavioral health inpatient facility" means a health care institution, other than Arizona State Hospital, that meets the following requirements:

1. Provides continuous treatment to an individual experiencing a behavioral health issue that causes the individual to:
  - a. Have a limited or reduced ability to meet the individual's basic physical needs;
  - b. Suffer harm that significantly impairs the individual's judgment, reason, behavior, or capacity to recognize reality;
  - c. Be a danger to self;
  - d. Be a danger to others;
  - e. Be persistently or acutely disabled as defined in A.R.S. § 36-501; or
  - f. Be gravely disabled; and
2. Is one of the following facility types:
  - a. Psychiatric hospitals;
  - b. Mental health residential treatment centers;
  - c. Secure residential treatment centers with 17 or more beds;
  - d. Non-secure residential treatment centers with 1-16 beds;
  - e. Non-secure residential treatment centers with 17 or more beds;
  - f. Sub-acute facilities with 1-16 beds;

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- g. Sub-acute facilities with 17 or more beds.

**Historical Note**

New Section made by final rulemaking at 25 A.A.R. 3120, effective October 1, 2019 (Supp. 19-4).

<b>R9-22-722.</b>	<b>Reserved</b>
<b>R9-22-723.</b>	<b>Reserved</b>
<b>R9-22-724.</b>	<b>Reserved</b>
<b>R9-22-725.</b>	<b>Reserved</b>
<b>R9-22-726.</b>	<b>Reserved</b>
<b>R9-22-727.</b>	<b>Reserved</b>
<b>R9-22-728.</b>	<b>Reserved</b>
<b>R9-22-729.</b>	<b>Reserved</b>

*Editor's Note: Amendments to Section R9-22-730 were filed as a final exempt rulemaking. AHCCCS provided an opportunity for public comment on the amended rules under Laws 2013, 1st Special Session, Ch. 10. A proposed exempt rulemaking was published in the Arizona Administrative Register at 21 A.A.R. 1041 (Supp. 15-3).*

*Editor's Note: Amendments to Section R9-22-730 were filed as a final exempt rulemaking. AHCCCS provided an opportunity for public comment on the amended rules under Laws 2013, 1st Special Session, Ch. 10. A proposed exempt rulemaking was published in the Arizona Administrative Register at 21 A.A.R. 491 (Supp. 15-2).*

**R9-22-730. Hospital Assessment Fund - Hospital Assessment**

- A. For purposes of this Section, the following terms are defined as provided below unless the context specifically requires another meaning:

1. "2019 Medicare Cost Report" means The Medicare Cost Report for the hospital fiscal year ending in calendar year 2019 as reported in the CMS Healthcare Provider Cost Reporting Information System (HCRIS) release dated October 9, 2020.
2. "2019 Uniform Accounting Report" means the Uniform Accounting Report submitted to the Arizona Department of Health Services as of December 10, 2020 for the hospital's fiscal year ending in calendar year 2019.
3. "Quarter" means the three month period beginning January 1, April 1, July 1, and October 1 of each year.
4. A "new hospital" means a licensed hospital that did not hold a license from the Arizona Department of Health Services prior to January 2, 2021.
5. "Outpatient Net Patient Revenues" means an amount, calculated using data in the hospital's 2019 Uniform Accounting Report, that is equal to the hospital's 2019 total net patient revenue multiplied by the ratio of the hospital's 2019 gross outpatient revenue to the hospital's 2019 total gross patient revenue.

- B. Beginning January 1, 2014, for each Arizona licensed hospital not excluded under subsection (I) shall be subject to an assessment payable on a quarterly basis. The assessment shall be levied against the legal owner of each hospital as of the first day of the quarter, and except as otherwise required by subsections (D), (E) and (F). For the period beginning October 1, 2021, the assessment for each hospital shall be amount equal to the sum of: (1) the number of discharges reported on the hospital's 2019 Medicare Cost Report, excluding discharges reported on the Medicare Cost Report as "Other Long Term Care Discharges," multiplied by the following rates appropriate to the hospital's peer group; and (2) the amount of outpatient net

patient revenues multiplied by the following rate appropriate to the hospital's peer group:

1. \$748.50 per discharge and 1.3700% of outpatient net patient revenues for hospitals located in a county with a population less than 500,000 that are designated as type: hospital, subtype: short-term.
  2. \$748.50 per discharge and 0.5708% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: critical access hospital.
  3. \$187.25 per discharge and 0.5708% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: long term.
  4. \$187.25 per discharge and 0.5708% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: psychiatric, that reported 2,500 or more discharges on the 2019 Medicare Cost Report.
  5. \$598.75 per discharge and 1.4842% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: short-term with 20% of total licensed beds licensed as pediatric, pediatric intensive care and neonatal intensive care as reported in the hospital's 2019 Uniform Accounting Report.
  6. \$673.50 per discharge and 1.7125% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: short-term with at least 10% but less than 20% of total licensed beds licensed as pediatric, pediatric intensive care and neonatal intensive care as reported in the hospital's 2019 Uniform Accounting Report.
  7. \$149.75 per discharge and 0.4567% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: children's.
  8. \$748.50 per discharge and 2.2834% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: short-term not included in another peer group.
- C. Peer groups for the four quarters beginning October 1 of each year are established based on hospital license type and subtype designated in the Provider & Facility Database for Arizona Medical Facilities posted by the Arizona Department of Health Services Division of Licensing Services on its website January 2, 2021.
- D. Notwithstanding subsection (B), psychiatric discharges from a hospital that reported having a psychiatric sub-provider in the hospital's 2019 Medicare Cost Report, are assessed a rate of \$187.25 for each discharge from the psychiatric sub-provider as reported in the 2019 Medicare Cost Report. All discharges other than those reported as discharges from the psychiatric sub-provider are assessed at the rate required by subsection (B).
- E. Notwithstanding subsection (B), rehabilitative discharges from a hospital that reported having a rehabilitative sub-provider in the hospital's 2019 Medicare Cost Report, are assessed a rate of \$0 for each discharge from the rehabilitative sub-provider as reported in the 2019 Medicare Cost Report. All discharges other than those reported as discharges from the rehabilitative sub-provider are assessed at the rate required by subsection (B).
- F. Notwithstanding subsection (B), for any hospital that reported more than 23,000 discharges on the hospital's 2019 Medicare Cost Report, discharges in excess of 23,000 are assessed a rate of \$75.00 for each discharge in excess of 23,000. The initial 23,000 discharges are assessed at the rate required by subsection (B).
- G. Assessment notice. On or before the 15th day of the first month of the quarter or upon CMS approval, whichever is later, the Administration shall send to each hospital a notification that the Hospital Assessment Fund assessment invoice is

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available to be viewed on a secure website. The invoice shall include the hospital's peer group assignment and the assessment due for the quarter.

- H.** Assessment due date. The Hospital Assessment Fund assessment must be received by the Administration no later than:
  1. The 15th day of the second month of the quarter or
  2. In the event CMS approves the assessment after the 15th day of the first month of the quarter, 30 days after notification by the Administration that the assessment invoice is available.
- I.** Excluded hospitals. The following hospitals are excluded from the assessment based on the hospital's 2019 Medicare Cost Report and Provider & Facility Database for Arizona Medical Facilities posted by the Arizona Department of Health Services Division of Licensing Services on its website for January 2, 2021:
  1. Hospitals owned and operated by the state, the United States, or an Indian tribe.
  2. Hospitals designated as type: hospital, subtype: short-term that have a license number beginning "SH".
  3. Hospitals designated as type: hospital, subtype: psychiatric that reported fewer than 2,500 discharges on the 2019 Medicare Cost Report.
  4. Hospitals designated as type: hospital, subtype: rehabilitation.
  5. Hospitals designated as type: med-hospital, subtype: special hospitals.
  6. Hospitals designated as type: hospital, subtype: short-term located in a city with a population greater than one million, which on average have at least 15 percent of inpatient days for patients who reside outside of Arizona, and at least 50 percent of discharges as reported on the 2019 Medicare Cost Report are reimbursed by Medicare.
  7. Hospitals designated as type: hospital, subtype: short-term that have at least 25 percent Medicare swing beds as percentage of total Medicare days, per the 2019 Medicare Cost Report.
- J.** New hospitals. For hospitals that did not file a 2019 Medicare Cost Report because of the date the hospital began operations:
  1. If the hospital was open on the January 2 preceding the October assessment start date, the hospital assessment will begin on October 1 following the date the hospital began operating.
  2. If the hospital began operating between January 3 and June 30, the assessment will begin on October 1 of the following calendar year.
  3. A hospital is not considered a new hospital based on a change in ownership.
  4. The assessment will be based on the discharges reported in the hospital's first Medicare Cost Report and Uniform Accounting Report, which includes 12 months-worth of data, except when any of the following apply;
    - a. If there is not a complete 12 months-worth of data available, the assessment will be based on the annualized number of discharges from the date hospital operations began through December 31 preceding the October assessment start date. The hospital shall self-report the discharge data and all other data requested by the Administration necessary to determine the appropriate assessment to the Administration no later than January preceding the assessment start date for the new hospitals. "Annualized" means divided by a ratio equal to the number of months of data divided by 12 months.
    - b. If more than 12 months of data is available, the assessment will be based on the most recent 12 months of self-reported data, as of December 31;
- 5. For purposes of calculating subpart 4, if a new hospital shares a Medicare Identification Number with an existing hospital, the assessment amount will be based on self-reported data from the new hospital instead of the Medicare Cost Report. The data shall include the number of discharges and all other data requested by the Administration necessary to determine the appropriate assessment.
- 6. For hospitals providing self-reported data, described in subpart 4 and 5:
  - a. Psychiatric discharges will be annualized to determine if subsections (B)(4) or (I)(3) apply to the assessment amount.
  - b. Discharges will be annualized to determine if subsection (F) applies to the assessment amount.
- K.** Changes of ownership. The parties to a change of ownership shall promptly provide written notice to the Administration of a change of ownership and any agreement regarding the payment of the assessment. The assessed amount will continue at the same amount applied to the prior owner. Assessments are the responsibility of the owner of record as of the first day of the quarter; however, this rule is not intended to prohibit the parties to a change of ownership from entering into an agreement for a new owner to assume the assessment responsibility of the owner of record as of the first day of the prior quarter.
- L.** Hospital closures. Hospitals that close shall pay a proportion of the quarterly assessment equal to that portion of the quarter during which the hospital operated.
- M.** Required information for the inpatient assessment. For any hospital that has not filed a 2019 Medicare Cost report, or if the 2019 Medicare Cost report does not include the reliable information sufficient for the Administration to calculate the inpatient assessment, the Administration shall use data reported on the 2019 Uniform Accounting Report filed by the hospital in place of the 2019 Medicare Cost report to calculate the assessment. If the 2019 Uniform Accounting Report filed by the hospital does not include reliable information sufficient for the Administration to calculate the inpatient assessment amounts, the hospital shall provide the Administration with data specified by the Administration necessary in place of the 2019 Medicare Cost report to calculate the assessment.
- N.** Required information for the outpatient assessment. For any hospital that has not filed a 2019 Uniform Accounting Report, or if the 2019 Uniform Accounting Report does not reconcile to 2019 Audited Financial Statements, the Administration shall use the data reported on 2019 Audited Financial Statements to calculate the outpatient assessment. If the 2019 Audited Financial Statements do not include the reliable information sufficient for the Administration to calculate the outpatient assessment, the Administration shall use data reported on the 2019 Medicare Cost report. If the Medicare Cost report does not include reliable information sufficient for the Administration to calculate the outpatient assessment amounts, the hospital shall provide the Administration with data specified by the Administration necessary in place of the 2019 Medicare Cost report to calculate the outpatient assessment.
- O.** The Administration will review and update as necessary rates and peer groups periodically to ensure the assessment is sufficient to fund the state match obligation to cover the cost of the populations as specified in A.R.S. § 36-2901.08.
- P.** Enforcement. If a hospital does not comply with this Section, the director may suspend or revoke the hospital's provider agreement. If the hospital does not comply within 180 days after the hospital's provider agreement is suspended or

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revoked, the director shall notify the director of the Department of Health Services who shall suspend or revoke the hospital's license.

**Historical Note**

New Section R9-22-730 made by exempt rulemaking at 20 A.A.R. 281, effective January 15, 2014 (Supp. 14-1).

Amended by exempt rulemaking at 20 A.A.R. 1833, effective July 1, 2014 (Supp. 14-2). Amended by final exempt rulemaking at 21 A.A.R. 637, effective April 15, 2015 (Supp. 15-2). Amended by final exempt rulemaking at 21 A.A.R. 1486, effective July 16, 2015 (Supp. 15-3). Amended by final exempt rulemaking at 22 A.A.R. 2050, effective July 14, 2016 (Supp. 16-4). Amended by final exempt rulemaking at 23 A.A.R. 1945, effective July 1, 2017 (Supp. 17-2). Amended by final exempt rulemaking at 24 A.A.R. 2229, effective July 10, 2018 (Supp. 18-3). Amended by final exempt rulemaking at 25 A.A.R. 1938, effective July 1, 2019 (Supp. 19-3). Amended by final exempt rulemaking at 26 A.A.R. 1702, effective July 1, 2020 (Supp. 20-3). Amended by final exempt rulemaking at 26 A.A.R. 2984, effective October 1, 2020 (Supp. 20-4). Amended by final exempt rulemaking at 27 A.A.R. 2370, effective October 1, 2021 (Supp. 21-3).

**R9-22-731. Health Care Investment Fund - Hospital Assessment**

- A. For purposes of this Section, terms are the same as defined in R9-22-730 as provided below unless the context specifically requires another meaning.
- B. Beginning October 1, 2020, for each Arizona licensed hospital not excluded under subsection (I) shall be subject to an assessment payable on a quarterly basis. The assessment shall be levied against the legal owner of each hospital as of the first day of the quarter, and except as otherwise required by subsections (D), (E) and (F). For the period beginning October 1, 2020, the assessment for each hospital shall be amount equal to the sum of: (1) the number of discharges reported on the hospital's 2018 Medicare Cost Report, excluding discharges reported on the Medicare Cost Report as "Other Long Term Care Discharges," multiplied by the following rates appropriate to the hospital's peer group; and (2) the amount of outpatient net patient revenues multiplied by the following rate appropriate to the hospital's peer group:
  1. \$151.50 per discharge and 2.5886% of outpatient net patient revenues for hospitals located in a county with a population less than 500,000 that are designated as type: hospital, subtype: short-term.
  2. \$151.50 per discharge and 1.0786% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: critical access hospital.
  3. \$38.00 per discharge and 1.0786% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: long term.
  4. \$38.00 per discharge and 1.0786% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: psychiatric, that reported 2,500 or more discharges on the 2018 Medicare Cost Report.
  5. \$121.25 per discharge and 2.8043% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: short-term with 20% of total licensed beds licensed as pediatric, pediatric intensive care and neonatal intensive care as reported in the hospital's 2018 Uniform Accounting Report.
  6. \$136.50 per discharge and 3.2357% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: short-term with at least 10% but less than 20% of total licensed beds licensed as pediatric, pediatric intensive care and neonatal intensive care as reported in the hospital's 2018 Uniform Accounting Report.
7. \$30.50 per discharge and 0.8629% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: children's.
8. \$151.50 per discharge and 4.3143% of outpatient net patient revenues for hospitals designated as type: hospital, subtype: short-term not included in another peer group.
- C. Peer groups for the four quarters beginning October 1 of each year are established based on hospital license type and subtype designated in the Provider & Facility Database for Arizona Medical Facilities posted by the Arizona Department of Health Services Division of Licensing Services on its website January 2, 2020.
- D. Notwithstanding subsection (B), psychiatric discharges from a hospital that reported having a psychiatric sub-provider in the hospital's 2018 Medicare Cost Report, are assessed a rate of \$38.00 for each discharge from the psychiatric sub-provider as reported in the 2018 Medicare Cost Report. All discharges other than those reported as discharges from the psychiatric sub-provider are assessed at the rate required by subsection (B).
- E. Notwithstanding subsection (B), rehabilitative discharges from a hospital that reported having a rehabilitative sub-provider in the hospital's 2018 Medicare Cost Report, are assessed a rate of \$0 for each discharge from the rehabilitative sub-provider as reported in the 2018 Medicare Cost Report. All discharges other than those reported as discharges from the rehabilitative sub-provider are assessed at the rate required by subsection (B).
- F. Notwithstanding subsection (B), for any hospital that reported more than 24,000 discharges on the hospital's 2018 Medicare Cost Report, discharges in excess of 24,000 are assessed a rate of \$15.25 for each discharge in excess of 24,000. The initial 24,000 discharges are assessed at the rate required by subsection (B).
- G. Assessment notice. On or before the 20th day of the first month of the quarter or upon CMS approval, whichever is later, the Administration shall send to each hospital a notification that the assessment invoice is available to be viewed on a secure website. The invoice shall include the hospital's peer group assignment and the assessment due for the quarter.
- H. Assessment due date. The assessment must be received by the Administration no later than the 20th day of the second month of the quarter.
- I. Excluded hospitals. The following hospitals are excluded from the assessment based on the hospital's 2018 Medicare Cost Report and Provider & Facility Database for Arizona Medical Facilities posted by the Arizona Department of Health Services Division of Licensing Services on its website for January 2, 2020:
  1. Hospitals owned and operated by the state, the United States, or an Indian tribe.
  2. Hospitals designated as type: hospital, subtype: short-term that have a license number beginning "SH".
  3. Hospitals designated as type: hospital, subtype: psychiatric that reported fewer than 2,500 discharges on the 2018 Medicare Cost Report.
  4. Hospitals designated as type: hospital, subtype; rehabilitation.
  5. Hospitals designated as type: med-hospital, subtype: special hospitals.
  6. Hospitals designated as type: hospital, subtype: short-term located in a city with a population greater than one

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million, which on average have at least 15 percent of inpatient days for patients who reside outside of Arizona, and at least 50 percent of discharges as reported on the 2018 Medicare Cost Report are reimbursed by Medicare.

7. Hospitals designated as type: hospital, subtype: short-term that have at least 25 percent Medicare swing beds as percentage of total Medicare days, per the 2018 Medicare Cost Report.
- J. New hospitals. For hospitals that did not file a 2018 Medicare Cost Report because of the date the hospital began operations:
  1. If the hospital was open on the January 2 preceding the October assessment start date, the hospital assessment will begin on October 1 following the date the hospital began operating.
  2. If the hospital began operating between January 3 and June 30, the assessment will begin on October 1 of the following calendar year.
  3. A hospital is not considered a new hospital based on a change in ownership.
  4. The assessment will be based on the discharges reported in the hospital's first Medicare Cost Report and Uniform Accounting Report, which includes 12 months-worth of data, except when any of the following apply;
    - a. If there is not a complete 12 months-worth of data available, the assessment will be based on the annualized number of discharges from the date hospital operations began through December 31 preceding the October assessment start date. The hospital shall self-report the discharge data and all other data requested by the Administration necessary to determine the appropriate assessment to the Administration no later than January preceding the assessment start date for the new hospitals. "Annualized" means divided by a ratio equal to the number of months of data divided by 12 months.
    - b. If more than 12 months of data is available, the assessment will be based on the most recent 12 months of self-reported data, as of December 31;
  5. For purposes of calculating subpart 4, if a new hospital shares a Medicare Identification Number with an existing hospital, the assessment amount will be based on self-reported data from the new hospital instead of the Medicare Cost Report. The data shall include the number of discharges and all other data requested by the Administration necessary to determine the appropriate assessment.
  6. For hospitals providing self-reported data, described in subpart 4 and 5:
    - a. Psychiatric discharges will be annualized to determine if subsections (B)(4) or (I)(3) apply to the assessment amount.
    - b. Discharges will be annualized to determine if subsection (F) applies to the assessment amount.
- L. Changes of ownership. The parties to a change of ownership shall promptly provide written notice to the Administration of a change of ownership and any agreement regarding the payment of the assessment. The assessed amount will continue at the same amount applied to the prior owner. Assessments are the responsibility of the owner of record as of the first day of the quarter; however, this rule is not intended to prohibit the parties to a change of ownership from entering into an agreement for a new owner to assume the assessment responsibility of the owner of record as of the first day of the prior quarter.
- M. Hospital closures. Hospitals that close shall pay a proportion of the quarterly assessment equal to that portion of the quarter during which the hospital operated.
- N. Required information for the inpatient assessment. For any hospital that has not filed a 2018 Medicare Cost report, or if the 2018 Medicare Cost report does not include the reliable information sufficient for the Administration to calculate the inpatient assessment, the Administration shall use data reported on the 2018 Uniform Accounting Report filed by the hospital in place of the 2018 Medicare Cost report to calculate the assessment. If the 2018 Uniform Accounting Report filed by the hospital does not include reliable information sufficient for the Administration to calculate the inpatient assessment amounts, the hospital shall provide the Administration with data specified by the Administration necessary in place of the 2018 Medicare Cost report to calculate the assessment.
- O. Required information for the outpatient assessment. For any hospital that has not filed a 2018 Uniform Accounting Report, or if the 2018 Uniform Accounting Report does not reconcile to 2018 Audited Financial Statements, the Administration shall use the data reported on 2018 Audited Financial Statements to calculate the outpatient assessment. If the 2018 Audited Financial Statements do not include the reliable information sufficient for the Administration to calculate the outpatient assessment, the Administration shall use data reported on the 2018 Medicare Cost report. If the Medicare Cost report does not include reliable information sufficient for the Administration to calculate the outpatient assessment amounts, the hospital shall provide the Administration with data specified by the Administration necessary in place of the 2018 Medicare Cost report to calculate the outpatient assessment.
- P. Enforcement. If a hospital does not comply with this section, the director may suspend or revoke the hospital's provider agreement. If the hospital does not comply within 180 days after the hospital's provider agreement is suspended or revoked, the director shall notify the director of the Department of Health Services who shall suspend or revoke the hospital's license.

**Historical Note**

New Section made by final exempt rulemaking at 26 A.A.R. 2984, effective October 1, 2020 (Supp. 20-4).

**ARTICLE 8. REPEALED**

*Article 8, consisting of Sections R9-22-801 through R9-22-804 and Exhibit A, repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004. The subject matter of Article 8 is now in 9 A.A.C. 34 (Supp. 04-1).*

**R9-22-801. Repealed****Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-801 adopted as an emergency adoption now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-801 repealed, new Section R9-22-801 adopted effective October 29, 1985 (Supp. 85-5). Amended subsections (C), (F), (H), (I), and (K) effective October 1, 1986 (Supp. 86-5). Change of heading only effective January 1, 1987, filed December 31, 1986 (Supp. 86-6). Amended subsection (H) effective May 30, 1989 (Supp. 89-2). Amended effective September 29, 1992 (Supp. 92-3). Section heading amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 26, 1993 (Supp. 93-4). Amended effective December 13, 1993 (Supp. 93-4). Former Section R9-22-801 repealed, new Section R9-22-

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801 adopted January 14, 1997 (Supp. 97-1). Amended by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1).

**R9-22-802. Repealed****Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-802 adopted as an emergency adoption now adopted as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective October 29, 1985 (Supp. 85-5). Amended subsections (A), (B), (C) and (D) effective October 14, 1988 (Supp. 88-4). Amended effective September 29, 1992 (Supp. 92-3). Amended effective December 13, 1993 (Supp. 93-4). Former Section R9-22-802 repealed, new Section R9-22-802 adopted effective January 14, 1997 (Supp. 97-1). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1).

**R9-22-803. Repealed****Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-803 adopted as an emergency now adopted as a permanent rule effective August 30, 1982 (Supp. 82-4). Former Section R9-22-803 repealed, new Section R9-22-803 adopted effective October 1, 1983 (Supp. 83-5). Former Section R9-22-803 renumbered and amended as Section R9-22-804. Adopted effective January 31, 1986 (Supp. 86-1). Amended effective September 29, 1992 (Supp. 92-3). Former Section R9-22-803 repealed, new Section R9-22-803 adopted January 14, 1997 (Supp. 97-1). Amended by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1).

**R9-22-804. Repealed****Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-804 adopted as an emergency adoption now adopted as a permanent rule effective August 30, 1982 (Supp. 82-4). Amended effective October 1, 1983 (Supp. 83-5). Former Section R9-22-804 repealed, former Section R9-22-803 renumbered and amended as Section R9-22-804 effective October 29, 1985 (Supp. 85-5). Amended effective October 14, 1988 (Supp. 88-4). Amended subsections (B) and (C) effective May 30, 1989 (Supp. 89-2). Amended effective September 29, 1992 (Supp. 92-3). Amended effective December 13, 1993 (Supp. 93-4). Former Section R9-22-804 repealed, new Section R9-22-804 adopted effective January 14, 1997 (Supp. 97-1). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1).

**Exhibit A. Repealed****Historical Note**

New Exhibit adopted by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Exhibit repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1).

**R9-22-805. Repealed****Historical Note**

Former Section R9-22-805 adopted as an emergency now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Repealed effective January 31, 1986 (Supp. 86-1).

**ARTICLE 9. REPEALED****R9-22-901. Repealed****Historical Note**

Adopted as an emergency effective May 20, 1982, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 82-3). Former Section R9-22-901 adopted as an emergency adoption now adopted and amended as a permanent rule effective August 30, 1982 (Supp. 82-4). Repealed effective October 1, 1983 (Supp. 83-5). Adopted effective August 29, 1985 (Supp. 85-4). Amended effective October 1, 1986 (Supp. 86-5). Amended effective May 30, 1989 (Supp. 89-2). Amended effective September 29, 1992 (Supp. 92-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 26, 1993 (Supp. 93-4). Section repealed, new Section adopted by final rulemaking at 5 A.A.R. 4061, effective October 8, 1999 (Supp. 99-4). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed by final rulemaking at 12 A.A.R. 4484, effective January 6, 2007 (Supp. 06-4).

**R9-22-902. Repealed****Historical Note**

Adopted effective August 29, 1985 (Supp. 85-4). Former Section R9-22-902 renumbered and amended as Section R9-22-904, former Section R9-22-903 renumbered and amended as Section R9-22-902 effective October 1, 1986 (Supp. 86-5). Former Section R9-22-902 repealed, new Section R9-22-902 adopted effective May 30, 1989 (Supp. 89-2). Amended effective April 13, 1990 (Supp. 90-2). Amended effective September 29, 1992 (Supp. 92-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Amended under an exemption from the provisions of the Administrative Procedure Act, effective October 26, 1993 (Supp. 93-4). Section repealed, new Section adopted by final rulemaking at 5 A.A.R. 4061, effective October 8, 1999 (Supp. 99-4). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed by final rulemaking at 12 A.A.R. 4484, effective January 6, 2007 (Supp. 06-4).

**R9-22-903. Repealed****Historical Note**

Adopted effective August 29, 1985 (Supp. 85-4). Former Section R9-22-903 renumbered and amended as Section R9-22-902, former Section R9-22-904 renumbered and amended as Section R9-22-903 effective October 1, 1986

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(Supp. 86-5). Former Section R9-22-903 repealed, new Section R9-22-903 adopted effective May 30, 1989 (Supp. 89-2). Section repealed by final rulemaking at 5 A.A.R. 4061, effective October 8, 1999 (Supp. 99-4). New Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed by final rulemaking at 12 A.A.R. 4484, effective January 6, 2007 (Supp. 06-4).

**R9-22-904. Repealed****Historical Note**

Adopted effective August 29, 1985 (Supp. 85-4). Former Section R9-22-904 renumbered and amended as Section R9-22-903, former Section R9-22-902 renumbered and amended as Section R9-22-904 effective October 1, 1986 (Supp. 86-5). Amended effective May 30, 1989 (Supp. 89-2). Section repealed by final rulemaking at 5 A.A.R. 4061, effective October 8, 1999 (Supp. 99-4). New Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed by final rulemaking at 12 A.A.R. 4484, effective January 6, 2007 (Supp. 06-4).

**R9-22-905. Repealed****Historical Note**

Adopted effective August 29, 1985 (Supp. 85-4). Former Section R9-22-905 renumbered without change as Section R9-22-908, former Section R9-22-907 renumbered and amended as Section R9-22-905 effective October 1, 1986 (Supp. 86-5). Amended effective May 30, 1989 (Supp. 89-2). Section repealed by final rulemaking at 5 A.A.R. 4061, effective October 8, 1999 (Supp. 99-4). New Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed by final rulemaking at 12 A.A.R. 4484, effective January 6, 2007 (Supp. 06-4).

**R9-22-906. Repealed****Historical Note**

Adopted effective August 29, 1985 (Supp. 85-4). Amended effective October 1, 1986 (Supp. 86-5). Amended effective October 1, 1987 (Supp. 87-4). Amended effective May 30, 1989 (Supp. 89-2). Amended effective September 22, 1997 (Supp. 97-3). Section repealed by final rulemaking at 5 A.A.R. 4061, effective October 8, 1999 (Supp. 99-4). New Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed by final rulemaking at 12 A.A.R. 4484, effective January 6, 2007 (Supp. 06-4).

**R9-22-907. Repealed****Historical Note**

Adopted effective August 29, 1985 (Supp. 85-4). Former Section R9-22-907 renumbered and amended as Section R9-22-905, former Section R9-22-908 renumbered and amended as Section R9-22-907 effective October 1, 1986 (Supp. 86-5). Amended effective May 30, 1989 (Supp. 89-2). Section repealed by final rulemaking at 5 A.A.R. 4061, effective October 8, 1999 (Supp. 99-4). New Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed by final rulemaking at 12 A.A.R. 4484, effective January 6, 2007 (Supp. 06-4).

**R9-22-908. Repealed****Historical Note**

Adopted effective August 29, 1985 (Supp. 85-4). Former Section R9-22-908 renumbered and amended as Section R9-22-907, former Section R9-22-905 renumbered without change as Section R9-22-908 effective October 1, 1986 (Supp. 86-5). Former R9-22-908 repealed effective May 30, 1989 (Supp. 89-2). New Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed by final rulemaking at 12 A.A.R. 4484, effective January 6, 2007 (Supp. 06-4).

**R9-22-909. Repealed****Historical Note**

New Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed by final rulemaking at 12 A.A.R. 4484, effective January 6, 2007 (Supp. 06-4).

**ARTICLE 10. FIRST- AND THIRD-PARTY LIABILITY AND RECOVERIES****R9-22-1001. Definitions**

In addition to the definitions in A.R.S. §§ 36-2901, 36-2923 and 9 A.A.C. 22, Article 1, the following definitions apply to this Article:

“Absent parent” means an individual who is absent from the home and is legally responsible for providing financial and/or medical support for a dependent child.

“Cost avoid” means to deny a claim and return the claim to the provider for a determination of the amount of first- or third-party liability.

“First-party liability” means the obligation of any insurance plan or other coverage obtained directly or indirectly by a member that provides benefits directly to the member to pay all or part of the expenses for medical services incurred by AHCCCS or a member.

“Third-party” means a person, entity, or program that is, or may be, liable to pay all or part of the medical cost of injury, disease, or disability of an applicant or member.

“Third-party liability” means any individual, entity, or program that is or may be liable to pay all or part of the expenditures for medical assistance furnished to a member under a state plan.

**Historical Note**

Former Section R9-22-712 renumbered and amended as Section R9-22-1001 effective October 1, 1985 (Supp. 85-5). Amended subsections (E) through (H) effective October 1, 1986 (Supp. 86-5). Amended subsections (B), (C), (E), and (F) effective December 22, 1987 (Supp. 87-4). Section repealed; new Section adopted effective November 7, 1997 (Supp. 97-4). Section repealed; new Section made by final rulemaking at 10 A.A.R. 1146, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 15 A.A.R. 179, effective March 7, 2009 (Supp. 09-1). Amended by final rulemaking at 21 A.A.R. 1237, effective July 7, 2015 (Supp. 15-3).

**R9-22-1002. General Provisions**

AHCCCS is the payor of last resort unless specifically prohibited by applicable state or federal law. AHCCCS is not the payor of last resort when the following entities are the third-party:

1. Indian Health Services (IHS/638), contract health,
2. Title IV-E,
3. Arizona Early Intervention Program (AZEIP),

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4. Local educational agencies providing services under the Individuals with Disabilities Education Act under 34 CFR Part 300,
5. Entities and contractors of entities providing services under grants awarded as part of the HIV Health Care Services Program under 42 USC 300ff et seq., and
6. The Arizona Refugee Resettlement Program operated under 45 CFR Part 400, Subpart (G).

**Historical Note**

Section R9-22-529 adopted effective October 1, 1985, then renumbered as Section R9-22-1002 effective October 1, 1985 (Supp. 85-5). Amended subsections (C) and (D) effective October 1, 1986 (Supp. 86-5). Amended effective December 22, 1987 (Supp. 87-4). Amended under an exemption from the provisions of the Administrative Procedure Act, effective July 1, 1993 (Supp. 93-3). Section repealed; new Section adopted effective November 7, 1997 (Supp. 97-4). Section repealed; new Section made by final rulemaking at 10 A.A.R. 1146, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 15 A.A.R. 179, effective March 7, 2009 (Supp. 09-1). Amended by final rulemaking at 21 A.A.R. 1237, effective July 7, 2015 (Supp. 15-3).

**R9-22-1003. Cost Avoidance**

- A. The Administration's reimbursement responsibility.
  1. The Administration shall pay no more than the difference between the Capped Fee-For-Service schedule and the amount of the third-party liability, unless Medicare is the third-party.
  2. If Medicare is the third-party that is liable, the Administration shall pay the Medicare copayment, coinsurance, and deductible regardless of the Capped Fee-For-Service Schedule, as described under 9 A.A.C. 29, Article 3.
- B. The Contractor's reimbursement responsibility.
  1. If the contract between the contractor and the provider does not state otherwise, a contractor shall pay no more than the difference between the contracted rate and the amount of the third-party liability.
  2. If the provider does not have a contract with the contractor, a contractor shall pay no more than the difference between the Capped Fee-For-Service rate and the amount of the third-party liability.
- C. The following parties shall take reasonable measures to identify potentially legally liable first- or third-party sources:
  1. AHCCCS, the Administration, or a contractor;
  2. A provider;
  3. A noncontracting provider; and
  4. A member.
- D. Except as specified under subsection (E), the Administration or a contractor shall cost avoid a claim for AHCCCS covered services under Article 2 if the Administration or a contractor has established the probable existence of a liable party at the time the claim is filed. Establishing liability takes place when the Administration or the contractor receives confirmation that another party is legally responsible for payment of a health care service under Article 2.
- E. The Administration or contractor shall pay the full amount of the claim according to the Capped-Fee-For-Service Schedule or the contracted rate as described under subsection (B), and then seek reimbursement from any liable parties if the claim is for:
  1. Prenatal care for pregnant women,
  2. Preventive pediatric services, including E.P.S.D.T. and administration of vaccines to children under the Vaccines for Children (VFC) program; or

3. Services covered by third-party liability that is derived from an absent parent whose obligation to pay support is being enforced by the Division of Child Support Enforcement.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 1146, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 10 A.A.R. 3012, effective September 11, 2004 (Supp. 04-3). Amended by final rulemaking at 15 A.A.R. 179, effective March 7, 2009 (Supp. 09-1). Amended by final rulemaking at 21 A.A.R. 1237, effective July 7, 2015 (Supp. 15-3).

**R9-22-1004. Member Participation**

A member shall cooperate in identifying potentially legally liable first- or third-parties and timely assist the Administration and a contractor, provider, or noncontracting provider in pursuing any first- or third-party who may be liable to pay for covered services.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 1146, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 15 A.A.R. 179, effective March 7, 2009 (Supp. 09-1).

**R9-22-1005. Collections**

- A. Parties that notify AHCCCS. A provider or noncontracting provider shall cooperate with AHCCCS by identifying all potential sources of first- or third-party liability and notify AHCCCS of these sources.
- B. Parties that pursue collection or reimbursement. AHCCCS, a provider, or noncontracting provider shall pursue collection or reimbursement from all potential sources of first- or third-party liability.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 1146, effective May 1, 2004 (Supp. 04-1).

**R9-22-1006. AHCCCS Monitoring Responsibilities**

AHCCCS shall monitor first- or third-party liability payments to a provider or noncontracting provider, which include but are not limited to payments by or for:

1. Private health insurance;
2. Employment-related disability and health insurance;
3. Long-term care insurance;
4. Other federal programs not excluded by statute from recovery;
5. Court ordered or non-court ordered medical support from an absent parent;
6. State worker's compensation;
7. Automobile insurance, including underinsured and uninsured motorists insurance;
8. Court judgment or settlement from a liability insurer including settlement proceeds placed in a trust;
9. First-party probate estate recovery;
10. Adoption-related payment; or
11. A tortfeasor.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 1146, effective May 1, 2004 (Supp. 04-1).

**R9-22-1007. Notification for Perfection, Recording, and Assignment of AHCCCS Liens**

- A. Hospital requirements. A hospital providing medical services to a member for an injury or condition resulting from circumstances reflecting the probable liability of a first- or third-party shall within 30 days after a member's discharge:



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1. Notify AHCCCS via facsimile or mail under R9-22-1008, or
2. Mail AHCCCS a copy of the lien the hospital proposes to record or has recorded under A.R.S. § 33-932.

- B.** Provider and noncontracting provider requirements. A provider or noncontracting provider, other than a hospital, rendering medical services to a member for an injury or condition resulting from circumstances reflecting the probable liability of a first- or third-party shall notify AHCCCS via facsimile or mail under R9-22-1008 within 30 days after providing the service.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 1146, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 15 A.A.R. 179, effective March 7, 2009 (Supp. 09-1).

**R9-22-1008. Notification Information for Liens**

- A.** Except as provided in subsection (B), a hospital, provider, and noncontracting provider identified in R9-22-1007 shall provide the following information to AHCCCS in writing:
1. Name of the hospital, provider or noncontracting provider;
  2. Address of the hospital, provider or noncontracting provider;
  3. Name of member;
  4. Member's Social Security Number or AHCCCS identification number;
  5. Address of member;
  6. Date of member's admission or date service is provided;
  7. Amount estimated to be due for care of member;
  8. Date of discharge, if member has been discharged;
  9. Name of county in which injuries were sustained; and
  10. Name and address of all persons, firms, and corporations and their insurance carriers identified by the member or legal representative as being liable for damages.
- B.** If the date of discharge is not known at the time the information in subsection (A) is provided, a party identified in subsection (A) shall notify AHCCCS of the date of discharge within 30 days after the member has been discharged.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 1146, effective May 1, 2004 (Supp. 04-1). Amended by final rulemaking at 15 A.A.R. 179, effective March 7, 2009 (Supp. 09-1).

**R9-22-1009. Notification of Health Insurance Information**

A provider or noncontracting provider shall notify AHCCCS, in writing, of the following health insurance information within 10 days of receipt of the health insurance information:

1. Name of member,
2. Member's Social Security Number or AHCCCS identification number,
3. Insurance carrier name,
4. Insurance carrier address,
5. Policy number or insurance holder's Social Security Number,
6. Policy begin and end dates, and
7. Insurance holder's name.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 1146, effective May 1, 2004 (Supp. 04-1).

**ARTICLE 11. CIVIL MONETARY PENALTIES AND ASSESSMENTS****R9-22-1101. Basis for Civil Monetary Penalties and Assessments for Fraudulent Claims; Definitions**

- A.** Scope. This Article applies to prohibited acts as described under A.R.S. § 36-2918(A), and submissions of encounters to the Administration. The Administration considers a person who aids and abets a prohibited act affecting any of the AHCCCS programs or Health Care Group to be engaging in a prohibited act under A.R.S. § 36-2918(A).
- B.** Purpose. This Article describes the circumstances AHCCCS considers and the process that AHCCCS uses to determine the amount of a penalty, assessment, or penalty and assessment as required under A.R.S. § 36-2918. This Article includes the process and time-frames used by a person to request a State Fair Hearing.
- C.** Definitions. The following definitions apply to this Article:
1. "Assessment" means a monetary amount that does not exceed twice the dollar amount claimed by the person for each service.
  2. "Claim" means a request for payment submitted by a person for payment for a service or line item of service, including a submission of an encounter.
  3. "Day" means calendar day unless otherwise specified.
  4. "File" means the date that AHCCCS receives a written acceptance, request for compromise, request for a counter proposal, or a request for a State Fair Hearing as established by a date stamp on the written document or other record of receipt.
  5. "Penalty" means a monetary amount, based on the number of items of service claimed or reported, that does not exceed \$2,000 times the number of line items of service.
  6. "Person" means an individual or entity as described under A.R.S. § 1-215.
  7. "Reason to know" or "had reason to know" means that a person, acts in deliberate ignorance of the truth or falsity of, or with reckless disregard of the truth or falsity of information. No proof of specific intent to defraud is required.

**Historical Note**

Adopted effective October 1, 1986 (Supp. 86-5).  
Amended subsection A. effective May 30, 1989 (Supp. 89-2). Amended effective September 29, 1992 (Supp. 92-3). Amended effective June 9, 1998 (Supp. 98-2).  
Amended by final rulemaking at 10 A.A.R. 3056, effective September 11, 2004 (Supp. 04-3). Amended by final rulemaking at 17 A.A.R. 2615, effective February 4, 2012 (Supp. 11-4).

**R9-22-1102. Determining the Amount of a Penalty and an Assessment**

- A.** AHCCCS shall determine the amount of a penalty and assessment according to A.R.S. § 36-2918(B) and (C), R9-22-1104, and R9-22-1105.
- B.** AHCCCS shall include in the amount of the penalty and assessment the cost incurred by AHCCCS for conducting the following:
1. An investigation,
  2. Audit, or
  3. Inquiry.

**Historical Note**

Adopted effective October 1, 1986 (Supp. 86-5).  
Amended effective December 13, 1993 (Supp. 93-4).  
Amended effective June 9, 1998 (Supp. 98-2). Section repealed; new Section made by final rulemaking at 10

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A.A.R. 3056, effective September 11, 2004 (Supp. 04-3).  
Amended by final rulemaking at 17 A.A.R. 2615, effective February 4, 2012 (Supp. 11-4).

**R9-22-1103. Repealed****Historical Note**

Adopted effective October 1, 1986 (Supp. 86-5).  
Amended effective December 13, 1993 (Supp. 93-4).  
Amended effective June 9, 1998 (Supp. 98-2). Section repealed; new Section made by final rulemaking at 10 A.A.R. 3056, effective September 11, 2004 (Supp. 04-3).  
Section repealed by final rulemaking at 17 A.A.R. 2615, effective February 4, 2012 (Supp. 11-4).

**R9-22-1104. Mitigating Circumstances**

AHCCCS shall consider any of the following to be mitigating circumstances when determining the amount of a penalty, assessment, or penalty and assessment.

1. Nature and circumstances of a claim. The following are mitigating circumstances:
  - a. All the services are of the same type,
  - b. All the dates of services occurred within six months or less,
  - c. The number of claims submitted is less than 25,
  - d. The nature and circumstances do not indicate a pattern of inappropriate claims for the services, and
  - e. The total amount claimed for the services is less than \$1,000.
2. Degree of culpability. The degree of culpability of a person who presents or causes to present a claim is a mitigating circumstance if:
  - a. Each service is the result of an unintentional and unrecognized error in the process that the person followed in presenting or in causing to present the service,
  - b. Corrective steps were taken promptly by the person after the error was discovered, and
  - c. The person had a fraud and abuse control plan that was operating effectively at the time each claim was presented or caused to be presented.
3. Financial condition. The financial condition of a person who presents or causes to present a claim is a mitigating circumstance if the imposition of a penalty, assessment, or penalty and assessment without reduction will render the provider incapable to continue providing services. AHCCCS shall consider the resources available to the person when determining the amount of the penalty, assessment, or penalty and assessment.
4. Other matters as justice may require. AHCCCS shall take into account other circumstances of a mitigating nature, if in the interest of justice, the circumstances require a reduction of the penalty, assessment, or penalty and assessment.

**Historical Note**

Adopted effective October 1, 1986 (Supp. 86-5).  
Amended effective June 9, 1998 (Supp. 98-2). Section repealed; new Section made by final rulemaking at 10 A.A.R. 3056, effective September 11, 2004 (Supp. 04-3).  
Amended by final rulemaking at 17 A.A.R. 2615, effective February 4, 2012 (Supp. 11-4).

**R9-22-1105. Aggravating Circumstances**

AHCCCS shall consider any of the following to be aggravating circumstances when determining the amount of a penalty, assessment, or penalty and assessment.

1. Nature and circumstances of each claim. The nature and circumstances of each claim and the circumstances under which the claim is presented or caused to be presented are aggravating circumstances if:
  - a. A person has forged, altered, recreated, or destroyed records;
  - b. The person refuses to provide pertinent documentation to AHCCCS for a claim or refuses to cooperate with investigators;
  - c. The services are of several types;
  - d. All the dates of services did not occur within six months or less;
  - e. The number of claims submitted is greater than 25;
  - f. The nature and circumstances indicate a pattern of inappropriate claims for the services; and
  - g. The total amount claimed for the services is \$5,000 or greater.
2. Degree of culpability. The degree of culpability of a person who presents or causes to present each claim is an aggravating circumstance if:
  - a. The person knows or had reason to know that each service was not provided as claimed,
  - b. The person knows or had reason to know that no payment could be made because the person had been excluded from reimbursement by AHCCCS, or
  - c. The person knows or had reason to know that the payment would violate the terms of an agreement between the person and AHCCCS system.
3. Prior offenses. The prior offenses of a person who presents or causes to present each claim are an aggravating circumstance if:
  - a. At any time before the submittal of the claim the person was held criminally or civilly liable for any act, or
  - b. The person had received an administrative sanction in connection with:
    - i. A Medicaid program,
    - ii. A Medicare program, or
    - iii. Any other public or private program of reimbursement for medical services.
4. Effect on patient care. The adverse effect on patient care that resulted, or could have resulted, from the failure to provide medically necessary care by a person in connection with a claim.
5. Other matters as justice may require. AHCCCS shall take into account other circumstances of an aggravating nature, if in the interest of justice, the circumstances require an increase of the penalty, assessment, or penalty and assessment.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R. 3056, effective September 11, 2004 (Supp. 04-3).  
Amended by final rulemaking at 17 A.A.R. 2615, effective February 4, 2012 (Supp. 11-4).

**R9-22-1106. Notice of Intent**

If AHCCCS imposes a penalty, assessment, or a penalty and assessment, AHCCCS shall hand deliver or send by certified mail return receipt requested or Federal Express to the person, a written Notice of Intent to impose a penalty, assessment, or a penalty and assessment. The Notice of Intent shall include:

1. The statutory basis for the penalty, assessment, or the penalty and assessment;
2. Identification of the state or federal regulation and state or federal law that AHCCCS alleges has been violated;

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3. The factual basis for AHCCCS' determination that the penalty, assessment, or the penalty and assessment should be imposed;
4. The amount of the penalty, assessment, or penalty and assessment;
5. The process for the person to accept or request a compromise of the penalty, assessment, or penalty and assessment; and
6. The process for requesting a State Fair Hearing.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R.

3056, effective September 11, 2004 (Supp. 04-3).

Amended by final rulemaking at 17 A.A.R. 2615, effective February 4, 2012 (Supp. 11-4).

**R9-22-1107. Reserved****R9-22-1108. Request for a Compromise**

- A. To request a compromise, the person shall file a written request with AHCCCS within 30 days from the date of receipt of the Notice of Intent. The written request for compromise shall contain the person's reasons for the reduction or modification of the penalty, assessment, or penalty and assessment.
- B. Within 30 days from the date of receipt of the request for compromise from the person, AHCCCS shall send a Notice of Compromise Decision that accepts, denies, or offers a counter proposal to the person's request for compromise. If AHCCCS offers a counter proposal the amount of the counter proposal shall represent the penalty, assessment, or penalty and assessment.
  1. If AHCCCS does not withdraw the Notice of Intent under R9-22-1112 or denies the request for compromise the original penalty, assessment, or penalty and assessment is upheld.
  2. To dispute the Compromise Decision, the person shall file a request for a State Fair Hearing under R9-22-1110 within 30 days from the date of receipt of the Notice of Compromise Decision.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R.

3056, effective September 11, 2004 (Supp. 04-3).

Amended by final rulemaking at 17 A.A.R. 2615, effective February 4, 2012 (Supp. 11-4).

**R9-22-1109. Failure to Respond to the Notice of Intent**

If a person fails to respond timely to the Notice of Intent, AHCCCS shall uphold the original penalty, assessment, or penalty and assessment.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R.

3056, effective September 11, 2004 (Supp. 04-3).

Amended by final rulemaking at 17 A.A.R. 2615, effective February 4, 2012 (Supp. 11-4).

**R9-22-1110. Request for State Fair Hearing**

- A. To request a State Fair Hearing regarding a dispute concerning a penalty, assessment, or penalty and assessment, the person shall file a written request for a State Fair Hearing with AHCCCS within 60 days from the date of the receipt of the Notice of Intent under R9-22-1106 or within 30 days from the date of receipt of the Notice of Compromise Decision under R9-22-1108, if applicable.
- B. AHCCCS shall mail a Notice of Hearing under A.R.S. § 41-1092.05 if AHCCCS receives a timely request for a State Fair Hearing from the person.

- C. AHCCCS shall mail a Director's Decision to the person no later than 30 days after the date the Administrative Law Judge sends the decision of the Office of Administrative Hearings (OAH) to AHCCCS.
- D. AHCCCS shall accept a written request for withdrawal of a hearing request if the written request for withdrawal is received from the person before AHCCCS mails a Notice of Hearing under A.R.S. § 41-1092 et seq. If AHCCCS mailed a Notice of Hearing under A.R.S. § 41-1092 et seq., a person may withdraw the hearing request only by sending a written request for withdrawal to OAH.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R.

3056, effective September 11, 2004 (Supp. 04-3).

Amended by final rulemaking at 17 A.A.R. 2615, effective February 4, 2012 (Supp. 11-4).

**R9-22-1111. Issues and Burden of Proof**

- A. Preponderance of evidence. In any State Fair Hearing conducted under R9-22-1110, AHCCCS shall prove by a preponderance of the evidence that a person presented or caused to be presented each claim in violation of this Article and any aggravating circumstances under R9-22-1105. A person shall bear the burden of producing and proving by a preponderance of the evidence any circumstance that would justify reducing the amount of the penalty, assessment, or penalty and assessment.
- B. Statistical sampling.
  1. In meeting the burden of proof described in subsection (A), AHCCCS may introduce the results of a statistical sampling study as evidence of the number and amount of claims that were presented or caused to be presented by the person. A statistical sampling study constitutes prima facie evidence of the number and amount of claims if computed by valid statistical methods.
  2. The burden of proof shall shift to the person to produce evidence reasonably calculated to rebut the findings of the statistical sampling study once AHCCCS has made a prima facie case as described in subsection (B)(1). AHCCCS shall be given the opportunity to rebut this evidence.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R.

3056, effective September 11, 2004 (Supp. 04-3).

Amended by final rulemaking at 17 A.A.R. 2615, effective February 4, 2012 (Supp. 11-4).

**R9-22-1112. Withdrawal and Continuances**

AHCCCS may withdraw the Notice of Intent at any time. Prior to referring a matter to the Office of Administrative Hearings the parties may mutually agree to a continuance.

**Historical Note**

New Section made by final rulemaking at 10 A.A.R.

3056, effective September 11, 2004 (Supp. 04-3).

**ARTICLE 12. BEHAVIORAL HEALTH SERVICES****R9-22-1201. Definitions**

Definitions. The following definitions apply to this Article:

"Adult behavioral health therapeutic home" as defined in 9 A.A.C. 10, Article 1.

"Agency" for the purposes of this Article means a behavioral health facility, a classification of a health care institution, including a mental health treatment agency defined in A.R.S. § 36-501, that is licensed to provide behavioral health services according to A.R.S. Title 36, Chapter 4.

"Assessment" means an analysis of a patient's need for physical health services or behavioral health services to determine

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which services a health care institution will provide to the patient.

“Behavior management services” means services that assist the member in carrying out daily living tasks and other activities essential for living in the community, including personal care services.

“Behavioral health therapeutic home care services” means interactions that teach the client living, social, and communication skills to maximize the client’s ability to live and participate in the community and to function independently, including assistance in the self-administration of medication and any ancillary services indicated by the client’s treatment plan, as appropriate.

“Behavioral health services” means medical services, nursing services, health-related services, or ancillary services provided to an individual to address the individual’s behavioral health issue.

“Behavioral health technician” means an individual who is not a behavioral health professional who provides behavioral health services at or for a health care institution according to the health care institution’s policies and procedures that:

If the behavioral health services were provided in a setting other than a licensed health care institution, the individual would be required to be licensed as a behavioral professional under A.R.S. Title 32, Chapter 33; and

Are provided with clinical oversight by a behavioral health professional.

“Case management” for the purposes of this Article, means services and activities that enhance treatment, compliance, and effectiveness of treatment.

“Certified psychiatric nurse practitioner” means a registered nurse practitioner who meets the psychiatric specialty area requirements under A.A.C. R4-19-505(C).

“Clinical oversight” means as described under 9 A.A.C. 10.

“Cost avoid” means to avoid payment of a third-party liability claim when the probable existence of third-party liability has been established under 42 CFR 433.139(b).

“Court-ordered evaluation” has the same meaning as “evaluation” in A.R.S. § 36-501.

“Court-ordered pre-petition screening” has the same meaning as “pre-petition screening” in A.R.S. § 36-501.

“Court-ordered treatment” means treatment provided according to A.R.S. Title 36, Chapter 5.

“Crisis services” means immediate and unscheduled behavioral health services provided to a patient to address an acute behavioral health issue affecting the patient.

“Direct supervision” has the same meaning as “supervision” in A.R.S. § 36-401.

“Emergency medical services provider” has the same meaning as in A.R.S. § 36-2201.

“Health care institution” has the same meaning as defined in A.R.S. § 36-401.

“Health care practitioner” means a:

Physician;

Physician assistant;

Nurse practitioner; or

Other individual licensed and authorized by law to use and prescribe medication and devices, as defined in A.R.S. § 32-1901.

“Licensee” means the same as in 9 A.A.C. 10, Article 1.

“Medical practitioner” means a physician, physician assistant, or nurse practitioner.

“Partial care” means a day program of services provided to individual members or groups that is designed to improve the ability of a person to function in a community, and includes basic, therapeutic, and medical day programs.

“Physician assistant” means the same as in A.R.S. § 32-2501 except that when providing a behavioral health service, the physician assistant shall be supervised by an AHCCCS-registered psychiatrist.

“Psychiatrist” means a physician who meets the licensing requirements under A.R.S. § 32-1401 or a doctor of osteopathy who meets the licensing requirements under A.R.S. § 32-1800, and meets the additional requirements of a psychiatrist under A.R.S. § 36-501.

“Psychologist” means a person who meets the licensing requirements under A.R.S. §§ 32-2061 and 36-501.

“Qualified behavioral health service provider” means a behavioral health service provider that meets the requirements of R9-22-1206.

“Respite” means a period of care and supervision of a member to provide rest or relief to a family member or other person caring for the member. Respite provides activities and services to meet the social, emotional, and physical needs of the member during respite.

“TRBHA” or “Tribal Regional Behavioral Health Authority” means a Native American tribe under contract with ADHS/DBHS to coordinate the delivery of behavioral health services to eligible and enrolled members of the federally-recognized tribal nation.

#### Historical Note

Adopted under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1992, Ch. 301, § 61, effective November 1, 1992; received in the Office of the Secretary of State November 25, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1995, Ch. 204, § 11, effective October 1, 1995; filed with the Secretary of State September 29, 1995 (Supp. 95-4). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 13 A.A.R. 836, effective May 5, 2007 (Supp. 07-1). Amended by final rulemaking at 20 A.A.R. 3098, effective January 4, 2015 (Supp. 14-4).

#### R9-22-1202. ADHS, Contractor, Administration and CRS Responsibilities

A. ADHS responsibilities. ADHS is responsible for payment of behavioral health services provided to members, except as specified under subsection (D). ADHS’ responsibility for payment of behavioral health services includes claims for inpatient hospital services, which may include physical health services, when the principal diagnosis on the hospital claim is a behavioral health diagnosis. Behavioral health diagnoses are

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identified as “mental disorders” in the latest International Classification of Diseases (ICD) code set as required by AHC-CCS claims and encounters.

- B.** ADHS/DBHS may contract with a TRBHA for the provision of behavioral health services for American Indian members. American Indian members may receive covered behavioral health services:
1. From an IHS or tribally operated 638 facility,
  2. From a TRBHA, or
  3. From a RBHA.
- C.** Contractor responsibilities. A contractor shall:
1. Refer a member to a RBHA under the contract terms;
  2. Provide EPSDT developmental and behavioral health screening as specified in R9-22-213;
  3. Coordinate a member's transition of care and medical records; and
  4. Be responsible for providing covered inpatient hospital services, which may include behavioral health inpatient hospital services, when the principal diagnosis on the hospital claim is not a behavioral health diagnosis.
- D.** Administration and CRS responsibilities.
1. The Administration shall be responsible for payment of behavioral health services provided to an ALTCS FFS or an FES member and for behavioral health services provided by IHS and tribally operated 638 facilities. The Administration is also responsible for payment of behavioral health services provided to these members during prior quarter coverage.
  2. CRS shall be responsible for payment of behavioral health services provided to members enrolled with CRS.

**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1992, Ch. 301, § 61, effective November 1, 1992; received in the Office of the Secretary of State November 25, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1995, Ch. 204, § 11, effective October 1, 1995; filed with the Secretary of State September 29, 1995 (Supp. 95-4). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended to correct typographical errors, filed in the Office of the Secretary of State October 30, 2001 (Supp. 01-4). Amended by final rulemaking at 13 A.A.R. 836, effective May 5, 2007 (Supp. 07-1). Amended by final rulemaking at 20 A.A.R. 3098, effective January 4, 2015 (Supp. 14-4). Amended by final rulemaking at 21 A.A.R. 1225, effective July 7, 2015 (Supp. 15-3).

**R9-22-1203. Eligibility for Covered Services**

Title XIX members. A member determined eligible under A.R.S. § 36-2901(6)(a) or (g) except for the failure to meet U.S. citizenship or qualified alien status requirements, shall receive medically necessary covered services under Article 12 and Article 2.

**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1992, Ch. 301, § 61, effective November 1, 1992; received in the Office of the Secretary of State November 25, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Amended under an exemption from A.R.S.

Title 41, Ch. 6, pursuant to Laws 1995, Ch. 204, § 11, effective October 1, 1995; filed with the Secretary of State September 29, 1995 (Supp. 95-4). Section repealed, new Section adopted by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4).

Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 13 A.A.R. 836, effective May 5, 2007 (Supp. 07-1). Amended by final rulemaking at 20 A.A.R. 3098, effective January 4, 2015 (Supp. 14-4).

**R9-22-1204. General Service Requirements**

- A.** Services. Behavioral health services include mental health, substance abuse, and physical services. Medically necessary services shall be covered and service requirements met as described under Article 2 and Article 5.
- B.** Notification to Administration for American Indians enrolled with a tribal contractor. A provider shall notify the Administration no later than 72 hours after an American Indian member enrolled with a tribal contractor presents to a behavioral health hospital for inpatient emergency behavioral health services.
- C.** Restrictions and limitations. Room and board is not a covered service unless provided in a behavioral health inpatient facility under R9-22-1205.

**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1992, Ch. 301, § 61, effective November 1, 1992; received in the Office of the Secretary of State November 25, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1995, Ch. 204, § 11, effective October 1, 1995; filed with the Secretary of State September 29, 1995 (Supp. 95-4). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1995, Ch. 204, § 11, effective January 1, 1996; filed with the Secretary of State December 22, 1995 (Supp. 95-4). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 13 A.A.R. 836, effective May 5, 2007 (Supp. 07-1). Amended by final rulemaking at 20 A.A.R. 3098, effective January 4, 2015 (Supp. 14-4).

**R9-22-1205. Scope and Coverage of Behavioral Health Services**

- A.** Inpatient behavioral health services. The following inpatient services are covered subject to the limitations and exclusions in this Article and Article 2.
1. Covered inpatient behavioral health services include all behavioral health services, medical detoxification, accommodations and staffing, supplies, and equipment, if the service is provided under the direction of a physician in a Medicare-certified:
    - a. General acute care hospital,
    - b. Inpatient psychiatric unit in a general acute care hospital, or
    - c. Behavioral health hospital.
  2. Inpatient service limitations:
    - a. Inpatient services, other than emergency services specified in this Section, are not covered unless prior authorization is obtained.

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- b. Inpatient services and room and board are reimbursed on a per diem basis. The per diem rate includes all services, except the following licensed or certified providers may bill independently for services:
      - i. A licensed psychiatrist,
      - ii. A certified psychiatric nurse practitioner,
      - iii. A licensed physician assistant,
      - iv. A licensed psychologist,
      - v. A licensed clinical social worker,
      - vi. A licensed marriage and family therapist,
      - vii. A licensed professional counselor,
      - viii. A licensed independent substance abuse counselor, and
      - ix. A medical practitioner.
- B. Behavioral Health Inpatient facility for children. Services provided in a Behavioral Health Inpatient facility for children as defined in 9 A.A.C. 10, Article 3 are covered subject to the limitations and exclusions under this Article.
  - 1. Behavioral Health Inpatient facility for children services are not covered unless provided under the direction of a licensed physician in a licensed Behavioral Health Inpatient facility for children accredited by an AHCCCS-approved accrediting body as specified in contract.
  - 2. Covered Behavioral Health Inpatient facility for children services include room and board and treatment services for behavioral health and substance abuse conditions.
  - 3. Inpatient Behavioral Health Inpatient facility for children service limitations.
    - a. Services are not covered unless prior authorized, except for emergency services as specified in this Section.
    - b. Services are reimbursed on a per diem basis. The per diem rate includes all services, except the following licensed or certified providers may bill independently for services:
      - i. A licensed psychiatrist,
      - ii. A certified psychiatric nurse practitioner,
      - iii. A licensed physician assistant,
      - iv. A licensed psychologist,
      - v. A licensed clinical social worker,
      - vi. A licensed marriage and family therapist,
      - vii. A licensed professional counselor,
      - viii. A licensed independent substance abuse counselor, and
      - ix. A medical practitioner.
  - 4. The following may be billed independently if prescribed by a provider as specified in this Section who is operating within the scope of practice:
    - a. Laboratory services, and
    - b. Radiology services.
- C. Covered Inpatient sub-acute agency services. Services provided in a inpatient sub-acute facility as defined in 9 A.A.C. 10, Article 1 are covered subject to the limitations and exclusions under this Article.
  - 1. Inpatient sub-acute facility services are not covered unless provided under the direction of a licensed physician in a licensed inpatient sub-acute facility that is accredited by an AHCCCS-approved accrediting body.
  - 2. Covered Inpatient sub-acute facility services include room and board and treatment services for behavioral health and substance abuse conditions.
  - 3. Services are reimbursed on a per diem basis. The per diem rate includes all services, except the following licensed or certified providers may bill independently for services:
    - a. A licensed psychiatrist,
    - b. A certified psychiatric nurse practitioner,
    - c. A licensed physician assistant,
    - d. A licensed psychologist,
    - e. A licensed clinical social worker,
    - f. A licensed marriage and family therapist,
    - g. A licensed professional counselor,
    - h. A licensed independent substance abuse counselor, and
    - i. A medical practitioner.
  - 4. The following may be billed independently if prescribed by a provider specified in this Section who is operating within the scope of practice:
    - a. Laboratory services, and
    - b. Radiology services.
- D. Behavioral health residential facility services. Services provided in a licensed behavioral health residential facility as defined in 9 A.A.C. 10, Article 1 are covered subject to the limitations and exclusions under this Article.
  - 1. Behavioral health residential facility services are not covered unless provided by a licensed behavioral health residential facility.
  - 2. Covered services include all non-prescription drugs as defined in A.R.S. § 32-1901, non-customized medical supplies, and clinical oversight or direct supervision of the behavioral health residential facility staff, whichever is applicable. Room and board are not covered services.
  - 3. The following licensed and certified providers may bill independently for services:
    - a. A licensed psychiatrist,
    - b. A certified psychiatric nurse practitioner,
    - c. A licensed physician assistant,
    - d. A licensed psychologist,
    - e. A licensed clinical social worker,
    - f. A licensed marriage and family therapist,
    - g. A licensed professional counselor,
    - h. A licensed independent substance abuse counselor, and
- E. Partial care. Partial care services are covered subject to the limitations and exclusions in this Article.
  - 1. Partial care services are not covered unless provided by a licensed and AHCCCS-registered behavioral health agency that provides a regularly scheduled day program of individual member, group, or family activities that are designed to improve the ability of the member to function in the community. Partial care services include basic, therapeutic, and medical day programs.
  - 2. Partial care services. Educational services that are therapeutic and are included in the member's behavioral health treatment plan are included in per diem reimbursement for partial care services.
- F. Outpatient services. Outpatient services are covered subject to the limitations and exclusions in this Article and Article 2.
  - 1. Outpatient services include the following:
    - a. Screening provided by a behavioral health professional or a behavioral health technician as defined in R9-22-1201;
    - b. A behavioral health assessment provided by a behavioral health professional or a behavioral health technician;
    - c. Counseling including individual therapy, group therapy, and family therapy provided by a behavioral health professional or a behavioral health technician;
    - d. Behavior management services as defined in R9-22-1201; and

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- e. Psychosocial rehabilitation services as defined in R9-22-201.
- 2. Outpatient service limitations.
  - a. The following licensed or certified providers may bill independently for outpatient services:
    - i. A licensed psychiatrist;
    - ii. A certified psychiatric nurse practitioner;
    - iii. A licensed physician assistant as defined in R9-22-1201;
    - iv. A licensed psychologist;
    - v. A licensed clinical social worker;
    - vi. A licensed professional counselor;
    - vii. A licensed marriage and family therapist;
    - viii. A licensed independent substance abuse counselor;
    - ix. A medical practitioner; and
    - x. An outpatient treatment center or substance abuse transitional facility licensed under 9 A.A.C. 10, Article 14, that is an AHCCCS-registered provider.
  - b. A behavioral health practitioner not specified in subsections (F)(2)(a)(i) through (x), who is contracted with or employed by an AHCCCS-registered behavioral health agency shall not bill independently.
- G. Emergency behavioral health services are covered subject to the limitations and exclusions under this Article. In order to be covered, behavioral health services shall be provided by qualified service providers under R9-22-1206. ADHS/DBHS shall ensure that emergency behavioral health services are available 24 hours per day, seven days per week in each GSA for an emergency behavioral health condition for a non-FES member as defined in R9-22-201.
- H. Other covered behavioral health services. Other covered behavioral health services include:
  - 1. Case management as defined in 9 A.A.C. 10, Article 1;
  - 2. Laboratory and radiology services for behavioral health diagnosis and medication management;
  - 3. Medication;
  - 4. Monitoring, administration, and adjustment for psychotropic medication and related medications;
  - 5. Respite care as described within subsection (J);
  - 6. Behavioral health therapeutic home care services provided by a RBHA in a professional foster home defined in 6 A.A.C. 5, Article 58 or in an adult behavioral health therapeutic home as defined in 9 A.A.C. 10, Article 1;
  - 7. Other support services to maintain or increase the member's self-sufficiency and ability to live outside an institution.
- I. Transportation services. Transportation services are covered under R9-22-211.
- J. Limited Behavioral Health services. Respite services are limited to no more than 600 hours per benefit year.

**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1992, Ch. 301, § 61, effective November 1, 1992; received in the Office of the Secretary of State November 25, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1995, Ch. 204, § 11, effective October 1, 1995; filed with the Secretary of State September 29, 1995 (Supp. 95-4). Section repealed, new Section adopted by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 11 A.A.R. 5480, effective December 6, 2005 (Supp. 05-4). Amended by final rulemaking at 13 A.A.R. 836, effective May 5, 2007 (Supp. 07-1). Amended by exempt rulemaking at 17 A.A.R. 1870, effective October 1, 2011 (Supp. 11-3). Amended by final rulemaking at 19 A.A.R. 2747, effective October 8, 2013 (Supp. 13-3). Amended by final rulemaking at 20 A.A.R. 3098, effective January 4, 2015 (Supp. 14-4).

tive October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 11 A.A.R. 5480, effective December 6, 2005 (Supp. 05-4). Amended by final rulemaking at 13 A.A.R. 836, effective May 5, 2007 (Supp. 07-1). Amended by exempt rulemaking at 17 A.A.R. 1870, effective October 1, 2011 (Supp. 11-3). Amended by final rulemaking at 19 A.A.R. 2747, effective October 8, 2013 (Supp. 13-3). Amended by final rulemaking at 20 A.A.R. 3098, effective January 4, 2015 (Supp. 14-4).

**R9-22-1206. Repealed****Historical Note**

Adopted under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1992, Ch. 301, § 61, effective November 1, 1992; received in the Office of the Secretary of State November 25, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1995, Ch. 204, § 11, effective October 1, 1995; filed with the Secretary of State September 29, 1995 (Supp. 95-4). Section repealed, new Section adopted by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 13 A.A.R. 836, effective May 5, 2007 (Supp. 07-1). Repealed by final rulemaking at 20 A.A.R. 3098, effective January 4, 2015 (Supp. 14-4).

**R9-22-1207. General Provisions for Payment**

- A. Claims submissions.
  - 1. A provider of behavioral health services shall submit a claim for non-emergency behavioral health services provided to a member to the appropriate RBHA.
  - 2. A provider of behavioral health services shall submit a claim for non-inpatient emergency behavioral health services provided to a member to the appropriate RBHA.
  - 3. A provider of behavioral health services shall submit a claim for non-inpatient emergency behavioral health services provided to a member enrolled in a TRBHA to the Administration.
  - 4. A provider of behavioral health services shall submit a claim for non-emergency behavioral health services provided to a member enrolled in a TRBHA to the Administration.
  - 5. A provider of emergency behavioral health services, that are the responsibility of ADHS/DBHS or a contractor, shall submit a claim to the entity responsible for emergency behavioral health services under R9-22-210.01(A).
  - 6. A provider shall comply with the time-frames and other payment procedures in Article 7 of this Chapter, if applicable, and A.R.S. § 36-2904.
  - 7. ADHS/DBHS or a contractor, whichever entity is responsible for covering behavioral health services, shall cost avoid any behavioral health service claims if it establishes the existence or probable existence of first-party liability or third-party liability.
- B. Prior authorization. Payment to a provider for behavioral health services or items requiring prior authorization may be denied if a provider does not obtain prior authorization from a RBHA, ADHS/DBHS, a TRBHA, the Administration or a contractor.

**Historical Note**

Adopted under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1992, Ch. 301, § 61, effective November 1, 1992; received in the Office of the Secretary of State November 25, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1992, Ch. 301, § 61, effective September 30, 1993 (Supp. 93-3). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1995, Ch. 204, § 11, effective October 1, 1995; filed with the Secretary of State September 29, 1995 (Supp. 95-4). Section repealed, new Section adopted by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 11 A.A.R. 5480, effective December 6, 2005 (Supp. 05-4). Amended by final rulemaking at 13 A.A.R. 836, effective May 5, 2007 (Supp. 07-1). Amended by exempt rulemaking at 17 A.A.R. 1870, effective October 1, 2011 (Supp. 11-3). Amended by final rulemaking at 19 A.A.R. 2747, effective October 8, 2013 (Supp. 13-3). Amended by final rulemaking at 20 A.A.R. 3098, effective January 4, 2015 (Supp. 14-4).

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ber 1, 1992; received in the Office of the Secretary of State November 25, 1992 (Supp. 92-4). Amended under an exemption from A.R.S. Title 41, Ch. 6, pursuant to Laws 1995, Ch. 204, § 11, effective October 1, 1995; filed with the Secretary of State September 29, 1995 (Supp. 95-4). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by final rulemaking at 13 A.A.R. 836, effective May 5, 2007 (Supp. 07-1). Amended by final rulemaking at 20 A.A.R. 3098, effective January 4, 2015 (Supp. 14-4).

**R9-22-1208. Repealed****Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 179, effective December 13, 1999 (Supp. 99-4). Amended by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 11 A.A.R. 5480, effective December 6, 2005 (Supp. 05-4).

**ARTICLE 13. CHILDREN'S REHABILITATIVE SERVICES (CRS)**

*Article 13, consisting of Sections R9-22-1301 through R9-22-1306, made by final rulemaking at 19 A.A.R. 2954, effective November 10, 2013 (Supp. 13-3).*

*Article 13, consisting of Sections R9-22-1301 through R9-22-1306, made by exempt rulemaking at 18 A.A.R. 2074, effective August 1, 2012 (Supp. 12-3). Exemption to promulgate rules repealed under Laws 2012, Chapter 299, Section 7 (Supp. 13-3).*

*Article 13, consisting of Sections R9-22-1301 through R9-22-1309, repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004. The subject matter of Article 13 is now in 9 A.A.C. 34 (Supp. 04-1).*

**R9-22-1301. Children's Rehabilitative Services (CRS) related Definitions**

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

"Active treatment" means there is a current need for treatment of the CRS qualifying condition(s) or it is anticipated that treatment or evaluation for continuing treatment of the CRS qualifying condition(s) will be needed within the next 18 months from the last date of service for treatment of any CRS qualifying condition.

"CRS application" means a submitted form with any additional documentation required by the Administration to determine whether an individual is medically eligible for CRS.

"CRS condition" means a list of medical condition(s) in R9-22-1303 and which are referred to as covered conditions in A.R.S. § 36-2912.

"Functionally limiting" means a restriction having a significant effect on an individual's ability to perform an activity of daily living as determined by a provider.

"Medically eligible" means meeting the medical eligibility requirements of R9-22-1303.

"Redetermination" means a decision made by the Administration regarding whether a member continues to meet the requirements in R9-22-1302.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Amended by final rulemaking at 6 A.A.R. 3317, effective

August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1). Section made by exempt rulemaking at 18 A.A.R. 2074, effective August 1, 2012 (Supp. 12-3). Rulemaking exemption repealed by Laws, 2012, Ch. 299, Section 7; therefore a new Section was made by final rulemaking at 19 A.A.R. 2954, effective November 10, 2013 (Supp. 13-3). Amended by final rulemaking at 21 A.A.R. 2022, effective October 1, 2015 (Supp. 15-3).

**R9-22-1302. Children's Rehabilitative Services (CRS) Eligibility Requirements**

Beginning October 1, 2013, an AHCCCS member who needs active treatment for one or more of the qualifying medical condition(s) in R9-22-1303 shall be given a CRS Designation. An American Indian member can choose to receive CRS services through an American Indian Health Plan or a contractor. A member enrolled in CMDP shall obtain CRS services through CMDP. The contractor shall provide covered services necessary to treat the condition(s) and other services described within the contract. The effective date of the CRS Designation shall be as specified in contract.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Amended by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1). Section made by exempt rulemaking at 18 A.A.R. 2074, effective August 1, 2012 (Supp. 12-3). Rulemaking exemption repealed by Laws, 2012, Ch. 299, Section 7; therefore a new Section was made by final rulemaking at 19 A.A.R. 2954, effective November 10, 2013 (Supp. 13-3). Amended by final rulemaking at 24 A.A.R. 2855, effective November 16, 2018 (Supp. 18-3).

**R9-22-1303. Medical Eligibility**

The following lists identify those medical condition(s) that do qualify for CRS services as well as those that do not qualify for CRS services. The list of condition(s) that qualify for a CRS Designation is all inclusive. The list of condition(s) that do not qualify for a CRS Designation is not an all-inclusive list.

1. Cardiovascular System
  - a. CRS condition(s) that qualify for CRS medical eligibility:
    - i. Arrhythmia,
    - ii. Arteriovenous fistula,
    - iii. Cardiomyopathy,
    - iv. Conduction defect,
    - v. Congenital heart defect other than isolated small Ventricular Septal Defects (VSD), Patent Ductus Arteriosus (PDA), Atrial Septal Defects (ASD),
    - vi. Coronary artery and aortic aneurysm,
    - vii. Renal vascular hypertension,
    - viii. Rheumatic heart disease, and
    - ix. Valvular disorder.
  - b. Condition(s) not medically eligible for CRS:
    - i. Arteriovenous fistula that is not expected to cause cardiac failure or threaten loss of function;
    - ii. Benign heart murmur;
    - iii. Branch artery pulmonary stenosis;
    - iv. Essential hypertension;
    - v. Patent foramen ovale (PFO);
    - vi. Peripheral pulmonary stenosis;
    - vii. Postural orthopedic tachycardia; and



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- viii. Premature atrial, nodal or ventricular contractions that are of no hemodynamic significance.
- 2. Endocrine system:
  - a. CRS condition(s) that qualify for CRS medical eligibility:
    - i. Addison's disease,
    - ii. Adrenogenital syndrome,
    - iii. Cystic fibrosis (including atypical cystic fibrosis),
    - iv. Diabetes insipidus,
    - v. Hyperparathyroidism,
    - vi. Hyperthyroidism,
    - vii. Hypoparathyroidism, and
    - viii. Panhypopituitarism.
  - b. Condition(s) not medically eligible for CRS
    - i. Diabetes mellitus,
    - ii. Hypopituitarism associated with a malignancy and requiring treatment of less than 90 days,
    - iii. Isolated growth hormone deficiency, and
    - iv. Precocious puberty.
- 3. Genitourinary system medical condition(s):
  - a. CRS condition(s) that qualify for CRS medical eligibility:
    - i. Ambiguous genitalia,
    - ii. Bladder extrophy,
    - iii. Deformity and dysfunction of the genitourinary system secondary to trauma 90 days or more after the trauma occurred,
    - iv. Ectopic ureter,
    - v. Hydronephrosis, that is not resolved with antibiotics,
    - vi. Polycystic and multicystic kidneys,
    - vii. Pyelonephritis when treatment with drugs or biologicals has failed to cure or ameliorate and surgical intervention is required,
    - viii. Ureteral stricture, and
    - ix. Vesicoureteral reflux, at a grade 3 or higher.
  - b. Condition(s) not medically eligible for CRS:
    - i. Enuresis,
    - ii. Hydrocele,
    - iii. Hypospadias,
    - iv. Meatal stenosis,
    - v. Nephritis, infectious or noninfectious,
    - vi. Nephrosis,
    - vii. Phimosis, and
    - viii. Undescended testicle.
- 4. Ear, nose, or throat medical condition(s):
  - a. CRS condition(s) that qualify for CRS medical eligibility:
    - i. Cholesteatoma,
    - ii. Congenital/Craniofacial anomaly that is functionally limiting,
    - iii. Deformity and dysfunction of the ear, nose, or throat secondary to trauma, 90 days or more after the trauma occurred,
    - iv. Mastoiditis that continues 90 days or more after the first diagnosis of the condition,
    - v. Microtia that requires multiple surgical interventions,
    - vi. Neurosensory hearing loss, and
    - vii. Significant conductive hearing loss due to an anomaly in one ear or both ears equal to or greater than a pure tone average of 30 decibels that despite medical treatment, requires a hearing aid.
  - b. Condition(s) not medically eligible for CRS:
    - i. A craniofacial anomaly that is not functionally limiting,
    - ii. Adenoiditis,
    - iii. Cranial or temporal mandibular joint syndrome,
    - iv. Hypertrophic lingual frenum,
    - v. Isolated preauricular tag or pit,
    - vi. Nasal polyp,
    - vii. Obstructive apnea,
    - viii. Perforation of the tympanic membrane,
    - ix. Recurrent otitis media,
    - x. Simple deviated nasal septum,
    - xi. Sinusitis,
    - xii. Tonsillitis, and
    - xiii. Uncontrolled salivation.
- 5. Musculoskeletal system medical condition(s):
  - a. CRS condition(s) that qualify for CRS medical eligibility:
    - i. Achondroplasia,
    - ii. Arthrogryposis (multiple joint contractures),
    - iii. Bone infection that continues 90 days or more after the initial diagnosis,
    - iv. Chondrodysplasia,
    - v. Chondroectodermal dysplasia,
    - vi. Clubfoot,
    - vii. Collagen vascular disease, including but not limited to, ankylosis spondylitis, polymyositis, dermatomyositis, polyarteritis nodosa, psoriatic arthritis, scleroderma, rheumatoid arthritis and lupus,
    - viii. Congenital or developmental cervical spine abnormality,
    - ix. Congenital spinal deformity,
    - x. Diastrophic dysplasia,
    - xi. Enchondromatosis,
    - xii. Femoral anteversion and tibial torsion,
    - xiii. Fibrous dysplasia,
    - xiv. Hip dysplasia,
    - xv. Hypochondroplasia,
    - xvi. Joint infection that continues 90 days or more after the initial diagnosis,
    - xvii. Juvenile rheumatoid arthritis,
    - xviii. Kyphosis (Scheurmann's Kyphosis) 50 degrees or over,
    - xix. Larsen syndrome,
    - xx. Leg length discrepancy of two centimeters or more,
    - xxi. Legg-Calve-Perthes disease,
    - xxii. Limb amputation or limb malformation,
    - xxiii. Metaphyseal and epiphyseal dysplasia,
    - xxiv. Metatarsus adductus,
    - xxv. Muscular dystrophy,
    - xxvi. Orthopedic complications of hemophilia,
    - xxvii. Osgood Schlatter's disease that requires surgical intervention,
    - xxviii. Osteogenesis imperfecta,
    - xxix. Rickets,
    - xxx. Scoliosis when 25 degrees or greater, or when there is a need for bracing or surgery,
    - xxxi. Seronegative spondyloarthropathy such as Reiters, psoriatic arthritis, and ankylosing spondylitis,
    - xxxii. Slipped capital femoral epiphysis,

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- xxxiii. Spinal muscle atrophy,
- xxxiv. Spondyloepiphyseal dysplasia, and
- xxxv. Syndactyly.
- b. Condition(s) not medically eligible for CRS:
  - i. Back pain with no structural abnormality,
  - ii. Benign bone tumor,
  - iii. Bunion,
  - iv. Carpal tunnel syndrome,
  - v. Deformity and dysfunction secondary to trauma or injury,
  - vi. Ehlers Danlos,
  - vii. Flat foot,
  - viii. Fracture,
  - ix. Ganglion cyst,
  - x. Ingrown toenail,
  - xi. Kyphosis under 50 degrees,
  - xii. Leg length discrepancy of less than two centimeters at skeletal maturity,
  - xiii. Polydactyly without bone involvement,
  - xiv. Popliteal cyst,
  - xv. Trigger finger, and
  - xvi. Varus and valgus deformities.
- 6. Gastrointestinal system medical condition(s):
  - a. CRS condition(s) that qualify for CRS medical eligibility:
    - i. Anorectal atresia,
    - ii. Biliary atresia,
    - iii. Cleft lip,
    - iv. Cleft palate,
    - v. Congenital atresia, stenosis, fistula, or rotational abnormalities of the gastrointestinal tract,
    - vi. Deformity and dysfunction of the gastrointestinal system secondary to trauma, 90 days or more after the trauma occurred,
    - vii. Diaphragmatic hernia,
    - viii. Gastroschisis,
    - ix. Hirschsprung's disease,
    - x. Omphalocele, and
    - xi. Tracheoesophageal fistula.
  - b. Condition(s) not medically eligible for CRS:
    - i. Celiac disease,
    - ii. Crohn's disease,
    - iii. Hernia other than a diaphragmatic hernia,
    - iv. Intestinal polyp,
    - v. Malabsorption syndrome, also known as short bowel syndrome,
    - vi. Pyloric stenosis,
    - vii. Ulcer disease, and
    - viii. Ulcerative colitis.
- 7. Nervous system medical condition(s):
  - a. CRS condition(s) that qualify for CRS medical eligibility:
    - i. Benign intracranial tumor,
    - ii. Benign intraspinal tumor,
    - iii. Central nervous system degenerative disease,
    - iv. Central nervous system malformation or structural abnormality,
    - v. Cerebral palsy,
    - vi. Craniosynostosis requiring surgery,
    - vii. Deformity and dysfunction secondary to trauma in an individual that continues 90 days or more after the incident,
    - viii. Hydrocephalus,
    - ix. Muscular dystrophy or other myopathy,
    - x. Myelomeningocele, also known as spina bifida,
    - xi. Myoneural disorder, including but not limited to, amyotrophic Lateral Sclerosis or ALS, myasthenia gravis, Eaton-Lambert syndrome, muscular dystrophy, troyer sclerosis, polymyositis, dermatomyositis, progressive bulbar palsy, polio,
    - xii. Neurofibromatosis,
    - xiii. Neuropathy/polyneuropathy, hereditary or idiopathic,
    - xiv. Residual dysfunction that continues 90 days or more after a vascular accident, inflammatory condition, or infection of the central nervous system,
    - xv. Residual dysfunction that continues 90 days or more after near drowning,
    - xvi. Residual dysfunction that continues 90 days or more after the spinal cord injury, and
    - xvii. Uncontrolled seizure disorder, in which there have been more than two seizures with documented compliance of one or more medications.
  - b. Condition(s) not medically eligible for CRS:
    - i. Central apnea secondary to prematurity,
    - ii. Febrile seizures,
    - iii. Headaches,
    - iv. Near sudden infant death syndrome,
    - v. Plagiocephaly, and
    - vi. Spina bifida occulta.
- 8. Ophthalmology:
  - a. CRS condition(s) that qualify for CRS medical eligibility:
    - i. Cataracts,
    - ii. Disorder of the iris, ciliary bodies, retina, lens, or cornea,
    - iii. Disorder of the optic nerve,
    - iv. Glaucoma,
    - v. Non-malignant enucleation and post-enucleation reconstruction, and
    - vi. Retinopathy of prematurity.
  - b. Condition(s) not medically eligible for CRS:
    - i. Astigmatism,
    - ii. Ptosis,
    - iii. Simple refraction error, and
    - iv. Strabismus.
- 9. Respiratory system medical condition(s):
  - a. CRS condition(s) that qualify for CRS medical eligibility:
    - i. Anomaly of the larynx, trachea, or bronchi that requires surgery, and
    - ii. Nonmalignant obstructive lesion of the larynx, trachea, or bronchi.
  - b. Condition(s) not medically eligible for CRS:
    - i. Allergies,
    - ii. Asthma,
    - iii. Bronchopulmonary dysplasia,
    - iv. Chronic obstructive pulmonary disease,
    - v. Emphysema, and
    - vi. Respiratory distress syndrome.
- 10. Dermatological system medical condition(s):
  - a. CRS condition(s) that qualify for CRS medical eligibility:
    - i. A burn scar that is functionally limiting,
    - ii. A hemangioma that is functionally limiting that requires laser or surgery,

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- iii. Complicated nevi requiring multiple procedures,
- iv. Cystic hygroma such as lymphangioma, and
- v. Malocclusion that is functionally limiting.
- b. Condition(s) not medically eligible for CRS:
  - i. A deformity that is not functionally limiting,
  - ii. Ectodermal dysplasia,
  - iii. Isolated malocclusion that is not functionally limiting,
  - iv. Pilonidal cyst,
  - v. Port wine stain,
  - vi. Sebaceous cyst,
  - vii. Simple nevi, and
  - viii. Skin tag.
- 11. Metabolic CRS condition(s) that qualify for CRS medical eligibility:
  - a. Amino acid or organic acidopathy,
  - b. Biotinidase deficiency,
  - c. Homocystinuria,
  - d. Inborn error of metabolism,
  - e. Maple syrup urine disease,
  - f. Phenylketonuria, and
  - g. Storage disease.
- 12. Hemoglobinopathies CRS condition(s) that qualify for CRS medical eligibility:
  - a. Sickle cell anemia, and
  - b. Thalassemia.
- 13. Additional medical/behavioral condition(s) which are not medically eligible for CRS:
  - a. Allergies,
  - b. Anorexia nervosa or obesity,
  - c. Attention deficit disorder,
  - d. Autism,
  - e. Cancer,
  - f. Depression or other mental illness,
  - g. Developmental delay,
  - h. Dyslexia or other learning disabilities,
  - i. Failure to thrive,
  - j. Hyperactivity, and
  - k. Immunodeficiency, such as AIDS and HIV.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Amended by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1). Section made by exempt rulemaking at 18 A.A.R. 2074, effective August 1, 2012 (Supp. 12-3). Rulemaking exemption repealed by Laws, 2012, Ch. 299, Section 7; therefore a new Section was made by final rulemaking at 19 A.A.R. 2954, effective November 10, 2013 (Supp. 13-3). Amended by final rulemaking at 21 A.A.R. 2022, effective October 1, 2015 (Supp. 15-3). Amended by final rulemaking at 24 A.A.R. 2855, effective November 16, 2018 (Supp. 18-3).

**R9-22-1304. Referral and Disposition of CRS Medical Eligibility Determination**

- A. To refer an individual for a CRS medical eligibility determination a person shall submit to the Administration the following information:
  - 1. CRS application;
  - 2. Documentation from a specialist who diagnosed the individual, stating the individual's diagnosis;
  - 3. Diagnostic test results that support the individual's diagnosis; and

- 4. Documentation of the individual's need for specialized treatment of the CRS condition through medical, surgical, or therapy modalities.

- B. The Administration shall notify the CRS applicant, member or authorized representative of the outcome of the determination within 60 days of receipt of information required under subsection (A). The member may appeal the determination under Chapter 34.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Amended by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1). Section made by exempt rulemaking at 18 A.A.R. 2074, effective August 1, 2012 (Supp. 12-3). Rulemaking exemption repealed by Laws, 2012, Ch. 299, Section 7; therefore a new Section was made by final rulemaking at 19 A.A.R. 2954, effective November 10, 2013 (Supp. 13-3). Amended by final rulemaking at 21 A.A.R. 2022, effective October 1, 2015 (Supp. 15-3).

**R9-22-1305. CRS Redetermination**

- A. Continued eligibility for CRS services shall be redetermined by verifying active treatment status of the CRS qualifying medical condition(s) as follows:
  - 1. The contractor is responsible for notifying the AHCCCS Administration of the date when a member with a CRS Designation is no longer in active treatment for the qualifying condition(s).
  - 2. The Administration may request, at any time, that the contractor submit the medical documentation to the Administration for a CRS medical redetermination within the specified time-frames in contract.
  - 3. The Administration shall notify the member or authorized representative of the outcome of the redetermination.
- B. If the Administration determines that a member is no longer medically eligible for a CRS Designation, the Administration shall provide the member or authorized representative a written notice that informs the member that the Administration is ending the member's CRS Designation. The member may appeal the redetermination under A.A.C. Title 9, Chapter 34.
- C. Upon reaching his or her 21st birthday, the member's CRS Designation will be ended.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Amended by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1). Section made by exempt rulemaking at 18 A.A.R. 2074, effective August 1, 2012 (Supp. 12-3). Rulemaking exemption repealed by Laws, 2012, Ch. 299, Section 7; therefore a new Section was made by final rulemaking at 19 A.A.R. 2954, effective November 10, 2013 (Supp. 13-3). Amended by final rulemaking at 24 A.A.R. 2855, effective November 16, 2018 (Supp. 18-3).

**R9-22-1306. Repealed****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1). Section made by exempt rulemaking at 18 A.A.R. 2074, effective August 1, 2012 (Supp. 12-3). Rulemaking exemption repealed by Laws, 2012, Ch. 299, Section 7; therefore a new Section was made by final rulemaking at 19 A.A.R. 2954, effective November 10, 2013 (Supp. 13-3). Repealed by final

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rulemaking at 24 A.A.R. 2855, effective November 16, 2018 (Supp. 18-3).

**R9-22-1307. Covered Services**

The Administration will cover medically necessary services as described within Article 2 unless otherwise specified in contract.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3).  
Amended by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1). Section made by exempt rulemaking at 18 A.A.R. 2074, effective August 1, 2012 (Supp. 12-3). Rulemaking exemption repealed by Laws, 2012, Ch. 299, Section 7; therefore a new Section was made by final rulemaking at 19 A.A.R. 2954, effective November 10, 2013 (Supp. 13-3).

**R9-22-1308. Repealed****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3).  
Amended by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1).

**R9-22-1309. Repealed****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3).  
Amended by final rulemaking at 6 A.A.R. 3317, effective August 7, 2000 (Supp. 00-3). Section repealed by final rulemaking at 10 A.A.R. 808, effective April 3, 2004 (Supp. 04-1).

**ARTICLE 14. AHCCCS MEDICAL COVERAGE FOR HOUSEHOLDS****R9-22-1401. General Information**

- A.** Scope. This Article contains eligibility criteria to determine whether a household or individual is eligible for AHCCCS medical coverage. Eligibility criteria described under Article 3 applies to this Article.
- B.** Definitions. In addition to definitions contained in R9-22-101 and A.R.S. § 36-2901, the words and phrases in this Article, Article 3 and Article 15 have the following meanings unless the context explicitly requires another meaning:

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

“Caretaker relative” means:

A parent of a dependent child with whom the child is living;

When the dependent child does not live with a parent or the parent in the home is incapacitated, another relative of the child by blood, adoption, or marriage in the home who assumes primary responsibility for the child’s care; or

A woman in her third trimester of pregnancy with no other dependent children.

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

“Dependent child” means a child under the age of 18, or if age 18 is a full-time student in secondary school or equivalent vocational or technical training, if reasonably

expected to complete such school or training before turning age 19.

“MAGI – based income” means Modified Adjusted Gross Income as defined under 42 CFR 435.603(e).

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

A medical service or supply that would be covered if provided to an AHCCCS member of any age under Articles 2 and 12 of this Chapter;

A medical service or supply that would be covered if provided to an Arizona Long-term Care System member under 9 A.A.C. 28, Articles 2 and 11;

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

Assistance with daily living if the assistance is documented in an individual plan of care by a nurse, social service worker, registered therapist, or dietitian under the supervision of a physician except when provided by the spouse of an applicant or the parent of a minor child;

Medical services provided in a licensed nursing home or in an alternative HCBS setting under R9-28-101;

Purchasing and maintaining an animal guide or service animal for the assistance of a member of the MED family unit under R9-22-1436; and

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

“Monthly income” means the gross countable income received or projected to be received during the month or the monthly equivalent.

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

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

“Tax dependent” is described under 42 CFR 435.4.

“Taxpayer” means a person who expects to file a tax return, and does not expect to be claimed as a tax dependent by another person.

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

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

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1). Punctuation

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error corrected with a parenthesis added at the beginning of the definition “Caretaker” (Supp. 20-4).

**R9-22-1402. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1403. Agency Responsible for Determining Eligibility**

The Administration or its designee shall determine eligibility under the provisions of this Article. The Administration or its designee shall not discriminate against an applicant or member because of race, color, creed, religion, ancestry, national origin, age, sex, or physical or mental disability.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1404. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1405. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 9 A.A.R. 5123, effective January 3, 2004 (Supp. 03-4). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1406. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 1598,

effective May 31, 2008 (Supp. 08-2). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1407. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 19 A.A.R. 3309, November 30, 2013 (Supp. 13-4). Section repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014; this Section was slated to be codified as repealed in Supp. 14-1. Due to a clerical error the Section wasn't repealed in this Chapter until Supp. 20-4.

**R9-22-1408. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 1598, effective May 31, 2008 (Supp. 08-2). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1409. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1410. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Section repealed; new Section made by final rulemaking at 14 A.A.R. 1598, effective May 31, 2008 (Supp. 08-2). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1411. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

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Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1412. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by exempt rulemaking at 10 A.A.R. 23, effective December 9, 2003 (Supp. 03-4). Amended by exempt rulemaking at 10 A.A.R. 4588, effective October 12, 2004 (Supp. 04-4). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1413. Time-frames, Reinstatement of an Application**

- A. The Administration or its designee shall complete an eligibility determination under R9-22-306(A)(1) unless:
1. The applicant is pregnant. The Administration or its designee shall complete an eligibility determination for a pregnant woman within 20 days after the application date unless additional information is required to determine eligibility; or
  2. The applicant is in a hospital as an inpatient at the time of application. Within seven days of the Administration or its designee's receipt of a signed application the Administration or its designee shall complete an eligibility determination if the Administration or its designee does not need additional information or verification to determine eligibility.
- B. The Administration or its designee shall reopen or reinstate eligibility of an individual who is discontinued for failure to submit the renewal form or necessary information, without requiring a new application, if the individual submits the renewal form or necessary information within 90 days after the date of discontinuance.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 1598, effective May 31, 2008 (Supp. 08-2). Amended by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1414. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1415. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1416. Effective Date of Eligibility**

- A. Except as provided in R9-22-303 and subsections (B), (C) and (D), the effective date of eligibility is the first day of the month that the applicant files an application if the applicant is eligible that month, or the first day of the first eligible month following the application month except for:
1. The MED program under R9-22-1439, and
  2. Eligibility for a newborn under R9-22-1429.
- B. The effective date of eligibility for an applicant who moves into Arizona is no sooner than the date Arizona residency is established.
- C. The effective date of eligibility for an inmate applying for medical coverage is the date the applicant no longer meets the definition of an inmate of a public institution.
- D. The effective date of eligibility for a newborn is no sooner than the date of birth.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1417. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1418. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1419. Repealed**

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**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 9 A.A.R. 5123, effective January 3, 2004 (Supp. 03-4). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1419.01.Repealed****Historical Note**

New Section made by final rulemaking at 9 A.A.R. 5123, effective January 3, 2004 (Supp. 03-4). Section repealed by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4).

**R9-22-1419.02.Repealed****Historical Note**

New Section made by final rulemaking at 9 A.A.R. 5123, effective January 3, 2004 (Supp. 03-4). Section repealed by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4).

**R9-22-1419.03.Repealed****Historical Note**

New Section made by final rulemaking at 9 A.A.R. 5123, effective January 3, 2004 (Supp. 03-4). Section repealed by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4).

**R9-22-1419.04.Repealed****Historical Note**

New Section made by final rulemaking at 9 A.A.R. 5123, effective January 3, 2004 (Supp. 03-4). Section repealed by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4).

**R9-22-1420. Income Eligibility Criteria**

**A.** Evaluation of income. In determining eligibility, the Administration or its designee shall evaluate the following types of income received by a person identified in subsection (B):

1. Earned income, including in-kind income, before any deductions. For purposes of this Section, in-kind income means room, board, or provision for other needs in exchange for work performed. The person identified in subsection (B) shall ensure that the provider of the in-kind income establishes and verifies the monetary value of the item provided. The provider may be, but is not limited to:
  - a. A landlord who provides all or a portion of rent or utilities in exchange for services;
  - b. A store owner who gives goods such as groceries, clothes, or furniture in exchange for services; or
  - c. An individual who trades goods such as a car, tools, trailer, building material, or gasoline in exchange for services;
2. Self-employment income under R9-22-1424, including gross business receipts minus business expenses; and
3. Unearned income, including deemed income under R9-22-317 from the sponsor of a non-citizen applicant.

**B.** MAGI income group. The Administration or its designee shall include the following persons in the MAGI income group:

1. When the applicant is a taxpayer include:

- a. The applicant,
  - b. Everyone the applicant expects to claim as a tax dependent for the current year, and
  - c. The applicant's spouse, when living with the applicant.
2. Except as provided in subsection (B)(3), when the applicant expects to be claimed as a tax dependent for the current year include:
    - a. The taxpayer claiming the applicant,
    - b. Everyone else the taxpayer expects to claim as a tax dependent,
    - c. The taxpayer's spouse when living with the taxpayer, and
    - d. The applicant's spouse, when living with the applicant.
  3. When any of the following apply, determine the persons whose income is included as described in subsection (4)(a) or (4)(b) based on the applicant's age:
    - a. The applicant expects to be claimed as a tax dependent by someone other than a spouse or natural, adopted or step-parent;
    - b. The applicant is under age 19, expects to be claimed as a tax dependent by a natural, adopted or step-parent, lives with more than one such parent and the parents do not expect to file a joint tax return; or
    - c. The applicant is under age 19 and expects to be claimed as a tax dependent by a non-custodial parent.
  4. When the applicant is not a taxpayer, does not expect to be claimed as a tax dependent and is:
    - a. Under age 19. Include the income of the applicant and when living with the applicant, the applicant's:
      - i. Spouse;
      - ii. Natural, adopted and step-children;
      - iii. Natural, adopted and step-parents;
      - iv. Natural, adopted and step-siblings; and
    - b. Age 19 or older. Include the income of the applicant and when living with the applicant, the applicant's:
      - i. Spouse;
      - ii. Natural, adopted and step-children under age 19.
  5. When the applicant is a pregnant woman, the Administration or its designee shall also include the number of expected babies only for the pregnant woman's income group.
  6. When the taxpayer cannot reasonably establish that a person is the taxpayer's tax dependent, inclusion of the person in the taxpayer's MAGI income group is determined as provided in subsection (B)(4).
- C.** A person whose income is counted. The Administration or its designee shall count the MAGI-based income of all members of an applicant's MAGI income group with the following exceptions:
1. The income of an individual who is included in the MAGI income group of his or her natural, adoptive or step parent and is not expected to be required to file a tax return for the year in which eligibility for Medicaid is being determined, is not counted whether or not the individual files a tax return.
  2. The income of a tax dependent other than the taxpayer's spouse or biological, adopted or stepchild who is not expected to be required to file a tax return for the year in which eligibility for Medicaid is being determined is not counted when the tax dependent is included in the taxpayer's MAGI income group, whether or not the tax dependent files a tax return.

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**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1421. MAGI based Income Eligibility**

- A. In determining eligibility, if an individual would otherwise be ineligible under this Article due to excess income, the Administration or its designee shall subtract an amount equivalent to five percentage points of the Federal Poverty Level (FPL) from the household income.
- B. A person is eligible under this Article when:
  1. Subject to subsection (A), the monthly household income does not exceed the appropriate FPL;
  2. If ineligible under (B)(1), the household income determined in accordance with 26 CFR 1.36B-1(e) is below 100 percent FPL; or
  3. For eligibility under R9-22-1437, the person's income during the period defined in R9-22-1437(C) does not exceed the FPL under R9-22-1437(B).
- C. The Administration or its designee shall consider the following factors when determining the income period to use to determine monthly income:
  1. Type of income,
  2. Frequency of income,
  3. If source of income is new or terminated, or
  4. Income fluctuation.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1422. Methods for Calculating Monthly Income**

- A. Projecting income.
  1. Description. Projecting income is a method of determining the amount of income that a person will receive.
  2. Calculation. The Administration or its designee shall project income by:
    - a. Converting income to a monthly equivalent,
    - b. Using unconverted income, or
    - c. Prorating income to determine a monthly equivalent.
  3. Exclusion. When calculating projected monthly income, the Administration or its designee shall exclude an unusual variation in income under R9-22-1424(E), except for a month in which the variation is anticipated to occur.
- B. Averaged income.
  1. Description. Averaging income proportionally distributes the person's income received on a regular basis.
  2. Calculation. To average income, the Administration or its designee shall add the amount of the income and divide by the total number of pay periods. If the amount of income received per pay period fluctuates, and the fluctuation is expected to continue, the Administration or its designee shall:
    - a. Use the averaged weekly or bi-weekly amounts to convert weekly or bi-weekly income to a monthly equivalent;
    - b. Use the averaged monthly or semi-monthly amounts to project monthly income; and
    - c. Use the averaged hours worked and multiply the average by the current rate of pay. If there is a change in the rate of pay, use the new rate of pay when calculating projected income under subsection (A).

**C. Prorated income.**

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

**D. Converted income.**

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

**E. Unconverted income.**

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

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1423. Calculations and Use of Methods Listed in R9-22-1422 Based on Frequency of Income**

- A. Monthly income. If otherwise countable income is received monthly or in a lump sum, the Administration or its designee shall use the unconverted method for calculating monthly income.
  1. Lump sum means a nonrecurring payment that serves as a complete payment.
  2. Lump sum payments include but are not limited to: rebates or credits; inheritances; insurance settlements; and payments for prior months from such sources as Social Security, Railroad Retirement, or other benefits.



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3. A lump sum payment may include a portion intended for the current month.
- B.** Weekly income. If income is received weekly, the Administration or its designee shall convert the income to a monthly equivalent under R9-22-1422(D).
- C.** Bi-weekly income. If income is received bi-weekly, the Administration or its designee shall convert the income to a monthly equivalent under R9-22-1422(D).
- D.** Semi-monthly or daily income. If income is received semi-monthly or daily, the Administration or its designee shall use the unconverted method for calculating monthly income under R9-22-1422(E).
- E.** Bimonthly, quarterly, semi-annual, or annual income. If income is received bimonthly, quarterly, semi-annually, or annually, the Administration or its designee shall prorate the income received or projected to be received under R9-22-1422(C).

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1424. Use of Methods Listed in R9-22-1423 Based on Type of Income**

- A.** New income.
  1. Description. New income is income received from a new source during the first calendar month that the income is received from the source.
  2. Calculating monthly income.
    - a. If a full month's income is received, the Administration or its designee shall use the appropriate method described in R9-22-1423 to calculate the monthly income.
    - b. If less than a full month's income is received, the Administration or its designee shall use the unconverted method to calculate the monthly income.
- B.** Terminated income.
  1. Terminated income is income received during the last calendar month when no more income is expected to be received from that source.
  2. Calculating monthly income.
    - a. If a full month's income is received, the Administration or its designee shall use the appropriate method described in R9-22-1423 to calculate the monthly income.
    - b. If less than a full month's income is received, the Administration or its designee shall use the unconverted method to calculate the monthly income.
- C.** Break in income.
  1. Description. A break in income is a break in established frequency of income of one calendar month or more.
  2. Calculating monthly income.
    - a. If a full month's income is received, the Administration or its designee shall use the appropriate method described in R9-22-1423 to calculate the monthly income.
    - b. If less than a full month's income is received, the Administration or its designee shall use the unconverted method to calculate the monthly income.
- D.** Contract or regular seasonal income.
  1. Descriptions.
    - a. Contract income is income a person earns under a contract that specifies a length of time the contract covers, the amount of income to be paid, and the frequency of payment.
    - b. Regular seasonal income is income that fluctuates based on season or is only received during a certain season, and can reasonably be anticipated based on history or other verification.
  2. Calculating monthly income.
    - a. When the contract or regular seasonal income will not fluctuate over the 12-month period beginning with the month the application or renewal is submitted, the Administration or its designee shall use the appropriate income calculation method in R9-22-1423 for the frequency of receipt.
    - b. When the contract or regular seasonal income is anticipated to fluctuate over the 12-month period beginning with the month the application or renewal is submitted, the Administration or its designee shall calculate the monthly income as follows:
      - i. For a one-time contract that ends between the month the application or renewal is submitted and the end of the calendar year, divide the income that will be received from the application or renewal month through the end of the calendar year by the number of months in that period to get a monthly equivalent;
      - ii. For contracts that extend into the next calendar year, contracts that are anticipated to be renewed and regular seasonal income, the Administration or its designee shall divide the income that will be received in the 12-month period beginning with the application or renewal month by 12 to get the monthly equivalent.
- E.** Unusual variation in the amount of income.
  1. Description. Unusual variation is an amount of income that is different from the established amount received and is not projected to continue or recur.
  2. Calculating monthly income.
    - a. When calculating income for the month in which an unusual variation in income occurs, the Administration or its designee shall include the unusual variation in the income calculation.
    - b. When an unusual variation in income occurs during the month, the Administration or its designee shall use the converted method for calculating monthly income if income is received weekly or bi-weekly.
    - c. When projecting income for the months following the month in which the unusual variation occurs, the Administration or its designee shall exclude the unusual variation in income from the income calculation.
- F.** Self-employment income.
  1. Description. Self-employment income is income a person earns from the person's own trade or business less allowable expenses.
  2. Calculating monthly income. The Administration or its designee shall prorate the income under R9-22-1422.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

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Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1425. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1426. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1427. Eligibility Under MAGI**

**A.** Caretaker Relatives. An individual is eligible for AHCCCS medical coverage as a Caretaker Relative when the individual meets the following requirements:

1. Is a caretaker relative as defined in R9-22-1401.
2. The total countable income under R9-22-1420(B) does not exceed 106 percent of the FPL for the number of people in the MAGI income group.

**B.** Continued medical coverage.

1. A caretaker relative eligible under subsection (A) and all dependent children eligible under subsection (D) in the caretaker relative's MAGI income group are entitled to continued AHCCCS coverage for up to 12 months if eligible under subsection (B)(1)(c)(i) and up to four months if eligible under subsection (B)(1)(c)(ii) if the MAGI income group's income exceeds the limit for the income group's size and the following conditions are met:
  - a. The caretaker relative still lives with a dependent child;
  - b. A caretaker relative in the income group received AHCCCS medical coverage under this Section for three calendar months out of the most recent six months; and
  - c. The loss of AHCCCS coverage under this Section is due to:
    - i. Increased earned income of a caretaker relative, or
    - ii. Increased spousal support.
2. An applicant may be added to the continued medical coverage under subsection (B)(1), if the applicant did not reside in the household at the time continued medical coverage under this Section was determined and the applicant is:
  - a. The spouse or dependent child of a caretaker relative receiving continued medical coverage, or

- b. The parent of a dependent child who is receiving continued medical coverage.

**C.** Pregnant Women. A pregnant woman is eligible for AHCCCS medical coverage when the total countable income under R9-22-1420(B) does not exceed 156 percent of the FPL for the number of people in the MAGI income group. A pregnant woman who applies for AHCCCS medical coverage during the pregnancy or postpartum period and is determined eligible, remains eligible throughout the postpartum period. The postpartum period begins the day the pregnancy terminates and ends the last day of the month in which the 60th day following pregnancy termination occurs.

**D.** Children. A child less than 19 years of age is eligible for AHCCCS medical coverage when the total countable income under R9-22-1420(B) does not exceed the following percentage of the FPL for the number of people in the MAGI income group:

1. 147 percent for a child under one year of age,
2. 141 percent for a child age one through five years of age, or
3. 133 percent for all other persons.

**E.** Adults. An individual is eligible for AHCCCS medical coverage when the individual meets the following eligibility requirements:

1. Is 19 years of age or older but less than 65 years of age;
2. Is not pregnant;
3. Is not eligible for AHCCCS Medical Coverage under any other coverage group listed in 42 U.S.C. 1396a(a)(10)(A)(i);
4. Is not entitled to or enrolled for Medicare benefits under Part A or Part B;
5. The total countable income under R9-22-1420(B) does not exceed 133 percent of the FPL for the number of people in the MAGI income group; and
6. When the individual is a caretaker relative, but has income exceeding the limit in subsection (A)(2), each child under age 19 living with the individual is receiving AHCCCS medical coverage or KidsCare, or is enrolled in minimum essential coverage as defined in 42 CFR 435.4.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Section R9-22-1427 repealed; new Section R9-22-1427 made by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1428. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 14 A.A.R. 1598, effective May 31, 2008 (Supp. 08-2). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1429. Eligibility for a Newborn**

A child born to a mother eligible for and receiving medical coverage under this Article, Article 15 of the Chapter, or 9 A.A.C. 28, is automatically eligible for AHCCCS medical coverage for a period

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not to exceed 12 months. Automatic eligibility begins on the child's date of birth and ends with the last day of the month in which the child turns age one.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 192, effective January 7, 2014 (Supp. 14-1). Amended by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1430. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1431. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 13 A.A.R. 2633, effective July 10, 2007 (Supp. 07-3). Amended by final rulemaking at 14 A.A.R. 1598, effective May 31, 2008 (Supp. 08-2). Amended by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1). Repealed by final rulemaking at 21 A.A.R. 1241, effective September 5, 2015 (Supp. 15-3).

**R9-22-1432. Young Adult Transitional Insurance**

An individual is eligible for AHCCCS medical coverage when the individual meets all of the following eligibility requirements:

1. Is 18 through 25 years of age;
2. Was in the custody of the Department of Economic Security under A.R.S. Title 8, Chapter 5 or Chapter 10 on the individual's 18th birthday;
3. Was eligible for and receiving AHCCCS Medical Coverage on the individual's 18th birthday; and
4. Is not eligible for AHCCCS Medical Coverage under 42 U.S.C. 1396a(a)(10)(A)(i)(I) - (VII).

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1433. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1434. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). New Section made by exempt rulemaking at 7 A.A.R. 5701, effective December 1, 2001 (Supp. 01-4). Section repealed by exempt rulemaking at 10 A.A.R. 4588, effective October 12, 2004 (Supp. 04-4).

**R9-22-1435. Eligibility for a Person With Medical Expenses Whose Income is Over 100 Percent FPL**

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

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). New Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4).

**R9-22-1436. MED Family Unit**

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

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). New Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4).

**R9-22-1437. MED Income Eligibility Requirements**

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

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4).

**R9-22-1438. MED Resource Eligibility Requirements**

- A.** Including countable resources. The Department shall include the resources not excluded that belong to and are available to members of the family of a qualified alien under A.R.S. § 36-2903.03 and the sponsor and sponsor's spouse of a person who is a qualified alien.
- B.** Ownership and availability. The Department shall evaluate the ownership of resources to determine the availability of resources to a person listed in subsection (A).
1. Jointly owned resources with ownership records containing the words "and" or "and/or" between the owners' names are available to each owner except if one of the owners refuses to sell. A consent to sale is not required if all owners are members of the MED family unit.
  2. Jointly owned resources with ownership records containing the word "or" between the owners' names are presumed to be available in full to each owner. The applicant or member may rebut the presumption by providing clear and convincing evidence of intent to establish a different type of ownership. If the presumption is rebutted, the resource is available to the owners:
    - a. Consistent with the intent of the owners, or
    - b. Based on each owner's proportionate net contribution if there is not clear and convincing evidence of a different allocation.
  3. The Department shall establish availability of a trust under 42 U.S.C. 1396p(d)(4)(A) or (C).
- C.** Unavailability. The Department shall consider the following resources unavailable:
1. Property subject to spendthrift restriction, such as:
    - a. Accounts established by the SSA, Veteran's Administration, or similar sources that mandate that the funds in the account be used for the benefit of a person not residing with the MED family unit; or
    - b. Trusts established by a will or funded solely by the income and resources of someone other than a member of the MED family unit.
  2. A resource being disputed in a divorce proceeding or probate matter;
  3. Real property located on a Native American reservation;
  4. A resource held by a conservator to the extent court-imposed restrictions make the resource unavailable to the applicant, member, or member of the family unit for:
    - a. Medical care,
    - b. Food,
    - c. Clothing, or
    - d. Shelter.
- D.** Resource exclusion. The Department shall exclude the following resources from the calculation of resources under subsection (E):
1. One burial plot for each person listed in R9-22-1436;
  2. Household furnishings and personal items that are necessary for day-to-day living;
  3. Up to \$1500 of the value of one prepaid funeral plan for each person listed in R9-22-1436 that specifically covers only funeral-related expenses as evidenced by a written contract;
  4. The value of one motor vehicle regularly used for transportation. If the MED family unit owns more than one

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vehicle, the exclusion is applied to the vehicle with the highest equity value;

5. The value of a vehicle used to earn income and not used simply for transportation to and from employment;
  6. The value of a vehicle in which a SSI-cash recipient has an ownership interest; and
  7. The value of any vehicle used for medical treatment, employment, or transportation of a SSI-cash disabled child, and that is excluded by SSI for that reason.
8. Funds set aside in an Individual Development Account under 6 A.A.C. 12, Article 4; and
  9. Any other resource specifically excluded by federal law.
- E. Calculation of resources. The Department shall determine the value of all household resources as follows:
1. Calculate the total amount of countable liquid resources;
  2. Calculate the equity value of each countable non-liquid resource. The Department shall determine the equity value of a countable non-liquid resource by subtracting the amount of valid encumbrances on that resource from:
    - a. The market value of real property if there is no assessor's evaluation of the property,
    - b. The market value of real property if the assessor's value of the real property does not include the value of permanent structures on that property,
    - c. The assessor's full cash value if subsections (E)(2)(a) and (E)(2)(b) do not apply, and
    - d. The market value of a non-liquid resource that is not real property;
  3. Not assign an equity value to a resource that is less than zero; and
  4. Determine the MED family unit's resources by adding the totals determined in subsections (1) and (2).
- F. Resource standard to be eligible for MED. A person is not eligible for MED if the resources determined in subsection (E) exceed \$100,000 or if more than \$5,000 are liquid resources.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4).

**R9-22-1439. MED Effective Date of Eligibility**

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

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4).

**R9-22-1440. MED Eligibility Period**

The Department shall approve eligibility for six months. Changes in circumstances do not affect eligibility for the first three months.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4).

**R9-22-1441. Eligibility Appeals**

- A. Adverse actions. An applicant or member may appeal by requesting a hearing from the Department concerning any of the following adverse actions:
1. Complete or partial denial of eligibility under R9-22-1413;
  2. Suspension, termination, or reduction of AHCCCS medical coverage under R9-22-1415;
  3. Delay in the eligibility determination beyond the timeframes under this Article;
  4. The imposition of or increase in a premium or copayment; or
  5. The effective date of eligibility.
- B. Notice of Adverse Action. The Department shall personally deliver or send, by regular mail, a Notice of Adverse Action to the person affected by the action. For the purpose of this Section, the date of the Notice of Adverse Action shall be the date of personal delivery to the applicant or the postmark date, if mailed.
- C. Automatic change and hearing rights.
1. An applicant or a member is not entitled to a hearing if the sole issue is a federal or state law requiring an automatic change adversely affecting some or all recipients.
  2. An applicant or a member is entitled to a hearing if a federal or state law requires an automatic change and the applicant or member timely files an appeal that alleges a misapplication of the facts to the law.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4).

**R9-22-1442. Cessation of MED Coverage**

The Department shall not approve any individual or family who has applied on or after May 1, 2011 as eligible for MED coverage. With respect to any applications that are pending as of May 1, 2011, the Department shall not approve any individual or family as eligible for MED coverage who has not met all eligibility requirements prior to May 1, 2011.

**Historical Note**

New Section made by exempt rulemaking at 17 A.A.R. 1028, effective May 1, 2011 (Supp. 11-2).

**R9-22-1443. Repealed****Historical Note**

New Section made by exempt rulemaking at 17 A.A.R. 1345, effective July 8, 2011 (Supp. 11-3). Amended by exempt rulemaking at 17 A.A.R. 2624, effective July 8, 2011 (Supp. 11-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**ARTICLE 15. AHCCCS MEDICAL COVERAGE FOR PEOPLE WHO ARE AGED, BLIND, OR DISABLED****R9-22-1501. General Information**

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- A. General. The Administration shall determine eligibility for AHCCCS medical coverage for the following applicants or members using the eligibility criteria and requirements in this Article and Article 3:

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

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

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

“Blind” means a person who has been determined blind by the Department of Economic Security, Disability Determination Services Administration, under 42 U.S.C. 1382c(a)(2) and 42 CFR 435.530 as of October 1, 2012, which are incorporated by reference and on file with the Administration, and available from the U.S. Government Printing Office, Mail Stop: IDCC, 732 N. Capitol Street, NW Washington, DC, 20401. This incorporation by reference contains no future editions or amendments.

“Disabled” means a person who has been determined disabled by the Department of Economic Security, Disability Determination Services Administration, under 42 U.S.C. 1382c(a)(3)(A) through (E) and 42 CFR 435.540 as of October 1, 2012, which are incorporated by reference and on file with the Administration, and available from the U.S. Government Printing Office, Mail Stop: IDCC, 732 N. Capitol Street, NW, Washington, DC, 20401. This incorporation by reference contains no future editions or amendments.

- C. Eligibility effective date.

1. Eligibility is effective on the first day of the month that all eligibility requirements are met, including the period described under R9-22-303.
2. The effective date of eligibility for an applicant who moves into Arizona is no sooner than the date Arizona residency is established.
3. The effective date of eligibility for an inmate applying for medical coverage is the date the applicant no longer meets the definition of an inmate of a public institution.

#### Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 9 A.A.R. 5123, effective January 3, 2004 (Supp. 03-4). Amended by exempt rulemaking at 10 A.A.R. 23, effective December 9, 2003 (Supp. 03-4). Amended by exempt rulemaking at 10 A.A.R. 4588, effective October 12, 2004 (Supp. 04-4). Amended by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 192, effective January 7, 2014 (Supp. 14-1). Amended by final rulemaking at 19 A.A.R. 3309, effective November 30, 2013 (Supp. 13-4). Section amended by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014; amendments to this Section were slated to be codified in Supp. 14-1 but due to a clerical error, were not published. The amendments to this Section were published in Supp. 20-4

and no additional amendments have been made to this Section since January 7, 2014 (Supp. 20-4).

#### R9-22-1502. Repealed

##### Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Repealed by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

#### R9-22-1503. Financial Eligibility Criteria

- A. General income eligibility. Except as provided under subsection (B) of this rule, the Administration or its designee shall count the identified income under 42 U.S.C. 1382a and 20 CFR 416 Subpart K.

- B. Exceptions.

1. In-kind support and maintenance under 42 U.S.C. 1382a(a)(2)(A) is excluded.
2. For a person living with a spouse, the Administration or its designee calculates net income for an eligible couple under 20 CFR 416.1160 as of April 1, 2013, which is incorporated by reference and on file with the Administration, and available from the U.S. Government Printing Office, Mail Stop: IDCC, 732 N. Capitol Street, NW, Washington, DC, 20401. This incorporation by reference contains no future editions or amendments, even if the spouse is not eligible for or applying for SSI or coverage under this Article.
3. In determining the net income of a married couple living with a child or the net income of a person who is not living with a spouse but living with a child, a child allocation is allowed as a deduction from the combined net income of the couple for each child regardless of whether the child is ineligible or eligible. For the purposes of this Section, a child means a person who is unmarried, natural or adopted, and under age 18 or under age 22 if a full-time student. Each child's allocation deduction is reduced by that child's income, including public income maintenance payments, using the methodology under 20 CFR 416.1163(b)(1) and (2) as of April 1, 2013, which is incorporated by reference and on file with the Administration, and available from the U.S. Government Printing Office, Mail Stop: IDCC, 732 N. Capitol Street, NW, Washington, DC, 20401. This incorporation by reference contains no future editions or amendments.
4. In determining the income deemed available to an applicant who is a child from an ineligible parent or parents, an allocation for each eligible or ineligible child of the parent is allowed as a deduction from the parent's income under 20 CFR 416.1165(b). The child's allocation is reduced by that child's income, including public income maintenance payments.
5. In determining the income of a person who receives an annual Title II Cost of Living Allowance (COLA) increase, the COLA amount is disregarded from January until the Administration applies the effective income limits under R9-22-1504 based on the FPL for the calendar year.

##### Historical Note

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7

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A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1504. Eligibility For A Person Who is Aged, Blind, or Disabled**

- A.** To be eligible for AHCCCS medical coverage, an applicant shall meet the conditions of eligibility and requirements in this Article and:
1. Meet one of the income tests described in subsection (B) or (C), or
  2. The special requirements in R9-22-1505.
- B.** The Administration shall determine whether the applicant's countable income, as described in R9-22-1503, is less than or equal to 100 percent of the SSI FBR, as adjusted annually.
- C.** The Administration shall determine whether the applicant's countable income, as described in R9-22-1503, without deducting the amount from earned income under 42 U.S.C. 1382a(b)(4)(B)(iii), is less than or equal to 100 percent FPL as adjusted annually.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4).

**R9-22-1505. Eligibility for Special Groups**

- A.** The following are considered special groups:
1. A person meeting the requirements in A.R.S. § 36-2903.03 who:
    - a. Is aged, blind, or disabled under 42 CFR 435.520, 42 CFR 435.530, or 42 CFR 435.540 as of October 1, 2012, which are incorporated by reference and on file with the Administration, and available from the U.S. Government Printing Office, Mail Stop: IDCC, 732 N. Capitol Street, NW, Washington, DC, 20401. This incorporation by reference contains no future editions or amendments.
    - b. Received SSI cash or AHCCCS medical coverage under this subsection, or subsections (A)(2), (A)(3), or (A)(4) on or before August 21, 1996;
    - c. Was residing in the United States under color of law on or before August 21, 1996; and
    - d. Meets the requirements under this Article;
  2. A disabled child (DC) under 42 U.S.C. 1396a(a)(10)(A)(i)(II). A disabled child is a child who:
    - a. Was receiving SSI cash benefits as a disabled child on August 22, 1996;
    - b. Lost SSI cash benefits effective July 1, 1997, or later, due to a disability determination under Section 211(d) of Subtitle B of P.L. 104-193;
    - c. Continues to meet the disability requirements for a child that were in effect on August 21, 1996; and
    - d. Meets the requirements under this Article;
  3. A disabled adult child (DAC), under 42 U.S.C. 1383c(c) who:
    - a. Was determined disabled by the Social Security Administration before attaining the age of 22 years,
    - b. Became entitled to or received an increase in child's insurance benefits under Title II of the Act on the basis of blindness or disability,

- c. Was terminated from SSI cash benefits due to entitlement to or an increase in income under Title II of the Act,
  - d. Meets the requirements under this Article, and
  - e. Is 18 years of age or older;
4. A disabled widow or widower (DWW) under 42 U.S.C. 1383c(b) and (d) who:
- a. Is blind or disabled,
  - b. Is ineligible for Medicare Part A benefits,
  - c. Received SSI cash benefits the month before Title II of the Act benefit payments began,
  - d. Meets the requirements under this Article;
  - e. Is at least 50 years of age but under age 65; and
  - f. Is unmarried.
5. Under 42 CFR 435.135, a person who:
- a. Is aged, blind, or disabled;
  - b. Receives benefits under Title II of the Act;
  - c. Received SSI cash benefits in the past;
  - d. Received SSI cash benefits and Title II of the Social Security Act benefits concurrently for at least one month anytime after April 1977;
  - e. Became ineligible for SSI cash benefits while receiving SSI and benefits under Title II of the Act concurrently; and
  - f. Meets the requirements under this Article.
- B.** Income for special groups.
1. Except as provided in subsection (B)(2), income eligibility is determined using the income criteria in R9-22-1503.
  2. Exceptions to income for special groups.
    - a. For a person in the DAC coverage group under subsection (A)(3), the applicant's Title II of the Social Security Act benefits are disregarded in determining income eligibility under 42 U.S.C. 1383c(c).
    - b. For a person in the DWW coverage group, under subsection (A)(4), the applicant's Title II of the Social Security Act benefits are disregarded in determining income eligibility under 42 U.S.C. 1383c(b) and (d).
    - c. For an applicant or member in the coverage group under subsection (A)(5), the portion of the applicant's or member's Title II of the Social Security Act benefits attributed to cost-of-living adjustments received by the applicant since the effective date of SSI ineligibility is disregarded in determining income eligibility under 42 CFR 435.135.
- C.** 100 percent FBR. As a condition of eligibility for all special groups, countable income shall be equal to or less than 100 percent of the SSI FBR, as adjusted annually.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended by final rulemaking at 11 A.A.R. 4942, effective December 31, 2005 (Supp. 05-4). Amended by final rulemaking at 20 A.A.R. 192, with an immediate effective date of January 7, 2014 (Supp. 14-1).

**R9-22-1506. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section

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repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

**R9-22-1507. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

**R9-22-1508. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

**ARTICLE 16. HOSPITAL PRESUMPTIVE ELIGIBILITY****R9-22-1601. General Eligibility Requirements**

- A. Notwithstanding Article 3, a qualified hospital may determine Hospital Presumptive Eligibility (HPE), on the basis of preliminary information, that an individual is eligible for AHCCCS medical coverage during the presumptive eligibility period described in this section, if the individual is a United States citizen or eligible qualified alien, and the individual is:
  1. Pregnant with gross household income that does not exceed 156% of the FPL;
  2. An adult who meets the requirements of R9-22-1427(E);
  3. A caretaker relative as defined in R9-22-1401(B) with gross household income that does not exceed 106% of the FPL;
  4. Under age 19 with gross household income that does not exceed the limit set in R9-22-1427(D) for the child's age;
  5. A woman screened for breast or cervical cancer by an Arizona program of the National Breast and Cervical Cancer Early Detection Program who meets the requirements of R9-22-2003(A); or
  6. A former foster care child who meets the requirements of R9-22-1432.
- B. Definitions. In addition to definitions contained in R9-22-101 and A.R.S. § 36-2901, the words and phrases in this Article have the following meanings unless the context explicitly requires another meaning: "Qualified hospital" means a hospital that has signed an agreement with the Administration to process HPE applications and has not been disqualified.
- C. Application Process:
  1. Right to apply. A person may apply for presumptive eligibility for AHCCCS medical coverage by submitting an Administration-approved application to the qualified hospital.
  2. Application. To initiate the application process, the qualified hospital will accept an application from the applicant, an adult who is in the applicant's household, as defined in 42 CFR 435.603(f), or family, as defined in section 36B(d)(1) of the Internal Revenue Service (IRS) Code, an authorized representative, or if the applicant is a minor or incapacitated, someone acting responsibly for the applicant by submitting a written or online application under 42 CFR 435.907.
- D. To establish presumptive eligibility, an applicant must complete and submit an AHCCCS-approved presumptive eligibility application signed under penalty of perjury to a qualified hospital. The applicant must attest to the name(s), relationship(s), and income of all persons in the household. In addition, the applicant must provide and attest to the following information regarding each household member on whose behalf AHCCCS medical coverage is sought:
  1. The individual's date of birth;
  2. Whether the individual is pregnant;
  3. Whether the individual has been determined eligible for Breast and Cervical Cancer Treatment Program, described under Article 20;
  4. Whether the individual is a former foster child, described under R9-22-1432;
  5. The U.S. citizenship status or eligible qualified alien status under A.R.S. 36-2903.03 of the individual; and
  6. The individual's permanent and mailing addresses;
  7. The individual's Arizona residency status; and
  8. Whether the individual has Medicare coverage.
- E. Presumptive eligibility begins on the date the hospital determines an individual's presumptive eligibility and ends with the earlier of:
  1. In the case of an individual on whose behalf an application has been submitted to AHCCCS or its designee under Article 3, the day on which AHCCCS or its designee makes a determination on that application; or
  2. In the case of an individual on whose behalf an application has not been submitted to AHCCCS or its designee under Article 3, on the last day of the following month in which the determination of presumptive eligibility was made by the qualified hospital.
- F. An individual may not be determined presumptively eligible more often than once every two years.
- G. Coverage and reimbursement of services.
  1. The Administration shall provide coverage of medically necessary services described under Article 2 to persons determined eligible for HPE on a fee-for-service basis.
  2. Providers shall submit claims for services provided to persons determined eligible for HPE to the Administration as described under Article 7.
- H. A member may withdraw from HPE coverage by notifying the Administration or its designee.
- I. Upon determining an individual presumptively eligible, the qualified hospital shall:
  1. Notify the applicant at the time a determination regarding presumptive eligibility is made, in writing and orally if appropriate, of the determination for each individual on whose behalf presumptive eligibility was requested and the effective date of the presumptive eligibility;
  2. Provide the applicant with a regular AHCCCS-approved application form and inform the applicant that the applicant may file an application for Medicaid with the Administration or its designee;
  3. Notify AHCCCS of the presumptive eligibility determination;
  4. Notify the applicant at the time the determination is made that presumptive eligibility ends with the earlier of:
    - a. In the case of an individual on whose behalf an application has been submitted to AHCCCS or its designee under Article 3, the day on which AHCCCS or its designee makes a determination on that application; or
    - b. In the case of an individual on whose behalf an application has not been submitted to AHCCCS or its designee under Article 3, on the last day of the following month in which the determination of presumptive eligibility was made by the qualified hospital.
- J. A determination by a qualified hospital that an individual is not presumptively eligible is not appealable under Chapter 34. If a qualified hospital denies an individual presumptive eligi-



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bility, the individual may apply for coverage by submitting an application to the Administration or its designee.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). New Section made by exempt rulemaking at 12 A.A.R. 3892, effective October 1, 2006 (Supp. 06-3). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 2384, effective October 31, 2011 (Supp. 11-4). New Section made by final rulemaking at 20 A.A.R. 3436, effective January 1, 2015 (Supp. 14-4).

**R9-22-1602. Expired****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). New Section made by exempt rulemaking at 12 A.A.R. 3892, effective October 1, 2006 (Supp. 06-3). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 2384, effective October 31, 2011 (Supp. 11-4).

**R9-22-1603. Expired****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). New Section made by exempt rulemaking at 12 A.A.R. 3892, effective October 1, 2006 (Supp. 06-3). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 2384, effective October 31, 2011 (Supp. 11-4).

**R9-22-1604. Expired****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). New Section made by exempt rulemaking at 12 A.A.R. 3892, effective October 1, 2006 (Supp. 06-3). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 2384, effective October 31, 2011 (Supp. 11-4).

**R9-22-1605. Expired****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). New Section made by exempt rulemaking at 12 A.A.R. 3892, effective October 1, 2006 (Supp. 06-3). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 2384, effective October 31, 2011 (Supp. 11-4).

**R9-22-1606. Expired****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). New Section made by exempt rulemaking at 12 A.A.R. 3892, effective October 1, 2006 (Supp. 06-3). Section expired under A.R.S. § 41-

1056(E) at 17 A.A.R. 2384, effective October 31, 2011 (Supp. 11-4).

**R9-22-1607. Expired****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). New Section made by exempt rulemaking at 12 A.A.R. 3892, effective October 1, 2006 (Supp. 06-3). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 2384, effective October 31, 2011 (Supp. 11-4).

**R9-22-1608. Expired****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). New Section made by exempt rulemaking at 12 A.A.R. 3892, effective October 1, 2006 (Supp. 06-3). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 2384, effective October 31, 2011 (Supp. 11-4).

**R9-22-1609. Expired****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). New Section made by exempt rulemaking at 12 A.A.R. 3892, effective October 1, 2006 (Supp. 06-3). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 2384, effective October 31, 2011 (Supp. 11-4).

**R9-22-1610. Expired****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). New Section made by exempt rulemaking at 12 A.A.R. 3892, effective October 1, 2006 (Supp. 06-3). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 2384, effective October 31, 2011 (Supp. 11-4).

**R9-22-1611. Expired****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). New Section made by exempt rulemaking at 12 A.A.R. 3892, effective October 1, 2006 (Supp. 06-3). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 2384, effective October 31, 2011 (Supp. 11-4).

**R9-22-1612. Expired****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section

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repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). New Section made by exempt rulemaking at 12 A.A.R. 3892, effective October 1, 2006 (Supp. 06-3). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 2384, effective October 31, 2011 (Supp. 11-4).

**R9-22-1613. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

**R9-22-1614. Expired****Historical Note**

New Section made by exempt rulemaking at 12 A.A.R. 3892, effective October 1, 2006 (Supp. 06-3). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 2384, effective October 31, 2011 (Supp. 11-4).

**R9-22-1615. Expired****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). New Section made by exempt rulemaking at 12 A.A.R. 3892, effective October 1, 2006 (Supp. 06-3). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 2384, effective October 31, 2011 (Supp. 11-4).

**R9-22-1616. Expired****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). New Section made by exempt rulemaking at 12 A.A.R. 3892, effective October 1, 2006 (Supp. 06-3). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 2384, effective October 31, 2011 (Supp. 11-4).

**R9-22-1617. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

**R9-22-1618. Expired****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). New Section made by exempt rulemaking at 12 A.A.R. 3892, effective October 1, 2006 (Supp. 06-3). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 2384, effective October 31, 2011 (Supp. 11-4).

**R9-22-1619. Expired****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section

repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). New Section made by exempt rulemaking at 12 A.A.R. 3892, effective October 1, 2006 (Supp. 06-3). Section expired under A.R.S. § 41-1056(E) at 17 A.A.R. 2384, effective October 31, 2011 (Supp. 11-4).

**R9-22-1620. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

**R9-22-1621. Reserved****R9-22-1622. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

**R9-22-1623. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

**R9-22-1624. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

**R9-22-1625. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

**R9-22-1626. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

**R9-22-1627. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

**R9-22-1628. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

**R9-22-1629. Repealed**

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**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

**R9-22-1630. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

**R9-22-1631. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

**R9-22-1632. Reserved****R9-22-1633. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

**R9-22-1634. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

**R9-22-1635. Reserved****R9-22-1636. Repealed****Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3).

**ARTICLE 17. ENROLLMENT****R9-22-1701. Enrollment-Related Definitions**

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

“Annual enrollment choice” means the annual opportunity for a person to change contractors.

“Auto-assignment algorithm” or “Algorithm” means a formula used by the Administration to assign to a contractor a member who did not make a timely choice under R9-22-1702.

“CMDP” means Comprehensive Medical and Dental Program.

“Disenrollment” means the discontinuance of a person’s entitlement to receive covered services from a contractor of record.

“Enrollment” means the process by which an eligible person becomes a member of a contractor’s plan.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Amended by

final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended to correct a typographical error, filed in the Office of the Secretary of State October 30, 2001 (Supp. 01-4). Amended by exempt rulemaking at 7 A.A.R. 5701, effective December 1, 2001 (Supp. 01-4). Amended by exempt rulemaking at 10 A.A.R. 4588, effective October 12, 2004 (Supp. 04-4). Section repealed; new Section made by final rulemaking at 14 A.A.R. 1598, effective May 31, 2008 (Supp. 08-2).

**R9-22-1702. Enrollment of a Member with an AHCCCS Contractor**

A. General enrollment requirements. The Administration shall enroll a member with a contractor as described in this Section, unless the member has pre-selected a contractor on the application:

1. Except as provided in subsections (A)(3), (A)(5), and (C), a member who is determined to be eligible under this Chapter and resides in an area served by more than one contractor, may choose an available contractor serving the member’s GSA within 30 days from the date of notice of enrollment. A Native American member may select IHS or another available contractor.
  2. If the member does not make a choice under subsection (A)(1), the Administration shall immediately auto-assign the member to:
    - a. IHS if the member is a Native American living on a reservation,
    - b. A contractor based on family continuity, or
    - c. A contractor by using the auto-assignment algorithm.
  3. If the member’s period of ineligibility and disenrollment from the contractor of record is for a period of less than 90 days, the Administration shall enroll the member with the member’s most recent contractor of record, if available, except if:
    - a. The member no longer resides in the contractor’s GSA;
    - b. The contractor’s contract is suspended or terminated;
    - c. The member was previously enrolled with CMDP but at the time of re-enrollment the member is not a foster care child;
    - d. The member chooses another contractor or chooses IHS, if available to the member, during the annual enrollment choice period; or
    - e. The member was previously enrolled with a contractor but at the time of re-enrollment the member is a foster care child.
  4. When the member’s disenrollment period is more than 90 days, the member may select a contractor as described in subsection (A)(1).
  5. The Administration shall not enroll a member with a contractor if a member:
    - a. Is eligible for the FESP under R9-22-1419;
    - b. Is eligible for less than 30 days from the date the Administration receives notification of a member’s eligibility, except for a member who is enrolled with CMDP or IHS;
    - c. Is eligible only for a retroactive period of eligibility, except for a member who is enrolled with CMDP or IHS; or
    - d. Resides in an area not served by a contractor.
- B. Fee-for-service coverage. A member not enrolled with a contractor under subsection (A)(5) shall obtain covered medical

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services from an AHCCCS-registered provider on a fee-for-service basis under Article 7.

- C. Foster care child. The Administration shall enroll a member with CMDP if the member is a foster care child under A.R.S. § 8-512.
- D. Family Planning Services Extension Program. A member eligible for the Family Planning Services Extension Program under R9-22-1431, shall remain enrolled with the member's contractor of record or IHS.
- E. Contractor or IHS enrollment change for a member.
  - 1. The Administration shall change a member's enrollment if the member requests a change to an available contractor or IHS during an annual enrollment period. A Native American may change from an available contractor to IHS or from IHS to an available contractor at any time.
  - 2. The Administration shall approve a change in enrollment for any member if the change is a result of the final outcome of a grievance under 9 A.A.C. 34.
  - 3. A member may choose a different contractor if the member moves into a GSA not served by the current contractor or if the contractor is no longer available. If the member does not select a contractor, the Administration shall auto-assign the member as provided in subsection (A)(2).
  - 4. The Administration shall provide the member 60-day advance notice of the member's option to change plans by the member's annual enrollment date.
  - 5. A member may disenroll from a plan if:
    - a. The member moves out of the GSA;
    - b. The plan does not, because of moral or religious objections, cover the service a member seeks; or
    - c. The member needs related services to be performed at the same time; not all related services are available within the network; and the member's primary care provider or another provider determines that receiving the services separately would subject the member to unnecessary risk.
  - 6. For exceptions to this Article, the Administration shall approve a change for an enrolled member as determined by the Director.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section made by final rulemaking at 14 A.A.R. 1598, effective May 31, 2008 (Supp. 08-2).

**R9-22-1703. Effective Date of Enrollment with a Contractor**

- A. Effective date of enrollment. A member's date of enrollment is the date enrollment action is taken by the Administration. However, if a plan change occurs for an annual enrollment choice, the effective date is the month of the member's enrollment anniversary date.
- B. Financial liability of the contractor. The contractor shall be financially liable for an enrolled member's care as specified in contract.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Section repealed; new Section

made by final rulemaking at 14 A.A.R. 1598, effective May 31, 2008 (Supp. 08-2).

**R9-22-1704. Newborn Enrollment**

- A. General.
  - 1. The Administration shall enroll a newborn child of an eligible mother with an available contractor or IHS, based on the mother's enrollment.
  - 2. The Administration shall auto-assign a newborn child of an eligible mother who is not enrolled with a contractor or IHS or who is enrolled with CMDP. When a mother enrolled in CMDP has a newborn and the newborn is surrendered to Administration on Children, Youth and Families (ACYF), the newborn is then enrolled with CMDP.
  - 3. The Administration shall notify the mother of the right to choose a different contractor for her newborn child. The mother may make her choice within 30 days from the date of notice of enrollment.
- B. Financial liability for newborns. The contractor shall be financially liable for the medical care of a newborn as specified in contract.

**Historical Note**

New Section adopted by final rulemaking at 5 A.A.R. 294, effective January 8, 1999 (Supp. 99-1). Amended by final rulemaking at 6 A.A.R. 2435, effective June 9, 2000 (Supp. 00-2). Amended by exempt rulemaking at 7 A.A.R. 4593, effective October 1, 2001 (Supp. 01-3). Amended to correct a typographical error, filed in the Office of the Secretary of State October 30, 2001 (Supp. 01-4). Section repealed; new Section made by final rulemaking at 14 A.A.R. 1598, effective May 31, 2008 (Supp. 08-2).

**R9-22-1705. Guaranteed Enrollment Period**

- A. General. Except for members enrolled with IHS or CMDP, the Administration shall provide a guaranteed enrollment period for a one-time period that begins on the effective date of the member's initial enrollment with a contractor and ends on the last day of the fifth full calendar month after the date of the member's initial enrollment.
- B. Exceptions to guaranteed period. The Administration shall not grant a guaranteed enrollment period or shall terminate a guaranteed enrollment period as provided in subsection (C), if the member:
  - 1. Did not meet the conditions of eligibility when initially enrolled with the contractor;
  - 2. Except as provided in 9 A.A.C. 22, Article 12, is an inmate of a public institution as defined in 42 CFR 435.1010;
  - 3. Dies;
  - 4. Moves out-of-state;
  - 5. Voluntarily withdraws from the AHCCCS program;
  - 6. Is adopted; or
  - 7. Has whereabouts that are unknown.
- C. Disenrollment effective date. The Administration shall terminate any guaranteed enrollment period to which the member is not entitled effective on:
  - 1. The date the member is admitted to a public institution under subsection (B);
  - 2. The member's date of death;
  - 3. The last day of the month in which the Administration receives notification that a member moved out-of-state;
  - 4. The date the Administration receives written notification of the member's voluntary withdrawal from the AHCCCS program;

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5. The last day of the month in which the Administration receives notification that a member's adoption proceedings are finalized; or
  6. The last day of the month in which the Administration receives notification that a member's whereabouts are unknown.
- D.** Retroactive adjustments. The Administration shall adjust the member's eligibility and enrollment retroactively under subsection (C).

**Historical Note**

New Section made by final rulemaking at 14 A.A.R. 1598, effective May 31, 2008 (Supp. 08-2).

**ARTICLE 18. RESERVED****ARTICLE 19. FREEDOM TO WORK**

*Article 19, consisting of Sections R9-22-1901 through R9-22-1922, made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4).*

**R9-22-1901. General Freedom to Work Requirements**

Under 42 U.S.C. 1396a(a)(10)(A)(ii)(XV) and (XVI), the Administration shall determine eligibility for AHCCCS medical services, under Article 2 of this Chapter, using the eligibility criteria and requirements under this Article for an applicant or member who is:

1. At least 16 years of age, but less than 65 years of age,
2. Employed, and
3. Not income eligible under A.R.S. § 36-2901(6)(a).

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4).

**R9-22-1902. General Administration Requirements**

The Administration shall comply with the confidentiality rule under R9-22-512(C).

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Amended by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1).

**R9-22-1903. Application for Coverage**

- A.** A person may apply by submitting an application to an Administration office.
- B.** The application date is the date the application is received at an Administration office or outstation location approved by the Director as described under R9-22-1406(A).
- C.** The provisions in R9-22-1406(B) and (D) apply to this Section.
- D.** The applicant or representative who files the application may withdraw the application for coverage either orally or in writing. An applicant withdrawing an application shall receive a denial notice under R9-22-1904.
- E.** Except as provided in 42 CFR 435.911, the Administration shall determine eligibility within 45 days.

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Amended by final rulemaking at 9 A.A.R. 5123, effective January 3, 2004 (Supp. 03-4). Amended by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1).

**R9-22-1904. Notice of Approval or Denial**

The Administration shall send an applicant a written notice of the decision regarding the application. This notice shall include a statement of the action, and:

1. If approved, the notice shall contain:

- a. The effective date of eligibility,
  - b. The amount the person shall pay, and
  - c. An explanation of the person's hearing rights specified in 9 A.A.C. 34.
2. If denied, R9-22-1501(G)(3) applies.

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Amended by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1).

**R9-22-1905. Reporting and Verifying Changes**

An applicant or member shall report and verify changes, as described under R9-22-1501(H), to the Administration.

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Amended by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1).

**R9-22-1906. Actions that Result from a Redetermination or Change**

The processing of a redetermination or change shall result in one of the following actions:

1. No change in eligibility or premium,
2. Discontinuance of eligibility if a condition of eligibility is no longer met,
3. A change in premium amount, or
4. A change in the coverage group under which a person receives AHCCCS medical coverage.

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4).

**R9-22-1907. Notice of Adverse Action Requirements**

- A.** The requirements under R9-22-1501(K)(1) apply.
- B.** Advance notice of a change in eligibility or premium amount. Advance notice means a notice of proposed action that is issued to the member at least 10 days before the effective date of the proposed action. Except under subsection (C), advance notice shall be issued whenever an adverse action is taken to discontinue eligibility, or increase the premium amount.
- C.** Exceptions from advance notice. A notice shall be issued to the member to discontinue eligibility no later than the effective date of action if:
  1. A member provides a clearly written statement, signed by that member, that services are no longer wanted.
  2. A member provides information that requires termination of eligibility or reduction of services, indicates that the member understands that this must be the result of supplying that information, and the member signs a written statement waiving advance notice;
  3. A member cannot be located and mail sent to the member's last known address has been returned as undeliverable subject to reinstatement of discontinued services under 42 CFR 431.231(d);
  4. A member has been admitted to a public institution where a person is ineligible for coverage;
  5. A member has been approved for Medicaid in another state; or
  6. The Administration receives information confirming the death of a member.

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Amended by final

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rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1).

**R9-22-1908. Request for Hearing**

An applicant or member may request a hearing under 9 A.A.C. 34.

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Amended by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1).

**R9-22-1909. Conditions of Eligibility**

An applicant or member shall meet the following conditions to qualify for the Freedom to Work program:

1. Furnish a valid Social Security Number (SSN);
2. Be a resident of Arizona;
3. Be a citizen of the United States, or meet requirements for a qualified alien under A.R.S. § 36-2903.03(B);
4. Be at least 16 years of age, but less than 65 years of age;
5. Have countable income that does not exceed 250 percent of FPL. The Administration shall count the income under 42 U.S.C. 1382a and 20 CFR 416 Subpart K with the following exceptions:
  - a. The unearned income of the applicant or member shall be disregarded,
  - b. The income of a spouse or other family member shall be disregarded, and
  - c. The deduction for a minor child shall not apply;
6. Comply with the member responsibility provisions under R9-22-1502(D) and (F).

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Amended by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1). Section repealed; new Section made by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1).

**R9-22-1910. Prior Quarter Eligibility**

A person may be made eligible during a prior quarter period when applying for the Freedom to Work program, as described under Article 3.

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Section repealed by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1). New Section made by final rulemaking at 19 A.A.R. 3309, effective November 30, 2013 (Supp. 13-4).

**R9-22-1911. Repealed****Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Section repealed by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1).

**R9-22-1912. Repealed****Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Section repealed by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1).

**R9-22-1913. Premium Requirements**

A. As a condition of eligibility, an applicant or member shall:

1. Pay the premium required under subsection (B).
  2. Not have any unpaid premiums for more than one month's premium amount.
- B. The Administration shall process premiums under 9 A.A.C. 31, Article 14 with the following exceptions:
1. A member who has countable income:
    - a. Under \$500, the monthly premium payment shall be \$0.
    - b. Over \$500 but not greater than \$750, the monthly premium payment shall be \$10.
  2. The premium for a member shall be increased by \$5 for each \$250 increase in countable income above \$750.

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Amended by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1).

**R9-22-1914. Repealed****Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Section repealed by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1).

**R9-22-1915. Institutionalized Person**

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

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

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Amended by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1).

**R9-22-1916. Repealed****Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Section repealed by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1).

**R9-22-1917. Repealed****Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Section repealed by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1).

**R9-22-1918. Additional Eligibility Criteria for the Basic Coverage Group**

An applicant or member shall meet the following eligibility criteria:

1. Disabled. As a condition of eligibility, an applicant or member shall be disabled. Disabled means a person who has been determined disabled by the Department of Economic Security, Disability Determination Services Administration, under 42 U.S.C. 1382c(a)(3)(A) through (E), except employment activity, earnings, and substantial gainful activity shall not be considered in determining whether the individual meets the definition of disability.

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2. Employed. As a condition of eligibility, an applicant or member shall be employed. Employed means that an applicant or member is paid for working and Social Security or Medicare taxes are paid on the applicant or member's work.

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4).

**R9-22-1919. Additional Eligibility Criteria for the Medically Improved Group**

As a condition of eligibility for the Medically Improved Group, a member shall:

1. Be employed. Under this Section, employed means an individual who:
  - a. Earns at least the minimum wage and works at least 40 hours per month, or
  - b. Has gross monthly earnings at least equal to those earned by an individual who is earning the minimum wage working 40 hours per month.
2. Cease to be eligible for medical coverage under R9-22-1918 or a similar Basic Coverage Group program administered by another state because the member, by reason of medical improvement, is determined at the time of a regularly scheduled continuing disability review to no longer be disabled; and
3. Continues to have a severe medically determinable impairment, as determined under Social Security Act section 1902(a)(10)(A)(ii)(XVI).

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Amended by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1).

**R9-22-1920. Repealed****Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4). Section repealed by final rulemaking at 15 A.A.R. 220, effective March 7, 2009 (Supp. 09-1).

**R9-22-1921. Enrollment**

The Administration shall enroll members under Article 17 of this Chapter. If a member has not paid a required premium, the Administration shall not grant a guaranteed enrollment period.

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4).

**R9-22-1922. Redetermination of Eligibility**

- A. Redetermination. Except as provided in subsection (B), the Administration shall complete a redetermination of eligibility at least once a year.
- B. Change in circumstance. The Administration may complete a redetermination of eligibility if there is a change in the member's circumstances, including a change in disability or employment that may affect eligibility.
- C. Medical Improvement. If a member is no longer disabled under R9-22-1918, the Administration shall determine if the member is eligible under other coverage groups including the medically improved group.

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 95, effective January 1, 2003 (Supp. 02-4).

**ARTICLE 20. BREAST AND CERVICAL CANCER TREATMENT PROGRAM****R9-22-2001. Breast and Cervical Cancer Treatment Program Related Definitions**

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

"AZ-NBCCEDP" means the Arizona programs of the National Breast and Cervical Cancer Early Detection Program. AZ-NBCCEDP provides breast and cervical cancer screening and diagnosis in Arizona.

"Cryotherapy" means the destruction of abnormal tissue using an extremely cold temperature.

"LEEP" means the loop electrosurgical excision procedure that passes an electric current through a thin wire loop.

"Peer-reviewed study" means that, prior to publication, a medical study has been subjected to the review of medical experts who:

- Have expertise in the subject matter of the study,
- Evaluate the science and methodology of the study,
- Are selected by the editorial staff of the publication, and
- Review the study without knowledge of the identity or qualifications of the author.

"WWHP" means the Well Women Healthcheck Program administered by the Arizona Department of Health Services. The WWHP is one of the programs within AZ-NBCCEDP that provides breast and cervical cancer screening and diagnosis.

**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 5814, effective December 6, 2001 (Supp. 01-4). Section repealed; new Section made by final rulemaking at 12 A.A.R. 4488, effective January 6, 2007 (Supp. 06-4).

**R9-22-2002. General Requirements**

- A. Confidentiality. The Administration shall maintain the confidentiality of a woman's records and shall not disclose a woman's financial, medical, or other confidential information except as allowed under R9-22-512.
- B. Covered services. A woman who is eligible under this Article receives all medically necessary services under Articles 2 and 12 of this Chapter.
- C. Choice of health plan. A woman who is eligible under this Article shall be enrolled with a contractor under Article 17 of this Chapter.
- D. A Native American woman who receives services through Indian Health Service (IHS) or through a tribal health program qualifies for services provided under this Article if all eligibility requirements are met.
- E. A woman qualified under this Article shall pay co-pays as described in R9-22-711.

**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 5814, effective December 6, 2001 (Supp. 01-4). Section repealed; new Section made by final rulemaking at 12 A.A.R. 4488, effective January 6, 2007 (Supp. 06-4).

**R9-22-2003. Eligibility Criteria**

- A. General. To be eligible under this Article, a woman shall meet the requirements of this Article and:
  1. Be screened for breast and cervical cancer through AZ-NBCCEDP;
  2. Be less than 65 years of age;

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3. Be ineligible for Title XIX under Articles 14 and 15 in this Chapter;
  4. Receive a positive screen under subsection (A)(1), a confirmed diagnosis through AZ-NBCCEDP, and need treatment for breast cancer or cervical cancer, including a pre-cancerous cervical lesion, as specified in R9-22-2004;
  5. Not be covered under creditable coverage as specified in Section 2701(c) of the Public Health Services Act, 42 U.S.C. 300gg(c). For purposes of this Article, IHS or Tribal health coverage is not considered creditable coverage as specified in 42 U.S.C. 1396a(a)(10)(A)(ii), as amended by the Native American Breast and Cervical Cancer Treatment Technical Amendment Act of 2002; and
  6. Meet the requirements under R9-22-1417 and R9-22-1418.
- B. Ineligible woman.** A woman is ineligible under this Article if the woman:
1. Is an inmate of a public institution and federal financial participation (FFP) is not available,
  2. Is at least age 21 but less than age 65 and resides in an Institution for Mental Disease (IMD) as defined in R9-22-112, except if allowed under the Administration's Section 1115 waiver, or
  3. No longer meets an eligibility requirement under this Article.
- C. Metastasized cancer.** The AHCCCS Chief Medical Officer may continue a woman's eligibility under this Article if a metastasized cancer is found in another part of the woman's body and that metastasized cancer is a known or a presumed complication of the breast or cervical cancer as determined by the treating physician.
- D. Reoccurrence of cancer.** A woman shall have eligibility reestablished after eligibility under this Article ends if the woman is screened under the AZ-NBCCEDP program and additional breast cancer or cervical cancer, including a pre-cancerous cervical lesion, is found.
- E. Ineligible male.** A male is precluded from receiving screening and diagnostic services under the AZ-NBCCEDP program and is ineligible under this Article.

**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 5814, effective December 6, 2001 (Supp. 01-4). Amended by final rulemaking at 12 A.A.R. 4488, effective January 6, 2007 (Supp. 06-4).

**R9-22-2004. Treatment**

- A. Breast cancer.** Coverage for treatment for breast cancer under this Article shall conclude on the last provider visit for the specific treatment of the cancer or at the end of hormonal therapy for the cancer, whichever is later. For purposes of this subsection treatment means:
1. Lumpectomy or surgical removal of breast cancer;
  2. Chemotherapy;
  3. Radiation therapy; and
  4. A treatment for breast cancer that, as determined by the AHCCCS Chief Medical Officer, is considered the standard of care as supported by a peer-reviewed study published in a medical journal.
- B. Pre-cancerous cervical lesion.** Coverage for treatment for a pre-cancerous cervical lesion under this Article, including moderate or severe cervical dysplasia or carcinoma in situ, shall conclude on the last provider visit for specific treatment for the pre-cancerous lesion. For purposes of this subsection treatment means:
1. Conization;
  2. LEEP;
  3. Cryotherapy; and
  4. A treatment for pre-cancerous cervical lesion that, as determined by the AHCCCS Chief Medical Officer, is considered the standard of care as supported by a peer-reviewed study published in a medical journal.
- C. Cervical cancer.** Coverage for treatment for cervical cancer under this Article shall conclude on the last provider visit for the specific treatment for the cancer. For purposes of this subsection treatment means:
1. Surgery;
  2. Radiation therapy;
  3. Chemotherapy; and
  4. A treatment for cervical cancer that, as determined by the AHCCCS Chief Medical Officer, is considered the standard of care as supported by a peer-reviewed study published in a medical journal.

**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 5814, effective December 6, 2001 (Supp. 01-4). Section repealed; new Section made by final rulemaking at 12 A.A.R. 4488, effective January 6, 2007 (Supp. 06-4).

**R9-22-2005. Application Process**

- A. Application.** A woman may apply for eligibility under this Article by submitting a complete application as specified in R9-22-1406.
- B. Submitting the application.** The woman may complete and submit an application at the time of the AZ-NBCCEDP screening. The AZ-NBCCEDP staff may mail or fax the application directly to the Administration.
- C. Date of application.** The date of the application is the date of the diagnostic procedure that results in a positive diagnosis for breast cancer or cervical cancer, including a pre-cancerous cervical lesion.
- D. Responsibility of a woman who is applying or who is a member.** A woman who is applying or who is a member shall:
1. Provide medical insurance information, including any changes in medical insurance; and
  2. Inform the Administration about a change in address, residence, and alienage status.

**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 5814, effective December 6, 2001 (Supp. 01-4). Section repealed; new Section made by final rulemaking at 12 A.A.R. 4488, effective January 6, 2007 (Supp. 06-4).

**R9-22-2006. Approval, Denial, or Discontinuance of Eligibility**

- A. Eligibility determination.** The Administration shall determine eligibility under this Article and send the notice under subsection (B) or (C) within seven days of receiving a complete application.
- B. Approval.** If a woman meets all the eligibility requirements in this Article, the Administration shall provide the woman with an approval notice. The approval notice shall contain:
1. The name of the eligible woman, and
  2. The effective date of eligibility.
- C. Denial.** If the Administration denies eligibility, the Administration shall provide the woman with a denial notice. The denial notice shall contain:
1. The name of the ineligible woman,
  2. The specific reason why the woman is ineligible,
  3. The legal citations supporting the reason for the denial,
  4. The location where the woman can review the legal citations, and



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5. Information regarding the woman's appeal and request for hearing rights.
- D. Discontinuance.**
  1. Except as specified in subsection (D)(2), if a woman no longer meets an eligibility requirement under this Article, the Administration shall provide the woman a Notice of Action no later than 10 days before the effective date of the discontinuance.
  2. The Administration may mail the Notice of Action no later than the effective date of the discontinuance if the Administration:
    - a. Receives a written statement from the woman voluntarily withdrawing from AHCCCS,
    - b. Receives information confirming the death of the woman,
    - c. Receives returned mail with no forwarding address from the post office and the woman's whereabouts are unknown, or
    - d. Receives information confirming that the woman has been approved for Title XIX services outside the state of Arizona.
  3. The Notice of Action shall contain the:
    - a. Name of the ineligible woman,
    - b. Effective date of the discontinuance,
    - c. Specific reason why the woman is discontinued,
    - d. Legal citations supporting the reason for the discontinuance,
    - e. Location where the woman can review the legal citations, and
    - f. Information regarding the woman's appeal and request for hearing rights.
- E. Request for hearing.** A woman who is denied, or discontinued for the Breast and Cervical Cancer Treatment Program may request a hearing under Chapter 34.

**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 5814, effective December 6, 2001 (Supp. 01-4). Section repealed; new Section made by final rulemaking at 12 A.A.R. 4488, effective January 6, 2007 (Supp. 06-4).

**R9-22-2007. Effective and End Date of Eligibility**

- A.** Eligibility is effective on the first day of the month that all eligibility requirements are met, including the period described under R9-22-303.
- B.** The end date of eligibility:
  1. For breast cancer, is 12 months after the last provider visit for a treatment specified in R9-22-2004 for the cancer or at the end of hormonal therapy for the cancer, whichever is later.
  2. For pre-cancerous cervical lesion, is four months after the last provider visit for a treatment specified in R9-22-2004 for the pre-cancerous lesion.
  3. For cervical cancer, is 12 months after the last provider visit for a treatment specified in R9-22-2004 for the cancer.

**Historical Note**

New Section made by final rulemaking at 7 A.A.R. 5814, effective December 6, 2001 (Supp. 01-4). Section repealed; new Section made by final rulemaking at 12 A.A.R. 4488, effective January 6, 2007 (Supp. 06-4). Section amended by final rulemaking at 19 A.A.R. 3309, effective November 30, 2013 (Supp. 13-4).

**R9-22-2008. Redetermination of Eligibility**

- A.** Redetermination. Except as provided in subsection (B), the Administration shall redetermine eligibility at least once a

year. If a woman continues to meet the requirements of eligibility for the Breast and Cervical Cancer Treatment Program under this Article, the Administration shall notify the woman of continued eligibility. A woman is not required to be screened for breast and cervical cancer through AZ-NBC-CEDP at redetermination.

- B.** Change in circumstance. The Administration shall complete a redetermination of eligibility if there is a change in the woman's circumstances that may affect eligibility, including a change in treatment.

**Historical Note**

New Section made by final rulemaking at 12 A.A.R. 4488, effective January 6, 2007 (Supp. 06-4).

**ARTICLE 21. TRAUMA AND EMERGENCY SERVICES FUND**

*Article 21, consisting of Sections R9-22-2101 through R9-22-2103, made by exempt rulemaking at 9 A.A.R. 4001, effective October 19, 2003 (Supp. 03-3).*

**R9-22-2101. General Provisions**

- A.** A.R.S. § 36-2903.07 establishes the Administration as the authority to administer the Trauma and Emergency Services Fund.
- B.** The Administration shall distribute 90% of monies from the trauma and emergency services fund to a level I trauma center, as defined in subsection (F) of this Section, for unrecovered trauma center readiness costs as defined in subsection (F) of this Section. Reimbursement is limited to no more than the amount of unrecovered trauma center readiness costs as determined in subsections (D) and (E) of this Section. Unexpended funds may be used to reimburse unrecovered emergency room costs under subsection (C) of this Section.
- C.** The Administration shall distribute 10% of monies from the trauma and emergency services fund, for unrecovered emergency services costs, to a hospital having an emergency department, using criteria under R9-22-2103. Reimbursement is limited to no more than the amount of unrecovered emergency services costs as determined in R9-22-2103. The Administration may distribute more than 10% of the monies for unrecovered emergency room costs when there are unexpended monies under subsection (B) of this Section.
- D.** The Administration shall distribute a reporting tool and guidelines to level I trauma centers to determine, on an annual basis, the unrecovered trauma center readiness costs for level I trauma centers as defined in subsection (F) of this Section. The reporting time-frame is July 1 of the prior year through June 30 of the reporting year. A level I trauma center shall submit the requested data and a copy of the most recently completed uniform accounting report under A.R.S. § 36-125.04 to the Administration no later than October 31 of each reporting year.
- E.** When a level I trauma center closes in a county where there are one or more level I trauma center(s) remaining in operation, the following shall occur:
  1. The closing level I trauma center shall submit the requested data under subsection (D) of this Section for the months of the reporting time-frame in which it met the definition of a level I trauma center, and
  2. The data under subsection (D) of this Section, which is submitted by the closing level I trauma center, shall be added to the remaining level I trauma center(s) in that county for the current reporting time-frame only.
- F.** In addition to definitions contained in A.R.S. § 36-2901, the words and phrases in this Chapter have the following meanings unless the context explicitly requires another meaning:

## CHAPTER 22. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM - ADMINISTRATION

1. "Level I trauma center" means any acute care hospital designated by the Arizona Department of Health Services as a level I trauma center, a provisional level I trauma center, a pediatric level I trauma center or an initial level I trauma center.
2. "Unrecovered trauma center readiness costs" means losses incurred treating trauma patients:
  - a. Determined in accordance with Generally Accepted Accounting Principles,
  - b. Based on both clinical and professional costs incurred by a level I trauma center necessary for the provision of level I trauma care, and
  - c. Based on administrative and overhead costs directly associated with providing level I trauma care.
2. To hospitals that had an emergency department from July 1 through June 30 of the prior year, and
3. On a pro rata share of each hospital's cost of uncompensated emergency care as a percentage of the total statewide cost of uncompensated emergency care provided by hospitals under subsection (2) as reported in the uniform accounting reports to the Arizona Department of Health Services under A.R.S. § 36-125.04.

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 4001, effective October 19, 2003 (Supp. 03-3). Amended by exempt rulemaking at 18 A.A.R. 1748, effective July 1, 2012 (Supp. 12-2).

**R9-22-2104. Additional Trauma and Emergency Services Payments under the Section 1115 Waiver****R9-22-2102. Distribution of Trauma and Emergency Services Fund: Level I Trauma Centers**

- A.** On or after November 1, 2003, the Administration shall distribute monies, under R9-22-2101(B), to level I trauma centers using monies available in the trauma and emergency services fund at the time of payment. The Administration shall take into consideration the proportion of those hospitals' trauma case volume. The Administration shall:
1. Recalculate the November 2003 payments in July 2004 using the formula in subsection (B) of this Section;
  2. Recoup November 2003 overpayments by reducing the July 2004 distributions under subsection (C) as appropriate; and
  3. Redistribute recouped funds, with the July 2004 payment, to level I trauma centers underpaid in November 2003.
- B.** On or after January 31 of each year, the Administration shall distribute monies, under R9-22-2101(B), to level I trauma centers using monies available in the trauma and emergency services fund at the time of payment. The Administration shall determine each hospital's unrecovered trauma center readiness costs for the current fiscal year using data from the most recent reporting year as provided under R9-22-2101(D) and (E). The proportion of each hospital's share of the fund for unrecovered trauma center readiness costs is determined after considering:
1. The professional, clinical, administrative, and overhead costs directly associated with providing level I trauma care, and
  2. The volume and acuity of trauma care provided by each hospital.
- C.** On or after July 31 of each year, the Administration shall distribute monies to level I trauma centers using monies, under R9-22-2101(B), available in the trauma and emergency services fund at the time of payment according to the proportions calculated and used for the January payments in the same year, under subsection (B) of this Section.

**Historical Note**

New Section made by exempt rulemaking at 9 A.A.R. 4001, effective October 19, 2003 (Supp. 03-3).

**R9-22-2103. Distribution of Trauma and Emergency Services Fund: Emergency Services**

On or after June 30 of each year, the Administration shall distribute monies available in the trauma and emergency services fund at the time of payment as follows:

1. As allocated under R9-22-2101(C),

1. Ninety percent of the amount shall be distributed to Level I trauma centers based upon each center's pro rata share of each center's acuity-adjusted volume as a percentage of the total acuity-adjusted volume for all centers in the state. The acuity-adjusted volume is calculated by multiplying the Injury Severity Score employed by trauma.org by the number of trauma cases at that level treated at the center during the reporting year. Hospitals shall report trauma scores and case volume on a worksheet prescribed by the Administration.
  2. Ten percent of the amount shall be distributed proportionately to hospitals that had an emergency department from July 1 through June 30 of the reporting year based the pro rata share of each hospital's cost of emergency care as a percentage of the total statewide cost of emergency care provided by hospitals as reported on the Worksheet B, column 27, line 61 of the hospital's most current Medicare Cost Report as of January 31 following the end of each reporting year.
- B.** For the reporting years ending June 30, 2011 and June 30, 2012, the Administration shall distribute an amount equal to the federal financial participation made available under the section 1115 waiver for the purpose of making payments for unrecovered trauma and emergency services as follows:
1. Thirty percent of such funds to a Level I trauma center, in amounts calculated in the same manner as described in subsection (A)(1) of this Section, for any unrecovered trauma center readiness costs not reimbursed under subsection (A) of this Section;
  2. Thirty percent of such funds to a hospital having an emergency department from July 1 through June 30 of the reporting year, in amounts calculated in the same manner as described in subsection (A)(2) of this Section, for any unrecovered emergency services costs not reimbursed under subsection (A) of this Section; and
  3. Forty percent of such funds to rural hospitals, as defined in R9-22-718 that are not Level I trauma centers as defined in R9-22-2101(F), having an emergency department from July 1 through June 30 of the reporting year, in amounts calculated in the same manner as described in subsection (A)(2) of this Section, for any unrecovered emergency services costs not reimbursed under subsections (A) and (B)(2) of this Section.
- C.** For the reporting years ending June 30, 2011 and June 30, 2012, payments made under this Article shall not be made in an amount that results in aggregate payments to the hospital by

## CHAPTER 22. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM - ADMINISTRATION

the Administration and contractors exceeding of the upper payment limit for the hospital services as calculated in accordance with 42 CFR 447.

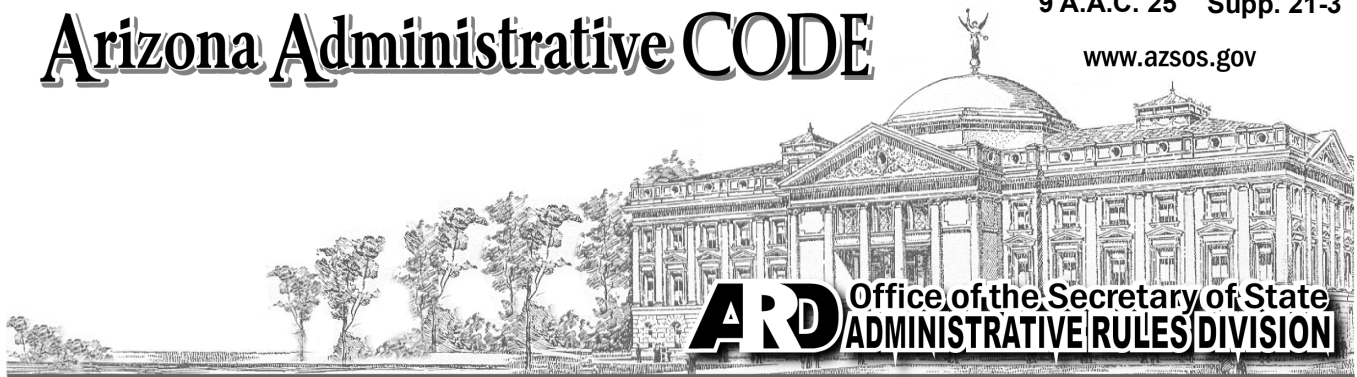
- D.** For the reporting years ending June 30, 2011 and June 30, 2012, to ensure compliance with subsection (C), payments under this Article shall be reconciled to the federal fiscal year that is two years subsequent to the payment.

- E.** Any payments that are determined under subsection (D) to exceed the limit in subsection (C) shall be distributed as described in this Article to hospitals that have not received payments in excess of the limit in subsection (C).

**Historical Note**

New Section made by exempt rulemaking at 18 A.A.R. 1748, effective July 1, 2012 (Supp. 12-2).

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## TITLE 9. HEALTH SERVICES

### CHAPTER 25. DEPARTMENT OF HEALTH SERVICES - EMERGENCY MEDICAL SERVICES

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

This Chapter contains rules that were filed to be codified in the *Arizona Administrative Code* between the dates of  
July 1, 2021 through September 30, 2021

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#### Questions about these rules? Contact:

Department: Department of Health Services  
Bureau of Emergency Medical Services and Trauma  
System  
Address: 150 N. 18th Ave., Suite 540  
Phoenix, AZ 85007  
Website: <https://www.azdhs.gov/preparedness/emergency-medical-services-trauma-system>  
Name: Rachel Garcia, Bureau Chief  
Telephone: (602) 364-3150  
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**The release of this Chapter in Supp. 21-3 replaces Supp. 19-2, 1-115 pages**

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

## PREFACE

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

Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

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### RULES

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

### THE ADMINISTRATIVE CODE

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

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

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

First Quarter: January 1 - March 31

Second Quarter: April 1 - June 30

Third Quarter: July 1 - September 30

Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2021 is cited as Supp. 21-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. This is why the Office lists only updated codified Sections on the previous page.

### AUTHENTICATION OF PDF CODE CHAPTERS

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

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

### HOW TO USE THE CODE

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

### ARIZONA REVISED STATUTE REFERENCES

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

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

### SESSION LAW REFERENCES

Arizona Session Law references in a Chapter can be found at the Secretary of State’s website, [www.azsos.gov](http://www.azsos.gov) under Services-> Legislative Filings.

### EXEMPTIONS FROM THE APA

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

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

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

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

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

### EXEMPTIONS AND PAPER COLOR

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

### PERSONAL USE/COMMERCIAL USE

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



## Administrative Rules Division

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

## TITLE 9. HEALTH SERVICES

## CHAPTER 25. DEPARTMENT OF HEALTH SERVICES - EMERGENCY MEDICAL SERVICES

Authority: A.R.S. §§ 36-136(F) and 36-2209(A) et seq.

## Supp. 21-3

*Editor's Note: Article 5 consisting of Sections R9-25-501 through R9-25-508 were recodified from Sections in Article 8 effective September 21, 2004 (Supp. 04-3). The Sections recodified from Article 8 were originally made or amended under an exemption from the provisions of the Administrative Procedure Act (A.R.S. Title 41, Chapter 6).*

*Editor's Note: The Office of the Secretary of State publishes all Chapters on white paper.*

*Editor's Note: This Chapter contains rules which were adopted, amended, and repealed under an exemption from the provisions of the Administrative Procedure Act (A.R.S. Title 41, Chapter 6) pursuant to A.R.S. § 36-2205(C). Exemption from A.R.S. Title 41, Chapter 6 means that the Department did not submit these rules to the Governor's Regulatory Review Council for review; the Department did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; and the Department was not required to hold public hearings on these rules. Because this Chapter contains rules which are exempt from the regular rulemaking process, the Chapter is printed on blue paper.*

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*Article 1 heading amended by final expedited rulemaking at 24 A.A.R. 268, with an immediate effective date of January 9, 2018 (Supp. 18-1).*

*Article 1, consisting of Section R9-25-101, adopted effective October 15, 1996 (Supp. 96-4).*

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*Article 3 repealed; new Article 3 made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).*

*Article 3, consisting of Sections R9-25-301 through R9-25-311 and Exhibits C through F and H, adopted effective October 15, 1996 (Supp. 96-4).*

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**ARTICLE 4. EMCT CERTIFICATION**

*Article 4 repealed; new Article 4 made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).*

*Article 4, consisting of Sections R9-25-401 through R9-25-411 and Exhibits I through K, adopted effective October 15, 1996 (Supp. 96-4).*

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*Article 5, consisting of R9-25-501 through R9-25-508, recodified from Article 8 at 10 A.A.R. 4192, effective September 21, 2004 (Supp. 04-3).*

*Article 5 repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).*

*Article 5, consisting of Sections R9-25-501 through R9-25-515 and Exhibit P, adopted effective October 15, 1996 (Supp. 96-4).*

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**ARTICLE 6. STROKE CARE**

*Article 6, consisting of new Sections R9-25-601 and R9-25-602 made by exempt rulemaking effective April 5, 2013 (Supp. 13-1).*

*Article 6 repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).*

*Article 6, consisting of Sections R9-25-601 through R9-25-616 and Exhibits L through O and Q through S, adopted effective October 15, 1996 (Supp. 96-4).*

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**ARTICLE 8. AIR AMBULANCE REGISTRATION**

*Article 8, consisting of R9-25-801 through R9-25-808, recodified to Article 5 at 10 A.A.R. 4192, effective September 21, 2004 (Supp. 04-3).*

*Article 8, consisting of R9-25-801, R9-25-802, Exhibits 1 through 4, and R9-25-803 Exhibit 1, recodified from A.A.C. R9-13-1501, R9-13-1502, Exhibits 1 through 4, and R9-13-1503 Exhibit 1; originally filed under an exemption from the provisions of A.R.S. Title 41, Chapter 6 (Supp. 98-1).*

*Article 8, consisting of Section R9-25-805 and Exhibits 1 through 3, adopted effective May 19, 1997, under an exemption from the provisions of A.R.S. Title 41, Chapter 6; filed in the Office of the Secretary of State May 21, 1997 (Supp. 97-2).*

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*Article 10, consisting of Sections R9-25-1001 through R9-25-1006, adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1).*

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*Article 11, consisting of Sections R9-25-1101 through R9-25-1110, adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1).*

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**ARTICLE 12. TIME-FRAMES FOR DEPARTMENT APPROVALS**

*Article 12, consisting of Section R9-25-1201, Table 1, and Exhibits A and B, adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1).*

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*Article 13, consisting of Section R9-25-1301 through R9-25-1315, Table 1 and Exhibit I, made by final rulemaking at 11 A.A.R. 4363, effective October 6, 2005 (Supp. 05-4).*

## Section

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**ARTICLE 14. REPEALED**

*Article 14, consisting of Sections R9-25-1401 through R9-25-1406 and Table 1, made by final rulemaking at 13 A.A.R. 4301, effective January 12, 2008 (Supp. 07-4).*

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## ARTICLE 1. GENERAL

**R9-25-101. Definitions (Authorized by A.R.S. §§ 36-2201, 36-2202, 36-2204, and 36-2205)**

In addition to the definitions in A.R.S. § 36-2201, the following definitions apply in this Chapter, unless otherwise specified:

1. "Administer" or "administration" means to directly apply or the direct application of an agent to the body of a patient by injection, inhalation, ingestion, or any other means and includes adjusting the administration rate of an agent.
2. "AEMT" has the same meaning as "advanced emergency medical technician" in A.R.S. § 36-2201.
3. "Agent" means a chemical or biological substance that is administered to a patient to treat or prevent a medical condition.
4. "ALS" has the same meaning as "advanced life support" in A.R.S. § 36-2201.
5. "ALS base hospital" has the same meaning as "advanced life support base hospital" in A.R.S. § 36-2201.
6. "Applicant" means a person requesting certification, licensure, approval, or designation from the Department under this Chapter.
7. "Chain of custody" means the transfer of physical control of and accountability for an item from one individual to another individual, documented to indicate the:
  - a. Date and time of the transfer,
  - b. Integrity of the item transferred, and
  - c. Signatures of the individual relinquishing and the individual accepting physical control of and accountability for the item.
8. "Chief administrative officer" means:
  - a. For a hospital, the same as in A.A.C. R9-10-101; and
  - b. For a training program, an individual assigned to act on behalf of the training program by the body organized to govern and manage the training program.
9. "Clinical training" means experience and instruction in providing direct patient care in a health care institution.
10. "Controlled substance" has the same meaning as in A.R.S. § 32-1901.
11. "Course" means didactic instruction and, if applicable, hands-on practical skills training, clinical training, or field training provided by a training program to prepare an individual to become or remain an EMCT.
12. "Course session" means an offering of a course, during a period of time designated by a training program certificate holder, for a specific group of students.
13. "Current" means up-to-date and extending to the present time.
14. "Day" means a calendar day.
15. "Document" or "documentation" means signed and dated information in written, photographic, electronic, or other permanent form.
16. "Drug" has the same meaning as in A.R.S. § 32-1901.
17. "Electronic signature" has the same meaning as in A.R.S. § 44-7002.
18. "EMCT" has the same meaning as "emergency medical care technician" in A.R.S. § 36-2201.
19. "EMT" has the same meaning as "emergency medical technician" in A.R.S. § 36-2201.
20. "EMT-I(99)" means an individual, other than a Paramedic, who:
  - a. Was certified as an EMCT by the Department before January 28, 2013 to perform ALS, and
  - b. Has continuously maintained the certification.
21. "EMS" has the same meaning as "emergency medical services" subsections (17)(a) through (d) in A.R.S. § 36-2201.
22. "Field training" means emergency medical services experience and training outside of a health care institution or a training program facility.
23. "General hospital" has the same meaning as in A.A.C. R9-10-101.
24. "Health care institution" has the same meaning as in A.R.S. § 36-401.
25. "Hospital" has the same meaning as in A.A.C. R9-10-101.
26. "In use" means in the immediate physical possession of an EMCT and readily accessible for potential imminent administration to a patient.
27. "Infusion pump" means a device approved by the U.S. Food and Drug Administration that, when operated mechanically, electrically, or osmotically, releases a measured amount of an agent into a patient's circulatory system in a specific period of time.
28. "Interfacility transport" means an ambulance transport of a patient from one health care institution to another health care institution.
29. "IV" means intravenous.
30. "Locked" means secured with a key, including a magnetic, electronic, or remote key, or combination so that opening is not possible except by using the key or entering the combination.
31. "Medical direction" means administrative medical direction or on-line medical direction.
32. "Medical record" has the same meaning as in A.R.S. § 36-2201.
33. "Minor" means an individual younger than 18 years of age who is not emancipated.
34. "Monitor" means to observe the administration rate of an agent and the patient's response to the agent and may include discontinuing administration of the agent.
35. "On-line medical direction" means emergency medical services guidance or information provided to an EMCT by a physician through two-way voice communication.
36. "Patient" means an individual who is sick, injured, or wounded and who requires medical monitoring, medical treatment, or transport.
37. "Pediatric" means pertaining to a child.
38. "Person" has the same meaning as in A.R.S. § 1-215 and includes governmental agencies.
39. "Physician assistant" has the same meaning as in A.R.S. § 32-2501.
40. "Practical nurse" has the same meaning as in A.R.S. § 32-1601.
41. "Practicing emergency medicine" means acting as an emergency medicine physician in a hospital emergency department.
42. "Prehospital incident history report" has the same meaning as in A.R.S. § 36-2220.
43. "Refresher challenge examination" means a test given to an individual to assess the individual's knowledge, skills, and competencies compared with the national education standards established for the applicable EMCT classification level.
44. "Refresher course" means a course intended to reinforce and update the knowledge, skills, and competencies of an individual who has previously met the national educational standards for a specific level of EMS personnel.
45. "Registered nurse" has the same meaning as in A.R.S. § 32-1601.
46. "Registered nurse practitioner" has the same meaning as in A.R.S. § 32-1601.
47. "Scene" means the location of the patient to be transported or the closest point to the patient at which an ambulance can arrive.
48. "Special hospital" has the same meaning as in A.A.C. R9-10-101.
49. "STR skill" means "Specialty Training Requirement skill," a medical treatment, procedure, or technique or administration of a medication for which an EMCT needs specific training beyond the training required in 9 A.A.C. 25, Article 4 in order to perform or administer.
50. "Transfer of care" means to relinquish to the control of another person the ongoing medical treatment of a patient.

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51. "Transport agent" means an agent that an EMCT at a specified level of certification is authorized to administer only during interfacility transport of a patient for whom the agent's administration was started at the sending health care institution.

**Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4).  
Amended by exempt rulemaking at 7 A.A.R. 4888, effective November 1, 2001 (Supp. 01-4). Amended by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). Amended by final rulemaking at 12 A.A.R. 4404, effective January 6, 2007 (Supp. 06-4). Amended by exempt rulemaking at 19 A.A.R. 4032, effective December 1, 2013 (Supp. 13-4).

**R9-25-102. Individuals to Act for a Person Regulated Under This Chapter (Authorized by A.R.S. § 36-2202)**

When a person regulated under this Chapter is required by this Chapter to provide information on or sign an application form or other document, the following individual shall satisfy the requirement on behalf of the person regulated under this Chapter:

1. If the person regulated under this Chapter is an individual, the individual; or
2. If the person regulated under this Chapter is a business organization, political subdivision, government agency, or tribal government, the individual who the business organization, political subdivision, government agency, or tribal government has designated to act on behalf of the business organization, political subdivision, government agency, or tribal government and who:
  - a. Is a U.S. citizen or legal resident, and
  - b. Has an Arizona address.

**Historical Note**

New Section made by exempt rulemaking at 19 A.A.R. 4032, effective December 1, 2013 (Supp. 13-4).

**ARTICLE 2. MEDICAL DIRECTION; ALS BASE HOSPITAL CERTIFICATION****R9-25-201. Administrative Medical Direction (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), 36-2204(5), (6), and (7), 36-2204.01, and 36-2205(A) and (D))**

A. An emergency medical services provider or ambulance service shall:

1. Except as specified in subsection (B) or (C), designate a physician as administrative medical director who meets one of the following:
  - a. Has emergency medicine certification issued by a member board of the American Board of Medical Specialties;
  - b. Has emergency medical services certification issued by the American Board of Emergency Medicine;
  - c. Has emergency medicine certification issued by the American Osteopathic Board of Emergency Medicine;
  - d. Has emergency medicine certification issued by the American Board of Physician Specialties;
  - e. Has completed an emergency medicine residency training program accredited by the Accreditation Council for Graduate Medical Education or approved by the American Osteopathic Association; or
  - f. Is an emergency medicine physician in an emergency department located in Arizona and has current certification in:
    - i. Advanced emergency cardiac life support that includes didactic instruction and a practical skills test, consistent with training recognized by the American Heart Association;

- ii. Advanced emergency trauma life support that includes didactic instruction and a practical skills test, consistent with training recognized by the American College of Surgeons; and
  - iii. Pediatric advanced emergency life support that includes didactic instruction and a practical skills test, consistent with training recognized by the American Heart Association;
2. If the emergency medical services provider or ambulance service designates a physician as administrative medical director according to subsection (A)(1), notify the Department in writing:
  - a. Of the identity and qualifications of the designated physician within 10 days after designating the physician as administrative medical director; and
  - b. Within 10 days after learning that a physician designated as administrative medical director is no longer qualified to be an administrative medical director; and
3. Maintain for Department review:
  - a. A copy of the policies, procedures, protocols, and documentation required in subsection (E); and
  - b. Either:
    - i. The name, e-mail address, telephone number, and qualifications of the physician providing administrative medical direction on behalf of the emergency medical services provider or ambulance service; or
    - ii. If the emergency medical services provider or ambulance service provides administrative medical direction through an ALS base hospital or a centralized medical direction communications center, a copy of a written agreement with the ALS base hospital or centralized medical direction communications center documenting that the administrative medical director is qualified under subsection (A)(1).
- B. Except as provided in R9-25-502(A)(3), if an emergency medical services provider or ambulance service provides only BLS, the emergency medical services provider or ambulance service is not required to have an administrative medical director.
- C. If an emergency medical services provider or ambulance service provides administrative medical direction through an ALS base hospital or a centralized medical direction communications center, the emergency medical services provider or ambulance service shall ensure that the ALS base hospital or centralized medical direction communications center designates a physician as administrative medical director who meets one of the requirements in subsections (A)(1)(a) through (f).
- D. An emergency medical services provider or ambulance service may provide administrative medical direction through an ALS base hospital certified according to R9-25-203(C), if the emergency medical services provider or ambulance service:
  1. Uses the ALS base hospital for administrative medical direction only for patients who are children, and
  2. Has a written agreement for the provision of administrative medical direction with an ALS base hospital that meets the requirements in R9-25-203(B)(1) or a centralized medical direction communications center.
- E. An emergency medical services provider or an ambulance service shall ensure that:
  1. An EMCT receives administrative medical direction as required by A.R.S. Title 36, Chapter 21.1 and this Chapter;

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2. Protocols are established, documented, and implemented by an administrative medical director, consistent with A.R.S. Title 36, Chapter 21.1 and this Chapter, that include:
  - a. A communication protocol for:
    - i. How and from what sources an EMCT requests and receives on-line medical direction,
    - ii. When and how an EMCT notifies a health care institution of the EMCT's intent to transport a patient to the health care institution, and
    - iii. What procedures an EMCT follows in the event of a communications equipment failure;
  - b. A triage protocol for:
    - i. How an EMCT assesses and prioritizes the medical condition of a patient,
    - ii. How an EMCT selects a health care institution to which a patient may be transported,
    - iii. How a patient is transported to the health care institution, and
    - iv. When on-line medical direction is required;
  - c. A treatment protocol for:
    - i. How an EMCT performs a medical treatment on a patient or administers an agent to a patient, and
    - ii. When on-line medical direction is required while an EMCT is providing treatment; and
  - d. A protocol for the transfer of information to the emergency receiving facility for:
    - i. What information is required to be communicated to emergency receiving facility staff concurrent with the transfer of care and by what method, including the condition of the patient, the treatment provided to the patient, and the patient's response to the treatment;
    - ii. What information is required to be documented on a prehospital incident history report; and
    - iii. The time-frame, which is associated with the transfer of care, for completion and submission of a prehospital incident history report;
3. Policies and procedures are established, documented, and implemented by an administrative medical director, consistent with A.R.S. Title 36, Chapter 21.1 and this Chapter, that:
  - a. Are consistent with an EMCT's scope of practice, as specified in Table 5.1;
  - b. Cover:
    - i. Medical recordkeeping;
    - ii. Medical reporting, including to whom and by what method medical reporting is accomplished;
    - iii. Completion and submission of prehospital incident history reports;
    - iv. Obtaining, storing, transferring, and disposing of agents to which an EMCT has access including methods to:
      - (1) Identify individuals authorized by the administrative medical director to have access to agents,
      - (2) Maintain chain of custody for controlled substances, and
      - (3) Minimize potential degradation of agents due to temperature extremes;
    - v. Administration, monitoring, or assisting in patient self-administration of an agent;
    - vi. Monitoring and evaluating an EMCT's compliance with treatment protocols, triage protocols, and communications protocols specified in subsection (E)(2);
    - vii. Monitoring and evaluating an EMCT's compliance with medical recordkeeping, medical reporting, and prehospital incident history report requirements;
    - viii. Monitoring and evaluating an EMCT's compliance with policies and procedures for agents to which the EMCT has access;
    - ix. Monitoring and evaluating an EMCT's competency in performing skills authorized for the EMCT by the EMCT's administrative medical director and within the EMCT's scope of practice, as specified in Table 5.1;
    - x. Ongoing education, training, or remediation necessary to maintain or enhance an EMCT's competency in performing skills within the EMCT's scope of practice, as specified in Table 5.1;
    - xi. The process by which administrative medical direction is withdrawn from an EMCT; and
    - xii. The process for reinstating an EMCT's administrative medical direction; and
  - c. Include a quality assurance process to evaluate the effectiveness of the administrative medical direction provided to EMCTs;
4. Protocols in subsection (E)(2) and policies and procedures in subsection (E)(3) are reviewed annually by the administrative medical director and updated as necessary;
5. Requirements in A.R.S. Title 36, Chapter 21.1 and this Chapter are reviewed annually by the administrative medical director; and
6. The Department is notified in writing no later than ten days after the date:
  - a. Administrative medical direction is withdrawn from an EMCT; or
  - b. An EMCT's administrative medical direction is reinstated.
- F. An administrative medical director for an emergency medical services provider or ambulance service shall ensure that:
  1. An EMCT for whom the administrative medical director provides administrative medical direction:
    - a. Has access to at least the minimum supply of agents required for the highest level of service to be provided by the EMCT, consistent with requirements in Article 5 of this Chapter;
    - b. Administers, monitors, or assists in patient self-administration of an agent according to the requirements in policies and procedures; and
    - c. Has access to a copy of the policies and procedures required in subsection (F)(2) while on duty for the emergency medical services provider or ambulance service;
  2. Policies and procedures for agents to which an EMCT has access:
    - a. Specify that an agent is obtained only from a person:
      - i. Authorized by law to prescribe the agent, or
      - ii. Licensed under A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; and 4 A.A.C. 23 to dispense or distribute the agent;
    - b. Cover chain of custody and transfer procedures for each supply of agents, requiring an EMCT for whom the administrative medical director provides administrative medical direction to:
      - i. Document the name and the EMCT certification number or employee identification number

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- of each individual who takes physical control of the supply of agents;
- ii. Document the time and date that each individual takes physical control of the supply of agents;
- iii. Inspect the supply of agents for expired agents, deteriorated agents, damaged or altered agent containers or labels, and depleted, visibly adulterated, or missing agents upon taking physical control of the supply of agents;
- iv. Document any of the conditions in subsection (F)(2)(b)(iii);
- v. Notify the administrative medical director of a depleted, visibly adulterated, or missing controlled substance;
- vi. Obtain a replacement for each affected agent in subsection (F)(2)(b)(iii) for which the minimum supply is not present; and
- vii. Record each administration of an agent on a prehospital incident history report;
- c. Cover mechanisms for controlling inventory of agents and preventing diversion of controlled substances; and
- d. Include that an agent is kept inaccessible to all individuals who are not authorized access to the agent by policies and procedures required under subsection (E)(3)(b)(iv)(1) and, when not being administered, is:
  - i. Secured in a dry, clean, washable receptacle;
  - ii. While on a motor vehicle or aircraft registered to the emergency medical services provider or ambulance service, secured in a manner that restricts movement of the agent and the receptacle specified in subsection (F)(2)(d)(i); and
  - iii. If a controlled substance, in a hard-shelled container that is difficult to breach without the use of a power cutting tool and:
    - (1) Locked inside a motor vehicle or aircraft registered to the emergency medical services provider or ambulance service,
    - (2) Otherwise locked and secured in such a manner as to deter misappropriation, or
    - (3) On the person of an EMCT authorized access to the agent;
- 3. The Department is notified in writing within 10 days after the administrative medical director receives notice, as required subsection (F)(2)(b)(v), that any quantity of a controlled substance is depleted, visibly adulterated, or missing; and
- 4. Except when the emergency medical services provider or ambulance service obtains all agents from an ALS base hospital pharmacy, which retains ownership of the agents, agents to which an EMCT has access are obtained, stored, transferred, and disposed of according to policies and procedures; A.R.S. Title 36, Chapter 27; A.R.S. Title 32, Chapter 18; 4 A.A.C. 23; and requirements of the U.S. Drug Enforcement Administration.
- G. An administrative medical director may delegate responsibilities to an individual as necessary to fulfill the requirements in this Section, if the individual is:
  - 1. Another physician,
  - 2. A physician assistant,
  - 3. A registered nurse practitioner,
  - 4. A registered nurse,
  - 5. A Paramedic, or
  - 6. An EMT-I(99).

**Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Former R9-25-201 renumbered to R9-25-207; new R9-25-201 made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). Section repealed; new Section R9-25-201 renumbered from R9-25-202 and amended by exempt rulemaking at 19 A.A.R. 4032, effective December 1, 2013 (Supp. 13-4). Amended by final rulemaking at 25 A.A.R. 953, effective July 1, 2019 (Supp. 19-2).

**R9-25-202. On-line Medical Direction (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), 36-2204(5), (6), and (7), 36-2204.01, and 36-2205(A) and (D))**

- A. In this Section, "physician" means an individual licensed:
  - 1. According to A.R.S. Title 32, Chapter 13 or 17; or
  - 2. When working in a health care institution operating under federal or tribal law as an administrative unit of the U.S. government or a sovereign tribal nation, by a similar licensing board in another state.
- B. An emergency medical services provider or ambulance service shall:
  - 1. Except as provided in R9-25-203(C)(3), ensure that a physician provides on-line medical direction to EMCTs on behalf of the emergency medical services provider or ambulance service only if the physician meets one of the following:
    - a. Has emergency medicine certification issued by a member board of the American Board of Medical Specialties;
    - b. Has emergency medical services certification issued by the American Board of Emergency Medicine;
    - c. Has emergency medicine certification issued by the American Osteopathic Board of Emergency Medicine;
    - d. Has emergency medicine certification issued by the American Board of Physician Specialties;
    - e. Has completed an emergency medicine residency training program accredited by the Accreditation Council for Graduate Medical Education or approved by the American Osteopathic Association; or
    - f. Is an emergency medicine physician in an emergency department located in Arizona and has current certification that meets the requirements in R9-25-201(A)(1)(f)(i) through (iii);
  - 2. For each physician providing on-line medical direction on behalf of the emergency medical services provider or ambulance service, maintain for Department review either:
    - a. The name, e-mail address, telephone number, and qualifications of the physician providing on-line medical direction on behalf of the emergency medical services provider or ambulance service; or
    - b. If the emergency medical services provider or ambulance service provides on-line medical direction through an ALS base hospital or a centralized medical direction communications center, a copy of a written agreement with the ALS base hospital or centralized medical direction communications center documenting that the physician providing on-line medical direction is qualified under subsection (B)(1);
  - 3. Ensure that the on-line medical direction provided to an EMCT on behalf of the emergency medical services provider or ambulance service is consistent with:

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- a. The EMCT's scope of practice, as specified in Table 5.1; and
  - b. Communication protocols, triage protocols, treatment protocols, and protocols for prehospital incident history reports, specified in R9-25-201(E)(2); and
- 4. Ensures that a physician providing on-line medical direction on behalf of the emergency medical services provider or ambulance service relays on-line medical direction only through one of the following individuals, under the supervision of the physician and consistent with the individual's scope of practice:
  - a. Another physician,
  - b. A physician assistant,
  - c. A registered nurse practitioner,
  - d. A registered nurse,
  - e. A Paramedic, or
  - f. An EMT-I(99).
- C. An emergency medical services provider or ambulance service may provide on-line medical direction through an ALS base hospital certified according to R9-25-203(C), if the emergency medical services provider or ambulance service:
  - 1. Uses the ALS base hospital for on-line medical direction only for patients who are children, and
  - 2. Has an additional written agreement for the provision of on-line medical direction with an ALS base hospital that meets the requirements in R9-25-203(B)(1) or a centralized medical direction communications center.
- D. An emergency medical services provider or ambulance service shall ensure that the emergency medical services provider or ambulance service, or an ALS base hospital or a centralized medical direction communications center providing on-line medical direction on behalf of the emergency medical services provider or ambulance service, has:
  - 1. Operational and accessible communication equipment that will allow on-line medical direction to be given to an EMCT;
  - 2. A written plan for alternative communications with an EMCT in the event of a disaster, communication equipment breakdown or repair, power outage, or malfunction; and
  - 3. A physician qualified under subsection (B)(1) available to give on-line medical direction to an EMCT 24 hours a day, seven days a week.
- B. The Department shall certify an ALS base hospital if the applicant:
  - 1. Is:
    - a. Licensed as a general hospital under 9 A.A.C. 10, Article 2; or
    - b. A facility operated as a hospital in this state by the United States federal government or by a sovereign tribal nation;
  - 2. Maintains at least one current written agreement described in A.R.S. § 36-2201(4);
  - 3. Has not been decertified as an ALS base hospital by the Department within five years before submitting the application;
  - 4. Submits an application that is complete and compliant with the requirements in this Article; and
  - 5. Has not knowingly provided false information on or with an application required by this Article.
- C. The Department may certify as an ALS base hospital a special hospital, which is licensed under 9 A.A.C. 10, Article 2 and provides surgical services and emergency services only to children, if the applicant:
  - 1. Meets the requirements in subsection (B)(2) through (5);
  - 2. Provides administrative medical direction or on-line medical direction only for patients who are children; and
  - 3. Ensures that:
    - a. Administrative medical direction is provided by a physician who meets the requirements in R9-25-201(A)(1); and
    - b. On-line medical direction is provided by a physician who meets one of the following:
      - i. Meets the requirements in R9-25-202(B)(1),
      - ii. Has board certification in pediatric emergency medicine from either the American Board of Pediatrics or the American Board of Emergency Medicine, or
      - iii. Is board eligible in pediatric emergency medicine.
- D. An ALS base hospital certificate is valid only for the name and address listed by the Department on the certificate.
- E. At least every 36 months after certification, the Department shall assess an ALS base hospital to determine ongoing compliance with the requirements of this Article.
- F. The Department may inspect an ALS base hospital according to A.R.S. § 41-1009:
  - 1. As part of the substantive review time-frame required in A.R.S. §§ 41-1072 through 41-1079; or
  - 2. As necessary to determine compliance with the requirements of this Article.
- G. If the Department determines that an ALS base hospital is not in compliance with the requirements in this Article, the Department may:
  - 1. Take an enforcement action as described in R9-25-207; or
  - 2. Require that an ALS base hospital submit to the Department, within 15 days after written notice from the Department, a corrective action plan to address issues of compliance that do not directly affect the health or safety of a patient that:
    - a. Describes how each identified instance of non-compliance will be corrected and reoccurrence prevented, and
    - b. Includes a date for correcting each instance of non-compliance that is appropriate to the actions necessary to correct the instance of non-compliance.

**Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Former R9-25-202 renumbered to R9-25-208; new R9-25-202 made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). Section R9-25-202 renumbered to Section R9-25-201; new Section R9-25-202 renumbered from R9-25-203 and amended by exempt rulemaking at 19 A.A.R. 4032, effective December 1, 2013 (Supp. 13-4). Amended by final rulemaking at 25 A.A.R. 953, effective July 1, 2019 (Supp. 19-2).

**Exhibit A. Repealed****Historical Note**

Exhibit A adopted effective October 15, 1996 (Supp. 96-4). Exhibit repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

**R9-25-203. ALS Base Hospital General Requirements (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), and 36-2204(5), (6), and (7))**

- A. A person shall not operate as an ALS base hospital without certification from the Department.

**Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed; new Section made by final rulemaking at 9



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A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). Section R9-25-203 renumbered to Section R9-25-202; new Section R9-25-203 renumbered from R9-25-207 and amended by exempt rulemaking at 19 A.A.R. 4032, effective December 1, 2013 (Supp. 13-4). Amended by final rulemaking at 25 A.A.R. 953, effective July 1, 2019 (Supp. 19-2).

**R9-25-204. Application Requirements for ALS Base Hospital Certification (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), and 36-2204(5))**

- A. An applicant for ALS base hospital certification shall submit to the Department an application, including:
1. The following information in a Department-provided format:
    - a. The applicant's name, address, and telephone number;
    - b. The name, email address, and telephone number of the applicant's chief administrative officer;
    - c. The name, email address, and telephone number of the applicant's chief administrative officer's designee if the chief administrative officer will not be the liaison between the ALS base hospital and the Department;
    - d. Whether the applicant is applying for certification of a:
      - i. General hospital licensed under 9 A.A.C. 10, Article 2;
      - ii. Special hospital licensed under 9 A.A.C. 10, Article 2, that provides surgical services and emergency services only to children; or
      - iii. Facility operating as a federal or tribal hospital;
    - e. The name of each emergency medical services provider or ambulance service for which the applicant has a proposed written agreement described in A.R.S. § 36-2201(4) to provide administrative medical direction or on-line medical direction;
    - f. The name, address, email address, and telephone number of each administrative medical director;
    - g. The name of each physician providing on-line medical direction;
    - h. Attestation that the applicant meets the requirements in R9-25-202(D);
    - i. Attestation that the applicant will comply with all requirements in A.R.S. Title 36, Chapter 21.1 and this Chapter;
    - j. Attestation that all information required as part of the application has been submitted and is true and accurate; and
    - k. The signature or electronic signature of the applicant's chief administrative officer or the chief administrative officer's designated representative and date of signature or electronic signature;
  2. A copy of the applicant's current hospital license issued under 9 A.A.C. 10, Article 2, if applicable; and
  3. A copy of each executed written agreement described in A.R.S. § 36-2201(4), including all attachments and exhibits.
- B. The Department shall approve or deny an application under this Section according to Article 12 of this Chapter.

**Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Former R9-25-204 renumbered to R9-25-209; new R9-25-204 made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). Amended by final rulemaking at 12 A.A.R. 4404, effective January 6, 2007

(Supp. 06-4). Section R9-25-204 repealed; new Section R9-25-204 renumbered from R9-25-208 and amended by exempt rulemaking at 19 A.A.R. 4032, effective December 1, 2013 (Supp. 13-4). Amended by final rulemaking at 25 A.A.R. 953, effective July 1, 2019 (Supp. 19-2).

**R9-25-205. Changes Affecting an ALS Base Hospital Certificate (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), and 36-2204(5) and (6))**

- A. No later than 30 days after the date of a change in the name listed on the ALS base hospital certificate, an ALS base hospital certificate holder shall notify the Department of the change, in a Department-provided format, including:
1. The current name of the ALS base hospital;
  2. The ALS base hospital's certificate number;
  3. The new name and the effective date of the name change;
  4. Documentation supporting the name change;
  5. Documentation of compliance with the requirements in A.A.C. R9-10-109(A), if applicable;
  6. Attestation that all information submitted to the Department is true and correct; and
  7. The signature or electronic signature of the applicant's chief administrative officer or the chief administrative officer's designated representative and date of signature or electronic signature.
- B. No later than 48 hours after changing the information provided according to R9-25-204(A)(1)(e) by terminating, adding, or amending a written agreement required in R9-25-203(B)(2), an ALS base hospital certificate holder shall notify the Department of the change, including:
1. The following information in a Department-provided format:
    - a. The name of the ALS base hospital;
    - b. The ALS base hospital's certificate number; and
    - c. As applicable, the name of the emergency medical services provider or ambulance service for which the ALS base hospital:
      - i. Has a newly executed or amended written agreement described in A.R.S. § 36-2201(4), or
      - ii. Is no longer providing administrative medical direction or on-line medical direction under a written agreement described in A.R.S. § 36-2201(4); and
  2. If applicable, a copy of the newly executed or amended written agreement described in A.R.S. § 36-2201(4), including all attachments and exhibits.
- C. No later than 10 days after the date of a change in an administrative medical director provided according to R9-25-204(A)(1)(f), an ALS base hospital certificate holder shall notify the Department of the change, in a Department-provided format, including:
1. The name of the ALS base hospital,
  2. The ALS base hospital's certificate number,
  3. The name of the new administrative medical director and the effective date of the change,
  4. Attestation that the new administrative medical director meets the requirements in R9-25-201(A)(1),
  5. Attestation that all information submitted to the Department is true and correct, and
  6. The signature or electronic signature of the applicant's chief administrative officer or the chief administrative officer's designated representative and date of signature or electronic signature.
- D. No later than 30 days after the date of a change in the address listed on an ALS base hospital certificate or a change in ownership, as defined in A.A.C. R9-10-101, an ALS base hospital

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certificate holder shall submit to the Department an application required in R9-25-204(A).

**Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). Amended by final rulemaking at 13 A.A.R. 3014, effective October 6, 2007 (Supp. 07-3). Section R9-25-205 repealed; new Section R9-25-205 renumbered from R9-25-209 and amended by exempt rulemaking at 19 A.A.R. 4032, effective December 1, 2013 (Supp. 13-4). Amended by final rulemaking at 25 A.A.R. 953, effective July 1, 2019 (Supp. 19-2).

**R9-25-206. ALS Base Hospital Authority and Responsibilities (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), 36-2204(5) and (6), 36-2208(A), and 36-2209(A)(2))**

- A. An ALS base hospital certificate holder shall:
1. Have the capability of providing both administrative medical direction and on-line medical direction;
  2. Provide administrative medical direction and on-line medical direction to an EMCT according to:
    - a. A written agreement described in A.R.S. § 36-2201(4);
    - b. The requirements in R9-25-201 for administrative medical direction; and
    - c. The requirements in R9-25-202 for on-line medical direction;
  3. Ensure that personnel are available to provide administrative medical direction and on-line medical direction; and
  4. Establish, document, and implement policies and procedures, consistent with A.R.S. Title 36, Chapter 21.1 and this Chapter, that include a quality assurance process to evaluate the effectiveness of the on-line medical direction provided to EMCTs.
- B. An ALS base hospital certificate holder shall notify in writing:
1. The Department no later than 24 hours after:
    - a. Ceasing to meet a requirement in R9-25-203(B)(1) or (2); or
    - b. For a special hospital, ceasing to be licensed under 9 A.A.C. 10, Article 2, as a special hospital or to meet the requirement in R9-25-203(B)(2); and
  2. Each emergency medical services provider or ambulance service with which the ALS base hospital has a current written agreement to provide administrative medical direction or on-line medical direction no later than seven days before ceasing to provide administrative medical direction or on-line medical direction or as specified in the written agreement, whichever is earlier.
- C. An ALS base hospital may act as a training program without training program certification from the Department, if the ALS base hospital:
1. Is eligible for training program certification as provided in R9-25-301(C); and
  2. Complies with the requirements in R9-25-301(D), R9-25-302, R9-25-303(B), (C), and (F), and R9-25-304 through R9-25-306.
- D. If an ALS base hospital's pharmacy provides all of the agents for an emergency medical services provider or ambulance service, and the ALS base hospital owns the agents provided, the ALS base hospital's certificate holder shall ensure that:
1. Except as stated in subsections (D)(2) and (3), the policies and procedures for agents to which an EMCT has access that are established by the administrative medical director for the emergency medical services provider or

ambulance service comply with requirements in R9-25-201(F)(2);

2. The emergency medical services provider or ambulance service requires an EMCT for the emergency medical services provider or ambulance service to notify the pharmacist in charge of the hospital pharmacy of a missing, visibly adulterated, or depleted controlled substance; and
3. The pharmacist in charge of the hospital pharmacy notifies the Department, as specified in R9-25-201(F)(3), of a missing, visibly adulterated, or depleted controlled substance.

**Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Amended effective November 30, 1998; filed in the Office of the Secretary of State November 24, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to A.R.S. § 36-2205(C) (Supp. 98-4). Amended by exempt rulemaking at 7 A.A.R. 4888, effective November 1, 2001 (Supp. 01-4). Former R9-25-206 renumbered to R9-25-210; new R9-25-206 made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). Section R9-25-206 repealed; new Section R9-25-206 renumbered from R9-25-210 and amended by exempt rulemaking at 19 A.A.R. 4032, effective December 1, 2013 (Supp. 13-4). Amended by final rulemaking at 25 A.A.R. 953, effective July 1, 2019 (Supp. 19-2).

*The following Exhibit was repealed under an exemption from the provisions of A.R.S. Title 41, Chapter 6, pursuant to A.R.S. § 36-2205(C). Exemption from A.R.S. Title 41, Chapter 6 means that the Department did not submit this change to the Secretary of State's Office for publication in the Arizona Administrative Register as proposed rules; the Department did not submit the change to the Governor's Regulatory Review Council for review; and the Department was not required to hold public hearings on the repealing of this Exhibit (Supp. 98-4).*

**Exhibit B. Repealed****Historical Note**

Exhibit B adopted effective October 15, 1996 (Supp. 96-4). Repealed effective November 30, 1998; filed in the Office of the Secretary of State November 24, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to A.R.S. § 36-2205(C) (Supp. 98-4).

**R9-25-207. ALS Base Hospital Enforcement Actions (Authorized by A.R.S. §§ 36-2201, 36-2202(A)(3) and (A)(4), and 36-2204(7))**

- A. Except as provided in subsection (C), the Department may take an action listed in subsection (B) against an ALS base hospital certificate holder who:
1. Does not meet the certification requirements:
    - a. In R9-25-203(B)(1) or (2); or
    - b. For a special hospital, in R9-25-203(B)(2) and being licensed under 9 A.A.C. 10, Article 2, as a special hospital;
  2. Violates the requirements in A.R.S. Title 36, Chapter 21.1 or 9 A.A.C. 25;
  3. Does not submit a corrective action plan, as provided in R9-25-203(G)(2), that is acceptable to the Department;
  4. Does not complete a corrective action plan submitted according to R9-25-203(G)(2); or
  5. Knowingly or negligently provides false documentation or information to the Department.

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- B.** The Department may take the following action against an ALS base hospital certificate holder:
1. After notice is provided according to A.R.S. Title 41, Chapter 6, Article 10, issue a letter of censure,
  2. After notice is provided according to A.R.S. Title 41, Chapter 6, Article 10, issue an order of probation,
  3. After notice and an opportunity to be heard is provided according to A.R.S. Title 41, Chapter 6, Article 10, suspend the ALS base hospital certificate, or
  4. After notice and an opportunity to be heard is provided according to A.R.S. Title 41, Chapter 6, Article 10, decertify the ALS base hospital.
- C.** An ALS base hospital operated as a hospital in this state by the United States federal government or by a sovereign tribal nation is under federal or tribal government jurisdiction.

**Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Former R9-25-207 repealed; new R9-25-207 renumbered from R9-25-201 and amended by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). Section R9-25-207 renumbered to Section R9-25-203; new Section R9-25-207 renumbered from Section R9-25-211 and amended by exempt rulemaking at 19 A.A.R. 4032, effective December 1, 2013 (Supp. 13-4). Amended by final rulemaking at 25 A.A.R. 953, effective July 1, 2019 (Supp. 19-2).

**R9-25-208. Renumbered****Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Former R9-25-208 repealed; new R9-25-208 renumbered from R9-25-202 and amended by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). Section R9-25-208 renumbered to Section R9-25-204 by exempt rulemaking at 19 A.A.R. 4032, effective December 1, 2013 (Supp. 13-4).

**R9-25-209. Renumbered****Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Former R9-25-209 repealed; new R9-25-209 renumbered from R9-25-204 and amended by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). Section R9-25-209 renumbered to Section R9-25-205 by exempt rulemaking at 19 A.A.R. 4032, effective December 1, 2013 (Supp. 13-4).

**R9-25-210. Renumbered****Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Former R9-25-210 repealed; new R9-25-210 renumbered from R9-25-206 and amended by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). Amended by final rulemaking at 12 A.A.R. 4404, effective January 6, 2007 (Supp. 06-4). Section R9-25-210 renumbered to Section R9-25-206 by exempt rulemaking at 19 A.A.R. 4032, effective December 1, 2013 (Supp. 13-4).

**R9-25-211. Renumbered****Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Former R9-25-211 repealed; new R9-25-211 renumbered from R9-25-213 and amended by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). Section R9-25-211 renumbered to Section R9-25-207 by exempt

rulemaking at 19 A.A.R. 4032, effective December 1, 2013 (Supp. 13-4).

**R9-25-212. Repealed****Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

**R9-25-213. Renumbered****Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section renumbered to R9-25-211 by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

**ARTICLE 3. TRAINING PROGRAMS****R9-25-301. Application for Certification (Authorized by A.R.S. §§ 36-2202(A)(3) and (4) and 36-2204(1) and (3))**

- A.** To apply for certification as a training program, an applicant shall submit an application to the Department, in a Department-provided format, including:
1. The applicant's name, address, and telephone number;
  2. The name, telephone number, and e-mail address of the applicant's chief administrative officer;
  3. The name of each course the applicant plans to provide;
  4. Attestation that the applicant has the equipment and facilities that meet the requirements established according to A.R.S. § 36-2204 and available through the Department at [www.azdhs.gov/ems-regulatory-references](http://www.azdhs.gov/ems-regulatory-references) for the courses specified in subsection (A)(3);
  5. The name, telephone number, and e-mail address of the training program medical director;
  6. The name, telephone number, and e-mail address of the training program director;
  7. Attestation that the applicant will comply with all requirements in A.R.S. Title 36, Chapter 21.1 and 9 A.A.C. 25;
  8. Attestation that all information required as part of the application has been submitted and is true and accurate; and
  9. The signature or electronic signature of the applicant's chief administrative officer or the chief administrative officer's designated representative and date of signature or electronic signature.
- B.** An applicant may submit to the Department a copy of an accreditation report if the applicant is currently accredited by a national accrediting organization.
- C.** The Department shall certify a training program if the applicant:
1. Has not operated a training program that has been decertified by the Department within five years before submitting the application,
  2. Submits an application that is complete and compliant with requirements in this Article, and
  3. Has not knowingly provided false information on or with an application required by this Article.
- D.** The Department:
1. Shall assess a training program at least once every 24 months after certification to determine ongoing compliance with the requirements of this Article; and
  2. May inspect a training program according to A.R.S. § 41-1009:
    - a. As part of the substantive review time-frame required in A.R.S. §§ 41-1072 through 41-1079, or
    - b. As necessary to determine compliance with the requirements of this Article.
- E.** The Department shall approve or deny an application under this Article according to Article 12 of this Chapter.
- F.** A training program certificate is valid only for the name of the training program certificate holder and the courses listed by

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the Department on the certificate and may not be transferred to another person.

**Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). Amended by final rulemaking at 12 A.A.R. 4404, effective January 6, 2007 (Supp. 06-4). Amended by exempt rulemaking at 19 A.A.R. 282, effective January 28, 2013 (Supp. 13-1). Amended by exempt rulemaking at 19 A.A.R. 4032, effective December 1, 2013 (Supp. 13-4). Amended by final expedited rulemaking at 24 A.A.R. 268, with an immediate effective date of January 9, 2018 (Supp. 18-1). Amended by final expedited rulemaking at 24 A.A.R. 3487, with an immediate effective date of December 4, 2018 (Supp. 18-4).

**R9-25-302. Administration (Authorized by A.R.S. §§ 36-2202(A)(3) and (4) and 36-2204(1) and (3))**

- A.** A training program certificate holder shall ensure that a training program medical director:
1. Is a physician or exempt from physician licensing requirements under A.R.S. §§ 32-1421(A)(7) or 32-1821(3);
  2. Meets one of the following:
    - a. Has emergency medicine certification issued by a member board of the American Board of Medical Specialties,
    - b. Has emergency medical services certification issued by the American Board of Emergency Medicine,
    - c. Has completed an emergency medicine residency training program accredited by the Accreditation Council for Graduate Medical Education or approved by the American Osteopathic Association, or
    - d. Is an emergency medicine physician in an emergency department located in Arizona and has current certification that meets the requirements in R9-25-201(A)(1)(d)(i) through (iii); and
  3. Before the start date of a course session, reviews the course content outline and final examinations to ensure consistency with the national educational standards for the applicable EMCT classification level.
- B.** A training program certificate holder shall ensure that a training program director:
1. Is one of the following:
    - a. A physician with at least two years of experience providing emergency medical services as a physician;
    - b. A doctor of allopathic medicine or osteopathic medicine licensed in another state or jurisdiction with at least two years of experience providing emergency medical services as a doctor of allopathic medicine or osteopathic medicine;
    - c. An individual who meets the definition of registered nurse in A.R.S. § 32-1601 with at least two years of experience providing emergency medical services as a registered nurse;
    - d. A physician assistant with at least two years of experience providing emergency medical services as a physician assistant; or
    - e. An EMCT with at least two years of experience at that classification of EMCT, only for courses to prepare an individual for certification or recertification at the same or lower level of EMCT;
  2. Has completed 24 hours of training related to instructional methodology including:
    - a. Organizing and preparing materials for didactic instruction, clinical training, field training, and skills practice;

- b. Preparing and administering tests and practical examinations;
  - c. Using equipment and supplies;
  - d. Measuring student performance;
  - e. Evaluating student performance;
  - f. Providing corrective feedback; and
  - g. Evaluating course effectiveness;
3. Supervises the day-to-day operation of the courses offered by the training program;
  4. Supervises and evaluates the lead instructor for a course session;
  5. Monitors the training provided by all preceptors providing clinical training or field training; and
  6. Does not participate as a student in a course session, take a refresher challenge examination, or receive a certificate of completion for a course given by the training program.
- C.** A training program certificate holder shall:
1. Maintain with an insurance company authorized to transact business in this state:
    - a. A minimum single claim professional liability insurance coverage of \$500,000, and
    - b. A minimum single claim general liability insurance coverage of \$500,000 for the operation of the training program; or
  2. Be self-insured for the amounts in subsection (C)(1).
- D.** A training program certificate holder shall ensure that policies and procedures are:
1. Established, documented, and implemented covering:
    - a. Student enrollment, including verification that a student has proficiency in reading at the 9th grade level and meets all course admission requirements;
    - b. Maintenance of student records and medical records, including compliance with all applicable state and federal laws governing confidentiality, privacy, and security; and
    - c. For each course offered:
      - i. Student attendance requirements, including leave, absences, make-up work, tardiness, and causes for suspending or expelling a student for unsatisfactory attendance;
      - ii. Grading criteria, including the minimum grade average considered satisfactory for continued enrollment and standards for suspending or expelling a student for unsatisfactory grades;
      - iii. Administration of final examinations; and
      - iv. Student conduct, including causes for suspending or expelling a student for unsatisfactory conduct;
  2. Reviewed annually and updated as necessary; and
  3. Maintained on the premises and provided to the Department at the Department's request.

**Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). Amended by exempt rulemaking at 19 A.A.R. 282, effective January 28, 2013 (Supp. 13-1). Amended by exempt rulemaking at 19 A.A.R. 282, effective January 28, 2013 (Supp. 13-1). Amended by exempt rulemaking at 19 A.A.R. 4032, effective December 1, 2013 (Supp. 13-4).

**R9-25-303. Changes Affecting a Training Program Certificate (Authorized by A.R.S. §§ 36-2202(A)(3) and (4) and 36-2204(1) and (3))**

- A.** No later than 10 days after a change in the name, address, or e-mail address of the training program certificate holder listed on a training program certificate, the training program certificate holder shall notify the Department of the change, in a Department-provided format, including:
1. The current name, address, and e-mail address of the training program certificate holder;
  2. The certificate number for the training program;

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3. The new name, new address, or new e-mail address and the date of the name, address, or e-mail address change;
  4. If applicable, attestation that the training program certificate holder has insurance required in R9-25-302(C) that is valid for the new name or new address;
  5. Attestation that all information submitted to the Department is true and correct; and
  6. The signature or electronic signature of the applicant's chief administrative officer or the chief administrative officer's designated representative and date of signature or electronic signature.
- B.** No later than 10 days after a change in the training program medical director or training program director, a training program certificate holder shall notify the Department, in a Department-provided format, including:
1. The name and address of the training program certificate holder;
  2. The certificate number for the training program;
  3. The name, telephone number, and e-mail address of the new training program medical director or training program director and the date of the change; and
  4. The signature or electronic signature of the applicant's chief administrative officer or the chief administrative officer's designated representative and date of signature or electronic signature.
- C.** A training program certificate holder that intends to add a course shall submit to the Department a request for approval, in a Department-provided format, including:
1. The name and address of the training program certificate holder;
  2. The certificate number for the training program;
  3. The name, telephone number, and e-mail address of the applicant's chief administrative officer;
  4. The name of each course the training program certificate holder plans to add;
  5. Attestation that the training program certificate holder has the equipment and facilities that meet the requirements established according to A.R.S. § 36-2204 and available through the Department at [www.azdhs.gov/ems-regulatory-references](http://www.azdhs.gov/ems-regulatory-references) for the courses specified in subsection (C)(4);
  6. Attestation that all information required as part of the request is true and accurate; and
  7. The signature or electronic signature of the applicant's chief administrative officer or the chief administrative officer's designated representative and date of signature or electronic signature.
- D.** For notification made under subsection (A) of a change in the name or address of a certificate holder, the Department shall issue an amended certificate to the training program certificate holder that incorporates the new name or address but retains the date on the current certificate.
- E.** The Department shall approve or deny a request for the addition of a course in subsection (C) according to Article 12 of this Chapter.
- F.** A training program certificate holder shall not conduct a course until an amended certificate is issued by the Department.
- A.** For each course provided, a training program director shall ensure that:
1. The required equipment and facilities established for the course are available for use;
  2. The following are prepared and provided to course applicants before the start date of a course session:
    - a. A description of requirements for admission, course content, course hours, course fees, and course completion, including whether the course prepares a student for:
      - i. A national certification organization examination for the specific EMCT classification level,
      - ii. A statewide standardized certification test under the state certification process, or
      - iii. Recertification at a specific EMCT classification level;
    - b. A list of books, equipment, and supplies that a student is required to purchase for the course;
    - c. Notification of eligibility for the course as specified in R9-25-305(B), (D)(1) and (2), or (F)(1) and (2), as applicable;
    - d. Notification of any specific requirements for a student to begin any component of the course, including, as applicable:
      - i. Prerequisite knowledge, skill, and abilities;
      - ii. Physical examinations;
      - iii. Immunizations;
      - iv. Documentation of freedom from infectious tuberculosis;
      - v. Drug screening; and
      - vi. The ability to perform certain physical activities; and
    - e. The policies for the course on student attendance, grading, student conduct, and administration of final examinations, required in R9-25-302(D)(1)(c)(i) through (iv);
  3. Information is provided to assist a student to:
    - a. Register for and take an applicable national certification organization examination;
    - b. Complete application forms for registration in a national certification organization; and
    - c. Complete application forms for certification under 9 A.A.C. 25, Article 4;
  4. A lead instructor is assigned to each course session who:
    - a. Is one of the following:
      - i. A physician with at least two years of experience providing emergency medical services;
      - ii. A doctor of allopathic medicine or osteopathic medicine licensed in another state or jurisdiction with at least two years of experience providing emergency medical services;
      - iii. An individual who meets the definition of registered nurse in A.R.S. § 32-1601 with at least two years of experience providing emergency medical services;
      - iv. A physician assistant with at least two years of experience providing emergency medical services; or
      - v. An EMCT with at least two years of experience at that classification of EMCT, only for courses to prepare an individual for certification or recertification at the same or lower EMCT classification level;
    - b. Has completed training related to instructional methodology specified in R9-25-302(B)(2);
    - c. Except as provided in subsection (A)(4)(d), is available for student-instructor interaction during all course hours established for the course session; and
    - d. Designates an individual who meets the requirements in subsections (A)(4)(a) and (b) to be present and act as the lead instructor when the lead instructor is not present; and
  5. Clinical training and field training are provided:

**Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). Amended by exempt rulemaking at 19 A.A.R. 282, effective January 28, 2013 (Supp. 13-1). Amended by exempt rulemaking at 19 A.A.R. 4032, effective December 1, 2013 (Supp. 13-4). Amended by final expedited rulemaking at 24 A.A.R. 3487, with an immediate effective date of December 4, 2018 (Supp. 18-4).

**R9-25-304. Course and Examination Requirements (Authorized by A.R.S. §§ 36-2202(A)(3) and (4) and 36-2204(1), (2), and (3))**

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- a. Under the supervision of a preceptor who has at least two years of experience providing emergency medical services and is one of the following:
    - i. An individual licensed in this or another state or jurisdiction as a doctor of allopathic medicine or osteopathic medicine;
    - ii. An individual licensed in this or another state or jurisdiction as a registered nurse;
    - iii. An individual licensed in this or another state or jurisdiction as a physician assistant; or
    - iv. An EMCT, only for courses to prepare an individual for certification or recertification at the same or lower EMCT classification level;
  - b. Consistent with the clinical training and field training requirements established for the course; and
  - c. If clinical training or field training are provided by a person other than the training program certificate holder, under a written agreement with the person providing the clinical training or field training that includes a termination clause that provides sufficient time for a student to complete the training upon termination of the written agreement.
- B.** A training program director may combine the students from more than one course session for didactic instruction.
- C.** For a final examination or refresher challenge examination for each course offered, a training program director shall ensure that:
- 1. The final examination or refresher challenge examination for the course is completed onsite at the training program or at a facility used for course instruction;
  - 2. Except as provided in subsection (D), the final examination or refresher challenge examination for a course includes a:
    - a. Written test:
      - i. With one absolutely correct answer, two incorrect answers, and one distractor, none of which is "all of the above" or "none of the above";
      - ii. With 150 multiple-choice questions for the:
        - (1) Final examination for a refresher course, or
        - (2) Refresher challenge examination for a course;
      - iii. That covers the learning objectives of the course with representation from all topics covered by the course; and
      - iv. That requires a passing score of 75% or higher in no more than three attempts for a final examination and no more than one attempt for a refresher challenge examination; and
    - b. Comprehensive practical skills test:
      - i. Evaluating the student's technical proficiency in skills consistent with the national education standards for the applicable EMCT classification level, and
      - ii. Reflecting the skills necessary to pass a national certification organization examination at the applicable EMCT classification level;
  - 3. The identity of each student taking the final examination or refresher challenge examination is verified;
  - 4. A student does not receive verbal or written assistance from any other individual or use notes, books, or documents of any kind as an aid in taking the examination;
  - 5. A student who violates subsection (C)(4) is not permitted to complete the examination or to receive a certificate of completion for the course or refresher challenge examination; and
  - 6. An instructor who allows a student to violate subsection (C)(4) or assists a student in violating subsection (C)(4) is no longer permitted to serve as an instructor.
- D.** A training program director shall ensure that a standardized certification test for a student under the state certification process includes:
- 1. A written test that meets the requirements in subsection (C)(2)(a); and
  - 2. Either:
    - a. A comprehensive practical skills test that meets the requirements in subsection (C)(2)(b), or
    - b. An attestation of practical skills proficiency on a Department-provided form.
- E.** A training program director shall ensure that:
- 1. A student is allowed no longer than six months after the date of the last day of classroom instruction for a course session to complete all course requirements,
  - 2. There is a maximum ratio of four students to one preceptor for the clinical training portion of a course, and
  - 3. There is a maximum ratio of one student to one preceptor for the field training portion of a course.
- F.** A training program director shall:
- 1. For a student who completes a course, issue a certificate of completion containing:
    - a. Identification of the training program,
    - b. Identification of the course completed,
    - c. The name of the student who completed the course,
    - d. The date the student completed all course requirements,
    - e. Attestation that the student has met all course requirements, and
    - f. The signature or electronic signature of the training program director and the date of signature or electronic signature; and
  - 2. For an individual who passes a refresher challenge examination, issue a certificate of completion containing:
    - a. Identification of the training program,
    - b. Identification of the refresher challenge examination administered,
    - c. The name of the individual who passed the refresher challenge examination,
    - d. The date or dates the individual took the refresher challenge examination,
    - e. Attestation that the individual has passed the refresher challenge examination, and
    - f. The signature or electronic signature of the training program director and the date of signature or electronic signature.

**Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). Amended by final rulemaking at 12 A.A.R. 4404, effective January 6, 2007 (Supp. 06-4). Amended by exempt rulemaking at 19 A.A.R. 282, effective January 28, 2013 (Supp. 13-1). Amended by exempt rulemaking at 19 A.A.R. 4032, effective December 1, 2013 (Supp. 13-4).

**R9-25-305. Supplemental Requirements for Specific Courses (Authorized by A.R.S. §§ 36-2202(A)(3) and (4) and 36-2204(1) and (3))**

- A.** Except as specified in subsection (B), a training program certificate holder shall ensure that a certification course offered by the training program:
- 1. Covers knowledge, skills, and competencies comparable to the national education standards established for a specific EMCT classification level;
  - 2. Prepares a student for:
    - a. A national certification organization examination for the specific EMCT classification level, or
    - b. A standardized certification test under the state certification process;
  - 3. Has no more than 24 students enrolled in each session of the course; and
  - 4. Has a minimum course length of:
    - a. For an EMT certification course, 130 hours;
    - b. For an AEMT certification course, 244 hours, including:

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- i. A minimum of 100 contact hours of didactic instruction and practical skills training, and
  - ii. A minimum of 144 contact hours of clinical training and field training; and
- c. For a Paramedic certification course, 1000 hours, including:
  - i. A minimum of 500 contact hours of didactic instruction and practical skills training, and
  - ii. A minimum of 500 contact hours of clinical training and field training.
- B. A training program director shall ensure that, for an AEMT certification course or a Paramedic certification course, a student has one of the following:
  - 1. Current certification from the Department as an EMT or higher EMCT classification level,
  - 2. Documentation of completion of prior training in an EMT course or a course for a higher EMCT classification level provided by a training program certified by the Department or an equivalent training program, or
  - 3. Documentation of current registration in a national certification organization at the EMT classification level or higher EMCT classification level.
- C. A training program director shall ensure that for a course to prepare an EMT-I(99) for Paramedic certification:
  - 1. A student has current certification from the Department as an EMT-I(99);
  - 2. The course covers the knowledge, skills, and competencies established according to A.R.S. § 36-2204 and available through the Department at [www.azdhs.gov/ems-regulatory-references](http://www.azdhs.gov/ems-regulatory-references);
  - 3. The minimum course length is 600 hours, including:
    - a. A minimum of 220 contact hours of didactic instruction and practical skills training, and
    - b. A minimum of 380 contact hours of clinical training and field training; and
  - 4. A minimum of 60 contact hours of training in anatomy and physiology are completed by the student:
    - a. As a prerequisite to the course,
    - b. As preliminary instruction completed at the beginning of the course session before the didactic instruction required in subsection (C)(3)(a) begins, or
    - c. Through integration of the anatomy and physiology material with the units of instruction required in subsection (C)(3).
- D. A training program director shall ensure that for an EMT refresher course:
  - 1. A student has one of the following:
    - a. Current certification from the Department as an EMT or higher EMCT classification level,
    - b. Documentation of completion of prior training in an EMT course or a course for a higher EMCT classification level provided by a training program certified by the Department or an equivalent training program,
    - c. Documentation of current registration in a national certification organization at the EMT classification level or higher EMCT classification level, or
    - d. Documentation from a national certification organization requiring the student to complete the EMT refresher course to be eligible to apply for registration in the national certification organization;
  - 2. A student has documentation of current certification in adult, pediatric, and infant cardiopulmonary resuscitation through instruction consistent with American Heart Association recommendations for emergency cardiovascular care by EMCTs;
  - 3. The EMT refresher course cover the knowledge, skills, and competencies in the national education standards established at the EMT classification level;
  - 4. No more than 32 students are enrolled in each session of the course; and
  - 5. The minimum course length is 24 contact hours.
- E. A training program authorized to provide an EMT refresher course may administer a refresher challenge examination covering materials included in the EMT refresher course to an individual eligible for admission into the EMT refresher course.
- F. A training program director shall ensure that for an ALS refresher course:
  - 1. A student has one of the following:
    - a. Current certification from the Department as an AEMT, EMT-I(99), or Paramedic;
    - b. Documentation of completion of a prior training course, at the AEMT classification level or higher, provided by a training program certified by the Department or an equivalent training program;
    - c. Documentation of current registration in a national certification organization at the AEMT or Paramedic classification level; or
    - d. Documentation from a national certification organization requiring the student to complete the ALS refresher course to be eligible to apply for registration in the national certification organization;
  - 2. A student has documentation of current certification in:
    - a. Adult, pediatric, and infant cardiopulmonary resuscitation through instruction consistent with American Heart Association recommendations for emergency cardiovascular care by EMCTs, and
    - b. For a student who has current certification as an EMT-I(99) or higher level of EMCT classification, advanced emergency cardiac life support;
  - 3. The ALS refresher course covers:
    - a. For a student who has current certification as an AEMT or documentation of completion of prior training at an AEMT classification level, the knowledge, skills, and competencies in the national education standards established for an AEMT;
    - b. For a student who has current certification as an EMT-I(99), the knowledge, skills, and competencies established according to A.R.S. § 36-2204 for an EMT-I(99) as of the effective date of this Section and available through the Department at [www.azdhs.gov/ems-regulatory-references](http://www.azdhs.gov/ems-regulatory-references); and
    - c. For a student who has current certification as a Paramedic or documentation of completion of prior training at a Paramedic classification level, the knowledge, skills, and competencies in the national education standards established for a Paramedic;
  - 4. No more than 32 students are enrolled in each session of the course; and
  - 5. The minimum course length is 48 contact hours.
- G. A training program authorized to provide an ALS refresher course may administer a refresher challenge examination covering materials included in the ALS refresher course to an individual eligible for admission into the ALS refresher course.

**Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). Amended by final rulemaking at 12 A.A.R. 4404, effective January 6, 2007 (Supp. 06-4). Amended by final rulemaking at 13 A.A.R. 3014, effective October 6, 2007 (Supp. 07-3). Amended by exempt rulemaking at 19 A.A.R. 282, effective January 28, 2013 (Supp. 13-1). Amended by exempt rulemaking at 19 A.A.R. 4032, effective December 1, 2013 (Supp. 13-4). Amended by final expedited rulemaking at 24 A.A.R. 268, with an immediate effective date of January 9, 2018 (Supp. 18-1). Amended by final expedited rulemaking at 24 A.A.R. 3487, with an immediate effective date of December 4,

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2018 (Supp. 18-4).

**Exhibit F. Repealed****Historical Note**

Exhibit F adopted effective October 15, 1996 (Supp. 96-

4). Exhibit repealed by final rulemaking at 9 A.A.R.

5372, effective January 3, 2004 (Supp. 03-4).

**R9-25-306. Training Program Notification and Recordkeeping (Authorized by A.R.S. §§ 36-2202(A)(3) and (4) and 36-2204(1) and (3))**

- A.** At least 10 days before the start date of a course session, a training program certificate holder shall submit to the Department the following information in a Department-provided format:
1. Identification of the training program;
  2. Identification of the course;
  3. The name of the training program medical director;
  4. The name of the training program director;
  5. The name of the course session's lead instructor;
  6. The course session start date and end date;
  7. The physical location at which didactic training and practical skills training will be provided;
  8. The days of the week and times of each day during which didactic training and practical skills training will be provided;
  9. The number of clock hours of didactic training and practical skills training;
  10. If applicable, the number of hours of clinical training and field training included in the course session;
  11. The date, start time, and location of the final examination for the course;
  12. Attestation that the lead instructor is qualified under R9-25-304(A)(4)(a); and
  13. The name and signature of the chief administrative officer or program director and the date signed.
- B.** The Department shall review the information submitted according to subsection (A) and, within five days after receiving the information:
1. Approve a course session, issue an identifying number to the course session, and notify the training program certificate holder of the approval and identifying number; or
  2. Disapprove a course session that does not comply with requirements in this Article and notify the training program certificate holder of the disapproval.
- C.** A training program certificate holder shall ensure that:
1. No later than 10 days after the date a student completes all course requirements, the training program director submits to the Department the following information in a Department-provided format:
    - a. Identification of the training program;
    - b. The name of the training program director;
    - c. Identification of the course and the start date and end date of the course session completed by the student;
    - d. The name, date of birth, and mailing address of the student who completed the course;
    - e. The date the student completed all course requirements;
    - f. The score the student received on the final examination;
    - g. Attestation that the student has met all course requirements;
    - h. Attestation that all information submitted is true and accurate; and
    - i. The signature of the training program director and the date signed; and
  2. No later than 10 days after the date an individual passes a refresher challenge examination administered by the training program, the training program director submits to the Department the following information in a Department-provided format:
    - a. Identification of the training program;
    - b. Identification of the:
      - i. Refresher challenge examination administered, and
      - ii. Course for which the refresher challenge examination substitutes;
    - c. The name of the training program medical director;
    - d. The name of the training program director;
    - e. The name, date of birth, and mailing address of the individual who passed the refresher challenge examination;
    - f. The date and location at which the refresher challenge examination was administered;
    - g. The score the individual received on the refresher challenge examination;
    - h. Attestation that the individual:
      - i. Met the requirements for taking the refresher challenge examination, and
      - ii. Passed the refresher challenge examination;
    - i. Attestation that all information submitted is true and accurate; and
    - j. The name and signature of the training program director and the date signed.
- D.** A training program certificate holder shall ensure that:
1. A record is established for each student enrolled in a course session, including:
    - a. The student's name and date of birth;
    - b. A copy of the student's enrollment agreement or contract;
    - c. Identification of the course in which the student is enrolled;
    - d. The start date and end date for the course session;
    - e. Documentation supporting the student's eligibility to enroll in the course;
    - f. Documentation that the student meets prerequisites for the course, established as specified in R9-25-304(A)(2)(d)(i);
    - g. The student's attendance records;
    - h. The student's clinical training records, if applicable;
    - i. The student's field training records, if applicable;
    - j. The student's grades;
    - k. Documentation of the final examination for the course, including:
      - i. A copy of each scored written test attempted or completed by the student, and
      - ii. All forms used as part of the comprehensive practical skills test attempted or completed by the student; and
  2. A copy of the student's certificate of completion required in R9-25-304(F)(1);
  3. A student record required in subsection (D)(1) is maintained for at least three years after the end date of a student's course session and provided to the Department at the Department's request;
  4. A record is established for each individual to whom a refresher challenge examination is administered, including:
    - a. The individual's name and date of birth;
    - b. Identification of the refresher challenge examination administered to the individual;
    - c. Documentation supporting the individual's eligibility for a refresher challenge examination;
    - d. The date the refresher challenge examination was administered;
    - e. Documentation of the refresher challenge examination, including:
      - i. A copy of the scored written test attempted or completed by the individual, and
      - ii. All forms used as part of the comprehensive practical skills test attempted or completed by the individual; and
    - f. A copy of the individual's certificate of completion required in R9-25-304(F)(2); and
  5. A record required in subsection (D)(3) is maintained for at least three years after the date the refresher challenge



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examination was administered and provided to the Department at the Department's request.

**Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). Amended by final rulemaking at 11 A.A.R. 553, effective March 5, 2005 (Supp. 05-1). Amended by final rulemaking at 12 A.A.R. 4404, effective January 6, 2007 (Supp. 06-4). Amended by final rulemaking at 13 A.A.R. 3014, effective October 6, 2007 (Supp. 07-3). R9-25-306 repealed; new Section R9-25-306 renumbered from R9-25-316 and amended by exempt rulemaking at 19 A.A.R. 282, effective January 28, 2013 (Supp. 13-1). Amended by exempt rulemaking at 19 A.A.R. 4032, effective December 1, 2013 (Supp. 13-4). Amended by final expedited rulemaking at 24 A.A.R. 268, with an immediate effective date of January 9, 2018 (Supp. 18-1).

**R9-25-307. Training Program Enforcement Actions (Authorized by A.R.S. §§ 36-2202(A)(3) and (4) and 36-2204(1) and (3))**

- A. The Department may take an action listed in subsection (B) against a training program certificate holder who:
  - 1. Violates the requirements in A.R.S. Title 36, Chapter 21.1 or 9 A.A.C. 25; or
  - 2. Knowingly or negligently provides false documentation or information to the Department.
- B. The Department may take the following action against a training program certificate holder:
  - 1. After notice is provided according to A.R.S. Title 41, Chapter 6, Article 10, issue:
    - a. A letter of censure, or
    - b. An order of probation; or
  - 2. After notice and opportunity to be heard is provided according to A.R.S. Title 41, Chapter 6, Article 10:
    - a. Suspend the training program certificate, or
    - b. Decertify the training program.

**Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). Amended by final rulemaking at 12 A.A.R. 4404, effective January 6, 2007 (Supp. 06-4). Amended by final rulemaking at 13 A.A.R. 3014, effective October 6, 2007 (Supp. 07-3). Section expired under A.R.S. 41-1056(E) at 18 A.A.R. 2153, effective June 30, 2012 (12-3). New Section R9-25-307 renumbered from R9-25-317 and amended by exempt rulemaking at 19 A.A.R. 282, effective January 28, 2013 (Supp. 13-1). Amended by exempt rulemaking at 19 A.A.R. 4032, effective December 1, 2013 (Supp. 13-4).

**Exhibit H. Repealed****Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Exhibit repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

**R9-25-308. Repealed****Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). Amended by final rulemaking at 12 A.A.R. 4404, effective January 6, 2007 (Supp. 06-4). Amended by final rulemaking at 13 A.A.R. 3014, effective October 6, 2007

(Supp. 07-3). Section repealed by exempt rulemaking at 19 A.A.R. 282, effective January 28, 2013 (Supp. 13-1).

**R9-25-309. Repealed****Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). Amended by final rulemaking at 11 A.A.R. 553, effective March 5, 2005 (Supp. 05-1). Amended by final rulemaking at 12 A.A.R. 4404, effective January 6, 2007 (Supp. 06-4). Amended by final rulemaking at 13 A.A.R. 3014, effective October 6, 2007 (Supp. 07-3). Section repealed by exempt rulemaking at 19 A.A.R. 282, effective January 28, 2013 (Supp. 13-1).

**R9-25-310. Repealed****Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). Amended by final rulemaking at 12 A.A.R. 4404, effective January 6, 2007 (Supp. 06-4). Section repealed by exempt rulemaking at 19 A.A.R. 282, effective January 28, 2013 (Supp. 13-1).

**R9-25-311. Repealed****Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). Amended by final rulemaking at 12 A.A.R. 4404, effective January 6, 2007 (Supp. 06-4). Section repealed by exempt rulemaking at 19 A.A.R. 282, effective January 28, 2013 (Supp. 13-1).

**Exhibit D. Repealed****Historical Note**

Exhibit D adopted effective October 15, 1996 (Supp. 96-4). Exhibit repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

**Exhibit C. Repealed****Historical Note**

Exhibit C adopted effective October 15, 1996 (Supp. 96-4). Exhibit repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

**Exhibit E. Repealed****Historical Note**

Exhibit E adopted effective October 15, 1996 (Supp. 96-4). Exhibit repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

**R9-25-312. Repealed****Historical Note**

New Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). Amended by final rulemaking at 12 A.A.R. 4404, effective January 6, 2007 (Supp. 06-4). Section repealed by exempt rulemaking at 19 A.A.R. 282, effective January 28, 2013 (Supp. 13-1).

**R9-25-313. Repealed****Historical Note**

New Section made by final rulemaking at 9 A.A.R. 5372,

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effective January 3, 2004 (Supp. 03-4). Section repealed by exempt rulemaking at 19 A.A.R. 282, effective January 28, 2013 (Supp. 13-1).

**R9-25-314. Repealed****Historical Note**

New Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). Amended by final rulemaking at 12 A.A.R. 4404, effective January 6, 2007 (Supp. 06-4). Section repealed by exempt rulemaking at 19 A.A.R. 282, effective January 28, 2013 (Supp. 13-1).

**R9-25-315. Repealed****Historical Note**

New Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). Amended by final rulemaking at 12 A.A.R. 4404, effective January 6, 2007 (Supp. 06-4). Section repealed by exempt rulemaking at 19 A.A.R. 282, effective January 28, 2013 (Supp. 13-1).

**R9-25-316. Renumbered****Historical Note**

New Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). Amended by final rulemaking at 12 A.A.R. 4404, effective January 6, 2007 (Supp. 06-4). R9-25-316 renumbered to R9-25-306 by exempt rulemaking at 19 A.A.R. 282, effective January 28, 2013 (Supp. 13-1).

**R9-25-317. Renumbered****Historical Note**

New Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). R9-25-317 renumbered to R9-25-307 by exempt rulemaking at 19 A.A.R. 282, effective January 28, 2013 (Supp. 13-1).

**R9-25-318. Repealed****Historical Note**

New Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). Section repealed; new Section made by final rulemaking at 12 A.A.R. 4404, effective January 6, 2007 (Supp. 06-4). Section repealed by exempt rulemaking at 19 A.A.R. 282, effective January 28, 2013 (Supp. 13-1).

**Exhibit A. Repealed****Historical Note**

New Exhibit made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). Amended by final rulemaking at 12 A.A.R. 4404, effective January 6, 2007 (Supp. 06-4). Exhibit A repealed by exempt rulemaking at 19 A.A.R. 282, effective January 28, 2013 (Supp. 13-1).

**Exhibit B. Expired****Historical Note**

New Exhibit made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). Amended by final rulemaking at 12 A.A.R. 4404, effective January 6, 2007 (Supp. 06-4). Exhibit B expired under A.R.S. 41-1056(E) at 18 A.A.R. 2153, effective June 30, 2012 (12-3).

**Exhibit C. Repealed****Historical Note**

New Exhibit made by final rulemaking at 12 A.A.R.

4404, effective January 6, 2007 (Supp. 06-4). Amended by final rulemaking at 13 A.A.R. 3014, effective October 6, 2007 (Supp. 07-3). Exhibit C repealed by exempt rulemaking at 19 A.A.R. 282, effective January 28, 2013 (Supp. 13-1).

**ARTICLE 4. EMCT CERTIFICATION**

*Article 4 repealed; new Article 4 made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).*

**R9-25-401. EMCT General Requirements (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), (A)(6), and (H) and 36-2204(1), (6), and (7))**

- A. Except as provided in R9-25-404(E) and R9-25-405, an individual shall not act as an EMCT unless the individual has current certification or recertification from the Department.
- B. An EMCT shall act as an EMCT only:
  1. As authorized under the EMCT's scope of practice as specified in Article 5 of this Chapter; and
  2. For an EMCT required to have medical direction according to A.R.S. Title 36, Chapter 21.1 and R9-25-502, as authorized by the EMCT's administrative medical director under:
    - a. Treatment protocols, triage protocols, and communication protocols approved by the EMCT's administrative medical director as specified in R9-25-201(E)(2); and
    - b. Medical recordkeeping, medical reporting, and pre-hospital incident history report requirements approved by the EMCT's administrative medical director as specified in R9-25-201(E)(3)(b).
- C. Except as provided in A.R.S. § 36-2211, the Department shall certify or re-certify an individual as an EMCT for a period of two years.
- D. An individual whose EMCT certificate is expired shall not apply for recertification, except as provided in R9-25-404(A).
- E. The Department shall comply with the confidentiality requirements in A.R.S. §§ 36-2220(E) and 36-2245(M).

**Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). Amended by final rulemaking at 13 A.A.R. 1713, effective June 30, 2007 (Supp. 07-2). Amended by exempt rulemaking at 19 A.A.R. 4032, effective December 1, 2013 (Supp. 13-4). Amended by final expedited rulemaking at 24 A.A.R. 268, with an immediate effective date of January 9, 2018 (Supp. 18-1).

**R9-25-402. EMCT Certification and Recertification Requirements (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), (A)(6), and (H) and 36-2204(1), (6), and (7))**

- A. The Department shall not certify an EMCT if the applicant:
  1. Is currently:
    - a. Incarcerated for a criminal conviction,
    - b. On parole for a criminal conviction,
    - c. On supervised release for a criminal conviction, or
    - d. On probation for a criminal conviction;
  2. Within 10 years before the date of filing an application for certification required by this Article, has been convicted of any of the following crimes, or any similarly defined crimes in this state or in any other state or jurisdiction, unless the conviction has been absolutely discharged, expunged, or vacated:
    - a. 1st or 2nd degree murder;
    - b. Attempted 1st or 2nd degree murder;
    - c. Sexual assault;
    - d. Attempted sexual assault;
    - e. Sexual abuse of a minor;
    - f. Attempted sexual abuse of a minor;
    - g. Sexual exploitation of a minor;

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- h. Attempted sexual exploitation of a minor;
  - i. Commercial sexual exploitation of a minor;
  - j. Attempted commercial sexual exploitation of a minor;
  - k. Molestation of a child;
  - l. Attempted molestation of a child; or
  - m. A dangerous crime against children as defined in A.R.S. § 13-705;
3. Within five years before the date of filing an application for certification required by this Article, has been convicted of a misdemeanor involving moral turpitude or a felony in this state or any other state or jurisdiction, other than a misdemeanor involving moral turpitude or a felony listed in subsection (A)(2), unless the conviction has been absolutely discharged, expunged, or vacated;
  4. Within five years before the date of filing an application for certification required by this Article, has had EMCT certification or recertification revoked in this state or certification, recertification, or licensure at an EMCT classification level revoked in any other state or jurisdiction; or
  5. Knowingly provides false information in connection with an application required by this Article.
- B.** The Department shall not re-certify an EMCT, if:
1. While certified, the applicant has been convicted of a crime listed in subsection (A)(2), or any similarly defined crimes in this state or in any other state or jurisdiction, unless the conviction has been absolutely discharged, expunged, or vacated; or
  2. The applicant knowingly provides false information in connection with an application required by this Article.
- C.** The Department shall make probation a condition of EMCT certification if, within two years before the date of filing an application under R9-25-403, an applicant has been convicted of a misdemeanor in this state or in any other state or jurisdiction, involving:
1. Possession, use, administration, acquisition, sale, manufacture, or transportation of an intoxicating liquor, dangerous drug, or narcotic drug, as defined in A.R.S. § 13-3401, unless the conviction has been absolutely discharged, expunged, or vacated; or
  2. Driving or being in physical control of a vehicle while under the influence of an intoxicating liquor, a dangerous drug, or a narcotic drug, as defined in A.R.S. § 13-3401, unless the conviction has been absolutely discharged, expunged, or vacated.
- D.** Except as provided in subsection (E), the Department shall make probation a condition of EMCT recertification if an applicant:
1. Is currently:
    - a. Incarcerated for a criminal conviction,
    - b. On parole for a criminal conviction,
    - c. On supervised release for a criminal conviction, or
    - d. On probation for a criminal conviction; or
  2. Within five years before the date of filing an application under R9-25-404, has been convicted of a misdemeanor involving moral turpitude or a felony in this state or any other state or jurisdiction, other than those listed in subsection (A)(2), unless the conviction has been absolutely discharged, expunged, or vacated.
- E.** As specified in R9-25-409, the Department may make probation a condition of EMCT recertification if an applicant, within two years before the date of filing an application under R9-25-404, has been convicted of a misdemeanor in this state or in any other state or jurisdiction, involving:
1. Possession, use, administration, acquisition, sale, manufacture, or transportation of an intoxicating liquor, dangerous drug, or narcotic drug, as defined in A.R.S. § 13-3401, unless the conviction has been absolutely discharged, expunged, or vacated; or
  2. Driving or being in physical control of a vehicle while under the influence of an intoxicating liquor, a dangerous drug, or a narcotic drug, as defined in A.R.S. § 13-3401, unless the conviction has been absolutely discharged, expunged, or vacated.
- F.** If the Department makes probation a condition of EMCT certification or recertification, the Department shall fix the period and terms of probation that will:
1. Protect the public health and safety, and
  2. Rehabilitate and educate the applicant.

**Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). Amended by exempt rulemaking at 19 A.A.R. 4032, effective December 1, 2013 (Supp. 13-4). Amended by final expedited rulemaking at 24 A.A.R. 268, with an immediate effective date of January 9, 2018 (Supp. 18-1).

**R9-25-403. Application Requirements for EMCT Certification (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), and (H) and 36-2204(1) and (6))**

- A.** An individual may apply for initial EMCT certification if:
1. The individual is at least 18 years of age;
  2. The individual complies with the requirements in A.R.S. § 41-1080;
  3. The individual is not ineligible under R9-25-402; and
  4. One of the following applies to the individual:
    - a. The individual has not previously applied for certification from the Department or has withdrawn an application for certification;
    - b. An application for certification submitted by the individual was denied by the Department two or more years before the present date;
    - c. Except as provided in R9-25-404(A)(2) or (3), the individual's certification as an EMCT is expired;
    - d. The individual's certification as an EMCT was revoked by the Department five or more years before the present date; or
    - e. The individual has current certification as an EMCT and is applying for certification at a different classification level of EMCT.
- B.** An applicant for initial EMCT certification shall submit to the Department an application in a Department-provided format, including:
1. A form containing:
    - a. The applicant's name, address, telephone number, email address, date of birth, gender, and Social Security number;
    - b. The level of EMCT certification being requested;
    - c. Responses to questions addressing the applicant's criminal history according to R9-25-402(A)(1) through (3) and (C);
    - d. Whether the applicant has within the five years before the date of the application had:
      - i. EMCT certification or recertification revoked in Arizona; or
      - ii. Certification, recertification, or licensure at an EMCT classification level revoked in another state or jurisdiction;
    - e. Attestation that all information required as part of the application has been submitted and is true and accurate; and
    - f. The applicant's signature or electronic signature and date of signature;
  2. For each affirmative response to a question addressing the applicant's criminal history required in subsection (B)(1)(c), a detailed explanation on a Department-provided form and supporting documentation;
  3. For each affirmative response to subsection (B)(1)(d), a detailed explanation on a Department-provided form and supporting documentation;
  4. If applicable, a copy of certification, recertification, or licensure at an EMCT classification level issued to the applicant in another state or jurisdiction;

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5. A copy of one of the following for the applicant:
    - a. U.S. passport, current or expired;
    - b. Birth certificate;
    - c. Naturalization documents; or
    - d. Documentation of legal resident alien status; and
  6. One of the following:
    - a. Either:
      - i. A certificate of completion showing that within two years before the date of the application, the applicant completed statewide standardized training; and
      - ii. A statewide standardized certification test; or
    - b. Documentation of current registration in a national certification organization at the applicable or higher level of EMCT classification.
  - B.** The Department shall approve or deny an application for initial EMCT certification according to Article 12 of this Chapter.
  - C.** If the Department denies an application for initial EMCT certification, the applicant may request a hearing according to A.R.S. Title 41, Chapter 6, Article 10.
- Historical Note**
- Adopted effective October 15, 1996 (Supp. 96-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). Section R9-25-403 repealed; new Section R9-25-403 renumbered from Section R9-25-404 and amended by exempt rulemaking at 19 A.A.R. 4032, effective December 1, 2013 (Supp. 13-4). Amended by final expedited rulemaking at 24 A.A.R. 268, with an immediate effective date of January 9, 2018 (Supp. 18-1).
- R9-25-404. Application Requirements for EMCT Recertification (Authorized by A.R.S. §§ 36-2202(A)(2), (3), (4), and (6), (B), and (H) and 36-2204(1), (4), and (6))**
- A.** An individual may apply for recertification at the same level of EMCT certification held or at a lower level of EMCT certification:
    1. Within 90 days before the expiration date of the individual's current EMCT certification;
    2. Within the 30-day period after the expiration date of the individual's EMCT certification, as provided in subsection (E); or
    3. Within the extension time period granted under R9-25-405.
  - B.** To apply for recertification, an applicant shall submit to the Department an application, in a Department-provided format, including:
    1. A form containing:
      - a. The applicant's name, address, telephone number, email address, date of birth, and Social Security number;
      - b. The applicant's current certification number;
      - c. Responses to questions addressing the applicant's criminal history according to R9-25-402(B), (D), and (E);
      - d. Whether the applicant has within the five years before the date of the application had:
        - i. EMCT certification or recertification revoked in Arizona; or
        - ii. Certification, recertification, or licensure at an EMCT classification level revoked in another state or jurisdiction;
      - e. An indication of the level of EMCT certification held currently or within the past 30 days and of the level of EMCT certification for which recertification is requested;
      - f. Attestation that all information required as part of the application has been submitted and is true and accurate; and
      - g. The applicant's signature or electronic signature and date of signature;
    2. For each affirmative response to a question addressing the applicant's criminal history required in subsection (B)(1)(c), a detailed explanation on a Department-provided form and supporting documentation;
    3. For an affirmative response to subsection (B)(1)(d), a detailed explanation on a Department-provided form; and
    4. For an application submitted within 30 days after the expiration date of EMCT certification, a nonrefundable certification extension fee of \$150.
  - C.** In addition to the application in subsection (B), an applicant for EMCT recertification shall submit one of the following to the Department:
    1. A certificate of course completion issued by the training program director under R9-25-304(F) showing that within two years before the date of the application, the applicant completed either the applicable refresher course or applicable refresher challenge examination;
    2. Documentation of current registration in a national certification organization at the applicable or higher level of EMCT classification; or
    3. Attestation on a Department-provided form that the applicant:
      - a. Has documentation of current certification in adult, pediatric, and infant cardiopulmonary resuscitation through instruction consistent with American Heart Association recommendations for emergency cardiovascular care by EMCTs;
      - b. For EMT-I(99) recertification or Paramedic recertification, has documentation of current certification in advanced emergency cardiac life support;
      - c. Has documentation of having completed within the previous two years the following number of hours of continuing education in topics that are consistent with the content of the applicable refresher course:
        - i. For EMT recertification, a minimum of 24 hours;
        - ii. For AEMT recertification, EMT-I(99) recertification, or Paramedic recertification, a minimum of 48 hours; and
        - iii. Included in the hours required in subsections (C)(3)(c)(i) or (ii), as applicable, a minimum of 5 hours in pediatric emergency care; and
      - d. For EMT recertification, has functioned in the capacity of an EMT for at least 240 hours during the previous two years.
  - D.** An applicant who submits an attestation under subsection (C)(3) shall maintain the applicable documentation for at least three years after the date of the application.
  - E.** If an individual submits an application for recertification, with a certification extension fee, within 30 days after the expiration date of the individual's EMCT certification, the individual:
    1. Was authorized to act as an EMCT during the period between the expiration date of the individual's EMCT certification and the date the application was submitted, and
    2. Is authorized to act as an EMCT until the Department makes a final determination on the individual's application for recertification.
  - F.** If an individual does not submit an application for recertification before the expiration date of the individual's EMCT certification or, with a certification extension fee, within 30 days after the expiration date of the individual's EMCT certification, the individual:
    1. Is not an EMCT,
    2. Was not authorized to act as an EMCT during the 30-day period after the expiration date of the individual's EMCT certification, and
    3. May submit an application to the Department for initial EMCT certification according to R9-25-403.
  - G.** The Department shall approve or deny an application for recertification according to Article 12 of this Chapter.

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- H. If the Department denies an application for recertification, the applicant may request a hearing according to A.R.S. Title 41, Chapter 6, Article 10.
- I. The Department may deny, based on failure to meet the standards for recertification in A.R.S. Title 36, Chapter 21.1 and this Article, an application submitted with a certification extension fee.

**Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). Amended by final rulemaking at 12 A.A.R. 4404, effective January 6, 2007 (Supp. 06-4). Section R9-25-404 renumbered to R9-25-403; new Section R9-25-404 renumbered from Section R9-25-406 and amended by exempt rulemaking at 19 A.A.R. 4032, effective December 1, 2013 (Supp. 13-4).

**R9-25-405. Extension to File an Application for EMCT Recertification (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), (A)(6), and (H) and 36-2204(1), (4), (5), and (7))**

- A. Before the expiration of a current certificate, an EMCT who is unable to meet the recertification requirements in R9-25-404 because of personal or family illness, military service, or authorized federal or state emergency response deployment may apply to the Department in writing for an extension of time to file for recertification by submitting:
  1. The following information in a Department-provided format:
    - a. The EMCT's name, address, telephone number, and email address;
    - b. The EMCT's current certification number;
    - c. The reason for requesting the extension; and
    - d. The EMCT's signature or electronic signature and date of signature; and
  2. For an exemption based on military service or authorized federal or state emergency response deployment, a copy of the EMCT's military orders or documentation of authorized federal or state emergency response deployment.
- B. The Department may grant an extension of time to file for recertification:
  1. For personal or family illness, for no more than 180 days; or
  2. For each military service or authorized federal or state emergency response deployment, for the term of service or deployment plus 180 days.
- C. An individual applying for or granted an extension of time to file for recertification:
  1. Remains certified according to A.R.S. § 41-1092.11 during the extension period, and
  2. Shall submit an application for recertification according to R9-25-404.
- D. An individual who does not meet the recertification requirements in R9-25-404 within the extension period or has the application for recertification denied by the Department:
  1. Is not an EMCT, and
  2. May submit an application to the Department for initial EMCT certification according to R9-25-403.
- E. The Department shall approve or deny a request for an extension to file for EMCT recertification according to Article 12 of this Chapter.
- F. If the Department denies a request for an extension to file for EMCT recertification, the applicant may request a hearing according to A.R.S. Title 41, Chapter 6, Article 10.

**Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). Section R9-25-405 repealed; new Section R9-25-405 renumbered from Section R9-25-407 and amended by

exempt rulemaking at 19 A.A.R. 4032, effective December 1, 2013 (Supp. 13-4). Amended by final expedited rulemaking at 24 A.A.R. 268, with an immediate effective date of January 9, 2018 (Supp. 18-1).

**R9-25-406. Requirements for Downgrading of Certification (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), and (H) and 36-2204(1) and (6))**

An individual who holds current EMCT certification at a classification level higher than EMT and who is not under investigation according to A.R.S. § 36-2211 may apply for:

1. Continued certification at a lower EMCT classification level for the remainder of the certification period by submitting to the Department:
  - a. A written request containing:
    - i. The EMCT's name, address, email address, telephone number, date of birth, and Social Security number;
    - ii. The lower EMCT classification level requested;
    - iii. Attestation that the applicant has not committed an act or engaged in conduct that would warrant revocation of a certificate under A.R.S. § 36-2211;
    - iv. Attestation that all information submitted is true and accurate; and
    - v. The applicant's signature or electronic signature and date of signature; and
  - b. Either:
    - i. A written statement from the EMCT's administrative medical director attesting that the EMCT is able to perform at the lower EMCT classification level requested; or
    - ii. If applying for continued certification as an EMT, an Arizona EMT refresher certificate of completion or an Arizona EMT refresher challenge examination certificate of completion signed by the training program director designated for the Arizona EMT refresher course; or
2. Recertification at a lower EMCT classification level according to R9-25-404.

**Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). Amended by final rulemaking at 12 A.A.R. 4404, effective January 6, 2007 (Supp. 06-4). Amended by final rulemaking at 13 A.A.R. 1713, effective June 30, 2007 (Supp. 07-2). Amended by exempt rulemaking at 19 A.A.R. 282, effective January 28, 2013 (Supp. 13-1). Section R9-25-406 renumbered to Section R9-25-404; new Section R9-25-406 renumbered from Section R9-25-408 and amended by exempt rulemaking at 19 A.A.R. 4032, effective December 1, 2013 (Supp. 13-4). Amended by final expedited rulemaking at 24 A.A.R. 268, with an immediate effective date of January 9, 2018 (Supp. 18-1).

**R9-25-407. Notification Requirements (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), and (A)(4), 36-2204(1) and (6), and 36-2211)**

- A. No later than 30 days after the date an EMCT's name legally changes, the EMCT shall submit to the Department:
  1. A completed form provided by the Department containing:
    - a. The name under which the EMCT is currently certified by the Department;
    - b. The EMCT's address, telephone number, and Social Security number; and
    - c. The EMCT's new name; and

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2. Documentation showing that the name has been legally changed.
- B. No later than 30 days after the date an EMCT's address or email address changes, the EMCT shall submit to the Department a completed form provided by the Department containing:
  1. The EMCT's name, telephone number, and Social Security number; and
  2. The EMCT's new address or email address.
- C. An EMCT shall notify the Department in writing no later than 10 days after the date the EMCT:
  1. Is incarcerated or is placed on parole, supervised release, or probation for any criminal conviction;
  2. Is convicted of:
    - a. A crime specified in R9-25-402(A)(2),
    - b. A misdemeanor involving moral turpitude,
    - c. A felony in this state or any other state or jurisdiction, or
    - d. A misdemeanor specified in R9-25-402(E);
  3. Has registration revoked or suspended by a national certification organization; or
  4. Has certification, recertification, or licensure at an EMCT classification level revoked or suspended in another state or jurisdiction.

**Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). Section R9-25-407 renumbered to Section R9-25-405; new Section R9-25-407 renumbered from Section R9-25-409 and amended by exempt rulemaking at 19 A.A.R. 4032, effective December 1, 2013 (Supp. 13-4). Amended by final expedited rulemaking at 24 A.A.R. 268, with an immediate effective date of January 9, 2018 (Supp. 18-1).

**R9-25-408. Unprofessional Conduct; Physical or Mental Incompetence; Gross Incompetence; Gross Negligence (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), (A)(6), and (H), 36-2204(1), (6), and (7), and 36-2211)**

- A. For purposes of A.R.S. § 36-2211(A)(1), unprofessional conduct is an act or omission made by an EMCT that is contrary to the recognized standards or ethics of the Emergency Medical Technician profession or that may constitute a danger to the health, welfare, or safety of a patient or the public, including:
  1. Impersonating an EMCT of a higher level of certification or impersonating a health professional as defined in A.R.S. § 32-3201;
  2. Permitting or allowing another individual to use the EMCT's certification for any purpose;
  3. Aiding or abetting an individual who is not certified according to this Chapter in acting as an EMCT or in representing that the individual is certified as an EMCT;
  4. Engaging in or soliciting sexual relationships, whether consensual or non-consensual, with a patient while acting as an EMCT;
  5. Physically or verbally harassing, abusing, threatening, or intimidating a patient or another individual while acting as an EMCT;
  6. Making false or materially incorrect entries in a medical record or willful destruction of a medical record;
  7. Failing or refusing to maintain adequate records on a patient;
  8. Soliciting or obtaining monies or goods from a patient by fraud, deceit, or misrepresentation;
  9. Aiding or abetting an individual in fraud, deceit, or misrepresentation in meeting or attempting to meet the application requirements for EMCT certification or EMCT recertification contained in this Article, including the requirements established for:

- a. Completing and passing a course provided by a training program; and
- b. The national certification organization examination process and national certification organization registration process;
10. Providing false information or making fraudulent or untrue statements to the Department or about the Department during an investigation conducted by the Department;
11. Being incarcerated or being placed on parole, supervised release, or probation for any criminal conviction;
12. Being convicted of a misdemeanor identified in R9-25-402(E), which has not been absolutely discharged, expunged, or vacated;
13. Having national certification organization registration revoked or suspended by the national certification organization for material noncompliance with national certification organization rules or standards; and
14. Having certification, recertification, or licensure at an EMCT classification level revoked or suspended in another state or jurisdiction.
- B. Under A.R.S. § 36-2211, physical or mental incompetence of an EMCT is the EMCT's lack of physical or mental ability to provide emergency medical services as required under this Chapter.
- C. Under A.R.S. § 36-2211 gross incompetence or gross negligence is an EMCT's willful act or willful omission of an act that is made in disregard of an individual's life, health, or safety and that may cause death or injury.

**Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). Amended by final rulemaking at 12 A.A.R. 4404, effective January 6, 2007 (Supp. 06-4). Section R9-25-408 renumbered to Section R9-25-406; new Section R9-25-408 renumbered from Section R9-25-410 and amended by exempt rulemaking at 19 A.A.R. 4032, effective December 1, 2013 (Supp. 13-4). Amended by final expedited rulemaking at 24 A.A.R. 268, with an immediate effective date of January 9, 2018 (Supp. 18-1).

**R9-25-409. Enforcement Actions (Authorized by A.R.S. §§ 36-2202(A)(2), (A)(3), (A)(4), (A)(6), and (H), 36-2204(1), (6), and (7), and 36-2211)**

- A. If the Department determines that an applicant or EMCT is not in substantial compliance with applicable laws and rules, under A.R.S. §§ 36-2204 or 36-2211, the Department may:
  1. Take the following action against an applicant or EMCT:
    - a. After notice is provided according to A.R.S. § 36-2211 and, if applicable, A.R.S. Title 41, Chapter 6, Article 10, issue:
      - i. A decree of censure to the EMCT, or
      - ii. An order of probation to the EMCT; or
    - b. After notice and opportunity to be heard is provided according to A.R.S. Title 41, Chapter 6, Article 10:
      - i. Deny an application,
      - ii. Suspend the EMCT's certificate, or
      - iii. Revoke the EMCT's certificate; and
  2. Assess civil penalties against the EMCT.
- B. In determining which action in subsection (A) is appropriate, the Department shall consider:
  1. Prior disciplinary actions;
  2. The time interval since a prior disciplinary action, if applicable;
  3. The applicant's or EMCT's motive;
  4. The applicant's or EMCT's pattern of conduct;
  5. The number of offenses;
  6. Whether the applicant or EMCT failed to comply with instructions from the Department;

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7. Whether interim rehabilitation efforts were made by the applicant or EMCT;
8. Whether the applicant or EMCT refused to acknowledge the wrongful nature of the misconduct;
9. Whether the applicant or EMCT made timely and good-faith efforts to rectify the consequences of the misconduct;
10. The submission of false evidence, false statements, or other deceptive practices during an investigation or disciplinary process;
11. The vulnerability of a patient or other victim of the applicant's or EMCT's conduct, if applicable; and
12. How much control the applicant or EMCT had over the processes or situation leading to the misconduct.

**Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). Section R9-25-409 renumbered to Section R9-25-407; new Section R9-25-409 renumbered from Section R9-25-411 and amended by exempt rulemaking at 19 A.A.R. 4032, effective December 1, 2013 (Supp. 13-4). Amended by final expedited rulemaking at 24 A.A.R. 268, with an immediate effective date of January 9, 2018 (Supp. 18-1).

**R9-25-410. Renumbered****Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). Section R9-25-410 renumbered to Section R9-25-408 by exempt rulemaking at 19 A.A.R. 4032, effective December 1, 2013 (Supp. 13-4).

**R9-25-411. Renumbered****Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed; new Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). Section R9-25-411 renumbered to Section R9-25-409 by exempt rulemaking at 19 A.A.R. 4032, effective December 1, 2013 (Supp. 13-4).

**Exhibit I. Repealed****Historical Note**

Exhibit I adopted effective October 15, 1996 (Supp. 96-4). Exhibit repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

**Exhibit J. Repealed****Historical Note**

Exhibit J adopted effective October 15, 1996 (Supp. 96-4). Exhibit repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

**Exhibit K. Repealed****Historical Note**

Exhibit K adopted effective October 15, 1996 (Supp. 96-4). Exhibit repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

**R9-25-412. Expired****Historical Note**

New Section made by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). Amended by final rulemaking at 12 A.A.R. 4404, effective January 6, 2007

(Supp. 06-4). Section expired under A.R.S. 41-1056(E) at 18 A.A.R. 2153, effective June 30, 2012 (12-3).

**ARTICLE 5. MEDICAL DIRECTION PROTOCOLS FOR EMERGENCY MEDICAL CARE TECHNICIANS**

*Article 5, consisting of R9-25-501 through R9-25-508, recodified from Article 8 at 10 A.A.R. 4192, effective September 21, 2004 (Supp. 04-3).*

*Article 5 repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).*

**R9-25-501. Definitions**

In addition to the definitions in A.R.S. § 36-2201 and R9-25-101, the following definitions apply in this Article, unless otherwise specified:

1. "ALS skill" means a medical treatment, procedure, or technique or administration of a medication that is indicated by a check mark in Table 5.1 under AEMT, EMT-I(99), or Paramedic, but not under EMT.
2. "Immunizing agent" means an immunobiologic recommended by the Advisory Committee on Immunization Practices of the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.

**Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). New R9-25-501 recodified from R9-25-801 at 10 A.A.R. 4192, effective September 21, 2004 (Supp. 04-3). Amended by exempt rulemaking 14 A.A.R. 3491, effective August 14, 2008 (Supp. 08-3). Section R9-25-501 repealed; new Section R9-25-501 made by exempt rulemaking at 19 A.A.R. 4032, effective December 1, 2013 (Supp. 13-4).

**R9-25-502. Scope of Practice for EMCTs**

A. An EMCT shall perform a medical treatment, procedure, or technique or administer a medication only:

1. If the skill is within the EMCT's scope of practice skills, as specified in Table 5.1;
2. For an ALS skill:
  - a. If authorized for the EMCT by the EMCT's administrative medical director, and
  - b. If the EMCT is able to receive on-line medical direction;
3. For a STR skill:
  - a. If the EMCT has documentation of having completed training specific to the skill that is consistent with the knowledge, skills, and competencies established according to A.R.S. § 36-2204 and available through the Department at [www.azdhs.gov/ems-regulatory-references](http://www.azdhs.gov/ems-regulatory-references);
  - b. If authorized for the EMCT by the EMCT's administrative medical director; and
  - c. If the EMCT is able to receive on-line medical direction;
4. If the medication is listed as an agent in a table of agents, established according to A.R.S. § 36-2204 and available through the Department at [www.azdhs.gov/ems-regulatory-references](http://www.azdhs.gov/ems-regulatory-references), that the EMCT's administrative medical director may authorize the EMCT to administer, monitor, or assist a patient in self-administration based on the classification for which the EMCT is certified;
5. If the EMCT is authorized to administer the medication by the:
  - a. EMCT's administrative medical director, if applicable; or

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- b. If the EMCT is an EMT with no administrative medical director, emergency medical services provider or ambulance service by which the EMCT is employed or for which the EMCT volunteers; and
  - 6. In a manner consistent with standards described in R9-25-408 and, if applicable, with the training in 9 A.A.C. 25, Article 3.
- B.** An administrative medical director:
  - 1. Shall:
    - a. Ensure that an EMCT has completed training in administration or monitoring of an agent before authorizing the EMCT to administer or monitor the agent;
    - b. Ensure that an EMCT has competency in an ALS skill before authorizing the EMCT to perform the ALS skill;
    - c. Before authorizing an EMCT to perform a STR skill, ensure that the EMCT has:
      - i. Completed training specific to the skill, consistent with the knowledge, skills, and competencies established according to A.R.S. § 36-2204 and available through the Department at [www.azdhs.gov/ems-regulatory-references](http://www.azdhs.gov/ems-regulatory-references); and
      - ii. Demonstrated competency in the skill;
    - d. Periodically thereafter assess an EMCT's competency in an authorized ALS skill and STR skill, according to policies and procedures required in R9-25-201(E)(3)(b)(ix), to ensure continued competency;
    - e. Document the EMCT's:
      - i. Completion of training in administration or monitoring of an agent required in subsection (B)(1)(a),
      - ii. Competency in performing an ALS skill required in subsection (B)(1)(b),
      - iii. Specific training required in subsection (B)(1)(c)(i) and competency required in subsection (B)(1)(c)(ii); and
      - iv. Periodic reassessment required in subsection (B)(1)(d); and
    - f. Maintain documentation of an EMCT's completion of training in administration or monitoring of an agent and competency in performing an authorized ALS skill or STR skill; and
  - 2. May authorize an EMCT to perform all of the ALS skills in Table 5.1 for the applicable level of EMCT or restrict the EMCT to a subset of the ALS skills in Table 5.1 for the applicable level of EMCT.

**Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). New R9-25-502 recodified from R9-25-802 at 10 A.A.R. 4192, effective September 21, 2004 (Supp. 04-3). Amended by exempt rulemaking at 19 A.A.R. 282, effective January 28, 2013 (Supp. 13-1). Amended by exempt rulemaking at 19 A.A.R. 4032, effective December 1, 2013 (Supp. 13-4). Amended by exempt rulemaking at 24 A.A.R. 2955, effective September 27, 2018 (Supp. 18-3).

**Table 1. Repealed****Historical Note**

Table 1 adopted by exempt rulemaking at 13 A.A.R. 27, effective January 6, 2007 (Supp. 06-4). Amended by exempt rulemaking at 13 A.A.R. 578, effective January 31, 2007 (Supp. 07-1). Historical note added to Table 1; amended by exempt rulemaking 14 A.A.R. 3491, effective August 14, 2008 (Supp. 08-3). Amended by exempt rulemaking at 15 A.A.R. 234, effective January 2, 2009 (Supp. 09-1). Amended by exempt rulemaking at 14 A.A.R. 3491, effective August 14, 2008 (Supp. 08-3). Amended by exempt rulemaking at 15 A.A.R. 234, effective January 2, 2009 (Supp. 09-1). Amended by exempt rulemaking at 16 A.A.R. 2116, effective October 15, 2010 (Supp. 10-4). Amended by exempt rulemaking at 18 A.A.R. 102, effective January 1, 2012 (Supp. 11-4). Table 1 repealed by exempt rulemaking at 19 A.A.R. 4032, effective December 1, 2013 (Supp. 13-4).



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Table 5.1. Arizona Scope of Practice Skills

## KEY:

✓ = Arizona Scope of Practice skill

STR = STR skill

\* = With training in R9-25-505

<b>A. Airway/Ventilation/Oxygenation</b>		<b>EMT</b>	<b>AEMT</b>	<b>EMT-I(99)</b>	<b>Paramedic</b>
1. Airway - nasal		✓	✓	✓	✓
2. Airway - oral		✓	✓	✓	✓
3. Airway - supraglottic		STR	✓	✓	✓
4. Airway obstruction - dislodgement by direct laryngoscopy		-	-	✓	✓
5. Airway obstruction - manual dislodgement techniques		✓	✓	✓	✓
6. Automated transport ventilator		-	STR	✓	✓
7. Bag-valve-mask (BVM)		✓	✓	✓	✓
8. BiPAP		-	-	-	✓
9. CPAP		STR	✓	✓	✓
10. Chest decompression - needle		-	-	✓	✓
11. Chest tube placement - assist only		-	-	-	✓
12. Chest tube monitoring and management		-	-	-	✓
13. Cricothyrotomy		-	-	-	✓
14. End tidal CO2 monitoring and interpretation of waveform capnography		STR	✓	✓	✓
15. Gastric decompression - NG tube		-	-	✓	✓
16. Gastric decompression - OG tube		-	-	✓	✓
17. Head-tilt chin lift		✓	✓	✓	✓
18. Intubation - endotracheal		-	-	✓	✓
19. Intubation - nasotracheal		-	-	-	✓
20. Jaw-thrust		✓	✓	✓	✓
21. Medication Assisted Intubation (paralytics)		-	-	-	STR
22. Mouth-to-barrier		✓	✓	✓	✓
23. Mouth-to-mask		✓	✓	✓	✓
24. Mouth-to-mouth		✓	✓	✓	✓
25. Mouth-to-nose		✓	✓	✓	✓
26. Mouth-to-stoma		✓	✓	✓	✓
27. Oxygen therapy - high flow nasal cannula		-	-	-	✓
28. Oxygen therapy - humidifiers		✓	✓	✓	✓
29. Oxygen therapy - nasal cannula		✓	✓	✓	✓
30. Oxygen therapy - non-rebreather mask		✓	✓	✓	✓
31. Oxygen therapy - partial rebreather mask		✓	✓	✓	✓
32. Oxygen therapy - simple face mask		✓	✓	✓	✓
33. Oxygen therapy - Venturi mask		✓	✓	✓	✓
34. Pulse oximetry		✓	✓	✓	✓
35. Suctioning - upper airway		✓	✓	✓	✓
36. Suctioning - tracheobronchial of an intubated patient		-	*✓	✓	✓
<b>B. Cardiovascular/Circulation</b>		<b>EMT</b>	<b>AEMT</b>	<b>EMT-I (99)</b>	<b>Paramedic</b>
1. Cardiac monitoring - 12-lead ECG (interpretive)		-	-	✓	✓
2. Cardiac monitoring - 12-lead ECG acquisition and transmission		✓	✓	✓	✓
3. Cardiopulmonary resuscitation		✓	✓	✓	✓
4. Cardioversion - electrical		-	-	✓	✓
5. Defibrillation - automated/semi-automated		✓	✓	✓	✓
6. Defibrillation - manual		-	-	✓	✓
7. Hemorrhage control - direct pressure		✓	✓	✓	✓
8. Hemorrhage control - tourniquet		✓	✓	✓	✓
9. Hemorrhage control - wound packing		✓	✓	✓	✓
10. Mechanical CPR device		✓	✓	✓	✓
11. Telemetric monitoring devices and transmission of clinical data including video data		✓	✓	✓	✓
12. Transcutaneous pacing		-	-	✓	✓
13. Transvenous cardiac pacing - monitoring and maintenance		-	-	✓	✓
<b>C. Splinting/Spinal Motion Restriction/Patient Restraint</b>		<b>EMT</b>	<b>AEMT</b>	<b>EMT-I (99)</b>	<b>Paramedic</b>
1. Cervical collar		✓	✓	✓	✓
2. Long spine board		✓	✓	✓	✓
3. Manual cervical stabilization		✓	✓	✓	✓
4. Seated spinal motion restriction (KED, etc.)		✓	✓	✓	✓

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5.	Extremity stabilization - manual	✓	✓	✓	✓
6.	Extremity splinting	✓	✓	✓	✓
7.	Splint - traction	✓	✓	✓	✓
8.	Mechanical patient restraint	✓	✓	✓	✓
9.	Emergency moves for endangered patients	✓	✓	✓	✓
<b>D. Medication Administration - routes/agent types</b>		<b>EMT</b>	<b>AEMT</b>	<b>EMT-I (99)</b>	<b>Paramedic</b>
1.	Aerosolized/nebulized	✓	✓	✓	✓
2.	Endotracheal tube	-	-	✓	✓
3.	Inhaled	✓	✓	✓	✓
4.	Intradermal	-	-	-	✓
5.	Intramuscular	STR	✓	✓	✓
6.	Intramuscular - auto-injector	✓	✓	✓	✓
7.	Intranasal	✓	✓	✓	✓
8.	Intraosseous - initiation, pediatric or adult	-	✓	✓	✓
9.	Intravenous	-	✓	✓	✓
10.	Mucosal/Sublingual	✓	✓	✓	✓
11.	Nasogastric	-	-	-	✓
12.	Oral	✓	✓	✓	✓
13.	Rectal	-	-	-	✓
14.	Subcutaneous	-	✓	✓	✓
15.	Topical	-	-	-	✓
16.	Transdermal	-	-	-	✓
17.	Use/monitoring of infusion pump for agent administration during interfacility trans-	-	-	STR	STR
18.	Use/monitoring of agents specified in <i>Table 3 - Special Agents Eligible for Administration and Monitoring</i> , established according to A.R.S. § 36-2204 and available through the Department at <a href="http://www.azdhs.gov/ems-regulatory-references">www.azdhs.gov/ems-regulatory-references</a>	-	-	STR	STR
19.	Epinephrine anaphylaxis-prepared kit; only for anaphylaxis when no auto-injector is	STR	✓	✓	✓
20.	Immunizations	-	-	✓*	✓*
21.	Thrombolytics	-	-	-	STR
<b>E. IV Initiation/Maintenance Fluids</b>		<b>EMT</b>	<b>AEMT</b>	<b>EMT-I (99)</b>	<b>Paramedic</b>
1.	Access indwelling catheters and implanted central IV ports	-	-	-	✓
2.	Central line - monitoring	-	-	-	✓
3.	Intraosseous - initiation, pediatric or adult	-	✓	✓	✓
4.	Intravenous access	STR	✓	✓	✓
5.	Intravenous initiation - peripheral	STR	✓	✓	✓
6.	Intravenous - maintenance of medicated IV fluids	-	-	✓	✓
7.	Intravenous - maintenance of nonmedicated IV fluids	STR	✓	✓	✓
<b>F. Miscellaneous</b>		<b>EMT</b>	<b>AEMT</b>	<b>EMT-I (99)</b>	<b>Paramedic</b>
1.	Assisted delivery (childbirth)	✓	✓	✓	✓
2.	Assisted complicated delivery (childbirth)	✓	✓	✓	✓
3.	Blood chemistry analysis	-	-	-	✓
4.	Blood glucose monitoring	✓	✓	✓	✓
5.	Blood pressure - automated	✓	✓	✓	✓
6.	Blood pressure - manual	✓	✓	✓	✓
7.	Eye irrigation	✓	✓	✓	✓
8.	Eye irrigation hands-free irrigation using sterile eye irrigation device	-	-	-	✓
9.	Urinary catheterization	STR	STR	STR	STR
10.	Venous blood sampling	-	✓	✓	✓

**Historical Note**

Table 5.1 made by exempt rulemaking at 19 A.A.R. 282, effective January 28, 2013 (Supp. 13-1). Amended by exempt rulemaking at 19 A.A.R. 4032, effective December 1, 2013 (Supp. 13-4). Amended by final exempt rulemaking, pursuant to Laws 2014, Ch. 233, § 5 at 20 A.A.R. 3554, effective January 1, 2015 (Supp. 14-4). Amended by final exempt rulemaking, pursuant to Laws 2015, Ch. 222, § 3, at 21 A.A.R. 3241, effective November 24, 2015 (Supp. 15-4). Amended by final exempt rulemaking at 23 A.A.R. 1161, effective April 19, 2017 (Supp. 17-2). Amended by exempt rulemaking at 24 A.A.R. 2955, effective September 27, 2018 (Supp. 18-3). Amended by exempt rulemaking at 27 A.A.R. 1385, with an immediate effective date of August 9, 2021 (Supp. 21-3).

**Table 5.2. Repealed****Historical Note**

Table 5.2 made by exempt rulemaking at 19 A.A.R. 4032, effective December 1, 2013 (Supp. 13-4). Amended by final exempt rulemaking, pursuant to Laws 2014, Ch.

233, § 5 at 20 A.A.R. 3554, effective January 1, 2015 (Supp. 14-4). Amended by final exempt rulemaking, pursuant to Laws 2015, Ch. 222, § 3, at 21 A.A.R. 3241, effective November 24, 2015 (Supp. 15-4). Amended by final exempt rulemaking at 23 A.A.R. 1161, effective

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April 19, 2017 (Supp. 17-2). Amended by final exempt rulemaking at 23 A.A.R. 1161, effective April 19, 2017 (Supp. 17-2). Repealed by exempt rulemaking at 24 A.A.R. 2955, effective September 27, 2018 (Supp. 18-3).

**Table 5.3. Repealed****Historical Note**

Table 5.3 made by exempt rulemaking at 19 A.A.R. 4032, effective December 1, 2013 (Supp. 13-4). Repealed by exempt rulemaking at 24 A.A.R. 2955, effective September 27, 2018 (Supp. 18-3).

**Table 5.4. Repealed****Historical Note**

Table 5.4 made by exempt rulemaking at 19 A.A.R. 4032, effective December 1, 2013 (Supp. 13-4). Repealed by exempt rulemaking at 24 A.A.R. 2955, effective September 27, 2018 (Supp. 18-3).

**R9-25-503. Testing of Medical Treatments, Procedures, Medications, and Techniques that May Be Administered or Performed by an EMCT**

- A. Under A.R.S. § 36-2205, the Department may authorize the testing and evaluation of a medical treatment, procedure, technique, practice, medication, or piece of equipment for possible use by an EMCT or an emergency medical services provider.
- B. Before authorizing any test and evaluation according to subsection (A), the Department director shall approve the test and evaluation according to subsections (C), (D), (E).
- C. The Department director shall consider approval of a test and evaluation conducted according to subsection (A), only if a written request for testing and evaluation:
  1. Is submitted to the Department director from:
    - a. The Department,
    - b. A state agency other than the Department,
    - c. A political subdivision of this state,
    - d. An EMCT,
    - e. An emergency medical services provider,
    - f. An ambulance service, or
    - g. A member of the public; and
  2. Includes:
    - a. A cover letter, signed and dated by the individual making the request;
    - b. An identification of the person conducting the test and evaluation;
    - c. An identification of the medical treatment, procedure, technique, practice, medication, or piece of equipment to be tested and evaluated;
    - d. An explanation of the reasons for and the benefits of the test and evaluation;
    - e. The scope of the test and evaluation, including the:
      - i. Projected number of individuals, EMCTs, emergency medical services providers, or ambulance services involved; and
      - ii. Proposed length of time required to complete the test and evaluation; and
    - f. The methodology to be used to evaluate the test's and evaluation's findings.
- D. The Department director shall approve a test and evaluation if:
  1. The test and evaluation does not pose a threat to the public health, safety, or welfare;
  2. The test is necessary to evaluate the safest and most current advances in medical treatments, procedures, techniques, practices, medications, or equipment; and
  3. The medical treatment, procedure, technique, practice, medication, or piece of equipment being tested and evaluated may:
    - a. Reduce or eliminate the use of outdated or obsolete medical treatments, procedures, techniques, practices, medications, or equipment;
    - b. Improve patient care; or

- c. Benefit the public's health, safety, or welfare.
- E. Within 180 days after receiving a written request for testing and evaluation that contains all of the information in subsection (C), the Department director shall send written notification of approval or denial of the test and evaluation to the individual making the request.
- F. Upon completion of a test and evaluation authorized by the Department director, the person conducting the test and evaluation shall submit a written report to the Department director that includes:
  1. An identification of the test and evaluation;
  2. A detailed evaluation of the test; and
  3. A recommendation regarding future use of the medical treatment, procedure, technique, practice, medication, or piece of equipment tested and evaluated.

**Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). New R9-25-503 recodified from R9-25-803 at 10 A.A.R. 4192, effective September 21, 2004 (Supp. 04-3). Amended by exempt rulemaking at 13 A.A.R. 27, effective January 6, 2007 (Supp. 06-4). Amended by exempt rulemaking at 13 A.A.R. 578, effective January 31, 2007 (Supp. 07-1). Amended by exempt rulemaking at 14 A.A.R. 3491, effective August 14, 2008 (Supp. 08-3). Section R9-25-503 renumbered to R9-25-505; new Section R9-25-503 renumbered from R9-25-506 and amended by exempt rulemaking at 19 A.A.R. 4032, effective December 1, 2013 (Supp. 13-4).

**Exhibit 1. Repealed****Historical Note**

New Exhibit 1 recodified from Article 8, Exhibit 1 at 10 A.A.R. 4192, effective September 21, 2004 (Supp. 04-3). Amended by exempt rulemaking at 11 A.A.R. 1438, effective March 25, 2005 (Supp. 05-1). Amended by exempt rulemaking at 11 A.A.R. 2379, effective June 8, 2005 (Supp. 05-2). Amended by exempt rulemaking at 11 A.A.R. 3177, effective September 1, 2005 (Supp. 05-3). Exhibit 1 repealed by exempt rulemaking at 13 A.A.R. 27, effective January 6, 2007 (Supp. 06-4).

**Exhibit 2. Repealed****Historical Note**

New Exhibit 2 recodified from Article 8, Exhibit 2 at 10 A.A.R. 4192, effective September 21, 2004 (Supp. 04-3). Amended by exempt rulemaking at 11 A.A.R. 1438, effective March 25, 2005 (Supp. 05-1). Exhibit 2 repealed by exempt rulemaking at 13 A.A.R. 27, effective January 6, 2007 (Supp. 06-4).

**Exhibit 3. Repealed****Historical Note**

Exhibit made by exempt rulemaking at 11 A.A.R. 1438, effective March 25, 2005 (Supp. 05-1). Exhibit 3 repealed by exempt rulemaking at 13 A.A.R. 27, effective January 6, 2007 (Supp. 06-4).

**R9-25-504. Protocol for Selection of a Health Care Institution for Transport**

- A. Except as provided in subsection (B), an EMCT shall transport a patient accessing emergency medical services through a call to 9-1-1 or a similar public emergency dispatch number to:
  1. An emergency receiving facility, or
  2. A special hospital that is physically connected to an emergency receiving facility.

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- B.** Under A.R.S. §§ 36-2205(D) and 36-2232(F), an EMCT who responds to a call made to 9-1-1 or a similar public emergency dispatch number may refer, advise, or transport the patient at the scene to a health care institution other than a health care institution specified in subsection (A), if the EMCT determines that:
1. The patient's condition does not pose an immediate threat to life or limb, based on medical direction; and
  2. The health care institution is the most appropriate for the patient, based on the following:
    - a. The patient's:
      - i. Medical condition,
      - ii. Choice of health care institution, and
      - iii. Health care provider;
    - b. The location of the health care institution and the emergency medical resources available at the health care institution; and
    - c. A determination by the administrative medical director that the health care institution is able to accept and capable of treating the patient.
- C.** Before initiating transport of a patient accessing emergency medical services through a call to 9-1-1 or a similar public emergency dispatch number, an EMCT, emergency medical services provider, or ambulance service shall:
1. Notify, by radio or telephone communication, a health care institution that is not an emergency receiving facility of the EMCT's intent to transport the patient to the health care institution; and
  2. Receive confirmation of the willingness of the health care institution to accept the patient.
- D.** An EMCT transporting a patient accessing emergency medical services through a call to 9-1-1 or a similar public emergency dispatch number to a health care institution that is not an emergency receiving facility shall transfer care of the patient to a designee authorized by:
1. A physician,
  2. A registered nurse practitioner,
  3. A physician assistant, or
  4. A registered nurse.
- E.** An emergency medical services provider or an ambulance service that implements this rule shall make available for Department review and inspection written records relating to the transport of a patient under subsections (B), (C), and (D).

**Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). New R9-25-504 recodified from R9-25-804 at 10 A.A.R. 4192, effective September 21, 2004 (Supp. 04-3). Amended by exempt rulemaking at 14 A.A.R. 3124, effective July 9, 2008 (Supp. 08-3). Amended by exempt rulemaking at 19 A.A.R. 4032, effective December 1, 2013 (Supp. 13-4). Amended by final exempt rulemaking, pursuant to Laws 2014, Ch. 233, § 5 at 20 A.A.R. 3554, effective January 1, 2015 (Supp. 14-4).

**R9-25-505. Protocol for an EMT-I(99) or a Paramedic to Become Eligible to Administer an Immunizing Agent**

- A.** An EMT-I(99) or a Paramedic may be authorized by the EMT-I(99)'s or Paramedic's administrative medical director to administer an immunizing agent if the EMT-I(99) or Paramedic completes training that:
1. Includes:
    - a. Basic immunology and the human immune response;

- b. Mechanics of immunity, adverse effects, dose, and administration schedule of available immunizing agents;
  - c. Response to an emergency situation, such as an allergic reaction, resulting from the administration of an immunization;
  - d. Routes of administration for available immunizing agents;
  - e. A description of the individuals to whom an EMCT may administer an immunizing agent; and
  - f. The requirements in 9 A.A.C. 6, Article 7 related to:
    - i. Obtaining written consent for administration of an immunizing agent,
    - ii. Providing immunization information and written immunization records, and
    - iii. Recordkeeping and reporting;
2. Requires the EMT-I(99) or Paramedic to demonstrate competency in the subject matter listed in subsection (A)(1); and
  3. Is approved by the EMT-I(99)'s or Paramedic's administrative medical director based upon a determination that the training meets the requirements in subsections (A)(1) and (A)(2).

- B.** An administrative medical director of an EMT-I(99) or a Paramedic who completes the training required in subsection (A) shall maintain for Department review and inspection written evidence that the EMT-I(99) or Paramedic has completed the training required in subsection (A), including at least:

1. The name of the training,
2. The date the training was completed, and
3. A signed and dated attestation from the administrative medical director that the training is approved.

- C.** Before administering an immunizing agent to an individual, an EMT-I(99) or a Paramedic shall:

1. Receive written consent consistent with the requirements in 9 A.A.C. 6, Article 7;
2. Provide immunization information and written immunization records consistent with the requirements in 9 A.A.C. 6, Article 7; and
3. Provide documentary proof of immunity to the individual consistent with the requirements in 9 A.A.C. 6, Article 7.

**Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). New R9-25-505 recodified from R9-25-805 at 10 A.A.R. 4192, effective September 21, 2004 (Supp. 04-3). Section R9-25-505 repealed; new Section R9-25-505 renumbered from R9-25-503 and amended by exempt rulemaking at 19 A.A.R. 4032, effective December 1, 2013 (Supp. 13-4).

**Exhibit 1. Repealed****Historical Note**

New Exhibit 1 recodified from Article 8, Exhibit 1 at 10 A.A.R. 4192, effective September 21, 2004 (Supp. 04-3). Exhibit 1 repealed by exempt rulemaking at 19 A.A.R. 4032, effective December 1, 2013 (Supp. 13-4).

**Exhibit 2. Repealed****Historical Note**

New Exhibit 2 recodified from Article 8, Exhibit 2 at 10 A.A.R. 4192, effective September 21, 2004 (Supp. 04-3). Exhibit 2 repealed by exempt rulemaking at 19 A.A.R. 4032, effective December 1, 2013 (Supp. 13-4).

**R9-25-506. Renumbered****Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). New R9-25-506 recodified

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from R9-25-806 at 10 A.A.R. 4192, effective September 21, 2004 (Supp. 04-3). Section R9-25-506 renumbered to R9-25-503 by exempt rulemaking at 19 A.A.R. 4032, effective December 1, 2013 (Supp. 13-4).

**R9-25-507. Repealed****Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). New R9-25-507 recodified from R9-25-807 at 10 A.A.R. 4192, effective September 21, 2004 (Supp. 04-3). Section R9-25-507 repealed by exempt rulemaking at 19 A.A.R. 4032, effective December 1, 2013 (Supp. 13-4).

**R9-25-508. Repealed****Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Subsection (A)(2) corrected to reflect adopted rules on file with the Office of the Secretary of State, effective October 15, 1996 (Supp. 97-1). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). New R9-25-508 recodified from R9-25-808 at 10 A.A.R. 4192, effective September 21, 2004 (Supp. 04-3). Section R9-25-508 repealed by exempt rulemaking at 19 A.A.R. 4032, effective December 1, 2013 (Supp. 13-4).

**R9-25-509. Repealed****Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). New Section made by exempt rulemaking at 11 A.A.R. 2379, effective June 8, 2005 (Supp. 05-2). Section repealed by exempt rulemaking at 13 A.A.R. 3038, effective October 6, 2007 (Supp. 07-3).

**R9-25-510. Repealed****Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). New Section made by exempt rulemaking at 11 A.A.R. 1502, effective April 1, 2005 (Supp. 05-1). Amended by exempt rulemaking at 11 A.A.R. 2379, effective June 8, 2005 (Supp. 05-2). Section R9-25-510 repealed by exempt rulemaking at 19 A.A.R. 4032, effective December 1, 2013 (Supp. 13-4).

**Exhibit P. Repealed****Historical Note**

Exhibit P adopted effective October 15, 1996 (Supp. 96-4). Exhibit repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

**R9-25-511. Repealed****Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Subsection (C) corrected to reflect adopted rules on file with the Office of the Secretary of State, effective October 15, 1996 (Supp. 97-3). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). New Section made by exempt rulemaking at 11 A.A.R. 4982, effective November 1, 2005 (Supp. 05-4). Section R9-25-511 repealed by exempt rulemaking at 19 A.A.R.

4032, effective December 1, 2013 (Supp. 13-4).

**R9-25-512. Repealed****Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Subsection (A) corrected to reflect adopted rules on file with the Office of the Secretary of State, effective October 15, 1996 (Supp. 97-1). Subsection (A) corrected again to reflect adopted rules on file with the Office of the Secretary of State, effective October 15, 1996 (Supp. 97-3). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). New Section made by exempt rulemaking at 13 A.A.R. 27, effective January 6, 2007 (Supp. 06-4). Section repealed by exempt rulemaking at 16 A.A.R. 2116, effective October 15, 2010 (Supp. 10-4).

**R9-25-513. Repealed****Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). New Section made by exempt rulemaking at 13 A.A.R. 3038, effective October 6, 2007 (Supp. 07-3). R9-25-513 repealed by exempt rulemaking at 19 A.A.R. 4032, effective December 1, 2013 (Supp. 13-4).

**R9-25-514. Repealed****Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Amended by exempt rulemaking at 7 A.A.R. 4888, effective November 1, 2001 (Supp. 01-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

**R9-25-515. Repealed****Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

**ARTICLE 6. STROKE CARE**

*Article 6, consisting of new Sections R9-25-601 and R9-25-602, made by exempt rulemaking effective April 5, 2013 (Supp. 13-1).*

*Article 6 repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).*

**R9-25-601. Definitions (Authorized by A.R.S. §§ 36-2202(A)(3) and (4) and 36-2204(1) and (3))**

In addition to the definitions in A.R.S. § 36-2201 and R9-25-101, the following definitions apply in this Article, unless otherwise specified:

1. "Acute stroke-ready hospital" means a hospital that is certified by a national stroke center certification organization as meeting national stroke care standards for the initial assessment, diagnosis, stabilization, and either:
  - a. Transfer of a stroke patient to a primary stroke center or comprehensive stroke center, or
  - b. Care of a stroke patient with input from the staff of a primary stroke center or comprehensive stroke center.
2. "Comprehensive stroke center" means a hospital that is certified by a national stroke center certification organization as meeting national stroke care standards for the assessment, diagnosis using advanced imaging devices,

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and treatment of stroke patients with complex cases of ischemic stroke, caused by the loss of the blood supply to a part of the brain, or hemorrhagic stroke, caused by bleeding into a part of the brain.

3. "Council" means the emergency medical services council established under A.R.S. § 36-2203.
4. "Health care provider" means an individual licensed according to A.R.S. Title 32, Chapter 13, 15, 17, 19, 25, or 34.
5. "Local EMS coordinating system" means the same as in A.R.S. § 36-2210.
6. "National stroke care standards" means criteria for the assessment and treatment of stroke that are consistent with guidelines established by the American Heart Association/American Stroke Association, an organization that focuses on reducing the impact of stroke.
7. "National stroke center certification organization" means an entity:
  - a. Such as:
    - i. The Joint Commission;
    - ii. The Healthcare Facilities Accreditation Program;
    - iii. Det Norske Veritas Healthcare, Inc.; or
    - iv. The American Heart Association/American Stroke Association;
  - b. That assesses the compliance of a hospital with national stroke care standards; and
  - c. That documents hospitals that meet national stroke care standards.
8. "Primary stroke center" means a hospital that is certified by a national stroke center certification organization as meeting national stroke care standards for the assessment, diagnosis, and treatment of stroke patients.
9. "Stroke patient" means an individual who has signs or symptoms of a stroke and is receiving assessment or treatment for a stroke.
10. "Transport" means the same as in A.A.C. R9-10-101.

**Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). New Section made by exempt rulemaking at 19 A.A.R. 643, effective April 5, 2013 (Supp. 13-1). Amended by final rulemaking at 23 A.A.R. 1728, effective July 1, 2017 (Supp. 17-2).

**R9-25-602. Emergency Stroke Care Protocols (Authorized by A.R.S. §§ 36-2202(A)(3) and (4) and 36-2204(1) and (3))**

- A. The council shall:
  1. Establish emergency stroke care protocols, and
  2. Support the adoption of emergency stroke care protocols by emergency medical services providers through local EMS coordinating systems.
- B. The council shall ensure that emergency stroke care protocols:
  1. Are developed and implemented in coordination with:
    - a. Local EMS coordinating systems,
    - b. National organizations that focus on heart disease and stroke,
    - c. Emergency medical services providers, and
    - d. Health care providers;
  2. Include procedures for the pre-hospital assessment and treatment of stroke patients, which may include education about identifying stroke patients who may have an emergent large vessel occlusion, the blockage of a large blood vessel that causes an individual to have an ischemic stroke;

3. Provide for transport of stroke patients to the most appropriate emergency receiving facility, consistent with A.R.S. § 36-2205(E), taking into account the:
  - a. Needs of a stroke patient;
  - b. Availability of resources in urban areas, suburban areas, rural areas, and wilderness areas;
  - c. Capability of an emergency receiving facility to practice telemedicine, as defined in A.R.S. § 36-3601, with specialists in stroke care;
  - d. Location of emergency receiving facilities that:
    - i. Are:
      - (1) Acute stroke-ready hospitals,
      - (2) Primary stroke centers, or
      - (3) Comprehensive stroke centers; and
    - ii. Participate in quality improvement activities, including the submission of data on stroke care provided by the emergency receiving facility that may be compiled on a statewide basis;
  - e. Capability of an emergency receiving facility that is not a primary stroke center or comprehensive stroke center to stabilize a stroke patient before initiating a transfer to a primary stroke center or comprehensive stroke center;
  - f. Capability of an emergency receiving facility that is not a primary stroke center or comprehensive stroke center to stabilize and admit a stroke patient; and
  - g. Distance and duration of transport;
4. Are consistent with national stroke care standards; and
5. Are based on data on stroke care from:
  - a. National organizations that focus on heart disease and stroke;
  - b. U.S. Department of Transportation, National Highway Traffic Safety Administration; and
  - c. Statewide data on stroke care, as available.

- C. The council shall review and update, as necessary, the emergency stroke care protocols in subsection (A) after seeking input from:
  1. Local EMS coordinating systems,
  2. National organizations that focus on heart disease and stroke,
  3. Nonprofit organizations that focus on the development of stroke systems of care,
  4. Emergency medical services providers, and
  5. Health care providers.

**Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). New Section made by exempt rulemaking at 19 A.A.R. 643, effective April 5, 2013 (Supp. 13-1). Amended by final rulemaking at 23 A.A.R. 1728, effective July 1, 2017 (Supp. 17-2).

**R9-25-603. Repealed****Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

**R9-25-604. Repealed****Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

**R9-25-605. Repealed**

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**Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

**R9-25-606. Repealed****Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

**R9-25-607. Repealed****Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

**R9-25-608. Repealed****Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

**R9-25-609. Repealed****Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

**Exhibit R. Repealed****Historical Note**

Exhibit R adopted effective October 15, 1996 (Supp. 96-4). Exhibit repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

**R9-25-610. Repealed****Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

**R9-25-611. Repealed****Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

**R9-25-612. Repealed****Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

**R9-25-613. Repealed****Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

**R9-25-614. Repealed****Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

**R9-25-615. Repealed****Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Amended by exempt rulemaking at 7 A.A.R. 4888, effective November 1, 2001 (Supp. 01-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

**R9-25-616. Repealed****Historical Note**

Adopted effective October 15, 1996 (Supp. 96-4). Section repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

**Exhibit S. Repealed****Historical Note**

Exhibit S adopted effective October 15, 1996 (Supp. 96-4). Exhibit repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

**Exhibit G. Repealed****Historical Note**

Exhibit G adopted effective October 15, 1996 (Supp. 96-4). Exhibit repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

**Exhibit L. Repealed****Historical Note**

Exhibit L adopted effective October 15, 1996 (Supp. 96-4). Exhibit repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

**Exhibit M. Repealed****Historical Note**

Exhibit M adopted effective October 15, 1996 (Supp. 96-4). Exhibit repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

**Exhibit N. Repealed****Historical Note**

Exhibit N adopted effective October 15, 1996 (Supp. 96-4). Exhibit repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

**Exhibit O. Repealed****Historical Note**

Exhibit O adopted effective October 15, 1996 (Supp. 96-4). Exhibit repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

**Exhibit Q. Repealed****Historical Note**

Exhibit Q adopted effective October 15, 1996 (Supp. 96-4). Exhibit repealed by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

**ARTICLE 7. AIR AMBULANCE SERVICE LICENSING****R9-25-701. Definitions (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), 36-2212, 36-2213, 36-2214, and 36-2215)**

In addition to the definitions in A.R.S. § 36-2201 and R9-25-101, the following definitions apply in this Article and in Article 8 of this Chapter, unless otherwise specified:

1. "Air ambulance" means an aircraft that is an "ambulance" as defined in A.R.S. § 36-2201.
2. "Air ambulance service" means an ambulance service that operates an air ambulance.

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3. "Base location" means a physical location at which a person houses an air ambulance or equipment and supplies used for the operation of an air ambulance service or provides administrative or other support for the operation of an air ambulance service.
4. "Business organization" means an entity such as an association, cooperative, corporation, limited liability company, or partnership.
5. "Call number" means a unique identifier used by an air ambulance service to identify a specific mission.
6. "CAMTS" means the Commission on Accreditation of Medical Transport Systems, formerly known as the Commission on Accreditation of Air Medical Services.
7. "Change of ownership" means a transfer of controlling legal or controlling equitable interest and authority in an air ambulance service.
8. "Critical care" means pertaining to a patient whose condition requires care commensurate with the scope of practice of a physician or registered nurse.
9. "Estimated time of arrival" means the number of minutes from the time that an air ambulance service agrees to perform a mission to the time that an air ambulance arrives at the scene.
10. "Holds itself out" means advertises through print media, broadcast media, the Internet, or other means.
11. "Interfacility" means between two health care institutions.
12. "Licensed respiratory care practitioner" has the same meaning as in A.R.S. § 32-3501.
13. "Maternal" means pertaining to a woman whose pregnancy is considered by a physician to be high risk, who is in need of critical care services related to the pregnancy, and who is being transferred to a medical facility that has the specialized perinatal and neonatal resources and capabilities necessary to provide an appropriate level of care.
14. "Medical team" means personnel whose main function on a mission is the medical care of the patient being transported.
15. "Mission" means a transport job that involves an air ambulance service's sending an air ambulance to a patient's location to provide transport of the patient from one location to another, whether or not transport of the patient is actually provided.
16. "Neonatal" means pertaining to an infant who is 28 days of age or younger and who is in need of critical care services.
17. "On-line medical guidance" means emergency medical services direction or information provided to a non-EMCT medical team member by a physician through two-way voice communication.
18. "Operate an air ambulance in this state" means:
  - a. Transporting a patient via air ambulance from a location in this state to another location in this state,
  - b. Operating an air ambulance from a base location in this state, or
  - c. Transporting a patient via air ambulance from a location in this state to a location outside of this state more than once per month.
19. "Owner" means a person that holds a controlling legal or equitable interest and authority in a business enterprise.
20. "Patient reference number" means a unique identifier used by an air ambulance service to identify an individual patient.
21. "Personnel" means individuals who work for an air ambulance service, with or without compensation, whether as employees, contractors, or volunteers.
22. "Premises" means each physical location of air ambulance service operations and includes all equipment and records at each location.
23. "Proficiency in neonatal resuscitation" means current and valid certification in neonatal resuscitation obtained through completing a nationally recognized training program such as the American Academy of Pediatrics and American Heart Association NRP: Neonatal Resuscitation Program.
24. "Publicizes" means makes a good faith effort to communicate information to the general public through print media, broadcast media, the Internet, or other means.
25. "Regularly" means at recurring, fixed, or uniform intervals.
26. "Rescue situation" means an incident in which:
  - a. An individual's life, limb, or health is imminently threatened; and
  - b. The threat may be reduced or eliminated by removing the individual from the situation and providing medical services.
27. "Subspecialization" means:
  - a. For a physician board certified by a specialty board approved by the American Board of Medical Specialties, subspecialty certification;
  - b. For a physician board certified by a specialty board approved by the American Osteopathic Association, attainment of either a certification of special qualifications or a certification of added qualifications; and
  - c. For a physician who has completed an accredited residency program, completion of at least one year of training pertaining to the specified area of medicine.
28. "Two-way voice communication" means that two individuals are able to convey information back and forth to each other orally, either directly or through a third-party relay.
29. "Valid" means that a license, certification, or other form of authorization is in full force and effect and not suspended.
30. "Working day" means the period between 8:00 a.m. and 5:00 p.m. on a Monday, Tuesday, Wednesday, Thursday, or Friday that is not a state holiday.

**Historical Note**

New Section made by final rulemaking at 12 A.A.R. 656, effective April 8, 2006 (Supp. 06-1). Amended by exempt rulemaking at 19 A.A.R. 4032, effective December 1, 2013 (Supp. 13-4).

**R9-25-702. Applicability (A.R.S. §§ 36-2202(A)(4) and 36-2217)**

This Article and Article 8 of this Chapter do not apply to persons and vehicles exempted from the provisions of A.R.S. Title 36, Chapter 21.1 as provided in A.R.S. § 36-2217(A).

**Historical Note**

New Section made by final rulemaking at 12 A.A.R. 656, effective April 8, 2006 (Supp. 06-1).

**R9-25-703. Requirement and Eligibility for a License (A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), 36-2212, 36-2213, 36-2214, and 36-2215)**

- A.** A person shall not operate an air ambulance in this state unless the person has a current and valid air ambulance service license and, except as provided in A.R.S. § 36-2212(C), a current and valid certificate of registration for the air ambulance as required under Article 8 of this Chapter.
- B.** To be eligible to obtain an air ambulance service license, an applicant shall:
  1. Hold current and valid Registration and Exemption under 14 CFR 298, as evidenced by a current and valid OST Form 4507 showing the effective date of registration;
  2. Hold the following issued by the Federal Aviation Administration:
    - a. A current and valid Air Carrier Certificate authorizing common carriage under 14 CFR 135;



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- b. If operating a rotor-wing air ambulance, current and valid Operations Specifications authorizing aeromedical helicopter operations;
  - c. If operating a fixed-wing air ambulance, current and valid Operations Specifications authorizing airplane air ambulance operations;
  - d. A current and valid Certificate of Registration for each air ambulance to be operated; and
  - e. A current and valid Airworthiness Certificate for each air ambulance to be operated;
3. Have applied for a certificate of registration, issued by the Department under Article 8 of this Chapter, for each air ambulance to be operated by the air ambulance service;
  4. Hold a current and valid registration, issued by the Arizona Department of Transportation under A.R.S. Title 28, Chapter 25, Article 4, for each air ambulance to be operated by the air ambulance service;
  5. Have current and valid liability insurance coverage for the air ambulance service that complies with A.R.S. § 36-2215 and that has at least the following maximum liability limits:
    - a. \$1 million for injuries to or death of any one person arising out of any one incident or accident;
    - b. \$3 million for injuries to or death of more than one person in any one incident or accident; and
    - c. \$500,000 for damage to property arising from any one incident or accident;
  6. Have current and valid malpractice insurance coverage for the air ambulance service that complies with A.R.S. § 36-2215 and that has a maximum liability limit of at least \$1 million per occurrence; and
  7. Comply with all applicable requirements of this Article, Articles 2 and 8 of this Chapter, and A.R.S. Title 36, Chapter 21.1.
- C. To maintain eligibility for an air ambulance service license, an air ambulance service shall meet the requirements of subsections (B)(1)-(2) and (4)-(7) and hold a current and valid certificate of registration, issued by the Department under Article 8 of this Chapter, for each air ambulance operated by the air ambulance service.

**Historical Note**

New Section made by final rulemaking at 12 A.A.R. 656, effective April 8, 2006 (Supp. 06-1).

**R9-25-704. Initial Application and Licensing Process (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), 36-2213, 36-2214, and 36-2215)**

- A. An applicant for an initial license shall submit an application to the Department, in a Department-provided format, including:
    1. The applicant's name; mailing address; e-mail address; fax number, if any; and telephone number;
    2. Each business name to be used for the air ambulance service;
    3. The physical and mailing addresses to be used for the air ambulance service, if different from the applicant's mailing address;
    4. The name, title, address, e-mail address, and telephone number of the applicant's statutory agent or the individual designated by the applicant to accept service of process and subpoenas for the air ambulance service;
    5. If the applicant is a business organization:
      - a. The type of business organization;
      - b. The following information about the individual who is to serve as the primary contact for information regarding the application:
        - i. Name;
        - ii. Address;
        - iii. E-mail address;
        - iv. Telephone number; and
        - v. Fax number, if any;
  - B. Unless an applicant establishes that it holds current CAMTS accreditation as provided in subsection (A)(16) or is applying for an initial license because of a change of ownership as described in R9-25-706(D), the Department shall conduct an inspection, as required under A.R.S. § 36-2214(B) and R9-25-708, during the substantive review period for the application for an initial license.
  - C. The Department shall review and approve or deny each application as described in Article 12 of this Chapter.
- ii. Address;
  - iii. E-mail address;
  - iv. Telephone number; and
  - v. Fax number, if any;
  - c. The name, title, and address of each officer and board member or trustee; and
  - d. A copy of the business organization's articles of incorporation, articles of organization, or partnership or joint venture documents, if applicable;
6. The name and Arizona license number for the physician who is to serve as the administrative medical director for the air ambulance service;
  7. The intended hours of operation for the air ambulance service;
  8. The intended schedule of rates for the air ambulance service;
  9. Which of the following mission types is to be provided:
    - a. Emergency medical services transports,
    - b. Interfacility transports,
    - c. Interfacility maternal transports, and
    - d. Interfacility neonatal transports;
  10. The signature of the applicant and the date signed;
  11. A copy of a current and valid OST Form 4507 showing the effective date of Federal Aviation Administration registration and exemption under 14 CFR 298;
  12. A copy of the following issued by the Federal Aviation Administration:
    - a. A current and valid Air Carrier Certificate authorizing common carriage under 14 CFR 135;
    - b. If intending to operate a rotor-wing air ambulance, current and valid Operations Specifications authorizing aeromedical helicopter operations;
    - c. If intending to operate a fixed-wing air ambulance, current and valid Operations Specifications authorizing airplane air ambulance operations;
    - d. A current and valid Certificate of Registration for each air ambulance to be operated; and
    - e. A current and valid Airworthiness Certificate for each air ambulance to be operated;
  13. For each air ambulance to be operated for the air ambulance service:
    - a. An application for registration that includes all of the information and items required under R9-25-802(C); and
    - b. A copy of a current and valid registration, issued by the Arizona Department of Transportation under A.R.S. Title 28, Chapter 25, Article 4;
  14. A certificate of insurance establishing that the applicant has current and valid liability insurance coverage for the air ambulance service as required under R9-25-703(B)(5);
  15. A certificate of insurance establishing that the applicant has current and valid malpractice insurance coverage for the air ambulance service as required under R9-25-703(B)(6);
  16. If the applicant holds current CAMTS accreditation for the air ambulance service, a copy of the current CAMTS accreditation report;
  17. Attestation that the applicant will comply with all applicable requirements in this Article, Articles 2 and 8 of this Chapter, and A.R.S. Title 36, Chapter 21.1; and
  18. Attestation that the information provided in the application, including the information in the documents accompanying the application form, is accurate and complete.

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- D. The Department may deny an application if an applicant:
1. Fails to meet the eligibility requirements of R9-25-703(B);
  2. Fails or has failed to comply with any provision in A.R.S. Title 36, Chapter 21.1;
  3. Fails or has failed to comply with any provision in this Article or Article 2 or 8 of this Chapter;
  4. Knowingly or negligently provides false documentation or false or misleading information to the Department; or
  5. Fails to submit to the Department documents or information requested under R9-25-1201(B)(1) or (C)(3), as required under R9-25-1201(D), and requests a denial as permitted under R9-25-1201(E).

**Historical Note**

New Section made by final rulemaking at 12 A.A.R. 656, effective April 8, 2006 (Supp. 06-1). Amended by exempt rulemaking at 19 A.A.R. 4032, effective December 1, 2013 (Supp. 13-4).

**R9-25-705. Renewal Application and Licensing Process (A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), 36-2213, 36-2214, and 36-2215)**

- A. Before the expiration date of its current license, an air ambulance service shall submit to the Department a renewal application completed using a Department-provided form and including:
1. The information and items listed in R9-25-704(A)(1)-(11), (12)(b), and (13)-(18); and
  2. For each air ambulance operated or to be operated by the air ambulance service:
    - a. A copy of a current and valid certificate of registration issued by the Department under Article 8 of this Chapter; or
    - b. An application for registration that includes all of the information and items required under R9-25-802(C).
- B. Unless an air ambulance service establishes that it holds current CAMTS accreditation as provided in subsection (C), the Department shall conduct an inspection, as required under A.R.S. § 36-2214(B) and R9-25-708, during the substantive review period for the renewal application.
- C. To establish current CAMTS accreditation, an air ambulance service shall submit to the Department, as part of the application submitted under subsection (A), a copy of the air ambulance service's current CAMTS accreditation report.
- D. The Department shall review and approve or deny each application as described in Article 12 of this Chapter.
- E. The Department may deny an application if an applicant:
1. Fails to meet the eligibility requirements of R9-25-703(C);
  2. Fails or has failed to comply with any provision in A.R.S. Title 36, Chapter 21.1;
  3. Fails or has failed to comply with any provision in this Article or Article 2 or 8 of this Chapter;
  4. Knowingly or negligently provides false documentation or false or misleading information to the Department; or
  5. Fails to submit to the Department documents or information requested under R9-25-1201(B)(1) or (C)(3), as required under R9-25-1201(D), and requests a denial as permitted under R9-25-1201(E).

**Historical Note**

New Section made by final rulemaking at 12 A.A.R. 656, effective April 8, 2006 (Supp. 06-1).

**R9-25-706. Term and Transferability of License (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), 36-2213, 36-2214, and 41-1092.11)**

- A. The Department shall issue an initial license:
1. When based on current CAMTS accreditation, with a term beginning on the date of issuance and ending on the expiration date of the CAMTS accreditation upon which licensure is based; and
  2. When based on Department inspection, with a term beginning on the date of issuance and ending three years later.
- B. The Department shall issue a renewal license with a term beginning on the day after the expiration date shown on the previous license and ending:
1. When based on current CAMTS accreditation, on the expiration date of the CAMTS accreditation upon which licensure is based; and
  2. When based on Department inspection, three years after the effective date.
- C. If an applicant submits an application for renewal as described in R9-25-705 before the expiration date of the current license, the current license does not expire until the Department has made a final determination on the application for renewal, as provided in A.R.S. § 41-1092.11.
- D. A person wanting to transfer an air ambulance service license shall submit to the Department before the anticipated change of ownership:
1. A letter that contains:
    - a. A request that the air ambulance service license be transferred,
    - b. The name and license number of the currently licensed air ambulance service, and
    - c. The name of the person to whom the air ambulance service license is to be transferred; and
  2. An application that complies with R9-25-704(A) completed by the person to whom the license is to be transferred.
- E. A new owner shall not operate an air ambulance in this state until the Department has transferred an air ambulance service license to the new owner.

**Historical Note**

New Section made by final rulemaking at 12 A.A.R. 656, effective April 8, 2006 (Supp. 06-1).

**R9-25-707. Changes Affecting a License (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2213)**

- A. At least 30 days before the date of a change in an air ambulance service's name, the air ambulance service shall send the Department written notice of the name change.
- B. At least 90 days before an air ambulance service ceases to operate, the air ambulance service shall send the Department written notice of the intention to cease operating, effective on a specific date, and the desire to relinquish its license as of that date.
- C. Within 30 days after the date of receipt of a notice described in subsection (A) or (B), the Department shall:
1. For a notice described in subsection (A), issue an amended license that incorporates the name change but retains the expiration date of the current license; and
  2. For a notice described in subsection (B), send the air ambulance service written confirmation of the voluntary relinquishment of its license, with an effective date consistent with the written notice.
- D. An air ambulance service shall notify the Department in writing within one working day after:
1. A change in its eligibility for licensure under R9-25-703(B) or (C);

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2. A change in the business organization information most recently submitted to the Department under R9-25-704(A)(5) or R9-25-705(A);
  3. A change in its CAMTS accreditation status, including a copy of its new CAMTS accreditation report, if applicable;
  4. A change in its hours of operation or schedule of rates; or
  5. A change in the scope of the mission types provided.
- E. Before the date of an anticipated change of ownership, a person wanting to transfer an air ambulance service license shall submit to the Department the documents required under R9-25-706(D).

**Historical Note**

New Section made by final rulemaking at 12 A.A.R. 656, effective April 8, 2006 (Supp. 06-1).

**R9-25-708. Inspections and Investigations (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), 36-2213, and 36-2214)**

- A. Except as provided in subsections (D) and (F), the Department shall inspect an air ambulance service before issuing an initial or renewal license, as required under A.R.S. § 36-2214(B), and as often as necessary to determine compliance with this Article, Articles 2 and 8 of this Chapter, and A.R.S. Title 36, Chapter 21.1.
- B. A Department inspection may include the premises and each air ambulance operated or to be operated for the air ambulance service.
- C. If the Department receives written or verbal information alleging a violation of this Article, Article 2 or 8 of this Chapter, or A.R.S. Title 36, Chapter 21.1, the Department shall conduct an investigation.
1. The Department may conduct an inspection as part of an investigation.
  2. An air ambulance service shall allow the Department to inspect the premises and each air ambulance and to interview personnel as part of an investigation.
- D. As required under A.R.S. § 36-2213(8), the Department shall accept proof of current CAMTS accreditation in lieu of the licensing inspections otherwise required before initial and renewal licensure under subsection (A) and A.R.S. § 36-2214(B).
- E. To establish current CAMTS accreditation, an applicant or air ambulance service shall submit to the Department a copy of its current CAMTS accreditation report as required under R9-25-704(C), R9-25-705(C), or R9-25-707(D).
- F. When an application for an air ambulance service license is submitted along with a transfer request due to a change of ownership, the Department shall determine whether an inspection is necessary based upon the potential impact to public health, safety, and welfare.
- G. The Department shall conduct each inspection in compliance with A.R.S. § 41-1009.

**Historical Note**

New Section made by final rulemaking at 12 A.A.R. 656, effective April 8, 2006 (Supp. 06-1).

**R9-25-709. Enforcement Actions (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), 36-2213, 36-2214, 36-2215, 41-1092.03, and 41-1092.11(B))**

- A. The Department may take an action listed in subsection (B) against an air ambulance service that:
1. Fails to meet the eligibility requirements of R9-25-703(B) or (C);
  2. Fails or has failed to comply with any provision in A.R.S. Title 36, Chapter 21.1;

3. Fails or has failed to comply with any provision in this Article or Article 2 or 8 of this Chapter; or
  4. Knowingly or negligently provides false documentation or false or misleading information to the Department.
- B. The Department may take the following actions against an air ambulance service:
1. Except as provided in subsection (B)(3), after notice and an opportunity to be heard is provided under A.R.S. Title 41, Chapter 6, Article 10, suspend the air ambulance service license;
  2. After notice and an opportunity to be heard is provided under A.R.S. Title 41, Chapter 6, Article 10, revoke the air ambulance service license; and
  3. If the Department determines that the public health, safety, or welfare imperatively requires emergency action and incorporates a finding to that effect in its order, summarily suspend the air ambulance service license pending proceedings for revocation or other action, as permitted under A.R.S. § 41-1092.11(B).
- C. In determining whether to take action under subsection (B), the Department shall consider:
1. The severity of each violation relative to public health and safety;
  2. The number of violations relative to the transport volume of the air ambulance service;
  3. The nature and circumstances of each violation;
  4. Whether each violation was corrected and, if so, the manner of correction; and
  5. The duration of each violation.

**Historical Note**

New Section made by final rulemaking at 12 A.A.R. 656, effective April 8, 2006 (Supp. 06-1).

**R9-25-710. Minimum Standards for Operations (A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), and 36-2213)**

- A. An air ambulance service shall ensure that:
1. The air ambulance service maintains eligibility for licensure as required under R9-25-703(C);
  2. The air ambulance service publicizes its hours of operation;
  3. The air ambulance service makes its schedule of rates available to any individual upon request and, if requested, in writing;
  4. The air ambulance service provides an accurate estimated time of arrival to the person requesting transport at the time that transport is requested and provides an amended estimated time of arrival to the person requesting transport if the estimated time of arrival changes;
  5. The air ambulance service transports only patients for whom it has the resources to provide appropriate medical care, unless subsection (B) or (D) applies;
  6. The air ambulance service does not perform interfacility transport of a patient unless:
    - a. The transport is requested by:
      - i. A physician; or
      - ii. A qualified medical person, as determined by the sending health care institution's bylaws or policies, after consultation with and approval by a physician; and
    - b. The destination health care institution confirms that a bed is available for the patient;
  7. The air ambulance service creates a prehospital incident history report, as defined in A.R.S. § 36-2220, for each patient;
  8. The air ambulance service creates a record for each mission that includes:

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- a. Mission date;
  - b. Mission level—basic life support, advanced life support, or critical care;
  - c. Mission type—emergency medical services transport, interfacility transport, interfacility maternal transport, interfacility neonatal transport, or convalescent transport;
  - d. Aircraft type—fixed-wing aircraft or rotor-wing aircraft;
  - e. Name of the person requesting the transport;
  - f. Time of receipt of the transport request;
  - g. Departure time to the patient's location;
  - h. Address of the patient's location;
  - i. Arrival time at the patient's location;
  - j. Departure time to the destination health care institution;
  - k. Name and address of the destination health care institution;
  - l. Arrival time at the destination health care institution;
  - m. Patient reference number or call number; and
  - n. Aircraft tail number for the air ambulance used on the mission; and
9. The air ambulance service submits to the Department by the 15th day of each month, either in an electronic format approved by the Department or in hard copy, a run log of the previous month's missions that includes the information required under subsections (A)(8)(a)-(d), (f), (g), (i), (j), (l), and (m) in a cumulative tabular format.
- B.** In a rescue situation, when no other practical means of transport, including another air ambulance service, is available, an air ambulance service may deviate from subsection (A)(5) to the extent necessary to meet the rescue situation.
- C.** An air ambulance service that completes a mission under subsection (B) shall create a record within five working days after the mission, including the information required under subsection (A)(8), the manner in which the air ambulance service deviated from subsection (A)(5), and the justification for operating under subsection (B).
- D.** An air ambulance service may provide interfacility transport of a patient for whom it does not have the resources to provide appropriate medical care if the sending health care institution provides medically appropriate life support measures, staff, and equipment to sustain the patient during the interfacility transport.
- E.** An air ambulance service shall ensure that each staff member provided by a sending health care institution under subsection (D) has completed training in the subject areas listed in R9-25-713(A) before serving on a mission.
- Historical Note**  
New Section made by final rulemaking at 12 A.A.R. 656, effective April 8, 2006 (Supp. 06-1).
- R9-25-711. Minimum Standards for Mission Staffing (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), and 36-2213)**
- A.** An air ambulance service shall ensure that, except as provided in subsection (B):
1. Each critical care mission is staffed by a medical team of at least two individuals with at least the following qualifications:
    - a. A physician or registered nurse, and
    - b. A Paramedic or licensed respiratory care practitioner;
  2. Each advanced life support mission is staffed by a medical team of at least two individuals with at least the following qualifications:
    - a. A Paramedic, and
    - b. Another Paramedic or a licensed respiratory care practitioner; and
3. Each basic life support mission is staffed by a medical team of at least two individuals, each of whom has at least the qualifications of an EMT.
- B.** If the pilot on a mission using a rotor-wing air ambulance determines, in accordance with the air ambulance service's written guidelines required under subsection (C), that the weight of a second medical team member could potentially compromise the performance of the rotor-wing air ambulance and the safety of the mission, and the use of a single-member medical team is consistent with the on-line medical direction or on-line medical guidance received as required under subsection (C), an air ambulance service may use a single-member medical team consisting of an individual with at least the following qualification:
1. For a critical care mission, a physician or registered nurse;
  2. For an advanced life support mission, a Paramedic; and
  3. For a basic life support mission, an EMT.
- C.** An air ambulance service shall ensure that:
1. Each air ambulance service rotor-wing pilot is provided written guidelines to use in determining when the weight of a second medical team member could potentially compromise the performance of a rotor-wing air ambulance and the safety of a mission, including the conditions of density altitude and weight that warrant the use of a single-member medical team;
  2. The following are done, without delay, after an air ambulance service rotor-wing pilot determines that the weight of a second medical team member could potentially compromise the performance of a rotor-wing air ambulance and the safety of a mission:
    - a. The pilot communicates that information to the medical team,
    - b. The medical team obtains on-line medical direction or on-line medical guidance regarding the use of a single-member medical team, and
    - c. The medical team proceeds in compliance with the on-line medical direction or on-line medical guidance;
  3. A single-member medical team has the knowledge and medical equipment to perform one-person cardiopulmonary resuscitation;
  4. The air ambulance service has a quality management process to review regularly the patient care provided by each single-member medical team, including consideration of each patient's status upon arrival at the destination health care institution; and
  5. A single-member medical team is used only when no other transport team is available that would be more appropriate for delivering the level of care that a patient requires.
- D.** An air ambulance service that uses a single-member medical team as authorized under subsection (B) shall create a record within five working days after the mission, including the information required under R9-25-710(A)(8), the name and qualifications of the individual comprising the single-member medical team, and the justification for using a single-member medical team.
- E.** An air ambulance service shall create and maintain for each personnel member a file containing documentation of the personnel member's qualifications, including, as applicable, licenses, certifications, and training records.
- Historical Note**  
New Section made by final rulemaking at 12 A.A.R. 656, effective April 8, 2006 (Supp. 06-1). Amended by exempt rulemaking at 19 A.A.R. 4032, effective December 1, 2013 (Supp. 13-4).
- R9-25-712. Expired**

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**Historical Note**

New Section made by final rulemaking at 12 A.A.R. 656, effective April 8, 2006 (Supp. 06-1). Section expired under A.R.S. 41-1056(E) at 18 A.A.R. 2153, effective June 30, 2012 (12-3).

**R9-25-713. Minimum Standards for Training (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2213)**

- A.** An air ambulance service shall ensure that each medical team member completes training in the following subjects before serving on a mission:
1. Aviation terminology;
  2. Physiological aspects of flight;
  3. Patient loading and unloading;
  4. Safety in and around the aircraft;
  5. In-flight communications;
  6. Use, removal, replacement, and storage of the medical equipment installed on the aircraft;
  7. In-flight emergency procedures;
  8. Emergency landing procedures; and
  9. Emergency evacuation procedures.
- B.** An air ambulance service shall document each medical team member's completion of the training required under subsection (A), including the name of the medical team member, each training component completed, and the date of completion.

**Historical Note**

New Section made by final rulemaking at 12 A.A.R. 656, effective April 8, 2006 (Supp. 06-1).

**R9-25-714. Minimum Standards for Communications (A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), and 36-2213)**

An air ambulance service shall ensure that, while on a mission, two-way voice communication is available:

1. Between and among personnel on the air ambulance, including the pilot; and
2. Between personnel on the air ambulance and the following persons on the ground:
  - a. Personnel;
  - b. Physicians providing on-line medical direction or on-line medical guidance to medical team members; and
  - c. For a rotor-wing air ambulance mission:
    - i. Emergency medical services providers, and
    - ii. Law enforcement agencies.

**Historical Note**

New Section made by final rulemaking at 12 A.A.R. 656, effective April 8, 2006 (Supp. 06-1).

**R9-25-715. Minimum Standards for Medical Control (Authorized by A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), and 36-2213)**

- A.** An air ambulance service shall ensure that:
1. The air ambulance service has a medical director who:
    - a. Meets the qualifications in subsection (B);
    - b. Supervises and evaluates the quality of medical care provided by medical team members;
    - c. Ensures the competency and current qualifications of all medical team members;
    - d. Ensures that each EMCT medical team member receives medical direction as required under Article 2 of this Chapter;
    - e. Ensures that each non-EMCT medical team member receives medical guidance through:
      - i. Written treatment protocols; and
      - ii. On-line medical guidance provided by:
        - (1) The medical director;
        - (2) Another physician designated by the med-

ical director; or

- (3) If the medical guidance needed exceeds the medical director's area of expertise, a consulting specialty physician; and
  - f. Approves, ensures implementation of, and annually reviews treatment protocols to be followed by medical team members;
- 2.** The air ambulance service has a quality management program through which:
- a. Data related to patient care and transport services provided and patient status upon arrival at destination are:
    - i. Collected continuously; and
    - ii. Examined regularly, on at least a quarterly basis; and
  - b. Appropriate corrective action is taken when concerns are identified; and
- 3.** The air ambulance service documents each concern identified through the quality management program and the corrective action taken to resolve each concern and provides this information, along with the supporting data, to the Department upon request.
- B.** A medical director shall:
1. Be a physician, as defined in A.R.S. § 36-2201; and
  2. Comply with one of the following:
    - a. If the air ambulance service provides emergency medical services transports, meet the qualifications of R9-25-201(A)(1); or
    - b. If the air ambulance service does not provide emergency medical services transports, meet the qualifications of R9-25-201(A)(1) or one of the following:
      - i. If the air ambulance service provides only interfacility maternal missions, have board certification or have completed an accredited residency program in one of the following specialty areas:
        - (1) Obstetrics and gynecology, with subspecialization in critical care medicine or maternal and fetal medicine; or
        - (2) Pediatrics, with subspecialization in neonatal-perinatal medicine;
      - ii. If the air ambulance service provides only interfacility neonatal missions, have board certification or have completed an accredited residency program in one of the following specialty areas:
        - (1) Obstetrics and gynecology, with subspecialization in maternal and fetal medicine; or
        - (2) Pediatrics, with subspecialization in neonatal-perinatal medicine, neonatology, pediatric critical care medicine, or pediatric intensive care; or
      - iii. If neither subsection (B)(2)(b)(i) or (ii) applies, have board certification or have completed an accredited residency program in one of the following specialty areas:
        - (1) Anesthesiology, with subspecialization in critical care medicine;
        - (2) Internal medicine, with subspecialization in critical care medicine;
        - (3) If the air ambulance service transports only pediatric patients, pediatrics, with subspecialization in pediatric critical care medicine or pediatric emergency medicine; or
        - (4) If the air ambulance service transports only surgical patients, surgery, with subspecialization in surgical critical care.

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**Historical Note**

New Section made by final rulemaking at 12 A.A.R. 656, effective April 8, 2006 (Supp. 06-1). Amended by exempt rulemaking at 19 A.A.R. 4032, effective December 1, 2013 (Supp. 13-4).

**R9-25-716. Minimum Standards for Recordkeeping (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2213)**

An air ambulance service shall retain each document required to be created or maintained under this Article or Article 2 or 8 of this Chapter for at least three years after the last event recorded in the document and shall produce each document for Department review upon request.

**Historical Note**

New Section made by final rulemaking at 12 A.A.R. 656, effective April 8, 2006 (Supp. 06-1).

**R9-25-717. Minimum Standards for an Interfacility Neonatal Mission (A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), and 36-2213)**

An air ambulance service shall ensure that:

1. Each interfacility neonatal mission is staffed by a medical team that complies with the requirements for a critical care mission medical team in R9-25-711(A)(1) and that has the following additional qualifications:
  - a. Proficiency in pediatric emergency care, as defined in R9-25-101; and
  - b. Proficiency in neonatal resuscitation and stabilization of the neonatal patient;
2. Each interfacility neonatal mission is conducted using an air ambulance that has the equipment and supplies required for a critical care mission in Table 1 of Article 8 of this Chapter and the following:
  - a. A transport incubator with:
    - i. Battery and inverter capabilities,
    - ii. An infant safety restraint system, and
    - iii. An integrated neonatal-capable pressure ventilator with oxygen-air supply and blender;
  - b. An invasive automatic blood pressure monitor;
  - c. A neonatal monitor or monitors with heart rate, respiratory rate, temperature, non-invasive blood pressure, and pulse oximetry capabilities;
  - d. Neonatal-specific drug concentrations and doses;
  - e. Umbilical catheter insertion equipment and supplies;
  - f. Thoracostomy supplies;
  - g. Neonatal resuscitation equipment and supplies;
  - h. A neonatal size cuff (size 2, 3, or 4) for use with an automatic blood pressure monitor; and
  - i. A neonatal probe for use with a pulse oximeter;
3. On-line medical direction or on-line medical guidance provided to an interfacility neonatal mission medical team member is provided by a physician who meets the qualifications of R9-25-715(B)(2)(b)(ii); and
4. An individual does not serve on an interfacility neonatal mission medical team unless the air ambulance service's medical director has verified and attested in writing to the individual's having the proficiencies described in subsections (1)(a) and (b).

**Historical Note**

New Section made by final rulemaking at 12 A.A.R. 656, effective April 8, 2006 (Supp. 06-1).

**R9-25-718. Minimum Standards for an Interfacility Maternal Mission (A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), and 36-2213)**

- A. This Section applies to an air ambulance service that holds itself out as providing interfacility maternal missions.
- B. An air ambulance service shall ensure that:
  1. Each interfacility maternal mission is staffed by a medical team that complies with the requirements for a critical care mission medical team in R9-25-711(A)(1) and that has the following additional qualifications:
    - a. Proficiency in advanced emergency cardiac life support, as defined in R9-25-101;
    - b. Proficiency in neonatal resuscitation; and
    - c. Proficiency in stabilization and transport of the maternal patient;
  2. Each interfacility maternal mission is conducted using an air ambulance that has the equipment and supplies required for a critical care mission in Table 1 of Article 8 of this Chapter and the following:
    - a. A Doppler fetal heart monitor;
    - b. Unless use is not indicated for the patient as determined through on-line medical direction or on-line medical guidance provided as described in subsection (B)(3), an external fetal heart and tocographic monitor with printer capability;
    - c. Tocolytic and anti-hypertensive medications;
    - d. Advanced emergency cardiac life support equipment and supplies; and
    - e. Neonatal resuscitation equipment and supplies;
  3. On-line medical direction or on-line medical guidance provided to an interfacility maternal mission medical team member is provided by a physician who meets the qualifications of R9-25-715(B)(2)(b)(i); and
  4. An individual does not serve on an interfacility maternal mission medical team unless the air ambulance service's medical director has verified and attested in writing to the individual's having the proficiencies described in subsections (B)(1)(a), (b), and (c).

**Historical Note**

New Section made by final rulemaking at 12 A.A.R. 656, effective April 8, 2006 (Supp. 06-1).

**ARTICLE 8. AIR AMBULANCE REGISTRATION**

*Article 8, consisting of R9-25-801 through R9-25-808, recodified to Article 5 at 10 A.A.R. 4192, effective September 21, 2004 (Supp. 04-3).*

**Editor's Note:** *Article 8, consisting of Sections R9-25-801 through R9-25-803 and Exhibits, was recodified from A.A.C. R9-13-1501 through R9-13-1503. These recodified Sections were originally filed under an exemption from A.R.S. Title 41, Chapter 6. Refer to the historical notes in 9 A.A.C. 13 for adoption dates (Supp. 98-1).*

*Article 8, consisting of Section R9-25-805 and Exhibits 1 through 3, was adopted under an exemption from the provisions of A.R.S. Title 41, Chapter 6, pursuant to A.R.S. § 36-2205(C). Exemption from A.R.S. Title 41, Chapter 6 means that the Department did not submit these rules to the Secretary of State's Office for publication in the Arizona Administrative Register; the Department did not submit the rules to the Governor's Regulatory Review Council for review; and the Department was not required to hold public hearings on this Section. Under A.R.S. § 36-2205(D) a person may petition the Director to amend an adopted protocol pursuant to A.R.S. § 41-1033 (Supp. 97-2).*

**R9-25-801. Definitions (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2212)**

In addition to the definitions in R9-25-701, the following definitions apply in this Article, unless otherwise specified:

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1. "Certificate holder" means a person who holds a current and valid certificate of registration for an air ambulance.
2. "Drug" has the same meaning as in A.R.S. § 32-1901.

**Historical Note**

R9-25-801 recodified from A.A.C. R9-13-1501 (Supp. 98-1). Amended by exempt rulemaking at 7 A.A.R. 4895, effective October 5, 2001 (Supp. 01-4). Amended by exempt rulemaking at 10 A.A.R. 239, effective January 3, 2004 (Supp. 03-4). Section recodified to R9-25-501 at 10 A.A.R. 4192, effective September 21, 2004 (Supp. 04-3). New Section made by final rulemaking at 12 A.A.R. 656, effective April 8, 2006 (Supp. 06-1).

**R9-25-802. Requirement, Eligibility, and Application for an Initial or Renewal Certificate of Registration for an Air Ambulance (A.R.S. §§ 36-2202(A)(4) and (5), 36-2209(A)(2), 36-2212, 36-2213, 36-2214, and 36-2240(4))**

- A. A person shall not operate an air ambulance in this state unless the person has a current and valid air ambulance service license as required under Article 7 of this Chapter and, except as provided in A.R.S. § 36-2212(C), a current and valid certificate of registration for the air ambulance as required under this Article.
- B. To be eligible to obtain a certificate of registration for an air ambulance, an applicant shall:
  1. Hold a current and valid air ambulance service license issued under Article 7 of this Chapter;
  2. Hold the following issued by the Federal Aviation Administration for the air ambulance:
    - a. A current and valid Certificate of Registration, and
    - b. A current and valid Airworthiness Certificate;
  3. Hold a current and valid registration for the air ambulance, issued by the Arizona Department of Transportation under A.R.S. Title 28, Chapter 25, Article 4; and
  4. Comply with all applicable requirements of this Article, Articles 2 and 7 of this Chapter, and A.R.S. Title 36, Chapter 21.1.
- C. To obtain an initial or renewal certificate of registration for an air ambulance, an applicant shall submit to the Department an application completed using a Department-provided form and including:
  1. The applicant's name, mailing address, fax number, and telephone number;
  2. All other business names used by the applicant;
  3. The applicant's physical business address, if different from the mailing address;
  4. The following information about the air ambulance for which registration is sought:
    - a. Each mission level for which the air ambulance will be used:
      - i. Basic life support,
      - ii. Advanced life support, or
      - iii. Critical care;
    - b. Whether a fixed-wing or rotor-wing aircraft;
    - c. Number of engines;
    - d. Manufacturer name;
    - e. Model name;
    - f. Year manufactured;
    - g. Serial number;
    - h. Aircraft tail number;
    - i. Aircraft colors, including fuselage, stripe, and lettering; and
    - j. A description of any insignia, monogram, or other distinguishing characteristics of the aircraft's appearance;
5. A copy of the following issued to the applicant, for the air ambulance, by the Federal Aviation Administration:
  - a. A current and valid Certificate of Registration, and
  - b. A current and valid Airworthiness Certificate;
6. A copy of a current and valid registration issued to the applicant, for the air ambulance, by the Arizona Department of Transportation under A.R.S. Title 28, Chapter 25, Article 4;
7. The location in Arizona at which the air ambulance will be available for inspection;
8. The name and telephone number of the individual to contact to arrange for inspection, if the inspection is preannounced;
9. Attestation that the applicant knows all applicable requirements in A.R.S. Title 36, Chapter 21.1; this Article; and Articles 2 and 7 of this Chapter;
10. Attestation that the information provided in the application, including the information in the documents accompanying the application form, is accurate and complete;
11. The dated signature of:
  - a. If the applicant is an individual, the individual;
  - b. If the applicant is a corporation, an officer of the corporation;
  - c. If the applicant is a partnership, one of the partners;
  - d. If the applicant is a limited liability company, a manager or, if the limited liability company does not have a manager, a member of the limited liability company;
  - e. If the applicant is an association or cooperative, a member of the governing board of the association or cooperative;
  - f. If the applicant is a joint venture, one of the individuals signing the joint venture agreement;
  - g. If the applicant is a governmental agency, the individual in the senior leadership position with the agency or an individual designated in writing by that individual; and
  - h. If the applicant is a business organization type other than those described in subsections (C)(11)(b) through (f), an individual who is a member of the business organization; and
12. Unless the applicant operates or intends to operate the air ambulance only as a volunteer not-for-profit service, a certified check, business check, or money order made payable to the Arizona Department of Health Services for the following fees:
  - a. A \$50 registration fee, as required under A.R.S. § 36-2212(D); and
  - b. A \$200 annual regulatory fee, as required under A.R.S. § 36-2240(4).
- D. The Department requires submission of a separate application and fees for each air ambulance.
- E. Except as provided under R9-25-805(C), the Department shall inspect each air ambulance to determine compliance with the provisions of A.R.S. Title 36, Chapter 21.1 and this Article before issuing an initial certificate of registration and at least every 12 months thereafter before issuing a renewal certificate of registration.
- F. The Department shall review and approve or deny each application as described in Article 12 of this Chapter.
- G. The Department may deny a certificate of registration for an air ambulance if the applicant:
  1. Fails to meet the eligibility requirements of R9-25-802(B);
  2. Fails or has failed to comply with any provision in A.R.S. Title 36, Chapter 21.1;

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3. Fails or has failed to comply with any provision in this Article or Article 2 or 7 of this Chapter;
4. Knowingly or negligently provides false documentation or false or misleading information to the Department; or
5. Fails to submit to the Department documents or information requested under R9-25-1201(B)(1) or (C)(3), as required under R9-25-1201(D), and requests a denial as permitted under R9-25-1201(E).

**Historical Note**

R9-25-802 recodified from A.A.C. R9-13-1502 (Supp. 98-1). Section repealed; new Section made by exempt rulemaking at 7 A.A.R. 4092, effective September 1, 2001 (Supp. 01-3). Amended by exempt rulemaking at 8 A.A.R. 931, effective February 15, 2002 (Supp. 02-1). Amended by exempt rulemaking at 10 A.A.R. 239, effective January 3, 2004 (Supp. 03-4). Section recodified to R9-25-502 at 10 A.A.R. 4192, effective September 21, 2004 (Supp. 04-3). New Section made by final rulemaking at 12 A.A.R. 656, effective April 8, 2006 (Supp. 06-1).

**Exhibit 1. Repealed****Historical Note**

Section R9-25-802, Exhibit 1 recodified from A.A.C. R9-13-1502, Exhibit 1 (Supp. 98-1). Exhibit 1 repealed by exempt rulemaking at 7 A.A.R. 4895, effective October 5, 2001 (Supp. 01-4).

**Exhibit 2. Repealed****Historical Note**

Section R9-25-802, Exhibit 2 recodified from A.A.C. R9-13-1502, Exhibit 2 (Supp. 98-1). Exhibit 2 repealed by exempt rulemaking at 7 A.A.R. 4895, effective October 5, 2001 (Supp. 01-4).

**Exhibit 3. Repealed****Historical Note**

Section R9-25-802, Exhibit 3 recodified from A.A.C. R9-13-1502, Exhibit 3 (Supp. 98-1). Exhibit 3 repealed by exempt rulemaking at 7 A.A.R. 4895, effective October 5, 2001 (Supp. 01-4).

**Exhibit 4. Repealed****Historical Note**

Section R9-25-802, Exhibit 4 recodified from A.A.C. R9-13-1502, Exhibit 4 (Supp. 98-1). Exhibit 4 repealed by exempt rulemaking at 7 A.A.R. 4895, effective October 5, 2001 (Supp. 01-4).

**R9-25-803. Term and Transferability of Certificate of Registration (A.R.S. §§ 36-2202(A)(4) and (5), 36-2209(A)(2), 36-2212, and 41-1092.11)**

- A. The Department shall issue an initial certificate of registration:
  1. With a term of one year from date of issuance; or
  2. If requested by the applicant, with a term shorter than one year that allows for the Department to conduct annual inspections of all of the applicant's air ambulances at one time.
- B. The Department shall issue a renewal certificate of registration with a term of one year.
- C. If an applicant submits an application for renewal as described in R9-25-802 before the expiration date of the current certificate of registration, the current certificate of registration does not expire until the Department has made a final determination on the application for renewal, as provided in A.R.S. § 41-1092.11.

- D. A certificate of registration is not transferable from one person to another.
- E. If there is a change in the ownership of an air ambulance, the new owner shall apply for and obtain a new certificate of registration before operating the air ambulance in this state.

**Historical Note**

Section R9-25-803 recodified from A.A.C. R9-13-1503, (Supp. 98-1). Section repealed; new Section adopted effective November 30, 1998; filed in the Office of the Secretary of State November 24, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to A.R.S. § 36-2205(C) (Supp. 98-4). Amended by exempt rulemaking at 7 A.A.R. 4888, effective November 1, 2001 (Supp. 01-4). Amended by exempt rulemaking at 8 A.A.R. 2625, effective June 1, 2002 (Supp. 02-2). Section recodified to R9-25-503 at 10 A.A.R. 4192, effective September 21, 2004 (Supp. 04-3). New Section made by final rulemaking at 12 A.A.R. 656, effective April 8, 2006 (Supp. 06-1).

**Exhibit 1. Recodified****Historical Note**

Section R9-25-803, Exhibit 1 "EMT-P Drug List" and "EMT-I Drug List" recodified from A.A.C. R9-13-1503, Exhibit 1 "EMT-P Drug List" and "EMT-I Drug List" (Supp. 98-1). Exhibit 1 repealed; new Exhibit 1 adopted effective November 30, 1998; filed in the Office of the Secretary of State November 24, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to A.R.S. § 36-2205(C) (Supp. 98-4). Amended under an exemption from the provisions of the Administrative Procedure Act pursuant to A.R.S. § 36-2205(C) at 6 A.A.R. 1507, effective May 1, 2000 (Supp. 00-1). Amended under an exemption from the provisions of the Administrative Procedure Act pursuant to A.R.S. § 36-2205(C) at 6 A.A.R. 3762, effective October 1, 2000 (Supp. 00-3). Amended by exempt rulemaking at 7 A.A.R. 1654, effective March 30, 2001 (Supp. 01-1). Amended by exempt rulemaking at 8 A.A.R. 2625, effective June 1, 2002 (Supp. 02-2). Amended by exempt rulemaking at 9 A.A.R. 1703, effective May 15, 2003 (Supp. 03-2). Exhibit 1 recodified to Article 5, Exhibit 1 at 10 A.A.R. 4192, effective September 21, 2004 (Supp. 04-3).

**Exhibit 2. Recodified****Historical Note**

Exhibit 2 adopted effective November 30, 1998; filed in the Office of the Secretary of State November 24, 1998, under an exemption from the provisions of the Administrative Procedure Act pursuant to A.R.S. § 36-2205(C) (Supp. 98-4). Amended under an exemption from the provisions of the Administrative Procedure Act pursuant to A.R.S. § 36-2205(C) at 6 A.A.R. 1507, effective May 1, 2000 (Supp. 00-1). Amended under an exemption from the provisions of the Administrative Procedure Act pursuant to A.R.S. § 36-2205(C) at 6 A.A.R. 3762, effective October 1, 2000 (Supp. 00-3). Amended by exempt rulemaking at 7 A.A.R. 1199, effective February 13, 2001 (Supp. 01-1). Amended by exempt rulemaking at 8 A.A.R. 2625, effective June 1, 2002 (Supp. 02-2). Exhibit 2 recodified to Article 5, Exhibit 2 at 10 A.A.R. 4192, effective September 21, 2004 (Supp. 04-3).

**R9-25-804. Changes Affecting Registration (A.R.S. §§ 36-2202(A)(4) and (5), 36-2209(A)(2), and 36-2212)**



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- A. At least 30 days before the date of a change in a certificate holder's name, the certificate holder shall send the Department written notice of the name change.
- B. No later than 10 days after a certificate holder ceases to operate an air ambulance, the certificate holder shall send the Department written notice of the date that the certificate holder ceased to operate the air ambulance and of the desire to relinquish the certificate of registration for the air ambulance as of that date.
- C. Within 30 days after the date of receipt of a notice described in subsection (A) or (B), the Department shall:
  - 1. For a notice described in subsection (A), issue an amended certificate of registration that incorporates the name change but retains the expiration date of the current certificate of registration; and
  - 2. For a notice described in subsection (B), send the certificate holder written confirmation of the voluntary relinquishment of the certificate of registration, with an effective date that corresponds to the written notice.
- D. A certificate holder shall notify the Department in writing within one working day after a change in its eligibility to obtain a certificate of registration for an air ambulance under R9-25-802(B).

**Historical Note**

New Section made by exempt rulemaking at 7 A.A.R. 4888, effective November 1, 2001 (Supp. 01-4). Amended by exempt rulemaking at 10 A.A.R. 239, effective January 3, 2004 (Supp. 03-4). Section recodified to R9-25-504 at 10 A.A.R. 4192, effective September 21, 2004 (Supp. 04-3). New Section made by final rulemaking at 12 A.A.R. 656, effective April 8, 2006 (Supp. 06-1).

**R9-25-805. Inspections (A.R.S. §§ 36-2202(A)(4) and (5), 36-2209(A)(2), 36-2212, and 36-2232(A)(11))**

- A. An applicant or certificate holder shall make an air ambulance available for inspection within Arizona at the request of the Department.
- B. The Department shall conduct each inspection in compliance with A.R.S. § 41-1009.
- C. As permitted under A.R.S. § 36-2232(A)(11), upon certificate holder request and at certificate holder expense, the annual inspection of an air ambulance required for renewal of a certificate of registration may be conducted by a Department-approved inspection facility.

**Historical Note**

Adopted under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 36-2205(C), effective May 19, 1997; filed in the Office of the Secretary of State May 21, 1997 (Supp. 97-2). Amended by exempt rulemaking at 10 A.A.R. 239, effective January 3, 2004 (Supp. 03-4). Section recodified to R9-25-505 at 10 A.A.R. 4192, effective September 21, 2004 (Supp. 04-3). New Section made by final rulemaking at 12 A.A.R. 656, effective April 8, 2006 (Supp. 06-1).

**Exhibit 1. Recodified****Historical Note**

Adopted under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 36-2205(C), effective May 19, 1997; filed in the Office of the Secretary of State May 21, 1997 (Supp. 97-2). Amended by exempt rulemaking at 10 A.A.R. 239, effective January 3, 2004 (Supp. 03-4). Exhibit 1 recodified to Article 5, Exhibit 1 at 10 A.A.R. 4192, effective September 21, 2004 (Supp.

04-3).

**Exhibit 2. Recodified****Historical Note**

Adopted under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 36-2205(C), effective May 19, 1997; filed in the Office of the Secretary of State May 21, 1997 (Supp. 97-2). Amended by exempt rulemaking at 10 A.A.R. 239, effective January 3, 2004 (Supp. 03-4). Exhibit 2 recodified to Article 5, Exhibit 2 at 10 A.A.R. 4192, effective September 21, 2004 (Supp. 04-3).

**Exhibit 3. Repealed****Historical Note**

Adopted under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 36-2205(C), effective May 19, 1997; filed in the Office of the Secretary of State May 21, 1997 (Supp. 97-2). Exhibit repealed by exempt rulemaking at 10 A.A.R. 239, effective January 3, 2004 (Supp. 03-4).

**R9-25-806. Enforcement Actions (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), 36-2212, 36-2234(L), 41-1092.03, and 41-1092.11(B))**

- A. The Department may take an action listed in subsection (B) against a certificate holder's certificate of registration if the certificate holder:
  - 1. Fails or has failed to meet the eligibility requirements of R9-25-802(B);
  - 2. Fails or has failed to comply with any provision in A.R.S. Title 36, Chapter 21.1;
  - 3. Fails or has failed to comply with any provision in this Article or Article 2 or 7 of this Chapter; or
  - 4. Knowingly or negligently provides false documentation or false or misleading information to the Department.
- B. The Department may take the following actions against a certificate holder's certificate of registration:
  - 1. After notice and an opportunity to be heard is provided under A.R.S. Title 41, Chapter 6, Article 10, revoke the certificate of registration; and
  - 2. In case of emergency, if the Department determines that a potential threat to the public health and safety exists and incorporates a finding to that effect in its order, immediately suspend the certificate of registration as authorized under A.R.S. § 36-2234(L).
- C. In determining whether to take action under subsection (B), the Department shall consider:
  - 1. The severity of each violation relative to public health and safety;
  - 2. The number of violations relative to the transport volume of the air ambulance service;
  - 3. The nature and circumstances of each violation;
  - 4. Whether each violation was corrected and, if so, the manner of correction; and
  - 5. The duration of each violation.

**Historical Note**

New Section made by exempt rulemaking at 7 A.A.R. 4895, effective October 5, 2001 (Supp. 01-4). Amended by exempt rulemaking at 10 A.A.R. 239, effective January 3, 2004 (Supp. 03-4). Section recodified to R9-25-506 at 10 A.A.R. 4192, effective September 21, 2004 (Supp. 04-3). New Section made by final rulemaking at 12 A.A.R. 656, effective April 8, 2006 (Supp. 06-1).

**R9-25-807. Minimum Standards for an Air Ambulance**

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**(A.R.S. §§ 36-2202(A)(3), (4), and (5); 36-2209(A)(2); and 36-2212)**

- A.** An applicant or certificate holder shall ensure that an air ambulance has:
1. A climate control system to prevent temperature extremes that would adversely affect patient care;
  2. If a fixed-wing air ambulance, pressurization capability;
  3. Interior lighting that allows for patient care and monitoring without interfering with the pilot's vision;
  4. For each place where a patient may be positioned, at least one electrical power outlet or other power source that is capable of operating all electrically powered medical equipment without compromising the operation of any electrical aircraft equipment;
  5. A back-up source of electrical power or batteries capable of operating all electrically powered life-support equipment for at least one hour;
  6. An entry that allows for patient loading and unloading without rotating a patient and stretcher more than 30 degrees about the longitudinal axis or 45 degrees about the lateral axis and without compromising the operation of monitoring systems, intravenous lines, or manual or mechanical ventilation;
  7. A configuration that allows each medical team member sufficient access to each patient to begin and maintain treatment modalities, including complete access to the patient's head and upper body for effective airway management;
  8. A configuration that allows for rapid exit of personnel and patients, without obstruction from stretchers and medical equipment;
  9. A configuration that protects the aircraft's flight controls, throttles, and communications equipment from any intentional or accidental interference from a patient or equipment and supplies;
  10. A padded interior or an interior that is clear of objects or projections in the head strike envelope;
  11. An installed self-activating emergency locator transmitter;
  12. A voice communications system that:
    - a. Is capable of air-to-ground communication, and
    - b. Allows the flight crew and medical team members to communicate with each other during flight;
  13. Interior patient compartment wall and floor coverings that are:
    - a. Free of cuts or tears,
    - b. Capable of being disinfected, and
    - c. Maintained in a sanitary manner; and
  14. If a rotor-wing air ambulance, the following:
    - a. A searchlight that:
      - i. Has a range of motion of at least 90 degrees vertically and 180 degrees horizontally,
      - ii. Is capable of illuminating a landing site, and
      - iii. Is located so that the pilot can operate the searchlight without removing the pilot's hands from the aircraft's flight controls;
    - b. Restraining devices that can be used to prevent a patient from interfering with the pilot or the aircraft's flight controls; and
    - c. A light to illuminate the tail rotor.
- B.** An applicant or certificate holder shall ensure that:
1. Except as provided in subsection (C), each air ambulance has the equipment and supplies required in Table 1 for each mission level for which the air ambulance is used; and
  2. The equipment and supplies on an air ambulance are secured, stored, and maintained in a manner that prevents hazards to personnel and patients.
- C.** A certificate holder may conduct an interfacility critical care mission using an air ambulance that does not have all of the equipment and supplies required in Table 1 for the mission level if:
1. Care of the patient to be transported necessitates use of life-support equipment that because of its size or weight or both makes it unsafe or impossible for the air ambulance to carry all of the equipment and supplies required in Table 1 for the mission level, as determined by the certificate holder based upon:
    - a. The individual aircraft's capabilities,
    - b. The size and weight of the equipment and supplies required in Table 1 and of the additional life-support equipment,
    - c. The composition of the required medical team, and
    - d. Environmental factors such as density altitude;
  2. The certificate holder ensures that, during the mission, the air ambulance has the equipment and supplies necessary to provide an appropriate level of medical care for the patient and to protect the health and safety of the personnel on the mission;
  3. The certificate holder ensures that, during the mission, the air ambulance is not directed by the air ambulance service or another person to conduct another mission before returning to a base location;
  4. The certificate holder ensures that the air ambulance is not used for another mission until the air ambulance has all of the equipment and supplies required in Table 1 for the mission level; and
  5. Within five working days after each interfacility critical care mission conducted as permitted under subsection (C), the certificate holder creates a record that includes the information required under R9-25-710(A)(8), a description of the life-support equipment used on the mission, a list of the equipment and supplies required in Table 1 that were removed from the air ambulance for the mission, and the justification for conducting the mission as permitted under subsection (C).

**Historical Note**

New Section made by exempt rulemaking at 8 A.A.R. 2633, effective June 1, 2002 (Supp. 02-2). Amended by exempt rulemaking at 10 A.A.R. 239, effective January 3, 2004 (Supp. 03-4). Section recodified to R9-25-507 at 10 A.A.R. 4192, effective September 21, 2004 (Supp. 04-3). New Section made by final rulemaking at 12 A.A.R. 656, effective April 8, 2006 (Supp. 06-1).

**Table 8.1. Minimum Equipment and Supplies Required on Air Ambulances, By Mission Level and Aircraft Type (Authorized by A.R.S. §§ 36-2202(A)(3), (4), and (5); 36-2209(A)(2); and 36-2212)**

X = Required

ALS = Advanced Life Support Mission

BLS = Basic Life Support Mission

CC = Critical Care Mission

FW = Fixed-Wing Aircraft

RW = Rotor-Wing Aircraft

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MINIMUM EQUIPMENT AND SUPPLIES	FW	RW	BLS	ALS	CC
<b>A. Ventilation and Airway Equipment</b>					
1. Portable and fixed suction apparatus, with wide-bore tubing, rigid pharyngeal curved suction tip, tonsillar and flexible suction catheters, 5F-14F	X	X	X	X	X
2. Portable and fixed oxygen equipment, with variable flow regulators	X	X	X	X	X
3. Oxygen administration equipment, including tubing; non-rebreathing masks (adult and pediatric sizes); and nasal cannulas (adult and pediatric sizes)	X	X	X	X	X
4. Bag-valve mask, with hand-operated, self-reexpanding bag (adult size), with oxygen reservoir/accumulator; mask (adult, pediatric, infant, and neonate sizes); and valve	X	X	X	X	X
5. Airways, oropharyngeal (adult, pediatric, and infant sizes)	X	X	X	X	X
6. Laryngoscope handle with extra batteries and bulbs, adult and pediatric	X	X	-	X	X
7. Laryngoscope blades, sizes 0, 1, and 2, straight; sizes 3 and 4, straight and curved	X	X	-	X	X
8. Endotracheal tubes, sizes 2.5-5.0 mm cuffed or uncuffed and 6.0-8.0 mm cuffed	X	X	-	X	X
9. Meconium aspirator	X	X	-	X	X
10. 10 mL straight-tip syringes	X	X	-	X	X
11. Stylettes for Endotracheal tubes, adult and pediatric	X	X	-	X	X
12. Magill forceps, adult and pediatric	X	X	-	X	X
13. Nasogastric tubes, sizes 5F and 8F, Salem sump sizes 14F and 18F	X	X	-	X	X
14. End-tidal CO <sub>2</sub> detectors, colorimetric or quantitative	X	X	-	X	X
15. Portable automatic ventilator with positive end expiratory pressure	X	X	-	X	X
<b>B. Monitoring and Defibrillation</b>					
1. Automatic external defibrillator	X	X	X	-	-
2. Portable, battery-operated monitor/defibrillator, with tape write-out/recorder, defibrillator pads, adult and pediatric paddles or hands-free patches, ECG leads, adult and pediatric chest attachment electrodes, and capability to provide electrical discharge below 25 watt-seconds	X	X	-	X	X
3. Transcutaneous cardiac pacemaker, either stand-alone unit or integrated into monitor/defibrillator	X	X	-	X	X
<b>C. Immobilization Devices</b>					
1. Cervical collars, rigid, adjustable or in an assortment of adult and pediatric sizes	-	X	X	X	X
2. Head immobilization device, either firm padding or another commercial device	-	X	X	X	X
3. Lower extremity (femur) traction device, including lower extremity, limb support slings, padded ankle hitch, padded pelvic support, and traction strap	-	X	X	X	X
4. Upper and lower extremity immobilization splints	-	X	X	X	X
<b>D. Bandages</b>					
1. Burn pack, including standard package, clean burn sheets	X	X	X	X	X
2. Dressings, including sterile multi-trauma dressings (various large and small sizes); abdominal pads, 10" x 12" or larger; and 4" x 4" gauze sponges	X	X	X	X	X
3. Gauze rolls, sterile (4" or larger)	X	X	X	X	X
4. Elastic bandages, non-sterile (4" or larger)	X	X	X	X	X
5. Occlusive dressing, sterile, 3" x 8" or larger	X	X	X	X	X
6. Adhesive tape, including various sizes (1" or larger) hypoallergenic and various sizes (1" or larger) adhesive	X	X	X	X	X
<b>E. Obstetrical</b>					
1. Obstetrical kit (separate sterile kit), including towels, 4" x 4" dressing, umbilical tape, sterile scissors or other cutting utensil, bulb suction, clamps for cord, sterile gloves, at least 4 blankets, and a head cover	X	X	X	X	X
2. An alternate portable patient heat source or 2 heat packs	X	X	X	X	X
<b>F. Miscellaneous</b>					
1. Sphygmomanometer (infant, pediatric, and adult regular and large sizes)	X	X	X	X	X
2. Stethoscope	X	X	X	X	X
3. Pediatric equipment sizing reference guide	X	X	X	X	X

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4. Thermometer with low temperature capability	X	X	X	X	X
5. Heavy bandage or paramedic scissors for cutting clothing, belts, and boots	X	X	X	X	X
6. Cold packs	X	X	X	X	X
7. Flashlight (1) with extra batteries	X	X	X	X	X
8. Blankets	X	X	X	X	X
9. Sheets	X	X	X	X	X
10. Disposable emesis bags or basins	X	X	X	X	X
11. Disposable bedpan	X	X	X	X	X
12. Disposable urinal	X	X	X	X	X
13. Properly secured patient transport system	X	X	X	X	X
14. Lubricating jelly (water soluble)	X	X	X	X	X
15. Small volume nebulizer	X	X	-	X	X
16. Glucometer or blood glucose measuring device with reagent strips	X	X	X	X	X
17. Pulse oximeter with pediatric and adult probes	X	X	X	X	X
18. Automatic blood pressure monitor	X	X	X	X	X
<b>G. Infection Control (Latex-free equipment shall be available)</b>					
1. Eye protection (full peripheral glasses or goggles, face shield)	X	X	X	X	X
2. Masks	X	X	X	X	X
3. Gloves, non-sterile	X	X	X	X	X
4. Jumpsuits or gowns	X	X	X	X	X
5. Shoe covers	X	X	X	X	X
6. Disinfectant hand wash, commercial antimicrobial (towelette, spray, or liquid)	X	X	X	X	X
7. Disinfectant solution for cleaning equipment	X	X	X	X	X
8. Standard sharps containers	X	X	X	X	X
9. Disposable red trash bags	X	X	X	X	X
10. High-efficiency particulate air mask	X	X	X	X	X
<b>H. Injury Prevention Equipment</b>					
1. Appropriate restraints (such as seat belts) for patient, personnel, and family members	X	X	X	X	X
2. Child safety restraints	X	X	X	X	X
3. Safety vest or other garment with reflective material for each personnel member	-	X	X	X	X
4. Fire extinguisher	X	X	X	X	X
5. Hazardous material reference guide	X	X	X	X	X
6. Hearing protection for patient and personnel	X	X	X	X	X
<b>I. Vascular Access</b>					
1. Intravenous administration equipment, with fluid in bags	X	X	-	X	X
2. Antiseptic solution (alcohol wipes and povidone-iodine wipes)	X	X	-	X	X
3. Intravenous pole or roof hook	X	X	-	X	X
4. Intravenous catheters 14G-24G	X	X	-	X	X
5. Intraosseous needles	X	X	-	X	X
6. Venous tourniquet	X	X	-	X	X
7. One of each of the following types of intravenous solution administration sets: a. A set with blood tubing, b. A set capable of delivering 60 drops per cc, and c. A set capable of delivering 10 or 15 drops per cc	X	X	-	X	X
8. Intravenous arm boards, adult and pediatric	X	X	-	X	X
9. IV pump or pumps (minimum of 3 infusion lines)	X	X	-	X	X
10. IV pressure bag	X	X	-	X	X
<b>J. Medications</b>					
1. Agents required in a table of agents, established according to A.R.S. § 36-2204 and available through the Department at <a href="http://www.azdhs.gov/ems-regulatory-references">www.azdhs.gov/ems-regulatory-references</a> , that an administrative medical director may authorize based on the EMCT classification the EMCT classification	X	X	X	X	X

**Historical Note**

New Table 8.1 renumbered from Table 1 and amended by exempt rulemaking at 19 A.A.R. 4032, effective December 1, 2013 (Supp. 13-4). Table 8.1 amended by final expedited rulemaking at 24 A.A.R. 3487, with an immediate effective date of December 4, 2018 (Supp. 18-4).

**Table 1. Renumbered****Historical Note**

New Table 1 made by final rulemaking at 12 A.A.R. 656,

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effective April 8, 2006 (Supp. 06-1). Table 1 renumbered to Table 8.1 by exempt rulemaking at 19 A.A.R. 4032, effective December 1, 2013 (Supp. 13-4).

**R9-25-808. Recodified****Historical Note**

New Section made by exempt rulemaking at 10 A.A.R. 239, effective January 3, 2004 (Supp. 03-4). Section recodified to R9-25-508 at 10 A.A.R. 4192, effective September 21, 2004 (Supp. 04-3).

**ARTICLE 9. GROUND AMBULANCE CERTIFICATE OF NECESSITY****R9-25-901. Definitions (Authorized by A.R.S. § 36-2202 (A))**

In addition to the definitions in A.R.S. § 36-2201 and R9-25-101, the following definitions apply in Articles 9, 10, 11, and 12 unless otherwise specified:

1. "Adjustment" means a modification, correction, or alteration to a rate or charge.
2. "ALS base rate" means the monetary amount assessed to a patient according to A.R.S. § 36-2239(F).
3. "Ambulance Revenue and Cost Report" means Exhibit A or Exhibit B, which records and reports the financial activities of an applicant or a certificate holder.
4. "Application packet" means the fee, documents, forms, and additional information the Department requires to be submitted by an applicant or on an applicant's behalf.
5. "Back-up agreement" means a written arrangement between a certificate holder and a neighboring certificate holder for temporary coverage during limited times when the neighboring certificate holder's ambulances are not available for service in its service area.
6. "BLS base rate" means the monetary amount assessed to a patient according to A.R.S. § 36-2239(G).
7. "Certificate holder" means a person to whom the Department issues a certificate of necessity.
8. "Certificate of registration" means an authorization issued by the Department to a certificate holder to operate a ground ambulance vehicle.
9. "Change of ownership" means:
  - a. In the case of ownership by a sole proprietor, 20% or more interest or a beneficial interest is sold or transferred;
  - b. In the case of ownership by a partnership or a private corporation, 20% or more of the stock, interest, or beneficial interest is sold or transferred; or
  - c. The controlling influence changes to the extent that the management and control of the ground ambulance service is significantly altered.
10. "Charge" means the monetary amount assessed to a patient for disposable supplies, medical supplies, medication, and oxygen-related costs.
11. "Chassis" means the part of a ground ambulance vehicle consisting of all base components, including front and rear suspension, exhaust system, brakes, engine, engine hood or cover, transmission, front and rear axles, front fenders, drive train and shaft, fuel system, engine air intake and filter, accelerator pedal, steering wheel, tires, heating and cooling system, battery, and operating controls and instruments.
12. "Convalescent transport" means a scheduled transport other than an interfacility transport.
13. "Dispatch" means the direction to a ground ambulance service or vehicle to respond to a call for EMS or transport.
14. "Driver's compartment" means the part of a ground ambulance vehicle that contains the controls and instruments for operation of the ground ambulance vehicle.
15. "Financial statements" means an applicant's balance sheet, annual income statement, and annual cash flow statement.
16. "Frame" means the structural foundation on which a ground ambulance vehicle chassis is constructed.
17. "General public rate" means the monetary amount assessed to a patient by a ground ambulance service for ALS, BLS, mileage, standby waiting, or according to a subscription service contract.
18. "Generally accepted accounting principles" means the conventions, and rules and procedures for accounting, including broad and specific guidelines, established by the Financial Accounting Standards Board.
19. "Goodwill" means the difference between the purchase price of a ground ambulance service and the fair market value of the ground ambulance service's identifiable net assets.
20. "Gross revenue" means:
  - a. The sum of revenues reported in the Ambulance Revenue and Cost Report Exhibit A, page 2, lines 1, 9, and 20; or
  - b. The sum of revenues reported in the Ambulance Revenue and Cost Report Exhibit B, page 3, lines 1, 24, 25, and 26.
21. "Ground ambulance service" means an ambulance service that operates on land.
22. "Ground ambulance service contract" means a written agreement between a certificate holder and a person for the provision of ground ambulance service.
23. "Ground ambulance vehicle" means a motor vehicle, defined in A.R.S. § 28-101, specifically designed to transport ambulance attendants and patients on land.
24. "Indirect costs" means the cost of providing ground ambulance service that does not include the costs of equipment.
25. "Interfacility transport" means a scheduled transport between two health care institutions.
26. "Level of service" means ALS or BLS ground ambulance service, including the type of ambulance attendants used by the ground ambulance service.
27. "Major defect" means a condition that exists on a ground ambulance vehicle that requires the Department or the certificate holder to place the ground ambulance vehicle out-of-service.
28. "Mileage rate" means the monetary amount assessed to a patient for each mile traveled from the point of patient pick-up to the patient's destination point.
29. "Minor defect" means a condition that exists on a ground ambulance vehicle that is not a major defect.
30. "Needs assessment" means a study or statistical analysis that examines the need for ground ambulance service within a service area or proposed service area that takes into account the current or proposed service area's medical, fire, and police services.
31. "Out-of-service" means a ground ambulance vehicle cannot be operated to transport patients.
32. "Patient compartment" means the ground ambulance vehicle body part that holds a patient.
33. "Public necessity" means an identified population needs or requires all or part of the services of a ground ambulance service.
34. "Response code" means the priority assigned to a request for immediate dispatch by a ground ambulance service on the basis of the information available to the certificate holder or the certificate holder's dispatch authority.
35. "Response time" means the difference between the time a certificate holder is notified that a need exists for immediate dispatch and the time the certificate holder's first ground ambulance vehicle arrives at the scene. Response time does not include the time required to identify the patient's need, the scene, and the resources necessary to meet the patient's need.
36. "Response-time tolerance" means the percentage of actual response times for a response code and scene locality that are compliant with the response time approved by the Department for the response code and scene locality, for any 12-month period.

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37. "Rural area" means a geographic region with a population of less than 40,000 residents that is not a suburban area.
38. "Scene locality" means an urban, suburban, rural, or wilderness area.
39. "Scheduled transport" means to convey a patient at a pre-arranged time by a ground ambulance vehicle for which an immediate dispatch and response is not necessary.
40. "Service area" means the geographical boundary designated in a certificate of necessity using the criteria in A.R.S. § 36-2233(E).
41. "Settlement" means the difference between the monetary amount Medicare establishes or AHCCCS pays as an allowable rate and the general public rate a ground ambulance service assesses a patient.
42. "Standby waiting rate" means the monetary amount assessed to a patient by a certificate holder when a ground ambulance vehicle is required to wait in excess of 15 minutes to load or unload the patient, unless the excess delay is caused by the ground ambulance vehicle or the ambulance attendants on the ground ambulance vehicle.
43. "Subscription service" means the provision of EMS or transport by a certificate holder to a group of individuals within the certificate holder's service area and the allocation of annual costs among the group of individuals.
44. "Subscription service contract" means a written agreement for subscription service.
45. "Subscription service rate" means the monetary amount assessed to a person under a subscription service contract.
46. "Substandard performance" means a certificate holder's:
  - a. Noncompliance with A.R.S. Title 36, Chapter 21.1, Articles 1 and 2, or 9 A.A.C. 25, or the terms of the certificate holder's certificate of necessity, including all decisions and orders issued by the Director to the certificate holder;
  - b. Failure to ensure that an ambulance attendant complies with A.R.S. Title 36, Chapter 21.1, Articles 1 and 2, or 9 A.A.C. 25, for the level of ground ambulance service provided by the certificate holder; or
  - c. Failure to meet the requirements in 9 A.A.C. 25, Article 10.
47. "Suburban area" means a geographic region within a 10-mile radius of an urban area that has a population density equal to or greater than 1,000 residents per square mile.
48. "Third-party payor" means a person, other than a patient, who is financially responsible for the payment of a patient's assessed general public rates and charges for EMS or transport provided to the patient by a ground ambulance service.
49. "Transfer" means:
  - a. A change of ownership or type of business entity; or
  - b. To move a patient from a ground ambulance vehicle to an air ambulance.
50. "Transport" means the conveyance of one or more patients in a ground ambulance vehicle from the point of patient pick-up to the patient's initial destination.
51. "Type of ground ambulance service" means an interfacility transport, a convalescent transport, or a transport that requires an immediate response.
52. "Urban area" means a geographic region delineated as an urbanized area by the United States Department of Commerce, Bureau of the Census.
53. "Wilderness area" means a geographic region that has a population density of less than one resident per square mile.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1).  
 Amended by exempt rulemaking at 19 A.A.R. 4032, effective December 1, 2013 (Supp. 13-4).

**R9-25-902. Application for an Initial Certificate of Necessity; Provision of ALS Services; Transfer of a Certificate of Nec-**

**esity (Authorized by A.R.S. §§ 36-2204, 36-2232, 36-2233(B), 36-2236(A) and (B), 36-2240)**

- A. An applicant for an initial certificate of necessity shall submit to the Department an application packet, in a Department-provided format, that includes:
  1. An application form that contains:
    - a. The legal business or corporate name, address, telephone number, and facsimile number of the ground ambulance service;
    - b. The name, title, address, e-mail address, and telephone number of the following:
      - i. Each applicant and individual responsible for managing the ground ambulance service;
      - ii. The business representative or designated manager;
      - iii. The individual to contact to access the ground ambulance service's records required in R9-25-910; and
      - iv. The statutory agent for the ground ambulance service, if applicable;
    - c. The name, address, and telephone number of the base hospital or centralized medical direction communications center for the ground ambulance service;
    - d. The address and telephone number of the ground ambulance service's dispatch center;
    - e. The address and telephone number of each suboperation station located within the proposed service area;
    - f. Whether the ground ambulance service is a corporation, partnership, sole proprietorship, limited liability corporation, or other;
    - g. Whether the business entity is proprietary, non-profit, or governmental;
    - h. A description of the communication equipment to be used in each ground ambulance vehicle and suboperation station;
    - i. The make and year of each ground ambulance vehicle to be used by the ground ambulance service;
    - j. The number of ambulance attendants and the type of licensure, certification, or registration for each attendant;
    - k. The proposed hours of operation for the ground ambulance service;
      - l. The type of ground ambulance service;
      - m. The level of ground ambulance service;
    - n. Acknowledgment that the applicant:
      - i. Is requesting to operate ground ambulance vehicles and a ground ambulance service in this state;
      - ii. Has received a copy of 9 A.A.C. 25 and A.R.S. Title 36, Chapter 21.1; and
      - iii. Will comply with the Department's statutes and rules in any matter relating to or affecting the ground ambulance service;
    - o. A statement that any information or documents submitted to the Department are true and correct; and
    - p. The signature of the applicant or the applicant's designated representative and the date signed;
  2. The following information:
    - a. Where the ground ambulance vehicles in subsection (A)(1)(i) are located within the applicant's proposed service area;
    - b. A statement of the proposed general public rates;
    - c. A statement of the proposed charges;
    - d. The applicant's proposed response times, response codes, and response-time tolerances for each scene locality in the proposed service area, based on the following:
      - i. The population demographics within the proposed service area;
      - ii. The square miles within the proposed service area;

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- iii. The medical needs of the population within the proposed service area;
  - iv. The number of anticipated requests for each type and level of ground ambulance service in the proposed service area;
  - v. The available routes of travel within the proposed service area;
  - vi. The geographic features and environmental conditions within the proposed service area; and
  - vii. The available medical and emergency medical resources within the proposed service area;
  - e. A plan to provide temporary ground ambulance service to the proposed service area for a limited time when the applicant is unable to provide ground ambulance service to the proposed service area;
  - f. Whether a ground ambulance service currently operates in all or part of the proposed service area and if so, where; and
  - g. Whether an applicant or a designated manager:
    - i. Has ever been convicted of a felony or a misdemeanor involving moral turpitude;
    - ii. Has ever had a license or certificate of necessity for a ground ambulance service suspended or revoked by any state or political subdivision, or
    - iii. Has ever operated a ground ambulance service without the required certification or licensure in this or any other state;
  - 3. The following documents:
    - a. A description of the proposed service area by any method specified in A.R.S. § 36-2233(E) and a map that illustrates the proposed service area;
    - b. A projected Ambulance Revenue and Cost Report;
    - c. The financing agreement for all capital acquisitions exceeding \$5,000;
    - d. The source and amount of funding for cash flow from the date the ground ambulance service commences operation until the date cash flow covers monthly expenses;
    - e. Any proposed ground ambulance service contract under A.R.S. §§ 36-2232(A)(1) and 36-2234(K);
    - f. The information and documents specified in R9-25-1101, if the applicant is requesting to establish general public rates;
    - g. Any subscription service contract under A.R.S. §§ 36-2232(A)(1) and 36-2237(B);
    - h. A certificate of insurance or documentation of self-insurance required in A.R.S. § 36-2237(A) and R9-25-909;
    - i. A surety bond if required under A.R.S. § 36-2237(B); and
    - j. The applicant's and designated manager's resume or other description of experience and qualification to operate a ground ambulance service; and
  - 4. Any documents, exhibits, or statements that may assist the Director in evaluating the application or any other information or documents needed by the Director to clarify incomplete or ambiguous information or documents.
- B.** Before an applicant provides ALS, the applicant shall submit to the Department the application packet required in subsection (A) and the following:
- 1. A current written contract for ALS medical direction; and
  - 2. Proof of professional liability insurance for ALS personnel required in R9-25-909(A)(1)(b).
- C.** When requesting a transfer of a certificate of necessity:
- 1. The person wanting to transfer the certificate of necessity shall submit a letter to the Department that contains:
    - a. A request that the certificate of necessity be transferred; and
    - b. The name of the person to whom the certificate of necessity is to be transferred; and
  - 2. The person identified in subsection (C)(1)(b) shall submit:
    - a. The application packet in subsection (A); and
    - b. The information in subsection (B), if ALS is provided.
- D.** An applicant shall submit the following fees:
- 1. \$100 application filing fee for an initial certificate of necessity; or
  - 2. \$50 application filing fee for a transfer of a certificate of necessity.
- E.** The Department shall approve or deny an application under this Section according to 9 A.A.C. 25, Article 12.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R.

1098, effective February 13, 2001 (Supp. 01-1).

Amended by exempt rulemaking at 19 A.A.R. 4032, effective December 1, 2013 (Supp. 13-4).

**R9-25-903. Determining Public Necessity (A.R.S. § 36-2233(B)(2))**

- A.** In determining public necessity for an initial or amended certificate of necessity, the Director shall consider the following:
- 1. The response times, response codes, and response-time tolerances proposed by the applicant for the service area;
  - 2. The population demographics within the proposed service area;
  - 3. The geographic distribution of health care institutions within and surrounding the service area;
  - 4. Whether issuing a certificate of necessity to more than one ambulance service within the same service area is in the public's best interest, based on:
    - a. The existence of ground ambulance service to all or part of the service area;
    - b. The response times of and response-time tolerances for ground ambulance service to all or part of the service area;
    - c. The availability of certificate holders in all or part of the service area; and
    - d. The availability of emergency medical services in all or part of the service area;
  - 5. The information in R9-25-902(A)(1) and (A)(2); and
  - 6. Other matters determined by the Director or the applicant to be relevant to the determination of public necessity.
- B.** In deciding whether to issue a certificate of necessity to more than one ground ambulance service for convalescent or interfacility transport for the same service area or overlapping service areas, the Director shall consider the following:
- 1. The factors in subsections (A)(2), (A)(3), (A)(4)(a), (A)(4)(c), (A)(4)(d), (A)(5), and (A)(6);
  - 2. The financial impact on certificate holders whose service area includes all or part of the service area in the requested certificate of necessity;
  - 3. The need for additional convalescent or interfacility transport; and
  - 4. Whether a certificate holder for the service area has demonstrated substandard performance.
- C.** In deciding whether to issue a certificate of necessity to more than one ground ambulance service for a 9-1-1 or similarly dispatched transport within the same service area or overlapping service areas, the Director shall consider the following:
- 1. The factors in subsections (A), (B)(2), and (B)(4);
  - 2. The difference between the response times in the service area and proposed response times by the applicant;
  - 3. A needs assessment adopted by a political subdivision, if any; and

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4. A needs assessment, referenced in A.R.S. § 36-2210, adopted by a local emergency medical services coordinating system, if any.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1).

**R9-25-904. Application for Renewal of a Certificate of Necessity (A.R.S. §§ 36-2233, 36-2235, 36-2240)**

- A. An applicant for a renewal of a certificate of necessity shall submit to the Department, not less than 60 days before the expiration date of the certificate of necessity, an application packet that includes:
  1. An application form that contains the information in R9-25-902(A)(1)(a) through (A)(1)(m) and the signature of the applicant;
  2. Proof of continuous insurance coverage or a statement of continuing self-insurance, including a copy of the current certificate of insurance or current statement of self-insurance required in R9-25-909;
  3. Proof of continued coverage by a surety bond if required under A.R.S. §§ 36-2237(B);
  4. A copy of the list of current charges required in R9-25-1109;
  5. An affirmation that the certificate holder has and is continuing to meet the conditions of the certificate of necessity, including assessing only those rates and charges approved and set by the Director; and
  6. \$50 application filing fee.
- B. A certificate holder who fails to file a timely application for renewal of the certificate of necessity according to A.R.S. § 36-2235 and this Section, shall cease operations at 12:01 a.m. on the date the certificate of necessity expires.
- C. To commence operations after failing to file a timely renewal application, a person shall file an initial certificate of necessity application according to R9-25-902 and meet all the requirements for an initial certificate of necessity.
- D. The Department shall approve or deny an application under this Section according to 9 A.A.C. 25, Article 12.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1).

**R9-25-905. Application for Amendment of a Certificate of Necessity (A.R.S. §§ 36-2232(A)(4), 36-2240)**

- A. A certificate holder that wants to amend its certificate of necessity shall submit to the Department the application form in R9-25-902(A)(1) and an application filing fee of \$50 for changes in:
  1. The legal name of the ground ambulance service;
  2. The legal address of the ground ambulance service;
  3. The level of ground ambulance service;
  4. The type of ground ambulance service;
  5. The service area; or
  6. The response times, response codes, or response-time tolerances.
- B. In addition to the application form in subsection (A), an amending certificate holder shall submit:
  1. For the addition of ALS ground ambulance service, the information required in R9-25-902(B)(1) and (B)(2).
  2. For a change in the service area, the information required in R9-25-902(A)(3)(a);
  3. For a change in response times, the information required in subsection R9-25-902(A)(2)(d);
  4. A statement explaining the financial impact and impact on patient care anticipated by the proposed amendment;

5. Any other information or documents requested by the Director to clarify incomplete or ambiguous information or documents; and
6. Any documents, exhibits, or statements that the amending certificate holder wishes to submit to assist the Director in evaluating the proposed amendment.

- C. The Department shall approve or deny an application under this Section according to 9 A.A.C. 25, Article 12.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1).

**R9-25-906. Determining Response Times, Response Codes, and Response-Time Tolerances for Certificates of Necessity and Provision of ALS Services (A.R.S. §§ 36-2232, 36-2233)**

In determining response times, response codes, and response-time tolerances for all or part of a service area, the Director may consider the following:

1. Differences in scene locality, if applicable;
2. Requirements of a 9-1-1 or similar dispatch system for all or part of the service area;
3. Requirements in a contract approved by the Department between a ground ambulance service and a political subdivision;
4. Medical prioritization for the dispatch of a ground ambulance vehicle according to procedures established by the certificate holder's medical direction authority; and
5. Other matters determined by the Director to be relevant to the measurement of response times, response codes, and response-time tolerances.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1).

**R9-25-907. Observance of Service Area; Exceptions (A.R.S. § 36-2232)**

A certificate holder shall not provide EMS or transport within an area other than the service area identified in the certificate holder's certificate of necessity except:

1. When authorized by a service area's dispatch, before the service area's ground ambulance vehicle arrives at the scene; or
2. According to a back-up agreement.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1).

**R9-25-908. Transport Requirements; Exceptions (A.R.S. §§ 36-2224, 36-2232)**

A certificate holder shall transport a patient except:

1. As limited by A.R.S. § 36-2224;
2. If the patient is in a health care institution and the patient's medical condition requires a level of care or monitoring during transport that exceeds the scope of practice of the ambulance attendants' certification;
3. If the transport may result in an immediate threat to the ambulance attendant's safety, as determined by the ambulance attendant, certificate holder, or medical direction authority;
4. If the patient is more than 17 years old and refuses to be transported; or
5. If the patient is in a health care institution and does not meet the federal requirements for medically necessary ground vehicle ambulance transport as identified in 42 CFR 410.40.



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**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R.  
1098, effective February 13, 2001 (Supp. 01-1).

**R9-25-909. Certificate of Insurance or Self-Insurance (A.R.S. §§ 36-2232, 36-2233, 36-2237)****A.** A certificate holder shall:

1. Maintain with an insurance company authorized to transact business in this state:
  - a. A minimum single occurrence automobile liability insurance coverage of \$500,000 for ground ambulance vehicles; and
  - b. A minimum single occurrence malpractice or professional liability insurance coverage of \$500,000; or
2. Be self-insured for the amounts in subsection (A)(1).

**B.** A certificate holder shall submit to the Department:

1. A copy of the certificate of insurance; or
2. Documentation of self-insurance.

**C.** A certificate holder shall submit a copy of the certificate of insurance to the Department no later than five days after the date of issuance of:

1. A renewal of the insurance policy; or
2. A change in insurance coverage or insurance company.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R.  
1098, effective February 13, 2001 (Supp. 01-1).

**R9-25-910. Record and Reporting Requirements (A.R.S. §§ 36-2232, 36-2241, 36-2246)****A.** A certificate holder shall submit to the Department, no later than 180 days after the certificate holder's fiscal year end, the appropriate Ambulance Revenue and Cost Report.**B.** According to A.R.S. § 36-2241, a certificate holder shall maintain the following records for the Department's review and inspection:

1. The certificate holder's financial statements;
2. All federal and state income tax records;
3. All employee-related expense reports and payroll records;
4. All bank statements and documents verifying reconciliation;
5. All documents establishing the depreciation of assets, such as schedules or accounting records on ground ambulance vehicles, equipment, office furniture, and other plant and equipment assets subject to depreciation;
6. All first care forms required in R9-25-514 and R9-25-615;
7. All patient billing and reimbursement records;
8. All dispatch records, including the following:
  - a. The name of the ground ambulance service;
  - b. The month of the record;
  - c. The date of each transport;
  - d. The number assigned to the ground ambulance vehicle by the certificate holder;
  - e. Names of the ambulance attendants;
  - f. The scene;
  - g. The actual response time;
  - h. The response code;
  - i. The scene locality;
  - j. Whether the scene to which the ground ambulance vehicle is dispatched is outside of the certificate holder's service area; and
  - k. Whether the dispatch is a scheduled transport;
9. All ground ambulance service back-up agreements, contracts, grants, and financial assistance records related to ground ambulance vehicles, EMS, and transport;

10. All written ground ambulance service complaints; and
11. Information about destroyed or otherwise irretrievable records in a file including:
  - a. A list of each record destroyed or otherwise irretrievable;
  - b. A description of the circumstances under which each record became destroyed or otherwise irretrievable; and
  - c. The date each record was destroyed or became otherwise irretrievable.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R.  
1098, effective February 13, 2001 (Supp. 01-1).

**R9-25-911. Ground Ambulance Service Advertising (A.R.S. § 36-2232)****A.** A certificate holder shall not advertise that it provides a type or level of ground ambulance service or operates in a service area different from that granted in the certificate of necessity.**B.** When advertising, a certificate holder shall not direct the circumvention of the use of 9-1-1 or another similarly designated emergency telephone number.**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R.  
1098, effective February 13, 2001 (Supp. 01-1).

**R9-25-912. Disciplinary Action (A.R.S. §§ 36-2244, 36-2245)****A.** After notice and opportunity to be heard is given according to the procedures in A.R.S. Title 41, Chapter 6, Article 10, a certificate of necessity may be suspended, revoked, or other disciplinary action taken for the following reasons:

1. The certificate holder has:
  - a. Demonstrated substandard performance; or
  - b. Been determined not to be fit and proper by the Director;
2. The certificate holder has provided false information or documents:
  - a. On an application for a certificate of necessity;
  - b. Regarding any matter relating to its ground ambulance vehicles or ground ambulance service; or
  - c. To a patient, third-party payor, or other person billed for service; or
3. The certificate holder has failed to:
  - a. Comply with the applicable requirements of A.R.S. Title 36, Chapter 21.1, Articles 1 and 2 or 9 A.A.C. 25; or
  - b. Comply with any term of its certificate of necessity or any rates and charges schedule filed by the certificate holder and approved by the Department.

**B.** In determining the type of disciplinary action to impose under A.R.S. § 36-2245, the Director shall consider:

1. The severity of the violation relative to public health and safety;
2. The number of violations relative to the annual transport volume of the certificate holder;
3. The nature and circumstances of the violation;
4. Whether the violation was corrected, the manner of correction, and the time-frame involved; and
5. The impact of the penalty or assessment on the provision of ground ambulance service in the certificate holder's service area.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R.  
1098, effective February 13, 2001 (Supp. 01-1).

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## CHAPTER 25. DEPARTMENT OF HEALTH SERVICES - EMERGENCY MEDICAL SERVICES

**Exhibit 9A. Ambulance Revenue and Cost Report, General Information and Certification**

Legal Name of Company: \_\_\_\_\_ CON No. \_\_\_\_\_  
 D.B.A. (Doing Business As): \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_  
 Financial Records Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Mailing Address (If Different): \_\_\_\_\_ City: \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Owner/Manager: \_\_\_\_\_  
 Report Contact Person: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Ext. \_\_\_\_\_  
 Report for Period From: \_\_\_\_\_ To: \_\_\_\_\_  
 Method of Valuing Inventory: LIFO: ( ) FIFO: ( ) Other (Explain): \_\_\_\_\_

Please attach a list of all affiliated organizations (parents/subsidiaries) that exhibit at least 5% ownership/ vesting.

**CERTIFICATION**

*I hereby certify that I have directed the preparation of the Arizona Ambulance Revenue and Cost Report for the facility listed above in accordance with the reporting requirements of the State of Arizona.*

*I have read this report and hereby certify that the information provided is true and correct to the best of my knowledge.*

***This report has been prepared using the accrual basis of accounting.***

*Authorized Signature:* \_\_\_\_\_

*Title:* \_\_\_\_\_ *Date:* \_\_\_\_\_

Mail to:

Department of Health Services  
 Bureau of Emergency Medical Services and Trauma System  
 Certificate of Necessity and Rates Section  
 150 North 18th Avenue, Suite 540, Phoenix, AZ 85007  
 Telephone: (602) 364-3150; Fax: (602) 364-3567

Revised December 2013

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## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: \_\_\_\_\_

FOR THE PERIOD FROM: \_\_\_\_\_ TO: \_\_\_\_\_

STATISTICAL SUPPORT DATA

Line No.	DESCRIPTION	(1) SUBSCRIPTION SERVICE TRANSPORTS	(2)** TRANSPORTS UNDER CONTRACT	(3) TRANSPORTS NOT UNDER CONTRACT	(4) TOTALS
01	Number of ALS Billable Runs . . . . .	_____	_____	_____	_____
02	Number of BLS Billable Runs . . . . .	_____	_____	_____	_____
03	Number of Loaded Billable Miles . . . . .	_____	_____	_____	_____
04	Waiting Time (Hr. & Min.) . . . . .	_____	_____	_____	_____
05	Total Canceled (Non-Billable) Runs . . . . .	_____	_____	_____	_____
					Number
	Volunteer Services: (OPTIONAL)				Donated Hours
06	Paramedic and IEMT . . . . .				_____
07	Emergency Medical Technician - B . . . . .				_____
08	Other Ambulance Attendants . . . . .				_____
09	Total Volunteer Hours . . . . .				_____

\*\*This column reports only those runs where a contracted discount rate was applied. See Page 7 to provide additional information regarding discounted contract runs.

## CHAPTER 25. DEPARTMENT OF HEALTH SERVICES - EMERGENCY MEDICAL SERVICES

## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: \_\_\_\_\_

FOR THE PERIOD FROM: \_\_\_\_\_ TO: \_\_\_\_\_

STATISTICAL SUPPORT DATA

Line No.	TYPE OF SERVICE	(1) SUBSIDIZED PATIENTS	(2) NON- SUBSIDIZED PATIENTS	(3) TOTALS
01	Number of Advanced Life Support Billable Runs. ....	_____	_____	_____
02	Number of Basic Life Support Billable Runs . ....	_____	_____	_____
03	Number of Loaded Billable Miles . ....	_____	_____	_____
04	Waiting Time (Hours and Minutes) . ....	_____	_____	_____
05	Total Canceled (Non-Billable) Runs . ....	_____	_____	_____
				Number
	Volunteer Services: (OPTIONAL)			Donated Hours
06	Paramedic, EMT-I(99), and AEMT . ....			_____
07	Emergency Medical Technician (EMT) . ....			_____
08	Other Ambulance Attendants . ....			_____
09	Total Volunteer Hours . ....			_____

Note: This page and page 3.1, Routine Operating Revenue, are only for those governmental agencies that apply subsidy to patient billings.

## CHAPTER 25. DEPARTMENT OF HEALTH SERVICES - EMERGENCY MEDICAL SERVICES

## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: \_\_\_\_\_

FOR THE PERIOD FROM: \_\_\_\_\_ TO: \_\_\_\_\_

STATEMENT OF INCOME

<u>Line</u> <u>No.</u>	<u>DESCRIPTION</u>	<u>FROM</u>	
	Operating Revenue:		
01	Ambulance Service Routine Operating Revenue . . . . .	Page 3 Line 10	\$ _____
	Less:		
02	AHCCCS Settlement . . . . .		_____
03	Medicare Settlement . . . . .		_____
04	Contractual Discounts . . . . .	Page 7 Line 22	_____
05	Subscription Service Settlement . . . . .	Page 8 Line 4	_____
06	Other (Attach Schedule) . . . . .		_____
07	Total . . . . .		_____
08	Net Revenue from Ambulance Runs . . . . .		\$ _____
09	Sales of Subscription Service Contracts . . . . .	Page 8 Line 8	_____
10	Total Operating Revenue . . . . .		\$ _____
	Ambulance Operating Expenses:		
11	Bad Debt (Includes Subscription Services Bad Debt) . . .		\$ _____
12	Wages, Payroll Taxes, and Employee Benefits . . . . .	Page 4 Line 22	_____
13	General and Administrative Expenses . . . . .	Page 5 Line 20	_____
14	Cost of Goods Sold . . . . .	Page 3 Line 15	_____
15	Other Operating Expenses . . . . .	Page 6 Line 28	_____
16	Interest Expense (Attach Schedule IV) . . . . .	Page 14 CI 4 & 5 Line 28	_____
17	Subscription Service Direct Selling . . . . .	Page 8 Line 23	_____
18	Total Operating Expenses . . . . .		_____
19	Ambulance Service Income (Loss) (Line 10 minus Line 18) . . . . .		\$ _____
	Other Revenue/Expenses:		
20	Other Operating Revenue and Expenses . . . . .	Page 9 Line 17	\$ _____
21	Non-Operating Revenue and Expense . . . . .		_____
22	Non-Deductible Expenses (Attach Schedule) . . . . .		_____
23	Total Other Revenues/Expenses . . . . .		_____
24	Ambulance Service Income (Loss) - Before Income Taxes . . . . .		\$ _____
	Provision for Income Taxes:		
25	Federal Income Tax . . . . .		\$ _____
26	State Income Tax . . . . .		_____
27	Total Income Tax . . . . .		_____
28	Ambulance Service - Net Income (Loss) . . . . .		\$ _____

## CHAPTER 25. DEPARTMENT OF HEALTH SERVICES - EMERGENCY MEDICAL SERVICES

## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: \_\_\_\_\_

FOR THE PERIOD FROM: \_\_\_\_\_ TO: \_\_\_\_\_

ROUTINE OPERATING REVENUE

Line

No. DESCRIPTION

Ambulance Service Routine Operating Revenue:		
01	ALS Base Rate. . . . .	\$ _____
02	BLS Base Rate. . . . .	_____
03	Mileage Charge. . . . .	_____
04	Waiting Charge. . . . .	_____
05	Medical Supplies (Gross Charges). . . . .	_____
06	Nurses Charges. . . . .	_____
07	Total . . . . .	\$ _____
08	Standby Revenue (Attach Schedule) . . . . .	_____
09	Other Ambulance Service Revenue (Attach Schedule) . . . . .	_____
10	Total Ambulance Service Routine Operating Revenue (To Page 2, Line 01) . . .	\$ _____

COST OF GOODS SOLD: (MEDICAL SUPPLIES)

11	Inventory at Beginning of Year . . . . .	_____
12	Plus Purchases. . . . .	_____
13	Plus Other Costs. . . . .	_____
14	Less Inventory at End of Year. . . . . ( _____ )	
15	Cost of Goods Sold (To Page 2, Line 14). . . . .	\$ _____

## CHAPTER 25. DEPARTMENT OF HEALTH SERVICES - EMERGENCY MEDICAL SERVICES

## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: \_\_\_\_\_

FOR THE PERIOD FROM: \_\_\_\_\_ TO: \_\_\_\_\_

ROUTINE OPERATING REVENUE

Line No.	TYPE OF SERVICE	(1) SUBSIDIZED PATIENTS	(2) NON- SUBSIDIZED PATIENTS	(3) TOTALS
<b>AMBULANCE SERVICE OPERATING REVENUE</b>				
01	ALS Base Rate. ....	\$ _____	\$ _____	
02	BLS Base Rate. ....	_____	_____	_____
03	Mileage Charge. ....	_____	_____	_____
04	Waiting Charge. ....	_____	_____	_____
05	Medical Supplies (Gross Charges). ....	_____	_____	_____
06	Nurses' Charges. ....	_____	_____	_____
07	Total. ....	\$ _____	\$ _____	\$ _____
08	Standby Revenue (Attach Schedule) . . . . .			_____
09	Other Ambulance Service Revenue (Attach Schedule) . . . . .			_____
10	Total Ambulance Service Routine Operating Revenue (Column 3 to Page 2, Line 01) . . . . .			\$ _____
Less:				
11	AHCCCS Settlement . . . . .	\$ _____	\$ _____	\$ _____
12	Medicare Settlement . . . . .	_____	_____	_____
13	Subsidy . . . . .	_____	XXXXXXXXXXXXXX	_____
14	Other (Attach Schedule) . . . . .	_____	_____	_____
15	Total Settlements (Column 3 to Page 2, Line 06) . . . . .	\$ _____	\$ _____	\$ _____
<b>Cost of Goods Sold:</b>				
16	Inventory at Beginning of Year. ....			\$ _____
17	Plus Purchases. ....			_____
18	Plus Other Costs . . . . .			_____
19	Less Inventory at End of Year. ....			( _____ )
20	Cost of Goods Sold (Column 3 to Page 2, Line 14) . . . . .			\$ _____



## CHAPTER 25. DEPARTMENT OF HEALTH SERVICES - EMERGENCY MEDICAL SERVICES

## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: \_\_\_\_\_

FOR THE PERIOD FROM: \_\_\_\_\_ TO: \_\_\_\_\_

WAGES, PAYROLL TAXES, AND EMPLOYEE BENEFITS

Line No.	DESCRIPTION	No. of *F.T.E.s	AMOUNT
01	Gross Wages - OFFICERS/OWNERS (Attach Schedule I, Page 10, Line 7) . . . . .	_____	\$ _____
02	Payroll Taxes . . . . .	_____	_____
03	Employee Fringe Benefits . . . . .	_____	_____
04	Total . . . . .	\$ _____	_____
05	Gross Wages - MANAGEMENT (Attach Schedule II) . . . . .	_____	\$ _____
06	Payroll Taxes . . . . .	_____	_____
07	Employee Fringe Benefits . . . . .	_____	_____
08	Total . . . . .	_____	\$ _____
<b>Gross Wages - AMBULANCE PERSONNEL (Attach Schedule II)</b>			
	**Casual Labor	Wages	
09	Paramedic, EMT-I(99) and AEMT . . . . .	_____	\$ _____
10	Emergency Medical Technician (EMT). _____	_____	_____
11	Nurses . . . . .	_____	_____
12	Payroll Taxes . . . . .	_____	_____
13	Employee Fringe Benefits . . . . .	_____	_____
14	Total . . . . .	_____	\$ _____
<b>Gross Wages - OTHER PERSONNEL (Attach Schedule II)</b>			
15	Dispatch . . . . .	_____	\$ _____
16	Mechanics . . . . .	_____	_____
17	Office and Clerical . . . . .	_____	_____
18	Other . . . . .	_____	_____
19	Payroll Taxes . . . . .	_____	_____
20	Employee Fringe Benefits . . . . .	_____	_____
21	Total . . . . .	_____	\$ _____
22	Total F.T.E.s' Wages, Payroll Taxes, & Employee Benefits (To Page 2, Line 12) . . . . .	_____	\$ _____

\* Full-time equivalents (F.T.E.) is the sum of all hours for which employee wages were paid during the year divided by 2,080.

\*\* The sum of Casual Labor (wages paid on a per run basis) plus Wages paid is entered in Column 2 by line item. However, when calculating F.T.E.s, do not include casual labor hours worked or expenses incurred.

## CHAPTER 25. DEPARTMENT OF HEALTH SERVICES - EMERGENCY MEDICAL SERVICES

## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: \_\_\_\_\_

FOR THE PERIOD FROM: \_\_\_\_\_ TO: \_\_\_\_\_

WAGES, PAYROLL TAXES, AND EMPLOYEE BENEFITS

Line No.	DESCRIPTION	(1) No. of *F.T.E.s	(2) Total Expenditure	(3) Allocation Percentage	(4) Ambulance Amount
01	Gross Wages - Management (Attach Schedule II) . . . . .	_____	\$ _____	_____	_____
02	Payroll Taxes. . . . .	_____	_____	_____	_____
03	Employee Fringe Benefits. . . . .	_____	_____	_____	_____
04	Total . . . . .	_____	\$ _____	_____	_____
<b>Gross Wages - Ambulance Personnel</b> (Attach Schedule) :					
	<b>**Contractual</b> <b>Wages</b>				
05	Paramedic, EMT-I(99) and AEMT . . . . .	_____	\$ _____	_____	_____
06	Emergency Medical Technician (EMT) . . . . .	_____	_____	_____	_____
07	Nurses. . . . .	_____	_____	_____	_____
08	Drivers. . . . .	_____	_____	_____	_____
09	Payroll Taxes. . . . .	_____	_____	_____	_____
10	Employee Fringe Benefits. . . . .	_____	_____	_____	_____
11	Total. . . . .	_____	\$ _____	_____	_____
<b>Gross Wages - Other Personnel</b> (Attach Schedule II):					
12	Dispatch. . . . .	_____	\$ _____	_____	_____
13	Mechanics . . . . .	_____	_____	_____	_____
14	Office and Clerical . . . . .	_____	_____	_____	_____
15	Other . . . . .	_____	_____	_____	_____
16	Payroll Taxes. . . . .	_____	_____	_____	_____
17	Employee Fringe Benefits . . . . .	_____	_____	_____	_____
18	Total. . . . .	_____	\$ _____	_____	_____
19	Total F.T.E.s' Wages, Payroll Taxes, and Employee Benefits (To Page 2, Line 12)	_____	\$ _____	_____	_____

\* Full-Time Equivalents (F.T.E.) is the sum of all hours for which employee wages were paid during the year divided by 2,080.

\*\* The sum of Contractual + Wages paid is entered in Column 2 by line item. However, when calculating F.T.E.s, do not include contractual hours worked or expenses incurred.

## CHAPTER 25. DEPARTMENT OF HEALTH SERVICES - EMERGENCY MEDICAL SERVICES

## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: \_\_\_\_\_

FOR THE PERIOD FROM: \_\_\_\_\_ TO: \_\_\_\_\_

WAGES, PAYROLL TAXES, AND EMPLOYEE BENEFITS

Line No.	<u>DESCRIPTION</u>	<u>Basis of Allocations</u>	
01	Gross Wages - Management .....	_____	
02	Payroll Taxes .....	_____	
03	Employee Fringe Benefits .....	_____	
04	Total .....	_____	
 <b>Gross Wages - Ambulance Personnel:</b>			
		<u>Contractual</u>	<u>Wages</u>
05	Paramedic, EMT-I(99) and AEMT .....	_____	_____
06	Emergency Medical Technician (EMT) .....	_____	_____
06	Emergency Medical Technician (EMT) .....	_____	_____
07	Nurses .....	_____	_____
08	Drivers .....	_____	_____
09	Payroll Taxes .....	_____	_____
10	Employee Fringe Benefits .....	_____	_____
11	Total .....	_____	_____
 <b>Gross Wages - Other Personnel:</b>			
12	Dispatch .....	_____	
13	Mechanics .....	_____	
14	Office and Clerical .....	_____	
15	Other .....	_____	
16	Payroll Taxes .....	_____	
17	Employee Fringe Benefits .....	_____	
18	Total .....	_____	

## CHAPTER 25. DEPARTMENT OF HEALTH SERVICES - EMERGENCY MEDICAL SERVICES

## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: \_\_\_\_\_

FOR THE PERIOD FROM: \_\_\_\_\_ TO: \_\_\_\_\_

GENERAL AND ADMINISTRATIVE EXPENSES

Line

**No. DESCRIPTION****Professional Services:**

01	Legal Fees .....	\$ _____
02	Collection Fees. ....	_____
03	Accounting and Auditing .....	_____
04	Data Processing Fees. ....	_____
05	Other (Attach Schedule) .....	_____
06	Total .....	\$ _____

**Travel and Entertainment:**

07	Meals and Entertainment .....	\$ _____
08	Transportation - Other Company Vehicles .....	_____
09	Travel .....	_____
10	Other (Attach Schedule) .....	_____
11	Total .....	\$ _____

**Other General and Administrative:**

12	Office Supplies .....	\$ _____
13	Postage .....	_____
14	Telephone .....	_____
15	Advertising .....	_____
16	Professional Liability Insurance. ....	_____
17	Dues and Subscriptions .....	_____
18	Other (Attach Schedule) .....	_____
19	Total .....	\$ _____
20	Total General and Administrative Expenses (To Page 2, Line 13). ....	\$ _____

## CHAPTER 25. DEPARTMENT OF HEALTH SERVICES - EMERGENCY MEDICAL SERVICES

## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: \_\_\_\_\_

FOR THE PERIOD FROM: \_\_\_\_\_ TO: \_\_\_\_\_

GENERAL AND ADMINISTRATIVE EXPENSES

Line No.	DESCRIPTION	(1) Total Expenditure	(2) Allocation Percentage	(3) Ambulance Amount
<b>Professional Services:</b>				
01	Legal Fees .....	\$ _____	_____	\$ _____
02	Collection Fees. ....	_____	_____	_____
03	Accounting and Auditing .....	_____	_____	_____
04	Data Processing Fees.....	_____	_____	_____
05	Other (Attach Schedule) .....	_____	_____	_____
06	Total .....	\$ _____		\$ _____
<b>Travel and Entertainment:</b>				
07	Meals and Entertainment .....	\$ _____	_____	\$ _____
08	Transportation - Other Company Vehicles .....	_____	_____	_____
09	Travel .....	_____	_____	_____
10	Other (Attach Schedule) .....	_____	_____	_____
11	Total .....	\$ _____		\$ _____
<b>Other General and Administrative:</b>				
12	Office Supplies .....	\$ _____	_____	\$ _____
13	Postage .....	_____	_____	_____
14	Telephone .....	_____	_____	_____
15	Advertising .....	_____	_____	_____
16	Professional Liability Insurance .....	_____	_____	_____
17	Dues and Subscriptions .....	_____	_____	_____
18	Other (Attach Schedule) .....	_____	_____	_____
19	Total .....	\$ _____		\$ _____
20	Total General & Administrative Expenses (to Page 2, Line 13)	\$ _____		\$ _____

## CHAPTER 25. DEPARTMENT OF HEALTH SERVICES - EMERGENCY MEDICAL SERVICES

## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: \_\_\_\_\_

FOR THE PERIOD FROM: \_\_\_\_\_ TO: \_\_\_\_\_

GENERAL AND ADMINISTRATIVE EXPENSES (cont.)

<u>Line No.</u>	<u>DESCRIPTION</u>	<u>Basis of Allocations</u>
<b>Professional Services:</b>		
01	Legal Fees .....	_____
02	Collection Fees .....	_____
03	Accounting and Auditing .....	_____
04	Data Processing Fees .....	_____
05	Other (Attach Schedule) .....	_____
06	Total .....	_____
<b>Travel and Entertainment:</b>		
07	Meals and Entertainment .....	_____
08	Transportation - Other Company Vehicles .....	_____
09	Travel .....	_____
10	Other (Attach Schedule) .....	_____
11	Total .....	_____
<b>Other General and Administrative:</b>		
12	Office Supplies .....	_____
13	Postage .....	_____
14	Telephone .....	_____
15	Advertising .....	_____
16	Professional Liability Insurance .....	_____
17	Dues and Subscriptions .....	_____
18	Other (Attach Schedule) .....	_____
19	Total .....	_____

## CHAPTER 25. DEPARTMENT OF HEALTH SERVICES - EMERGENCY MEDICAL SERVICES

## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: \_\_\_\_\_

FOR THE PERIOD FROM: \_\_\_\_\_ TO: \_\_\_\_\_

OTHER OPERATING EXPENSES

Line

**No. OTHER OPERATING EXPENSES****Depreciation and Amortization:**

01	Depreciation (Attach Schedule III) (From Line 20, Col I, Page 13) . . . .	\$ _____	
02	Amortization . . . . .	_____	
03	Total . . . . .		\$ _____
04	Rent/Lease (Attach Schedule III) (From Line 20, Col K, Page 13) . . . . .		\$ _____

**Building/Station Expense:**

05	Building and Cleaning Supplies . . . . .	\$ _____	
06	Utilities . . . . .	_____	
07	Property Taxes . . . . .	_____	
08	Property Insurance . . . . .	_____	
09	Repairs and Maintenance . . . . .	_____	
10	Other (Attach Schedule) . . . . .	_____	
11	Total . . . . .		\$ _____

**Vehicle Expense - Ambulance Units:**

12	License/Registration . . . . .	\$ _____	
13	Fuel. . . . .	_____	
14	General Vehicle Service and Maintenance. . . . .	_____	
15	Major Repairs . . . . .	_____	
16	Insurance - Service Vehicles. . . . .	_____	
17	Other (Attach Schedule). . . . .	_____	
18	Total . . . . .		\$ _____

**Other Expenses:**

19	Dispatch . . . . .	_____	
20	Education/Training . . . . .	_____	
21	Uniforms and Uniform Cleaning . . . . .	_____	
22	Meals and Travel for Ambulance Personnel . . . . .	_____	
23	Maintenance Contracts . . . . .	_____	
24	Minor Equipment - Not Capitalized . . . . .	_____	
25	Ambulance Supplies - Nonchargeable . . . . .	_____	
26	Other (Attach Schedule) . . . . .	_____	
27	Total . . . . .		\$ _____
28	Total Other Operating Expenses (To Page 2, Line 15) . . . . .		\$ _____

## CHAPTER 25. DEPARTMENT OF HEALTH SERVICES - EMERGENCY MEDICAL SERVICES

## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: \_\_\_\_\_

FOR THE PERIOD FROM: \_\_\_\_\_ TO: \_\_\_\_\_

OTHER OPERATING EXPENSES

<u>OTHER OPERATING EXPENSES</u>	<u>(1) Total Expenditure</u>	<u>(2) Allocation Percentage</u>	<u>(3) Ambulance Amount</u>
<b>Depreciation and Amortization:</b>			
Depreciation (Attach Schedule III) (From Line 20, Col I, Page 12) .	\$ _____	_____	_____
Amortization . . . . .	_____	_____	_____
Total . . . . .	\$ _____	_____	_____
Rent/Lease (Attach Schedule III) Line 20, Col K, Page 12 . . . . .	\$ _____	_____	_____
<b>Building/Station Expense:</b>			
Building and Cleaning Supplies . . . . .	\$ _____	_____	_____
Utilities . . . . .	_____	_____	_____
Property Taxes . . . . .	_____	_____	_____
Property Insurance . . . . .	_____	_____	_____
Repairs and Maintenance . . . . .	_____	_____	_____
Other (Attach Schedule) . . . . .	_____	_____	_____
Total . . . . .	\$ _____	_____	_____
<b>Vehicle Expense - Ambulance Units:</b>			
License/Registration . . . . .	\$ _____	_____	_____
Fuel. . . . .	_____	_____	_____
General Vehicle Service and Maintenance. . . . .	_____	_____	_____
Major Repairs . . . . .	_____	_____	_____
Insurance - Service Vehicles. . . . .	_____	_____	_____
Other (Attach Schedule). . . . .	_____	_____	_____
Total . . . . .	\$ _____	_____	_____
<b>Other Expenses:</b>			
Dispatch . . . . .	\$ _____	_____	_____
Education/Training . . . . .	_____	_____	_____
Uniforms and Uniform Cleaning . . . . .	_____	_____	_____
Meals and Travel for Ambulance Personnel . . . . .	_____	_____	_____
Maintenance Contracts. . . . .	_____	_____	_____
Minor Equipment - Not Capitalized. . . . .	_____	_____	_____
Ambulance Supplies - Nonchargeable . . . . .	_____	_____	_____
Other (Attach Schedule). . . . .	_____	_____	_____
Total. . . . .	\$ _____	_____	_____
Total Other Operating Expenses (To Page 2, Line 15) . . . . .	\$ _____	_____	_____



## CHAPTER 25. DEPARTMENT OF HEALTH SERVICES - EMERGENCY MEDICAL SERVICES

## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: \_\_\_\_\_

FOR THE PERIOD FROM: \_\_\_\_\_ TO: \_\_\_\_\_

OTHER OPERATING EXPENSES

Line No.	OTHER OPERATING EXPENSES	Basis of Allocations
	<b>Depreciation and Amortization:</b>	
01	Depreciation .....	_____
02	Amortization .....	_____
03	Total .....	_____
04	Rent/Lease .....	_____
	<b>Building/Station Expense:</b>	
05	Building and Cleaning Supplies .....	_____
06	Utilities .....	_____
07	Property Taxes .....	_____
08	Property Insurance .....	_____
09	Repairs and Maintenance .....	_____
10	Other (Attach Schedule) .....	_____
11	Total .....	_____
	<b>Vehicle Expense - Ambulance Units:</b>	
12	License/Registration .....	_____
13	Fuel .....	_____
14	General Vehicle Service and Maintenance .....	_____
15	Major Repairs .....	_____
16	Insurance - Service Vehicles .....	_____
17	Other (Attach Schedule) .....	_____
18	Total .....	_____
	<b>Other Expenses:</b>	
19	Dispatch .....	_____
20	Education/Training .....	_____
21	Uniforms and Uniform Cleaning .....	_____
22	Meals and Travel for Ambulance Personnel .....	_____
23	Maintenance Contracts .....	_____
24	Minor Equipment - Not Capitalized .....	_____
25	Ambulance Supplies - Nonchargeable .....	_____
26	Other (Attach Schedule) .....	_____
27	Total .....	_____

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## CHAPTER 25. DEPARTMENT OF HEALTH SERVICES - EMERGENCY MEDICAL SERVICES

## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: \_\_\_\_\_

FOR THE PERIOD FROM: \_\_\_\_\_ TO: \_\_\_\_\_

DETAIL OF CONTRACTUAL ALLOWANCES

Line No.	Name of Contracting Entity	Total Billable Runs	Gross Billing	Percent Discount	Allowance
01	_____	_____	_____	_____	_____
02	_____	_____	_____	_____	_____
03	_____	_____	_____	_____	_____
04	_____	_____	_____	_____	_____
05	_____	_____	_____	_____	_____
06	_____	_____	_____	_____	_____
07	_____	_____	_____	_____	_____
08	_____	_____	_____	_____	_____
09	_____	_____	_____	_____	_____
10	_____	_____	_____	_____	_____
11	_____	_____	_____	_____	_____
12	_____	_____	_____	_____	_____
13	_____	_____	_____	_____	_____
14	_____	_____	_____	_____	_____
15	_____	_____	_____	_____	_____
16	_____	_____	_____	_____	_____
17	_____	_____	_____	_____	_____
18	_____	_____	_____	_____	_____
19	_____	_____	_____	_____	_____
20	_____	_____	_____	_____	_____
21	_____	_____	_____	_____	_____
22	Total (To Page 2, Line 4)				_____

## CHAPTER 25. DEPARTMENT OF HEALTH SERVICES - EMERGENCY MEDICAL SERVICES

## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: \_\_\_\_\_

FOR THE PERIOD FROM: \_\_\_\_\_ TO: \_\_\_\_\_

SUBSCRIPTION SERVICE REVENUE AND  
DIRECT SELLING EXPENSES

Line No.	Description	To	
01	Billings at Fully Established Rate . . . . .		\$ _____
	Less:		
02	AHCCCS Settlement . . . . .	_____	
03	Medicare Settlement . . . . .	_____	
04	Subscription Service Settlements . . . . . (To Page 2, Line 5)	_____	
05	Subscription Service Bad Debt . . . . .	_____	
06	Total . . . . .		\$ _____
07	Net Revenue from Subscription Service Runs . . . . .		_____
08	Sales of Subscription Service . . . . . (To Page 2, Line 9) . . . . .		_____
09	Other Revenue (Attach Schedule) . . . . .		_____
10	Total Subscription Service Revenue . . . . .		\$ _____
<b>Direct Expenses Incurred Selling Subscription Contracts:</b>			
11	Salaries/Wages . . . . .		\$ _____
12	Payroll Taxes . . . . .	_____	
13	Employee Fringe Benefits . . . . .	_____	
14	Professional Services . . . . .	_____	
15	Contract Labor . . . . .	_____	
16	Travel . . . . .	_____	
17	Other General and Administrative Expenses . . . . .	_____	
18	Depreciation/Amortization . . . . .	_____	
19	Rent/Lease . . . . .	_____	
20	Building/Station Expense . . . . .	_____	
21	Transportation/Vehicles . . . . .	_____	
22	Other (Attach Schedule) . . . . .	_____	
23	Total Subscription Service Expenses . . . . . (To Page 2, Line 17). . . . .		\$ _____

## CHAPTER 25. DEPARTMENT OF HEALTH SERVICES - EMERGENCY MEDICAL SERVICES

## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: \_\_\_\_\_

FOR THE PERIOD FROM: \_\_\_\_\_ TO: \_\_\_\_\_

OTHER OPERATING REVENUES AND EXPENSES

Line

**No. DESCRIPTION****Other Operating Revenues:**

01	Supportive Funding - Local (Attach Schedule) . . . . .	\$ _____	
02	Grant Funds - State (Attach Schedule) . . . . .	_____	
03	Grant Funds - Federal (Attach Schedule) . . . . .	_____	
04	Grant Funds - Other (Attach Schedule) . . . . .	_____	
05	Patient Finance Charges . . . . .	_____	
06	Patient Late Payment Charges . . . . .	_____	
07	Interest Earned - Related Person/Organization . . . . .	_____	
08	Interest Earned - Other . . . . .	_____	
09	Gain on Sale of Operating Property . . . . .	_____	
10	Other: _____ . . . . .	_____	
11	Other: _____ . . . . .	_____	
12	Total Operating Revenue . . . . .		\$ _____

**Other Operating Expenses:**

13	Loss on Sale of Operating Property . . . . .	\$ _____	
14	Other: _____ . . . . .	_____	
15	Other: _____ . . . . .	_____	
16	Total Other Operating Expenses . . . . .		\$ _____
17	Net Other Operating Revenues and Expenses (To Page 2, Line 20) . . . . .		\$ _____

## CHAPTER 25. DEPARTMENT OF HEALTH SERVICES - EMERGENCY MEDICAL SERVICES

## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: \_\_\_\_\_

FOR THE PERIOD FROM: \_\_\_\_\_ TO: \_\_\_\_\_

DETAIL OF SALARIES/WAGES  
OFFICERS/OWNERS  
SCHEDULE 1

Wages Paid by Category

Line No.	Name	Title	% of Ownership	Management	*FTE	EMCT	*FTE	Office	*FTE	Other	*FTE	<u>Totals</u>	
												Wages Paid To Owners	*FTE
01	_____	_____	_____	\$_____	_____	\$_____	_____	\$_____	_____	\$_____	_____	\$_____	_____
02	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
03	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
04	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
05	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
06	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____1	_____
07	<b>TOTAL</b>	=====	=====	\$=====	=====	\$=====	=====	\$=====	=====	\$=====	=====	\$=====	=====

\*Full-time equivalents (F.T.E.) Is the sum of all hours for which employee wages were paid during the year divided by 2080.

1 Total wages paid to owners to Page 4 Col 2 Line 01

2 Total FTEs to Page 4 Col 1 Line 01

## CHAPTER 25. DEPARTMENT OF HEALTH SERVICES - EMERGENCY MEDICAL SERVICES

## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: \_\_\_\_\_

FOR THE PERIOD FROM: \_\_\_\_\_ TO: \_\_\_\_\_

OPERATING EXPENSES  
DETAIL OF SALARIES/WAGES  
SCHEDULE IILineNo. Detail of Salaries/Wages - Other Than Officers/Owners**01 MANAGEMENT:****METHOD OF COMPENSATION:**

Certification and/or Title	Scheduled Shifts (I.e. 40 or 60 hours a week)	Hourly Wage	Annual Salary	\$s Per Run or Shift
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**02 AMBULANCE PERSONNEL:**

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**03 OTHER PERSONNEL:**

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## CHAPTER 25. DEPARTMENT OF HEALTH SERVICES - EMERGENCY MEDICAL SERVICES

## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: \_\_\_\_\_

FOR THE PERIOD FROM: \_\_\_\_\_ TO: \_\_\_\_\_

DEPRECIATION AND/OR RENT/LEASE EXPENSE  
SCHEDULE IIIAMBULANCE VEHICLES AND  
ACCESSORIAL EQUIPMENT ONLY

	A	B	C	D	E	F	G	H	I	J	K
Line No.	Description of Property	Date Placed in Service	Cost or Other Basis	Business Use Percent	Basis for Depreciation	Method	Recovery Period	Depreciation Prior Years	Current Year Depreciation	Remaining Basis	Rent/Lease Amount*
01											
02											
03											
04											
05											
06											
07											
08											
09											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20	<b>SUBTOTAL</b>	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1	XXX	2

\* Complete Description of property, date placed in service, and rent/lease amount only.

1 To Page 13, Line 19, Column I

2 To Page 13, Line 19, Column K

## CHAPTER 25. DEPARTMENT OF HEALTH SERVICES - EMERGENCY MEDICAL SERVICES

## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: \_\_\_\_\_

FOR THE PERIOD FROM: \_\_\_\_\_ TO: \_\_\_\_\_

**DEPRECIATION AND/OR RENT/LEASE EXPENSE  
SCHEDULE III****ALL OTHER ITEMS**

	A	B	C	D	E	F	G	H	I	J	K
Line No.	Description of Property	Date Placed in Service	Cost or Other Basis	Business Use Percent	Basis for Depreciation	Method	Recovery Period	Depreciation Prior Years	Current Year Depreciation	Remaining Basis	Rent/Lease Amount*
01											
02											
03											
04											
05											
06											
07											
08											
09											
10											
11											
12											
13											
14											
15											
16											
17											
18	SUBTOTAL	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	
19	SUBTOTAL from Page 12, Line 20	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	
20	SUM of Line 18 and 19	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3	XXX	4

\* Complete Description of property, date placed in service, and rent/lease amount only.

3 To Page 6, Line 01

4 To Page 6, Line 04



## CHAPTER 25. DEPARTMENT OF HEALTH SERVICES - EMERGENCY MEDICAL SERVICES

## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: \_\_\_\_\_

FOR THE PERIOD FROM: \_\_\_\_\_ TO: \_\_\_\_\_

DETAIL OF INTEREST - Schedule IV

Line No.	Description	(1) Interest Rate	(2) Principal Balance Beginning of Period	(3) End of Period	(4) Interest Expense Related Persons or Organizations	(5) Other
	Service Vehicles & Accessorial Equipment					
	Name of Payee:					
01	_____	% \$	\$	\$	\$	\$
02	_____					
03	_____					
04	_____					
	Communication Equipment					
	Name of Payee:					
05	_____	% \$	\$	\$	\$	\$
06	_____					
07	_____					
	Other Property and Equipment					
	Name of Payee:					
08	_____	% \$	\$	\$	\$	\$
09	_____					
10	_____					
	Working Capital					
	Name of Payee:					
11	_____	% \$	\$	\$	\$	\$
12	_____					
13	_____					
	Other					
	Name of Payee:					
14	_____	% \$	\$	\$	\$	\$
15	TOTAL		\$	\$	\$	\$
						----- (To Page 2, Column 2, Line 16) -----

## CHAPTER 25. DEPARTMENT OF HEALTH SERVICES - EMERGENCY MEDICAL SERVICES

## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: \_\_\_\_\_

FOR THE PERIOD FROM: \_\_\_\_\_ TO: \_\_\_\_\_

## BALANCE SHEET

**ASSETS**

## CURRENT ASSETS

01	Cash	\$ _____	
02	Accounts Receivable	_____	
03	Less: Allowance for Doubtful Accounts	_____	
04	Inventory	_____	
05	Prepaid Expenses	_____	
06	Other Current Assets	_____	
07	TOTAL CURRENT ASSETS		\$ _____
PROPERTY & EQUIPMENT			
08	Less: Accumulated Depreciation		\$ _____
09	OTHER NONCURRENT ASSETS		\$ _____
10	TOTAL ASSETS		\$ _____

**LIABILITIES AND EQUITY**

## CURRENT LIABILITIES

11	Accounts Payable	\$ _____	
12	Current Portion of Notes Payable	_____	
13	Current Portion of Long Term Debt	_____	
14	Deferred Subscription Income	_____	
15	Accrued Expenses and Other	_____	
16	_____	_____	
17	_____	_____	
18	TOTAL CURRENT LIABILITIES		\$ _____
19	NOTES PAYABLE	_____	
20	LONG TERM DEBT OTHER	_____	
21	TOTAL LONG-TERM DEBT		\$ _____

## EQUITY AND OTHER CREDITS

## Paid-in Capital:

22	Common Stock	\$ _____	
23	Paid-In Capital in Excess of Par Value	_____	
24	Contributed Capital	_____	
25	Retained Earnings	_____	
26	Fund Balances	_____	
27	TOTAL EQUITY		\$ _____
28	TOTAL LIABILITIES & EQUITY		\$ _____

## CHAPTER 25. DEPARTMENT OF HEALTH SERVICES - EMERGENCY MEDICAL SERVICES

## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: \_\_\_\_\_

FOR THE PERIOD FROM: \_\_\_\_\_ TO: \_\_\_\_\_

## STATEMENT OF CASH FLOWS

<b>OPERATING ACTIVITIES:</b>		
01	Net (loss) Income	\$ _____
	Adjustments to reconcile net income to net cash provided by operating activities:	
02	Depreciation Expense	_____
03	Deferred Income Tax	_____
04	Loss (gain) on Disposal of Property and Equipment	_____
	(Increase) Decrease in:	
05	Accounts Receivable	_____
06	Inventories	_____
07	Prepaid Expenses	_____
	(Increase) Decrease in:	
08	Accounts Payable	_____
09	Accrued Expenses	_____
10	Deferred Subscription Income	_____
11	Net Cash Provided (Used) by Operating Activities	\$ _____
<b>INVESTING ACTIVITIES:</b>		
12	Purchases of Property and Equipment	\$ _____
13	Proceeds from Disposal of Property and Equipment	_____
14	Purchases of Investments	_____
15	Proceeds from Disposal of Investments	_____
16	Loans Made	_____
17	Collections on Loans	_____
18	Other _____	_____
19	Net Cash Provided (Used) by Investing Activities	\$ _____
<b>FINANCING ACTIVITIES:</b>		
	New Borrowings:	
20	Long-Term	\$ _____
21	Short-Term	_____
	Debt Reduction:	
22	Long-Term	_____
23	Short-Term	_____
24	Capital Contributions	_____
25	Dividends paid	_____
26	Net Cash Provided (Used) by Financing Activities	\$ _____
27	Net Increase (Decrease) in Cash	\$ _____
28	Cash at Beginning of Year	\$ _____
29	Cash at End of Year	\$ _____
30	<b>SUPPLEMENTAL DISCLOSURES:</b>	
	Non-cash Investing and Financing Transactions:	
31	_____	\$ _____
32	_____	_____
33	Interest Paid (Net of Amounts Capitalized)	_____
34	Income Taxes Paid	_____

Page 16

## Historical Note

Exhibit 9A renumbered from Exhibit A and amended by exempt rulemaking at 19 A.A.R. 4032, effective December 1, 2013 (Supp. 13-4).

## Exhibit A. Renumbered

## Historical Note

New Exhibit adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1). New Exhibit A recodified from Article 12 at 12 A.A.R. 2243, effective June 2, 2006 (Supp. 06-2). Exhibit A renumbered to Exhibit 9A by exempt rulemaking at 19 A.A.R. 4032, effective December 1, 2013 (Supp. 13-4).

## CHAPTER 25. DEPARTMENT OF HEALTH SERVICES - EMERGENCY MEDICAL SERVICES

## Exhibit 9B. Ambulance Revenue and Cost Report, Fire District and Small Rural Company

**Department of Health Services**  
**Annual Ambulance Financial Report**

---

**Reporting Ambulance Service**

Report Fiscal Year  
**From:**    /    /    **To:**    /    /  
          Mo. Day Year       Mo. Day Year

**CERTIFICATION**

*I hereby certify that I have directed the preparation of the enclosed annual report in accordance with the reporting requirements of the State of Arizona.*

*I have read this report and hereby certify that the information provided is true and correct to the best of my knowledge.*

***This report has been prepared using the accrual basis of accounting.***

*Authorized Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Print Name and Title:* \_\_\_\_\_

M  
a  
i

I to:

Department of Health Services  
 Bureau of Emergency Medical Services and Trauma System  
 Certificate of Necessity and Rates Section  
 150 North 18th Avenue, Suite 540  
 Phoenix, AZ 85007  
 Telephone: (602) 364-3150  
 Fax: (602) 364-3567

Revised December 2013

## CHAPTER 25. DEPARTMENT OF HEALTH SERVICES - EMERGENCY MEDICAL SERVICES

## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: \_\_\_\_\_

FOR THE PERIOD FROM: \_\_\_\_\_ TO: \_\_\_\_\_

STATISTICAL SUPPORT DATA

Line No.	DESCRIPTION	(1) SUBSCRIPTION SERVICE TRANSPORTS	*(2) TRANSPORTS UNDER CONTRACT	(3) TRANSPORTS NOT UNDER CONTRACT	(4) TOTALS
01	Number of ALS Billable Transports:	_____	_____	_____	_____
02	Number of BLS Billable Transports:	_____	_____	_____	_____
03	Number of Loaded Billable Miles:	_____	_____	_____	_____
04	Waiting Time (Hr. & Min.):	_____	_____	_____	_____
05	Canceled (Non-Billable) Runs:	_____	_____	_____	_____

## AMBULANCE SERVICE ROUTINE OPERATING REVENUE

06	ALS Base Rate Revenue .....				\$ _____
07	BLS Base Rate Revenue .....				_____
08	Mileage Charge Revenue .....				_____
09	Waiting Charge Revenue .....				_____
10	Medical Supplies Charge Revenue .....				_____
11	Nurses Charge Revenue .....				_____
12	Standby Charge Revenue (Attach Schedule) .....				_____
13	TOTAL AMBULANCE SERVICE ROUTINE OPERATING REVENUE .....				\$ _____

SALARY AND WAGE EXPENSE DETAIL  
GROSS WAGES:

			**No. of F.T.E.s
14	Management .....	\$ _____	\$ _____
15	Paramedics, EMT-I(99)s, and AEMTs. ....	\$ _____	\$ _____
16	Emergency Medical Technician (EMT). ....	\$ _____	\$ _____
17	Other Personnel .....	\$ _____	\$ _____
18	Payroll Taxes and Fringe Benefits - All Personnel. ....	\$ _____	\$ _____

\*This column reports only those runs where a contracted discount rate was applied.

\*\*Full-time equivalents (F.T.E.) is the sum of all hours for which employees' wages were paid during the year divided by 2080.

## CHAPTER 25. DEPARTMENT OF HEALTH SERVICES - EMERGENCY MEDICAL SERVICES

## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: \_\_\_\_\_

FOR THE PERIOD FROM: \_\_\_\_\_ TO: \_\_\_\_\_

SCHEDULE OF REVENUES AND EXPENSES

Line

No. DESCRIPTIONFROM**Operating Revenues:**

01 Total Ambulance Service Operating Revenue . . . . . Page 2, Line 13 \$ \_\_\_\_\_

## Settlement Amounts:

02 AHCCCS . . . . . ( )

03 Medicare . . . . . ( )

04 Subscription Service . . . . . ( )

05 Contractual . . . . . ( )

06 Other . . . . . ( )

07 Total (Sum of Lines 02 through 06) . . . . . ( )

08 Total Operating Revenue (Line 01 minus Line 07) . . . . . \$ \_\_\_\_\_

**Operating Expenses:**

09 Bad Debt

10 Total Salaries, Wages, and Employee- Related Expenses . . . . . \$ \_\_\_\_\_

11 Professional Services . . . . . \_\_\_\_\_

12 Travel and Entertainment . . . . . \_\_\_\_\_

13 Other General Administrative . . . . . \_\_\_\_\_

14 Depreciation . . . . . \_\_\_\_\_

15 Rent/Leasing . . . . . \_\_\_\_\_

16 Building/Station . . . . . \_\_\_\_\_

17 Vehicle Expense . . . . . \_\_\_\_\_

18 Other Operating Expense . . . . . \_\_\_\_\_

19 Cost of Medical Supplies Charged to Patients . . . . . \_\_\_\_\_

20 Interest . . . . . \_\_\_\_\_

21 Subscription Service Sales Expense . . . . . \_\_\_\_\_

22 Total Operating Expense (Sum of Lines 09 through 21) . . . . . \_\_\_\_\_

23 Total Operating Income or Loss (Line 08 minus Line 22). . . . . \$ \_\_\_\_\_

24 Subscription Contract Sales . . . . . \_\_\_\_\_

25 Other Operating Revenue . . . . . \_\_\_\_\_

26 Local Supportive Funding . . . . . \_\_\_\_\_

27 Other Non-Operating Income (Attach Schedule). . . . . \_\_\_\_\_

28 Other Non-Operating Expense (Attach Schedule). . . . . \_\_\_\_\_

29 NET INCOME/(LOSS) (Line 23 plus Sum of Lines 24 through 28). . . . . \$ \_\_\_\_\_

## CHAPTER 25. DEPARTMENT OF HEALTH SERVICES - EMERGENCY MEDICAL SERVICES

## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: \_\_\_\_\_

FOR THE PERIOD FROM: \_\_\_\_\_ TO: \_\_\_\_\_

## BALANCE SHEET

**ASSETS**

## CURRENT ASSETS

01	Cash	\$ _____	
02	Accounts Receivable	_____	
03	Less: Allowance for Doubtful Accounts	_____	
04	Inventory	_____	
05	Prepaid Expenses	_____	
06	Other Current Assets	_____	
07	TOTAL CURRENT ASSETS		\$ _____
	PROPERTY & EQUIPMENT		
08	Less: Accumulated Depreciation		\$ _____
09	OTHER NONCURRENT ASSETS		\$ _____
10	TOTAL ASSETS		\$ _____

**LIABILITIES AND EQUITY**

## CURRENT LIABILITIES

11	Accounts Payable	\$ _____	
12	Current Portion of Notes Payable	_____	
13	Current Portion of Long term Debt	_____	
14	Deferred Subscription Income	_____	
15	Accrued Expenses and Other	_____	
16	_____	_____	
17	_____	_____	
18	TOTAL CURRENT LIABILITIES		\$ _____
19	NOTES PAYABLE	_____	
20	LONG TERM DEBT OTHER	_____	
21	TOTAL LONG-TERM DEBT		\$ _____

## EQUITY AND OTHER CREDITS

## Paid-in Capital:

22	Common Stock	\$ _____	
23	Paid-In Capital in Excess of Par Value	_____	
24	Contributed Capital	_____	
25	Retained Earnings	_____	
26	Fund Balances	_____	
27	TOTAL EQUITY		\$ _____
28	TOTAL LIABILITIES & EQUITY		\$ _____

## CHAPTER 25. DEPARTMENT OF HEALTH SERVICES - EMERGENCY MEDICAL SERVICES

## AMBULANCE REVENUE AND COST REPORT

AMBULANCE SERVICE ENTITY: \_\_\_\_\_

FOR THE PERIOD FROM: \_\_\_\_\_ TO: \_\_\_\_\_

## STATEMENT OF CASH FLOWS

<b>OPERATING ACTIVITIES:</b>		
01	Net (loss) Income	\$ _____
	Adjustments to reconcile net income to net cash provided by operating activities:	
02	Depreciation Expense	_____
03	Deferred Income Tax	_____
04	Loss (gain) on Disposal of Property and Equipment	_____
	(Increase) Decrease in:	
05	Accounts Receivable	_____
06	Inventories	_____
07	Prepaid Expenses	_____
	(Increase) Decrease in:	
08	Accounts Payable	_____
09	Accrued Expenses	_____
10	Deferred Subscription Income	_____
11	Net Cash Provided (Used) by Operating Activities	\$ _____
<b>INVESTING ACTIVITIES:</b>		
12	Purchases of Property and Equipment	_____
13	Proceeds from Disposal of Property and Equipment	_____
14	Purchases of Investments	_____
15	Proceeds from Disposal of Investments	_____
16	Loans Made	_____
17	Collections on Loans	_____
18	Other _____	_____
19	Net Cash Provided (Used) by Investing Activities	\$ _____
<b>FINANCING ACTIVITIES:</b>		
	New Borrowings:	
20	Long-Term	_____
21	Short-Term	_____
	Debt Reduction:	
22	Long-Term	_____
23	Short-Term	_____
24	Capital Contributions	_____
25	Dividends paid	_____
26	Net Cash Provided (Used) by Financing Activities	\$ _____
27	Net Increase (Decrease) in Cash	\$ _____
28	Cash at Beginning of Year	\$ _____
29	Cash at End of Year	\$ _____
<b>30 SUPPLEMENTAL DISCLOSURES:</b>		
	Non-cash Investing and Financing Transactions:	
31	_____	\$ _____
32	_____	_____
33	Interest Paid (Net of Amounts Capitalized)	_____
34	Income Taxes Paid	_____



## CHAPTER 25. DEPARTMENT OF HEALTH SERVICES - EMERGENCY MEDICAL SERVICES

## INSTRUCTIONS

**Page 1: COVER**

1. Enter the name of the ambulance service on the line "Reporting Ambulance Service."
2. Print the name and title of the ambulance service's authorized representative on the lines indicated; enter the date of signature; authorized representative must sign the report.

**Page 2: STATISTICAL SUPPORT DATA and ROUTINE OPERATING REVENUE**

Enter the ambulance service's business name and the appropriate reporting period.

**Statistical Support Data:**

- Lines 01-02: Enter the number of billable ALS and BLS transports for each of the three categories. Subscription Service Transports should not be included with Transports Under Contract.
- Lines 03-04: Enter the total of patient loaded transport miles and waiting times for each of the transport categories.
- Line 05: List TOTAL of canceled/non-billable runs.

**Ambulance Service Routine Operating Revenue:**

- Line 06: Enter the total amount of all ALS Base Rate gross billings.
- Line 07: Enter the total amount of all BLS Base Rate gross billings.
- Line 08: Enter the total of Mileage Charge gross billings.
- Line 09: Enter the total Waiting Time gross billings.
- Line 10: Enter the total of all gross billings of Medical Supplies to patients.
- Line 11: RESERVED FOR FUTURE USE - Charges for Nurses currently are not allowed.
- Line 12: Enter the total of all Standby Time charges. (Attach a schedule showing sources.)
- Line 13: Add the totals from Line 06 through Line 12. Enter sum on Line 13.

**Salary and Wage Expense Detail:**

- Line 14: Enter the total salary amount allocated and paid to Management of the ambulance service.
- Line 15: Enter the total salary amount allocated and paid to Paramedics, EMT-I(99)s, and AEMTs.
- Line 16: Enter the total salary amount allocated and paid to Emergency Medical Technicians (EMTs).
- Line 17: Enter the total salary amount allocated and paid to Other Personnel involved with the ambulance service. (Examples: Dispatch, Mechanics, Office)
- Line 18: Enter the total allocated amount of Payroll Taxes and Fringe Benefits paid to employees included in lines 14 through 17.

## CHAPTER 25. DEPARTMENT OF HEALTH SERVICES - EMERGENCY MEDICAL SERVICES

## ANNUAL AMBULANCE FINANCIAL REPORT

EXPENSE CATEGORIES FOR USE ON PAGE 3

- Line 09 Bad Debt
- Line 10 Total Salaries, Wages, and Employee-Related Expenses
  - Salaries, Wages, Payroll Taxes, and Employee Benefits
- Line 11 Professional Services
  - Legal/Management Fees
  - Collection Fees
  - Accounting/Auditing
  - Data Processing Fees
- Line 12 Travel and Entertainment (Administrative)
  - Meals and Entertainment
  - Travel/Transportation
- Line 13 Other General and Administrative
  - Office Related (Supplies, Phone, Postage, Advertising)
  - Professional Liability Insurance
  - Dues, Subscriptions, Miscellaneous
- Line 14 Depreciation
- Line 15 Rent/Leasing
- Line 16 Building/Station
  - Utilities, Property Taxes/Insurance, Cleaning/Maintenance
- Line 17 Vehicle Expenses
  - License/Registration
  - Repairs/Maintenance
  - Insurance
- Line 18 Other Operating Expenses
  - Dispatch Contracts
  - Employee Education/Training, Uniforms, Travel/Meals
  - Maintenance Contracts
  - Minor Equipment, Non-Chargeable Ambulance Supplies
- Line 19 Cost of Medical Supplies Charged to Patients
- Line 20 Interest Expense
  - Interest on: Bank Loans/Lines of Credit
- Line 21 Subscription Service Sales Expenses
  - Sales Commissions, Printing

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## INSTRUCTIONS (cont'd)

**Page 3: SCHEDULE OF REVENUES AND EXPENSES****Operating Revenues:**

- Line 01: Transfer appropriate total from Page 2 as indicated.  
 Line 02: Enter settlement amounts from AHCCCS transports. (DO NOT include settlement amounts resulting from a transport made under a SUBSCRIPTION SERVICE CONTRACT)  
 Line 03: Enter settlement amounts from Medicare transports. (DO NOT include settlement amounts resulting from a transport made under a SUBSCRIPTION SERVICE CONTRACT)  
 Line 04: Enter total of ALL settlement amounts from Subscription Service Contract transports.  
 Line 05: Enter total of ALL settlement amounts from Contractual transports only.  
 Line 06: Enter total from any other settlement sources.  
 Line 07: Enter sum of lines 02 through 06.  
 Line 08: Total Operating Revenue (The amount from Line 01 minus Line 07).

**Operating Expenses:**

- Lines 09-21: Report as either actual or allocated from expenses shared with Fire or other departments.  
 Line 22: Enter the total sum of lines 09 through 21.  
 Line 23: Enter the difference of line 08 minus line 22.  
 Line 24: Enter the gross amount of sales from Subscription Service Contracts.  
 Line 25: Enter the amount of Other Operating Revenues.  
     Ex: Federal, State or Local Grants, Interest Earned, Patient Finance Charges.  
 Line 26: Enter the total of Local Supportive Funding.  
 Line 27: List other non-operating revenues (Ex: Donations, sales of assets, fund raisers).  
 Line 28: List other non-operating expenses (Ex: Civil fines or penalties, loss on sale of assets).  
 Line 29: Net Income (Line 23 plus Lines 24 through 27, minus Line 28).

**Page 4: BALANCE SHEET**

Current audited financial statements may be submitted in lieu of this page.

**Page 5: STATEMENT OF CASH FLOWS**

Current audited financial statements may be submitted in lieu of this page.

Questions regarding this reporting form can be submitted to:

Arizona Department of Health Services  
 Bureau of Emergency Medical Services and Trauma System  
 Certificate of Necessity and Rates Section

150 North 18th Avenue, Suite 540  
 Phoenix, AZ 85007  
 Telephone: (602) 364-3150  
 Fax: (602) 364-3567

**Page 8****Historical Note**

Exhibit 9B renumbered from Exhibit B and amended by exempt rulemaking at 19 A.A.R. 4032, effective December 1, 2013 (Supp. 13-4).

**Exhibit B. Renumbered****Historical Note**

New Table adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1). New Exhibit B recodified from Article 12 at 12 A.A.R. 2243, effective June 2, 2006 (Supp. 06-2). Exhibit B renumbered to Exhibit 9B by exempt rulemaking at 19 A.A.R. 4032, effective December 1, 2013 (Supp. 13-4).

**ARTICLE 10. GROUND AMBULANCE VEHICLE REGISTRATION**

**R9-25-1001. Initial and Renewal Application for a Certificate of Registration (A.R.S. §§ 36-2212, 36-2232, 36-2240)**

- A. A person applying for an initial or renewal certificate of registration of a ground ambulance vehicle shall submit an application form to the Department that contains:
1. The applicant's legal business or corporate name;
  2. The applicant's mailing address, physical address of the business, and business, facsimile, and emergency telephone numbers;
  3. The identifying information of the ground ambulance vehicle, including:
    - a. The make of the ground ambulance vehicle;
    - b. The ground ambulance vehicle manufacture year;

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- c. The ground ambulance vehicle identification number;
- d. The unit number of the ground ambulance vehicle;
- e. The ground ambulance vehicle's state license number; and
- f. The location at which the ground ambulance vehicle will be available for inspection;
- 4. The identification number of the certificate of necessity to which the ground ambulance vehicle is registered;
- 5. The name and telephone number of the person to contact to arrange for inspection, if the inspection is pre-announced; and
- 6. The signature of the applicant or applicant's designated representative.
- B.** Under A.R.S. § 36-2232(A)(11), the Department shall inspect each ambulance before an initial certificate of registration is issued by the Department.
- C.** Under A.R.S. § 36-2232(A)(11), the Department shall either inspect an ambulance or receive an inspection report that meets the requirements in this Article by a Department-approved inspection facility before a renewal certificate of registration is issued by the Department.
- D.** An applicant shall submit the following fees:
  - 1. \$50 application filing fee for an initial certificate of registration;
  - 2. \$200 annual regulatory fee for each ground ambulance vehicle issued a certificate of registration; and
  - 3. \$50 application filing fee for the renewal of a certificate of registration.
- E.** The Department shall approve or deny an application under this Section according to 9 A.A.C. 25, Article 12.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1).

**R9-25-1002. Minimum Standards for Ground Ambulance Vehicles (Authorized by A.R.S. § 36-2202(A)(5))**

An applicant for a certificate of registration or certificate holder shall ensure a ground ambulance vehicle is equipped with the following:

- 1. An engine intake air cleaner that meets the ground ambulance vehicle manufacturer's engine specifications;
- 2. A brake system that meets the requirements in A.R.S. § 28-952;
- 3. A cooling system in the engine compartment that maintains the engine temperature operating range required to prevent damage to the ground ambulance vehicle engine;
- 4. A battery:
  - a. With no leaks, corrosion, or other visible defects; and
  - b. As measured by a voltage meter, capable of generating:
    - i. 12.6 volts at rest, and
    - ii. 13.2 to 14.2 volts on high idle with all electrical equipment turned on;
- 5. A wiring system in the engine compartment designed to prevent the wire from being cut by or tangled in the engine or hood;
- 6. Hoses, belts, and wiring with no visible defects;
- 7. An electrical system capable of maintaining a positive amperage charge while the ground ambulance vehicle is stationary and operating at high idle with headlights, running lights, patient compartment lights, environmental systems, and all warning devices turned on;
- 8. An exhaust pipe, muffler, and tailpipe under the ground ambulance vehicle and securely attached to the chassis;
- 9. A frame capable of supporting the gross vehicle weight of the ground ambulance vehicle;
- 10. A horn that meets the requirements in A.R.S. § 28-954(A);
- 11. A siren that meets the requirements in A.R.S. § 28-954(E);
- 12. A front bumper that is positioned at the forward-most part of the ground ambulance vehicle extending to the ground ambulance vehicle's outer edges;
- 13. A fuel cap of a type specified by the manufacturer for each fuel tank;
- 14. A steering system to include:
  - a. Power-steering belts free from frays, cracks, or slippage;
  - b. Power-steering that is free from leaks;
  - c. Fluid in the power-steering system that fills the reservoir between the full level and the add level indicator on the dipstick; and
  - d. Bracing extending from the center of the steering wheel to the steering wheel ring that is not cracked;
- 15. Front and rear shock absorbers that are free from leaks;
- 16. Tires on each axle that:
  - a. Are properly inflated;
  - b. Are of equal size, equal ply ratings, and equal type;
  - c. Are free of bumps, knots, or bulges;
  - d. Have no exposed ply or belting; and
  - e. Have tread groove depth equal to or more than 4/32 inch;
- 17. An air cooling system capable of achieving and maintaining a 20° F difference between the air intake and the cool air outlet;
- 18. Air cooling and heater hoses secured in all areas of the ground ambulance vehicle and chassis to prevent wear due to vibration;
- 19. Body free of damage or rust that interferes with the physical operation of the ground ambulance vehicle or creates a hole in the driver's compartment or the patient compartment;
- 20. Windshield defrosting and defogging equipment;
- 21. Emergency warning lights that provide 360° conspicuity;
- 22. At least one 5-lb. ABC dry, chemical, multi-purpose fire extinguisher in a quick release bracket with a current inspection tag;
- 23. A heating system capable of achieving and maintaining a temperature of not less than 68° F in the patient compartment within 30 minutes;
- 24. Sides of the ground ambulance vehicle insulated and sealed to prevent dust, dirt, water, carbon monoxide, and gas fumes from entering the interior of the patient compartment and to reduce noise;
- 25. Interior patient compartment wall and floor coverings that are:
  - a. In good repair and capable of being disinfected, and
  - b. Maintained in a sanitary manner;
- 26. Padding over exit areas from the patient compartment and over sharp edges in the patient compartment;
- 27. Secured interior equipment and other objects;
- 28. When present, hangers or supports for equipment mounted not to protrude more than 2 inches when not in use;
- 29. Functional lamps and signals, including:
  - a. Bright and dim headlamps,
  - b. Brake lamps,
  - c. Parking lamps,
  - d. Backup lamps,
  - e. Tail lamps,
  - f. Turn signal lamps,
  - g. Side marker lamps,
  - h. Hazard lamps,
  - i. Patient loading door lamps and side spot lamps,
  - j. Spot lamp in the driver's compartment and within reach of the ambulance attendant, and
  - k. Patient compartment interior lamps;
- 30. Side-mounted rear vision mirrors and wide vision mirror mounted on, or attached to, the side-mounted rear vision mirrors;

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31. A patient loading door that permits the safe loading and unloading of a patient occupying a stretcher in a supine position;
  32. At least two means of egress from the patient compartment to the outside through a window or door;
  33. Functional open door securing devices on a patient loading door;
  34. Patient compartment upholstery free of cuts or tears and capable of being disinfected;
  35. A seat belt installed for each seat in the driver's compartment;
  36. Belts or devices installed on a stretcher to be used to secure a patient;
  37. A seat belt installed for each seat in the patient compartment;
  38. A crash stable side or center mounting fastener of the quick release type to secure a stretcher to a ground ambulance vehicle;
  39. Windshield and windows free of obstruction;
  40. A windshield free from unrepaired starred cracks and line cracks that extend more than 1 inch from the bottom and sides of the windshield or that extend more than 2 inches from the top of the windshield;
  41. A windshield-washer system that applies enough cleaning solution to clear the windshield;
  42. Operable windshield wipers with a minimum of two speeds;
  43. Functional hood latch for the engine compartment;
  44. Fuel system with fuel tanks and lines that meets manufacturer's specifications;
  45. Suspension system that meets the ground ambulance vehicle manufacturer's specifications;
  46. Instrument panel that meets the ground ambulance vehicle manufacturer's specifications; and
  47. Wheels that meet and are mounted according to manufacturer's specifications.
9. Two large-size, two medium-size, and two small-size cervical immobilization devices;
  10. Two small-size, two medium-size, and two large size upper extremities splints;
  11. Two small-size, two medium-size, and two large size lower extremities splints;
  12. One child-size and one adult-size lower extremity traction splints;
  13. Two full-length spine boards;
  14. Supplies to secure a patient to a spine board;
  15. One cervical-thoracic spinal immobilization device for extrication;
  16. Two sterile burn sheets;
  17. Two triangular bandages;
  18. Three sterile multi-trauma dressings, 10" x 30" or larger;
  19. Fifty non-sterile 4" x 4" gauze sponges;
  20. Ten non-sterile soft roller bandages, 4" or larger;
  21. Four sterile occlusive dressings, 3" x 8" or larger;
  22. Two 2" or 3" adhesive tape rolls;
  23. Containers for biohazardous medical waste that comply with requirements in 18 A.A.C. 13, Article 14;
  24. A sterile obstetrical kit containing towels, 4" x 4" dressing, scissors, bulb suction, and clamps or tape for cord;
  25. One blood glucose testing kit;
  26. A meconium aspirator adapter;
  27. A length/weight-based pediatric reference guide to determine the appropriate size of medical equipment and drug dosing;
  28. A pulse oximeter with both pediatric and adult probes;
  29. One child-size, one adult-size, and one large adult-size sphygmomanometer;
  30. One stethoscope;
  31. One heavy duty scissors capable of cutting clothing, belts, or boots;
  32. Two blankets;
  33. One thermal absorbent blanket with head cover or blanket of other appropriate heat-reflective material;
  34. Two sheets;
  35. Body substance isolation equipment, including:
    - a. Two pairs of non-sterile disposable gloves;
    - b. Two gowns;
    - c. Two masks that are at least as protective as a National Institute for Occupational Safety and Health-approved N-95 respirator, which may be of universal size;
    - d. Two pairs of shoe coverings; and
    - e. Two sets of protective eye wear;
  36. At least three pairs of non-latex gloves; and
  37. A wheeled, multi-level stretcher that is:
    - a. Suitable for supporting a patient at each level,
    - b. At least 69 inches long and 20 inches wide,
    - c. Rated for use with a patient weighing up to or more than 350 pounds,
    - d. Adjustable to allow a patient to recline and to elevate the patient's head and upper torso to an angle at least 70° from the horizontal plane,
    - e. Equipped with a mattress that has a protective cover,
    - f. Equipped with at least two attached straps to secure a patient during transport, and
    - g. Equipped to secure the stretcher to the interior of the vehicle during transport using the fastener required under R9-25-1002(38).

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1).

Amended by exempt rulemaking at 19 A.A.R. 4032, effective December 1, 2013 (Supp. 13-4).

**R9-25-1003. Minimum Equipment and Supplies for Ground Ambulance Vehicles (Authorized by A.R.S. § 36-2202(A)(5))**

**A.** A ground ambulance vehicle used for either BLS or ALS level of service shall contain the following operational equipment and supplies:

1. A portable and a fixed suction apparatus;
2. Wide-bore tubing, a rigid pharyngeal curved suction tip, and a flexible suction catheter in the following French sizes:
  - a. Two in 6, 8, or 10; and
  - b. Two in 12, 14, or 16;
3. One fixed oxygen cylinder or equivalent with a minimum capacity of 106 cubic feet, a minimum pressure of 500 p.s.i., and a variable flow regulator;
4. One portable oxygen cylinder with a minimum capacity of 13 cubic feet, a minimum pressure of 500 p.s.i., and a variable flow regulator;
5. Oxygen administration equipment including: tubing, two adult-size and two pediatric-size non-rebreather masks, and two adult-size and two pediatric-size nasal cannula;
6. One adult-size, one child-size, one infant-size, and one neonate-size hand-operated, disposable, self-expanding bag-valve with one of each size bag-valve mask;
7. Nasal airways in the following French sizes:
  - a. One in 16, 18, 20, 22, or 24; and
  - b. One in 26, 28, 30, 32, or 34;
8. Two adult-size, two child-size, and two infant-size oropharyngeal airways;

**B.** In addition to the equipment and supplies in subsection (A), a ground ambulance vehicle equipped to provide BLS shall contain at least:

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1. The minimum supply of agents required in a table of agents, established according to A.R.S. § 36-2204 and available through the Department at [www.azdhs.gov/ems-regulatory-references](http://www.azdhs.gov/ems-regulatory-references), that an administrative medical director may authorize for an EMT;
  2. The capability of providing automated external defibrillation;
  3. Two 3 mL syringes; and
  4. Two 10-12 mL syringes.
- C.** In addition to the equipment and supplies in subsection (A), a ground ambulance vehicle equipped to provide ALS shall contain at least the minimum supply of agents required in a table of agents, established according to A.R.S. § 36-2204 and available through the Department at [www.azdhs.gov/ems-regulatory-references](http://www.azdhs.gov/ems-regulatory-references), that an administrative medical director may authorize for the highest level of service to be provided by the ambulance's crew and at least the following:
1. Four intravenous solution administration sets capable of delivering 10 drops per cc;
  2. Four intravenous solution administration sets capable of delivering 60 drops per cc;
  3. Intravenous catheters in:
    - a. Three different sizes from 14 gauge to 20 gauge, and
    - b. Either 22 or 24 gauge;
  4. One child-size and one adult-size intraosseous needle;
  5. Venous tourniquet;
  6. Two endotracheal tubes in each of the following sizes: 2.5 mm, 3.0 mm, 3.5 mm, 4.0 mm, 4.5 mm, 5.0 mm, 5.5 mm, 6.0 mm, 7.0 mm, 8.0 mm, and 9.0 mm;
  7. One pediatric-size and one adult-size stylette for endotracheal tubes;
  8. End tidal CO<sub>2</sub> monitoring/capnography equipment with capability for pediatric and adult patients;
  9. One laryngoscope with blades in sizes 0-4, straight or curved or both;
  10. One pediatric-size and one adult-size Magill forceps;
  11. One scalpel;
  12. One portable, battery-operated cardiac monitor-defibrillator with strip chart recorder and adult and pediatric EKG electrodes and defibrillation capabilities;
  13. Electrocardiogram leads;
  14. The following syringes:
    - a. Two 1 mL tuberculin,
    - b. Four 3 mL,
    - c. Four 5 mL,
    - d. Four 10-12 mL,
    - e. Two 20 mL, and
    - f. Two 50-60 mL;
  15. Three 5 micron filter needles; and
  16. Assorted sizes of non-filter needles.
- D.** A ground ambulance vehicle shall be equipped to provide, and capable of providing, voice communication between:
1. The ambulance attendant and the dispatch center;
  2. The ambulance attendant and the ground ambulance service's assigned medical direction authority, if any; and
  3. The ambulance attendant in the patient compartment and the ground ambulance service's assigned medical direction authority, if any.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R.

1098, effective February 13, 2001 (Supp. 01-1).

Amended by final rulemaking at 12 A.A.R. 4404, effective January 6, 2007 (Supp. 06-4). Amended by exempt rulemaking at 19 A.A.R. 4032, effective December 1, 2013 (Supp. 13-4). Amended by final expedited rulemaking at 24 A.A.R. 3487, with an immediate effective date of December 4, 2018 (Supp. 18-4).

**R9-25-1004. Minimum Staffing Requirements for Ground Ambulance Vehicles (Authorized by A.R.S. §§ 36-2201(4), 36-2202(A)(5))**

When transporting a patient, a ground ambulance service shall staff a ground ambulance vehicle according to A.R.S. § 36-2202(J).

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R.

1098, effective February 13, 2001 (Supp. 01-1).

Amended by exempt rulemaking at 19 A.A.R. 4032, effective December 1, 2013 (Supp. 13-4).

**R9-25-1005. Ground Ambulance Vehicle Inspection; Major and Minor Defects (A.R.S. §§ 36-2202(A)(5), 36-2212, 36-2232, 36-2234)**

- A.** A certificate holder shall make the ground ambulance vehicle, equipment, and supplies available for inspection at the request of the Director or the Director's authorized representative.
- B.** If inspected by the Department, a certificate holder shall allow the Director or the Director's authorized representative to ride in or operate the ground ambulance vehicle being inspected.
- C.** A certificate holder may request the Department to inspect all of the certificate holder's ground ambulance vehicles at the same date and location.
- D.** A Department-approved inspection facility may inspect a ground ambulance vehicle under A.R.S. § 36-2232(A)(11).
- E.** The Department classifies defects on a ground ambulance vehicle as major or minor as follows:

INSPECTION ITEM	MAJOR DEFECT	MINOR DEFECT
<b>LAMPS:</b>		
Emergency warning lights	Lack of 360° of conspicuity	Cracked, broken, or missing lens Inoperative lamps
Back-up lamps		Inoperative Cracked, broken, or missing lens
Brake lamps	Both inoperative	1 inoperative
Hazard lamps		Inoperative
Head lamps	Inoperative	High beam inoperative Low beam inoperative Inoperative dimmer switch
Loading lamps		Inoperative Cracked, broken, or missing lens
Parking lamps		Inoperative

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Patient Compartment interior lamps	All lamps inoperative	Inoperative individual lamps Missing lens
Side marker lamps		Inoperative Cracked, broken, or missing lens
Spot lamp in driver's compartment		Inoperative
Tail lamps	Both inoperative	1 inoperative Cracked, broken, or missing lens
Turn signal lamps		Any turn signal lamp inoperative Cracked, broken, or missing lens
MECHANICAL, STRUCTURAL, ELECTRICAL:		
Bumpers		Loose or missing bumper
Defroster		Inoperative Ventilation system openings partially blocked
Electrical system	Does not comply with R9-25-1002(6)	
Engine compartment		Inoperative hood latch Deterioration of hoses, belts, or wiring Deterioration of battery hold-down clamps Corrosive acid buildup on battery terminals Incapable of generating voltage in compliance with R9-25-1002(4)(b)
Engine compartment wiring system		Does not comply with R9-25-1002(5)
Engine cooling system	Does not comply with R9-25-1002(3)	Leaks in system
Engine intake air cleaner		Does not comply with R9-25-1002(1)
Exhaust	Exhaust fumes in the patient or driver compartment	Exhaust pipe brackets not securely attached to the chassis and tailpipe End of tailpipe pinched or bent
Frame	Cracks in frame	
Fuel system	Fuel tank not mounted according to manufacturer's specifications Fuel tank brackets cracked or broken Leaking fuel tanks or fuel lines Fuel caps missing or of a type not specified by the manufacturer	
Ground ambulance vehicle body	Damage or rust to the exterior of the ground ambulance vehicle, which interferes with the operation of the ground ambulance vehicle Damage resulting in a hole in the driver's compartment or the patient compartment Holes that may allow exhaust or dust to enter the patient compartment Bolts attaching body to chassis loose, broken, or missing	Damage resulting in cuts or rips to the exterior of the ground ambulance vehicle
Heating and air conditioning systems		Unsecured hoses Does not maintain minimum temperature required in R9-25-1002(23) and 1002(17)
Horn		Inoperative
Parking brake		Inoperative
Siren	Inoperative	
Steering	Steering wheel bracing cracked Inoperative	Power steering belts slipping Power steering belts cracked or frayed Fluid leaks Fluid does not fill the reservoir between the full level and the add level indicator on the dipstick
Suspension	Broken suspension parts U-bolts loose or missing	Bent suspension parts Leaking shock absorbers Cracks or breaks in shock absorber mounting brackets

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Vehicle brakes	Inoperative	Fluid leaks
INTERIOR:		
Communication equipment	Lack of operative communication equipment	Inoperative communication equipment in the patient compartment
Edges		Presence of exposed sharp edges
Equipment	Inability to secure oxygen tanks	Inability to secure other equipment
Fire extinguisher	Absent	Not at full charge Expired inspection tag
Hangers		Supports or hangers protruding more than 2" when not in use
Instrument panel		Inoperative gauges, switches, or illumination
Padding		Missing padding over exits in the patient compartment
Patient compartment	Visible blood, body fluids, or tissue	Unrepaired cuts or holes in seats Missing pieces of floor covering
Seat belts and securing belts	Absence of seat belt or inoperative seat belt in the driver's compartment More than one inoperative seat belt in the patient compartment Absence of securing belts on a stretcher	Frayed seat belt or securing belt material One inoperative seat belt in the patient compartment
Stretcher fastener	Does not comply with R9-25-1002(36)	
EXTERIOR:		
Patient compartment doors	Completely or partially missing window panel	Inoperative open door securing devices Cracked window panels
Marking		Missing company identification Incorrect size or location
Mirrors	Exterior rear vision or wide vision mirrors missing	Cracked mirror glass Loose mounting bracket bolts or screws Broken mirrors Loose or broken mounting brackets Missing mounting bracket bolts or screws
Tires	Tires on each axle are not of equal size, equal ply ratings, and equal type Bumps, knots, or bulges on any tire Exposed ply or belting on any tire Flat tire on any wheel	Tread groove depth less than 4/32" measured in a tread groove on any tire
Wheels	Loose or missing lug nuts Broken lugs Cracked or bent rims	
Windows		Placement of nontransparent materials which obstruct view Cracked or broken
Windshield	Windshield that is obstructed Placement of nontransparent materials which obstruct view	Unrepaired starred cracks or line cracks extending more than 1 inch from the bottom or side of the windshield Unrepaired starred cracks or line cracks extending more than 2 inches from the top of the windshield
Windshield- washer system		Does not comply with R9-25-1002(39)
Windshield wipers	Inoperative wiper on driver's side	Inoperative speed control Split or cracked wiper blade Inoperative wiper on passenger's side

- F. If the Department determines that there is a major defect on the ground ambulance vehicle after inspection, the certificate holder shall take the ground ambulance vehicle out-of-service until the defect is corrected.
- G. If the Department finds a minor defect on the ground ambulance vehicle after inspection, the ground ambulance vehicle

may be operated to transport patients for up to 15 days until the minor defect is corrected.

1. The Department may grant an extension of time to repair the minor defect upon a written request from the certificate holder detailing the reasons for the need of an extension of time.
2. If the minor defect is not repaired within the time prescribed by the Department, and an extension has not been



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granted, the certificate holder shall take the ground ambulance vehicle out-of-service until the minor defect is corrected.

- H. Within 15 days of the date of repair of the major or minor defect, the certificate holder shall submit written notice of the repair to the Department.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1).

**R9-25-1006. Ground Ambulance Vehicle Identification (A.R.S. §§ 36-2212, 36-2232)**

- A. A ground ambulance vehicle shall be marked on its sides with the certificate of registration applicant's legal business or corporate name with letters not less than 6 inches in height.
- B. A ground ambulance vehicle marked with a level of ground ambulance service shall be equipped and staffed to provide the level of ground ambulance service identified while in service.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1).

**ARTICLE 11. GROUND AMBULANCE SERVICE RATES AND CHARGES; CONTRACTS****R9-25-1101. Application for Establishment of Initial General Public Rates (A.R.S. §§ 36-2232, 36-2239)**

- A. An applicant for a certificate of necessity or a certificate holder applying for initial general public rates shall submit an application packet to the Department that includes:
1. The applicant's name;
  2. The requested general public rates;
  3. A copy of the applicant's most recent financial statements or an Ambulance Revenue and Cost Report;
  4. For a consecutive 12-month period:
    - a. A projected income statement; and
    - b. A projected cash-flow statement;
  5. A list of all purchase agreements or lease agreements for real estate, ground ambulance vehicles, and equipment exceeding \$5,000 used in connection with the ground ambulance service, that includes the monetary amount and duration of each agreement;
  6. The identification of:
    - a. Each of the applicant's affiliations, such as a parent company or subsidiary owned or operated by the applicant; and
    - b. The methodology and calculations used in allocating costs among the applicant and government entities or profit or not-for-profit businesses;
  7. A copy of the applicant's contract with each federal or tribal entity for ground ambulance service, if applicable;
  8. Other documents, exhibits, or statements that may assist the Department in setting the general public rates;
  9. An attestation signed by the applicant that the information and documents provided by the applicant are true and correct; and
  10. Any other information or documents requested by the Director to clarify or complete the application.
- B. The Department shall approve or deny an application under this Section according to 9 A.A.C. 25, Article 12.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1).

**R9-25-1102. Application for Adjustment of General Public Rates (A.R.S. §§ 36-2234, 36-2239)**

- A. A certificate of necessity holder applying for an adjustment of general public rates not exceeding the monetary amount calculated according to A.R.S. § 36-2234(E) shall submit an application form to the Department that includes:
1. The name of the applicant;
  2. A statement that the applicant is making the request according to A.R.S. § 36-2234(E);
  3. A statement that the applicant has not applied for an adjustment to its general public rates within the last six months;
  4. The effective date of the proposed general public rate adjustment; and
  5. An attestation signed by the applicant that the information and documents provided by the applicant are true and correct.
- B. An applicant requesting an adjustment of general public rates exceeding the monetary amount calculated according to A.R.S. § 36-2234(E) shall submit an application packet to the Department that includes:
1. The name of the applicant;
  2. A statement that the applicant is making the request according to A.R.S. § 36-2234(A);
  3. The reason for the general public rate adjustment request;
  4. A statement that the applicant has not applied for an adjustment to its general public rates within the last six months;
  5. The effective date of the proposed general public rate adjustment;
  6. A copy of the applicant's most recent financial statements;
  7. A copy of the Ambulance Revenue and Cost Report;
  8. For a consecutive 12-month period:
    - a. A projected income statement; and
    - b. A projected cash-flow statement;
  9. A list of all purchase agreements or lease agreements for real estate, ground ambulance vehicle, and equipment exceeding \$5,000 used in connection with the ground ambulance service, that includes the monetary amount and duration of each agreement;
  10. The identification of:
    - a. Each of the applicant's affiliations, such as a parent company or subsidiary owned or operated by the applicant; and
    - b. The methodology and calculations used in allocating costs among the applicant and government entities or profit or not for profit businesses;
  11. A copy of the applicant's contract with each federal or tribal entity for a ground ambulance service, if applicable;
  12. Other documents, exhibits, or statements that may assist the Department in setting the general public rates;
  13. An attestation signed by the applicant that the information and documents provided by the applicant are true and correct; and
  14. Any other information or documents requested by the Director to clarify or complete the application.
- C. The Department shall approve or deny an application under this Section according to 9 A.A.C. 25, Article 12.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1).

**R9-25-1103. Application for a Contract Rate or Range of Rates Less than General Public Rates (A.R.S. §§ 36-2234(G) and (I), 36-2239)**

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- A. Before providing interfacility transports or convalescent transports, a certificate holder shall apply to the Department for approval of a contract rate or range of contract rates under A.R.S. § 36-2234(G).

1. For a contract rate or range of rates under A.R.S. § 36-2234(G), the certificate holder shall submit an application form to the Department that contains:
  - a. The name of the certificate holder;
  - b. A statement that the certificate holder is making the request under A.R.S. § 36-2234(G);
  - c. The contract rate or range of rates being requested; and
  - d. Information demonstrating the cost and economics of providing the transports for the requested contract rate or range of rates.
2. For a contract rate or range of rates under A.R.S. § 36-2234(I), the certificate holder shall submit the information required in R9-25-1102(B)(1) and (B)(6) through (B)(14).

- B. The Department shall approve or deny an application under this Section according to 9 A.A.C. 25, Article 12.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1).

**R9-25-1104. Ground Ambulance Service Contracts (A.R.S. §§ 36-2232, 36-2234(K))**

- A. Before implementing a ground ambulance service contract, a certificate holder shall submit to the Department for approval a copy of the contract with a cover letter that indicates the total number of pages in the contract. The contract shall:
1. Include the certificate holder's legal name and any other name listed on the certificate holder's initial application required in R9-25-902(A)(1)(a);
  2. List the contract rate or range of rates approved by the Director according to R9-25-1101, R9-25-1102, or R9-25-1103;
  3. Comply with A.R.S. §§ 36-2201 through 36-2246 and 9 A.A.C. 25; and
  4. Not preclude use of the 9-1-1 system or a similarly designated emergency telephone number.
- B. The Department shall approve or deny an application under this Section according to 9 A.A.C. 25, Article 12.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1).

**R9-25-1105. Application for Provision of Subscription Service or to Establish a Subscription Service Rate (A.R.S. § 36-2232(A)(1))**

- A. A certificate holder applying to provide subscription service, establish a subscription service rate, or request approval of a subscription service contract shall submit an application packet to the Department that includes:
1. The following information:
    - a. The number of estimated subscription service contracts and documents supporting the estimate, such as a survey of the service area;
    - b. An estimate of the number of annual subscription service transports for the service area;
    - c. The proposed subscription service rate;
    - d. An estimate of the cost of providing subscription service to the service area; and
    - e. Any other information or documents that the certificate holder believes may assist the Department in setting a subscription service rate; and

2. A copy of the proposed subscription service contract.

- B. The Department shall approve or deny a subscription service rate under this Section according to 9 A.A.C. 25, Article 12.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1). Section heading corrected at request of the Department, Office File No. M11-313, filed September 12, 2011 (Supp. 10-4).

**R9-25-1106. Rate of Return Setting Considerations (A.R.S. §§ 36-2232, 36-2239)**

- A. In determining the rate of return on gross revenue in A.R.S. § 36-2239(I)(4), the Director shall consider a ground ambulance service's:
1. Direct and indirect costs for operating the ground ambulance service within its service area;
  2. Balance sheet;
  3. Income statement;
  4. Cash flow statement;
  5. Ratio between variable and fixed costs on the financial statements;
  6. Method of indirect costs allocation to specific cost-center areas;
  7. Return on equity;
  8. Reimbursable and non-reimbursable charges;
  9. Type of business entity;
  10. Monetary amount and type of debt financing;
  11. Replacement and expansion costs;
  12. Number of calls, transports, and billable miles;
  13. Costs associated with rules, inspections, and audits;
  14. Substantiated prior reported losses;
  15. Medicare and AHCCCS settlements; and
  16. Any other information or documents needed by the Director to clarify incomplete or ambiguous information or documents.
- B. In determining the rate of return on gross revenue in A.R.S. § 36-2239(I)(4), the Director shall not consider:
1. Depreciation of the portion of ground ambulance vehicles and equipment obtained through Department funding;
  2. The certificate holder's travel and entertainment expenses that do not directly relate to providing the ground ambulance service;
  3. The monetary value of any goodwill accumulated by the certificate holder;
  4. Any penalties or fines imposed on the certificate holder by a court or government agency; and
  5. Any financial contributions received by the certificate holder.
- C. In determining just, reasonable, and sufficient rates in A.R.S. § 36-2232(A)(1) the director shall establish rates to provide for a rate of return that is at least 7% of gross revenue, calculated using the accrual method of accounting according to generally accepted accounting principles, unless the certificate holder requests a lower rate of return.
- D. Rate of return on gross revenue is calculated by dividing Ambulance Revenue and Cost Report Exhibit A or Exhibit B net income or loss by gross revenue.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1).

**R9-25-1107. Rate Calculation Factors (A.R.S. § 36-2232)**

- A. When evaluating a proposed mileage rate, the Department shall consider the following factors:
1. The cost of licensure and registration of each ground ambulance vehicle;

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2. The cost of fuel;
  3. The cost of ground ambulance vehicle maintenance;
  4. The cost of ground ambulance vehicle repair;
  5. The cost of tires;
  6. The cost of ground ambulance vehicle insurance;
  7. The cost of mechanic wages, benefits, and payroll taxes;
  8. The cost of loan interest related to the ground ambulance vehicles;
  9. The cost of the weighted allocation of overhead;
  10. The cost of ground ambulance vehicle depreciation;
  11. The cost of reserves for replacement of ground ambulance vehicles and equipment; and
  12. Mileage reimbursement as established by Medicare guidelines for ground ambulance service.
- B.** When evaluating a proposed BLS base rate, the Department shall consider the costs associated with providing EMS and transport.
- C.** When evaluating a proposed ALS base rate, the Department shall consider the factors in subsection (B) and the additional costs of ALS ambulance equipment and ALS personnel.
- D.** In evaluating rates, the Director shall make adjustments to a certificate holder's rates to maximize Medicare reimbursements.
- E.** The Department shall determine the standby waiting rate by dividing the BLS base rate by 4.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1).

**R9-25-1108. Implementation of Rates and Charges (A.R.S. §§ 36-2232, 36-2239)**

- A.** A certificate holder shall assess rates and charges as follows:
1. When calculating a rate or charge, the certificate holder shall:
    - a. Omit fractions of less than 1/2 of 1 cent; or
    - b. Increase to the next whole cent, fractions of 1/2 of 1 cent or greater.
  2. The certificate holder shall calculate the number of miles for a transport by using:
    - a. The ground ambulance vehicle's odometer reading; or
    - b. A regional map.
  3. The certificate holder shall calculate the reimbursement amount for mileage of a transport by multiplying the number of miles for the transport by the mileage rate.
  4. When transporting two or more patients in the same ground ambulance vehicle, the certificate holder shall assess each patient:
    - a. Fifty percent of the mileage rate and one hundred percent of the ALS or BLS base rate; and
    - b. One hundred percent of:
      - i. The charge for each disposable supply, medical supply, medication, and oxygen-related cost used on the patient; and
      - ii. Waiting time assessed according to subsection (C).
  5. When agreed upon by prior arrangement to transport a patient to one destination and return to the point of pick-up or to one destination and then to a subsequent destination, assess only the ALS or BLS base rate, mileage rate, and standby waiting rate for the transport.
- B.** When a certificate holder transfers a patient to an air ambulance, the certificate holder shall assess the patient the rates and charges for EMS and transport provided to the patient before the transfer.

- C.** A certificate holder shall assess a standby waiting rate in quarter-hour increments, except for:
1. The first 15 minutes after arrival to load the patient at the point of pick-up;
  2. The time, exceeding the first 15 minutes, required by ambulance attendants to provide necessary medical treatment and stabilization of the patient at the point of pick-up; and
  3. The first 15 minutes to unload the patient at the point of destination.
- D.** When a certificate holder responds to a request outside the certificate holder's service area, the certificate holder shall assess its own rates and charges for EMS or transport provided to the patient.
- E.** When the Department or the certificate holder determines that a refund of a rate or a charge is required, the certificate holder shall refund the rate or charge within 90 days from the date of the determination.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1).

**R9-25-1109. Charges (A.R.S. §§ 36-2232, 36-2239(D))**

- A.** A certificate holder that charges patients for disposable supplies, medical supplies, medications, and oxygen-related costs shall submit to the Department a list of the items and the proposed charges. The list shall include a non-retroactive effective date.
- B.** A certificate holder shall submit to the Department a new list each time the certificate holder proposes a change in the items or the amount charged. The list shall contain the information required in subsection (A), including a non-retroactive effective date.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1).

**R9-25-1110. Invoices (A.R.S. §§ 36-2234, 36-2239)**

- A.** Each invoice for rates and charges shall contain the following:
1. The patient's name;
  2. The certificate holder's name, address, and telephone number;
  3. The date of service;
  4. An itemized list of the rates and charges assessed;
  5. The total monetary amount owed the certificate holder; and
  6. The payment due date.
- B.** Any subsequent invoice to the same patient for the same EMS or transport shall contain all the information in subsection (A) except the information in subsection (A)(4).
- C.** Charges may be combined into one line item if the supplies are used for a specific purpose and the name of the combined item is included in the certificate holder's disposable medical supply listing provided to the Department under R9-25-1109.
- D.** A certificate holder may combine rates and charges into one line item if required by a third-party payor.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1).

**ARTICLE 12. TIME-FRAMES FOR DEPARTMENT APPROVALS****R9-25-1201. Time-frames (Authorized by A.R.S. §§ 41-1072 through 41-1079)**

- A.** The overall time-frame described in A.R.S. § 41-1072 for each type of approval granted by the Department is listed in Table

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12.1. The applicant and the Director may agree in writing to extend the overall time-frame. The substantive review time-frame shall not be extended by more than 25% of the overall time-frame.

- B.** The administrative completeness review time-frame described in A.R.S. § 41-1072 for each type of approval granted by the Department is listed in Table 12.1. The administrative completeness review time-frame begins on the date that the Department receives an application form or an application packet.

1. If the application packet is incomplete, the Department shall send to the applicant a written notice specifying the missing document or incomplete information. The administrative completeness review time-frame and the overall time-frame are suspended from the postmark date of the written request until the date the Department receives a complete application packet from the applicant.
2. When an application packet is complete, the Department shall send a written notice of administrative completeness.
3. If the Department grants an approval during the time provided to assess administrative completeness, the Department shall not issue a separate written notice of administrative completeness.

- C.** The substantive review time-frame described in A.R.S. § 41-1072 is listed in Table 12.1 and begins on the postmark date of the notice of administrative completeness.

1. As part of the substantive review time-frame for an application for an approval other than renewal of an ambulance registration, the Department shall conduct inspections, conduct investigations, or hold hearings required by law.
2. If required under R9-25-402, the Department shall fix the period and terms of probation as part of the substantive review.
3. During the substantive review time-frame, the Department may make one comprehensive written request for additional documents or information and may make sup-

plemental requests for additional information with the applicant's written consent.

4. The substantive review time-frame and the overall time-frame are suspended from the postmark date of the written request for additional information or documents until the Department receives the additional information or documents.
  5. The Department shall send a written notice of approval to an applicant who meets the qualifications in A.R.S. Title 36, Chapter 21.1 and this Chapter for the type of application submitted.
  6. The Department shall send a written notice of denial to an applicant who fails to meet the qualifications in A.R.S. Title 36, Chapter 21.1, and this Chapter for the type of application submitted.
- D.** If an applicant fails to supply the documents or information under subsections (B)(1) and (C)(3) within the number of days specified in Table 12.1 from the postmark date of the written notice or comprehensive written request, the Department shall consider the application withdrawn.
- E.** An applicant that does not wish an application to be considered withdrawn may request a denial in writing within the number of days specified in Table 12.1 from the postmark date of the written notice or comprehensive written request for documents or information under subsections (B)(1) and (C)(3).
- F.** If a time-frame's last day falls on a Saturday, Sunday, or an official state holiday, the Department shall consider the next business day as the time-frame's last day.

**Historical Note**

New Section adopted by final rulemaking at 7 A.A.R.

1098, effective February 13, 2001 (Supp. 01-1).

Amended by final rulemaking at 8 A.A.R. 2352, effective

May 9, 2002 (Supp. 02-2). Amended by final rulemaking

at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4).

Amended by final rulemaking at 12 A.A.R. 656, effective

April 8, 2006 (Supp. 06-1). Amended by exempt

rulemaking at 19 A.A.R. 4032, effective December 1,

2013 (Supp. 13-4).

**Table 12.1. Time-frames (in days)**

Type of Application	Statutory Authority	Overall Time-frame	Administrative Completeness Time-frame	Time to Respond to Written Notice	Substantive Review Time-frame	Time to Respond to Comprehensive Written Request
ALS Base Hospital Certification (R9-25-204)	A.R.S. §§ 36-2201, 36-2202(A)(3), and 36-2204(5)	45	15	60	30	60
Training Program Certification (R9-25-301)	A.R.S. §§ 36-2202(A)(3) and 36-2204(1) and (3)	120	30	60	90	60
Addition of a Course (R9-25-303)	A.R.S. §§ 36-2202(A)(3) and 36-2204(1) and (3)	90	30	60	60	60
EMCT Certification (R9-25-403)	A.R.S. §§ 36-2202(A)(2), (3), and (4), 36-2202(H), and 36-2204(1)	120	30	90	90	270
EMCT Recertification (R9-25-404)	A.R.S. §§ 36-2202(A)(2), (3), (4), and (6), 36-2202(H), and 36-2204(1) and (4)	120	30	60	90	60
Extension to File for EMCT Recertification (R9-25-405)	A.R.S. §§ 36-2202(A)(2), (3), (4), and (6), 36-2202(H), and 36-2204(1) and (7)	30	15	60	15	60
Downgrading of Certification (R9-25-406)	A.R.S. §§ 36-2202(A)(2), (3), and (4), 36-2202(H), and 36-2204(1) and (6)	30	15	60	15	60
Initial Air Ambulance Service License (R9-25-704)	A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), 36-2213, 36-2214, and 36-2215	150	30	60	120	60

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Renewal of an Air Ambulance Service License (R9-25-705)	A.R.S. §§ 36-2202(A)(3) and (4), 36-2209(A)(2), 36-2213, 36-2214, and 36-2215	90	30	60	60	60
Initial Certificate of Registration for an Air Ambulance (R9-25-802)	A.R.S. §§ 36-2202(A)(4) and (5), 36-2209(A)(2), 36-2212, 36-2213, 36-2214, and 36-2240(4)	90	30	60	60	60
Renewal of a Certificate of Registration for an Air Ambulance (R9-25-802)	A.R.S. §§ 36-2202(A)(4) and (5), 36-2209(A)(2), 36-2212, 36-2213, 36-2214, and 36-2240(4)	90	30	60	60	60
Initial Certificate of Necessity (R9-25-902)	A.R.S. §§ 36-2204, 36-2232, 36-2233, 36-2240	450	30	60	420	60
Provision of ALS Services (R9-25-902)	A.R.S. §§ 36-2232, 36-2233, 36-2240	450	30	60	420	60
Transfer of a Certificate of Necessity (R9-25-902)	A.R.S. §§ 36-2236(A) and (B), 36-2240	450	30	60	420	60
Renewal of a Certificate of Necessity (R9-25-904)	A.R.S. §§ 36-2233, 36-2235, 36-2240	90	30	60	60	60
Amendment of a Certificate of Necessity (R9-25-905)	A.R.S. §§ 36-2232(A)(4), 36-2240	450	30	60	420	60
Initial Registration of a Ground Ambulance Vehicle (R9-25-1001)	A.R.S. §§ 36-2212, 36-2232, 36-2240	90	30	60	60	60
Renewal of a Ground Ambulance Vehicle Registration (R9-25-1001)	A.R.S. §§ 36-2212, 36-2232, 36-2240	90	30	60	60	60
Establishment of Initial General Public Rates (R9-25-1101)	A.R.S. §§ 36-2232, 36-2239	450	30	60	420	60
Adjustment of General Public Rates (R9-25-1102)	A.R.S. §§ 36-2234, 36-2239	450	30	60	420	60
Contract Rate or Range of Rates Less than General Public Rates (R9-25-1103)	A.R.S. §§ 36-2234, 36-2239	450	30	60	420	60
Ground Ambulance Service Contracts (R9-25-1104)	A.R.S. § 36-2232	450	30	60	420	60
Ground Ambulance Service Contracts with Political Subdivisions (R9-25-1104)	A.R.S. §§ 36-2232, 36-2234(K)	30	15	15	15	Not Applicable
Subscription Service Rate (R9-25-1105)	A.R.S. § 36-2232(A)(1)	450	30	60	420	60

**Historical Note**

Table 12.1 renumbered from Table 1 and amended by exempt rulemaking at 19 A.A.R. 4032, effective December 1, 2013 (Supp. 13-4). Amended by final expedited rulemaking at 24 A.A.R. 268, with an immediate effective date of January 9, 2018 (Supp. 18-1).

**Table 1. Renumbered**

A recodified to Article 9 at 12 A.A.R. 2243, effective June 2, 2006 (Supp. 06-2).

**Historical Note**

New Table adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1). Amended by final rulemaking at 8 A.A.R. 2352, effective May 9, 2002 (Supp. 02-2). Amended by final rulemaking at 9 A.A.R. 5372, effective January 3, 2004 (Supp. 03-4). Amended by final rulemaking at 12 A.A.R. 656, effective April 8, 2006 (Supp. 06-1). Table 1 renumbered to Table 12.1 by exempt rulemaking at 19 A.A.R. 4032, effective December 1, 2013 (Supp. 13-4).

**Exhibit A. Recodified****Historical Note**

New Exhibit adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1). Exhibit

**Exhibit B. Recodified****Historical Note**

New Table adopted by final rulemaking at 7 A.A.R. 1098, effective February 13, 2001 (Supp. 01-1). Exhibit B recodified to Article 9 at 12 A.A.R. 2243, effective June 2, 2006 (Supp. 06-2).

**ARTICLE 13. TRAUMA CENTERS AND TRAUMA REGISTRIES**

**R9-25-1301. Definitions** (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2225(A)(4))

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In addition to the definitions in A.R.S. § 36-2201 and R9-25-101, the following definitions apply in this Article, unless otherwise specified:

1. "Admitted" means when a patient is either:
  - a. Held for observation of a trauma-related injury; or
  - b. Considered an inpatient, as defined in A.A.C. R9-10-201.
2. "Business day" means a Monday, Tuesday, Wednesday, Thursday, or Friday that is not a state holiday.
3. "Designation" means a formal determination by the Department that a health care institution complies with requirements in A.R.S. § 36-2225 and this Article for providing a particular Level of trauma service.
4. "Emergency department" means a designated area of a hospital that provides emergency services, as defined in A.A.C. R9-10-201, as an organized service, 24 hours per day, seven days per week, to individuals who present for immediate medical services.
5. "ICD-code" means an International Classification of Diseases code, a set of numbers or letters or a combination of letters and numbers that specify a disease, condition, or injury; the location of the disease, condition, or injury; or the circumstances under which a patient may have incurred the disease, condition, or injury, which is used by a health care institution for billing purposes.
6. "Level I Pediatric trauma center" means a Level I trauma center that has a trauma service specifically intended to meet the needs of children requiring trauma care.
7. "Level II Pediatric trauma center" means a Level II trauma center that has a trauma service specifically intended to meet the needs of children requiring trauma care.
8. "Medical services" means the services pertaining to the "practice of medicine," as defined in A.R.S. § 32-1401, or "medicine," as defined in A.R.S. § 32-1800, performed at the direction of a physician.
9. "National verification organization" has the same meaning as in A.R.S. § 36-2225.
10. "Nursing services" means services that pertain to the curative, restorative, and preventive aspects of "registered nursing," as defined in A.R.S. § 32-1601, performed:
  - a. At the direction of a physician; and
  - b. By or under the supervision of a registered nurse licensed:
    - i. According to Title 32, Chapter 15; or
    - ii. When performed in a health care institution operating under federal or tribal law as an administrative unit of the U.S. government or a sovereign tribal nation, by a similar licensing board in another state.
11. "On-call" means assigned to respond and, if necessary, come to a health care institution when notified by a personnel member of the health care institution.
12. "Organized service" has the same meaning as in A.A.C. R9-10-201.
13. "Owner" means one of the following:
  - a. For a health care institution licensed under 9 A.A.C. 10, the licensee;
  - b. For a health care institution operated under federal or tribal laws, the administrative unit of the U.S. government or sovereign tribal nation operating the health care institution.
14. "Personnel member" means an individual providing medical services, nursing services, or health-related services, as defined in A.R.S. § 36-401, to a patient.
15. "Physician" means an individual licensed:
  - a. According to A.R.S. Title 32, Chapter 13 or 17; or
  - b. When working in a health care institution operating under federal or tribal law as an administrative unit of the U.S. government or a sovereign tribal nation, by a similar licensing board in another state.
16. "Signature" means:
  - a. A handwritten or stamped representation of an individual's name or a symbol intended to represent an individual's name, or
  - b. An "electronic signature" as defined in A.R.S. § 44-7002.
17. "Substantial compliance" has the same meaning as in A.R.S. § 36-401.
18. "Transport" means the conveyance of a patient by ground ambulance or air ambulance from one location to another location.
19. "Trauma care" means medical services and nursing services provided to a patient suffering from a sudden physical injury.
20. "Trauma center" has the same meaning as in A.R.S. § 36-2225.
21. "Trauma critical care course" means a multidisciplinary class or series of classes consisting of interactive tutorials, skills teaching, and simulated patient management scenarios of trauma care, consistent with training recognized by the American College of Surgeons.
22. "Trauma facility" means a health care institution that provides trauma care to a patient as an organized trauma service.
23. "Trauma service" means designated personnel members, equipment, and area within a health care institution and the associated policies and procedures for the personnel members to follow when providing trauma care to a patient.
24. "Trauma team" means a group of personnel members with defined roles and responsibilities in providing trauma care to a patient.
25. "Trauma team activation" means a notification to respond that is sent to trauma team personnel members in reaction to triage information received concerning a patient with injury or suspected injury.
26. "Verification" means formal confirmation by a national verification organization that a health care institution meets the national verification organization's standards for providing trauma care at a specific Level of trauma service.

**Historical Note**

New Section made by final rulemaking 11 A.A.R. 4363, effective October 6, 2005 (Supp. 05-4). Amended by final rulemaking at 23 A.A.R. 2656, effective January 1, 2018 (Supp. 17-3).

**R9-25-1302. Eligibility for Designation (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2225(A)(4))**

- A. A health care institution is eligible for designation as a Level I trauma center, Level I Pediatric trauma center, Level II trauma center, Level II Pediatric trauma center, or Level III trauma center if the health care institution:
1. Is either:
    - a. Licensed by the Department under 9 A.A.C. 10 to operate as a hospital; or
    - b. Operating as a hospital under federal or tribal law as an administrative unit of the U.S. government or a sovereign tribal nation; and
  2. For designation as a:

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- a. Level I trauma center:
    - i. Holds verification, issued within the six months before the date of designation, as a Level I trauma facility;
    - ii. Has documentation issued by a national verification organization, within the six months before the date of designation, stating that the health care institution meets the standards specified in R9-25-1308 and Table 13.1 for a Level I trauma center; or
    - iii. Meets the requirements in subsection (C);
  - b. Level I Pediatric trauma center:
    - i. Holds verification, issued within the six months before the date of designation, as a Level I Pediatric trauma facility;
    - ii. Has documentation issued by a national verification organization, within the six months before the date of designation, stating that the health care institution meets the standards specified in R9-25-1308 and Table 13.1 for a Level I Pediatric trauma center; or
    - iii. Meets the requirements in subsection (C);
  - c. Level II trauma center:
    - i. Holds verification, issued within the six months before the date of designation, as a Level II trauma facility; or
    - ii. Has documentation issued by a national verification organization, within the six months before the date of designation, stating that the health care institution meets the standards specified in R9-25-1308 and Table 13.1 for a Level II trauma center; or
    - iii. Meets the requirements in subsection (C);
  - d. Level II Pediatric trauma center:
    - i. Holds verification, issued within the six months before the date of designation, as a Level II Pediatric trauma facility;
    - ii. Has documentation issued by a national verification organization, within the six months before the date of designation, stating that the health care institution meets the standards specified in R9-25-1308 and Table 13.1 for a Level II Pediatric trauma center; or
    - iii. Meets the requirements in subsection (C); or
  - e. Level III trauma center:
    - i. Holds verification, issued within the six months before the date of designation, as a Level III trauma facility; or
    - ii. Has documentation issued by a national verification organization or the Department, within the six months before the date of designation, stating that the health care institution meets the standards specified in R9-25-1308 and Table 13.1 for a Level III trauma center.
- B.** A health care institution is eligible for designation as a Level IV trauma center if the health care institution:
1. Is either:
    - a. Licensed by the Department under 9 A.A.C. 10 to operate as:
      - i. A hospital; or
      - ii. An outpatient treatment center authorized to provide emergency room services, as defined in A.A.C. R9-10-1001, according to A.A.C. R9-10-1019; or
    - b. Operating as a hospital or an outpatient treatment center providing emergency services under federal or tribal law as an administrative unit of the U.S. government or a sovereign tribal nation; and
  2. Either:
    - a. Holds verification, issued within the six months before the date of designation, as a Level IV trauma facility; or
    - b. Has documentation issued by a national verification organization or the Department, within the six months before the date of designation, stating that the health care institution meets the standards specified in R9-25-1308 and Table 13.1 for a Level IV trauma center.
- C.** A health care institution is eligible for designation as a Level I trauma center, Level I Pediatric trauma center, Level II trauma center, or Level II Pediatric trauma center based on assessment by the Department that the health care institution meets the standards specified in R9-25-1308 and Table 13.1 for the Level of trauma center for which designation is requested if the health care institution:
1. Applies for verification from a national verification organization;
  2. Informs the Department, at least 30 calendar days before, of the dates the national verification organization will be on the premises of the health care institution to assess the health care institution for compliance with the national verification organization's standards for verification;
  3. Invites the Department to review the facility and documentation of capabilities of the health care institution during the national verification organization's assessment in subsection (C)(2);
  4. Is not issued verification from the national verification organization at the Level of designation sought;
  5. Does not receive the documentation required in subsection (A)(2)(a)(ii), (b)(ii), (c)(ii), or (d)(ii), as applicable; and
  6. Receives the documentation specified in R9-25-1306(G) and, if applicable, submits to the Department a written plan in R9-25-1306(H), acceptable to the Department, to correct instances of non-compliance.
- D.** A health care institution is eligible to retain designation as a specific Level of trauma center if the health care institution complies with the applicable requirements in this Article for the specific Level of trauma center.

**Historical Note**

New Section made by final rulemaking 11 A.A.R. 4363, effective October 6, 2005 (Supp. 05-4). Amended by final rulemaking at 23 A.A.R. 2656, effective January 1, 2018 (Supp. 17-3).

**R9-25-1303. Application and Designation Process (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2225(A)(4))**

- A.** An owner applying for initial designation or to renew designation for a health care institution shall submit to the Department an application including:
1. The following information, in a Department-provided format:
    - a. The name, address, and telephone number of the health care institution for which the owner is requesting designation;
    - b. The owner's name, address, e-mail address, telephone number, and, if available, fax number;
    - c. The name, e-mail address, telephone number, and, if available, fax number of the chief administrative officer, as defined in A.A.C. R9-10-101, for the health care institution for which the owner is requesting designation;

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- d. The designation Level for which the owner is applying;
  - e. Whether the owner is requesting designation for the health care institution based on:
    - i. Verification, or
    - ii. Meeting the applicable standards specified in R9-25-1308 and Table 13.1;
  - f. If the owner is requesting designation for the health care institution based on verification:
    - i. The name of the national verification organization;
    - ii. The name, telephone number, and e-mail address for a representative of the national verification organization;
    - iii. The Level of verification held;
    - iv. The effective date of the verification, and
    - v. The expiration date of the verification;
  - g. If the owner is requesting designation for the health care institution based on the health care institution meeting the applicable standards specified in R9-25-1308 and Table 13.1:
    - i. Whether:
      - (1) A national verification organization has assessed the health care institution, or
      - (2) The Department will be assessing the health care institution;
    - ii. If a national verification organization has assessed the health care institution:
      - (1) The name of the national verification organization;
      - (2) The name, telephone number, and e-mail address for a representative of the national verification organization; and
      - (3) The date the national verification organization assessed the health care institution; and
    - iii. If the Department will be assessing the health care institution, the date the health care institution will be ready for the Department to assess the health care institution;
  - h. Unless the owner is an administrative unit of the U.S. government or a sovereign tribal nation, the license number, issued by the Department, for the health care institution for which designation is being requested;
  - i. The name, e-mail address, telephone number, and, if available, fax number of the health care institution's trauma program manager;
  - j. Whether the health care institution's trauma registry will be located at the health care institution or be part of a centralized trauma registry;
  - k. The name, e-mail address, telephone number, and, if available, fax number of the health care institution's trauma registrar;
  - l. If applying for designation as a Level IV trauma center, whether the health care institution plans to submit, in addition to the information required in R9-25-1309(A), the information specified in R9-25-1309(B);
  - m. If not already submitting trauma registry information to the Department, the time period for which the health care institution plans to begin submitting trauma registry information;
  - n. Except for a health care institution applying for designation as a Level IV trauma center, the name, e-mail address, telephone number, and, if available, fax number of the health care institution's trauma medical director;
  - o. The name, title, address, and telephone number of the owner's statutory agent or the individual designated by the owner to accept service of process and subpoenas;
  - p. Attestation that:
    - i. The owner will comply with all applicable requirements in A.R.S. Title 36, Chapter 21.1 and this Article; and
    - ii. The information and documents provided as part of the application are accurate and complete; and
  - q. The dated signature of the applicable individual according to R9-25-102;
2. If applicable, documentation demonstrating that the health care institution is operating as a hospital or an outpatient treatment center providing emergency services under federal or tribal law as an administrative unit of the U.S. government or a sovereign tribal nation; and
  3. One of the following:
    - a. Documentation from the national verification organization, identified according to subsection (A)(1)(f)(i), establishing that the owner holds verification for the health care institution at the Level of designation being requested and showing the effective date and expiration date of the verification;
    - b. Documentation from the national verification organization, identified according to subsection (A)(1)(g)(ii)(1), demonstrating that the health care institution meets the applicable standards specified in R9-25-1308 and Table 13.1; or
    - c. The information and documents required in R9-25-1307(C), (D), or (F), as applicable.
- B.** An owner applying to renew designation for a health care institution shall submit the application in subsection (A) to the Department at least 60 calendar days and no more than 90 calendar days before the expiration of the current designation.
- C.** Within 30 calendar days after receiving an application submitted according to subsection (A), the Department shall review the application submitted for completeness, and, if the application is:
1. Incomplete, provide to the owner a written notice listing each missing item and the information or items needed to complete the application; and
  2. Complete and based on:
    - a. Verification, comply with R9-25-1307(A);
    - b. A national verification organization assessing the health care institution's meeting the applicable standards specified in R9-25-1308 and Table 13.1, comply with R9-25-1307(B); or
    - c. The Department assessing the health care institution's meeting the applicable standards specified in R9-25-1308 and Table 13.1, assess compliance with applicable requirements in A.R.S. Title 36, Chapter 21.1 and this Article according to R9-25-1307(E) or (G).
- D.** The Department shall consider an application withdrawn if an owner:
1. Fails to submit to the Department all of the information or items listed in a notice of missing items within 60 calendar days after the date on the notice of missing items, unless the Department and the owner agree to an extension of this time; or
  2. Submits a written request withdrawing the application.



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- E. If an owner submits an application for renewal of designation for a health care institution according to subsection (A) before the expiration date of the current designation, the designation of the health care institution remains in effect until the:
1. Department has determined whether or not to issue a renewal of the designation, or
  2. Application is withdrawn.

**Historical Note**

New Section made by final rulemaking 11 A.A.R. 4363, effective October 6, 2005 (Supp. 05-4). Section expired under A.R.S. 41-1056(E) at 18 A.A.R. 2153, effective June 30, 2012 (Supp. 12-3). New Section R9-25-1303 renumbered from R9-25-1304 and amended by final rulemaking at 23 A.A.R. 2656, effective January 1, 2018 (Supp. 17-3).

**R9-25-1303.01. Health Care Institutions with Provisional Designation (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2225(A)(4))**

- A. A health care institution that held provisional designation before the effective date of the rules in this Article may retain the provisional designation until the expiration date of the provisional designation.
- B. At least 60 calendar days and no more than 90 calendar days before the expiration of a provisional designation, an owner of a health care institution with a provisional designation shall submit to the Department an application for initial designation according to R9-25-1303(A).
- C. If an owner of a health care institution with a provisional designation does not submit an application for initial designation according to subsection (B), the health care institution is no longer designated as a trauma center, as of the expiration date of the provisional designation.

**Historical Note**

New Section made by final rulemaking at 23 A.A.R. 2656, effective January 1, 2018 (Supp. 17-3).

**R9-25-1304. Changes Affecting Designation Status (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2225(A)(4))**

- A. An owner of a trauma center shall:
1. Notify the Department, in writing or in a Department-provided format, no later than 60 calendar days after the date of a change in the health care institution's:
    - a. Name,
    - b. Trauma program manager, or
    - c. If applicable, trauma medical director; and
  2. Provide the effective date of the change and, as applicable, the:
    - a. Current and new name of the health care institution, or
    - b. Name of the new trauma program manager or trauma medical director.
- B. An owner of a trauma center shall notify the Department in writing within three business days after:
1. The trauma center's health care institution license expires or is suspended or revoked;
  2. The trauma center's health care institution license is changed to a provisional license under A.R.S. § 36-425;
  3. The trauma center no longer holds verification; or
  4. A change, which is expected to last for more than seven consecutive calendar days, in the trauma center's ability to meet:
    - a. The applicable standards specified in R9-25-1308 and Table 13.1, or
    - b. If designation is based on verification, the national verification organization's standards for verification.

- C. At least 90 calendar days before a trauma center ceases to provide a trauma service, the owner of the trauma center shall notify the Department, in writing or in a Department-provided format, of the owner's intention to cease providing the trauma service and to relinquish designation, including the effective date.
- D. The Department shall, upon receiving a notice described in:
1. Subsection (A), issue an amended designation that incorporates the name change but retains the expiration date of the current designation;
  2. Subsection (B)(1), send the owner a written notice stating that the health care institution no longer meets the definition of a trauma center and that the Department intends to dedesignate the health care institution, according to R9-25-1307(J)(2);
  3. Subsection (B)(2), evaluate the restrictions on the provisional license to determine if the trauma service was affected and may send the owner a written notice of the Department's intention to:
    - a. Dedesignate the health care institution, according to R9-25-1307(J) through (M);
    - b. Require a modification of the health care institution's designation within 15 calendar days after the date of the notice, according to R9-25-1305; or
    - c. Require a corrective action plan to address issues of compliance with the applicable standards specified in R9-25-1308 and Table 13.1, according to R9-25-1306(E);
  4. Subsection (B)(3), send the owner written notice that the owner is required, within 15 calendar days after the date of the notice, to submit to the Department:
    - a. An application for designation at a specific Level of trauma center, according to R9-25-1303, based on meeting the applicable standards specified in R9-25-1308 and Table 13.1; or
    - b. Written notification of the owner's intention to relinquish designation;
  5. Subsection (B)(4), send the owner written notice that the owner is required, within 15 calendar days after the date of the notice, to submit to the Department:
    - a. An application for modification of the health care institution's designation, according to R9-25-1305;
    - b. A corrective action plan to address issues of compliance with the applicable standards specified in R9-25-1308 and Table 13.1, according to R9-25-1306(E); or
    - c. Written notification of the owner's intention to relinquish designation; or
  6. Subsection (C), (D)(4)(b), or (D)(5)(c), send the owner written confirmation of the voluntary relinquishment of designation.
- E. An owner of a trauma center, who obtains verification for the trauma center during a term of designation that was based on the trauma center meeting the applicable standards specified in R9-25-1308 and Table 13.1, may obtain a new initial designation based on verification, with a designation term based on the dates of the verification, by submitting an application according to R9-25-1303.

**Historical Note**

New Section made by final rulemaking 11 A.A.R. 4363, effective October 6, 2005 (Supp. 05-4). Section R9-25-1304 renumbered to R9-25-1303; new Section R9-25-1304 renumbered from R9-25-1308 and amended by final rulemaking at 23 A.A.R. 2656, effective January 1, 2018

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(Supp. 17-3).

**R9-25-1305. Modification of Designation (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2225(A)(4))**

- A. Except as provided in R9-25-1304(D)(3)(b) and (5)(a), at least 30 calendar days before ceasing to provide a trauma service consistent with a trauma center's current designation, an owner of a trauma center may request a designation that requires fewer resources and capabilities than the trauma center's current designation by submitting to the Department an application for modification of the trauma center's designation, in a Department-provided format, that includes:
1. The name and address of the trauma center for which the owner is requesting modification of designation;
  2. A list of the criteria for the current designation with which the owner no longer intends to comply;
  3. An explanation of the changes being made in the trauma center's resources or operations, related to each criterion specified according to subsection (A)(2), to ensure the health and safety of a patient;
  4. The Level of designation being requested;
  5. An attestation that:
    - a. The owner will be in compliance with all applicable requirements in A.R.S. Title 36, Chapter 21.1 and this Article for the Level of designation requested if modified designation is issued; and
    - b. The information provided in the application is accurate and complete; and
  6. The dated signature of the applicable individual according to R9-25-102.
- B. The Department shall review the application submitted according to R9-25-1307(I) to determine whether, with the changes being made in the trauma center's resources and operations, the trauma center will be in substantial compliance based the applicable standards specified in R9-25-1308 and Table 13.1 for the Level of designation requested.
- C. To retain trauma center designation for a health care institution, an owner who holds modified designation shall, before the expiration date of the modified designation:
1. Apply for renewal of designation according to R9-25-1303, based on the health care institution's meeting the applicable standards specified in R9-25-1308 and Table 13.1, for the Level of the modified designation; or
  2. Apply for initial designation according to R9-25-1303, based on the health care institution meeting the applicable standards specified in R9-25-1308 and Table 13.1, for a Level other than the Level of the modified designation.

**Historical Note**

New Section made by final rulemaking 11 A.A.R. 4363, effective October 6, 2005 (Supp. 05-4). Section R9-25-1305 repealed; new Section R9-25-1305 renumbered from R9-25-1309 and amended by final rulemaking at 23 A.A.R. 2656, effective January 1, 2018 (Supp. 17-3).

**R9-25-1306. Inspections (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2225(A)(4))**

- A. When the Department inspects a health care institution applying for a trauma center designation or a health care institution designated as a trauma center to determine compliance with the applicable requirements in this Article, the Department:
1. Shall use criteria for assessing compliance developed using recommendations from the State Trauma Advisory Board, according to A.R.S. § 36-2222(E)(1); and
  2. May:
    - a. Evaluate the health care institution's equipment and physical plant;

- b. Interview the health care institution's personnel members, including any individuals providing trauma care; and
  - c. Review any of the following:
    - i. Medical records;
    - ii. Patient discharge summaries;
    - iii. Patient care logs;
    - iv. Rosters and schedules of personnel members and individuals who provide trauma care as part of the trauma service;
    - v. Performance-improvement-related documents, including quality management program documents required in A.A.C. R9-10-204 or R9-10-1004 as applicable; and
    - vi. Other documents relevant to the provision of trauma care as part of the trauma service.
- B. The Department shall determine whether there is a need for an inspection of a health care institution and which components in subsection (A)(2) to include in an inspection, based on the health care institution's application; previous inspections, if applicable; and the operating history of the health care institution and may conduct an announced inspection of the identified components:
1. Before issuing an initial, renewal, or modified designation to an owner applying for designation of a health care institution as a trauma center;
  2. If an owner of a health care institution designated as a trauma center has submitted a corrective action plan under subsection (E); or
  3. A health care institution designated as a trauma center is randomly selected to receive an inspection.
- C. If the Department has reason to believe that a trauma center is not complying with applicable requirements in A.R.S. Title 36, Chapter 21.1 and this Article, the Department may conduct an announced or unannounced inspection of the trauma center according to subsection (A).
- D. Within 30 calendar days after completing an inspection, the Department shall send to an owner a written report of the Department's findings, including, if applicable, a list of any instances of non-compliance identified during the inspection and a request for a written corrective action plan.
- E. Within 15 calendar days after receiving a request for a written corrective action plan, an owner shall submit to the Department a written corrective action plan that includes for each identified instance of non-compliance:
1. A description of how the instance of non-compliance will be corrected and reoccurrence prevented, and
  2. A date of correction for the instance of non-compliance.
- F. The Department shall accept a written corrective action plan if the corrective action plan:
1. Describes how each identified instance of non-compliance will be corrected and reoccurrence prevented, and
  2. Includes a date for correcting each instance of non-compliance that is appropriate to the actions necessary to correct the instance of non-compliance.
- G. If the Department reviews a health care institution's facility and documentation of capabilities during a national verification organization's assessment according to R9-25-1302(C)(3) and the health care institution is not issued verification from the national verification organization at the Level of designation sought, the Department shall send to an owner of the health care institution, within 30 calendar days after the review, a written report of the Department's findings, including, if applicable, a list of any instances of non-compliance with requirements in R9-25-1308 and Table 13.1 identified during the review.

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- H. A health care institution receiving a written report in subsection (G) containing a list of instances of non-compliance with requirements in R9-25-1308 and Table 13.1 identified during a review of the health care institution's facility and documentation of capabilities may submit to the Department a written plan to correct instances of non-compliance that includes:
1. A description of how the health care institution will correct each instance of non-compliance and prevent the reoccurrence, and
  2. A date by which the health care institution plans to correct each instance of non-compliance.

**Historical Note**

New Section made by final rulemaking 11 A.A.R. 4363, effective October 6, 2005 (Supp. 05-4). Section R9-25-1306 repealed; new Section R9-25-1306 made by final rulemaking at 23 A.A.R. 2656, effective January 1, 2018 (Supp. 17-3).

**R9-25-1307. Designation and Designation (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2225(A)(4))**

- A. For designation of a health care institution based on verification, the Department shall, within 45 calendar days after receiving a complete application from an owner:
1. If the application complies with the applicable requirements in this Article, issue a designation for the health care institution that is valid for the duration of the verification; or
  2. If the application does not comply with the applicable requirements in this Article, provide a written notice that complies with A.R.S. Title 41, Chapter 6, Article 10 that the Department intends to decline to issue a designation for the health care institution.
- B. Except as provided in subsection (F), for designation of a health care institution based on an assessment by a national verification organization, the Department shall, within 60 calendar days after receiving a complete application from an owner, review the application and, if the Department determines that:
1. The application and the health care institution comply with the applicable requirements in this Article, issue a designation for the health care institution that is valid for three years from the issue date;
  2. The application complies with the applicable requirements in this Article, the health care institution is in substantial compliance with the applicable requirements in this Article, and the Department has accepted a written corrective action plan submitted according to R9-25-1306(E), issue a designation for the health care institution that is valid for one year from the issue date; or
  3. The application or the health care institution does not comply with the applicable requirements in this Article, provide a written notice that complies with A.R.S. Title 41, Chapter 6, Article 10 that the Department intends to decline to issue a designation for the health care institution.
- C. Except as provided in subsection (F) for renewal of a one-year designation, for designation of a health care institution as a Level III trauma center or a Level IV trauma center based on an assessment by the Department, an owner shall include as part of the application required in R9-25-1303(A):
1. The following information in a Department-provided format:
    - a. The name of the health care institution for which the owner is requesting designation;
    - b. The services the health care institution is providing or plans to provide as part of the trauma service;
    - c. The name and title of the liaison to the trauma service from each of the services listed according to subsection (C)(1)(b);
    - d. If applicable, the name, e-mail address, telephone number, and, if available, fax number of the health care institution's emergency department physician director;
    - e. If applicable, the name, e-mail address, telephone number, and, if available, fax number of the health care institution's surgical director or co-director;
    - f. If a multidisciplinary peer review committee is required according to Table 13.1 for the Level of the trauma center, the name and title of each member of the multidisciplinary peer review committee;
    - g. If the health care institution's trauma registry will be part of a centralized trauma registry, a description of the training provided to the trauma program manager to enable the trauma program manager to comply with R9-25-1308(D)(2);
    - h. If applicable, for an application for initial designation, a description of the health care institution's plans for the continuing education activities related to trauma care, required in R9-25-1308(G)(4);
    - i. For renewal of designation, a description of the continuing education activities conducted during the term of the designation;
    - j. If applicable, the name, e-mail address, telephone number, and, if available, fax number of the health care institution's injury prevention coordinator;
    - k. A description of the methods by which trauma team personnel members communicate with EMS personnel;
    - l. A description of the trauma-related training received by registered nurses in the intensive care unit;
    - m. An attestation that the owner of the health care institution will prohibit:
      - i. The trauma medical director from serving as trauma medical director for another health care institution; and
      - ii. A physician on-call for general surgery, neurosurgery, or orthopedic surgery to be on-call or on a back-up call list at another health care institution; and
    - n. The dated signature of the applicable individual according to R9-25-102;
  2. A copy of the policies and procedures required in R9-25-1308(B)(6) for the health care institution's trauma registry;
  3. A copy of the policies and procedures required in R9-25-1308(B)(7) for the health care institution's performance improvement program;
  4. A copy of the policies and procedures required in R9-25-1308(F)(2) for the health care institution's trauma service;
  5. If applicable, a copy of the policies and procedures required in R9-25-1308(F)(9) for operating rooms;
  6. A copy of the applicable policies and procedures required in R9-25-1308(H)(4);
  7. A copy of the health care institution's clinical practice guidelines, describing the health care institution's capability to resuscitate, stabilize, and transfer pediatric patients;
  8. If applicable, a copy of the bylaws of the health care institution's multidisciplinary peer review committee;
  9. Copies of the job descriptions for the health care institution's:

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- a. Trauma program manager;
    - b. Trauma registrar; and
    - c. If applicable, injury prevention coordinator;
  10. A list of the trauma care parameters the health care institution is or will be monitoring as part of the performance improvement program;
  11. A list of trauma team members, including:
    - a. Name,
    - b. Title, and
    - c. Role on the trauma team;
  12. If required for an individual listed according to subsection (C)(11), a copy of documentation of the individual's:
    - a. Board certification or board eligibility,
    - b. Most recent certification in a trauma critical care course,
    - c. Pediatric-specific credentials, and
    - d. Other trauma-related training; and
  13. If the trauma medical director is not a member of the trauma team, the applicable documentation required in subsection (C)(12) for the trauma medical director.
- D.** Except as provided in subsection (F) for renewal of a one-year designation, for designation of a health care institution as a Level I trauma center, Level I Pediatric trauma center, Level II trauma center, or Level II Pediatric trauma center based on an assessment by the Department under R9-25-1302(C), an owner shall include as part of the application required in R9-25-1303(A):
1. A copy of the documentation submitted to the national verification organization as part of an application for verification;
  2. If not included in the documentation in subsection (D)(1):
    - a. Any information or documents required in subsection (C);
    - b. For an application for initial designation, a description of the health care institution's plans for:
      - i. Injury prevention activities, required in R9-25-1308(G)(5)(a); and
      - ii. Educational outreach activities, required in R9-25-1308(G)(5)(b); and
    - c. For an application for renewal of designation, a description of the injury prevention activities and educational outreach activities conducted during the term of the designation;
  3. A copy of the national verification's organization's written report to the health care institution describing the results of the national verification organization's assessment of the health care organization;
  4. A copy of the written report in R9-25-1306(G); and
  5. If applicable, the written plan to correct instances of non-compliance in R9-25-1306(H).
- E.** Except as provided in subsection (G) for renewal of a one-year designation, for designation of a health care institution based on an assessment by the Department, the Department shall, within 90 calendar days after receiving a complete application from an owner, review the application, inspect the health care institution, if applicable, and, if the Department determines that:
1. The application and the health care institution comply with the applicable requirements in this Article, issue a designation for the health care institution that is valid for three years from the issue date;
  2. The application complies with the applicable requirements in this Article, the health care institution is in substantial compliance with the applicable requirements in this Article, and the Department has accepted the document submitted according to R9-25-1306(E) or subsection (D)(5), issue a designation for the health care institution that is valid for one year from the issue date; or
  3. The application or the health care institution does not comply with the applicable requirements in this Article, provide a written notice that complies with A.R.S. Title 41, Chapter 6, Article 10 that the Department intends to decline to issue a designation for the health care institution.
- F.** For renewal, at the same Level of trauma center, of a one-year designation issued according to subsection (B)(2) or (E)(2), an owner shall include, as part of the application required in R9-25-1303(A), documentation related to the completion of the plan specified in the document accepted by the Department in subsection (B)(2) or (E)(2).
- G.** Except as specified in subsection (H), the Department shall, within 60 calendar days after receiving from an owner an application submitted according to subsection (F), review the information and documentation, inspect the health care institution if applicable, and:
1. Issue a designation for the health care institution that is valid for two years from the issue date if the Department determines that:
    - a. The application and the health care institution comply with the applicable requirements in this Article; and
    - b. The owner has completed the plan specified in the document accepted by the Department in subsection (B)(2) or (E)(2), as applicable; or
  2. Provide a written notice that complies with A.R.S. Title 41, Chapter 6, Article 10 that the Department intends to decline to issue a designation for the health care institution if the Department determines that:
    - a. The application or the health care institution do not comply with the applicable requirements in this Article; or
    - b. The owner has not completed all of the components of the plan specified in the document accepted by the Department in subsection (B)(2) or (E)(2), as applicable.
- H.** The Department shall review according to R9-25-1303(C) and subsection (A), (B), or (E), as applicable, an application for renewal of designation submitted by the owner of a trauma center that:
1. Had been issued a one-year designation according to subsection (B)(2) or (E)(2); and
  2. Has not completed all of the components of the plan specified in the document accepted by the Department in subsection (B)(2) or (E)(2), as applicable.
- I.** For modification of a designation according to R9-25-1305, the Department shall, within 30 calendar days after receiving a complete application for modification in R9-25-1305(A) from an owner, review the application, inspect the health care institution, if applicable, and:
1. Issue a modified designation for the Level of designation requested for the health care institution that is valid for the duration of the original designation or one year from the issue date, whichever is longer, if the Department determines that:
    - a. The application and the health care institution comply with the applicable requirements in this Article for the Level of designation requested; or
    - b. The application complies with the applicable requirements in this Article, the health care institution is in substantial compliance with the applicable requirements in this Article for the Level of designation requested, and the Department has accepted a

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written corrective action plan submitted according to R9-25-1306(E);

2. Issue a modified designation for a lower Level of designation than the Level of designation requested for the health care institution that is valid for the duration of the original designation or one year from the issue date, whichever is longer, if the Department determines that:
  - a. The application and the health care institution comply with the applicable requirements in this Article for the lower Level of designation and the health care institution:
    - i. Does not comply with the applicable requirements in this Article for the Level of designation requested; or
    - ii. Is in substantial compliance with the applicable requirements in this Article for the Level of designation requested, and the Department has not accepted a written corrective action plan submitted according to R9-25-1306(E); or
  - b. The application complies with the applicable requirements in this Article, the health care institution is in substantial compliance with the applicable requirements in this Article for the lower Level of designation, and the Department has accepted a written corrective action plan according to R9-25-1306(E); or
3. Provide a written notice that complies with A.R.S. Title 41, Chapter 6, Article 10 that the Department intends to decline to issue a modified designation for the health care institution if the Department determines that the application or the health care institution does not comply with the applicable requirements in this Article.

**J.** The Department may dedesignate a health care institution as a trauma center if an owner:

1. Has provided false or misleading information to the Department;
2. Is not eligible for designation under R9-25-1302(A) or (B); or
3. Fails to comply with an applicable requirement in A.R.S. Title 36, Chapter 21.1 or this Article.

**K.** In determining whether to dedesignate a health care institution as a trauma center, the Department shall consider:

1. The severity of each instance relative to public health and safety;
2. The number of instances;
3. The nature and circumstances of each instance;
4. Whether each instance was corrected, the manner of correction, and the duration of the instance; and
5. Whether the instances indicate a lack of commitment to having the trauma center meet the verification standards of a national verification organization or, if applicable, the standards specified in R9-25-1308 and Table 13.1.

**L.** If the Department intends to dedesignate a health care institution, the Department shall send to the owner a written notice that complies with A.R.S. Title 41, Chapter 6, Article 10.

**M.** An owner who receives a written notice in subsection (A)(2), (B)(3), (E)(3), (G)(2), (I)(3), or (J) may file a written notice of appeal with the Department that complies with A.R.S. Title 41, Chapter 6, Article 10.

#### Historical Note

New Section made by final rulemaking 11 A.A.R. 4363, effective October 6, 2005 (Supp. 05-4). Section R9-25-1307 repealed; new Section R9-25-1307 renumbered from R9-25-1312 and amended by final rulemaking at 23

A.A.R. 2656, effective January 1, 2018 (Supp. 17-3).

#### **R9-25-1308. Trauma Center Responsibilities (A.R.S. §§ 36-2202(A)(4), 36-2208(A), 36-2209(A)(2), 36-2221, and 36-2225(A)(4), (5), and (6))**

**A.** The owner of a trauma center shall ensure that:

1. If designation is based on:
  - a. Verification, the trauma center meets the applicable standards of the verifying national verification organization; or
  - b. Meeting the applicable standards specified in this Section and Table 13.1, the trauma center meets the applicable standards for the Level of trauma center for which designation has been issued;
2. The trauma center complies with a written corrective action plan accepted by the Department according to R9-25-1306(F); and
3. The Department has access to:
  - a. The trauma center and to personnel members present in the trauma center; and
  - b. Documents that are requested by the Department and not confidential under A.R.S. Title 36, Chapter 4, Article 4 or 5, within two hours after the Department's request.

**B.** The owner of a trauma center shall ensure that the trauma center:

1. Except as provided in subsection (D), establishes a trauma registry of patients receiving trauma care who meet the criteria specified in subsection (C)(1) that contains the information required in R9-25-1309, as applicable for the specific Level of the trauma center;
2. Appoint an individual to act as trauma registrar to coordinate trauma registry activities;
3. If necessary to comply with subsections (C)(2) and (3), provides sufficient additional individuals to assist with trauma registry activities;
4. Establishes a performance improvement program for the trauma service to develop and implement processes to improve trauma care parameters;
5. If required according to Table 13.1 for the Level of the trauma center, establishes as part of the performance improvement program, established according to subsection (B)(4), a multidisciplinary peer review committee to review the quality of trauma care provided by the trauma center, including information from the trauma registry, and suggest methods to improve the quality of trauma care;
6. Establishes, documents, and implements policies and procedures for the trauma registry established according to subsection (B)(1) that include:
  - a. Ensuring that individuals responsible for collecting, entering, or reviewing information in the trauma registry have received training in gaining access to, and retrieving information from, the trauma registry;
  - b. Collection of the information required in R9-25-1309 about the patients specified in subsection (C)(1) receiving trauma care;
  - c. Submission to the Department of the information required in subsection (C)(2);
  - d. Review of information in the trauma center's trauma registry; and
  - e. Performance improvement activities required in R9-25-1310; and
7. Establishes, documents, and implements policies and procedures for the performance improvement program established according to subsection (B)(4), including:

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- a. A list of the positions of personnel members who have defined roles in the performance improvement program and, if applicable, a list of positions that are dedicated to performance improvement activities for patients receiving trauma care from the trauma center;
  - b. The qualifications, skills, and knowledge required of the personnel members in the positions specified according to subsection (B)(6)(a);
  - c. The role each personnel member specified according to subsection (B)(6)(a) plays in the performance improvement program;
  - d. The trauma care parameters to be reviewed as part of the performance improvement program;
  - e. The frequency of review of trauma care parameters;
  - f. If an issue related to trauma care or to trauma care parameters is identified:
    - i. How a plan to address the issue is developed to reduce the chance of the issue recurring in the future;
    - ii. How the plan is documented;
    - iii. The mechanism and criteria by which the plan is reviewed and approved;
    - iv. How the plan is implemented; and
    - v. How implementation of the plan and future recurrences are monitored;
  - g. If applicable, the composition, duties, responsibilities, and frequency of meetings of the multidisciplinary peer review committee established according to subsection (B)(5);
  - h. If applicable, how the multidisciplinary peer review committee collaborates with the trauma center's quality management program; and
  - i. How changes proposed by the performance improvement program are reviewed by the trauma center's quality management program.
- C. The owner of a trauma center shall ensure that:
- 1. The trauma registry, established according to subsection (B)(1), includes the information required in R9-25-1309 for each patient with whom the trauma center had contact who meets one or more of the following criteria:
    - a. A patient with injury or suspected injury who is:
      - i. Transported from a scene to a trauma center or an emergency department based on the responding emergency medical services provider's or ambulance service's triage protocol required in R9-25-201(E)(2)(b), or
      - ii. Transferred from one health care institution to another health care institution by an emergency medical services provider or ambulance service;
    - b. A patient with injury or suspected injury for whom a trauma team activation occurs; or
    - c. A patient with injury, who is admitted as a result of the injury or who dies as a result of the injury, and whose medical record includes one or more of specific ICD-codes indicating that:
      - i. At the initial encounter with the patient, the patient had:
        - (1) An injury or injuries to specific body parts,
        - (2) Unspecified multiple injuries,
        - (3) Injury of an unspecified body region,
        - (4) A burn or burns to specific body parts,
        - (5) Burns assessed through Total Body Surface Area percentages, or
        - (6) Traumatic Compartment Syndrome; and
      - ii. The patient's injuries or burns were not only:
        - (1) An isolated distal extremity fracture from a same-level fall,
        - (2) An isolated femoral neck fracture from a same-level fall,
        - (3) Effects resulting from an injury or burn that developed after the initial encounter,
        - (4) A superficial injury or contusion, or
        - (5) A foreign body entering through an orifice;
  - 2. The following information is submitted to the Department, in a Department-provided format, according to subsection (C)(3):
    - a. The name and physical address of the trauma center;
    - b. The date the trauma registry information is being submitted to the Department;
    - c. The total number of patients whose trauma registry information is being submitted;
    - d. The quarter and year for which the trauma registry information is being submitted;
    - e. The range of emergency department or hospital arrival dates for the patients for whom trauma registry information is being submitted;
    - f. The name, title, e-mail address, telephone number, and, if available, fax number of the trauma center's point of contact for the trauma registry information;
    - g. Any special instructions or comments to the Department from the trauma center's point of contact;
    - h. The information from the trauma registry for patients identified during the quarter specified according to subsection (C)(2)(d); and
    - i. Updated information for any patients identified during the previous quarter, including the patient's name, medical record number, and admission date; and
  - 3. The information required in subsection (C)(2) is submitted:
    - a. For patients identified between January 1 and March 31, so that the information in subsections (C)(2)(a) through (h) is received by the Department by July 1 of the same calendar year;
    - b. For patients identified between April 1 and June 30, so that the information in subsections (C)(2)(a) through (h) is received by the Department by October 1 of the same calendar year;
    - c. For patients identified between July 1 and September 30, so that the information in subsections (C)(2)(a) through (h) is received by the Department by January 2 of the following calendar year; and
    - d. For patients identified between October 1 and December 31, so that the information in subsections (C)(2)(a) through (h) is received by the Department by April 1 of the following calendar year.
- D. Trauma centers under the same governing authority, as defined in A.R.S. § 36-401, may establish a single, centralized trauma registry and submit to the Department consolidated information from the trauma registry, according to subsections (C)(2) and (3), if:
- 1. The information submitted to the Department specifies for each patient in the trauma registry the trauma center that had contact with the patient, and
  - 2. Each trauma center contributing information to the centralized trauma registry is able to:

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- a. Access, edit, and update the information contributed by the trauma center to the centralized trauma registry; and
  - b. Use the information contributed by the trauma center to the centralized trauma registry when complying with performance improvement program requirements in this Section.
- E. As part of the performance improvement program, the owner of a trauma center shall ensure that the trauma program manager and, if applicable, trauma medical director periodically, according to policies and procedures:
  1. Review the information in the trauma center's trauma registry; and
  2. Monitor at least the following trauma care parameters, as applicable, for patients in the trauma registry:
    - a. EMS received by a patient;
    - b. Length of stay longer than two hours in the emergency department before transfer;
    - c. Instances of trauma team activation to determine if trauma team activation was timely and appropriate;
    - d. Instances where trauma care was provided to a patient but trauma team activation did not occur;
    - e. Time from notification of a surgeon on the trauma team that a patient described in subsection (H)(6)(b)(i) is in the emergency department to when the surgeon arrives in the emergency department;
    - f. Documentation of the nursing services provided to a patient;
    - g. Instances and reasons for transfer of a patient;
    - h. Instances and reasons for transfer to a hospital not designated as a trauma center;
    - i. For a hospital designated as a Level I trauma center, Level I Pediatric trauma center, Level II trauma center, or Level II Pediatric trauma center, instances and reasons for diversion, as defined in A.A.C. R9-10-201, of a patient requiring trauma care;
    - j. Instances of and circumstances related to the death of a patient;
    - k. Other patient outcomes;
    - l. Trauma care parameters for pediatric patients, including pediatric-specific measures; and
    - m. The completeness and timeliness of trauma data submission.
- F. In addition to the requirements in subsections (A) through (E), the owner of a trauma center designated based on meeting the applicable standards specified in this Section and Table 13.1 shall:
  1. Ensure that a trauma service is established if required by Table 13.1;
  2. Ensure that policies and procedures for the trauma service are established, documented, and implemented that include:
    - a. The composition of the trauma team;
    - b. The qualifications, skills, and knowledge required of each personnel member of the trauma team;
    - c. Continuing education or continuing medical education requirements for each personnel member of the trauma team;
    - d. The roles and responsibilities of each personnel member of the trauma team;
    - e. Under what circumstances the trauma team is activated; and
    - f. How the trauma team is activated;
  3. Ensure that the personnel members on the trauma team have the qualifications, skills, and knowledge required in the policies and procedures;
  4. If the trauma center is required according to Table 13.1 to have a trauma medical director, appoint a board-certified or board-eligible surgeon as trauma medical director;
  5. Prohibit a physician from serving as trauma medical director for the trauma center if the physician is serving as trauma medical director for another health care institution;
  6. Ensure that the trauma medical director completes:
    - a. If the trauma center's designation is for a three-year period, at least 48 hours of external trauma-related continuing medical education during the term of the designation;
    - b. If the trauma center's designation is for a one-year period, at least 16 hours of external trauma-related continuing medical education during the term of the designation; and
    - c. If the trauma center is designated as a Level I Pediatric trauma center or Level II Pediatric trauma center, at least 12 of the 48 hours required in subsection (F)(6)(a) or four of the 16 hours required in subsection (F)(6)(b) in pediatric trauma-related continuing medical education;
  7. Appoint an individual to act as trauma program manager to coordinate trauma service activities;
  8. If the trauma center is required by Table 13.1 to have a multidisciplinary peer review committee, ensure that each surgeon on the trauma team designated according to subsection (F)(3) attends at least 50% of the meetings of the multidisciplinary peer review committee;
  9. If the trauma center provides surgical services, ensure that policies and procedures for operating rooms and an operating room team are established, documented, and implemented that include:
    - a. The availability of an operating room for trauma care;
    - b. The composition of an operating room team;
    - c. The qualifications, skills, and knowledge required of each personnel member of an operating room team;
    - d. The roles and responsibilities of each personnel member of an operating room team;
    - e. If an operating room team is not on the premises of the health care institution 24 hours a day, under what circumstances the operating room team is notified to come to the trauma center; and
    - f. How the operating room team is notified;
  10. Ensure that the following personnel members on the trauma team:
    - a. Hold current certification in a trauma critical care course:
      - i. Trauma medical director, if applicable;
      - ii. Each emergency medicine physician who is not board-certified or board-eligible; and
      - iii. Each physician assistant or registered nurse practitioner who is responsible for patients in an emergency department in the absence of an emergency physician; or
    - b. Have held certification in a trauma critical care course:
      - i. Each general surgeon other than the trauma medical director, and
      - ii. Each emergency medicine physician who is board-certified or board-eligible;
  11. If the trauma center is designated as a Level I trauma center, Level I Pediatric trauma center, Level II trauma center, or Level II Pediatric trauma center, ensure that each of the trauma team personnel members required in Table

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- 13.1(C)(2) and (C)(3)(a) through (f) are board-certified or board-eligible;
12. If the trauma center is designated as a Level I Pediatric trauma center, ensure that the following trauma team members are fellowship-trained:
    - a. The surgeon credentialed for pediatric trauma care required in Table 13.1(C)(2)(a)(iii),
    - b. The pediatric emergency medicine physician required in Table 13.1(C)(2)(c),
    - c. The pediatric-credentialed orthopedic surgeon required in Table 13.1(C)(3)(b),
    - d. The pediatric-credentialed neurosurgeon required in Table 13.1(C)(3)(d), and
    - e. The pediatric-credentialed critical care medicine physician required in Table 13.1(C)(3)(f);
  13. If the trauma center is designated as a Level II Pediatric trauma center, ensure that:
    - a. The pediatric-credentialed critical care medicine physician required in Table 13.1(C)(3)(f) is fellowship-trained, and
    - b. A fellowship-trained pediatric emergency medicine physician provides supervision for pediatric emergency trauma care and is appointed as a liaison to the multidisciplinary peer review committee established according to subsection (B)(5); and
  14. If the trauma center is not designated as a Level I Pediatric trauma center or Level II Pediatric trauma center and annually provides trauma care to 100 or more injured children younger than 15 years of age, ensure that the trauma center:
    - a. Complies with subsection (F)(13) and Table 13.1(C)(2)(a)(iii), (3)(b), (3)(d), and (3)(f) and (F)(2); and
    - b. Has a:
      - i. Pediatric emergency department area,
      - ii. Pediatric intensive care area, and
      - iii. Pediatric-specific trauma performance improvement program.
- G.** In addition to the requirements in subsections (A) through (E), the owner of a trauma center designated based on meeting the applicable standards specified in this Section and Table 13.1 shall ensure that the trauma center:
1. Establishes, documents, and implements a patient transfer plan, consistent with A.A.C. R9-10-211, that include:
    - a. The criteria for transferring a patient,
    - b. The health care institution to which a patient meeting specific criteria will be transferred,
    - c. The personnel members who are responsible for coordinating the transfer of a patient, and
    - d. The process for transferring a patient;
  2. Participates in state, local, or regional trauma-related activities such as:
    - a. The State Trauma Advisory Board, established by A.R.S. § 36-2222;
    - b. A regional emergency medical services coordinating council described in A.R.S. § 36-2222(A)(3);
    - c. Trauma Registry Users Group, established by the Department;
    - d. Trauma Managers Workgroup, established by the Department; or
    - e. Injury Prevention Council;
  3. Participates in injury prevention programs specific to the trauma center's patient population at the national, regional, state, or local levels;
4. Except for a Level IV trauma center, conducts trauma care continuing education activities for physicians, trauma center personnel members, and EMCTs;
  5. If the trauma center holds a designation as a Level I trauma center, Level I Pediatric trauma center, Level II trauma center, or Level II Pediatric trauma center, establishes and maintains:
    - a. An injury prevention program:
      - i. Independently or in collaboration with other health care institutions, health advocacy groups, or the Department; and
      - ii. That includes:
        - (1) Designating a prevention coordinator who serves as the trauma center's representative for injury prevention and injury control activities;
        - (2) Carrying out injury prevention and injury control activities, including activities specific to the patient population;
        - (3) Conducting injury control studies;
        - (4) Monitoring the progress and effect of the injury prevention program; and
        - (5) Providing injury prevention and injury control information resources for the public; and
    - b. An educational outreach program:
      - i. Independently or in collaboration with other health care institutions, health advocacy groups, or the Department;
      - ii. That includes providing education to physicians, trauma center personnel members, EMCTs, and the general public; and
      - iii. That may include education about:
        - (1) Injury prevention,
        - (2) Trauma care,
        - (3) Other topics specific to the patient population,
        - (4) Criteria for assessing a patient who may require trauma care,
        - (5) Criteria for the transfer of a patient requiring trauma care; and
  6. If the trauma center holds a designation as a Level I trauma center or Level I Pediatric trauma center:
    - a. Establishes and maintains, either independently or in collaboration with other hospitals, a residency program or fellowship program that provides advanced medical training in emergency medicine, general surgery, orthopedic surgery, or neurosurgery;
    - b. Participates in the provision of a trauma critical care course;
    - c. Conducts or participates in research related to trauma and trauma care; and
    - d. Maintains an Institutional Review Board, established consistent with 45 CFR Part 46, to review biomedical and behavioral research related to trauma and trauma care involving human subjects, conducted, funded, or sponsored by the trauma center, in order to protect the rights of the human subjects of such research.
- H.** In addition to the requirements in subsections (A) through (E), the owner of a trauma center designated based on meeting the applicable standards specified in this Section and Table 13.1 shall:
1. Ensure the presence of a surgeon at all operative procedures;



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2. If the trauma center provides emergency medicine, neurosurgery, orthopedic surgery, anesthesiology, critical care, or radiology as an organized service, ensure that:
  - a. A physician from the organized service is appointed to act as a liaison between the organized service and the trauma center's trauma service;
  - b. The physician in subsection (H)(2)(a) completes:
    - i. If the trauma center's designation is for a three-year period, at least 48 hours of trauma-related continuing medical education during the term of the designation;
    - ii. If the trauma center's designation is for a one-year period, at least 16 hours of trauma-related continuing medical education during the term of the designation; and
    - iii. If the trauma center is designated as a Level I Pediatric trauma center or Level II Pediatric trauma center, at least 12 of the 48 hours required in subsection (H)(2)(b)(i) or four of the 16 hours required in subsection (H)(2)(b)(ii) in pediatric trauma-related continuing medical education; and
  - c. If the trauma center is required by Table 13.1 to have a multidisciplinary peer review committee, ensure the physician in subsection (H)(2)(a) attends at least 50% of the meetings of the multidisciplinary peer review committee;
3. Ensure that, when a physician is on-call for general surgery, neurosurgery, or orthopedic surgery, the physician is not on-call or on a back-up call list at another health care institution;
4. Ensure that policies and procedures are established, documented, and implemented for:
  - a. Except for a Level IV trauma center, the formulation of blood products to be available during an event requiring multiple blood transfusions for a patient or patients; and
  - b. For a Level IV trauma center, the expedited release of blood products during an event requiring multiple blood transfusions for a patient or patients;
5. Ensure that the patient transfer plan required in subsection (G)(1) includes processes for transferring a patient needing:
  - a. Acute hemodialysis or pediatric trauma care to a hospital providing the required service if the trauma center is designated as a:
    - i. Level III or Level IV trauma center; or
    - ii. Level II trauma center and does not provide, as applicable, acute hemodialysis or pediatric trauma care;
  - b. Burn care as an organized service, acute spinal cord management, microvascular surgery, or replant surgery to a hospital providing the required service if the trauma center is designated as a:
    - i. Level III or Level IV trauma center; or
    - ii. Level I or Level II trauma center and does not provide, as applicable, burn care as an organized service, acute spinal cord management, microvascular surgery, or replant surgery; or
  - c. Another service that the trauma center is not authorized or not able to provide to a hospital providing the required service;
6. Except for a Level IV trauma center or as provided in subsection (I), require that:
  - a. An emergency medicine physician is present in the emergency department at all times;
  - b. A surgeon on the trauma team is present in the emergency department:
    - i. For a patient:
      - (1) If an adult, with a systolic blood pressure less than 90 mm Hg or, if a child, with confirmed age-specific hypotension;
      - (2) With respiratory compromise, respiratory obstruction, or intubation;
      - (3) Who is transferred from another hospital and is receiving blood to maintain vital signs;
      - (4) Who has a gunshot wound to the abdomen, neck, or chest;
      - (5) Who has a Glasgow Coma Scale score less than 8 associated with an injury attributed to trauma; or
      - (6) Who is determined by an emergency department physician to have an injury that has the potential to cause prolonged disability or death; and
    - ii. No later than the following times:
      - (1) For a Level I trauma center, Level I Pediatric trauma center, Level II trauma center, or Level II Pediatric trauma center, within 15 minutes after notification or at the time the patient arrives in the emergency department, whichever is later; or
      - (2) For a Level III trauma center, within 30 minutes after notification or at the time the patient arrives in the emergency department, whichever is later; and
- c. One of the following anesthesia personnel members is available for an operative procedure on a patient at the indicated time point:
  - i. For a Level I trauma center, Level I Pediatric trauma center, Level II trauma center, or Level II Pediatric trauma center, an anesthesiologist, anesthesiology chief resident, or certified registered nurse anesthetist is present in the emergency department or in an operating room area awaiting the patient no later than 15 minutes after patient arrival in the emergency department; and
  - ii. For a Level III trauma center, an anesthesiologist, anesthesiology chief resident, or certified registered nurse anesthetist is present in the emergency department or in an operating room area awaiting the patient no later than 30 minutes after patient arrival in the emergency department;
7. For a clinical capability required for the trauma center according to Table 13.1(C)(3), require that the on-call radiologist, critical care medicine physician, or surgical specialist is available to provide medical services, as applicable to the specialist, for a patient requiring trauma care within 45 minutes after notification; and
8. For personnel members assigned to an operating room team according to subsection (F)(9), require that the personnel members on the operating room team are on the premises of the trauma center while on duty or:
  - a. For a Level I trauma center, Level I Pediatric trauma center, Level II trauma center, Level II Pediatric trauma center:
    - i. Are available to provide operative services for a patient requiring trauma care within 15 min-

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- utes after notification or patient arrival at the trauma center, whichever is later; and
      - ii. Have response times and patient outcomes monitored through the performance improvement program; and
    - b. For a Level III trauma center or Level IV trauma center, if the Level IV trauma center provides surgical services:
      - i. Are available to provide operative services for a patient requiring trauma care within 30 minutes after notification or patient arrival at the trauma center, whichever is later; and
      - ii. Have response times and patient outcomes monitored through the performance improvement program.
  - I. The Department shall consider a trauma center designated based on meeting the applicable standards specified in this Section and Table 13.1 to be in compliance with subsection (H)(6)(a), (b), or (c), as applicable, if the trauma center has documentation showing that:
    1. The individual required to be present at the indicated location and within the indicated time period was present 80% or more of the time, and
    2. The trauma center monitors the rate of compliance with subsection (H)(6) and patient outcomes through the performance improvement program.
  - J. The requirement in subsection (H)(6)(b) applies whether or not the owner of a trauma center allows a surgery resident in the fourth or fifth year of residency training to begin treating a patient described in subsection (H)(6)(b)(i) while awaiting the arrival of the surgeon on the trauma team, as required in subsection (H)(6)(b)(ii)(1) or (2).
  - K. An ALS base hospital certificate holder that chooses to submit trauma registry information to the Department, as allowed by A.R.S. § 36-2221(A), shall:
    1. Include in the ALS base hospital's trauma registry at least the information required in R9-25-1309(A) for each patient who meets one or more of the criteria in subsections (C)(1)(a) through (c), and
    2. Comply with the submission requirements in subsections (C)(2) and (3).
- Historical Note**
- New Section made by final rulemaking 11 A.A.R. 4363, effective October 6, 2005 (Supp. 05-4). Section R9-25-1308 renumbered to R9-25-1304; new Section R9-25-1308 renumbered from R9-25-1313 and amended by final rulemaking at 23 A.A.R. 2656, effective January 1, 2018 (Supp. 17-3). Incomplete citations to Table 13.1(C)(3)(f) under subsections (F)(12)(e) and (F)(13)(a) corrected at the request of the Department (Supp. 18-4).
- R9-25-1309. Trauma Registry Data (Authorized by A.R.S. §§ 36-2202(A)(4), 36-2208(A), 36-2209(A)(2), 36-2221, and 36-2225(A)(5) and (6))**
- A. A trauma registry established according to R9-25-1308(B)(1) includes the following in the record of a patient's episode of care, as defined in A.A.C. R9-11-101, for each patient meeting the criteria in R9-25-1308(C)(1):
    1. An identification code specific to the health care institution that had contact with the patient during the episode of care;
    2. Demographic information about the patient:
      - a. The unique number assigned by the health care institution to the patient;
    3. Information about the occurrence of the patient's injury:
      - a. The date and time the injury occurred;
      - b. The ICD-code describing the type of location where the injury occurred;
      - c. The zip code of the location where the injury occurred;
      - d. The city, state, and county where the injury occurred;
      - e. A code indicating whether the patient's injury resulted from blunt force trauma, a penetrating wound, or a burn;
      - f. The ICD-code indicating the primary mechanism or cause of the patient's injury resulting in the episode of care and the manner or intent through which the injury occurred;
      - g. A description of the cause and circumstances leading to the patient's injury;
      - h. Whether the patient was using a protective device or safety equipment at the time of the injury and, if so, the type or types of protective device or safety equipment being used;
      - i. If the patient was subject to the requirements in A.R.S. § 28-907 at the time of the injury, whether the patient was using a child restraint system, as defined in A.R.S. § 28-907, at the time of the injury and, if so, the type of child restraint system being used; and
      - j. If the patient's injury resulted from a motor vehicle crash, a code describing the status of airbag deployment;
    4. Information about the patient's arrival at the health care institution:
      - a. A code identifying the mode of transportation by which the patient arrived at the health care institution; and
  - b. A code indicating whether the patient's record will be submitted to the Department as required in R9-25-1308(C)(2);
  - c. The unique number assigned by the health care institution for the episode of care;
  - d. The date the patient arrived at the health care institution for the episode of care;
  - e. For the episode of care, a code indicating whether the patient:
    - i. Was directly admitted to the health care institution,
    - ii. Was admitted to the health care institution through the emergency department,
    - iii. Was seen in the emergency department then transferred to another health care institution by an ambulance service or emergency medical services provider,
    - iv. Was seen in the emergency department and discharged, or
    - v. Died in the emergency department or was dead on arrival;
  - f. The patient's first name, middle initial, and last name;
  - g. The patient's Social Security Number;
  - h. The patient's date of birth and age;
  - i. Codes indicating the patient's gender, race, and ethnicity;
  - j. The zip code of the patient's residence or, if applicable, an indication of why no zip code was reported; and

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- b. If applicable:
  - i. The ambulance service or emergency medical services provider that transported the patient to the health care institution;
  - ii. The unique identifier given by the ambulance service or emergency medical services provider to the incident during which the patient received EMS;
  - iii. The date the ambulance service or emergency medical services provider transported the patient to the trauma center; and
  - iv. If the patient was transferred from another health care institution, the name of the other health care institution;
- 5. Information about the health care institution's assessment or treatment of the patient in the emergency department:
  - a. A code indicating which of the criteria in R9-25-1308(C)(1) the patient met;
  - b. A code indicating whether an ambulance service or emergency medical services provider transported the patient to the health care institution and, if so, the criteria used by the transporting ambulance service or emergency medical services provider for transporting the patient to the health care institution;
  - c. The date and time the patient arrived at the emergency department of the health care institution for the episode of care;
  - d. The date and time the patient died or left the emergency department of the health care institution for the episode of care;
  - e. The length of time in hours and in minutes that the patient remained in the emergency department of the health care institution during the episode of care;
  - f. If trauma team activation occurred, the time when the last trauma team personnel member arrived at their assigned location in the health care institution;
  - g. Whether the patient showed signs of life when the patient arrived at the health care institution;
  - h. The values of the following for the patient at the time of their first assessment at the health care institution:
    - i. Pulse rate;
    - ii. Respiratory rate;
    - iii. Oxygen saturation;
    - iv. Systolic blood pressure; and
    - v. Temperature, including the units of temperature and the route used to measure the patient's temperature;
  - i. A code indicating whether the patient was receiving respiratory assistance at the time the patient's respiratory rate was assessed;
  - j. A code indicating whether the patient was receiving supplemental oxygen at the time the patient's oxygen saturation was assessed;
  - k. Codes indicating the Glasgow Coma Score for:
    - i. Eye opening,
    - ii. Verbal response to stimulus, and
    - iii. Motor response to stimulus;
  - l. The patient's total Glasgow Coma Score;
  - m. Whether the patient was intubated at the time of the patient's assessments in subsections (A)(5)(h)(ii), (k)(ii), and (l);
  - n. A code indicating whether a paralytic agent or sedative had been administered to the patient at the time the patient's Glasgow Coma Score was measured;
  - o. A code indicating another factor that may have affected the patient's Glasgow Coma Score;
  - p. A revised trauma score for the patient, auto-calculated based on the patient's systolic blood pressure, respiratory rate, and Glasgow Coma Score;
  - q. A code indicating the status of alcohol use by the patient and, if applicable, the blood alcohol concentration in the patient's blood;
  - r. A code indicating the status of drug use by the patient and, if applicable, the code for each drug class detected in the patient's blood;
  - s. A code indicating the disposition of the patient at the time the patient was discharged from the emergency department; and
  - t. If the patient was transferred to another health care institution upon discharge from the emergency department:
    - i. The name of the health care institution to which the patient was transferred;
    - ii. The name of the ambulance service or emergency medical services provider providing the interfacility transport;
    - iii. A code indicating the reason for transfer; and
    - iv. If there was a delay in transferring the patient to another health care institution, a code indicating the reason for the delay;
- 6. Information about the patient's discharge from the health care institution:
  - a. The date and time the patient was discharged from the health care institution;
  - b. The length of time the patient remained as an inpatient, as defined in A.A.C. R9-10-201, in the health care institution;
  - c. The length of time the patient remained in the health care institution's intensive care unit;
  - d. A code indicating whether the patient was alive or dead at the time of discharge from the health care institution;
  - e. The ICD-code for each injury identified in the patient, including an indication of whether the ICD-code is for:
    - i. The principle diagnosis, the reason believed by the health care institution to be chiefly responsible for the patient's need for the episode of care; or
    - ii. A secondary diagnosis, another reason believed by the health care institution to have contributed to the patient's need for the episode of care;
  - f. The patient's Injury Severity Score;
  - g. A code indicating the disposition of the patient at the time the patient was discharged from the health care institution;
  - h. Whether a report of suspected physical abuse was reported to law enforcement or as required by A.R.S. § 13-3620 or 46-454, if applicable, and, if so:
    - i. Whether an investigation into the suspected physical abuse was initiated by an entity to which the suspected physical abuse was reported; and
    - ii. If the patient is a child, whether the patient was discharged in the care of a person other than the person responsible for the care of the patient at the time the patient arrived at the health care institution; and

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- i. If the patient was transferred to a hospital upon discharge from the health care institution:
      - i. The name of the hospital to which the patient was transferred;
      - ii. The name of the ambulance service or emergency medical services provider providing the interfacility transport; and
      - iii. A code indicating the reason for transfer; and
  7. Financial information about the episode of care:
    - a. A code for the primary source of payment for the episode of care;
    - b. A code for a secondary source of payment for the episode of care, if applicable;
    - c. The total amount of charges for the episode of care; and
    - d. The total amount collected by the health care institution for the episode of care.
- B. In addition to the information required in subsection (A), a trauma registry established according to R9-25-1308(B)(1) by a Level I trauma center, Level I Pediatric trauma center, Level II trauma center, Level II Pediatric trauma center, or Level III trauma center includes the following in the record of a patient's episode of care, as defined in A.A.C. R9-11-101, for each patient meeting the criteria in R9-25-1308(C)(1):
  1. Demographic information about the patient:
    - a. The country of the patient's residence;
    - b. The country where the patient was found or from which an ambulance service or emergency medical services provider transported the patient; and
    - c. Any pre-existing medical conditions diagnosed for the patient, unrelated to the reason for the episode of care;
  2. Information about the occurrence of the patient's injury:
    - a. Whether the time specified according to subsection (A)(3)(a) is the actual time of occurrence or an estimate;
    - b. The street address of the location where the injury occurred or, if the location at which the injury occurred does not have a street address, another indicator of the location at which the injury occurred;
    - c. Any additional ICD-code describing the mechanism or cause of the patient's injury resulting in the episode of care and the manner or intent through which the injury occurred;
    - d. The ICD-code indicating the activity the patient was engaged in that resulted in the patient's injury;
    - e. If the patient's injury resulted from a crash involving a means of transportation, including a motor vehicle, other motorized means of transportation, watercraft, bicycle, or aircraft, a code describing the type of vehicle in use at the time of the injury and the patient's location in the vehicle;
    - f. A description of any issues related to a protective device or safety equipment in use at the time of the patient's injury; and
    - g. Whether the patient's injury occurred during the patient's paid employment and, if so, a code indicating:
      - i. The type of occupation associated with the patient's employment; and
      - ii. The patient's occupation;
  3. A code indicating whether EMS was provided to the patient and, if applicable, the type of transport provided to the patient;
  4. If EMS was provided to the patient, whether a prehospital incident history report was provided to the trauma center and, if so:
    - a. The date on the prehospital incident history report;
    - b. The identifying number on the prehospital incident history report assigned by the ambulance service or emergency medical services provider;
    - c. The date and time the ambulance service or emergency medical services provider was dispatched, as defined in R9-25-901, to the scene;
    - d. The date and time the ambulance service or emergency medical services provider responded to the dispatch;
    - e. The date and time the ambulance service or emergency medical services provider arrived at the scene;
    - f. The date and time the ambulance service or emergency medical services provider established contact with the patient;
    - g. The date and time the ambulance service or emergency medical services provider left the scene;
    - h. The date and time the ambulance service or emergency medical services provider arrived at the health care institution that was the transport destination;
    - i. The date and time the patient's pulse, respiration, oxygen saturation, and systolic blood pressure were first measured;
    - j. At the date and time the patient's pulse, respiration, oxygen saturation, and systolic blood pressure were first measured, the patient's:
      - i. Pulse rate,
      - ii. Respiratory rate,
      - iii. Oxygen saturation, and
      - iv. Systolic blood pressure;
    - k. Whether the patient was intubated at the date and time the patient's pulse, respiration, and oxygen saturation were first measured;
    - l. Codes indicating the Glasgow Coma Score for:
      - i. Eye opening,
      - ii. Verbal response to stimulus, and
      - iii. Motor response to stimulus;
    - m. The patient's total Glasgow Coma Score;
    - n. A code indicating whether a paralytic agent or sedative had been administered to the patient at the date and time the patient's Glasgow Coma Score was measured;
    - o. A revised trauma score for the patient, auto-calculated based on the patient's systolic blood pressure, respiratory rate, and Glasgow Coma Score;
    - p. Codes indicating all airway management procedures performed on the patient by an ambulance service or emergency medical services provider before the patient's arrival at the first health care institution; and
    - q. Whether the patient experienced cardiac arrest subsequent to the injury before the patient's arrival at the first health care institution;
  5. The amount of time that elapsed from the date and time the ambulance service or emergency medical services provider:
    - a. Was dispatched and the date and time the ambulance service or emergency medical services provider arrived at the scene,
    - b. Arrived at the scene and the date and time the ambulance service or emergency medical services provider left the scene,

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- c. Left the scene and the date and time the ambulance service or emergency medical services provider arrived at the transport destination, and
- d. Was dispatched and the date and time the ambulance service or emergency medical services provider arrived at the transport destination;
- 6. Whether the patient arrived at the trauma center for treatment of the injury resulting in the episode of care through an interfacility transport;
- 7. If the patient arrived at the trauma center through an interfacility transport, the following information about the health care institution at which the patient was seen immediately before arriving at the trauma center:
  - a. The name of the health care institution;
  - b. The date and time the patient arrived at the health care institution in subsection (B)(7)(a); and
  - c. The date and time the patient left the health care institution in subsection (B)(7)(a);
- 8. If the patient arrived at the health care institution in subsection (B)(7)(a) through an interfacility transport, the information in subsections (B)(7)(a) through (c) about each health care institution at which the patient was seen for the injury resulting in the episode of care before arriving at the health care institution in subsection (B)(7)(a);
- 9. If the patient arrived at the trauma center through an interfacility transport, for each health care institution at which the patient was seen for the injury resulting in the episode of care before arriving at the trauma center, information for the first instance of assessing the patient's:
  - a. Respiratory rate,
  - b. Systolic blood pressure,
  - c. The patient's total Glasgow Coma Score, and
  - d. Revised trauma score; and
- 10. Information about the patient's episode of care at the trauma center and the patient's discharge from the trauma center:
  - a. The patient's height and weight when the patient arrived at the trauma center;
  - b. The number of days the patient spent on a mechanical ventilator;
  - c. If applicable, the identification number assigned by a medical examiner or alternate medical examiner, as defined in A.R.S. § 11-591, to the documentation of the patient's autopsy;
  - d. The total length of time the patient remained at the trauma center before discharge;
  - e. For each ICD-code identified according to subsection (A)(6)(e), a code that reflects the severity of the injury to which the ICD-code refers;
  - f. For each ICD-code identified according to subsection (A)(6)(e) that does not include an indication of the part of the patient's body that was injured, a code supplementing the ICD-code that indicates the part of the body that was injured;
  - g. For each procedure performed on the patient:
    - i. The ICD-code for the procedure,
    - ii. The health care institution at which the procedure was performed,
    - iii. A code indicating the organized service unit within the health care institution in which the procedure was performed, and
    - iv. The date and time the procedure was begun;
  - h. Any complications experienced by the patient while the patient remained at the trauma center;
  - i. The Abbreviated Injury Scale code indicating the severity of each of the patient's injuries;
  - j. The Abbreviated Injury Scale code indicating the body region affected by each of the patient's injuries;
  - k. If the trauma center is designated as a Level I trauma center or Level I Pediatric trauma center, the six-digit Abbreviated Injury Scale code and the software version used to calculate the six-digit Abbreviated Injury Scale code; and
  - l. The patient's probability of survival.

**Historical Note**

New Section made by final rulemaking 11 A.A.R. 4363, effective October 6, 2005 (Supp. 05-4). Section R9-25-1309 renumbered to R9-25-1305; new Section R9-25-1309 made by final rulemaking at 23 A.A.R. 2656, effective January 1, 2018 (Supp. 17-3).

**R9-25-1310. Trauma Registry Data Quality Assurance (Authorized by A.R.S. §§ 36-2202(A)(4), 36-2208(A), 36-2209(A)(2), 36-2220(A), 36-2221, and 36-2225(A)(5) and (6))**

- A. To ensure the completeness and accuracy of trauma registry reporting, a health care institution submitting trauma registry information to the Department shall allow the Department to review the following, upon prior notice from the Department of at least five business days:
  - 1. The health care institution's trauma registry or other database containing trauma registry information;
  - 2. Patient medical records; and
  - 3. Any record, other than those specified in subsections (A)(1) and (2), that may contain information about diagnostic evaluation or treatment provided to a patient receiving trauma care.
- B. Upon prior notice from the Department of at least five business days, a health care institution submitting trauma registry information to the Department shall provide the Department with all patient medical records for a time period specified by the Department, to allow the Department to determine the accuracy and completeness of the information submitted to the trauma registry for patients receiving trauma care during the period.
- C. For purposes of subsection (B), the Department considers a health care institution to be in compliance with R9-25-1308(C)(2) if the health care institution submitted to the Department trauma registry information for 97% of the patients receiving trauma care during the period.
- D. If trauma registry information submitted to the Department by a health care institution according to R9-25-1308(C)(2) and (3) is not in compliance with requirements in R9-25-1308 or R9-25-1309, the Department shall:
  - 1. Notify the health care institution that the trauma registry information submitted to the Department is not in compliance with requirements in R9-25-1308 or R9-25-1309, and
  - 2. Identify the revisions or actions that are needed to bring the data into compliance with R9-25-1308 and R9-25-1309.
- E. A health care institution that has trauma registry information returned, as provided in subsection (D), shall:
  - 1. Revise the trauma registry information as identified by the Department, and
  - 2. Submit the revised data to the Department within 15 business days after the date the Department notified the health care institution according to subsection (D)(1) or within a longer period agreed upon between the Department and the health care institution.
- F. Within 15 business days after receiving a written request from the Department that includes a simulated patient medical

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record, a health care institution submitting trauma registry information to the Department shall prepare and submit to the Department the information required in R9-25-1309, applicable to the Level of health care institution, for the patient described in the simulated patient medical record.

**Historical Note**

New Section made by final rulemaking 11 A.A.R. 4363, effective October 6, 2005 (Supp. 05-4). Section R9-25-1310 repealed; new Section R9-25-1310 renumbered from R9-25-1406 and amended by final rulemaking at 23 A.A.R. 2656, effective January 1, 2018 (Supp. 17-3).

**R9-25-1311. Repealed****Historical Note**

New Section made by final rulemaking 11 A.A.R. 4363, effective October 6, 2005 (Supp. 05-4). Section R9-25-1311 repealed by final rulemaking at 23 A.A.R. 2656, effective January 1, 2018 (Supp. 17-3).

**R9-25-1312. Renumbered****Historical Note**

New Section made by final rulemaking 11 A.A.R. 4363, effective October 6, 2005 (Supp. 05-4). Section R9-25-1312 renumbered to R9-25-1307 by final rulemaking at 23 A.A.R. 2656, effective January 1, 2018 (Supp. 17-3).

**R9-25-1313. Renumbered****Historical Note**

New Section made by final rulemaking 11 A.A.R. 4363, effective October 6, 2005 (Supp. 05-4). Section R9-25-1313 renumbered to R9-25-1308 by final rulemaking at

23 A.A.R. 2656, effective January 1, 2018 (Supp. 17-3).

**R9-25-1314. Expired****Historical Note**

New Section made by final rulemaking 11 A.A.R. 4363, effective October 6, 2005 (Supp. 05-4). Section expired under A.R.S. 41-1056(E) at 18 A.A.R. 2153, effective June 30, 2012 (12-3).

**R9-25-1315. Repealed****Historical Note**

New Section made by final rulemaking 11 A.A.R. 4363, effective October 6, 2005 (Supp. 05-4). Section repealed by final rulemaking at 23 A.A.R. 2656, effective January 1, 2018 (Supp. 17-3).

**Table 1. Repealed****Historical Note**

New Table made by final rulemaking at 11 A.A.R. 4363, effective October 6, 2005 (Supp. 05-4). Table 1 Application Processing Time Periods repealed by final rulemaking at 23 A.A.R. 2656, effective January 1, 2018 (Supp. 17-3).

**Exhibit I. Repealed****Historical Note**

New Exhibit made by final rulemaking at 11 A.A.R. 4363, effective October 6, 2005 (Supp. 05-4). Exhibit 1 Arizona Trauma Center Standards repealed by final rulemaking at 23 A.A.R. 2656, effective January 1, 2018 (Supp. 17-3).

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**Table 13.1. Arizona Trauma Center Standards (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2225(A)(4))****Key:**

- E = Essential and required  
 I(P) = Level I Pediatric trauma center  
 II(P) = Level II Pediatric trauma center  
 ICU = Intensive care unit  
 In-house = On the premises of the health care institution  
 ISS = Injury severity score, the sum of the squares of the abbreviated injury scale scores of the three most severely injured body regions  
 Child life = A program of support to injured children and their families to reduce stress and anxiety by:  
 a. Explaining medical equipment and procedures to children in a non-threatening and age-appropriate manner,  
 b. Explaining a diagnosis to a child in an age-appropriate manner, and  
 c. Helping children and their families develop strategies to cope with the diagnosis and expected outcome

Trauma Facilities Criteria	Levels					
	I	I(P)	II	II(P)	III	IV
<b>A. Institutional Organization</b>						
1. Trauma service	E	E	E	E	E	-
2. Trauma program medical director	E	E	E	E	E	-
3. Trauma multidisciplinary peer review committee	E	E	E	E	E	-
<b>B. Hospital Departments/Divisions/Sections</b>						
1. Surgery	E	E	E	E	E	-
2. Neurosurgery	E	E	E	E	-	-
3. Orthopedic surgery	E	E	E	E	E	-
4. Emergency medicine	E	E	E	E	E	-
5. Pediatric emergency department area	-	E	-	E	-	-
6. Anesthesia	E	E	E	E	E	-
<b>C. Clinical Capabilities</b>						
1. Written on-call schedule for each component of the trauma service if a team member is not in-house	E	E	E	E	E	E
2. Physician specialist available 24 hours/day						
a. General surgeon	E	E	E	E	E	-
i. Published back-up schedule	E	E	E	E	-	-
ii. Dedicated to single hospital when on-call	E	E	E	E	-	-
iii. Surgeon credentialed for pediatric trauma care	-	E	-	E	-	-
b. Emergency medicine physician	E	E	E	E	E	-
c. Pediatric emergency medicine physician	-	E	-	-	-	-
3. Specialist on-call and available 24 hours/day						
a. Orthopedic surgeon	E	E	E	E	E	-
b. Pediatric-credentialed orthopedic surgeon	-	E	-	E	-	-
c. Neurosurgeon	E	E	E	E	-	-
d. Pediatric-credentialed neurosurgeon	-	E	-	E	-	-
e. Critical care medicine physician	E	E	E	E	-	-
f. Pediatric-credentialed critical care medicine physician	-	E	-	E	-	-
g. Radiologist	E	E	E	E	E	
h. Hand surgeon	E	E	E	E	-	-
i. Ophthalmic surgeon	E	E	E	E	-	-
j. Plastic surgeon	E	E	E	E	-	-
k. Thoracic surgeon	E	E	E	E	-	-
l. Cardiac surgeon	E	E	-	-	-	-
m. Obstetrics/gynecologic surgeon	E	E	-	-	-	-
n. Oral/maxillofacial surgeon (plastic surgeon, otolaryngologist, or oral/maxillofacial surgeon)	E	E	E	E	-	-

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Table 13.1 Continued, Arizona Trauma Center Standards (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2225(A)(4))

Trauma Facilities Criteria	Levels					
	I	I(P)	II	II(P)	III	IV
n. Oral/maxillofacial surgeon (plastic surgeon, otolaryngologist, or oral/maxillofacial surgeon)	E	E	E	E	-	-
4. Qualified anesthesia personnel member on-call and available 24 hours/day						
a. Physician or certified nurse anesthetist	E	E	E	E	E	-
b. Physician or certified nurse anesthetist with a pediatric credential	-	E	-	E	-	-
5. Volume performance standards:						
a. 1200 trauma admissions per year,	E	-	-	-	-	-
b. 240 admissions with ISS > 15 per year, or						
c. Average of 35 patients with ISS > 15 for each trauma team surgeon per year						
d. 200 trauma admissions < 15 years of age per year,	-	E	-	-	-	-
<b>D. Facilities/Resources/Capabilities</b>						
1. Emergency department						
a. Designated physician director	E	E	E	E	E	-
b. Personnel members with pediatric-specific trauma-related training	-	E	-	E	-	-
c. Resuscitation equipment for patients of all sizes						
i. Airway control and ventilation equipment	E	E	E	E	E	E
ii. Pulse oximetry	E	E	E	E	E	E
iii. Suction devices	E	E	E	E	E	E
iv. Electrocardiograph-oscilloscope-defibrillator	E	E	E	E	E	E
v. Color-coded, length-based tool to assist with medication dosing and equipment selection for children	E	E	E	E	E	E
vi. Central venous pressure monitoring equipment	E	E	E	E	E	-
vii. Standard intravenous fluids and administration sets	E	E	E	E	E	E
viii. Large-bore intravenous catheters	E	E	E	E	E	E
ix. Sterile surgical sets for:						
(1) Airway control/cricothyrotomy	E	E	E	E	E	E
(2) Thoracostomy	E	E	E	E	E	E
(3) Central line insertion	E	E	E	E	E	-
(4) Thoracotomy	E	E	E	E	E	-
x. Arterial catheters	E	E	E	E	-	-
xi. X-ray availability 24 hours/day	E	E	E	E	E	-
xii. Thermal control equipment						
(1) For patient	E	E	E	E	E	E
(2) For fluids and blood	E	E	E	E	E	E
xiii. Rapid infusion system/capability	E	E	E	E	E	E
xiv. Qualitative end-tidal CO2 monitoring	E	E	E	E	E	E
d. Communication with EMS personnel	E	E	E	E	E	E
e. Capability to resuscitate, stabilize, and transfer pediatric patients	E	E	E	E	E	E
2. Operating room						
a. Immediately available 24 hours/day	E	E	E	E	-	-
b. Size-specific equipment						
i. Cardiopulmonary bypass	E	E	-	-	-	-
ii. Operating microscope	E	E	-	-	-	-
c. Thermal control equipment						
i. For patient	E	E	E	E	E	E
ii. For fluids and blood	E	E	E	E	E	E
d. X-ray capability including C-arm image intensifier	E	E	E	E	E	-



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Table 13.1 Continued, Arizona Trauma Center Standards (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2225(A)(4))

Trauma Facilities Criteria	Levels					
	I	I(P)	II	II(P)	III	IV
e. Endoscopes, bronchoscope	E	E	E	E	E	-
g. Craniotomy instruments	E	E	E	E	-	-
h. Equipment for long bone and pelvic fixation	E	E	E	E	E	-
i. Rapid infusion system/capability	E	E	E	E	E	E
3. Postanesthesia recovery room or surgical ICU						
a. Registered nurses available 24 hours/day	E	E	E	E	E	E
b. Equipment for monitoring and resuscitation	E	E	E	E	E	E
c. Intracranial pressure monitoring equipment	E	E	E	E	-	-
d. Pulse oximetry	E	E	E	E	E	E
e. Thermal control equipment						
i. For patient	E	E	E	E	E	E
ii. For fluids and blood	E	E	E	E	E	E
4. ICU or critical care unit for injured patients						
a. Pediatric ICU	-	E	-	E	-	-
b. Registered nurses with trauma-related training	E	E	E	E	E	-
c. Registered nurses with pediatric-specific trauma-related training	-	E	-	E	-	-
d. Designated surgical director or surgical co-director	E	E	E	E	E	-
e. Physician (fourth year of residency training or higher) assigned to surgical ICU service and in-house 24 hours/day	E	E	-	-	-	-
f. Physician (fourth year of residency training or higher) with a pediatric credential assigned to surgical ICU service and in-house 24 hours/day	-	E	-	-	-	-
g. Surgically directed and staffed ICU service	E	E	E	E	-	-
h. Equipment for monitoring and resuscitation	E	E	E	E	E	-
i. Intracranial pressure monitoring equipment	E	E	E	E	-	-
5. Respiratory therapy services (Available 24 hours/day)						
a. Available in-house	E	E	E	E	-	-
b. On-call and available within 45 minutes after notification	-	-	-	-	E	-
6. Radiological services (Available 24 hours/day)						
a. In-house radiology technologist	E	E	E	E	-E	-
b. Radiology technologist on-call and available within 45 minutes after notification	-	-	-	-	-	E
c. Resuscitation equipment for patients of all sizes, as specified in subsection (D)(1)(c)(i) to (v)	E	E	E	E	E	E
d. Angiography	E	E	E	E	-	-
e. Sonography	E	E	E	E	E	-
f. Computed tomography (CT)	E	E	E	E	E	-
i. In-house CT technician	E	E	E	E	-	-
ii. CT technician on-call and available within 45 minutes after notification	-	-	-	-	E	-
f. Magnetic resonance imaging	E	E	E	E	-	-
7. Clinical laboratory service (Available 24 hours/day)						
a. Standard analyses of blood, urine, and other body fluids	E	E	E	E	E	E
b. Blood typing and cross-matching	E	E	E	E	E	-
c. Coagulation studies	E	E	E	E	E	E
d. Comprehensive blood bank or access to a community central blood bank and adequate storage facilities	E	E	E	E	E	-
e. Blood gases and pH determinations	E	E	E	E	E	E
f. Microbiology	E	E	E	E	E	-
8. Child maltreatment assessment capability	E	E	E	E	E	E

## CHAPTER 25. DEPARTMENT OF HEALTH SERVICES - EMERGENCY MEDICAL SERVICES

Table 13.1 Continued, Arizona Trauma Center Standards (A.R.S. §§ 36-2202(A)(4), 36-2209(A)(2), and 36-2225(A)(4))

Trauma Facilities Criteria	Levels					
	I	I(P)	II	II(P)	III	IV
<b>E. Rehabilitation Services Specific to the Patient Population</b>						
1. Physical therapy	E	E	E	E	E	-
2. Occupational therapy	E	E	E	E	-	-
3. Speech therapy	E	E	E	E	-	-
<b>F. Social Services Specific to the Patient Population</b>						
1. Social services	E	E	E	E	E	-
2. Child life program	-	E	-	E	-	-
<b>G. Performance Improvement</b>						
1. Multidisciplinary peer review committee	E	E	E	E	E	-
2. Performance improvement personnel dedicated to the trauma service	E	E	E	E	-	-

**Historical Note**

Table 13.1, Arizona Trauma Center Standards, made by final rulemaking at 23 A.A.R. 2656, effective January 1, 2018 (Supp. 17-3).

**ARTICLE 14. REPEALED****R9-25-1401. Repealed****Historical Note**

New Section made by final rulemaking at 13 A.A.R. 4301, effective January 12, 2008 (Supp. 07-4). Section repealed by final rulemaking at 23 A.A.R. 2656, effective January 1, 2018 (Supp. 17-3).

**R9-25-1402. Repealed****Historical Note**

New Section made by final rulemaking at 13 A.A.R. 4301, effective January 12, 2008 (Supp. 07-4). Section repealed by final rulemaking at 23 A.A.R. 2656, effective January 1, 2018 (Supp. 17-3).

**Table 1. Repealed****Historical Note**

New Table 1 made by final rulemaking at 13 A.A.R. 4301, effective January 12, 2008 (Supp. 07-4). Table 1 Trauma Registry Data Set, repealed by final rulemaking at 23 A.A.R. 2656, effective January 1, 2018 (Supp. 17-3).

**R9-25-1403. Repealed****Historical Note**

New Section made by final rulemaking at 13 A.A.R.

4301, effective January 12, 2008 (Supp. 07-4). Section repealed by final rulemaking at 23 A.A.R. 2656, effective January 1, 2018 (Supp. 17-3).

**R9-25-1404. Expired****Historical Note**

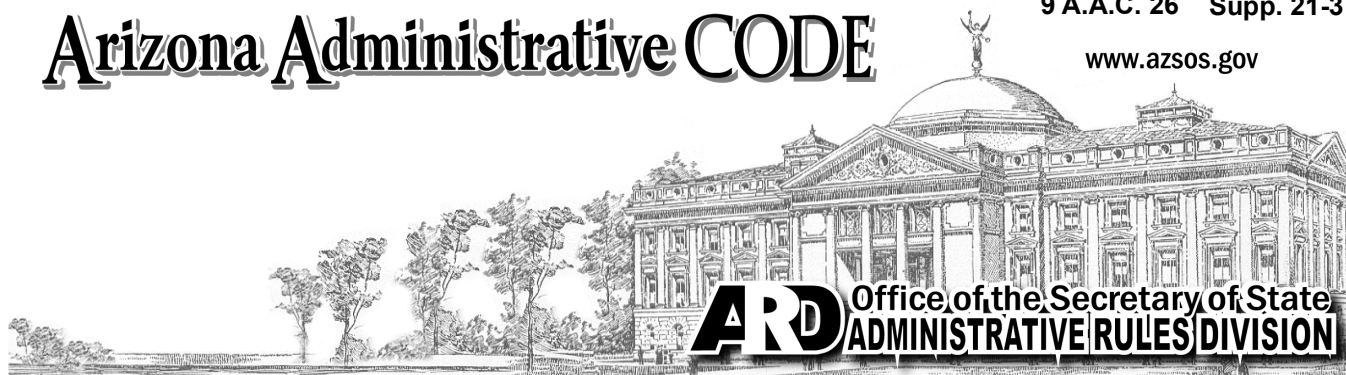
New Section made by final rulemaking at 13 A.A.R. 4301, effective January 12, 2008 (Supp. 07-4). Section expired under A.R.S. 41-1056(E) at 18 A.A.R. 2153, effective June 30, 2012 (12-3).

**R9-25-1405. Repealed****Historical Note**

New Section made by final rulemaking at 13 A.A.R. 4301, effective January 12, 2008 (Supp. 07-4). Section heading corrected at request of the Department, Office File No. M12-82, filed March 5, 2012 (Supp. 11-4). Section repealed by final rulemaking at 23 A.A.R. 2656, effective January 1, 2018 (Supp. 17-3).

**R9-25-1406. Renumbered****Historical Note**

New Section made by final rulemaking at 13 A.A.R. 4301, effective January 12, 2008 (Supp. 07-4). Section R9-25-1406 renumbered to R9-25-1310, effective January 1, 2018 (Supp. 17-3).



## TITLE 9. HEALTH SERVICES

### CHAPTER 26. COMMISSION FOR THE DEAF AND THE HARD OF HEARING

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

This Chapter contains rules that were filed to be codified in the *Arizona Administrative Code* between the dates of  
July 1, 2021 through September 30, 2021

[R9-26-501.](#)   [Definitions ..... 5](#)   [R9-26-507.](#)   [License Renewal ..... 9](#)

#### Questions about these rules? Contact:

Commission: Commission for the Deaf and the Hard of Hearing  
Address: 100 N. 15th Ave., Suite 104  
Phoenix, AZ 85007  
Website: <https://www.acdhh.org>  
Name: Carmen Green Smith, Deputy Director  
Telephone: (602) 542-3362  
E-mail: [C.green@acdhh.az.gov](mailto:C.green@acdhh.az.gov)

#### The release of this Chapter in Supp. 21-3 replaces Supp. 21-1, 1-15 pages

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

## PREFACE

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

Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

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### RULES

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

### THE ADMINISTRATIVE CODE

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

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

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

First Quarter: January 1 - March 31  
Second Quarter: April 1 - June 30  
Third Quarter: July 1 - September 30  
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2021 is cited as Supp. 21-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. This is why the Office lists only updated codified Sections on the previous page.

### AUTHENTICATION OF PDF CODE CHAPTERS

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

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

### HOW TO USE THE CODE

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

### ARIZONA REVISED STATUTE REFERENCES

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

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

### SESSION LAW REFERENCES

Arizona Session Law references in a Chapter can be found at the Secretary of State’s website, [www.azsos.gov](http://www.azsos.gov) under Services-> Legislative Filings.

### EXEMPTIONS FROM THE APA

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

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

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

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

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

### EXEMPTIONS AND PAPER COLOR

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

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



## Administrative Rules Division

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

**TITLE 9. HEALTH SERVICES****CHAPTER 26. COMMISSION FOR THE DEAF AND THE HARD OF HEARING**

Authority: A.R.S. §§ 36-1946 and 36-1947 et seq.

**Supp. 21-3****CHAPTER TABLE OF CONTENTS****ARTICLE 1. REPEALED**

*Article 1, consisting of Section R9-26-101, repealed effective August 15, 2016 (Supp. 16-2)*

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(Authority: A.R.S. § 36-1946(A))

*Editor's Note: The emergency rulemakings amending R9-26-501 and R9-26-507 at 27 A.A.R. 549 were due to expire on September 27, 2021. The Commission amended these Sections by final rulemaking before the expiration of the emergency. These Sections became effective August 4, 2021, at 27 A.A.R. 1257 (Supp. 21-3).*

*Article 5, consisting of Sections R9-26-501 through R9-26-511, adopted effective April 4, 1997 (Supp. 97-2).*

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## CHAPTER 26. COMMISSION FOR THE DEAF AND THE HARD OF HEARING

**ARTICLE 1. REPEALED****R9-26-101. Renumbered****Historical Note**

Adopted effective May 12, 1986 (Supp. 86-3). Amended by final rulemaking at 6 A.A.R. 3827, effective September 15, 2000 (Supp. 00-3). Amended by final rulemaking at 8 A.A.R. 4292, effective November 18, 2002 (Supp. 02-3). Section R9-26-101 renumbered to Section R9-26-201 by final rulemaking at 22 A.A.R. 1675, effective August 15, 2016 (Supp. 16-2).

**ARTICLE 2. TELECOMMUNICATIONS EQUIPMENT DISTRIBUTION PROGRAM****R9-26-201. Definitions**

In addition to the definitions listed in A.R.S. § 36-1941, the following terms apply to this Article and A.R.S. § 36-1947:

“Applicant” means a person who applies to the Commission for telecommunications equipment.

“Audiologist” means a person who is licensed under A.R.S. § 36-1940 by the Arizona Department of Health Services.

“Deafblind” means a person who is either deaf or hard of hearing and:

Has a central visual acuity of 20/200 or less in the better eye with corrective lenses, or

Has a field defect where the peripheral diameter of the visual field subtends an angular distance no greater than 20 degrees, or

Has a progressive visual loss with a prognosis of one or both of the conditions stated in the two preceding subsections.

“Director” means the Executive Director of the Arizona Commission for the Deaf and Hard of Hearing.

“Hearing aid dispenser” has the same meaning as in A.R.S. § 36-1901.

“Hearing or speech-related disability” means a disability that prevents a person from hearing or articulating speech audibly or clearly, including deafness.

“Program” means the Telecommunications Equipment Distribution Program.

“Recipient” means a person who receives telecommunications equipment through the Program.

“Severely hearing or speech impaired” under A.R.S. § 36-1947(A) means a hearing or speech-related disability.

“Supplier” means a person that sells telecommunications equipment.

“Telecommunications equipment” means equipment that allows a person with a hearing or speech-related disability to access the telephone network.

“Vocational rehabilitation counselor” means a Department of Economic Security employee who has a Master’s degree in rehabilitation counseling from a university accredited by the National Council on Rehabilitation Education and who is certified by the Commission on Rehabilitation Counseling.

“Voucher” means the Commission’s authorization of payment for telecommunications equipment.

**Historical Note**

Adopted effective May 12, 1986 (Supp. 86-3). Section

repealed; new Section adopted by final rulemaking at 6 A.A.R. 3827, effective September 15, 2000 (Supp. 00-3). Section repealed; new Section made by final rulemaking at 8 A.A.R. 4292, effective November 18, 2002 (Supp. 02-3). Section R9-26-201 renumbered to R9-26-202; new Section R9-26-201 renumbered from R9-26-101 and amended by final rulemaking at 22 A.A.R. 1675, effective August 15, 2016 (Supp. 16-2).

**R9-26-202. Eligibility**

To be eligible for telecommunications equipment through the Program, a person shall:

1. Reside in Arizona;
2. Be a citizen of the U.S. or an alien whose presence in the U.S. is authorized under federal law;
3. Have a need for telecommunications equipment available through the Program due to a hearing or speech-related disability, as certified by an authorized person described in R9-26-203;
4. Have access to a telephone line;
5. Not have used a voucher to purchase telecommunications equipment within five years before the date of application under R9-26-203 unless the individual’s disability status has changed during that time; and,
6. Have returned to the Commission all telecommunications equipment that was distributed to the person by the Commission before June 30, 2002.

**Historical Note**

Adopted effective May 12, 1986 (Supp. 86-3). Section repealed; new Section R9-26-202 renumbered from R9-26-301 and amended by final rulemaking at 6 A.A.R. 3827, effective September 15, 2000 (Supp. 00-3). Section repealed; new Section made by final rulemaking at 8 A.A.R. 4292, effective November 18, 2002 (Supp. 02-3). Section R9-26-202 renumbered to R9-26-203; new Section R9-26-202 renumbered from R9-26-201 and amended by final rulemaking at 22 A.A.R. 1675, effective August 15, 2016 (Supp. 16-2).

**R9-26-203. Application Process**

To apply for telecommunications equipment under the Program, an eligible person shall:

1. Request an application for participation in the Program from the Commission; and
2. Complete and return the application to the Commission with:
  - a. Certification from an authorized person described under R9-26-204 that the applicant has a hearing or speech-related disability and needs the telecommunications equipment requested on the application; and
  - b. As required under A.R.S. § 41-1080(A), the specified documentation of citizenship or alien status indicating the applicant’s presence in the U.S. is authorized under federal law.

**Historical Note**

Adopted effective May 12, 1986 (Supp. 86-3). Section repealed; new Section R9-26-203 renumbered from R9-26-304 and amended by final rulemaking at 6 A.A.R. 3827, effective September 15, 2000 (Supp. 00-3). Section repealed; new Section made by final rulemaking at 8 A.A.R. 4292, effective November 18, 2002 (Supp. 02-3). Section R9-26-203 renumbered to R9-26-204; new Section R9-26-203 renumbered from R9-26-202 and amended by final rulemaking at 22 A.A.R. 1675, effective August 15, 2016 (Supp. 16-2).

## CHAPTER 26. COMMISSION FOR THE DEAF AND THE HARD OF HEARING

tive August 15, 2016 (Supp. 16-2).

**R9-26-204. Persons Authorized to Certify Need for Telecommunications Equipment**

- A. The following licensed professionals may certify an applicant's hearing or speech-related disability and need for the requested telecommunications equipment:
1. A dispensing audiologist licensed in accordance with A.R.S. Title 36, Chapter 17;
  2. An audiologist licensed in accordance with A.R.S. Title 36, Chapter 17;
  3. A physician licensed in accordance with A.R.S. Title 32, Chapter 13 or 17;
  4. A physician assistant licensed in accordance with A.R.S. Title 32, Chapter 25;
  5. A nurse practitioner licensed in accordance with A.R.S. Title 32, Chapter 15;
  6. A speech-language pathologist licensed in accordance with A.R.S. Title 36, Chapter 17;
  7. A hearing aid dispenser licensed in accordance with A.R.S. Title 36, Chapter 17; or
  8. A vocational rehabilitation counselor.
- B. By certifying a hearing or speech-related disability and need for the requested telecommunications equipment, the certifier attests that the certifier:
1. Is authorized to certify under subsection (A);
  2. Has evaluated the applicant's hearing or speech-related disability to determine the applicant's need for the telecommunications equipment requested on the application; and
  3. Has determined that the applicant will benefit from the telecommunications equipment requested on the application.

**Historical Note**

Adopted effective May 12, 1986 (Supp. 86-3). Section repealed; new Section R9-26-204 renumbered from R9-26-305 and amended by final rulemaking at 6 A.A.R. 3827, effective September 15, 2000 (Supp. 00-3). Section repealed; new Section made by final rulemaking at 8 A.A.R. 4292, effective November 18, 2002 (Supp. 02-3). Section R9-26-204 renumbered to R9-26-205; new Section R9-26-204 renumbered from R9-26-203 and amended by final rulemaking at 22 A.A.R. 1675, effective August 15, 2016 (Supp. 16-2).

**R9-26-205. Vouchers**

- A. The Commission shall issue to an eligible applicant an individually numbered voucher for a specified dollar amount for the applicant to purchase telecommunications equipment for which the applicant has a certified need. The applicant shall use the voucher only to purchase the telecommunications equipment specified on the voucher.
- B. Vouchers are non-transferable and have no cash value.
- C. A voucher expires 90 days after its issuance date.
- D. If a voucher is lost or stolen, the applicant may apply for a replacement voucher by requesting, completing and returning to the Commission a replacement voucher form in which the applicant shall attest under penalty of perjury that:
1. The original voucher was stolen or lost; and
  2. If the original voucher is recovered, the applicant shall return the original voucher to the Commission within 30 days after the voucher is recovered.

**Historical Note**

Adopted effective May 12, 1986 (Supp. 86-3). Section renumbered to R9-26-302 by final rulemaking at 6 A.A.R. 3827, effective September 15, 2000 (Supp. 00-3).

New Section made by final rulemaking at 8 A.A.R. 4292, effective November 18, 2002 (Supp. 02-3). Section R9-26-205 renumbered to R9-26-206; new Section R9-26-205 renumbered from R9-26-204 and amended by final rulemaking at 22 A.A.R. 1675, effective August 15, 2016 (Supp. 16-2).

**R9-26-206. Redeeming a Voucher**

- A. To redeem a voucher for telecommunications equipment under the Program, a supplier shall submit to the Commission the voucher with a copy of a receipt, which is signed by the supplier and the recipient of the telecommunications equipment and which specifies the telecommunications equipment sold and its purchase price.
- B. The Commission shall verify the accuracy of information submitted on the receipt and the validity of the voucher.
- C. The Commission shall reimburse to the supplier the portion of the purchase price of the telecommunications equipment that does not exceed the amount printed on the voucher.
- D. The Commission shall not reimburse to the supplier an amount in excess of the amount printed on the voucher.
- E. If the amount printed on the voucher exceeds the purchase price of the telecommunications equipment, the supplier shall not refund the difference between the two amounts to the recipient of the telecommunications equipment in any form including money, equipment, or other goods and services.

**Historical Note**

Adopted effective May 12, 1986 (Supp. 86-3). Section renumbered to R9-26-301 by final rulemaking at 6 A.A.R. 3827, effective September 15, 2000 (Supp. 00-3). New Section made by final rulemaking at 8 A.A.R. 4292, effective November 18, 2002 (Supp. 02-3). Section R9-26-206 renumbered to R9-26-207; new Section R9-26-206 renumbered from R9-26-205 and amended by final rulemaking at 22 A.A.R. 1675, effective August 15, 2016 (Supp. 16-2).

**R9-26-207. Confidentiality**

- A. The Commission shall use the information provided by the Program's applicants or recipients in the course of the administration of the Program solely to administer the Program.
- B. The Commission shall not disclose the name of an applicant for or recipient of telecommunications equipment without a written request for disclosure. Even with a written request for disclosure, the Commission shall not disclose personal identifying or protected health information regarding an applicant or recipient.

**Historical Note**

Adopted effective May 12, 1986 (Supp. 86-3). Section repealed by final rulemaking at 6 A.A.R. 3827, effective September 15, 2000 (Supp. 00-3). New Section R9-26-207 renumbered from R9-26-206 by final rulemaking at 22 A.A.R. 1675, effective August 15, 2016 (Supp. 16-2).

**ARTICLE 3. ADMINISTRATIVE PROCEDURES****R9-26-301. Making a Complaint**

- A. A complaint may be filed by:
1. An individual for whom interpreting is provided,
  2. A person having a direct or professional interest in the incident specified in the complaint, or
  3. A person having reason to believe that interpreting was provided by an individual who is not licensed by the Commission and not exempt from licensure under A.R.S. § 36-1971(C).
- B. Complaint requirements. A complainant shall:

## CHAPTER 26. COMMISSION FOR THE DEAF AND THE HARD OF HEARING

1. Submit the complaint to the Commission in writing or by videotape. If a complaint is submitted by videotape, the Commission shall have the complaint interpreted and transcribed into English and forward the transcript to the complainant for review and approval;
  2. Submit the complaint to the Commission within 90 days of the alleged offense; and
  3. Specify in the complaint the name of the individual complained against, date and location of the alleged offense, and the action complained about.
- C. A complainant may withdraw a complaint at any time by providing notice to the Commission.

**Historical Note**

Adopted effective May 12, 1986 (Supp. 86-3). Section renumbered to R9-26-202; new Section R9-26-301 renumbered from R9-26-206 and amended by final rulemaking at 6 A.A.R. 3827, effective September 15, 2000 (Supp. 00-3). Section repealed; new Section renumbered from R9-26-512 and amended by final rulemaking at 22 A.A.R. 1675, effective August 15, 2016 (Supp. 16-2).

**R9-26-302. Hearing Procedures**

The Commission shall conduct all hearings in accordance with A.R.S. Title 41, Chapter 6, Article 10 and the rules established by the Office of Administrative Hearings.

**Historical Note**

Adopted effective May 12, 1986 (Supp. 86-3). Section repealed; new Section R9-26-302 renumbered from R9-26-205 and amended by final rulemaking at 6 A.A.R. 3827, effective September 15, 2000 (Supp. 00-3). Section repealed; new Section renumbered from R9-26-515 by final rulemaking at 22 A.A.R. 1675, effective August 15, 2016 (Supp. 16-2).

**R9-26-303. Rehearing or Review of Commission Decision**

- A. The Commission shall provide for a rehearing and review of its decisions under A.R.S. Title 41, Chapter 6, Article 10 and the rules established by the Office of Administrative Hearings.
- B. A party may amend a motion for rehearing or review at any time before the Commission rules on the motion.
- C. The Commission may grant a rehearing or review for any of the following reasons materially affecting a party's rights:
  1. Irregularity in the proceedings or an order or abuse of discretion that deprived the moving party of a fair hearing;
  2. Misconduct by the Commission, its staff, an administrative law judge, or the prevailing party;
  3. Accident or surprise that could not have been prevented by ordinary prudence;
  4. Newly discovered material evidence that could not, with reasonable diligence, have been discovered and produced at the hearing;
  5. Excessive penalty;
  6. Error in the admission or rejection of evidence or other errors of law occurring at the hearing or during the progress of the proceedings;
  7. The Commission's decision is the result of passion or prejudice; or
  8. The findings of fact or decision is not justified by the evidence or is contrary to law.
- D. The Commission may affirm or modify a decision or grant a rehearing to all or any of the parties on all or part of the issues for any of the reasons in subsection (C). The Commission shall specify the particular grounds for any order modifying a decision or granting a rehearing.

- E. When a motion for rehearing or review is based on affidavits, the affidavits shall be served with the motion. An opposing party may, within 15 days after service, serve opposing affidavits.
- F. No later than 15 days after the date of a decision, after giving parties notice and an opportunity to be heard, the Commission may grant a rehearing or review on its own initiative for any reason for which it might have granted relief on motion of a party. The Commission may grant a motion for rehearing or review, timely served, for a reason not stated in the motion.
- G. If a rehearing is granted, the Commission shall hold the rehearing within 60 days after the date on the order granting the rehearing.
- H. If the Commission makes a specific finding that a particular decision needs to be effective immediately to preserve the public peace, health, or safety and that a review or rehearing of the decision is impracticable, unnecessary, or contrary to the public interest, the Commission shall issue the decision as a final decision without an opportunity for rehearing or review.

**Historical Note**

Adopted effective May 12, 1986 (Supp. 86-3). Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 3827, effective September 15, 2000 (Supp. 00-3). Section repealed; new Section renumbered from R9-26-516 and amended by final rulemaking at 22 A.A.R. 1675, effective August 15, 2016 (Supp. 16-2).

**R9-26-304. Disciplinary Action**

After an opportunity for hearing and a Commission determination that a licensee violated A.R.S. Title 36, Chapter 17.1, or this Chapter, the Commission shall consider the following factors to determine the degree of discipline to impose under A.R.S. § 36-1976(A):

1. Prior conduct resulting in discipline;
2. Dishonest or self-serving motive;
3. Amount of experience as an interpreter;
4. Bad faith obstruction of the disciplinary proceeding by intentionally failing to comply with rules or orders of the Commission;
5. Submission of false evidence, false statements, or other deceptive practices during the investigative or disciplinary process;
6. Refusal to acknowledge wrongful nature of conduct;
7. Degree of harm resulting from the conduct; and
8. Whether harm resulting from the conduct was cured.

**Historical Note**

Adopted effective May 12, 1986 (Supp. 86-3). Section renumbered to R9-26-203 by final rulemaking at 6 A.A.R. 3827, effective September 15, 2000 (Supp. 00-3). New Section R9-26-304 renumbered from R9-26-517 and amended by final rulemaking at 22 A.A.R. 1675, effective August 15, 2016 (Supp. 16-2).

**R9-26-305. Renumbered****Historical Note**

Adopted effective May 12, 1986 (Supp. 86-3). Section renumbered to R9-26-204 by final rulemaking at 6 A.A.R. 3827, effective September 15, 2000 (Supp. 00-3).

**ARTICLE 4. EXPIRED****R9-26-401. Expired****Historical Note**

Adopted effective May 12, 1986 (Supp. 86-3). Amended by final rulemaking at 6 A.A.R. 3827, effective September 15, 2000 (Supp. 00-3). Section expired under A.R.S. § 41-1056(E) at 13 A.A.R. 4411, effective September 30,



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2007 (Supp. 07-4).

**R9-26-402. Expired****Historical Note**

Adopted effective May 12, 1986 (Supp. 86-3). Amended by final rulemaking at 6 A.A.R. 3827, effective September 15, 2000 (Supp. 00-3). Section expired under A.R.S. § 41-1056(E) at 13 A.A.R. 4411, effective September 30, 2007 (Supp. 07-4).

**R9-26-403. Repealed****Historical Note**

Adopted effective May 12, 1986 (Supp. 86-3). Section repealed by final rulemaking at 6 A.A.R. 3827, effective September 15, 2000 (Supp. 00-3).

**ARTICLE 5. INTERPRETER LICENSURE AND REGULATION****R9-26-501. Definitions**

In addition to the definitions in A.R.S. §§ 12-242 and 36-1941, in this Article, the following definitions apply unless otherwise specified:

“ACCI” means American Consortium of Certified Interpreters, an organization that certifies interpreters at one of three levels: ACCI Generalist, ACCI Advanced, or ACCI Master.

“Accredited” means approved by a regional or national accrediting agency recognized by the U.S. Department of Education.

“Applicant” means an individual seeking an original or renewal license from the Commission.

“Application” means the documents, forms, and additional information required by the Commission to be submitted by or on behalf of an applicant.

“BEI” means Board for Evaluation of Interpreters.

“CDI” means certified deaf interpreter, a certification issued by RID or BEI.

“CI” means certificate of interpretation, a certification issued by RID.

“CIC” means Court Interpreter Certification, a legal specialist certification issued by BEI.

“CLIP-R” means conditional legal interpreting permit-relay, a certification issued by RID to a deaf or hard-of-hearing interpreter or transliterator who works in a legal setting.

“Continuing education” means a workshop, seminar, lecture, conference, class, or other educational activity relevant to the practice of interpreting.

“CSC” means comprehensive skills certificate, a certification issued by RID.

“CT” means certificate of transliteration, a certification issued by RID.

“Deaf interpreter” means an individual who is deaf or hard of hearing and provides interpreting for deaf individuals with special language needs.

“EIPA” means educational interpreter performance assessment, a diagnostic tool that measures proficiency in interpreting for children or young adults in an educational setting.

“Generalist interpreter” means an individual who provides interpreting in any community setting, except a legal setting, for which the individual is qualified by education, examina-

tion, and work history. A generalist interpreter provides interpreting in a legal setting only if appointed by a judge under A.R.S. § 12-242.

“IC” means interpretation certificate, a certification issued by RID.

“Intermediary Level III or V” means a certification issued by BEI for interpreters who are deaf or hard of hearing.

“Interpreter” means an individual who provides interpreting between American Sign Language and English.

“Legal interpreter” means an individual who is qualified by education, examination, and work history to provide interpreting in a legal setting.

“Class A legal interpreter” means a legal interpreter who provides interpreting in court proceedings or any other legal setting, as prescribed under A.R.S. § 12-242, and meets the certification requirement under R9-26-504(A)(1)(a). An individual who is licensed by the Commission as a Class A legal interpreter on the date this Section takes effect, shall meet the certification requirement under R9-26-504(A)(1)(a) no later than the individual’s renewal date, as specified in R9-26-507(A), in 2023.

“Class C legal interpreter” means a legal interpreter who provides interpreting in a legal setting, as prescribed under A.R.S. § 12-242, when teamed with a Class A legal interpreter and meets the certification requirement under R9-26-504(A)(1)(b).

“Class D legal interpreter” means a legal interpreter who meets the certification requirement under R9-26-504(A)(1)(c) and is either a deaf or hard-of-hearing interpreter or an oral transliterator.

“Legal training” means a structured program presented by the Commission, a court, Bar Association, law-enforcement association, RID, accredited institution, or comparable organization, providing information relevant to legal interpreting such as the following:

The requirements of A.R.S. § 12-242,  
The structure of the judiciary system of this state,  
The judiciary process of this state,  
Administrative adjudicatory procedures,  
Law enforcement procedures, or  
Commonly used legal terms.

“Level III, IV, or V” means a certification issued by BEI.

“Licensee” means an interpreter who holds a current license issued under A.R.S. § 36-1974 and this Article.

“License year” means the days between the date of license issuance and the date of license expiration.

“Mentor” means an individual licensed under R9-26-503 or R9-26-504 who agrees to assist a provisional licensee to develop as an interpreter by occasionally observing the provisional licensee providing interpreting services and providing feedback.

“MCSC” means master comprehensive skills certificate, a certification issued by RID.

“NAD” means the National Association of the Deaf.

“NAD III (generalist),” means a certification issued by NAD.

“NAD IV (advanced),” means a certification issued by NAD.

“NAD V (master),” means a certification issued by NAD.

“NIC” means National Interpreter Certification.

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“NIC Advanced” means a certification issued by NAD-RID.

“NIC Certified” means a certification issued by NAD-RID.

“NIC Master” means a certification issued by NAD-RID.

“OC:B” means oral certificate: basic, a certification issued by BEI.

“OC:C” means oral certificate: comprehensive, a certification issued by BEI.

“OIC” means oral interpreting certificate, a certification issued by RID in one of three categories: comprehensive, spoken to visible, or visible to spoken.

“Oral transliteration” means to facilitate communication between an individual who is deaf or hard of hearing and an individual who hears by using inaudible speech and natural gestures to convey a message to the deaf or hard-of-hearing individual and understanding and verbalizing the message and intent of the speech and mouth movements of the individual who is deaf or hard of hearing.

“OTC” means oral transliteration certificate, a certification issued by RID.

“Platform or performance setting” means an environment involving an appearance by a designated speaker or performers, typically on a raised surface.

“Provisional interpreter” means an individual who is qualified by education, examination, and work history to provide interpreting while pursuing RID, NAD, or BEI certification.

“Class A provisional interpreter” means a provisional interpreter who provides oral transliteration and is working towards certification by RID, NAD, or BEI. A Class A provisional interpreter shall not provide interpreting services in a legal setting.

“Class B provisional interpreter” means a provisional interpreter who is qualified to provide interpreting services without a team interpreter licensed under R9-26-503(2)(a) or R9-26-504(A)(1)(a) and (b), except in a medical, mental health, platform or performance, or legal setting. A Class B provisional interpreter may provide interpreting services in a medical, mental health, or platform or performance setting only when working as part of a team that includes at least one individual licensed under R9-26-503(2)(a) or R9-26-504(A)(1)(a) or (b). A Class B provisional interpreter shall not provide interpreting services in a legal setting.

“Class C provisional interpreter” means a provisional interpreter who is qualified to provide interpreting services only when working as part of a team that includes at least one individual licensed under R9-26-503(2)(a) or R9-26-504(A)(1)(a) or (b). A Class C provisional interpreter shall not provide interpreting services in a legal setting.

“Class D provisional interpreter” means a provisional interpreter who is deaf or hard of hearing and is qualified to provide interpreting services only when working as part of a team that includes at least one individual licensed under R9-26-503(2)(a) or (b) or R9-26-504(A)(1)(a) through (c). A Class D provisional interpreter shall not provide interpreting services in a legal setting.

“Qualified interpreter” means an individual licensed under this Chapter who is able to interpret effectively, accurately, and impartially both receptively and expressively, using any necessary specialized vocabulary required by the interpreting situation.

“RID” means Registry of Interpreters for the Deaf.

“RSC” means reverse skills certificate, a certification issued by RID.

“SC:L” means specialist certificate: legal, a certification issued by RID.

“SC:PA” means specialist certificate: performing arts, a certification issued by RID.

“TC” means transliteration certificate, a certification issued by RID.

“Team” means two or more licensed interpreters, at least one of whom is licensed under R9-26-503(2)(a) or R9-26-504(A)(1)(a) or (b), providing interpreting for an individual or group of individuals during a single interpreting session.

“Trilingual Advanced or Master” means a specialist certification issued by BEI for interpreters of Spanish, English, and American Sign Language.

“Unprofessional conduct,” as used in A.R.S. § 36-1976, means:

Violation of the NAD-RID Code of Professional Conduct, 2005, which is incorporated by reference and available from the Commission and RID, 333 Commerce Street, Alexandria, VA 22314, or [www.rid.org](http://www.rid.org). The material incorporated includes no later edition or amendment; or

Failure to comply with a provision of A.R.S. Title 36, Chapter 17.1, Article 2 or this Chapter.

“VRI” means video remote interpreting, a service that uses video telecommunication devices to provide interpreting between or among individuals who are at one or more locations separate from the interpreter.

#### Historical Note

Adopted effective April 4, 1997 (Supp. 97-2). Amended by final rulemaking at 13 A.A.R. 1720, effective May 1, 2007 (Supp. 07-2). Amended by final rulemaking at 22 A.A.R. 1675, effective August 15, 2016 (Supp. 16-2). Section R9-26-501 amended by emergency rulemaking at 27 A.A.R. 549, with an immediate effective date of March 31, 2021; valid for 180 days under A.R.S. § 41-1026 (D) (Supp. 21-1). Section amended by final rulemaking at 27 A.A.R. 1257, with an immediate effective date of August 4, 2021 (Supp. 21-3).

#### R9-26-502. License Application

- A. An applicant for an original license shall submit to the Commission the following information, on an application form provided by the Commission:
1. Applicant's full name;
  2. Applicant's Social Security number;
  3. Applicant's home or business address;
  4. Applicant's e-mail address;
  5. Applicant's home, business, or mobile telephone number;
  6. Applicant's birth date;
  7. Any name by which the applicant has ever been known;
  8. The start and end dates of the applicant's current certification cycle with RID, NAD, or BEI, as applicable;
  9. Category of licensure for which application is made and if applicable, the class of legal or provisional interpreter license for which application is made;
  10. Name of any state or foreign country in which the applicant is currently licensed or certified to practice as an interpreter, the license or certificate number, date issued,

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date of expiration, and a statement whether the license or certificate is or was the subject of discipline and if the answer is yes, a complete explanation of the discipline including date, nature of complaint, and discipline imposed;

11. A statement of whether the applicant has ever been denied a license or certificate to practice as an interpreter by a government licensing authority and if the answer is yes, a complete explanation of the denial including date, name of the government licensing authority, and reason for denial;
  12. A statement of whether the applicant has ever been convicted of a felony or of an offense involving moral turpitude in this or any other jurisdiction and if the answer is yes, a complete explanation of the charge and place and date of conviction;
  13. A statement of whether the applicant has been adjudicated insane or incompetent and if the answer is yes, a complete explanation including date and place of adjudication;
  13. A statement of whether the applicant's NAD, RID, or BEI certification lapsed and if so, a complete explanation including date of and reason for the lapse;
  15. A statement of whether the applicant's interpreter license from Arizona or another jurisdiction lapsed and if so, a complete explanation including date of and reason for the lapse;
  16. A statement of whether the applicant's interpreter license from Arizona or another jurisdiction was subject to a complaint and if so, a complete explanation including date, allegation, and discipline imposed, if any;
  17. A statement of whether the applicant's NAD, RID, or BEI certification was subject to a complaint and if so, a complete explanation including date, allegation, and discipline imposed, if any; and
  18. A statement signed by the applicant verifying the truthfulness of the information provided and affirming that the applicant will comply with the NAD-RID Code of Professional Conduct;
- B.** In addition to the form required under subsection (A), an applicant shall submit or have submitted on the applicant's behalf the following:
1. Documentation of name change if the applicant is applying under a name different from the name on any of the documents required under this Article;
  2. A photocopy of the applicant's:
    - a. High school diploma or GED or a transcript, official or unofficial, showing the degree awarded and date; or
    - b. Diploma from an accredited college or university or a transcript, official or unofficial, showing the degree awarded and date;
  3. If the answer to any item in subsections (A)(9) through (A)(15) is yes, a copy of any relevant order;
  4. As required under A.R.S. § 41-1080(A), the specified documentation of citizenship or alien status indicating the applicant's presence in the U.S. is authorized under federal law;
  5. Two identical passport-size photographs of the applicant that:
    - a. Are in color, and
    - b. Are taken no more than six months before the date of application; and
  6. The fee required under R9-26-508.

**Historical Note**

Adopted effective April 4, 1997 (Supp. 97-2). Section repealed; new Section made by final rulemaking at 13 A.A.R. 1720, effective May 1, 2007 (Supp. 07-2). Amended by final rulemaking at 22 A.A.R. 1675, effective August 15, 2016 (Supp. 16-2).

**R9-26-503. Application for Generalist Interpreter License**

To apply for a generalist interpreter license, an applicant shall:

1. Comply with R9-26-502; and
2. Submit a photocopy of current documentation showing that the applicant holds one or more of the following certifications:
  - a. Hearing interpreters: NAD III, IV, or V; RID CI, CSC, CT, IC, MCSC, RSC, SC:L, SC:PA, or TC; NIC Certified, Advanced, or Master; or BEI Levels III, IV, or V, Basic, Advanced, Master, Trilingual Advanced, Trilingual Master, CIC, or other certification deemed appropriate by the Commission;
  - b. Deaf interpreters: RID CDI, CLIP-R, or SC:L; BEI Intermediary Level III or V, CDI, or other certification deemed appropriate by the Commission; or
  - c. Oral interpreters: RID OIC or OTC, BEI OC:B or OC:C, or other certification deemed appropriate by the Commission.

**Historical Note**

Adopted effective April 4, 1997 (Supp. 97-2). Section repealed; new Section made by final rulemaking at 13 A.A.R. 1720, effective May 1, 2007 (Supp. 07-2). Amended by final rulemaking at 22 A.A.R. 1675, effective August 15, 2016 (Supp. 16-2).

**R9-26-504. Application for Legal Interpreter License**

**A.** To apply for a legal interpreter license, an applicant shall comply with R9-26-502 and submit documentation of the following:

1. Certification by RID, NAD, or BEI.
  - a. For a Class A legal interpreter license, RID SC:L, BEI CIC, or other legal specialist certification deemed appropriate by the Commission is required;
  - b. For a Class C legal interpreter license, NIC Certified, Advanced, or Master, NAD III, IV, or V, CI, CT, or CSC, or BEI Levels IV or V, Advanced, Master, Trilingual Advanced or Master, or other certification deemed appropriate by the Commission is required; and
  - c. For a Class D legal interpreter license, RID CDI, CLIP-R, OIC, or OTC or BEI OC:B, OC:C, Intermediary Levels III or V, or CDI, or other certification deemed appropriate by the Commission is required;
2. Hours of paid interpreting after initial certification by RID, NAD, or BEI.
  - a. For a Class C legal interpreter license, 10,000 hours are required; and
  - b. For a Class D legal interpreter license, 500 hours are required;
3. Hours of legal training. For a Class C or Class D legal interpreter, 50 hours obtained during the five years before the date of application are required.

**B.** The Commission shall accept the following documentation:

1. RID, NAD, or BEI certification.
  - a. A photocopy of current documentation provided by RID, NAD, or BEI. If an applicant's documentation expires during the application process, the Commission shall not complete the licensure process until

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- the applicant submits current documentation of certification; and
- b. A photocopy of the certificate provided by RID, NAD, or BEI or a copy of the letter received from RID, NAD, or BEI at the time of initial certification;
- 2. Hours of paid interpreting.
  - a. An applicant shall submit an affidavit affirming that the applicant provided the number of hours of paid interpreting required under subsection (A)(2) after initial certification by RID, NAD, or BEI; and
  - b. Within the time provided under R9-26-509(F) and upon receipt of a comprehensive written request for documentation of the hours of paid interpreting provided, an applicant shall submit evidence that demonstrates the truthfulness of the affirmation provided under subsection (B)(2)(a).
- 3. Hours of legal training. A photocopy of documentation from the organization providing the legal training that includes the information required under R9-26-510 (B).

**Historical Note**

Adopted effective April 4, 1997 (Supp. 97-2). Section repealed; new Section made by final rulemaking at 13 A.A.R. 1720, effective May 1, 2007 (Supp. 07-2).

Amended by final rulemaking at 22 A.A.R. 1675, effective August 15, 2016 (Supp. 16-2).

**R9-26-505. Application for Provisional Interpreter License**

- A. To apply for a provisional interpreter license, an applicant shall comply with R9-26-502 and submit documentation of the following:
  - 1. Education. The following hours of participation in an interpreter-preparation training program offered by an accredited college or university or approved by RID, NAD, or BEI:
    - a. Class A or D provisional license: 40 hours; and
    - b. Class B or C provisional license: 80 hours;
  - 2. Examination. Pass the written portion of the RID, NAD, or BEI examination; and
  - 3. Work experience. The following hours of interpreting for which a license is not required under A.R.S. § 36-1971:
    - a. Class A provisional license: 24 hours;
      - i. A score of at least 4.0 on the EIPA performance test;
      - ii. ACCI certification; or
      - iii. A state-issued certification or certificate of competency in good standing;
    - c. Class C provisional license: 80 hours; and
    - d. Class D provisional license: 40 hours.
- B. In addition to the documentation required under subsection (A), an applicant for a Class B provisional license shall:
  - 1. Have a letter submitted directly to the Commission by an individual licensed under R9-26-503 or R9-26-504 indicating that the individual agrees to:
    - a. Act as a mentor to the applicant if the applicant is granted a provisional license;
    - b. Observe the provisional licensee providing interpreting services at least once each month;
    - c. Provide feedback to the provisional licensee following each observation; and
    - d. Provide 30-days' notice to the provisional licensee and the Commission before terminating the mentoring relationship; and
  - 2. Submit a letter to the Commission indicating that if the applicant is issued a provisional license, the applicant agrees to:

- a. Make and maintain a record of each time the mentor observes the applicant and a summary of the feedback provided;
- b. Make the record maintained under subsection (B)(2)(a) available to the Commission annually at license renewal; and
- c. Provide 30 days' notice to the Commission and the mentor before terminating the mentoring relationship; or
- 3. Submit a letter to the Commission indicating that if the applicant is issued a provisional license, the applicant agrees to:
  - a. Team with an individual licensed under R9-26-503(2)(a) or R9-26-504(A)(1)(a) or (b) for at least eight hours each month;
  - b. Maintain a journal that records the dates on which and the name of the licensee with whom teaming was done and a summary of any feedback provided; and
  - c. Make the journal maintained under subsection (B)(3)(b) available to the Commission annually upon license renewal.
- C. The Commission shall accept the following documentation of the criteria in subsection (A):
  - 1. Education. A photocopy of documents showing that the applicant completed the hours required under subsection (A)(1);
  - 2. Examination. A photocopy of the letter provided by RID, NAD, or BEI indicating that the applicant passed the written portion of the RID, NAD, or BEI examination;
  - 3. Work experience.
    - a. One or more letters, each of which is signed by an individual or a representative of an entity for whom the applicant provided interpreting, indicating:
      - i. The name of the applicant,
      - ii. The dates on which interpreting was provided, and
      - iii. The hours of interpreting provided by the applicant; or
    - b. One or more paystubs, each of which indicates:
      - i. The name of the applicant,
      - ii. The job title of the applicant,
      - iii. The dates on which interpreting was provided by the applicant, and
      - iv. The hours of interpreting provided by the applicant, and
    - c. For an applicant for a Class B provisional license:
      - i. A photocopy of the letter provided by EIPA indicating the applicant's score on the EIPA performance test,
      - ii. A photocopy of the applicant's ACCI certificate, or
      - iii. A photocopy of the applicant's state-issued certification or certificate of competency in good standing.

**Historical Note**

Adopted effective April 4, 1997 (Supp. 97-2). Section expired under A.R.S. § 41-1056(E) at 9 A.A.R. 35, effective September 30, 2002 (Supp. 02-4). New Section made by final rulemaking at 13 A.A.R. 1720, effective May 1, 2007 (Supp. 07-2). Amended by final rulemaking at 22 A.A.R. 1675, effective August 15, 2016 (Supp. 16-2).

**R9-26-506. Short-term Registration of an Interpreter**

- A. To register with the Commission to provide interpreting in Arizona in a non-legal situation for fewer than 20 days in a

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year, an interpreter shall submit the following information in writing to the Commission:

1. Interpreter's name;
  2. Interpreter's residential and e-mail addresses;
  3. Interpreter's mobile telephone number;
  4. Dates on which interpreting will be provided;
  5. Name, address, and contact information of the person or event for which interpreting services will be provided; and
  6. Date of most recent short-term registration with the Commission, if any.
- B.** In addition to complying with subsection (A), the interpreter shall submit a copy of current documentation from RID, NAD, or BEI showing the interpreter's certification is in good standing or a copy of the interpreter's license from another state's interpreter licensing authority.
- C.** An interpreter who makes application under subsections (A) and (B) for a short-term registration shall not provide interpreting services in Arizona until the Commission provides notice the registration has been granted.
- D.** Within five days after providing interpreting services under a short-term registration, the interpreter shall submit a report to the Commission that provides the dates on and persons or events for which interpreting services were provided.
- E.** The Commission shall not issue more than two short-term registrations to an interpreter during the interpreter's lifetime.

**Historical Note**

Adopted effective April 4, 1997 (Supp. 97-2). Section repealed; new Section made by final rulemaking at 13

A.A.R. 1720, effective May 1, 2007 (Supp. 07-2).

Amended by final rulemaking at 22 A.A.R. 1675, effective August 15, 2016 (Supp. 16-2).

**R9-26-507. License Renewal****A.** Renewal of a generalist or legal interpreter license.

1. A generalist or legal interpreter license expires one year after the license is issued. To continue to practice as a generalist or legal interpreter, the licensee shall, no more than 60 days before the expiration date, submit to the Commission a license renewal application form that provides the following information about the licensee:
  - a. Full name;
  - b. Social Security number;
  - c. Home or business address;
  - d. E-mail address;
  - e. Home, business, or mobile telephone number;
  - f. The start and end dates of the applicant's current certification cycle with RID, NAD, or BEI, as applicable;
  - g. Name of any state or country in which the licensee is currently licensed or certified to practice as an interpreter, the license or certificate number, date issued and date of expiration, and a statement whether the license or certificate is or has been the subject of discipline during the previous year and if the answer is yes, a complete explanation of the discipline including date, nature of complaint, and discipline imposed;
  - h. A statement of whether the licensee has been denied a license or certificate to practice as an interpreter by a licensing authority during the previous year and if the answer is yes, a complete explanation of the denial including date, name of the interpreter licensing authority, and reason for denial;
  - i. A statement of whether the licensee has been convicted of a felony or of an offense involving moral

turpitude in this or any other jurisdiction during the previous year and if the answer is yes, a complete explanation of the charge and place and date of conviction;

- j. A statement of whether the licensee has been adjudicated insane or incompetent during the previous year and if the answer is yes, a complete explanation including date and place of adjudication;
  - k. A statement of whether the applicant's NAD, RID, or BEI certification lapsed during the previous year and if so, a complete explanation including date of and reason for the lapse;
  - l. A statement of whether the applicant's interpreter license from Arizona or another jurisdiction lapsed during the previous year and if so, a complete explanation including date of and reason for the lapse;
  - m. A statement of whether the applicant's interpreter license from Arizona or another jurisdiction was subject to a complaint during the previous year and if so, a complete explanation including date, allegation, and discipline imposed, if any;
  - n. A statement of whether the applicant's NAD, RID, or BEI certification was subject to a complaint during the previous year and if so, a complete explanation including date, allegation, and discipline imposed, if any, and if discipline was imposed, a statement of whether the notice required under R9-26-518 was submitted to the Commission;
  - o. A statement of whether the applicant completed any continuing education during the previous year and if so, the number of hours completed; and
  - p. A statement signed by the licensee verifying the truthfulness of the information provided and affirming that the licensee will comply with the NAD-RID Code of Professional Conduct.
2. In addition to the license renewal application form required under subsection (A)(1), the generalist or legal licensee shall submit or have submitted on the licensee's behalf:
    - a. A photocopy of current documentation showing the applicant's NAD, RID, or BEI certification is in good standing. If the licensee's documentation expires during the renewal process, the Commission shall not complete the license renewal process until the licensee submits a photocopy of current documentation;
    - b. If the answer to any item in subsections (A)(1)(g) through (A)(1)(m) is yes, a copy of any relevant order; and
    - c. The fee required under R9-26-508.
  3. If a generalist or legal licensee fails to comply with subsections (A)(1) and (A)(2) on or before the license expiration date, the license expires. The former licensee may renew the expired license by complying with subsections (A)(1) and (A)(2), and paying the penalty prescribed under R9-26-508 no later than 30 days after the license expired. If a former licensee fails to renew an expired license within the 30 days provided in this subsection, the former licensee shall stop providing interpreting for which a license is required under A.R.S. § 36-1971.
  4. If an expired license is not renewed under subsection (A)(3), the former licensee may obtain a license only by applying as a new applicant.
- B.** Renewal of a provisional interpreter license.
1. A provisional interpreter license expires one year after the date of issuance.

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2. To continue to practice as a provisional interpreter, the licensee shall, no more than 60 days before the expiration date, submit to the Commission a license renewal application form that provides the information specified under subsection (A)(1).
  3. In addition to the license renewal application form required under subsection (B)(2), the provisional licensee shall submit or have submitted on the licensee's behalf:
    - a. If the answer to any item in subsections (A)(1)(h) through (A)(1)(m) is yes, a copy of any relevant order;
    - b. Documentation required under R9-26-510(C) that demonstrates compliance with the continuing education requirement in R9-26-510; and
    - c. The fee required under R9-26-508;
    - d. If a Class B provisional licensee wishes to renew the Class B provisional license, letters that meet the standards at R9-26-505(B)(1) and (2) or a letter that meets the standards at R9-26-505(B)(3); and
    - e. If a Class C provisional licensee wishes to renew the Class C provisional license, an affirmation that the licensee has provided and will continue to provide interpreting services only when working as part of a team that includes at least one individual licensed under R9-26-503(2)(a) or R9-26-504(A)(1)(a) or (b); or
    - f. If a Class C provisional licensee wishes to move to a Class B provisional license:
      - i. Letters that meet the standards at R9-26-505(B)(1) and (2) or a letter that meets the standards at R9-26-505(B)(3), and
      - ii. Evidence required under R9-26-505(C)(3)(a) or (b) showing at least 500 hours of work experience earned while working as part of a team that includes at least one individual licensed under R9-26-503(2)(a) or R9-26-504(A)(1)(a) or (b), or
      - iii. A score of at least 4.0 on the EIPA performance test.
  4. If a provisional licensee fails to comply with subsections (B)(2) and (3) on or before the license expiration date, the license expires. Unless the expired provisional license has previously been renewed under subsections (B)(2) and (3), the former licensee may renew the expired license by complying with subsections (B)(2) and (3) and paying the penalty prescribed under R9-26-508 no later than 30 days after the license expired. If a former licensee fails to renew an expired license within the 30 days provided in this subsection, the former licensee shall stop providing interpreting for which a license is required under A.R.S. § 36-1971.
  5. The Commission shall not issue a provisional interpreter license to an interpreter for more than five years over the interpreter's lifetime except that if an interpreter is unable to pursue RID, NAD, or BEI certification because the testing necessary for certification is unavailable due to the COVID-19 pandemic, the Commission shall renew the provisional interpreter license of any interpreter who:
    - a. Complies fully with this subsection;
    - b. Held a valid provisional interpreter license in its final renewal year on December 30, 2020; and
    - c. Obtains certification by RID, NAD, or BEI no later than the interpreter's renewal date, as specified in subsection (B)(1), in 2023.
- C. If the documentation previously submitted under R9-26-502(B)(4) was a limited form of work authorization issued by the federal government, an applicant for license renewal shall submit evidence that the work authorization has not expired.
- D. The Commission shall require a licensee to submit the information required under R9-26-502(B)(5) every five years so an updated photograph is used in the identification badge required under R9-26-515.
- Historical Note**
- Adopted effective April 4, 1997 (Supp. 97-2). Section repealed; new Section made by final rulemaking at 13 A.A.R. 1720, effective May 1, 2007 (Supp. 07-2). Amended by final rulemaking at 22 A.A.R. 1675, effective August 15, 2016 (Supp. 16-2). Section R9-26-507 amended by emergency rulemaking at 27 A.A.R. 549, with an immediate effective date of March 31, 2021; valid for 180 days under A.R.S. § 41-1026 (D) (Supp. 21-1). Section amended by final rulemaking at 27 A.A.R. 1257, with an immediate effective date of August 4, 2021 (Supp. 21-3).
- R9-26-508. Fees and Charges**
- A. Under the authority provided by A.R.S. §§ 36-1973(A) and 36-1974(C), the Commission establishes and shall collect the following fees, which are not refundable unless A.R.S. § 41-1077 applies:
1. Generalist or legal license application fee, \$125;
  2. Generalist or legal license renewal application fee, \$50;
  3. Provisional license application fee, \$25;
  4. Provisional license renewal application fee, \$25; and
  5. Penalty for late license renewal, \$100.
- B. The Commission shall charge \$25 to:
1. Replace an identification badge,
  2. Issue a duplicate license.
- Historical Note**
- Adopted effective April 4, 1997 (Supp. 97-2). Section repealed; new Section made by final rulemaking at 13 A.A.R. 1720, effective May 1, 2007 (Supp. 07-2). Amended by final rulemaking at 22 A.A.R. 1675, effective August 15, 2016 (Supp. 16-2).
- R9-26-509. Procedures for Processing Applications; Time Frames**
- A. For the purpose of A.R.S. § 41-1073, the Commission establishes the following licensing time frames:
1. Administrative completeness review time frame: 30 days;
  2. Substantive review time frame: 60 days; and
  3. Overall time frame: 90 days.
- B. The administrative completeness review time frame listed in subsection (A)(1) begins on the date the Commission receives a license application or license renewal application. During the administrative completeness review time frame, the Commission shall notify the applicant that the application is either complete or incomplete. If the application is incomplete, the Commission shall specify in the notice what information is missing.
- C. An applicant with an incomplete application shall supply the missing information within 30 days from the date of the notice. Both the administrative completeness review and overall time frames are suspended from the date of the Commission's notice until the date that the Commission's office receives all missing information.
- D. Upon receipt of all missing information, the Commission shall notify the applicant that the application is complete. The Commission shall not send a separate notice of completeness if the Commission grants or denies a license within the administrative completeness review time frame in subsection (A)(1).

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- E. The substantive review time frame listed in subsection (A)(2) begins on the date of the Commission's notice of administrative completeness or on expiration of the time listed in subsection (A)(1).
- F. If the Commission determines during the substantive review time frame that additional information is needed, the Commission shall send the applicant a comprehensive written request for the additional information. The applicant shall supply the additional information within 60 days from the date of the request. Both the substantive review and overall time frames are suspended from the date on the Commission's request until the date the Commission office receives the additional information.
- G. If an applicant needs additional time in which to respond under subsection (C) or (F), the applicant shall submit a written notice of extension to the Commission before expiration of the time to respond that includes the date by which the applicant will submit the information. The applicant shall establish an extension date that is no more than 120 days from the date established under subsection (C) or (F).
- H. If an applicant fails to submit information within the time provided under subsection (C) or (F) or as extended under subsection (G), the Commission shall close the applicant's file. An applicant whose file is closed and who later wishes to be licensed, shall apply anew.
- I. Within the time listed in subsection (A)(3), the Commission shall:
1. Grant a license to an applicant who meets the requirements in A.R.S. § 36-1973 and this Article, or
  2. Deny a license to an applicant who does not meet the requirements in A.R.S. § 36-1973 or this Article.
- J. If the Commission denies a license, the Commission shall send the applicant a written notice explaining:
1. The reason for the denial with citations to supporting statutes or rules,
  2. The applicant's right to appeal the denial and have a hearing,
  3. The time for appealing the denial, and
  4. The applicant's right to request an informal settlement conference.
- tion, the Commission shall initiate proceedings under Article 3 against the legal interpreter's license.
3. A Class C or D legal interpreter shall complete continuing education required by NAD, RID, or BEI to maintain certification by NAD, RID, or BEI including at least 20 hours of legal training. If the certification of a Class C or D legal interpreter is suspended or revoked by NAD, RID, or BEI because the Class C or D legal interpreter failed to complete the required continuing education or if the Class C or D legal interpreter fails to complete the required hours of legal training, the Commission shall initiate proceedings under Article 3 against the legal interpreter's license.
  4. When renewing a license under R9-26-507(B), a provisional interpreter shall submit the evidence required under subsection (B) showing completion of 12 hours of continuing education. The Commission shall accept continuing education:
    - a. Designed to enhance the provisional licensee's skill and ability to provide quality interpreting to the deaf and hard-of-hearing community;
    - b. Approved by RID, NAD, or BEI, as applicable, for certification maintenance;
    - c. Provided by an accredited institution of higher education; or
    - d. Provided by an entity involved with the deaf and hard-of-hearing community; and
- B. A provisional licensee shall obtain from the provider of a continuing education attended by the licensee documentation that includes:
1. Licensee's name,
  2. Name of the continuing education provider,
  3. Name of the continuing education,
  4. Number of hours of attendance, and
  5. Date of the continuing education.
- C. Waiver of continuing education requirement.
1. To obtain a waiver of the continuing education requirement, a provisional licensee shall submit to the Commission a written request that includes the following:
    - a. The period for which the waiver is requested,
    - b. Continuing education completed during the current license year and the documentation required under subsection (B), and
    - c. Reason a waiver is needed and supporting documentation:
      - i. For military service. A copy of current orders or a letter on official letterhead from the licensee's commanding officer;
      - ii. For absence from the United States. A copy of pages from the licensee's passport showing exit and reentry dates;
      - iii. For disability. A letter from the licensee's treating physician stating the nature of the disability; and
      - iv. For circumstances beyond the licensee's control. A letter from the licensee stating the nature of the circumstances and documentation that provides evidence of the circumstances.
  2. The Commission shall grant a request for waiver of the continuing education requirement that:
    - a. Is based on a reason listed in subsection (C)(1)(c),
    - b. Is supported by the required documentation,
    - c. Is submitted no sooner than 60 days before and no later than the license expiration date, and
    - d. Will promote the safe and professional practice of interpreting in this state.

**Historical Note**

Adopted effective April 4, 1997 (Supp. 97-2). Section repealed; new Section made by final rulemaking at 13

A.A.R. 1720, effective May 1, 2007 (Supp. 07-2).

Amended by final rulemaking at 22 A.A.R. 1675, effective August 15, 2016 (Supp. 16-2).

**R9-26-510. Continuing Education Requirement; Waiver; Extension of Time to Complete**

- A. Continuing education is required as a condition of licensure renewal.
1. A generalist interpreter shall complete continuing education required by NAD, RID, or BEI to maintain certification by NAD, RID, or BEI. If the certification of a generalist interpreter is suspended or revoked by NAD, RID, or BEI because the generalist interpreter failed to complete the required continuing education, the Commission shall initiate proceedings under Article 3 against the generalist interpreter's license.
  2. A Class A legal interpreter shall complete continuing education required by NAD, RID, or BEI to maintain legal certification by NAD, RID, or BEI. If the certification of a Class A legal interpreter is suspended or revoked by NAD, RID, or BEI because the Class A legal interpreter failed to complete the required continuing educa-

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- D.** Extension of time to complete continuing education requirement.
1. To obtain an extension of time to complete the continuing education requirement, a provisional licensee shall submit to the Commission a written request that includes the following:
    - a. Ending date of the requested extension,
    - b. Continuing education completed during the current license year and the documentation required under subsection (B),
    - c. Proof of registration for additional continuing education that is sufficient to enable the provisional licensee to complete all continuing education required for license renewal before the end of the requested extension, and
    - d. Licensee's attestation that the continuing education obtained under the extension will be reported only to fulfill the current license renewal requirement and will not be reported on a subsequent license renewal application.
  2. The Commission shall grant a request for an extension that:
    - a. Specifies an ending date no more than three months from the current license expiration date,
    - b. Includes the required documentation and attestation,
    - c. Is submitted no sooner than 60 days before and no later than the license expiration date, and
    - d. Will promote the safe and professional practice of interpreting in this state.
- E.** Except as provided in subsection (D), a provisional licensee shall report only hours of continuing education obtained during the license year immediately preceding license renewal. A licensee shall not carry over hours in excess of those required under subsection (A)(4) to a subsequent license year.

**Historical Note**

Adopted effective April 4, 1997 (Supp. 97-2). Section repealed; new Section made by final rulemaking at 13 A.A.R. 1720, effective May 1, 2007 (Supp. 07-2). Amended by final rulemaking at 22 A.A.R. 1675, effective August 15, 2016 (Supp. 16-2).

**R9-26-511. Video Remote Interpreting**

- A.** An interpreter who is licensed under A.R.S. Title 36, Chapter 17.1 and this Article is authorized to provide VRI only for individuals who are located in Arizona.
- B.** An interpreter who is licensed under A.R.S. Title 36, Chapter 17.1 and this Article and provides VRI shall comply fully with the requirements of this Article.
- C.** An interpreter who is located outside of Arizona shall not provide VRI for an individual located in Arizona before being licensed under A.R.S. Title 36, Chapter 17.1 and this Article.

**Historical Note**

Adopted effective April 4, 1997 (Supp. 97-2). Section repealed; new Section made by final rulemaking at 13 A.A.R. 1720, effective May 1, 2007 (Supp. 07-2). Section repealed; new Section made by final rulemaking at 22 A.A.R. 1675, effective August 15, 2016 (Supp. 16-2).

**R9-26-512. Renumbered****Historical Note**

New Section made by final rulemaking at 13 A.A.R. 1720, effective May 1, 2007 (Supp. 07-2). Section R9-26-

512 renumbered to R9-26-301 by final rulemaking at 22 A.A.R. 1675, effective August 15, 2016 (Supp. 16-2).

**R9-26-513. Reserved****R9-26-514. Reserved****R9-26-515. Identification Badge Required**

- A.** To protect the public, a licensee shall have and present on request, an identification badge issued by the Commission whenever the licensee provides interpreting services.
- B.** A licensee who loses or damages the identification badge required under subsection (A) may obtain a replacement identification badge by submitting a request to the Commission and paying the charge specified under R9-26-508.

**Historical Note**

New Section made by final rulemaking at 13 A.A.R. 1720, effective May 1, 2007 (Supp. 07-2). Section R9-26-515 renumbered to R9-26-302; new Section R9-26-515 made by final rulemaking at 22 A.A.R. 1675, effective August 15, 2016 (Supp. 16-2).

**R9-26-516. Renumbered****Historical Note**

New Section made by final rulemaking at 13 A.A.R. 1720, effective May 1, 2007 (Supp. 07-2). Section renumbered to R9-26-303 by final rulemaking at 22 A.A.R. 1675, effective August 15, 2016 (Supp. 16-2).

**R9-26-517. Renumbered****Historical Note**

New Section made by final rulemaking at 13 A.A.R. 1720, effective May 1, 2007 (Supp. 07-2). Section renumbered to R9-26-304 by final rulemaking at 22 A.A.R. 1675, effective August 15, 2016 (Supp. 16-2).

**R9-26-518. Required Notices to the Commission**

- A.** If a licensee's certification by RID, NAD, BEI, or other acceptable certifying entity is suspended, revoked, or subject to other disciplinary action by RID, NAD, BEI, or the other acceptable certifying entity, the licensee shall provide immediate written notice of the disciplinary action to the Commission. Failure to provide the notice required under this subsection is unprofessional conduct.
- B.** If a licensee's state-issued certification submitted as qualification for a Class B provisional license is suspended, revoked, or subject to other disciplinary action by the state that issued the certification, the licensee shall provide immediate written notice of the disciplinary action to the Commission. Failure to provide the notice required under this subsection is unprofessional conduct.
- C.** The Commission shall communicate with a licensee or applicant using the name and address provided to the Commission by the licensee or applicant. To ensure timely receipt of communication from the Commission, a licensee or applicant shall notify the Commission of any change in the licensee's or applicant's name or address.

**Historical Note**

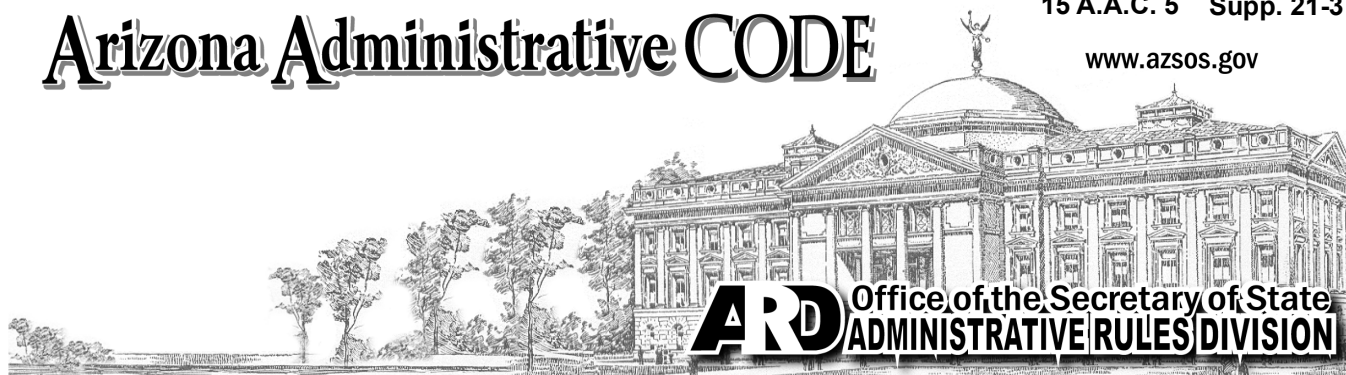
New Section made by final rulemaking at 13 A.A.R. 1720, effective May 1, 2007 (Supp. 07-2). Amended by final rulemaking at 22 A.A.R. 1675, effective August 15, 2016 (Supp. 16-2).



# Arizona Administrative CODE

15 A.A.C. 5 Supp. 21-3

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## TITLE 15. REVENUE

### CHAPTER 5. DEPARTMENT OF REVENUE - TRANSACTION PRIVILEGE AND USE TAX SECTION

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

This Chapter contains a correction.

*A pagination error was corrected under R15-5-107(C). No other changes were made to this Chapter since Supp. 20-4.*

#### Questions about these rules? Contact:

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Address: 1600 W. Monroe St., Mail Code 1300  
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E-mail: [lquerard@azdor.gov](mailto:lquerard@azdor.gov)

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#### The release of this Chapter in Supp. 21-3 replaces Supp. 20-4, 1-49 pages

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

## PREFACE

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

Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

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### RULES

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

### THE ADMINISTRATIVE CODE

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

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

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

First Quarter: January 1 - March 31  
Second Quarter: April 1 - June 30  
Third Quarter: July 1 - September 30  
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2021 is cited as Supp. 21-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. This is why the Office lists only updated codified Sections on the previous page.

### AUTHENTICATION OF PDF CODE CHAPTERS

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

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

### HOW TO USE THE CODE

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

### ARIZONA REVISED STATUTE REFERENCES

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

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

### SESSION LAW REFERENCES

Arizona Session Law references in a Chapter can be found at the Secretary of State’s website, [www.azsos.gov](http://www.azsos.gov) under Services-> Legislative Filings.

### EXEMPTIONS FROM THE APA

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

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

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

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

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

### EXEMPTIONS AND PAPER COLOR

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

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



## Administrative Rules Division

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

## TITLE 15. REVENUE

## CHAPTER 26. COMMISSION FOR THE DEAF AND THE HARD OF HEARING

Authority: A.R.S. § 42-1005(A)(1)

## Supp. 21-3

*Editor's Note: The provisions in these rules became effective August 1, 1976, unless otherwise noted in the Historical Note following the rule.*

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*New Article 1, consisting of Section R15-5-151, adopted effective April 15, 1993 (Supp. 93-2).*

*Former Article 1, consisting of Sections R15-5-101 through R15-5-104, repealed effective April 13, 1987.*

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**ARTICLE 25. REPEALED**

*Article 25, consisting of Sections R15-5-2501 through R15-5-2507, repealed by final rulemaking at 6 A.A.R. 956, effective February 15, 2000 (Supp. 00-1).*

Section	
R15-5-2501.	Repealed .....
R15-5-2502.	Repealed .....
R15-5-2503.	Repealed .....
R15-5-2504.	Repealed .....
R15-5-2505.	Repealed .....
R15-5-2506.	Repealed .....
R15-5-2507.	Repealed .....

**ARTICLE 26. REPEALED**

*Article 26, consisting of Sections R15-5-2601 through R15-5-2603, R15-5-2614, and R15-5-2616, repealed by final rulemaking at 6 A.A.R. 956, effective February 15, 2000 (Supp. 00-1).*

Section	
R15-5-2601.	Repealed .....
R15-5-2602.	Repealed .....
R15-5-2603.	Repealed .....
R15-5-2604.	Repealed .....
R15-5-2605.	Repealed .....
R15-5-2606.	Repealed .....
R15-5-2607.	Repealed .....
R15-5-2608.	Repealed .....
R15-5-2609.	Repealed .....
R15-5-2610.	Repealed .....
R15-5-2611.	Repealed .....
R15-5-2612.	Repealed .....
R15-5-2613.	Repealed .....
R15-5-2614.	Repealed .....
R15-5-2615.	Repealed .....
R15-5-2616.	Repealed .....
R15-5-2617.	Repealed .....
R15-5-2618.	Repealed .....
R15-5-2619.	Repealed .....
R15-5-2620.	Repealed .....

**ARTICLE 27. RESERVED****ARTICLE 28. RESERVED****ARTICLE 29. RESERVED****ARTICLE 30. EXPIRED**

Section	
R15-5-3001.	Reserved .....
R15-5-3002.	Reserved .....
R15-5-3003.	Reserved .....
R15-5-3004.	Renumbered .....
R15-5-3005.	Renumbered .....
R15-5-3006.	Renumbered .....
R15-5-3007.	Reserved .....
R15-5-3008.	Reserved .....

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R15-5-3011.	Reserved .....	48	R15-5-3025.	Renumbered .....	48
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R15-5-3020.	Reserved .....	48	R15-5-3034.	Reserved .....	49
R15-5-3021.	Repealed .....	48	R15-5-3035.	Expired .....	49
R15-5-3022.	Repealed .....	48	R15-5-3036.	Renumbered .....	49



## CHAPTER 5. DEPARTMENT OF REVENUE - TRANSACTION PRIVILEGE AND USE TAX SECTION

**ARTICLE 1. RETAIL CLASSIFICATION****R15-5-101. Definitions**

In this Chapter, unless the context requires otherwise or unless otherwise defined:

1. "AZTaxes.gov" has the same meaning as prescribed in R15-10-301.
2. "Casual activity or sale" means an occasional transaction of an isolated nature made by persons who neither represent themselves to be nor are engaged in a business that is subject to transaction privilege tax. Casual activity or sale includes, but is not limited to, sales of used capital assets, provided that the volume and frequency of such sales do not indicate that the seller regularly engages in selling such property.
3. "Department" has the same meaning as prescribed in A.R.S. § 42-1001.
4. "Gross income," "gross receipts," "marketplace facilitator," and "marketplace seller" have the same meanings as prescribed in A.R.S. § 42-5001.
5. "Real property" means land and anything permanently affixed to land.
6. "Remote seller" has the same meaning as prescribed in A.R.S. § 42-5001.
7. "Retailer" has the same meaning as prescribed in A.R.S. § 42-5001, and includes a wholesaler, manufacturer, or other seller of tangible personal property.
8. "Taxpayer" has the same meaning as prescribed in A.R.S. § 42-5001.
9. "Vendor" means any person engaged in a business activity that is subject to any tax levied under A.R.S. Title 42, Chapter 5 and 6, including a retailer.

**Historical Note**

Amended effective November 7, 1978 (Supp. 78-6).  
Renumbered from R15-5-1811 and amended effective August 9, 1993 (Supp. 93-3). Amended by final rulemaking at 12 A.A.R. 4099, effective December 4, 2006 (Supp. 06-4). Section R15-5-101 renumbered to R15-5-107; new Section R15-5-101 renumbered from R15-5-2001 and amended by exempt rulemaking at 25 A.A.R. 3010, effective October 1, 2019 (Supp. 19-3).

**R15-5-102. Casual Activities or Sales**

- A. Gross receipts from a casual activity or sale are not taxable under the retail classification.
- B. Except as otherwise provided in R15-5-2002, a retailer, including as a marketplace facilitator or remote seller, cannot engage in a casual sale of tangible personal property of the same type or character as that which the person regularly sells at retail. A marketplace facilitator is deemed to regularly sell any tangible personal property sold on its marketplace.

**Historical Note**

Adopted effective August 9, 1993 (Supp. 93-3).  
Amended by exempt rulemaking at 25 A.A.R. 3010, effective October 1, 2019 (Supp. 19-3).

**R15-5-103. Sale of Business Enterprises**

Gross receipts from the sale of a business as a going concern are not subject to tax if the sale is for the business as an operating enterprise.

**Historical Note**

Renumbered from R15-5-1817 and amended effective August 9, 1993 (Supp. 93-3). Amended by final rulemaking at 12 A.A.R. 4099, effective December 4, 2006 (Supp. 06-4). Amended by exempt rulemaking at 25

A.A.R. 3010, effective October 1, 2019 (Supp. 19-3).

**R15-5-104. Service Businesses**

- A. Gross receipts from the sale of tangible personal property to a person engaged in a professional or personal service occupation or business are subject to tax if the tangible personal property is used or consumed in the performance of the service or is sold only as an inconsequential element of the nontaxable service provided.
- B. Gross receipts from the sale of tangible personal property, by a person engaged in a professional or personal service occupation or business, are not subject to tax if the property is sold only as an inconsequential element of the nontaxable service provided.
- C. Sales of tangible personal property are inconsequential elements of the service if:
  1. The purchase price of the tangible personal property to the person rendering the services represents less than 15% of the charge, billing, or statement rendered to the purchaser in connection with the transaction;
  2. At the time of the sale, the tangible personal property transferred is not in a form that is subject to retail sale; and
  3. The charge for the tangible personal property is not separately stated on the invoice.
- D. A person engaged in both a retail business and a service business shall keep records of purchases of tangible personal property sufficient to establish whether the property was resold as a taxable retail sale.

**Historical Note**

Renumbered from R15-5-1805 and amended effective August 9, 1993 (Supp. 93-3). Amended by final rulemaking at 12 A.A.R. 4099, effective December 4, 2006 (Supp. 06-4).

**R15-5-105. Services in Connection with Retail Sales**

Gross receipts from services rendered in addition to selling tangible personal property at retail are subject to tax unless the charge for service is shown separately on the sales invoice and records.

**Historical Note**

Renumbered from R15-5-1815 and amended effective August 9, 1993 (Supp. 93-3). Amended by final rulemaking at 12 A.A.R. 4099, effective December 4, 2006 (Supp. 06-4).

**R15-5-106. Finance Charges in Connection with Retail Sales**

Gross receipts from finance, carrying charges, or interest charges incurred in connection with a retail sale of tangible personal property are not subject to tax if:

1. The charges are separately stated as part of the sales transaction; and
2. The charges result from the sale of such property on credit or under an installment contract.

**Historical Note**

Adopted effective August 9, 1993 (Supp. 93-3).  
Amended by final rulemaking at 12 A.A.R. 4099, effective December 4, 2006 (Supp. 06-4).

**R15-5-107. Sales for Resale or Lease**

- A. Gross receipts from the sale of tangible personal property to be resold by the purchaser in the ordinary course of business are not subject to tax under the retail classification.
- B. Gross receipts from the sale of tangible personal property to be leased by a person in the business of leasing such personal property are not subject to tax under the retail classification.

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- C. Gross receipts from the sale of tangible personal property to a lessor of real property are subject to tax if:
  1. The tangible personal property is incorporated into, or leased in conjunction with, the real property; and
  2. The rental of the tangible personal property is not separately stated as part of the real property lease transaction.
- D. Gross receipts from the sale of repair or replacement parts for tangible personal property that is to be leased by a person engaged in the business of leasing such tangible personal property are not subject to tax under the retail classification.

**Historical Note**

New Section renumbered from R15-5-101 by exempt rulemaking at 25 A.A.R. 3010, effective October 1, 2019 (Supp. 19-3). Paragraph pagination error corrected under subsection (C) at the request of the Department, File No. R21-127 (Supp. 21-3).

**R15-5-108. Reserved****R15-5-109. Reserved****R15-5-110. Lease-purchase Agreements**

- A. Gross income derived from the leasing of tangible personal property under a lease-purchase agreement is subject to tax under the personal property rental classification.
- B. Payments received after the conversion from a lease to a purchase are subject to tax under the retail classification.
- C. Gross receipts from the sale of tangible personal property include conversion charges paid or incurred at the time the lease is converted to a purchase.

**Historical Note**

Renumbered from R15-5-1809 and amended effective August 9, 1993 (Supp. 93-3). Amended by final rulemaking at 12 A.A.R. 4099, effective December 4, 2006 (Supp. 06-4).

**R15-5-111. Consignment Sales**

- A. In this Section:
  1. "Consignee" means the party that is in the business of selling tangible personal property belonging to a consignor.
  2. "Consignor" means the party with the legal right to contract the services of the consignee to sell tangible personal property on behalf of the consignor.
- B. Gross receipts from consignment sales are subject to tax under the retail classification.
- C. Except as provided in subsection (D), a consignee shall obtain a transaction privilege tax license before making consignment sales.
- D. A consignee who is a marketplace facilitator without a physical presence in Arizona, as provided in R15-5-2002(B), is required to obtain a transaction privilege tax license upon meeting the threshold requirements in A.R.S. § 42-5044.

**Historical Note**

Renumbered from R15-5-1808 and amended effective August 9, 1993 (Supp. 93-3). Amended by final rulemaking at 12 A.A.R. 4099, effective December 4, 2006 (Supp. 06-4). Amended by exempt rulemaking at 25 A.A.R. 3010, effective October 1, 2019 (Supp. 19-3).

**R15-5-112. Sales by Auctioneers**

- A. Gross receipts from the sales of tangible personal property by an auctioneer are subject to tax under the retail classification.
- B. Except as provided in subsection (C), an auctioneer shall obtain a transaction privilege tax license before conducting an auction.

- C. An auctioneer who is a marketplace facilitator without a physical presence in Arizona, as provided in R15-5-2002(B), is required to obtain a transaction privilege tax license upon meeting the threshold requirements in A.R.S. § 42-5044.

**Historical Note**

Renumbered from R15-5-1834 and amended effective August 9, 1993 (Supp. 93-3). Amended by exempt rulemaking at 25 A.A.R. 3010, effective October 1, 2019 (Supp. 19-3).

**R15-5-113. Sales by Trustees, Receivers, and Assignees**

- A. Gross receipts from the sale of tangible personal property by a trustee, receiver, or assignee are subject to tax if the sale of the property in the hands of the owner would be subject to tax.
- B. Gross receipts from the sale of tangible personal property by a trustee, receiver, or assignee are not subject to tax if the sale of the property in the hands of the owner would not be subject to tax.

**Historical Note**

Adopted effective August 9, 1993 (Supp. 93-3). Amended by final rulemaking at 12 A.A.R. 4099, effective December 4, 2006 (Supp. 06-4).

**R15-5-114. Reserved****R15-5-115. Reserved****R15-5-116. Reserved****R15-5-117. Reserved****R15-5-118. Reserved****R15-5-119. Reserved****R15-5-120. Exempt Sales of Machinery or Equipment**

- A. Machinery or equipment used in manufacturing or processing includes machinery or equipment that constitutes the entire primary manufacturing or processing operation from the initial stage where actual processing begins through the completion of the finished end product, processing, finishing, or packaging of articles of commerce. Manufacturing is the performance as a business of an integrated series of operations which place tangible personal property in a form, composition, or character different from that in which it was acquired and transforms it into a different product with a distinctive name, character, or use.
- B. Gross receipts from the sale of repair or replacement parts for exempt machinery or equipment are not subject to the tax under the retail classification. Repair or replacement parts are defined as those individual component and constituent items which, together, comprise exempt machinery or equipment.
- C. In establishing the exempt sale of machinery or equipment, the seller shall keep adequate documentation, pursuant to statutory requirements and as delineated in R15-5-2214, for the statutorily required period of time.

**Historical Note**

Amended effective November 7, 1978, unless otherwise noted (Supp. 78-6). Amended paragraphs (9) and (10) effective March 18, 1981 (Supp. 81-2). Renumbered from R15-5-1822 and amended effective August 9, 1993 (Supp. 93-3).

**R15-5-121. Sales of Fuel Used in Manufacturing**

The sale of fuel used or consumed in a manufacturing process is taxable. The fuel is not considered to be incorporated into the manufactured product.

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**Historical Note**

Renumbered from R15-5-1830 effective August 9, 1993  
(Supp. 93-3).

**R15-5-122. Articles Incorporated into a Manufactured Product**

- A. Sales of articles to be incorporated into a fabricated or manufactured product are considered to be sales for resale and, therefore, exempt. For example, the sale of wood to a furniture manufacturer is a sale for resale.
- B. In order for the exemption to apply, the materials must actually become a part of the finished product. Supplies which are consumed in the manufacturing process do not qualify.

**Historical Note**

Renumbered from R15-5-1839 effective August 9, 1993  
(Supp. 93-3).

**R15-5-123. Sale of Tools and Supplies to Businesses**

The sale of tools, supplies, and other articles to be used or consumed by persons in the operation of their businesses, and not for resale, are taxable as retail sales.

**Historical Note**

Renumbered from R15-5-1849 effective August 9, 1993  
(Supp. 93-3).

**R15-5-124. Reserved****R15-5-125. Reserved****R15-5-126. Manufacturing Labor**

The cost of labor employed in manufacturing, processing, or fabricating tangible personal property shall not be allowed as a deduction from the gross receipts derived from a sale of such property.

**Historical Note**

Renumbered from R15-5-1848 and amended effective August 9, 1993 (Supp. 93-3).

**R15-5-127. Sales of Fuel**

- A. In this Section, "aviation fuel" and "dyed diesel fuel" have the same meanings as prescribed in A.R.S. §§ 28-101 and 28-5601.
- B. Gross receipts from the sale of dyed diesel fuel are subject to transaction privilege tax.
- C. Gross receipts from the sale of liquefied petroleum gas or natural gas used to propel a motor vehicle are exempt from transaction privilege tax.
- D. Aviation fuel is subject to tax under A.R.S. § 28-8344 only.
- E. Gross receipts from the retail sale of jet fuel are subject to the jet fuel excise and use tax under A.R.S. § 42-5352.

**Historical Note**

Renumbered from R15-5-3004 and amended effective August 9, 1993 (Supp. 93-3). Section amended by final rulemaking at 10 A.A.R. 4480, effective December 4, 2004 (Supp. 04-4).

**R15-5-128. Electric Power Transmission and Distribution**

- A. Gross receipts from the sale of machinery, equipment, or transmission lines for direct use in a transmission system are deductible from the tax base. Gross receipts from the sale of machinery, equipment, or lines for use in a distribution system are taxable.
- B. Machinery and equipment used to facilitate the production of voltage up to and including 34,500 volts shall be considered part of a distribution system.
  1. Gross receipts from the sale of such equipment are subject to transaction privilege tax.

2. If tangible personal property was purchased as exempt, subsequent nonexempt use shall subject the gross purchase price to use tax according to statutory provisions.

**C. Machinery and equipment used to facilitate the production of voltage above 34,500 volts shall be categorized as part of a transmission or distribution system based on the following definitions.**

1. "Transmission system" means:
  - a. All land, conversion structures, and equipment employed at a primary source of supply to change the voltage or frequency of electricity for the purpose of its more efficient or convenient transmission;
  - b. All land, structures, lines, switching and conversion stations, high tension apparatus and their control and protective equipment between a generating or receiving point and the entrance to a distribution center or wholesale point; and
  - c. All lines and equipment whose primary purpose is to augment, integrate, or tie together the sources of power supply.
2. "Distribution system" means all land, structures, conversion equipment, lines, line transformers, and other facilities employed between the primary source of supply and of delivery to customers, which are not includible in a transmission system whether or not such land, structures, and facilities are operated as part of a transmission system or as part of a distribution system. Stations which change electricity from transmission to distribution voltage shall be classified as distribution stations.
3. "Primary source of supply" means a generating station or point of receipt in the case of purchased power.
4. Dual-use equipment shall be designated as follows:
  - a. If poles or towers support both transmission and distribution conductors, the poles, towers, anchors, guys, and rights-of-way shall be classified as a transmission system. The conductors, crossarms, braces, grounds, tie wire, insulators, and other similar tangible personal property shall be classified as transmission or distribution facilities, according to the purpose for which they are used.
  - b. If underground conduit contains both transmission and distribution conductors, the underground conduit and the right-of-way shall be classified as a distribution system. The conductors shall be classified as transmission or distribution facilities according to the purpose for which they are used.
  - c. Based on statutory provisions, transformers and control equipment utilized operationally at transmission substation sites are considered to be a part of a transmission system and, therefore, are exempt from transaction privilege and use tax.

**D. Machinery, equipment, or transmission lines for direct use in a transmission system are only those which are recorded as being part of a transmission system in accordance with the definitions in subsection (C).**

1. Gross receipts from the sale of such equipment are exempt from the tax.
2. If such machinery and equipment is removed from inventory to be used as part of a distribution system, the purchase price is subject to use tax.

**Historical Note**

Adopted effective August 9, 1993 (Supp. 93-3).

**R15-5-129. Discounts, Refunds, and Coupon Redemption**

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- A. Cash discounts allowed the purchaser for timely payment are permissible as deductions from the sale price.
- B. Refunds in cash or credit given on returned merchandise are considered to be a reduction of sales.
- C. When coupons issued by a manufacturer are redeemed by a retailer the amounts refunded to the purchaser are not permissible as deductions from the selling price of articles sold by the retailer. In these cases, the gross selling price is taxable.
- D. Coupons issued by a retailer and later redeemed by the retailer as a discount on the price of merchandise sold by him are considered a reduction of the selling price. In such cases the net selling price is subject to tax.

**Historical Note**

Renumbered from R15-5-1840 effective August 9, 1993 (Supp. 93-3).

**R15-5-130. Reserved****R15-5-131. Lay-away Sales**

Gross receipts from lay-away agreements shall be taxable when title or possession transfers to the purchaser or at the time receipts from the transaction are determined to be nonrefundable, whichever occurs first.

**Historical Note**

Adopted effective August 9, 1993 (Supp. 93-3).

**R15-5-132. Retail Sales with Trade-ins**

- A. When a retailer accepts tangible personal property as a trade-in for part or full payment on the sale of tangible personal property, the dollar amount of the payment represented by the trade-in is deductible from the retailer's gross receipts from that sale.
- B. A trade-in deduction shall be limited to the amount of the retailer's gross receipts on that sale.
- C. When the property traded in is subsequently sold at retail, the gross receipts from the transaction are taxable.

**Historical Note**

Renumbered from R15-5-1818 and amended effective August 9, 1993 (Supp. 93-3).

**R15-5-133. Delivery Charges in Connection with Retail Sales**

- A. A charge by a retailer for delivery from the retailer's location to the purchaser's location, if separately stated on the sales invoice, is not taxable.
- B. When the freight cost is incurred any time prior to the time of the retail sale, such cost is part of the gross sale and, therefore, subject to the tax.

**Historical Note**

Renumbered from R15-5-1820 and amended effective August 9, 1993 (Supp. 93-3).

**R15-5-134. Sales of Containers, Bottles, and Labels**

- A. The sale of containers and bottles is considered a sale for resale only when the purchaser is to transfer the containers with their contents in future sales.
- B. In cases where the containers are not subsequently sold as part of the merchandise, such sales are deemed to be taxable retail sales.
- C. The sale of labels to a purchaser who affixes them to nonreturnable containers to be resold is considered to be a sale for resale and is not taxable.
- D. In cases where the containers are returnable and a new label is to be affixed, each time the container is refilled, the sale of the labels is also considered to be a sale for resale.

- E. The sale of analysis tags or other labels to be attached to containers of feed and sold along as part of the article is a sale for resale.
- F. However, the sale of items such as price tags, shipping tags, and advertising matter used in connection with the subsequent sale is taxable as a retail sale.

**Historical Note**

Renumbered from R15-5-1829 and amended effective August 9, 1993 (Supp. 93-3).

**R15-5-135. Sales of Restaurant Accessories**

- A. Gross receipts from the sale of disposable containers, paper napkins, and other similar food accessories to a person engaged in the restaurant business, who, in the regular course of business, transfers these accessories to facilitate the consumption of the food, drink, or condiment provided, are considered gross receipts from sales for resale.
- B. Gross receipts from the sale of matchbooks, advertisement fliers, and other similar tangible personal property to a person engaged in the restaurant business, who transfers this property for the convenience, operation, or benefit of the restaurant business, are subject to tax.

**Historical Note**

Adopted effective August 9, 1993 (Supp. 93-3).  
Amended by final rulemaking at 13 A.A.R. 679, effective April 7, 2007 (Supp. 07-1).

**R15-5-136. Returnable Containers**

- A. Gross receipts from deposits on sales of returnable containers which contain taxable food shall be taxable.
- B. Deposit refunds paid to purchasers on the return of such containers shall be deductible from the retailer's tax base in the month refunded.
- C. Gross receipts from deposits received on returnable containers which contain non-taxable food shall not be taxable. Therefore refunds paid on such deposits shall not reduce the tax base.

**Historical Note**

Renumbered from R15-5-1833 and amended effective August 9, 1993 (Supp. 93-3).

**R15-5-137. Warranty or Service Provisions and Tangible Personal Property Used in Conjunction with Warranty or Service Provisions**

- A. For purposes of this rule, the following definitions apply:
  1. "Covered" means included in the warranty or service provision.
  2. "Warranty or service provision" means a manufacturer's or vendor's warranty that is sold automatically with tangible personal property and, for no extra charge, applies to any tangible personal property used in the servicing of the provision.
- B. An exclusion from gross receipts is not allowed for a warranty or service provision on the sale of tangible personal property if the property cannot be sold without the acceptance of the warranty or service provision.
- C. A warranty or service provision is not considered a warranty or service contract under A.R.S. § 42-5061(A).
- D. Tangible personal property sold in conjunction with the servicing of a warranty or service provision, but not covered by the provision, is a sale of tangible personal property that is subject to tax under the retail classification unless statutorily exempt.
- E. Tangible personal property that is covered under a warranty or service provision and used in the servicing of the provision is not subject to use tax as the transaction privilege tax was paid when the tangible personal property was acquired.

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**Historical Note**

Adopted effective August 9, 1993 (Supp. 93-3).  
Amended by final rulemaking at 13 A.A.R. 679, effective  
April 7, 2007 (Supp. 07-1).

**R15-5-138. Warranty or Service Contracts and Tangible Personal Property Used in Conjunction with Warranty or Service Contracts**

- A. For purposes of this rule, the following definition applies:  
“Covered” means included in the warranty or service contract for which the warranty or service contract holder does not pay a separate charge for any tangible personal property used in the servicing of the contract.
- B. Gross receipts from the sale of warranty or service contracts are not subject to tax when the contracts are sold as a distinct and separate item and the charge for the warranty or service contract is stated separately on a sales invoice.
- C. Tangible personal property sold in conjunction with the servicing of a warranty or service contract, but not covered by the contract, is a sale of tangible personal property that is subject to tax under the retail classification unless statutorily exempt.
- D. Tangible personal property that is covered under a warranty or service contract, and used in the servicing of the contract, is subject to use tax unless transaction privilege tax was paid when the tangible personal property was acquired or the tangible personal property is otherwise statutorily exempt.

**Historical Note**

Adopted effective August 9, 1993 (Supp. 93-3).  
Amended by final rulemaking at 13 A.A.R. 679, effective  
April 7, 2007 (Supp. 07-1).

**R15-5-139. Reserved****R15-5-140. Reserved****R15-5-141. Reserved****R15-5-142. Reserved****R15-5-143. Reserved****R15-5-144. Reserved****R15-5-145. Reserved****R15-5-146. Reserved****R15-5-147. Reserved****R15-5-148. Reserved****R15-5-149. Reserved****R15-5-150. Sale of Photography**

- A. In this Section:
1. “Motion picture” has the same meaning as prescribed in A.R.S. § 41-1517.
  2. “Motion picture production company” has the same meaning as prescribed in A.R.S. § 41-1517.
  3. “Photography” means the process of taking and supplying images to customers, using film, video, or another data storage medium.
  4. “Qualified motion picture production company” means a motion picture production company that holds a valid certificate issued pursuant to A.R.S. § 42-5009(H), establishing the company’s qualification for the A.R.S. § 42-5061(B)(23) exemption.
- B. Gross income or gross proceeds derived from a sale of photography are subject to tax under this Article, unless, under A.A.C. R15-5-104(C), the sale of such photography is considered an inconsequential element of nontaxable activities that are associated with the sale. Examples of nontaxable activities

that are associated with a sale of photography include research; script consulting; director, crew, and equipment charges; preproduction or postproduction charges; location scouting fees; and music charges. Activities that are associated with the sale of photography are nontaxable if one of the following applies:

1. The vendor is engaged in both a professional or personal service occupation or a service business under A.R.S. § 42-5061(A)(1) and the business of selling photography at retail; or
  2. The activities are not part of the manufacture, creation, or fabrication of photography and are not otherwise subject to tax under another Article of this Chapter.
- C. Gross income or gross proceeds derived from a sale of photography used directly in motion picture production by a qualified motion picture production company are exempt from tax under this Article pursuant to A.R.S. § 42-5061(B)(23).

**Historical Note**

Renumbered from R15-5-1836 and amended effective August 9, 1993 (Supp. 93-3). Amended by final rulemaking at 11 A.A.R. 5493, effective February 6, 2006 (Supp. 05-4).

**R15-5-151. Artists and Sales of Artwork**

- A. Gross receipts from the sale of paintings, drawings, etchings, sculptures, craftwork, other artwork or reproductions of such items to final consumers shall be taxable under the retail classification if the person is making regular sales of these items.
- B. Gross receipts from the sale of paints, canvasses, frames, sculpture ingredients, and other items which will become an integral part of the finished product shall not be taxable if sold to a creating artist who is regularly engaged in the business of creating and selling paintings, drawings, etchings, sculptures, craftwork, other artwork, or reproductions of such items. Sales of brushes, easels, tools, and similar items to be consumed by the creating artist shall be taxable.
- C. Except as otherwise provided in A.R.S. § 42-6017, gross receipts from the sale by the creating artist of a painting, drawing, etching, sculpture, or a piece of craftwork that is not a reproduction of an original work shall not be taxable if:
1. The sale is a casual activity or sale; or
  2. The sale is a work of fine art at an art auction or gallery in this state to a nonresident of this state for use outside the state, if the retailer ships or delivers the work to a destination outside this state and if exempt under A.R.S. § 42-5061(A). In this subsection, “work of fine art” has the same meaning as prescribed in A.R.S. § 44-1771.
  3. The sale is of commissioned artwork by an individual artist. In this subsection, “commissioned artwork” is a custom, one-of-a-kind art creation made by the individual artist pursuant to the particular requirements of a specific purchaser.

**Historical Note**

Adopted effective April 15, 1993 (Supp. 93-2). Section heading amended effective August 9, 1993 (Supp. 93-3).  
Amended by exempt rulemaking at 25 A.A.R. 3010, effective October 1, 2019 (Supp. 19-3).

*Editor’s Note: R15-5-1812, referenced in subsection (C)(1) above, was repealed. Please refer to R15-5-2001 for information about casual sales.*

*Editor’s Note: R15-5-2001 referenced in the editor’s note above was renumbered to Section R15-5-101 (Supp. 19-3).*

**R15-5-152. Tangible Personal Property Used in Soil Remediation Activities**

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The gross receipts from the sale of tangible personal property incorporated or fabricated into any real property, structure, project, development or improvement under a contract specified in A.R.S. § 42-1310.16 (B)(6) are exempt from tax. The gross receipts from the sale of tangible personal property used in soil remediation activities but not incorporated or fabricated into any real property, structure, project, development or improvement are taxable.

**Historical Note**

Adopted effective December 11, 1998 (Supp. 98-4).

**R15-5-153. Four-inch Pipes or Valves**

Gross receipts from the sale of pipes, valves, or fire hydrants with an inside diameter of four inches or more are deductible from the tax base if the pipes, valves, or fire hydrants are to be used to transport oil, natural gas, artificial gas, water, or coal slurry.

**Historical Note**

Adopted effective August 9, 1993 (Supp. 93-3).

**R15-5-154. Computer Hardware and Software**

- A. Gross receipts derived from services rendered in whole or in part in connection with the sale of computer hardware are exempt, including gross receipts derived from charges imposed for professional and technological services such as analysis, design, support engineering services, classroom instruction, and data conversion services.
- B. Except as provided in subsection (C), gross receipts derived from the sale of computer software programs are taxable, regardless of the method that a retail business uses to transfer the programs to its customers.
- C. Gross receipts derived from charges imposed for the following business activities originate from nontaxable service activities and are therefore not taxable:
  1. The original creation of an electronic data processing program for the specific use of an individual customer, or
  2. The modification of a prewritten computer software program for the specific use of an individual customer, if the charge for the modification is shown separately on the sales invoice and records.

**Historical Note**

Renumbered from R15-5-1853 effective August 9, 1993 (Supp. 93-3). Amended by final rulemaking at 11 A.A.R. 2950, effective September 10, 2005 (Supp. 05-3).

**R15-5-155. Delivery Sales of Tobacco Products**

- A. In this Section:
  1. "Delivery sale" means a sale made by using any of the following:
    - a. The mail or a delivery service.
    - b. The Internet or a computer network.
    - c. Any other electronic method.
  2. "Tobacco product" has the same meaning as prescribed in A.R.S. § 36-798.06.
- B. A retailer, including a remote seller or marketplace seller, or marketplace facilitator shall not make or facilitate a delivery sale of any tobacco product that violates A.R.S. § 36-798.06.

**Historical Note**

New Section made by exempt rulemaking at 25 A.A.R. 3010, effective October 1, 2019 (Supp. 19-3).

**R15-5-156. Sales of Prescription Drugs and Prosthetic Appliances**

- A. In this Section:
  1. "Drug" means an article that, according to federal or state law, is:
    - a. Recognized in the official United States Pharmacopeia, official Homeopathic Pharmacopeia of the

United States, official National Formulary, or any supplement to these documents; or

- b. Intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in humans or animals; or
  - c. Not food and is intended to affect the structure or any function of the body of humans or animals; or
  - d. Intended for use as a component of any article specified in subsections (a), (b), or (c).
2. "Drug on a prescription" means prescription drug.
  3. "Food" means an article used for food or drink for humans or animals, chewing gum, or an article used as a component of such an article.
  4. "Hearing aid" means any wearable device designed as a remedy or to compensate for defective human hearing, including parts, attachments, accessories, and earmolds.
  5. "Legend drug" means a drug that 21 U.S.C. 353(b)(4)(A) requires to bear the symbol "Rx only" before dispensing.
  6. "Nonprescription product" means a drug or other article that can be purchased by the final consumer of the drug or article without a prescription, regardless of whether purchased on the advice or recommendation of a member of the medical, dental, or veterinarian profession. Examples include over-the-counter drugs and those dietary supplements, vitamins, minerals, herbs, and other similar supplements that do not qualify as prescription drugs.
  7. "Over-the-counter drug" means a drug that is subject to federal labeling requirements in 21 CFR 201.66.
  8. "Prescriber" means a member of the medical, dental, or veterinary profession authorized by federal or state law to prescribe a drug.
  9. "Prescription" means an order for a drug issued in any form.
  10. "Prescription drug" means a legend drug or a drug that, according to federal or state law, can be dispensed only:
    - a. Upon a written prescription of a prescriber for the drug;
    - b. Upon an oral prescription by the prescriber for the drug that federal or state law requires be reduced promptly to a form of writing by the prescriber and then filed by a pharmacist or the prescriber; or
    - c. By refilling a written or oral prescription if refilling is authorized by the prescriber for the drug either in the original prescription or by oral order that is reduced promptly to writing and then filed by a pharmacist or the prescriber.
  11. "Prescription eyeglasses" includes frames and other component parts of eyeglasses if purchased for use with prescription lenses.
  12. "Prosthetic appliance" means an artificial device that fully or partially replaces a part or function of the human body or increases the acuity of a sense organ.
- B. Gross receipts from sales of the following kinds of tangible personal property are not subject to tax:
    1. Prescription drugs, including those used in the course of treating patients;
    2. Medical oxygen, pursuant to A.R.S. § 42-5061(A)(8);
    3. Insulin, insulin syringes, and glucose strips, whether or not prescribed;
    4. Prosthetic appliances, prescribed or recommended by a statutorily-authorized individual;
    5. Durable medical equipment, pursuant to A.R.S. § 42-5061(A)(13);
    6. Prescription eyeglasses and contact lenses; and
    7. Hearing aids. Batteries and cords are subject to tax.

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- C. Gross receipts from the sale of component and repair parts for any tangible personal property that is exempt under either subsection (B) or (F) are not subject to tax.
- D. If a written prescription or recommendation is required to purchase tangible personal property, a vendor of the property shall maintain the prescription or recommendation as part of the vendor's records. The vendor's records for documenting sales shall provide reasonable detail to allow the Department, upon inspection, to identify property as exempt.
- E. Gross receipts from the sale to the final consumer of nonprescription products and those medical supplies or appliances not provided for under subsection (B) are subject to tax.
- F. Gross receipts from the sale of nonprescription products or other medical supplies or appliances to doctors, dentists, or veterinarians are subject to tax unless the sale qualifies as a sale for resale and the doctor, dentist, or veterinarian is a retailer in the business of reselling the property.

**Historical Note**

Renumbered from R15-5-1819 and amended effective August 9, 1993 (Supp. 93-3). Amended by final rulemaking at 11 A.A.R. 2952, effective September 10, 2005 (Supp. 05-3).

**R15-5-157. Membership Fees**

- A. Membership, admission, or other fees charged by a limited-access retail business shall be considered part of the taxable gross income of the business activity.
- B. For purposes of this rule, "a limited-access retail business" means a business which does not sell to the general public but which charges a membership fee or a membership due in order to obtain access to the business or to obtain discounts or preferential treatment in the purchase or rental of tangible personal property from or through the business.
- C. Gross income shall not include separately billed amounts paid to secure ownership interests or rights in the business which can be transferred or assigned.

**Historical Note**

Renumbered from R15-5-3036 and amended effective August 9, 1993 (Supp. 93-3).

**R15-5-158. Postage Stamps**

- A. A retailer's gross receipts from the sale of postage stamps are not included in the tax base under the retail classification if the stamps are sold for the purpose of transporting mail.
- B. A retailer's gross receipts from the sale of postage stamps are included in the tax base under the retail classification if the stamps are sold for any purpose other than transporting mail.
- C. The Department shall presume that a postage stamp is sold for a purpose other than transporting mail if the postage stamp is sold for at least 50% more than its face value. A retailer may overcome the presumption; however, the burden of proof will remain on the retailer.
- D. A retailer's gross receipts from the sale of cancelled postage stamps are included in the tax base under the retail classification.

**Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 4112, effective October 4, 2000 (Supp. 00-4).

**R15-5-159. Reserved**

**R15-5-160. Reserved**

**R15-5-161. Reserved**

**R15-5-162. Reserved**

**R15-5-163. Reserved**

**R15-5-164. Reserved**

**R15-5-165. Reserved**

**R15-5-166. Reserved**

**R15-5-167. Reserved**

**R15-5-168. Reserved**

**R15-5-169. Reserved**

**R15-5-170. Interstate and Foreign Transactions**

- A. Gross receipts from sales of tangible personal property made in interstate or foreign commerce are deductible from the tax base if all of the following apply:
  1. The order is received from a location outside of Arizona; and
  2. The retailer ships or delivers the tangible personal property to a location outside of Arizona for use outside of Arizona.
- B. In meeting the above requirements, if delivery is made by the retailer to a common carrier for transportation to a location outside Arizona, the common carrier is deemed to be the agent of the retailer for purposes of this rule regardless of who is responsible for payment of the freight charges.
- C. Suitable records shall be kept to substantiate the deduction for a sale made in interstate commerce. As such, records shall identify the tangible personal property sold and the delivery destination. The following records may be sufficient to substantiate the exemption:
  1. Suitable records for substantiating the receipt of an order from out-of-state may include purchase orders, letters, or written memoranda on the receipt of orders placed by telephone.
  2. Suitable records for substantiating out-of-state shipments include:
    - a. Internal delivery orders supported by receipts of expenses incurred in delivering the property and signed on the delivery date by the person who delivers the property;
    - b. Common carrier's receipt or bill of lading;
    - c. Parcel post receipt;
    - d. Export declaration;
    - e. Receipt from a licensed broker; or
    - f. Proof of export or import signed by a customs officer.

**Historical Note**

Renumbered from R15-5-1814 and amended effective August 9, 1993 (Supp. 93-3).

**R15-5-171. Sales to a Common Carrier**

Gross receipts from sales made to a common carrier, engaged in interstate business, for delivery by the common carrier to a location outside of Arizona and for use outside of Arizona shall not be taxable if the order is received from a location outside of Arizona and the Arizona retailer prepays the freight charge.

**Historical Note**

Adopted effective August 9, 1993 (Supp. 93-3).

**R15-5-172. Sales by Florists**

- A. Gross receipts from sales made by florists are taxable. Delivery and relay or transmittal charges, when separately stated, are deductible from the tax base.
- B. Orders received by an Arizona florist from an out-of-state customer for delivery within Arizona are taxable. Orders received by an Arizona florist by an out-of-state customer for delivery out-of-state are not taxable.

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- C. When the florist conducts transactions through a delivery association, the following shall apply:
1. Gross receipts from sales made by an Arizona florist, where the order is subsequently transmitted to another florist for filling and delivery, whether inside or outside of Arizona, are taxable.
  2. Gross receipts from sales by Arizona florists who deliver from a transmitted order of another florist, whether the ordering florist is inside or outside of Arizona, are not taxable.

**Historical Note**

Adopted effective August 9, 1993 (Supp. 93-3).

**R15-5-173. Sales of Property Subsequently Taken Out-of-state**

Gross receipts from sales of tangible personal property by Arizona vendors made to purchasers who subsequently take the property out-of-state do not qualify as exempt unless otherwise specifically exempted by statute.

**Historical Note**

Adopted effective August 9, 1993 (Supp. 93-3).

**R15-5-174. Sales to Non-U.S. Citizens**

Gross receipts from sales to non-U.S. citizens are subject to the tax unless otherwise exempt.

**Historical Note**

Adopted effective August 9, 1993 (Supp. 93-3).

**R15-5-175. Expired****Historical Note**

Adopted effective August 9, 1993 (Supp. 93-3). Section expired under A.R.S. § 41-1056(J) at 22 A.A.R. 2054, effective March 31, 2016 (Supp. 16-3).

**R15-5-176. Expired****Historical Note**

Adopted effective August 9, 1993 (Supp. 93-3). Section expired under A.R.S. § 41-1056(E) at 7 A.A.R. 2012, effective March 31, 2001 (Supp. 01-2).

**R15-5-177. Reserved****R15-5-178. Reserved****R15-5-179. Reserved****R15-5-180. Sales by Businesses in Federal Areas**

Gross receipts from sales by businesses not operated by or as an agency of the Federal Government, located on military bases or other federal areas, are subject to tax.

**Historical Note**

Renumbered from R15-5-1825 and amended effective August 9, 1993 (Supp. 93-3). Amended by final rulemaking at 13 A.A.R. 682, effective April 7, 2007 (Supp. 07-1).

**R15-5-181. Governmental Organizations**

- A. Gross receipts from the sale of tangible personal property to the state or its political subdivisions are taxable unless otherwise exempt. Gross receipts from the sale of tangible personal property to the Federal Government or its departments and agencies are taxable at the rate prescribed by statute, unless otherwise exempt.
- B. Gross receipts from the sale of tangible personal property by the state or its political subdivisions, when acting in a proprietary capacity, are taxable unless otherwise exempt.

- C. Gross receipts from the sale of tangible personal property by the Federal Government are not taxable.

**Historical Note**

Renumbered from R15-5-1803 and amended effective August 9, 1993 (Supp. 93-3).

**R15-5-182. Nonprofit Organizations**

- A. Gross receipts from the sale of tangible personal property to nonprofit churches, schools, and other nonprofit organizations are subject to tax unless otherwise exempt.
- B. Gross receipts from the sale of tangible personal property by a charitable nonprofit organization, recognized as such for income tax purposes by the Internal Revenue Service, are not subject to tax.
- C. For purposes of the statutory exemption and this rule, the Internal Revenue Service recognition of a charitable nonprofit organization is defined in Internal Revenue Code § 501(c)(3).

**Historical Note**

Renumbered from R15-5-1804 and amended effective August 9, 1993 (Supp. 93-3). Amended by final rulemaking at 13 A.A.R. 682, effective April 7, 2007 (Supp. 07-1).

**R15-5-183. Exempt Sales to Health Organizations**

- A. Gross receipts from the sale of tangible personal property to qualifying hospitals, qualifying health care organizations, rehabilitation programs for mentally or physically handicapped persons, and qualifying community health centers are exempt from tax if such purchases are exempt from tax pursuant to statutory provisions.
- B. The Department may, upon review of the written request and any other information requested by the Department to make a proper determination, provide an Exemption Letter to organization meeting the statutory criteria. The Exemption Letter shall be valid for a period of 12 months from the first day of the month following the issue date of the Exemption Letter unless the organization's tax exempt status changes prior to the end of the 12-month period, or the organization misrepresented or omitted material information in its exemption request.
- C. Qualifying hospitals, qualifying health care organizations, rehabilitation programs for mentally or physically handicapped persons, and qualifying community health centers shall annually submit to the Department a written request for an Exemption Letter. The request shall be submitted at least 30 days prior to the first day of the exemption period. For purposes of this rule, "exemption period" means the 12-month period beginning on the first day of the month following the issue date of the Exemption Letter or the 12-month period requested by the organization.
  1. Qualifying hospitals shall attach to their annual exemption request a copy of their current license issued by the Department of Health Services.
  2. Qualifying health care organizations shall attach to their exemption request letter the statutorily required annual financial audit and a copy of their Internal Revenue Code 501(c) recognition unless the Department has previously received a copy of this recognition.
  3. Rehabilitation programs for mentally or physically handicapped persons shall attach to their exemption request a copy of their Internal Revenue Code 501(c)(3) recognition unless the Department has previously received a copy of this recognition.
  4. Qualifying community health centers shall attach to their exemption request documentation supporting the statutory criteria and a copy of their Internal Revenue Code



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501(c)(3) recognition unless the Department has previously received a copy of this recognition.

**Historical Note**

Renumbered from R15-5-1821 and amended effective August 9, 1993 (Supp. 93-3). Amended effective April 21, 1995 (Supp. 95-2).

**ARTICLE 2. RENUMBERED AND REPEALED****R15-5-201. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**R15-5-202. Renumbered****Historical Note**

Section R15-5-202 renumbered to R15-5-2001 effective October 14, 1993 (Supp. 93-4).

**R15-5-203. Repealed****Historical Note**

Repealed effective October 14, 1993 (Supp. 93-4).

**R15-5-204. Renumbered****Historical Note**

Section R15-5-204 renumbered to R15-5-2002 effective October 14, 1993 (Supp. 93-4).

**R15-5-205. Repealed****Historical Note**

Repealed effective August 13, 1987 (Supp. 87-3).

**R15-5-206. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**R15-5-207. Repealed****Historical Note**

Repealed effective July 23, 1985 (Supp. 85-4).

**R15-5-208. Repealed****Historical Note**

Repealed effective July 23, 1985 (Supp. 85-4).

**R15-5-209. Repealed****Historical Note**

Amended effective November 7, 1978 (Supp. 78-6).  
Amended effective March 18, 1981 (Supp. 81-2).  
Renumbered as Section R15-5-3023 effective August 26, 1987 (Supp. 87-3). Renumbered and amended in error; Section R15-5-209 is reprinted herewith as it was amended effective March 18, 1981 (Supp. 88-3).  
Repealed effective October 14, 1993 (Supp. 93-4).

**R15-5-210. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**R15-5-211. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**R15-5-212. Renumbered****Historical Note**

Emergency rule adopted effective April 10, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days; emer-

gency rule readopted with changes effective June 18, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-2). Emergency rule readopted with changes effective September 19, 1990, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 90-3). Permanent rule adopted with changes effective December 14, 1990 (Supp. 90-4). Renumbered to Section R15-5-2215 effective October 14, 1993 (Supp. 93-4).

**ARTICLE 3. REPEALED****R15-5-301. Repealed****Historical Note**

Repealed effective August 13, 1987 (Supp. 87-3).

**R15-5-302. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**R15-5-303. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**R15-5-304. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**R15-5-305. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**R15-5-306. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**R15-5-307. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**ARTICLE 4. AMUSEMENT CLASSIFICATION****R15-5-401. Repealed****Historical Note**

Repealed effective August 13, 1987 (Supp. 87-3).

**R15-5-402. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**R15-5-403. Amusement Devices**

Gross proceeds of sales or gross income from the operation of coin-operated and other devices that provide amusement are included in the tax base under the amusement classification. Examples include: devices that play prerecorded music, electronic games, pinball games, and billiard tables.

1. The tax base from the business of operating amusement devices is the gross amount received from the amusement devices without deduction for commissions paid, rental cost for the equipment, or other expenses.
2. The individual having direct control of the funds generated by the amusement devices shall pay the tax to the Department.

**Historical Note**

Amended effective September 22, 1997 (Supp. 97-3).  
Amended by final rulemaking at 13 A.A.R. 682, effective

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April 7, 2007 (Supp. 07-1).

**R15-5-404. Other Income**

Gross receipts from the sale of programs, souvenirs, or any other items of tangible personal property are included in the tax base under the retail classification.

**Historical Note**

Amended effective April 21, 1995 (Supp. 95-2).

Amended effective September 22, 1997 (Supp. 97-3).

**R15-5-405. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**R15-5-406. Health or Fitness Establishments and Private Recreational Establishments**

- A. The operator of a "health or fitness establishment" or a "private recreational establishment," as defined in A.R.S. § 42-5073(C), shall exclude from the tax base under the amusement classification all gross proceeds of sales or gross income from membership fees and initiation fees charged for the use of the establishment, or any portion of the establishment, for 28 days or more, and fees charged for the use of the establishment by bona fide accompanied guests of members. Any other fees for the use of a health or fitness establishment or a private recreational establishment, or any portion of the establishment, are included in the tax base of the amusement classification.
- B. Gross proceeds of sales or gross income derived from other businesses that are located on the premises of a health, fitness, or recreational business shall not be considered when determining whether a health, fitness, or recreational business is a "health or fitness establishment" or a "private recreational establishment" if the other businesses are separate and independent from the health, fitness, or recreational business. Whether the other businesses are separate and independent depends upon the facts in each case. The Department considers several factors in making this determination including but not limited to the following:
  1. Whether the business is open to both members and non-members;
  2. Whether the primary purpose of the business is closely related to the primary purpose of the health, fitness, or recreational business;
  3. Whether the business could exist without the health, fitness, or recreational business; and
  4. Whether the business shares assets or employees with the health, fitness, or recreational business.

**Historical Note**

Amended effective September 22, 1997 (Supp. 97-3).

Amended by final rulemaking at 13 A.A.R. 682, effective

April 7, 2007 (Supp. 07-1).

**R15-5-407. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**R15-5-408. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**R15-5-409. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**ARTICLE 5. REPEALED****R15-5-501. Repealed****Historical Note**

Repealed effective July 23, 1985 (Supp. 85-4).

**R15-5-502. Repealed****Historical Note**

Repealed effective January 16, 1997 (Supp. 97-1).

**R15-5-503. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**R15-5-504. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**R15-5-505. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**R15-5-506. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**ARTICLE 6. PRIME CONTRACTING CLASSIFICATION****R15-5-601. Taxpayer Bonds for Contractors**

- A. For the purpose of this rule:
  1. The principal place of business shall be Arizona if the licensee has continuously operated a facility with at least one full-time employee in Arizona for 12 consecutive months preceding the determination.
  2. A surety bond shall include a bond issued by a company authorized to execute and write bonds in Arizona as a surety or composed of securities or cash which are deposited with the Department of Revenue.
- B. The businesses subject to these bonds are grouped in accordance with the standard industry classifications by average business activity. The business classes and bond amounts are as follows:
  1. Two thousand dollars for:
    - a. General contractors of residential buildings other than single family;
    - b. Operative builders;
    - c. Plumbing, air conditioning, and heating, except electric;
    - d. Painting, paper hanging;
    - e. Decorating;
    - f. Electrical work;
    - g. Masonry stonework and other stonework;
    - h. Plastering, drywall, acoustical and insulation work;
    - i. Terrazzo, tile, marble and mosaic work;
    - j. Carpentry;
    - k. Floor laying and other floor work;
    - l. Roofing and sheet metal work;
    - m. Concrete work;
    - n. Water well drilling;
    - o. Structural steel erection;
    - p. Glass and glazing work;
    - q. Excavating and foundation work;
    - r. Wrecking and demolition work;
    - s. Installation and erection of building equipment;
    - t. Special trade contractors; and
    - u. Manufacturers of mobile homes.
  2. Seven thousand dollars for:
    - a. General contractors of single family housing;
    - b. Water, sewer, pipeline, communication and power-line construction.

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3. Seventeen thousand dollars for:
  - a. General contractors of industrial buildings and warehouses;
  - b. General contractors nonresidential buildings other than single family;
  - c. Highways and street construction except elevated highways.
4. Twenty-two thousand dollars for:
  - a. Heavy construction;
  - b. Bridge construction;
  - c. Tunnel construction; and
  - d. Elevated highway construction.
- C. Except as provided in subsection (D), any applicant whose principal place of business is outside Arizona or who has conducted business in Arizona for less than one year shall post a bond before the transaction privilege tax license shall be issued.
- D. Any taxpayer subject to bonding requirements may submit a written request to the Director of the Department of Revenue for an exemption from the bond. The exemption request shall provide at least one of the following:
  1. Any taxpayer who has been actively engaged in business for at least two years immediately preceding the exemption request may submit statements from an authorized state employee from each state in which the business has been licensed in the last two years verifying that the taxpayer has, for at least two years immediately preceding the date of the statement, made timely payment of all sales taxes and other transaction privilege taxes incurred.
  2. Two-year reporting history as described above in subsection (D)(1) and an explanation of good cause for late or insufficient payment of the tax;
  3. Documentation which verifies that no potential for Arizona tax liability exists;
  4. Bond for a previously issued Arizona transaction privilege license that adequately covers the licensee's expected transaction privilege tax liability for Arizona for both the previously issued license and for this license.
- E. The bond shall not expire prior to two years after the transaction privilege license is issued. Upon lapse or forfeiture of any bond by any licensee, the licensee shall deposit with the Department another bond within five business days of the licensee's receipt of written notification by the Department.
- F. Any licensee, who has had a bond posted for at least two years and fulfills any exception listed in subsection (D), or whose principal place of business becomes Arizona, may request a written waiver and that the bond be returned.

**Historical Note**

Former Section R15-5-601 repealed effective August 13, 1987 (Supp. 87-3). New Section R15-5-601 renumbered from R15-10-202 (Supp. 94-1). Amended by final rulemaking at 24 A.A.R. 742, effective May 13, 2018 (Supp. 18-1).

**R15-5-602. Expired****Historical Note**

Amended effective November 7, 1978, unless otherwise noted (Supp. 78-6). Correction, subsection (C), paragraph (2) as filed effective November 7, 1978, unless otherwise noted (Supp. 82-1). Section expired under A.R.S. 41-1056(E) at 17 A.A.R. 2692, effective September 28, 2011 (Supp. 11-4).

**R15-5-603. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**R15-5-604. Expired****Historical Note**

Section expired under A.R.S. 41-1056(E) at 17 A.A.R. 2692, effective September 28, 2011 (Supp. 11-4).

**R15-5-605. Expired****Historical Note**

Section expired under A.R.S. 41-1056(E) at 17 A.A.R. 2692, effective September 28, 2011 (Supp. 11-4).

**R15-5-606. Expired****Historical Note**

Amended effective December 11, 1998 (Supp. 98-4). Section expired under A.R.S. 41-1056(E) at 12 A.A.R. 2692, effective September 28, 2011 (Supp. 11-4).

**R15-5-607. Expired****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2). Amended effective December 11, 1998 (Supp. 98-4). Section expired under A.R.S. § 41-1056(E) at 12 A.A.R. 4742, effective September 30, 2006 (Supp. 06-4).

**R15-5-608. Expired****Historical Note**

Amended effective November 7, 1978 (Supp. 78-6). Amended by adding subsections (D) and (E) effective March 18, 1981 (Supp. 81-2). Section expired under A.R.S. 41-1056(E) at 17 A.A.R. 2692, effective September 28, 2011 (Supp. 11-4).

**R15-5-609. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**R15-5-610. Repealed****Historical Note**

Former Section 15-5-610 repealed, new Section R15-5-610 adopted effective March 18, 1981 (Supp. 81-2). Repealed effective January 16, 1997 (Supp. 97-1).

**R15-5-611. Repealed****Historical Note**

Repealed effective March 18, 1981 (Supp. 81-2).

**R15-5-612. Expired****Historical Note**

Amended effective November 7, 1978 (Supp. 78-6). Section expired under A.R.S. 41-1056(E) at 17 A.A.R. 2692, effective September 28, 2011 (Supp. 11-4).

**R15-5-613. Expired****Historical Note**

Amended effective November 7, 1978 (Supp. 78-6). Section expired under A.R.S. 41-1056(E) at 17 A.A.R. 2692, effective September 28, 2011 (Supp. 11-4).

**R15-5-614. Expired****Historical Note**

Amended effective November 7, 1978 (Supp. 78-6). Section expired under A.R.S. 41-1056(E) at 17 A.A.R. 2692,

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effective September 28, 2011 (Supp. 11-4).

**R15-5-615. Expired****Historical Note**

Section expired under A.R.S. 41-1056(E) at 17 A.A.R. 2692, effective September 28, 2011 (Supp. 11-4).

**R15-5-616. Expired****Historical Note**

Amended effective June 18, 1987 (Supp. 87-2). Section expired under A.R.S. 41-1056(E) at 17 A.A.R. 2692, effective September 28, 2011 (Supp. 11-4).

**R15-5-617. Repealed****Historical Note**

Section repealed by final rulemaking at 10 A.A.R. 5200, effective February 5, 2005 (Supp. 04-4).

**R15-5-618. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**R15-5-619. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**R15-5-620. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**R15-5-621. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**R15-5-622. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**R15-5-623. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**R15-5-624. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**R15-5-625. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**R15-5-626. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**R15-5-627. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**R15-5-628. Expired****Historical Note**

Adopted effective November 7, 1978 (Supp. 78-6). Section expired under A.R.S. 41-1056(E) at 17 A.A.R. 2692, effective September 28, 2011 (Supp. 11-4).

**R15-5-629. Expired****Historical Note**

Adopted effective November 7, 1978, unless otherwise noted (Supp. 78-6). Section expired under A.R.S. 41-1056(E) at 17 A.A.R. 2692, effective September 28, 2011 (Supp. 11-4).

**ARTICLE 7. REPEALED****R15-5-701. Repealed****Historical Note**

Repealed effective August 13, 1987 (Supp. 87-3).

**R15-5-702. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**R15-5-703. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**R15-5-704. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**ARTICLE 8. REPEALED****R15-5-801. Repealed****Historical Note**

Repealed effective August 13, 1987 (Supp. 87-3).

**R15-5-802. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**R15-5-803. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**R15-5-804. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**ARTICLE 9. MINING CLASSIFICATION****R15-5-901. Definitions**

In addition to the definitions provided in A.R.S. § 42-5001, the following definitions apply to this Article:

1. "Mining" means operations involving the extraction of nonmetalliferous mineral products from beneath or at the surface of the earth for commercial use and includes underground, surface, and open-pit operations.
2. "Nonmetalliferous mineral product" has the same meaning as prescribed in A.R.S. § 42-5072.

**Historical Note**

Amended effective November 7, 1978 (Supp. 78-6). Repealed effective August 13, 1987 (Supp. 87-3). New Section R15-5-901 renumbered from R15-5-903 and amended by final rulemaking at 6 A.A.R. 2952, effective July 18, 2000 (Supp. 00-3).

**R15-5-902. General**

- A. A person engaged in the business of mining is subject to tax under the mining classification on the gross proceeds of sales or gross income received from the sale of a nonmetalliferous mineral product to a purchaser that resells the product in the ordinary course of business.
- B. A person engaged in the business of mining is not subject to tax under the mining classification on the gross proceeds of

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sales or gross income received from the sale of a nonmetalliferous mineral product to a person engaged in business classified under the prime contracting classification if the nonmetalliferous mineral product is to be incorporated into a structure or project as part of the business.

- C. A person engaged in the business of mining is subject to tax under the retail classification on the gross income received from the sale of a nonmetalliferous mineral product to a final consumer.
- D. A person engaged in the business of mining shall not deduct from the tax base amounts paid as royalties.

**Historical Note**

Amended by final rulemaking at 6 A.A.R. 2952, effective July 18, 2000 (Supp. 00-3).

**R15-5-903. Renumbered****Historical Note**

Section R15-5-903 renumbered to R15-5-901 by final rulemaking at 6 A.A.R. 2952, effective July 18, 2000 (Supp. 00-3).

**R15-5-904. Manufacturing or Processing Service Charges**

- A. A person engaged in the business of mining is subject to tax on the gross proceeds of sales or gross income from refining petroleum products, producing a combination of nonmetalliferous mineral products, as well as other manufacturing or processing service charges derived from contracts with the owner of the products.
- B. A person who mines and processes nonmetalliferous mineral products is subject to tax on the gross proceeds of sales or gross income from the sale of the first marketable product. For example, a person who mines clay and processes the material into bricks is taxable on the gross proceeds of sales or gross income from the sale of the bricks.

**Historical Note**

Amended by final rulemaking at 6 A.A.R. 2952, effective July 18, 2000 (Supp. 00-3).

**R15-5-905. Products Shipped Out of Arizona**

- A. A person engaged in the business of mining that ships a nonmetalliferous mineral product out-of-state without making a sale in Arizona shall include in the tax base the market value of the nonmetalliferous mineral product before it enters interstate commerce.
- B. Unless otherwise provided in subsection (D), the taxpayer shall calculate the market value of a nonmetalliferous mineral product shipped out-of-state in the following manner:
  1. Establish the total selling price of the product outside Arizona.
  2. Deduct, from the total selling price, costs incurred out-of-state that increase the value of the product. These costs include:
    - a. The cost of actual freight paid, as provided in R15-5-908, to the point of sale outside Arizona;
    - b. The refining or processing cost incurred before the first sale; and
    - c. The cost of sales commissions, paid or accrued, in connection with the sale.
- C. The market value of the product shipped out-of-state shall not include the cost of processing if the processor has paid the Arizona transaction privilege tax on the gross proceeds of sales or gross income derived from the processing. (See R15-5-904.)
- D. A taxpayer may compute the market value of a nonmetalliferous mineral product shipped out-of-state in any manner that accurately reflects the value of the nonmetalliferous mineral product at the point it enters interstate commerce if the tax-

payer gives prior written notification to the Department and the Department approves the computation method.

**Historical Note**

Amended effective March 18, 1981 (Supp. 81-2).  
Amended effective June 18, 1987 (Supp. 87-2). Amended by final rulemaking at 6 A.A.R. 2952, effective July 18, 2000 (Supp. 00-3).

**R15-5-906. Repealed****Historical Note**

Section repealed by final rulemaking at 6 A.A.R. 2952, effective July 18, 2000 (Supp. 00-3).

**R15-5-907. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**R15-5-908. Actual Freight Paid**

- A. A person engaged in the business of mining may deduct from the tax base under the mining classification actual freight costs incurred in connection with the sale that are included in the sales price if the actual freight costs incurred are separately stated in the billing to its customer.
- B. A person engaged in the business of mining that does not separately state the actual freight costs incurred in the billing to the customer may still deduct the actual freight costs paid to a third party, provided the person keeps books and records to show separately the actual freight paid to the third party.
- C. A taxpayer shall not deduct the cost incurred by the taxpayer before a sale for freight from the mining or production location to the sales location.

**Historical Note**

Section repealed; new Section adopted by final rulemaking at 6 A.A.R. 2952, effective July 18, 2000 (Supp. 00-3).

**R15-5-909. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**ARTICLE 10. TRANSACTION PRIVILEGE TAX - TRANSIENT LODGING CLASSIFICATION****R15-5-1001. Application of the Definition of Transient for Purposes of Taxation under the Transient Lodging Classification**

- A. Effective January 1, 1979, the leasing or renting of dwelling units and lodging facilities to a person shall not be taxable under the transient lodging classification if the lodging is obtained for a continuous block of time for 30 or more consecutive days except as provided under A.R.S. § 42-1310.10(B). For purposes of this rule, "person" has the same meaning as under A.R.S. § 42-1301.
- B. Gross receipts from providing lodging obtained for a continuous block of time for 30 or more consecutive days shall not be taxable under the transient lodging classification from the first day of occupancy.
  1. Lodging obtained for 30 or more consecutive days in increments of time for a period of less than 30 consecutive days rather than for a continuous block of time shall be taxable under the transient lodging classification except as provided under A.R.S. § 42-1310.10(B).
  2. A lodger may originally acquire lodging on an incremental basis for a period of less than 30 consecutive days and subsequently change to a continuous block of time for 30 or more consecutive days; however, the lodging origi-

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nally obtained on an incremental basis of less than 30 consecutive days shall remain subject to tax regardless of any subsequent action on the part of the lodger.

- C. If lodging is obtained on a continuous basis for 30 or more consecutive days but the person obtaining the lodging leaves before the 30-day period ends and only pays for a period of 29 days or less, the exclusion shall not apply. The gross receipts from providing lodging for 29 days or less shall be subject to tax under the transient lodging classification.
- D. The following situations are indicative of the application of the provisions in this rule:
  1. A person rents a motel room on a weekly basis for 10 consecutive weeks. The total rental period is greater than 30 consecutive days; however, the method of renting by the week meets the definition of "transient." Gross receipts from renting lodging space on such a basis are subject to tax under the transient lodging classification.
  2. A motion picture company contracts with a hotel to rent a block of 15 rooms for a three-month period during which filming will occur in the area. During that three-month period, a variety of crew members and actors will occupy the rooms. Any one room may have a different occupant during the three-month time period as filming progresses and different actors or crew members are involved in the production of the film. The rental by the motion picture company for the three-month period is not subject to tax under the transient lodging classification since the motion picture company contracted with the hotel to rent for a three-month period and, therefore, does not meet the definition of a transient.
  3. An individual reserves a room in a rooming house for two weeks. The individual decides to stay another two weeks. The total number of days' stay is now at 28 days. Once again, the individual extends the stay by two weeks. Each time period is less than 30 days. Even though the total period of time is over 29 days, after the third extension of two weeks, the individual continues to be a transient for purposes of taxation under the transient lodging classification. If the individual had rented the room for 30 days or more after the first two weeks, gross receipts from the additional time would not be subject to tax. However, the first two-week block of time would remain taxable since that time period falls under the definition of transient.
  4. An individual is not sure how long he will be staying at a hotel so, upon registration, gets the room for 35 days. After 21 days the individual decides to leave and pays only for the 21-day stay. Gross receipts are subject to tax under the transient lodging classification. If the individual had a contractual agreement in which, regardless of length of occupancy, he was required to pay for the entire 35 days, the gross receipts from such a transaction would not be taxable.

**Historical Note**

Repealed effective August 13, 1987 (Supp. 87-3). New Section R15-5-1001 renumbered from R15-5-1614 (Supp. 94-2). Amended effective April 21, 1995 (Supp. 95-2).

**R15-5-1002. Activities in Addition to Providing Lodging**

- A. If a transient lodging facility is engaged in the business of providing lodging and engages in the business of providing meals, the gross receipts from lodging shall be separately stated and reported from the gross receipts from restaurant activities.
- B. Gross receipts from the providing of meals or room service shall be subject to tax under the restaurant classification.

- C. Gross receipts from the sale of tangible personal property by transient lodging facilities such as from magazine stands, gift shops, or in-room food or beverage bars shall be subject to tax under the retail classification.

**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2). New Section R15-5-1002 renumbered from R15-5-1615 (Supp. 94-2). Amended effective April 21, 1995 (Supp. 95-2).

**R15-5-1003. Providing Lodging to Government Agencies**

Gross receipts from providing transient lodging to the United States Government, the state or its political subdivisions, or any other government agency or its employees shall be taxable under the transient lodging classification unless otherwise exempt.

**Historical Note**

Adopted effective April 21, 1995 (Supp. 95-2).

**ARTICLE 11. TRANSACTION PRIVILEGE TAX – JOB PRINTING CLASSIFICATION****R15-5-1101. Definitions**

For purposes of this Article, the following definitions apply:

1. "Image developing" means the copying or reproducing by a printer of an image by any means from film, paper, video, or another data storage medium to photographic print paper or another storage medium that can visually display the image.
2. "Job printing" means the copying or reproducing by a printer of documents or data directly or indirectly provided by the printer's customer, including by another person at the customer's direction, for the ultimate purpose of producing a physical or electronic copy of the document or data. The document or data can be textual or pictorial, and may be received by the printer in physical or electronic form. Examples of methods of job printing include dye sublimation, electrostatic printing, flexography, gravure, inkjet printing, laser printing, lithography, offset printing, optical scanning, photocopying, photofinishing, reprographic printing, screen printing, thermography, xerography, and similar means of duplication.
3. "Photography" means the process of taking and supplying images to customers, using film, video, or another data storage medium.
4. "Printer" means a person that copies or reproduces textual or pictorial material by any means, process, or method of job printing, engraving, embossing, or copying, but that does not distribute the copied or reproduced material on the person's own behalf.
5. "Printing" means a finished product in physical or electronic form produced by a printer through job printing, engraving, embossing, or copying and that is held for sale by the printer.
6. "Qualifying health care organization" has the same meaning as prescribed in A.R.S. § 42-5001(10).
7. "Qualifying hospital" has the same meaning as prescribed in A.R.S. § 42-5001(11).

**Historical Note**

Repealed effective August 13, 1987 (Supp. 87-3). New Section made by final rulemaking at 11 A.A.R. 5493, effective February 6, 2006 (Supp. 05-4).

**R15-5-1102. Printer's Sale of Printing**

- A. Except as otherwise provided in subsection (F) or other applicable A.R.S. § 42-5066(B) exemptions, gross income or gross proceeds derived from all of a printer's costs or expenses of filling a customer's printing order are subject to tax under this

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Article. Examples of costs or expenses include charges for set-up, die cutting, embossing, folding, and binding operations.

- B. Gross income or gross proceeds derived from an Arizona printer's sale of printing within Arizona are subject to tax even when the printer conducts the job printing, engraving, embossing, or copying activity outside the state, unless the printing is shipped or delivered outside the state for use outside the state.
- C. If a printer ships or delivers printing to be used outside the state to a common carrier for transportation to a location outside the state, the common carrier is deemed to be the agent of the printer for purposes of determining whether the printing has been shipped or delivered outside the state, regardless of who is responsible for payment of the freight charges.
- D. A printer may substantiate a shipment or delivery of printing outside the state by one of the following records:
  1. An internal delivery order that is supported by receipts for expenses incurred in delivery of printing and signed on the delivery date by the person who delivers the printing;
  2. A common carrier's receipt or bill of lading;
  3. A parcel post receipt;
  4. An export declaration;
  5. A receipt from a licensed broker; or
  6. Proof of export or import, signed by a customs officer.
- E. Except as provided in subsection (F) or other applicable A.R.S. § 42-5066(B) exemptions, gross income or gross proceeds derived from an Arizona printer's charges for the distribution of printing are generally subject to tax under this Article. In the absence of documentation listed in subsection (D), it remains the taxpayer's burden to substantiate that the gross income or gross proceeds derived from a sale of printing are not taxable because the printing is shipped or delivered outside the state for use outside the state, pursuant to A.R.S. § 42-5066(B)(2). A printer substantiates that printing is shipped or delivered outside the state for use outside the state if the printer shows that the address or number to which the printer distributes the printing does not identify or is incapable of identifying an in-state location.
- F. Pursuant to A.R.S. § 42-5066(B)(4), a printer may deduct its gross income or gross proceeds derived from charges for postage and freight if the printer separately states the charges on a customer's invoice and in the printer's records, except that the amount deducted shall not exceed the amount paid by the printer to the United States Postal Service or a commercial delivery service. A printer may not deduct its gross income or gross proceeds derived from charges for delivery of the printing using the printer's own conveyance.

**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2). New Section made by final rulemaking at 11 A.A.R. 5493, effective February 6, 2006 (Supp. 05-4). Amended by final rulemaking at 13 A.A.R. 470, effective February 6, 2007 (Supp. 07-1).

**R15-5-1103. Repealed****Historical Note**

Section repealed by final rulemaking at 11 A.A.R. 5493, effective February 6, 2006 (Supp. 05-4).

**R15-5-1104. Repealed****Historical Note**

Section repealed by final rulemaking at 11 A.A.R. 5493, effective February 6, 2006 (Supp. 05-4).

**R15-5-1105. Repealed****Historical Note**

Section repealed by final rulemaking at 11 A.A.R. 5493, effective February 6, 2006 (Supp. 05-4).

**R15-5-1106. Sale of Materials to a Printer**

Sales to a printer of materials that do not become an ingredient or component part of a printing fall under the retail classification (see Article 1 of this Chapter) and are subject to tax unless otherwise exempt under A.R.S. § 42-5061. Examples of such materials include color process plates, electrotypes, film processing chemicals, printing plates, and wood mounts. In contrast, sales by the printer of any such materials that are job printed, engraved, embossed, or copied by the printer for the printer's customer constitute sales of printing and fall under this Article. An example is a printer's sale to a customer of a printing plate upon which the printer has performed job printing, engraving, embossing, or copying activity for the customer.

**Historical Note**

Amended by final rulemaking at 11 A.A.R. 5493, effective February 6, 2006 (Supp. 05-4).

**R15-5-1107. Repealed****Historical Note**

Amended effective November 7, 1978 (Supp. 78-6). Section repealed by final rulemaking at 11 A.A.R. 5493, effective February 6, 2006 (Supp. 05-4).

**R15-5-1108. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**R15-5-1109. Repealed****Historical Note**

Former Section R15-5-1109 repealed, new Section R15-5-1109 adopted effective March 18, 1981 (Supp. 81-2). Amended effective June 25, 1993 (Supp. 93-2). Section repealed by final rulemaking at 11 A.A.R. 5493, effective February 6, 2006 (Supp. 05-4).

**R15-5-1110. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**R15-5-1111. Miscellaneous Costs of a Printer Are Not Deductions**

- A. A printer shall not deduct the cost of subletting job printing, engraving, embossing, or copying activities.
- B. A printer shall not deduct the cost of labor or materials employed in the job printing, engraving, embossing, or copying activity of another person.

**Historical Note**

Amended by final rulemaking at 11 A.A.R. 5493, effective February 6, 2006 (Supp. 05-4).

**R15-5-1112. Sale of Image Developing**

- A. Gross income or gross proceeds derived from a sale of image developing in which the image developing is not part of a sale of photography are subject to tax under this Article.
- B. Gross income or gross proceeds derived from a sale of image developing to a business that resells the image developing are nontaxable under this Article.
- C. Gross income or gross proceeds derived from a sale of image developing either to a qualifying health care organization that uses the image developing solely to provide health and medical related educational and charitable services or to a qualify-

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ing hospital are nontaxable under this Article. An example is image developing of x-ray film or photographs.

**Historical Note**

Section repealed; new Section made by final rulemaking at 11 A.A.R. 5493, effective February 6, 2006 (Supp. 05-4).

**ARTICLE 12. REPEALED****R15-5-1201. Repealed****Historical Note**

Repealed effective August 13, 1987 (Supp. 87-3).

**R15-5-1202. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**ARTICLE 13. SALES TAX - PUBLISHING CLASSIFICATION****R15-5-1301. Repealed****Historical Note**

Repealed effective August 13, 1987 (Supp. 87-3).

**R15-5-1302. General**

- A. The gross income derived from the business of publishing within the state is taxable under this classification. Gross income includes revenue from subscriptions, notices, and local advertising.
- B. Subscription income includes all circulation revenue. In determining the taxable base, however, there shall be excluded from such revenue those actual amounts retained by or credited to carriers and other vendors as compensation for delivery or sale of newspapers.
  1. Carriers are defined as those persons who deliver newspapers to individual subscribers. Such deliveries are confined to a specific area or route.
  2. Other vendors are defined as those persons who deliver newspapers to retailers such as news stands, convenience markets, drug stores and to coin-operated vending machines located in or near commercial establishments such as office buildings, hotels, motels, grocery and department stores.
- C. Income of publishers from sales of newspapers, whether directly or through other vendors, to news stands, convenience markets, drug stores or other retailers are taxable under this classification. The sales of newspapers by such retailers to consumers are taxable as retail sales. (See R15-5-1802(C))

**Historical Note**

Amended effective March 18, 1981 (Supp. 81-2).

**R15-5-1303. Definitions**

- A. A "publisher" is one who manufactures and distributes a publication from a point within this state.
- B. The term "publication" includes books, newspapers, magazines, music, periodicals, and any other literary work.
- C. Effective 9/12/75, the term "publication" shall specifically exclude books. Sales of books directly to a final consumer, however, are taxable under the retail classification (see Article 18).

**R15-5-1304. Printing costs**

The cost of printing a publication, including the subletting of printing to another person, is not deductible from the gross income.

**R15-5-1305. Out-of-state distribution**

Income from publications, other than books, mailed or distributed from a point within this state to a point outside the state is subject to the tax under this classification.

**R15-5-1306. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**ARTICLE 14. TRANSPORTING CLASSIFICATION****R15-5-1401. Repealed****Historical Note**

Repealed effective August 13, 1987 (Supp. 87-3).

**R15-5-1402. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**R15-5-1403. Repealed****Historical Note**

Repealed effective January 16, 1997 (Supp. 97-1).

**R15-5-1404. Excess Baggage Charges**

- A. Gross proceeds of sales or gross income from charges for excess baggage shipped from one point to another point in this state is included in the tax base under the transporting classification except as provided in subsection (B).
- B. Gross proceeds of sales or gross income from charges for excess baggage shipped by motor vehicle from one point to another point in this state is not included in the tax base under the transporting classification if a light motor vehicle fee imposed under A.R.S. § 28-5492 or a motor carrier fee imposed under A.R.S. § 28-5852 is paid to the Department of Transportation on the vehicle used in the transporting.

**Historical Note**

Amended by final rulemaking at 6 A.A.R. 2594, effective June 12, 2000 (Supp. 00-2).

**R15-5-1405. Demurrage Charges**

Gross proceeds of sales or gross income from demurrage charges is included in the tax base under the transporting classification unless the transporting to which it relates is excluded from the transporting classification.

**Historical Note**

Amended by final rulemaking at 6 A.A.R. 2594, effective June 12, 2000 (Supp. 00-2).

**R15-5-1406. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**R15-5-1407. Repealed****Historical Note**

Repealed effective January 16, 1997 (Supp. 97-1).

**R15-5-1408. Rental of Aircraft**

- A. Gross proceeds of sales or gross income from transporting by aircraft freight or property from one point to another point in this state is included in the tax base under the transporting classification.
- B. A charge for the use of an aircraft when a pilot is not provided is rent. Gross proceeds of sales or gross income from the rental or leasing of aircraft is included in the tax base under the personal property rental classification unless a specific deduction or exclusion applies.



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**Historical Note**

Amended by final rulemaking at 6 A.A.R. 2594, effective June 12, 2000 (Supp. 00-2).

**ARTICLE 15. PERSONAL PROPERTY RENTAL CLASSIFICATION****R15-5-1501. Repealed****Historical Note**

Repealed effective August 13, 1987 (Supp. 87-3).

**R15-5-1502. General**

- A. Gross income derived from the rental of tangible personal property is included in the tax base under the personal property rental classification unless a specific statutory exemption, exclusion, or deduction applies. Examples of tangible personal property include: televisions, cars, trucks, lawnmowers, floor polishers, tuxedos, uniforms, furniture, towels, and linens.
- B. In this Article, the terms "lease," "rental," and "leasing" are used synonymously.
- C. Gross income from the lease of tangible personal property to a lessee who subleases the property is not taxable under the personal property rental classification if the lessee is engaged in the business of leasing the property under the personal property rental classification.
- D. Gross income from the rental of tangible personal property includes charges for installation, labor, insurance, maintenance, repairs, pick-up, delivery, assembly, set-up, personal property taxes, and penalty fees even if these charges are billed as separate items, unless a specific statutory exemption, exclusion, or deduction applies.

**Historical Note**

Amended subsection (D) and added subsection (E) effective March 18, 1981 (Supp. 81-2). Amended by final rulemaking at 6 A.A.R. 3091, effective July 18, 2000 (Supp. 00-3).

**R15-5-1503. Sourcing of Leased Tangible Personal Property**

- A. In this Section:
  1. "Business location" means the business address that appears on a lessor's privilege license, but if the lessor does not have a business address in Arizona, business location means the lessee's residential or primary business street address.
  2. "Source" means to determine the location of leasing or renting activity for tax purposes.
- B. The personal property rental classification applies to a person who is engaging or continuing in the business of leasing or renting tangible personal property in Arizona for a consideration. Gross receipts from leasing or renting tangible personal property in Arizona are taxable under this classification.
- C. The Department shall source gross receipts from leasing or renting tangible personal property to the business location. Thus, gross receipts of a lessor without a business address in Arizona, derived from leasing or renting tangible personal property, are sourced to the lessee's residential or primary business street address and are taxable when the property is shipped, delivered, or otherwise brought into the state for use in Arizona.
- D. Gross receipts from leasing or renting tangible personal property are not taxable if the property is shipped or delivered outside of the state and intended, at the inception of the lease, for use exclusively outside of the state.
- E. Gross receipts from leasing or renting tangible personal property are not taxable if the property is removed from the state and used exclusively outside of the state. Intermittent use of tangible personal property outside of the state does not consti-

tute removal of the property from the state for use exclusively outside of the state, and therefore does not change the business location of the property or liability for the tax. For example, use of a business's leased tangible personal property by its employees at different locations on business trips and service calls does not change liability for the tax.

- F. The burden of proof for establishing the applicability of subsection (D) or (E) is on the lessor.
- G. For leasing or renting activity related to a motor vehicle, the Department shall examine whether the motor vehicle is licensed, registered, or primarily used in Arizona.
- H. A taxpayer shall not take a deduction or credit for taxes paid in another state on a lease or rental of tangible personal property.

**Historical Note**

Amended by final rulemaking at 10 A.A.R. 3071, effective September 11, 2004 (Supp. 04-3).

**R15-5-1504. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**R15-5-1505. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**R15-5-1506. Rental of Tangible Personal Property to Government Agencies**

A lessor's gross income from the rental of tangible personal property to the United States Government, the state of Arizona, or other governmental subdivisions is taxable under the personal property rental classification unless a specific statutory exemption, exclusion, or deduction applies.

**Historical Note**

Amended by final rulemaking at 6 A.A.R. 3091, effective July 18, 2000 (Supp. 00-3).

**R15-5-1507. Rental of Tangible Personal Property to Schools, Churches, and Other Nonprofit Organizations**

A lessor's gross income from the rental of tangible personal property to a school, church, or other nonprofit organization is taxable under the personal property rental classification unless a specific statutory exemption, exclusion, or deduction applies.

**Historical Note**

Amended by final rulemaking at 6 A.A.R. 3091, effective July 18, 2000 (Supp. 00-3).

**R15-5-1508. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**R15-5-1509. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**R15-5-1510. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**R15-5-1511. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**R15-5-1512. Lease - Purchase Agreements**

- A. A lessor's gross income from the leasing of tangible personal property that includes an option to purchase the tangible per-

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sonal property is taxable under the personal property rental classification until the lessee exercises the purchase option.

- B.** Gross income received after the lessee exercises the purchase option is taxable under the retail classification.

#### Historical Note

Amended by final rulemaking at 6 A.A.R. 3091, effective July 18, 2000 (Supp. 00-3).

#### R15-5-1513. Repealed

#### Historical Note

Adopted effective November 7, 1978 (Supp. 78-6). Section repealed by final rulemaking at 6 A.A.R. 3091, effective July 18, 2000 (Supp. 00-3).

### ARTICLE 16. COMMERCIAL LEASE CLASSIFICATION

#### R15-5-1601. Definitions

The following definitions apply for purposes of the rules in this Article, unless the context requires otherwise or unless otherwise defined.

1. "Agricultural property" means land or structures which are used for the purposes of growing crops or raising animals including agronomy, horticulture, viticulture, or animal husbandry.
2. "Economic unit of agricultural property" means agricultural property which is rented to the same lessee under one lease or rental agreement but may include more than one parcel or location which is functionally integrated.
3. "Real property used for commercial purposes" means land or structures, including parking lots but not including agricultural property or land or structures used for residential purposes.
4. "Rental" means renting or leasing
5. "Unit" means a single real property location rented or leased to a single tenant under one lease or rental agreement.

#### Historical Note

Repealed effective August 13, 1987 (Supp. 87-3). New Section R15-5-1601 renumbered from R15-5-1603 and amended effective April 21, 1995 (Supp. 95-2).

#### R15-5-1602. Casual Leasing Activity

- A.** For purposes of taxation under the commercial lease classification, there shall be no general exclusion for a casual rental of real property unless delineated under A.R.S. § 42-5059 except as provided in subsection (B) of this rule.
- B.** For periods ending on or before July 31, 1988, the rental of one unit or real property shall have been deemed to be a casual activity and not subject to transaction privilege tax if:
1. A lessor had income from another source which was unrelated to the income from the rental of real property and such income was of a significant amount so as to indicate that the rental activity was not the sole or main support of the lessor and
  2. The scope and degree of the rental activity clearly indicated that the rental activity was an investment activity rather than income from a business.
- C.** For periods beginning on or after August 1, 1988, gross income from the rental of one or more units of real property used for commercial purposes shall be deemed to be a business activity and shall be taxable under the commercial lease classification.
- D.** For periods prior to July 17, 1993, gross income from the rental of one economic unit of agricultural property shall not be taxable if the following conditions exist:
1. A lessor had income from another source which was unrelated to the income from the rental of one economic

unit of agricultural property and such income was of a significant amount so as to indicate that the rental activity was not the sole or main support of the lessor and

2. The scope and degree of the rental activity clearly indicated that the rental activity was an investment activity rather than income from a business.
- E.** For periods from and after July 17, 1993, gross income from the rental of agricultural property shall not be subject to tax if the conditions of A.R.S. § 42-5069(C)(12) are met.
- F.** The following situations are indicative of the application of the general provisions of the commercial lease classification:
1. A three-story office building is lease in its entirety to a large law firm. The building is one unit of property. Prior to August 1, 1988, the lessor of the office building was not considered to be engaged in business under the commercial lease classification if the conditions of subsection (A) existed. Commencing on or after August 1, 1988, the single rental of commercial real property is subject to tax under the commercial lease classification.
  2. Individual spaces in a small medical building are rented to three different members of the medical profession on separate leases. The property consists of three units. Regardless of the time period in which the rental occurred, the lessor in this situation has always been engaged in business under the commercial lease classification.
  3. A partnership is formed to hold one unit of real property for purposes of leasing. Income received from this activity is taxable since the partnership was formed for business purposes.
  4. Two hundred acres of farmland are leased to one tenant. The acreage is one economic unit of agricultural property. The lessor is employed as an engineer and leases the property as an investment. Regardless of the time period in which the lease occurred, the lessor of the property is not engaged in business under the commercial lease classification.
  5. Two hundred acres of agricultural property are leased to five unrelated parties on separate leases. The property consists of five economic units of agricultural property. Regardless of the time period in which the leases occurred, the lessor is engaged in business under the commercial lease classification. Five separate lease agreements are not a casual activity and the lessor does not fall within any of the current exemptions under A.R.S. § 42-5069(C)(12).

#### Historical Note

Repealed effective April 13, 1987 (Supp. 87-2). New Section R15-5-1602 renumbered from R15-5-1607 and amended effective April 21, 1995 (Supp. 95-2). R15-5-1602(A), (E) and (F)(5) corrected to reflect updated citation references to Arizona Revised Statutes (Supp. 06-4).

#### R15-5-1603. Renumbered

#### Historical Note

Amended effective November 7, 1978, unless otherwise noted (Supp. 78-6). Section R15-5-1603 renumbered to R15-5-1601 effective April 21, 1995 (Supp. 95-2).

#### R15-5-1604. Gross Income

- A.** Gross income under the commercial lease classification shall include all amounts paid to or on behalf of the lessor including but not limited to the following items:
1. Rent;

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2. Property tax paid by the lessee either as reimbursement to the lessor or paid directly to the county assessor on the lessor's behalf;
  3. Insurance paid by the lessee either as reimbursement to the lessor or directly on the lessor's behalf;
  4. Common area maintenance charges paid by the lessee;
  5. Payments by the lessee for the promotion of the facility or of the lessee;
  6. Flat fees paid by the lessee for telephone and reception services, clerical services, library services, reproduction services or facsimile services when such services are contracted for as part of the lease or are obligatory under the lease;
  7. Utility connect/disconnect charges;
  8. Improvements to the leased property made on behalf of the lessor; or
  9. Reimbursement for utility service in excess of the actual amount charged by the utility company.
- B.** Refundable deposits shall not be subject to tax at the time of receipt if such deposits are separate from gross receipts from commercial leasing and are maintained on the books and records of the lessor as a liability and not as income.
1. Any portion of a refundable deposit which is retained by the lessor as a forfeited deposit shall be included in gross receipts subject to tax.
  2. Any portion of a refundable deposit which is not claimed by the tenant at the time the tenant departs shall be presumed to be abandoned property if not claimed within five years from the date of departure pursuant to A.R.S. Title 44, Chapter 3 and shall be reported and delivered as unclaimed property to the Department after the five-year period of time has elapsed.
  3. If amounts reported as income are claimed as refundable deposits, the burden of proof shall be on the taxpayer to show that the income reported is not gross receipts subject to tax.
- C.** Nonrefundable charges, such as cleaning charges, shall be included in gross income at the time of receipt.

**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2). Adopted effective April 21, 1995 (Supp. 95-2).

**R15-5-1605. Rental to Government Agencies**

- A.** Gross receipts from the rental of real property to the United States Government, state of Arizona, or any other government agency shall be taxable under the commercial lease classification unless otherwise exempt.
- B.** For periods beginning May 24, 1990, and ending on March 31, 1993, the gross receipts from the rental of a single unit of real property to the United States Government shall not be subject to tax if the lessor did not have any other commercial lease income and either of the following conditions existed;
1. The real property was listed on the National Register of Historic Places; or
  2. The real property was leased to the United States Postal Service for use as a postal facility.

**Historical Head**

Amended effective April 21, 1995 (Supp. 95-2).

**R15-5-1606. Nonprofit Organizations**

- A.** Nonprofit organizations shall be subject to tax under the commercial lease classification for gross receipts from the rental of real property unless otherwise exempt.
- B.** Leases of real property to nonprofit organizations shall be subject to tax under the commercial lease classification unless otherwise exempt.

**Historical Head**

Amended effective April 21, 1995 (Supp. 95-2).

**R15-5-1607. Renumbered****Historical Note**

Amended effective November 1, 1976 (Supp. 76-5).  
Amended effective November 7, 1978 (Supp. 78-6). Section R15-5-1607 renumbered to R15-5-1602 effective April 21, 1995 (Supp. 95-2).

**R15-5-1608. Commercial property - storage facilities**

Income from the rental of storage facilities is taxable, provided the lessee retains the right of direct access to the stored goods. Conversely, the storage of property by a warehouse, when the warehouse proprietor maintains full control over the specific location of the stored goods within the building, is not taxable. Such storage is deemed to be a service rather than rental of real property.

**R15-5-1609. Commercial property - licensee agreements**

When a department store enters into an agreement with a licensee to provide space within the store which does not give the licensee exclusive right to any specific area within the store, the income from such an agreement is not subject to tax. The transaction is deemed to be a licensee agreement rather than the subleasing of real property.

**R15-5-1610. Expired****Historical Note**

Amended effective April 21, 1995 (Supp. 95-2). Section expired under A.R.S. § 41-1056(E) at 12 A.A.R. 4742, effective September 30, 2006 (Supp. 06-4).

**R15-5-1611. Repealed****Historical Note**

Repealed effective January 16, 1997 (Supp. 97-1).

**R15-5-1612. Repealed****Historical Note**

Repealed effective January 16, 1997 (Supp. 97-1).

**R15-5-1613. Repealed****Historical Note**

Amended effective November 1, 1976 (Supp. 76-5).  
Repealed effective April 21, 1995 (Supp. 95-2).

**R15-5-1614. Renumbered****Historical Note**

Amended effective November 7, 1978, unless otherwise noted (Supp. 78-6). Renumbered to R15-5-1001 (Supp. 94-2).

**R15-5-1615. Renumbered****Historical Note**

Amended effective November 7, 1978 (Supp. 78-6).  
Renumbered to R15-5-1002 (Supp. 94-2).

**R15-5-1616. Repealed****Historical Note**

Repealed effective April 21, 1995 (Supp. 95-2).

**R15-5-1617. Repealed****Historical Note**

Repealed effective April 21, 1995 (Supp. 95-2).

**ARTICLE 17. RESTAURANT CLASSIFICATION****R15-5-1701. Repealed**

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**Historical Note**

Repealed effective August 13, 1987 (Supp. 87-3).

**R15-5-1702. Repealed****Historical Note**

Amended effective November 7, 1978 (Supp. 78-6).

Repealed April 21, 1995 (Supp. 95-2).

**R15-5-1703. Repealed****Historical Note**

Repealed effective March 18, 1981 (Supp. 81-2).

**R15-5-1704. Providing Food or Drink to Government Agencies**

A restaurant's gross proceeds of sales or gross income from sales of food or drink to the United States Government, the state or its political subdivisions, or any other government agency, or its employees is included in the tax base under the restaurant classification unless exempt as a sale to a qualifying hospital under A.R.S. § 42-5074(B)(7) or as a sale *for consumption within the premises of a prison, jail or other institution under the jurisdiction of the state department of corrections, the department of public safety, the department of juvenile corrections or a county sheriff* under A.R.S. § 42-5074(B)(9).

**Historical Note**

Amended effective December 16, 1997 (Supp. 97-4).

R15-5-1704 corrected to reflect updated citation references to Arizona Revised Statutes (Supp. 06-4).

**R15-5-1705. Amusement Devices**

A restaurant's gross proceeds of sales or gross income from the operation of amusement devices is included in the tax base under the amusement classification (see Article 4).

**Historical Note**

Amended effective December 16, 1997 (Supp. 97-4).

**R15-5-1706. Cover Charges**

A restaurant's gross proceeds of sales or gross income from a cover charge or other minimum charge is included in the tax base under the restaurant classification.

**Historical Note**

Amended effective December 16, 1997 (Supp. 97-4).

**R15-5-1707. Repealed****Historical Note**

Repealed effective January 16, 1997 (Supp. 97-1).

**R15-5-1708. Gratuities (Tips)**

A. A restaurant's gross receipts from gratuities that are separately stated on the check or bill are not included in the restaurant's tax base if:

1. The exact amount charged on a check or bill for gratuities and any amounts attributable to credit card fees for gratuities, are segregated on the seller's records for the account of the employees actually providing the services; and
2. The amounts so segregated less any amounts attributable to credit card fees for gratuities, are distributed directly to the employees providing the services for which the charges were made;

B. If a restaurant cannot specifically segregate the charges for gratuities and amounts, if any, attributable to credit card fees or if any portion of the amounts charged for gratuities less amounts attributable to credit card fees, is not distributed to the employees, the total gross receipts from the gratuities including any amounts attributable to credit card fees, are included in the tax base under the restaurant classification.

**Historical Note**

Amended effective December 16, 1997 (Supp. 97-4).

Amended by final rulemaking at 26 A.A.R. 2894, with an immediate effective date of November 6, 2020 (Supp. 20-4).

**R15-5-1709. Coupon Redemption**

A restaurant that accepts coupons is subject to transaction privilege tax on the full sales price of the food or beverage before the coupon value is deducted if the restaurant receives advertising, services, or products in exchange for providing the discounts.

**Historical Note**

Adopted effective November 7, 1978 (Supp. 78-6).

Amended effective December 16, 1997 (Supp. 97-4).

**ARTICLE 18. REPEALED****R15-5-1801. Repealed****Historical Note**

Repealed effective July 23, 1985 (Supp. 85-4).

**R15-5-1802. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**R15-5-1803. Renumbered****Historical Note**

Renumbered to R15-5-181 effective August 9, 1993 (Supp. 93-3).

**R15-5-1804. Renumbered****Historical Note**

Renumbered to R15-5-182 effective August 9, 1993 (Supp. 93-3).

**R15-5-1805. Renumbered****Historical Note**

Renumbered to R15-5-104 effective August 9, 1993 (Supp. 93-3).

**R15-5-1806. Repealed****Historical Note**

Amended effective November 7, 1978 (Supp. 78-6).

Repealed effective August 9, 1993 (Supp. 93-3).

**R15-5-1807. Repealed****Historical Note**

Repealed effective August 9, 1993 (Supp. 93-3).

**R15-5-1808. Renumbered****Historical Note**

Renumbered to R15-5-111 effective August 9, 1993 (Supp. 93-3).

**R15-5-1809. Renumbered****Historical Note**

Renumbered to R15-5-110 effective August 9, 1993 (Supp. 93-3).

**R15-5-1810. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**R15-5-1811. Renumbered****Historical Note**

Amended effective November 7, 1978 (Supp. 78-6).

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Renumbered to R15-5-101 effective August 9, 1993 (Supp. 93-3).

**R15-5-1812. Repealed****Historical Note**

Repealed effective August 9, 1993 (Supp. 93-3).

*Editor's Note: The information about casual sales that formerly was contained in R15-5-1812, and which is referenced in subsection R15-5-151(C)(1), now appears in R15-5-2001.*

**R15-5-1813. Renumbered****Historical Note**

Renumbered to R15-5-2011 effective October 14, 1993 (Supp. 93-4).

**R15-5-1814. Renumbered****Historical Note**

Amended subsections (A) and (B) effective March 18, 1981 (Supp. 81-2). Renumbered to R15-5-170 effective August 9, 1993 (Supp. 93-3).

**R15-5-1815. Renumbered****Historical Note**

Renumbered to R15-5-105 effective August 9, 1993 (Supp. 93-3).

**R15-5-1816. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**R15-5-1817. Renumbered****Historical Note**

Renumbered to R15-5-103 effective August 9, 1993 (Supp. 93-3).

**R15-5-1818. Renumbered****Historical Note**

Renumbered to R15-5-132 effective August 9, 1993 (Supp. 93-3).

**R15-5-1819. Renumbered****Historical Note**

Amended effective November 7, 1978, unless otherwise noted (Supp. 78-6). Amended subsection (B), paragraph (1) effective March 18, 1981 (Supp. 81-2). Renumbered to R15-5-156 effective August 9, 1993 (Supp. 93-3).

**R15-5-1820. Renumbered****Historical Note**

Renumbered to R15-5-133 effective August 9, 1993 (Supp. 93-3).

**R15-5-1821. Renumbered****Historical Note**

Amended effective November 7, 1978, unless otherwise noted (Supp. 78-6). Amended subsection (B) effective March 18, 1981 (Supp. 81-2). Renumbered to R15-5-183 effective August 9, 1993 (Supp. 93-3).

**R15-5-1822. Renumbered****Historical Note**

Amended effective November 7, 1978, unless otherwise noted (Supp. 78-6). Amended paragraphs (9) and (10) effective March 18, 1981 (Supp. 81-2). Renumbered to

R15-5-120 effective August 9, 1993 (Supp. 93-3).

**R15-5-1823. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**R15-5-1824. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**R15-5-1825. Renumbered****Historical Note**

Renumbered to R15-5-180 effective August 9, 1993 (Supp. 93-3).

**R15-5-1826. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**R15-5-1827. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**R15-5-1828. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**R15-5-1829. Renumbered****Historical Note**

Renumbered to R15-5-134 effective August 9, 1993 (Supp. 93-3).

**R15-5-1830. Renumbered****Historical Note**

Renumbered to R15-5-121 effective August 9, 1993 (Supp. 93-3).

**R15-5-1831. Repealed****Historical Note**

Repealed effective August 9, 1993 (Supp. 93-3).

**R15-5-1832. Repealed****Historical Note**

Former Section R15-5-1832 repealed, new Section R15-5-1832 adopted effective September 3, 1978 (Supp. 78-6). Repealed effective August 9, 1993 (Supp. 93-3).

**R15-5-1833. Renumbered****Historical Note**

Former Section R15-5-1833 repealed, new Section R15-5-1833 adopted effective March 18, 1981 (Supp. 81-2). Renumbered to R15-5-136 effective August 9, 1993 (Supp. 93-3).

**R15-5-1834. Renumbered****Historical Note**

Renumbered to R15-5-112 effective August 9, 1993 (Supp. 93-3).

**R15-5-1835. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**R15-5-1836. Renumbered**

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**Historical Note**

Renumbered to R15-5-150 effective August 9, 1993 (Supp. 93-3).

**R15-5-1837. Repealed****Historical Note**

Repealed effective April 15, 1993 (Supp. 93-2).

**R15-5-1838. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**R15-5-1839. Renumbered****Historical Note**

Renumbered to R15-5-129 effective August 9, 1993 (Supp. 93-3).

**R15-5-1840. Renumbered****Historical Note**

Renumbered to R15-5-122 effective August 9, 1993 (Supp. 93-3).

**R15-5-1841. Repealed****Historical Note**

Repealed effective August 9, 1993 (Supp. 93-3).

**R15-5-1842. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**R15-5-1843. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**R15-5-1844. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**R15-5-1845. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**R15-5-1846. Renumbered****Historical Note**

Renumbered to R15-5-3004 effective July 23, 1985 (Supp. 85-4).

**R15-5-1847. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**R15-5-1848. Renumbered****Historical Note**

Renumbered to R15-5-126 effective August 9, 1993 (Supp. 93-3).

**R15-5-1849. Renumbered****Historical Note**

Renumbered to R15-5-123 effective August 9, 1993 (Supp. 93-3).

**R15-5-1850. Renumbered****Historical Note**

Former Section R15-5-1850 repealed, new Section R15-5-1850 adopted effective June 18, 1987 (Supp. 87-2).

Section R15-5-1850 renumbered to R15-5-2010 effective October 14, 1993 (Supp. 93-4).

**R15-5-1851. Repealed****Historical Note**

Repealed effective August 9, 1993 (Supp. 93-3).

**R15-5-1852. Repealed****Historical Note**

Repealed effective August 9, 1993 (Supp. 93-3).

**R15-5-1853. Renumbered****Historical Note**

Adopted effective November 7, 1978 (Supp. 78-6). Amended effective June 16, 1987 (Supp. 87-2). Renumbered to R15-5-154 effective August 9, 1993 (Supp. 93-3).

**ARTICLE 18.1. SALES OF FOOD****R15-5-1860. Definitions**

For the purpose of these rules, unless the context requires otherwise, the following definitions will apply:

1. "Accessory food items" means coffee, tea, cocoa, carbonated and uncarbonated drinks, candy, condiments and spices, and other non-staple foods.
2. "Attendant" means a person, generally the employee of the retailer, who waits on the customers, or tends to their needs.
3. "Automatic retailer" means a coin operated mechanical device or system which sells tangible personal property. Such device or system must itself vend or sell the items, i.e., a device or system which delivers the subject of the sale, or by automatic action physically delivers the thing sold. Vending machines are considered automatic retailers.
4. "Caterer" means a person engaged in the business of serving meals, food and drinks on the premises used by his customer, but does not include employees hired by the hour of day.
5. "Delicatessen" means a business which sells specialty food items, such as prepared cold meats, perishable food and grocery items kept under refrigeration.
6. "Facilities for the consumption of food" means appropriate furniture, tableware, or parking areas for sitting both in or on the premises of the business, either in or out of a motor vehicle.
7. "Food"
  - a. Under A.R.S. § 42-1387, the Department is required to promulgate rules defining food as those items that may be purchased from an eligible grocery business with food coupons, but in no event may such definition of food include food for consumption on the premises, alcoholic beverages or tobacco. Even though alcoholic beverages and food for consumption on the premises may be intended for human consumption, such items are not considered food by the statutory provisions. In these rules, items that are considered food by the Statutes, and therefore tax exempt if sold by a qualified retailer, shall be referred to as "tax exempt foods." Other items that may be intended for human consumption but are excluded from the definition of food by the Statute, and are therefore subject to the Sales Tax, shall be referred to herein as "taxable foods."
  - b. "Food" means: Items intended for human consumption. Food is deemed to be intended for human con-

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- sumption when its intended or ordinary use is as a food for human consumption or is an ingredient used in preparing food for human consumption. For example, even though animal food may be used by some humans, its ordinary or intended use is not for human consumption. Also, even though vitamins and other medication may be ingested, its intended or ordinary use is as a health aid or therapeutic agent or a deficiency corrector and is not intended for use as food. Following is a numeration of items which the Department does not consider food for human consumption:
- i. Pet food and supplies
  - ii. Cosmetics and grooming items
  - iii. Tobacco products
  - iv. Soaps and paper products and household supplies
  - v. Dietary supplements such as vitamins or protein supplements
  - vi. Medicines
  - vii. Fertilizer
8. "Food for consumption on the premises"
    - a. "Food for consumption on the premises" means the following:
      - i. Hot prepared food, including products, items or ingredients of food which are prepared and sold or are intended to be sold in a heated condition. This also includes a combination of hot and cold food items or ingredients if a single price is charged by the retailer.
      - ii. Hot or cold sandwiches including frozen sandwiches.
      - iii. Food served by an attendant to be eaten at tables, chairs, benches, booths, stools, counters and within parking areas (for in-car consumption).
      - iv. Food served with trays, glasses, dishes or other tableware. Food which is generally selected by the customer from available displays and then taken by the customer to a checkout stand for payment is not considered to be served by the retailer.
      - v. Beverages sold in cups, glasses or open containers. Beverages shall include items such as milk shakes and ice cream floats.
      - vi. Food sold by caterers.
      - vii. Food sold within the premises of theaters, exhibitions, fairs, amusement parks, bowling alleys, athletic events, and other shows or contests and any businesses which charge admission, entrance or cover fees for exhibition, amusement, entertainment or instruction. While food for consumption on the premises includes any food sold within the premises of certain businesses, including businesses that charge admission, entrance or cover fees for exhibition, amusement, entertainment or instruction, food for consumption on premises does not include sales of tax exempt food by a qualified retailer within the premises of a full time educational institution that charges tuition for a full course of studies.
    - b. Any item enumerated in subparagraph (a) which is sold on a take-out or to-go basis is still considered to be food for consumption on the premises and therefore taxable.
  9. "Food intended for home consumption" means food, other than food for consumption on the premises, which is usually intended to be consumed at home. Unless the taxpayer can establish to the contrary, food delivered by a retailer to an office or other business establishment shall not be considered food intended for home consumption.
  10. "Home" means a natural person's usual or habitual dwelling place, including rest homes, nursing homes, jails and other such institutions.
  11. "Premises" means the total space and facilities, including buildings, grounds and parking lot that are made available for use by the retailer for the purpose of consuming food sold by such retailer.
  12. "Qualified retailer"
    - a. A qualified retailer or qualified retail business is one that may be eligible to sell tax exempt food without including the sale of tax exempt food items in its taxable base. A retailer other than a qualified retailer must pay a tax measured by the sale of otherwise exempt food even though the sale of such items would be exempt if sold by a qualified retailer.
    - b. Qualified retailers are:
      - i. An eligible grocery business, which includes retailers who are eligible to participate in the United States Department of Agriculture Food Stamp Program, whether such retailer actually participates in the food stamp program. If a retailer is eligible to participate in the food stamp program, but does not participate in such program, such retailer may only be an eligible grocery business if the retailer first makes application to the Department to sell food tax exempt. Examples of retailers that might be considered eligible grocery businesses include:
        - (1) Grocery stores;
        - (2) Convenience stores;
        - (3) Butcher shops;
        - (4) Bakeries;
        - (5) Dairy stores;
        - (6) Cheese stores;
        - (7) Farmer's markets.
      - ii. Retailers whose primary business is not the sale of food, but who sell food in a manner similar to grocery stores. This category includes stores such as department stores, drug stores, and gas stations.
      - iii. Retailers who sell food and who do not provide any facilities for consumption of food on the premises. This category may include certain health food stores, and certain outlets retailing soda and other similar beverages in bottles or cans, but not cups.
      - iv. Delicatessen business, if such retailer conducts his business so that the sale of tax exempt foods and other taxable items may be separately accounted for, through, for example, the use of two (2) cash registers, or a cash register with at least two (2) tax computing keys which are used to record taxable and tax exempt sales.
      - v. A retailer who is a street or sidewalk vendor who uses a pushcart.
      - vi. Vending machines and other automatic retailers.
  13. "Staple food" means those food items intended for home preparation and consumption, which includes meat, poultry,

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- try, fish, bread and bread stuffs, cereals, vegetables, fruits, fruit and vegetable juices, and dairy products.
14. "Taxable foods" are items which may be intended for human consumption, but are still subject to the Sales Tax when sold. Examples of taxable foods would be alcoholic beverages, and food for consumption on the premises.
  15. Tax-exempt foods
    - a. "Tax exempt foods" are generally those items of food intended for home consumption which, if purchased from an eligible grocery business, would be eligible as of January 1, 1979, to be purchased with food coupons issued by the United States Department of Agriculture.
    - b. Tax-exempt food shall also include any new items of food intended for human consumption which would have been eligible for purchase with food coupons issued by the United States Department of Agriculture if such items would have existed for sale on January 1, 1979.
    - c. The following are examples of items which the Department will consider as tax exempt food:
      - bread and flour products;
      - vegetables and vegetable products
      - candy and confectionery
      - sugar, sugar products and substitutes
      - cereal and cereal products
      - butter, oleomargarine, shortening and cooking oils
      - cocoa and cocoa products
      - coffee and coffee substitutes
      - milk and milk products
      - eggs and egg products
      - tea
      - meat and meat products
      - spices, condiments, extracts and food colorings
      - fish and fish products
      - frozen foods
      - soft drinks and soda (including bottles on which a deposit is required to be paid)
      - fruit and fruit products
      - packaged ice cream products
      - dietary substitutes
      - ice cubes and bottled water including carbonated and mineral water
      - purchases of seed and plants for use in gardens to produce food items for personal consumption
  16. "Two tax computing keys" shall mean the mechanical or electronic function in a cash register which can separately record and accumulate taxable and nontaxable items without having the items presorted.

**Historical Note**

Adopted as an emergency effective June 30, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-3). Former emergency adoption now amended and adopted effective October 15, 1980 (Supp. 80-5). Amended by final expedited rulemaking at 25 A.A.R. 327, effective January 14, 2019 (Supp. 19-1).

**R15-5-1861. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**R15-5-1862. Restaurant food sales**

- A. Restaurants are generally not qualified retailers, and therefore cannot sell food tax free, but are taxable upon all of their gross income or gross proceeds of sale.
- B. If a qualified retailer also operates a restaurant, the gross income or gross receipts of a sale from the two (2) activities must be kept separate. The gross receipts or gross income from the operation of the restaurant shall always be taxable, as will the income from all sales of taxable food and nonfood items. Except for items which may be exempt under some other provision, only tax-exempt foods sold by a qualified retailer not in connection with its restaurant operation shall be exempt.
- C. To the extent that a delicatessen may sell taxable food, such as hot or cold sandwiches, such delicatessen will be required to report under this classification. Since a delicatessen business may constitute a qualified retailer, such business may still be eligible to sell tax exempt food, if such sales are separately accounted for.

**Historical Note**

Adopted as an emergency effective June 30, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-3). Former emergency adoption now amended and adopted effective October 15, 1980 (Supp. 80-5).

**R15-5-1863. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**R15-5-1864. Repealed****Historical Note**

Repealed effective October 17, 1986 (Supp. 86-5).

**R15-5-1864.01. Repealed****Historical Note**

Repealed effective October 17, 1986 (Supp. 86-5).

**R15-5-1864.02. Repealed****Historical Note**

Repealed effective October 17, 1986 (Supp. 86-5).

**R15-5-1864.03. Repealed****Historical Note**

Repealed effective October 17, 1986 (Supp. 86-5).

**R15-5-1864.04. Repealed****Historical Note**

Repealed effective October 17, 1986 (Supp. 86-5).

**R15-5-1865. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**R15-5-1866. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**R15-5-1867. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**ARTICLE 19. REPEALED****R15-5-1901. Repealed****Historical Note**

Repealed effective August 13, 1987 (Supp. 87-3).

**R15-5-1902. Repealed**



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**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**R15-5-1903. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**R15-5-1904. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**R15-5-1905. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**R15-5-1906. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**ARTICLE 20. GENERAL ADMINISTRATION****R15-5-2001. Renumbered****Historical Note**

Repealed effective August 13, 1987 (Supp. 87-3). New Section R15-5-2001 renumbered from R15-5-202 and amended effective October 14, 1993 (Supp. 93-4). R15-5-2001(4) corrected to reflect an updated citation reference to Arizona Revised Statutes (Supp. 06-4). Section R15-5-2001 renumbered to R15-5-101 by exempt rulemaking at 25 A.A.R. 3010, effective October 1, 2019 (Supp. 19-3).

**R15-5-2002. Liability for Transaction Privilege Tax**

- A.** The transaction privilege tax is imposed directly on the person engaged in a taxable business in or within Arizona, including a retailer located outside the state who is engaging or continuing in business in this state as a remote seller or marketplace facilitator and who meets the threshold requirements in A.R.S. § 42-5044. The vendor shall be liable for the tax, regardless of whether or not the vendor passes on the economic burden of the tax to the customer.
- B.** A retailer establishes its physical presence within Arizona by activities performed in this state on its behalf that are significantly associated with the retailer's ability to establish and maintain a market in this state for its sales. Activities and factors that, by themselves or in conjunction with others, establish a retailer's physical presence within Arizona include the following:
1. The retailer maintains an office or other place of business in Arizona, regardless of whether such location performs a sales-related or other business function.
  2. The retailer owns or leases real or personal property in Arizona.
  3. The retailer maintains an inventory of products in Arizona at its own direction and control.
  4. The retailer's merchandise or goods are delivered into Arizona on vehicles owned or leased by the retailer and the retailer makes such deliveries into Arizona on an ongoing basis.
  5. Other local activities performed by the retailer's employees, agents, representatives, contractors, or affiliated persons in Arizona that enable the retailer to maintain and improve its name recognition, market share or sales volume, goodwill, and individual customer relations may establish physical presence if the activities are not of a transitory nature, as described in subsections (D) and (E). Such activities may include: soliciting sales through an ongoing local marketing contract; delivering, installing or

repairing property sold to customers through an ongoing contract with either the customer or a local partner; or conducting training or similar support services for customers or for employees or representatives of the retailer on an ongoing basis.

- C.** A retailer having a physical presence within Arizona as described in subsection (B) of this Section shall be considered liable for transaction privilege tax as a taxpayer located within Arizona.
- D.** A retailer's activities in Arizona are not of a transitory nature if such activities generate gross receipts, are ongoing, and are regularly conducted from within the state. Alternately, a retailer's activities in Arizona are not of a transitory nature if such activities generate gross receipts and the retailer regularly conducts the same business activities outside of Arizona.
1. Example: Employees who travel to Arizona for a business meeting, conference, or similar event and who do not otherwise engage in a taxable business activity during their time within the state would not establish physical presence in Arizona, regardless of the duration of their stay. Such stays would not be considered ongoing, even though the events take place in Arizona.
  2. Example: A retailer that provides remote one-time assistance to a customer who has a specific problem installing or using a product purchased remotely would not establish physical presence. The retailer's assistance does not appear ongoing and the activity is conducted from outside the state.
  3. Example: A retailer that sells WiFi-enabled (IoT) appliances also offers a service contract that allows its technicians to remotely access its customers' appliances to regularly update, maintain, or troubleshoot firmware. The provision of services through such contracts with Arizona customers would not establish physical presence for the retailer. The retailer's services, while ongoing, are conducted from outside the state.
  4. Example: A retailer that has a salesperson who regularly travels to Arizona for the purposes of selling goods and services and supporting previously sold goods and services may have physical presence, even if the salesperson is a resident of California and only present in Arizona temporarily throughout the calendar year. The retailer's sales activities, as conducted through its salesperson, are ongoing and conducted from within the state.
  5. Example: A retailer's employee who is a Nevada resident but is working remotely from Arizona while on vacation, performing bookkeeping and other routine business functions, does not establish physical presence in Arizona for the business. The employee's in-state activities are not significantly associated with a retailer's ability to establish and maintain a market in Arizona for its sales.
  6. Example: A new Utah-based retailer that has never made any sales to Arizona purchasers brings an inventory of crystals to sell at a two-day mineral and fossil show in Arizona. Over the two-day period, the retailer makes \$3,000 in sales. As an out-of-state retailer making sales from within Arizona who has not met the threshold requirements in A.R.S. § 42-5044, the retailer will incur an Arizona transaction privilege tax liability on the sales it makes at the show. Such Arizona-based sales are not considered for purposes of meeting the threshold requirements for a remote seller, pursuant to A.R.S. § 42-5044. If the retailer does not anticipate conducting additional sales from within Arizona on an ongoing basis, it should apply for a seasonal license to participate in the show.

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7. Example: At the same mineral and fossil show described in subsection (D)(6), an new Arizona-based retailer of semi-precious gems also brings an inventory to sell at the show for the first time. As a retail business located in Arizona, the retailer must be licensed and must report and remit Arizona transaction privilege tax on its sales made at the show.
- E. Effective October 1, 2019, a retailer that establishes physical presence in Arizona pursuant to this rule shall continue to be responsible for reporting and remitting transaction privilege tax for the duration of such physical presence. If the retailer terminates its physical presence in the state, it shall report and remit transaction privilege tax for all transactions occurring on or before the last day of the month in which the vendor terminates its physical presence.

**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2). New Section R15-5-2002 renumbered from R15-5-204 and amended effective October 14, 1993 (Supp. 93-4). Amended by exempt rulemaking at 25 A.A.R. 3010, effective October 1, 2019 (Supp. 19-3).

**R15-5-2003. Applicability of Provisions to Marketplace Facilitators and Remote Sellers**

Articles 1, 20, and 22 of this Chapter apply to any marketplace facilitator or remote seller who meets the threshold requirements in A.R.S. § 42-5044.

**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2). New Section made by exempt rulemaking at 25 A.A.R. 3010, effective October 1, 2019 (Supp. 19-3).

**R15-5-2004. Multi-Location and Multi-Business Taxpayers**

- A. A taxpayer with multiple licenses for separate businesses shall maintain separate records for each licensed business, including details relating to the computation of taxes and exempt sales and digital or hard copies of applicable exemption certificates, as provided in subsection (B).
- B. The Department may request that records required to be maintained under this Section be made accessible for inspection or copying. To the extent reasonable or possible, the taxpayer shall make these records available to the Department in an electronic format, if requested.
- C. A tax is levied upon the privilege of engaging in specified businesses within Arizona. Class codes for reporting gross receipts subject to tax have been determined by the Department based on statutory provisions. Each business classification is independent of the others even when transacted under one license. A person who engages in more than one type of business under each license shall maintain books and records so that the gross proceeds of sales or gross income of each taxable business classification is shown separately.
- D. Except as provided in subsection (E), a marketplace facilitator shall maintain records that separately show sales made on its own behalf and sales made on behalf of marketplace sellers. Such records shall include details relating to the computation of taxes and exempt sales and also include digital or hard copies of applicable exemption certificates, as provided in subsection (B).
- E. If a marketplace facilitator reported through non-amended returns and remitted transaction privilege tax on sales made on its own behalf and sales made on behalf of marketplace sellers for tax periods on or before August 27, 2019, the marketplace facilitator shall maintain records that show details relating to the computation of taxes and exempt sales, and also include copies of applicable exemption certificates for both sales made

on their own behalf and on behalf of a marketplace seller. A marketplace facilitator shall have an alternate method to demonstrate the portion of sales made on behalf of marketplace sellers if under audit or for the purposes of claiming liability relief under A.R.S. § 42-5043 and R15-5-2216.

- F. A remote seller shall maintain records that separately show sales made directly to its own customers and sales made on its behalf through a marketplace facilitator. Such records shall include details relating to the computation of taxes and exempt sales and also include digital or hard copies of applicable exemption certificates, as provided in subsection (B).
- G. Failure to maintain appropriate books and records shall result in the imposition of the tax at the highest tax rate on gross proceeds of sales or gross income applicable to a classification under which the taxpayer is doing business.

**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2). New Section R15-5-2004 renumbered from R15-5-2215 and amended effective October 14, 1993 (Supp. 93-4). Amended by exempt rulemaking at 25 A.A.R. 3010, effective October 1, 2019 (Supp. 19-3).

**R15-5-2005. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**R15-5-2006. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**R15-5-2007. Credit for Accounting and Reporting Expenses**

- A. For purposes of this rule, the following definitions apply:
1. "Reporting period" means a calendar month unless another period is authorized pursuant to A.R.S. § 42-1322.
  2. "Statutory delinquency date" means the date by which a payment of tax is considered delinquent pursuant to A.R.S. § 42-1322.
  3. "Tax return" means the Transaction Privilege, Use, and Severance Tax Return (TPT-1).
  4. "Taxable business" means a business which is subject to either transaction privilege or severance tax.
  5. "Taxpayer" means taxpayer as defined in A.R.S. § 42-1322.04(C), including an entity which is exempt from state income tax. The following are considered a single taxpayer:
    - a. Members of an Arizona affiliated group filing a consolidated corporate income tax return under A.R.S. § 43-947;
    - b. Corporations in a unitary business filing a combined corporate income tax return under A.A.C. R15-2-1131(E);
    - c. Married taxpayers operating separate sole proprietorships and filing a joint income tax return under A.A.C. R15-2-1131(E); or
    - d. Partnerships, S Corporations, trusts, or estates conducting multiple businesses, filing a single income tax return.
- B. A taxpayer shall compute the credit, using the full amount of tax as required to be reported on the tax return, including any excess tax collected. The Department shall not allow a credit against taxes other than the state transaction privilege tax and the severance tax.
- C. Except as provided in subsection (D), the Department shall not allow a credit if the taxpayer fails to pay the tax due before the

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statutory delinquency date. Failure to pay the tax due includes the following circumstances:

1. The taxpayer makes an underpayment of tax due, including any estimated tax due, or,
  2. The taxpayer's check is dishonored.
- D. In the case of taxpayer computational error, the Department shall allow the credit based on the amounts originally filed, if the computational error resulted in the overpayment or underpayment of the tax actually due:
1. In the case of an overpayment, the Department shall allow the credit on the actual amount of tax due for the reporting period.
  2. In the case of an underpayment, the Department shall allow the credit on the amount of the tax paid prior to the statutory delinquency date.
- E. To receive the credit for each reporting period, the taxpayer shall claim the credit on the tax return. If the taxpayer understates the amount of the credit on the tax return, the Department shall allow the amount of credit which the taxpayer has claimed. The taxpayer may file an amended return to claim any unclaimed portion of the credit if the taxpayer timely paid the tax upon which the credit is based. If the taxpayer overstates the amount of the credit, the Department shall allow the amount of credit actually permitted for the reporting period.
- F. A taxpayer is entitled to one credit, regardless of the number of licenses, businesses, or locations the taxpayer may have. Taxpayers with multiple licenses for separate businesses or separate locations shall elect the manner in which to allocate the credit among their licenses within the \$10,000 annual limitation. The election shall be made on a form 51-T. The taxpayer shall file the election on or before January 15 of the first year for which an election is being made or within 30 days prior to beginning operations if the taxpayer is a new business entity. The taxpayer is required to file an election one time; however, a new election may be filed under the following circumstances:
1. If a taxpayer does not claim the entire \$10,000 credit during the calendar year, the taxpayer may amend the election at the end of the calendar year to reallocate the unclaimed portion of the credit for that particular year. This amended election shall be filed on or before January 31 of the following year. To claim the reallocated credit, the taxpayer shall file an amended tax return for each reporting period in which a sufficient tax was due and timely paid. For example: an individual owns three separate businesses with different transaction privilege tax licenses. At the beginning of the year, the individual allocates the \$10,000 credit as follows: \$3,000 to Company A; \$2,000 to Company B; and \$5,000 to Company C. At the end of the year, Companies A and B have claimed the credit up to their allocated amounts. However, Company C has only claimed \$1,000 of its allocated credit. Company A timely paid a sufficient amount of tax during the months of August and September to qualify for an additional \$4,000 credit. The individual may amend the election to reallocate the unclaimed credit to Company A. To claim the \$4,000 credit, the individual must file an amended tax return for Company A for the months of August and September.
  2. If a taxpayer acquires, sells, or terminates a taxable business during the calendar year, the taxpayer may amend the election at that time to reallocate the credit. The taxpayer shall only reallocate the portion of the credit which has not been claimed by the date on which the taxpayer acquires, sells, or terminates the business. The taxpayer shall ensure that the election relates to the acquired, sold,

or terminated business and is made on a prospective basis only. The taxpayer shall notify the Department of the reallocation 30 days prior to the due date of the tax return for the reporting period to which the reallocation applies. For example: Corporation A is the common parent of Corporations B and C and elects to file a consolidated corporate state income tax return. Each of the three corporations conducts a taxable business activity. Since the three corporations file state income tax as one entity, Corporation A is required to allocate the \$10,000 credit among the three corporations. At the beginning of the year, Corporation A elects to allocate the entire \$10,000 credit to Corporation B. On July 1, Corporation A acquires Corporation D which also conducts a taxable business activity. Corporation A may amend its election at this time to take into account Corporation D. Corporation A may reallocate the portion of the credit not already claimed by Corporation B to Corporation D.

- G. Where a taxpayer is allocating the \$10,000 credit, the following rules apply:

1. The Department shall allow a unitary business, filing a combined corporate state income tax return, or an Arizona affiliated group, filing a consolidated corporate state income tax return, one \$10,000 credit. The unitary business or affiliated group may allocate the credit among its members. If the unitary business or affiliated group fails to allocate the \$10,000 credit, the Department shall allocate the credit to the corporation in whose name the unitary business or affiliated group files its state income tax return regardless of whether the corporation conducts a taxable business.
  - a. If a corporation joins an Arizona affiliated group or unitary business during the calendar year, the Department shall classify the corporation as a separate taxpayer for the period before it joins the affiliated group or unitary business. The Department shall classify the corporation as the same taxpayer, an affiliated group, or unitary business for the period after it joins the affiliated group or unitary business. An affiliated group or unitary business may allocate the \$10,000 credit, even if a member corporation claimed the credit before it joined the affiliated group or unitary business.
  - b. If a corporation leaves an affiliated group or unitary business during the calendar year, the Department shall classify the corporation as the same taxpayer, an affiliated group, or unitary business for the period before it leaves the affiliated group or unitary business. The Department shall not classify the corporation as the same taxpayer for the period after it leaves the affiliated group or unitary business. The corporation, as a separate taxpayer or part of a separate taxpayer, may allocate the \$10,000 credit, even if the corporation claimed the credit before it left an affiliated group or unitary business.
2. If a partnership, S corporation, trust, or estate conducts multiple taxable businesses, the Department shall allow the partnership, S corporation, trust, or estate one \$10,000 credit. The partnership, S corporation, trust, or estate may allocate the credit among its businesses. The credit shall not be allocated to the partners of a partnership, shareholders of an S corporation, or beneficiaries of a trust or estate.
3. In cases where the taxpayers are married and each spouse conducts a taxable business, the Department shall allow one \$10,000 credit per income tax return. If the married

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taxpayers file separate individual income tax returns, the Department shall allow each spouse one \$10,000 credit. If the married taxpayers file a joint income tax return, the Department shall allow one \$10,000 credit for the couple.

**Historical Note**

Renumbered from R15-5-3025 (Supp. 94-2). Amended effective August 13, 1996 (Supp. 96-3).

**R15-5-2008. Reserved****R15-5-2009. Transactions Between Affiliated Persons Who Are Marketplace Facilitators, Marketplace Sellers, or Remote Sellers**

- A. In this Section, “affiliated person” has the same meaning as prescribed in A.R.S. § 42-5043.
- B. For the purposes of determining whether a remote seller or marketplace facilitator meets the threshold requirements in A.R.S. § 42-5044, the sales of marketplace facilitators and remote sellers who are affiliated persons shall be aggregated. If the threshold is met after aggregation of such sales, then all affiliated marketplace facilitators and remote sellers shall register with the Department for the filing and remission of retail transaction privilege tax. Marketplace facilitators and remote sellers who are affiliated persons are required to register with the Department and obtain a transaction privilege tax license under this Section for each affiliated person even if some or none of the affiliated persons would meet the threshold on an individual basis.
- C. A marketplace facilitator or remote seller with affiliated persons who meets the threshold requirements in A.R.S. § 42-5044 are not required to file consolidated returns.
- D. For the purposes of determining whether a remote seller meets the threshold requirements in A.R.S. § 42-5044, only the remote seller’s sales that are not facilitated on a marketplace shall be counted towards its threshold.

**Historical Note**

New Section made by exempt rulemaking at 25 A.A.R. 3010, effective October 1, 2019 (Supp. 19-3).

**R15-5-2010. Transactions Between Affiliated Persons**

- A. For purposes of this rule, the following definitions apply:
  - 1. “Actual ownership” means direct ownership and control but does not include ownership by or through affiliated persons.
  - 2. “Affiliated persons” means members of the individual’s family or persons who have ownership or control of a business entity.
  - 3. “Constructive purchase price” means the fair market value or, if the fair market value cannot be determined, the value established by expert appraisal that takes into consideration all factors relevant to the transaction.
  - 4. “Control of a business entity” means direct or indirect ownership or control of more than 50% of the business entity. The following guidelines, as to indirect ownership, shall apply for purposes of determining control of a business entity.
    - a. A corporation, partnership, estate, or trust shall be considered as being owned proportionately by or for its shareholders, partners, or beneficiaries.
    - b. An individual shall be considered as owning directly or indirectly that portion which is owned by or for members of the individual’s family.
    - c. The ownership of stock by a corporation, partnership, estate, or trust shall be considered actual ownership to its shareholders, partners, or beneficiaries for purposes of making another individual a constructive owner.

d. Ownership based on a family relationship shall not be treated as actual ownership by the related party for the purpose of making another individual a constructive owner.

- 5. “Fair market value” means the gross receipts that the transaction would have brought in the open market at a time and location similar to that of the affiliated party transaction and between a willing purchaser and a willing seller, who are not affiliated and have reasonable knowledge of the relevant facts.
- 6. “Members of the individual’s family” means the relationship of spouse, brothers, and sisters, whether by whole or half blood and including adopted persons, ancestors, and lineal descendants.
- B. The tax shall be computed upon the constructive purchase price when:
  - 1. The transaction is between affiliated persons, and
  - 2. The facts and circumstances indicate that the reported gross receipts from the transaction are not indicative of the fair market value of the transaction.

**Historical Note**

Renumbered from Section R15-5-1850 and amended effective October 14, 1993 (Supp. 93-4). Corrected typographical error to reflect what was filed with the Office of Secretary of State October 14, 1993; changed “owner” to “owned” in subsection (A)(4)(a) (Supp. 97-1).

**R15-5-2011. Bad Debts**

- A. The deduction of a bad debt shall be allowed from gross receipts if the following conditions apply:
  - 1. The gross receipts from the transaction on which the bad debt deduction is being taken have been reported as taxable;
  - 2. The debt arose from a debtor-creditor relationship based upon a valid and enforceable obligation to pay a fixed or determinable sum of money; and
  - 3. All or part of the debt is worthless.
- B. A debt shall be considered worthless if:
  - 1. The surrounding circumstances indicate that the debt is uncollectible; and
  - 2. Legal action to enforce payment has not or, in all probability, would not result in the satisfaction of the debt.
- C. The bad debt deduction shall be computed by subtracting the amounts received on the debt from the amount originally reported as taxable. The portion of the amounts received on the debt representing carrying charges, interest, and repossession expenses, which have not been reported as taxable, shall not be allowed as a bad debt deduction.
- D. A bad debt deduction shall be taken in the month in which the conditions of subsection (A) apply.
- E. A bad debt deduction shall be allowed, pursuant to the provisions in this rule, on conditional or installment sales if:
  - 1. The tax liability is paid on the full sales price of the tangible personal property at the time of the sale; or
  - 2. A contract or other financial obligation is sold to a third party as a sale with recourse and principal payments are made by the vendor to the third party, pursuant to the default of the original payor. Such principal payments may be taken as a bad debt deduction if the tax was paid by the vendor on the original sale of the tangible personal property or on the subsequent sale of the financing contract.
  - 3. For purposes of the bad debt deduction in situations of default on conditional or installment sales, a “sale with recourse” means that a vendor sells a contract or other

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financial obligation to a third party but retains liability for payment upon default of the original payor.

- F. Any recovery of a bad debt subsequent to a bad debt deduction shall be reported as taxable gross receipts when received.

**Historical Note**

Renumbered from Section R15-5-1813 and amended effective October 14, 1993 (Supp. 93-4). Corrected misspelling in subsection (E)(3) from “retails” to “retains” (Supp. 94-2).

**ARTICLE 21. UTILITIES CLASSIFICATION****R15-5-2101. Repealed****Historical Note**

Repealed effective August 13, 1987 (Supp. 87-3).

**R15-5-2102. Renumbered****Historical Note**

Renumbered to R15-5-3024 (Supp. 86-6).

**R15-5-2103. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**R15-5-2104. Interstate and Foreign Sales**

A person engaged in business under the utilities classification may deduct from the tax base gross receipts from sales of electricity, gas, or water, delivered through transmission lines or pipelines to a point in another state or country, from a point in this state and used outside this state.

**Historical Note**

Amended effective October 17, 1997 (Supp. 97-4).

**R15-5-2105. Locally Delivered Utilities**

A person engaged in business under the utilities classification is subject to tax on the gross receipts from sales of electricity, gas, or water, produced outside this state that is delivered through transmission lines or pipelines to a point in this state, for use in this state unless an exemption applies.

**Historical Note**

Amended effective October 17, 1997 (Supp. 97-4).

**R15-5-2106. Compressed and Bottled Liquids**

The gross receipts from sales of bottled gases and bottled water are subject to tax under the retail classification unless otherwise exempt.

**Historical Note**

Amended effective March 18, 1981 (Supp. 81-2).  
Amended effective October 17, 1997 (Supp. 97-4).

**R15-5-2107. Sales to Irrigation Districts**

A person engaged in business under the utilities classification is subject to tax on the gross receipts from producing and furnishing or furnishing electricity or gas to an irrigation district for the purpose of producing water for irrigation of farm lands or of lands subdivided for residential purposes which are entitled to irrigation water unless an exemption applies.

**Historical Note**

Amended effective October 17, 1997 (Supp. 97-4).

**R15-5-2108. Repealed****Historical Note**

Repealed effective October 17, 1997 (Supp. 97-4).

**R15-5-2109. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**R15-5-2110. Security Deposits**

Gross receipts from customer deposits that are held as security for payment of utility billings are not subject to tax until recognized as income. A deposit that is not applied to a customer's bill or refunded to a customer when utility services are discontinued shall be presumed to be abandoned property if the customer does not claim it within the period established under A.R.S. Title 44, Chapter 3. Customer deposits that are presumed to be abandoned property under A.R.S. Title 44, Chapter 3, shall be reported and delivered to the Department as unclaimed property. Amounts delivered to the Department as unclaimed property are not included in the tax base. For example:

1. A utility company requires a new customer to deposit \$150 before it provides utility service. The customer moves and notifies the utility company to discontinue service. The customer's final bill is \$130. The utility applies the deposit to the final bill and refunds \$20 to the customer. The amount applied to the utility bill is recognized as income and subject to tax. The amount refunded to the customer is not recognized by the utility as income and is not subject to tax.
2. A utility company requires a new customer to deposit \$150 before it provides utility service. The customer notifies the utility company to discontinue service. The customer's final bill is \$130. The utility applies the deposit to the final bill. The customer does not provide a forwarding address to the utility. Therefore, the utility company is not able to refund the remaining \$20 to the customer. The amount applied to the utility bill is recognized as income and subject to tax. The remaining \$20 is presumed to be abandoned property if not claimed under A.R.S. Title 44, Chapter 3. The amount presumed to be abandoned property shall be reported and delivered to the Department as unclaimed property under A.R.S. Title 44, Chapter 3. The amount delivered to the Department as unclaimed property is not recognized as income by the utility and is not subject to tax.

**Historical Note**

Amended effective October 17, 1997 (Supp. 97-4).

**ARTICLE 22. TRANSACTION PRIVILEGE TAX - ADMINISTRATION****R15-5-2201. Display and Issuance of License**

- A. A person maintaining a public place of business in Arizona shall display the transaction privilege tax license in a location conspicuous to the public. For the purposes of this subsection, a remote seller or marketplace facilitator who lacks an in-state physical presence as provided in R15-5-2002 is not considered to maintain a public place of business in Arizona.
- B. If a person maintains more than one place of business in Arizona, a transaction privilege tax license shall be displayed at each location.
- C. For lessors engaged in the business of commercial leasing, a transaction privilege tax license shall be displayed in each location from which the lessor engages in business transactions.
- D. The Department may issue a transaction privilege tax license to a licensee in either a hard copy format or digitally, including through AZTaxes.gov. Licensees shall maintain copies or equivalent documentation of their transaction privilege tax licenses for the record retention period prescribed in A.R.S. Title 42, Chapter 1.

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- E. A transaction privilege tax license issued by the Department is for administering and collecting transaction privilege tax and is not issued for the purpose of authorizing a business to operate in this state, pursuant to A.R.S. § 41-1080 and except as otherwise required by law.

**Historical Note**

Amended effective November 7, 1978, unless otherwise noted (Supp. 78-6). Amended effective October 15, 1980 (Supp. 80-5). Repealed effective February 22, 1989 (Supp. 89-1). Section R15-5-2201 renumbered from R15-5-2203 and amended effective October 14, 1993 (Supp. 93-4). Amended by exempt rulemaking at 25 A.A.R. 3010, effective October 1, 2019 (Supp. 19-3).

**R15-5-2202. Change in Ownership**

- A. A transaction privilege tax or use tax license is issued to a specific person. The license shall not be transferred to the new owner when selling a business. The new owner shall apply to the state for a new license before engaging in business transactions.
- B. Court-appointed trustees, receivers, and others in cases of liquidation or operational bankruptcies shall obtain a transaction privilege tax or use tax license.

**Historical Note**

Repealed effective February 22, 1989 (Supp. 89-1). Section R15-5-2202 renumbered from R15-5-2205 and amended effective October 14, 1993 (Supp. 93-4). Amended by exempt rulemaking at 25 A.A.R. 3010, effective October 1, 2019 (Supp. 19-3).

**R15-5-2203. Change of Name or Trade Name**

If a change is made in the name or trade name under which the business is operating and the ownership remains the same, the taxpayer shall apply for a new license.

**Historical Note**

Section R15-5-2203 renumbered to R15-5-2201, new Section R15-5-2203 renumbered from R15-5-2206 and amended effective October 14, 1993 (Supp. 93-4).

**R15-5-2204. Repealed****Historical Note**

Amended effective October 15, 1980 (Supp. 80-5). Section R15-5-2204 repealed, new Section R15-5-2204 renumbered from R15-5-2207 and amended effective October 14, 1993 (Supp. 93-4). Amended by exempt rulemaking at 25 A.A.R. 3010, effective October 1, 2019 (Supp. 19-3). Repealed by final rulemaking at 26 A.A.R. 2894, with an immediate effective date of November 6, 2020 (Supp. 20-4).

**R15-5-2205. Surrender of License upon Sale or Termination of Business**

- A. If a business is sold or terminated, the taxpayer shall notify the Department of the date of sale or termination by submitting a form prescribed by the Department or through AZTaxes.gov and shall surrender the transaction privilege tax or use tax license to the Department.
- B. For the purposes of A.R.S. § 42-5005 and this Section, the Department shall consider a license surrendered if the licensee submits a request to cancel its license by submitting a form prescribed by the Department or through AZTaxes.gov.

**Historical Note**

Amended effective November 7, 1978 (Supp. 78-6). Section R15-5-2205 renumbered to R15-5-2202, new Section R15-5-2205 renumbered from R15-5-2209 effective

October 14, 1993 (Supp. 93-4). Amended by exempt rulemaking at 25 A.A.R. 3010, effective October 1, 2019 (Supp. 19-3).

**R15-5-2206. Cancellation of License**

- A. In this Section, “affiliated person” has the same meaning as prescribed in A.R.S. § 42-5043.
- B. The Department may cancel a license if:
1. During any consecutive 12-month period, the licensee reports no taxable transaction; and
  2. The licensee is not a subcontractor or wholesaler.
- C. The Department shall notify a licensee in writing of its intention to cancel the license. The notice shall explain the action the licensee may take to contest cancellation of the license and when cancellation is final.
- D. The Department shall cancel a license 30 days after the notice of intention to cancel is mailed unless, within 30 days, the licensee objects to the cancellation in writing and produces documentation that the licensee is actively engaged in a taxable business. Suitable documentation includes, but is not limited to, the following:
1. Evidence that the licensee holds an inventory of raw or finished tangible personal property for sale or resale;
  2. Evidence that the licensee maintains segregated bank accounts for the purpose of transacting business;
  3. Bona fide contracts for future sale or resale of tangible personal property;
  4. Profit and loss statements for federal or state income tax purposes; or
  5. Evidence that the licensee otherwise actually engages in bona fide business activities.
- E. Within 30 days of receipt of the licensee’s objections and documentation, the Department shall notify the licensee in writing of its decision to cancel or retain the license. If the decision is to cancel the license, the licensee may request an administrative hearing.
- F. Except as provided in subsection (G), a marketplace facilitator or remote seller may choose not to renew a license or cancel a license for the following calendar year if the sales of the marketplace facilitator or remote seller to Arizona purchasers fall below the current year threshold in A.R.S. § 42-5044 in the prior year.
- G. A marketplace facilitator or remote seller may choose not to renew a license or cancel a license for the following calendar year if the current year sales of the marketplace facilitator or remote seller, together with the aggregated sales of all affiliated persons of the marketplace facilitator or remote seller to Arizona purchasers, fall below the current year threshold in A.R.S. § 42-5044 in the prior year.

**Historical Note**

Section R15-5-2206 renumbered to R15-5-2203, new Section R15-5-2206 renumbered from R15-5-3018 effective October 14, 1993 (Supp. 93-4). Amended by exempt rulemaking at 25 A.A.R. 3010, effective October 1, 2019 (Supp. 19-3).

**R15-5-2207. Taxpayer Bonds**

- A. The amount of the bond required under A.R.S. § 42-1102 shall be the greater of five hundred dollars, or:
1. For licensees reporting monthly, four times the average monthly liability;
  2. For licensees reporting quarterly, six times the average monthly tax liability; or
  3. For licensees reporting annually, fourteen times the average monthly tax liability.
- B. For purposes of determining the bond amount, the average monthly tax liability is equal to the average monthly tax due

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from the licensee for the preceding six consecutive months. If an applicant does not have a six-month payment history, the bond amount shall be a minimum of five hundred dollars.

- C. If a licensee provides a surety bond and the bond lapses, the licensee must deposit with the Department cash or other security in an amount equal to the lapsed surety bond within five business days of the licensee's receipt of written notification by the Department.
- D. The bond amount may be increased or decreased as necessary based upon a change in the licensee's previous filing period, filing compliance record, or payment history. If the bond amount has been increased above the amount computed under subsection (B) of this rule, the licensee may request a hearing pursuant to A.R.S. § 42-1102 to show why the order increasing the bond amount is in error.
- E. Except as required under A.R.S. § 42-1102, this Section shall not be construed to require a bond under A.R.S. § 42-5006 for any license issued pursuant to the criteria established in A.R.S. § 42-5044.

**Historical Note**

Former Section R15-5-2207 renumbered to R15-5-2204 effective October 14, 1993 (Supp. 93-4). New Section R15-5-2207 renumbered from R15-10-201 (Supp. 94-1). Amended by exempt rulemaking at 25 A.A.R. 3010, effective October 1, 2019 (Supp. 19-3).

**R15-5-2208. Expired****Historical Note**

Repealed effective October 14, 1993 (Supp. 93-4). New Section made by exempt rulemaking at 16 A.A.R. 1226, effective June 15, 2010; Section number corrected at request of Department, Office File No. M11-118, filed March 31, 2011 (Supp. 10-2). Section expired under A.R.S. § 41-1056(E) at 18 A.A.R. 1652, effective March 31, 2012 (Supp. 12-2).

**R15-5-2209. Renumbered****Historical Note**

Section R15-5-2209 renumbered to R15-5-2205 effective October 14, 1993 (Supp. 93-4).

**R15-5-2210. Collection of Tax by the Vendor**

- A. The vendor may pass on the economic burden of the transaction privilege tax, either as an unspecified portion of the overall selling price or as a separate and distinct item of charge.
  - 1. If a vendor elects to pass on the economic burden of the tax as a separate and distinct item of charge, the vendor's tax base shall not include any collected state, county, city, or town taxes.
  - 2. If the vendor does not pass on the tax as a separate and distinct item of charge, the vendor may factor out the tax. See R15-5-2210.01.
  - 3. The amount of tax on a transaction shall be the same whether the tax is stated as a separate and distinct item of charge or the tax is calculated using the factoring method.
  - 4. Calculation of the amount of the tax using the separate and distinct item of charge method shall be as follows:
 

Price of tangible personal property	\$100
Multiply the price by the applicable tax rate	
\$100 times 5% equals the tax as calculated	\$5
Total cost to the consumer	\$105
- B. All taxes collected shall be remitted to the Department and applicable taxing jurisdictions. If a vendor has collected tax in excess of the tax liability for the reporting period, the excess tax shall also be remitted.

**Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2). New Section adopted effective October 14, 1993 (Supp. 93-4). Reference correction (Supp. 95-2).

**R15-5-2210.01. Factoring**

"Factoring" means a method by which the taxpayer may determine the amount of the tax when the tax is collected as an unspecified part of the selling price.

- 1. The taxpayer may use any factoring method resulting in a tax amount equal to the tax as calculated using the separate and distinct item of charge method.
- 2. The following factoring method is approved and recommended by the Department.

To calculate the tax under the factoring method, the total cost to the consumer is divided by one plus the cumulative amount of the state and applicable county, city, and town tax rates, stated as a decimal. The result of this calculation is then multiplied by the cumulative tax rate to arrive at the amount of the tax on the sale. The gross receipts subject to tax, plus the cumulative tax on that amount, shall equal the total cost to the consumer.

To factor:

Total cost to the consumer	\$105
Divide the total cost to the consumer by 1 plus the tax rate (1.00 plus .05)	
\$105 divided by 1.05 equals the price of tangible personal property	\$100
Tax as calculated (\$100 times 5%)	\$5

**Historical Note**

New Section adopted effective October 14, 1993 (Supp. 93-4).

**R15-5-2211. Election of Basis to Report and Pay Taxes**

- A. For purposes of this Section, the following definitions apply:
  - 1. "Accrual method" means that a sale is reported in the reporting period in which the sale occurs regardless of when payment is received.
  - 2. "Cash receipts method" means that a sale is reported in the reporting period in which payment is received.
  - 3. "Method of reporting" means a method to report and pay transaction privilege tax.
  - 4. "Payment" means all consideration received including cash, credit, property, and services.
  - 5. "Reporting period" means a calendar month or as prescribed by A.R.S. § 42-5014.
- B. A taxpayer shall elect a method of reporting based on either the accrual or the cash receipts method at the time of making the application for a transaction privilege tax license or use tax registration.
- C. A taxpayer shall report allowable exclusions, deductions, and exemptions in a manner consistent with the method of reporting elected under subsection (B).
- D. A taxpayer shall provide written notification to the Department prior to changing its method of reporting elected under subsection (B). The Department may audit the books of the taxpayer to adjust any tax liability resulting from the change in the method of reporting.

**Historical Note**

Repealed effective July 23, 1985 (Supp. 85-4). New Section renumbered from R15-5-2213 and amended effective October 14, 1993 (Supp. 93-4). Amended by final rulemaking at 14 A.A.R. 3616, effective November 8,

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2008 (Supp. 08-3).

#### **R15-5-2212. Reporting by Marketplace Facilitators and Remote Sellers**

Marketplace facilitators and remote sellers registered with the Department shall report and remit the applicable taxes payable pursuant to A.R.S. § 42-5044 in aggregate total amounts for each applicable jurisdiction designated by AZTaxes.gov. A marketplace facilitator shall not be required to list or otherwise identify any individual marketplace seller on any return or attachment to a return.

##### **Historical Note**

Repealed effective July 23, 1987 (Supp. 85-4). New Section R15-5-2212 renumbered from Section R15-5-3005 and amended effective October 14, 1993 (Supp. 93-4). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 2207, effective March 30, 2017 (Supp. 17-3). New Section made by exempt rulemaking at 25 A.A.R. 3010, effective October 1, 2019 (Supp. 19-3).

#### **R15-5-2213. Repealed**

##### **Historical Note**

Former Section R15-5-2213 renumbered to R15-5-2211, new Section R15-5-2213 adopted effective October 14, 1993 (Supp. 93-4). Amended by final rulemaking at 7 A.A.R. 5065, effective October 5, 2001 (Supp. 01-4). Section repealed by exempt rulemaking at 25 A.A.R. 3010, effective October 1, 2019 (Supp. 19-3).

#### **R15-5-2214. Establishing the Right to a Deduction by Use of a Certificate or Other Documentation**

- A. The vendor is responsible for the payment of tax and therefore shall provide sufficient documentation in support of all deductions.
- B. The vendor may establish a deduction or exclusion from the tax base pursuant to A.R.S. § 42-1316 or 42-1328.
  1. If the purchaser does not have a valid license number, the purchaser shall indicate the reason on any certificate.
  2. Marking an invoice may be done either by recording the purchaser's transaction privilege tax license number on the invoice or by cross referencing the specific transaction to the specific exemption certificate of the specific purchaser.
  3. The Department has prescribed a certificate for establishing entitlement to statutory deductions. Reproductions of the blank prescribed original certificate shall be acceptable for use.
  4. The appropriate certificate shall be accurately and fully completed by the purchaser.
  5. If the vendor has reason to believe that the information contained in the certificate is not accurate, complete, or applicable to the transaction, the vendor may refuse to accept the certificate.
  6. If at any time the vendor has reason to believe that the certificate is not applicable to a transaction, the vendor may refuse to honor the certificate for that transaction.
  7. The Department may challenge the certificate as accepted by the vendor if the Department has reason to believe that the information in the certificate is incomplete, inaccurate, or if the exemption claimed is not based on statutory provisions. The burden of proof lies with the Department when a vendor accepts a completed departmental certificate and marks the applicable invoice pursuant to statute.
- C. A blanket certificate may be accepted if the vendor and purchaser agree. The blanket certificate may continue in force, for applicable transactions, for a period of time as set forth on the certificate. For purposes of this rule, a blanket certificate is one

which covers the indicated type of transaction over a specified period of time.

1. The vendor may refuse to honor a blanket certificate and shall cancel such a certificate if, at any time, the vendor has reason to believe that the information contained in the certificate is no longer accurate or complete or no longer applies.
  2. A new, accurate, and complete certificate may then be accepted.
- D. Documentation, including a certificate other than a departmental certificate, may be accepted by the vendor to establish the right to a deduction.
    1. If the vendor accepts a form of documentation other than a completed departmental certificate, the burden of proof remains with the vendor to establish the right to the deduction.
    2. Other documentation necessary to establish a deduction from the tax base shall contain the information required by A.R.S. § 42-1316(A).
  - E. Documentation or a certificate to establish a deduction from the tax base shall be provided for each transaction or if a blanket certificate is used for each different exemption category.
  - F. The vendor shall retain all documentation for the required statutory period pursuant to A.R.S. § 42-113.

##### **Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2). New Section R15-5-2214 adopted effective October 14, 1993 (Supp. 93-4).

#### **R15-5-2215. Return and Payment of Estimated Tax**

- A. For purposes of this rule, the following definitions apply:
  1. "Annual estimated tax payment" means ½ of the total tax liability for the entire month of May or the total tax liability for the first 15 days of the month of June.
  2. "Annual tax liability" means a total tax liability of in the preceding calendar or a reasonable anticipation of a total tax liability in the current year as follows:
    - a. \$1,000,000 in 2019,
    - b. \$1,600,000 in 2020,
    - c. \$2,300,000 in 2021,
    - d. \$3,100,000 in 2022,
    - e. \$4,100,000 in 2023 and thereafter.
  3. "Taxpayer" has the meaning set forth in A.R.S. § 42-5014(S). The following are considered a single taxpayer:
    - a. Members of an Arizona-affiliated group filing a consolidated corporate income tax return under A.R.S. § 43-947;
    - b. Corporations in a unitary business filing a combined corporate income tax return under R15-2D-401;
    - c. Married taxpayers operating separate sole proprietorships and filing a joint income tax return; or
    - d. Partnerships, Limited Liability Companies, S Corporations, trusts, or estates conducting multiple businesses, filing a single income tax return.
  4. "Total tax liability" means the combined total of the transaction privilege tax, telecommunications services excise tax, and county excise tax liabilities.
- B. The requirement to make an annual estimated tax payment is based on the annual tax liability. Use tax and severance tax are not subject to the estimated tax provisions.
  1. A taxpayer shall make an annual estimated tax payment if during the current calendar year the taxpayer, through use of ordinary business care and prudence, can anticipate incurring the annual tax liability. For example:  
ABC Company has been selling home electronics for several years. Its tax liability for previous calen-



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dar years has averaged between \$600,000 and \$700,000. In February of the current year, ABC Company begins selling computers and accessories as well. Early sales reports show an increase in total sales of approximately 50%. Based on these facts, ABC Company can reasonably anticipate incurring the annual tax liability.

2. Taxpayers with multiple locations shall make the annual estimated tax payment based on the combined actual or anticipated annual tax liability from all locations. Taxpayers with multiple locations, shall make a single estimated payment each June.
- C. A taxpayer shall not amend an annual estimated tax payment except to increase the amount of the payment.
- D. The annual estimated tax payment shall not be applied, credited, or refunded until a Transaction Privilege, Use, and Severance Tax Return for the month of June is filed.
- E. Late payment, underpayment, or non-payment of the annual estimated tax payment shall result in the following:
  1. Application of the penalty provisions under A.R.S. § 42-1125;
  2. Accrual of interest beginning from the due date of the annual estimated tax payment as prescribed in A.R.S. § 42-5014(D); and
  3. Loss of the accounting credit, as defined in A.R.S. § 42-5017 for the June reporting period.
- F. Taxpayers who are not required to make the annual estimated tax payment but make a voluntary annual estimated payment are not subject to subsection (E).

**Historical Note**

Former Section R15-5-2215 renumbered to R15-5-2004, new Section R15-5-2215 renumbered from R15-5-212 effective October 14, 1993 (Supp. 93-4). Amended effective April 8, 1997 (Supp. 97-2). Amended by exempt rulemaking at 25 A.A.R. 3010, effective October 1, 2019 (Supp. 19-3).

**R15-5-2216. Liability Relief for Marketplace Facilitators and Remote Sellers****A. In this Section:**

1. "Affiliated person" has the same meaning as prescribed in A.R.S. § 42-5043.
2. "Incorrect information" means any information that was given to the marketplace facilitator by the marketplace seller and that is not accurate. Incorrect information does not include any of the following:
  - a. Mistakes related to the process of filing a return, such as the frequency, non-filing, or manner of filing;
  - b. Mistakes related to the manner of remitting tax liability to the Department;
  - c. Failure to remit all amounts collected and represented as tax.
3. "Errors other than sourcing" means errors related to the details of a sale and errors related to tax rates. "Errors other than sourcing" does not include any of the following:
  - a. Mistakes related to the process of filing a return, such as the frequency, non-filing, or manner of filing.
  - b. Mistakes related to the manner of remitting tax liability to the Department.
  - c. Failure to remit all amounts collected and represented as tax.
4. "Taxable sales" means gross sales sourced to this state less any allowable deductions or exemptions.

- B. A marketplace facilitator or remote seller may apply for liability relief pursuant to A.R.S. § 42-5043 as outlined by Department-issued procedure.
- C. A marketplace facilitator or remote seller may not obtain liability relief under A.R.S. § 42-5043 if the marketplace facilitator or remote seller does not act in good faith. "Good faith" means acting with honesty and with no knowledge of circumstances that would render the marketplace facilitator or remote seller ineligible for liability relief.
- D. In processing an application for liability relief pursuant to A.R.S. § 42-5043, the Department will waive penalties and interest when reasonable cause exists. Whether reasonable cause exists is based on the facts and circumstances of the specific request for relief, which may include whether the marketplace facilitator should have known that the information provided by the marketplace seller was incorrect; whether the marketplace facilitator or remote seller applied for liability relief for the same errors other than the sourcing in the prior 12 months; and other relevant factors.
- E. The liability relief limitations provided in A.R.S. § 42-5043 for a marketplace facilitator shall be applied in relation to the total tax liability of all the marketplace sellers selling on the marketplace facilitator's marketplace. Nothing in this rule shall be construed as allowing any liability relief for a marketplace facilitator in relation to its own sales or sales on behalf of any of its affiliates.
  1. Example: ABC, a marketplace facilitator, applies for liability relief based on a filing error in 2019 because it applied a lower tax rate to all of one of its marketplace seller's sales. The total tax due for all taxable Arizona sales for all marketplace sellers' sales in 2019 is \$63,000. Liability relief may be granted to ABC for up to \$3,150 ( $5\% \times 63,000$ ).
  2. Example: Assume the same facts as in the example found in subsection (E)(1). Besides sales that ABC facilitated on behalf of third-party marketplace sellers, ABC also made its own sales through its marketplace. These direct sales by ABC resulted in an actual combined tax liability of \$10,000 that ABC erroneously reported to the Department as \$5,000. ABC will not be granted liability relief for errors resulting from these direct sales.
  3. Example: In 2020, ABC, a marketplace facilitator, files an amended return based on incorrect information provided to it by one of its marketplace sellers. ABC applies for liability relief as soon as possible after discovering the error. The evidence shows that ABC acted in good faith and could not have known that the information was incorrect. This constitutes an error under A.R.S. § 42-5043(A)(1). This statutory provision authorizes the Department to grant relief, and there is no limitation on the amount of relief that can be granted. The Department may grant relief that is reasonable under the circumstances.
  4. Example: In 2020, XYZ, a remote seller, deducted amounts for sales that it thought were exempt, but after further research, realized were in fact taxable. XYZ's total tax due from its gross sales for the period under consideration is \$31,500. Pursuant to A.R.S. § 42-5043(B)(2), liability relief for XYZ's non-sourcing related error may be granted in any amount up to \$945 ( $3\% \times \$31,500$ ).
  5. Example: In 2022, ABC, a marketplace facilitator, files an amended return based on incorrect information provided to it by one of its marketplace sellers. In the same year, ABC also makes a filing error by using the incorrect tax rate on a sale. ABC applies for liability relief in both

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instances. The Department may grant liability relief under A.R.S. § 42-5043(A)(1) for errors resulting from the incorrect information provided to ABC by its seller. However, no liability relief is available for ABC's filing error, pursuant to A.R.S. § 42-5043(B).

6. Example: XYZ, a remote seller, files a paper tax return late and also pays late. Consequently, XYZ accrues penalties for late filing, late payment, and filing in an inappropriate manner (i.e., not electronically through AZTaxes.gov). The Department may grant penalty relief in all instances if XYZ shows reasonable cause.

**Historical Note**

Repealed effective February 22, 1989 (Supp. 89-1). New Section made by exempt rulemaking at 25 A.A.R. 3010, effective October 1, 2019 (Supp. 19-3).

**R15-5-2217. Reasonable Cause for Waiver of Civil Penalties**

- A. Pursuant to A.R.S. 42-1125, the Department shall not apply specified civil penalties for failure to pay a required amount of transaction privilege tax or file a required transaction privilege return if reasonable cause exists and the failure to pay was not due to willful neglect or fraud. Generally, reasonable cause exists whenever a taxpayer uses prudent and timely business practices but nonetheless fails to fully comply with its tax remittance and reporting requirements due to circumstances beyond the taxpayer's control.
- B. The Department must consider a taxpayer requesting waiver of civil penalties to have reasonable cause if a failure to pay transaction privilege tax due or file a required transaction privilege tax return was due to a system outage or other system unavailability—whether scheduled or unscheduled—of AZTaxes.gov that prevents or substantially interferes with a taxpayer's ability to access, submit, or otherwise complete a required return or payment and submit the return or payment in the time required by law.
- C. The Department must consider a taxpayer requesting waiver of civil penalties to have reasonable cause if a failure to pay the full and correct amount of transaction privilege tax due or file a complete and correct transaction privilege tax return was due to a software- or application-based error by either AZTaxes.gov or a Department-approved vendor's software to calculate and file a transaction privilege tax return, if the error demonstrably results in the incorrect calculation or payment of any taxes due.
- D. Except as provided in subsection (E), a taxpayer requesting waiver of civil penalties for reasonable cause shall notify the Department of the issue or error in writing within a reasonable time after becoming aware of the issue or error.
- E. The Department may waive civil penalties without requiring a written taxpayer request for any system outage, system unavailability, or other event or anomaly as described in subsections (B) and (C) if it becomes aware of the event or anomaly before issuing a penalty assessment.

**Historical Note**

Repealed effective September 24, 1986 (Supp. 86-5). New Section made by exempt rulemaking at 25 A.A.R. 3010, effective October 1, 2019 (Supp. 19-3).

**R15-5-2218. Repealed****Historical Note**

Repealed effective September 24, 1986 (Supp. 86-5).

**R15-5-2219. Renumbered****Historical Note**

Renumbered to R15-5-3005 effective July 23, 1985

(Supp. 85-4).

**R15-5-2220. Repealed****Historical Note**

Repealed effective July 23, 1985 (Supp. 85-4). New Section R15-5-2220 renumbered from R15-5-2363 and amended effective October 14, 1993 (Supp. 93-4). Repealed by exempt rulemaking at 25 A.A.R. 3010, effective October 1, 2019 (Supp. 19-3).

**R15-5-2221. Remittal of Use Tax on Purchases from Unlicensed Retailers**

- A. Arizona purchasers regularly making purchases from unlicensed vendors, where the purchases are subject to use tax, shall obtain a use tax license and remit payments directly to the Department.
- B. An Arizona purchaser who is licensed in Arizona shall remit the use tax to the Department on the purchaser's Sales, Use, and Severance Tax Return (ST-1) if tangible personal property is purchased from an out-of-state retailer who is not licensed to collect the use tax.
- C. An Arizona purchaser who is not licensed in Arizona shall remit the use tax to the Department under a cover letter if tangible personal property is purchased from an out-of-state retailer who is not licensed to collect the use tax.

**Historical Note**

Amended effective March 18, 1981 (Supp. 81-2). Repealed effective February 22, 1989 (Supp. 89-1). New Section adopted effective October 14, 1993 (Supp. 93-4).

**R15-5-2222. Record Retention**

A vendor collecting use tax from a purchaser shall keep and preserve suitable records and other books and accounts necessary to determine the tax collected for the statutorily prescribed limitation period. For purposes of this rule, the limitation period is the period of time for which the Department may assess tax, penalties, or interest pursuant to A.R.S. § 42-113. Records, books, and accounts shall be open for inspection at any reasonable time by the Department or its authorized agent.

**Historical Note**

Repealed effective February 22, 1989 (Supp. 89-1). New Section adopted effective October 14, 1993 (Supp. 93-4).

**R15-5-2223. Repealed****Historical Note**

Repealed effective February 22, 1989 (Supp. 89-1).

**R15-5-2224. Repealed****Historical Note**

Repealed effective February 22, 1989 (Supp. 89-1).

**R15-5-2225. Repealed****Historical Note**

Repealed effective March 18, 1981 (Supp. 81-2).

**R15-5-2226. Repealed****Historical Note**

Repealed effective March 18, 1981 (Supp. 81-2).

**R15-5-2227. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**R15-5-2228. Repealed**

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**Historical Note**

Repealed effective February 22, 1989 (Supp. 89-1).

**R15-5-2229. Repealed****Historical Note**

Repealed effective September 24, 1986 (Supp. 86-5).

**R15-5-2230. Repealed****Historical Note**

Repealed effective September 24, 1986 (Supp. 86-5).

**R15-5-2231. Repealed****Historical Note**

Repealed effective September 24, 1986 (Supp. 86-5).

**R15-5-2232. Repealed****Historical Note**

Repealed effective September 24, 1986 (Supp. 86-5).

**R15-5-2233. Repealed****Historical Note**

Repealed effective September 24, 1986 (Supp. 86-5).

**R15-5-2234. Repealed****Historical Note**

Repealed effective September 24, 1986 (Supp. 86-5).

**R15-5-2235. Repealed****Historical Note**

Repealed effective September 24, 1986 (Supp. 86-5).

**R15-5-2236. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**R15-5-2237. Repealed****Historical Note**

Repealed effective April 13, 1987 (Supp. 87-2).

**R15-5-2238. Reserved****R15-5-2239. Reserved****R15-5-2240. Repealed****Historical Note**

Adopted effective April 21, 1994 (Supp. 94-2). Section repealed by final rulemaking at 9 A.A.R. 5042, effective January 3, 2004 (Supp. 03-4).

**R15-5-2241. Repealed****Historical Note**

Adopted effective April 21, 1994 (Supp. 94-2). Section repealed by final rulemaking at 11 A.A.R. 5214, effective November 10, 2005 (Supp. 05-4).

**R15-5-2242. Repealed****Historical Note**

Adopted effective April 21, 1994 (Supp. 94-2). Section repealed by final rulemaking at 11 A.A.R. 5214, effective November 10, 2005 (Supp. 05-4).

**ARTICLE 23. USE TAX****R15-5-2301. Definitions**

In this Article:

1. "Purchases" means purchase for storage, use, or consumption in Arizona.

2. "Retailer" has the same meaning as prescribed in A.R.S. § 42-5151, but does not include a marketplace facilitator or remote seller who meets the threshold requirements in A.R.S. § 42-5044.
3. "Utility business" has the same meaning as prescribed in A.R.S. § 42-5151.

**Historical Note**

Repealed effective July 23, 1985 (Supp. 85-4). New Section R15-5-2301 adopted effective December 6, 1990 (Supp. 90-4). Amended effective September 29, 1993 (Supp. 93-3). Amended by exempt rulemaking at 25 A.A.R. 3010, effective October 1, 2019 (Supp. 19-3).

**R15-5-2302. General**

- A. A.R.S. § 42-5155 imposes Arizona use tax upon a purchaser that purchases tangible personal property from an out-of-state retailer or utility business if the retailer or utility business's gross receipts from the sale have not already been included in the measure of Arizona transaction privilege tax. Because Arizona transaction privilege tax and Arizona use tax are complementary taxes, only one of the taxes is imposed on a given transaction.
- B. Arizona use tax generally applies to the use, storage, or consumption in this state of tangible personal property purchased from an out-of-state retailer or utility business.
- C. If a purchaser pays to an out-of-state retailer or utility business a tax of another state levied on the sale or use of tangible personal property that is subject to Arizona use tax, the purchaser may apply the amount of tax paid to the other state against the purchaser's use tax liability.
- D. A purchaser that purchases tangible personal property exempt from tax because the property is purchased for resale in the ordinary course of business but subsequently uses or consumes the tangible personal property shall pay Arizona use tax.

**Historical Note**

Amended by final rulemaking at 11 A.A.R. 2293, effective August 6, 2005 (Supp. 05-2). Amended by exempt rulemaking at 25 A.A.R. 3010, effective October 1, 2019 (Supp. 19-3).

**R15-5-2303. Repealed****Historical Note**

Repealed effective January 16, 1997 (Supp. 97-1).

**R15-5-2304. Presumption of Taxability of Property Brought into Arizona**

- A. If tangible personal property is purchased outside Arizona and is subsequently brought into this state for use, storage, or consumption, the purchaser of such property shall be subject to the Arizona use tax unless the purchaser establishes to the satisfaction of the Department:
  1. That the property is not used in conducting a business in Arizona; and
  2. That the property was purchased for bona fide use or consumption outside Arizona. Unless shown otherwise, it shall be presumed that the property was purchased for bona fide use or consumption outside of Arizona if the property was purchased at least three months prior to its initial entry into Arizona; or
  3. If the property was purchased by a nonresident individual, that the first actual use or consumption of the property occurred outside Arizona.
- B. It shall be presumed that property brought into the state is subject to the use tax. The burden of proof that a purchase is not subject to use tax rests upon the purchaser.

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**Historical Note**

Former Section R15-5-2311 repealed, new Section R15-5-2311 adopted effective August 7, 1985 (Supp. 85-4).  
Former Section R15-5-2304 repealed, new Section R15-5-2304 renumbered from R15-5-2311 and amended effective September 29, 1993 (Supp. 93-3).

**R15-5-2305. Expired****Historical Note**

Section expired under A.R.S. § 41-1056(E) at 13 A.A.R. 1744, effective March 31, 2007 (Supp. 07-2).

**R15-5-2306. Repealed****Historical Note**

Section repealed by final rulemaking at 11 A.A.R. 2293, effective August 6, 2005 (Supp. 05-2).

**R15-5-2307. Repealed****Historical Note**

Section repealed by final rulemaking at 11 A.A.R. 2293, effective August 6, 2005 (Supp. 05-2).

**R15-5-2308. Repealed****Historical Note**

Section repealed by final rulemaking at 11 A.A.R. 2293, effective August 6, 2005 (Supp. 05-2).

**R15-5-2309. Exemptions - Purchases for Resale or Lease**

- A. Purchases of tangible personal property from a retailer for resale in the ordinary course of the purchaser's business are not subject to use tax.
- B. Purchases of tangible personal property from a retailer for subsequent leasing or renting in the ordinary course of the purchaser's business are not subject to use tax.

**Historical Note**

Former Section R15-5-2309 renumbered to R15-5-2363, new Section R15-5-2309 renumbered from R15-5-2322 and amended effective September 29, 1993 (Supp. 93-3).  
Amended by final rulemaking at 12 A.A.R. 4099, effective December 4, 2006 (Supp. 06-4).

**R15-5-2310. Payment of Use Tax by Purchaser**

- A. Use tax must be paid to:
  - 1. An out-of-state vendor holding a certificate of authority for the collection of use tax, or
  - 2. The Department, in cases where the vendor is not a marketplace facilitator or remote seller liable for transaction privilege tax under A.R.S. § 42-5044 or is not registered for the collection of use tax.
- B. A one-time, nonrecurring payment of use tax may be remitted to the Department under a cover letter rather than on a standard report form.
- C. Arizona purchasers making recurring purchases from out of state may apply to the Department for a registration certificate and remit payment directly to the state on a monthly report form in lieu of making payment to the vendor.
- D. The purchaser will be relieved of his liability for the tax when payment is made directly to the out-of-state vendor registered and a receipt of the tax paid is obtained by him.

**Historical Note**

Amended by exempt rulemaking at 25 A.A.R. 3010, effective October 1, 2019 (Supp. 19-3). Amended by final rulemaking at 12 A.A.R. 4099, effective December 4,

2006 (Supp. 06-4). Amended by exempt rulemaking at 25 A.A.R. 3010, effective October 1, 2019 (Supp. 19-3).

**R15-5-2311. Renumbered****Historical Note**

Former Section R15-5-2311 repealed, new Section R15-5-2311 adopted effective August 7, 1985 (Supp. 85-4).  
Former Section R15-5-2311 renumbered to R15-5-2304 effective September 29, 1993 (Supp. 93-3).

**R15-5-2312. Casual Sales**

Tangible personal property purchased in a casual sale, as defined in R15-5-2001, is not taxable.

**Historical Note**

Former Section R15-5-2312 repealed, new Section R15-5-2312 adopted effective September 29, 1993 (Supp. 93-3).

**R15-5-2313. Expired****Historical Note**

Former Section R15-5-2313 repealed, new Section R15-5-2313 adopted effective September 29, 1993 (Supp. 93-3). Amended by final rulemaking at 12 A.A.R. 4099, effective December 4, 2006 (Supp. 06-4). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 2207, effective March 30, 2017 (Supp. 17-3).

**R15-5-2314. Purchases from Trustees, Receivers, and Assignees**

- A. Tangible personal property purchased for storage, use, or consumption in Arizona from a trustee, receiver, or assignee is subject to use tax if the purchase of the tangible personal property in the hands of the owner would be subject to use tax.
- B. Tangible personal property purchased for storage, use, or consumption in Arizona from a trustee, receiver, or assignee is not subject to use tax if the purchase of the property from the owner would not be subject to use tax.

**Historical Note**

Former Section R15-5-2314 renumbered to R15-5-2321, new Section adopted effective September 29, 1993 (Supp. 93-3). Amended by final rulemaking at 12 A.A.R. 4099, effective December 4, 2006 (Supp. 06-4).

**R15-5-2315. Renumbered****Historical Note**

Former Section R15-5-2315 renumbered to R15-5-3006 effective July 23, 1985 (Supp. 85-4).

**R15-5-2316. Repealed****Historical Note**

Repealed effective September 29, 1993 (Supp. 93-3).

**R15-5-2317. Renumbered****Historical Note**

Former Section R15-5-2317 renumbered to R15-5-2352 effective September 29, 1993 (Supp. 93-3).

**R15-5-2318. Repealed****Historical Note**

Repealed effective September 29, 1993 (Supp. 93-3).

**R15-5-2319. Renumbered****Historical Note**

Former Section R15-5-2319 renumbered to R15-5-2353

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effective September 29, 1993 (Supp. 93-3).

(Supp. 93-3).

**R15-5-2320. Exemptions - Machinery or Equipment**

- A. Machinery or equipment used in manufacturing or processing includes machinery or equipment that constitutes the entire primary manufacturing or processing operation from the initial stage where actual processing begins through the completion of the finished end product, and that is used in the production, manufacture, fabrication, processing, finishing, or packaging of articles of commerce. Manufacturing is the performance as a business of an integrated series of operations which place tangible personal property in a form, composition, or character different from that in which it was acquired, and transforms it into a different product with a distinctive name, character, or use.
- B. Purchase of repair or replacement parts for exempt machinery or equipment is not subject to the use tax. Repair or replacement parts are defined as those individual component and constituent items which, together, comprise exempt machinery or equipment.

**Historical Note**

Amended effective November 7, 1978, unless otherwise noted (Supp. 78-6). Amended subsection (B) effective March 18, 1981 (Supp. 81-2). Former Section R15-5-2320 renumbered to R15-5-2362, new Section R15-5-2320 renumbered from R15-5-2321 and amended effective September 29, 1993 (Supp. 93-3).

**R15-5-2321. Expired****Historical Note**

Amended effective November 7, 1978, unless otherwise noted (Supp. 78-6). Amended paragraphs (9) and (10) effective March 18, 1981 (Supp. 81-2). Former Section R15-5-2321 renumbered to R15-5-2320, new Section R15-5-2321 renumbered from R15-5-2314 effective September 29, 1993 (Supp. 93-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 2207, effective March 30, 2017 (Supp. 17-3).

**R15-5-2322. Renumbered****Historical Note**

Former Section R15-5-2322 renumbered to R15-5-2309 effective September 29, 1993 (Supp. 93-3).

**R15-5-2323. Repealed****Historical Note**

Amended effective November 7, 1978 (Supp. 78-6). Repealed effective September 29, 1993 (Supp. 93-3).

**R15-5-2324. Repealed****Historical Note**

Repealed effective September 29, 1993 (Supp. 93-3).

**R15-5-2325. Repealed****Historical Note**

Repealed effective September 29, 1993 (Supp. 93-3).

**R15-5-2326. Manufacturing Labor**

The cost of labor employed in the manufacturing, processing, or fabricating of tangible personal property shall not be allowed as a deduction from the sales price on a purchase of such property.

**Historical Note**

Former Section R15-5-2326 repealed, new Section R15-5-2326 adopted effective September 29, 1993

**R15-5-2327. Fuels**

- A. In this Section, “aviation fuel,” “dyed diesel fuel,” and “use fuel” have the same meanings as prescribed in A.R.S. §§ 28-101 and 28-5601.
- B. Except as provided in subsection (D), a purchase of use fuel is subject to use tax under A.R.S. § 42-5155 on the date the consumer is issued a refund because the use fuel is not subject to the use fuel tax under A.R.S. § 28-5606.
- C. Dyed diesel fuel is subject to use tax if transaction privilege tax is not imposed by the Department.
- D. Liquefied petroleum gas or natural gas used to propel a motor vehicle is exempt from use tax.
- E. Aviation fuel is subject to tax under A.R.S. § 28-8344 only.
- F. A purchase of jet fuel is subject to the jet fuel excise and use tax under A.R.S. § 42-5352.

**Historical Note**

Former Section R15-5-2327 renumbered to R15-5-2360, new Section R15-5-2327 renumbered from R15-5-3006 and amended effective September 29, 1993 (Supp. 93-3). Section amended by final rulemaking at 10 A.A.R. 4480, effective December 4, 2004 (Supp. 04-4).

**R15-5-2328. Electric Power Transmission and Distribution**

Purchases of machinery, equipment, or transmission lines for direct use in producing or transmitting power but not including distribution are subject to use tax based on the same definitions as in R15-5-128.

**Historical Note**

Former Section R15-5-2328 renumbered to R15-5-2361, new Section R15-5-2328 adopted effective September 29, 1993 (Supp. 93-3).

**R15-5-2329. Repealed****Historical Note**

Former Section R15-5-2329 repealed effective September 29, 1993 (Supp. 93-3).

**R15-5-2330. Tangible Personal Property Used in Conjunction with Warranty or Service Contracts or Provisions**

- A. For purposes of this rule, the following definition applies: “Covered” means covered as defined in R15-5-138 for tangible personal property under a warranty or service contract, or covered as defined in R15-5-137 for tangible personal property under a warranty or service provision.
- B. A warrantor or service person is subject to use tax on the cost of covered tangible personal property that is purchased for resale but subsequently taken out of inventory and used in the servicing of a warranty or service contract.
- C. Tangible personal property that is covered under a warranty or service contract and used in the servicing of the contract is subject to use tax unless transaction privilege tax was paid when the tangible personal property was acquired or the tangible personal property is otherwise statutorily exempt.
- D. Tangible personal property that is covered under a warranty or service provision and used in the servicing of the provision is not subject to use tax as the transaction privilege tax was paid when the tangible personal property was acquired.

**Historical Note**

Adopted effective September 3, 1978 (Supp. 78-6). Former Section R15-5-2330 renumbered to R15-5-2343, new Section R15-5-2330 adopted effective September 29, 1993 (Supp. 93-3). Amended by final rulemaking at 13

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A.A.R. 679, effective April 7, 2007 (Supp. 07-1).

**R15-5-2331. Repealed****Historical Note**

Adopted as an emergency effective July 1, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-3). Former emergency adoption now adopted effective October 15, 1980 (Supp. 80-5). Repealed effective September 29, 1993 (Supp. 93-3).

**R15-5-2332. Delivery Charges**

A charge by a retailer for delivery from the retailer's location to the purchaser's location, if separately stated on the sales invoice, is not taxable.

**Historical Note**

Adopted effective December 6, 1990 (Supp. 90-4). Former Section R15-5-2332 renumbered to R15-5-2350, new Section R15-5-2332 adopted effective September 29, 1993 (Supp. 93-3).

**R15-5-2333. Reserved****R15-5-2334. Purchases of Restaurant Accessories**

- A. If a person engaged in the restaurant business purchases disposable containers, paper napkins, and other similar food accessories and, transfers these accessories in the regular course of business to facilitate the consumption of the food, drink, or condiment provided, the purchases are considered purchases for resale.
- B. If a person engaged in the restaurant business purchases matchbooks, advertisement fliers, and other similar tangible personal property and transfers this property for the convenience, operation, or benefit of the restaurant business, the purchases are subject to tax.

**Historical Note**

Adopted effective September 29, 1993 (Supp. 93-3). Amended by final rulemaking at 13 A.A.R. 679, effective April 7, 2007 (Supp. 07-1).

**R15-5-2335. Reserved****R15-5-2336. Reserved****R15-5-2337. Reserved****R15-5-2338. Reserved****R15-5-2339. Reserved****R15-5-2340. Tangible Personal Property Used in Soil Remediation Activities**

The purchase of tangible personal property for incorporation or fabrication into any real property, structure, project, development or improvement under a contract specified in A.R.S. § 42-5075(B)(6) is exempt from tax. The purchase of tangible personal property used in soil remediation activities but not incorporated or fabricated into any real property, structure, project, development or improvement is taxable.

**Historical Note**

Adopted effective December 11, 1998 (Supp. 98-4). R15-5-2340 corrected to reflect updated citation reference to Arizona Revised Statutes (Supp. 07-2).

**R15-5-2341. Four-inch Pipes or Valves**

Purchases of pipes, valves, or fire hydrants with an inside diameter of four inches or more are not taxable if the pipes, valves, or fire hydrants are to be used to transport oil, natural gas, artificial gas, water, or coal slurry.

**Historical Note**

Adopted effective September 29, 1993 (Supp. 93-3).

**R15-5-2342. Computer Hardware and Software**

Purchases of computer hardware and software are subject to the use tax based on the same provisions as delineated in R15-5-154.

**Historical Note**

Adopted effective September 29, 1993 (Supp. 93-3).

**R15-5-2343. Purchases of Prescription Drugs and Prosthetic Appliances****A. In this Section:**

1. "Drug" means an article that, according to federal or state law, is:
  - a. Recognized in the official United States Pharmacopeia, official Homeopathic Pharmacopeia of the United States, official National Formulary, or any supplement to these documents; or
  - b. Intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease in humans or animals; or
  - c. Not food and is intended to affect the structure or any function of the body of humans or animals; or
  - d. Intended for use as a component of any article specified in subsections (a), (b), or (c).
2. "Drug on a prescription" means a prescription drug.
3. "Food" means an article used for food or drink for humans or animals, chewing gum, or an article used as a component of such an article.
4. "Hearing aid" means any wearable device designed as a remedy or to compensate for defective human hearing, including parts, attachments, accessories, and earmolds.
5. "Legend drug" means a drug that 21 U.S.C. 353(b)(4)(A) requires to bear the symbol "Rx only" before dispensing.
6. "Nonprescription product" means a drug or other article that can be purchased by the final consumer of the drug or article without a prescription, regardless of whether purchased on the advice or recommendation of a member of the medical, dental, or veterinarian profession. Examples include over-the-counter drugs and those dietary supplements, vitamins, minerals, herbs, and other similar supplements that do not qualify as prescription drugs.
7. "Over-the-counter drug" means a drug that is subject to federal labeling requirements in 21 CFR 201.66.
8. "Prescriber" means a member of the medical, dental, or veterinary profession authorized by federal or state law to prescribe a drug.
9. "Prescription" means an order for a drug issued in any form.
10. "Prescription drug" means a legend drug or a drug that, according to federal or state law, can be dispensed only:
  - a. Upon a written prescription of a prescriber for the drug;
  - b. Upon an oral prescription by the prescriber for the drug that federal or state law requires be reduced promptly to a form of writing by the prescriber and then filed by a pharmacist or the prescriber; or
  - c. By refilling a written or oral prescription if refilling is authorized by the prescriber for the drug either in the original prescription or by oral order that is first reduced promptly to writing and then filed by a pharmacist or the prescriber.
11. "Prescription eyeglasses" includes frames and other component parts of eyeglasses if purchased for use with the prescription lenses.

## CHAPTER 5. DEPARTMENT OF REVENUE - TRANSACTION PRIVILEGE AND USE TAX SECTION

12. "Prosthetic appliance" means an artificial device that fully or partially replaces a part or function of the human body or increases the acuity of a sense organ.

- B.** The storage, use, or consumption in this state of the following kinds of tangible personal property is not subject to tax:
1. Prescription drugs, including those used in the course of treating patients;
  2. Medical oxygen, pursuant to A.R.S. § 42-5159(A)(16);
  3. Insulin, insulin syringes, and glucose strips, whether or not prescribed;
  4. Prosthetic appliances, prescribed or recommended by a statutorily-authorized individual;
  5. Durable medical equipment, pursuant to A.R.S. § 42-5159(A)(21);
  6. Prescription eyeglasses and contact lenses; and
  7. Hearing aids. Batteries and cords are subject to tax.
- C.** The purchase of component and repair parts for any tangible personal property that is exempt under either subsection (B) or (F) is not subject to tax.
- D.** If a written prescription or recommendation is required to purchase tangible personal property, a taxpayer shall maintain the prescription or recommendation as part of the taxpayer's records. The taxpayer's records for documenting purchases shall provide reasonable detail to allow the Department, upon inspection, to identify property as exempt.
- E.** Purchases by a final consumer of nonprescription products and those medical supplies or appliances not provided for under subsection (B) are subject to tax.
- F.** Purchases of nonprescription products or other medical supplies or appliances by doctors, dentists, or veterinarians are subject to tax unless the purchase qualifies as a purchase for resale and the doctor, dentist, or veterinarian is a retailer in the business of reselling the property.

**Historical Note**

Renumbered from R15-5-2330 and amended effective September 29, 1993 (Supp. 93-3). Amended by final rulemaking at 11 A.A.R. 2952, effective September 10, 2005 (Supp. 05-3).

**R15-5-2344. Postage Stamps**

- A.** The purchase of postage stamps is not subject to use tax if the stamps are purchased for the purpose of transporting mail.
- B.** The purchase of postage stamps is subject to use tax if the stamps are purchased for any purpose other than transporting mail.
- C.** The Department shall presume that a postage stamp is purchased for a purpose other than transporting mail if the postage stamp is purchased for at least 50% more than its face value. A purchaser may overcome the presumption; however, the burden of proof will remain on the purchaser.
- D.** The purchase of cancelled postage stamps is subject to use tax.

**Historical Note**

New Section adopted by final rulemaking at 6 A.A.R. 4112, effective October 4, 2000 (Supp. 00-4).

**R15-5-2345. Reserved****R15-5-2346. Reserved****R15-5-2347. Reserved****R15-5-2348. Reserved****R15-5-2349. Reserved****R15-5-2350. Repealed****Historical Note**

Adopted effective December 6, 1990 (Supp. 90-4).

Renumbered from R15-5-2332 effective September 29, 1993 (Supp. 93-3). Repealed by exempt rulemaking at 25 A.A.R. 3010, effective October 1, 2019 (Supp. 19-3).

**R15-5-2351. Purchases by Non-U.S. Citizens**

Purchases of tangible personal property by non-U.S. citizens shall be subject to the use tax unless otherwise exempt.

**Historical Note**

Adopted effective September 29, 1993 (Supp. 93-3).

**R15-5-2352. Expired****Historical Note**

Section R15-5-2352 renumbered from R15-5-2317 and amended effective September 29, 1993 (Supp. 93-3). Section expired under A.R.S. § 41-1056(E) at 18 A.A.R. 1652, effective March 31, 2012 (Supp. 12-2).

**R15-5-2353. Property Purchased Outside of the United States**

- A.** Tangible personal property purchased outside of the United States is taxable when purchased for business use.
- B.** In any one calendar month, tangible personal property purchases with a cumulative purchase price of \$200 or less are not taxable if purchased for nonbusiness use. Purchases in excess of the \$200 exemption are taxable on the excess amount.

**Historical Note**

Section R15-5-2353 renumbered from R15-5-2319 and amended effective September 29, 1993 (Supp. 93-3).

**R15-5-2354. Reserved****R15-5-2355. Reserved****R15-5-2356. Reserved****R15-5-2357. Reserved****R15-5-2358. Reserved****R15-5-2359. Reserved****R15-5-2360. Government Purchases**

- A.** Purchases of tangible personal property by any state or its political subdivisions are taxable.
- B.** Purchases by the Federal Government are not taxable.

**Historical Note**

Section R15-5-2360 renumbered from R15-5-2327 and amended effective September 29, 1993 (Supp. 93-3).

**R15-5-2361. Nonprofit Organizations**

- A.** Purchases of tangible personal property by nonprofit churches, schools, and other nonprofit organizations are taxable unless otherwise exempt.
- B.** Purchases of tangible personal property from a charitable nonprofit organization recognized as having tax-exempt status for income tax purposes with the Internal Revenue Service and the Department are not taxable.
- C.** If an organization wishes to obtain tax-exempt status by being recognized by the Department as a nonprofit charitable organization, it shall submit a letter to the Department requesting tax-exempt status and shall include a copy of its Internal Revenue Service recognition.
- D.** For purposes of the statutory exemption and for this rule, the Internal Revenue Service recognition of a charitable nonprofit organization is as defined in Internal Revenue Code § 501(c)(3).

**Historical Note**

Section R15-5-2361 renumbered from R15-5-2328 and

## CHAPTER 5. DEPARTMENT OF REVENUE - TRANSACTION PRIVILEGE AND USE TAX SECTION

amended effective September 29, 1993 (Supp. 93-3).

**R15-5-2362. Exempt Purchases by Health Organizations**

- A. Purchases by qualifying hospitals, nursing care institutions, qualifying health care organizations, rehabilitation programs for mentally or physically handicapped persons, and qualifying community health centers are exempt from tax pursuant to statutory provisions.
- B. The Department may, upon review of the written request and any other information requested by the Department to make a proper determination, provide an Exemption Letter to organizations meeting the statutory criteria. The Exemption Letter shall be valid for a period of 12 months from the first day of the month following the issue date of the Exemption Letter unless the organization's tax exempt status changes prior to the end of the 12-month period, or the organization misrepresented or omitted material information in its exemption request.
- C. Qualifying hospitals, qualifying health care organizations, rehabilitation programs for mentally or physically handicapped persons, and qualifying community health centers shall annually submit to the Department a written request for an Exemption Letter. The request shall be submitted at least 30 days prior to the first day of the exemption period. For purposes of this rule, "exemption period" means the 12-month period beginning on the first day of the month following the issue date of the Exemption Letter or the 12-month period requested by the organization.
  1. Qualifying hospitals shall attach to their annual exemption request a copy of their current license issued by the Department of Health Services.
  2. Qualifying health care organizations shall attach to their exemption request letter the statutorily required annual financial audit and a copy of their Internal Revenue Code 501(c) recognition unless the Department has previously received a copy of this recognition.
  3. Rehabilitation programs for mentally or physically handicapped persons shall attach to their exemption request a copy of their Internal Revenue Code 501(c)(3) recognition unless the Department has previously received a copy of this recognition.
  4. Qualifying community health centers shall attach to their exemption request documentation supporting the statutory criteria and a copy of their Internal Revenue Code 501(c)(3) recognition unless the Department has previously received a copy of this recognition.

**Historical Note**

Section R15-5-2362 renumbered from R15-5-2310 and amended effective September 29, 1993 (Supp. 93-3).  
Amended effective April 21, 1995 (Supp. 95-2).

**R15-5-2363. Renumbered****Historical Note**

Renumbered from R15-5-2309 effective September 29, 1993 (Supp. 93-3). Renumbered to R15-5-2220 effective October 14, 1993 (Supp. 93-4).

**ARTICLE 24. REPEALED****R15-5-2401. Repealed****Historical Note**

Repealed effective October 14, 1993 (Supp. 93-4).

**R15-5-2402. Repealed****Historical Note**

Repealed effective October 14, 1993 (Supp. 93-4).

**R15-5-2403. Repealed****Historical Note**

Repealed effective October 14, 1993 (Supp. 93-4).

**R15-5-2404. Repealed****Historical Note**

Repealed effective October 14, 1993 (Supp. 93-4).

**R15-5-2405. Repealed****Historical Note**

Repealed effective October 14, 1993 (Supp. 93-4).

**R15-5-2406. Repealed****Historical Note**

Amended effective March 18, 1981 (Supp. 81-2).  
Repealed effective October 14, 1993 (Supp. 93-4).

**R15-5-2407. Repealed****Historical Note**

Repealed effective July 23, 1985 (Supp. 85-4).

**R15-5-2408. Repealed****Historical Note**

Repealed effective July 23, 1985 (Supp. 85-4).

**R15-5-2409. Repealed****Historical Note**

Repealed effective October 14, 1993 (Supp. 93-4).

**R15-5-2410. Repealed****Historical Note**

Repealed effective September 24, 1986 (Supp. 86-5).

**R15-5-2411. Repealed****Historical Note**

Repealed effective July 23, 1985 (Supp. 85-4).

**R15-5-2412. Repealed****Historical Note**

Repealed effective July 23, 1985 (Supp. 85-4).

**R15-5-2413. Repealed****Historical Note**

Repealed effective July 23, 1985 (Supp. 85-4).

**R15-5-2414. Repealed****Historical Note**

Repealed effective February 22, 1989 (Supp. 89-1).

**R15-5-2415. Repealed****Historical Note**

Repealed effective July 23, 1985 (Supp. 85-4).

**R15-5-2416. Repealed****Historical Note**

Repealed effective February 22, 1989 (Supp. 89-1).

**R15-5-2417. Repealed****Historical Note**

Repealed effective February 22, 1989 (Supp. 89-1).

**R15-5-2418. Repealed**



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**Historical Note**

Repealed effective February 22, 1989 (Supp. 89-1).

**R15-5-2419. Repealed****Historical Note**

Repealed effective September 24, 1986 (Supp. 86-5).

**R15-5-2420. Repealed****Historical Note**

Repealed effective September 24, 1986 (Supp. 86-5).

**R15-5-2421. Repealed****Historical Note**

Repealed effective September 24, 1986 (Supp. 86-5).

**R15-5-2422. Repealed****Historical Note**

Repealed effective September 24, 1986 (Supp. 86-5).

**R15-5-2423. Repealed****Historical Note**

Repealed effective September 24, 1986 (Supp. 86-5).

**R15-5-2424. Repealed****Historical Note**

Repealed effective September 24, 1986 (Supp. 86-5).

**R15-5-2425. Repealed****Historical Note**

Repealed effective September 24, 1986 (Supp. 86-5).

**R15-5-2426. Repealed****Historical Note**

Repealed effective April 21, 1995 (Supp. 95-2).

**ARTICLE 25. REPEALED****R15-5-2501. Repealed****Historical Note**

Repealed by final rulemaking at 6 A.A.R. 956, effective February 15, 2000 (Supp. 00-1).

**R15-5-2502. Repealed****Historical Note**

Repealed by final rulemaking at 6 A.A.R. 956, effective February 15, 2000 (Supp. 00-1).

**R15-5-2503. Repealed****Historical Note**

Repealed by final rulemaking at 6 A.A.R. 956, effective February 15, 2000 (Supp. 00-1).

**R15-5-2504. Repealed****Historical Note**

Repealed by final rulemaking at 6 A.A.R. 956, effective February 15, 2000 (Supp. 00-1).

**R15-5-2505. Repealed****Historical Note**

Repealed by final rulemaking at 6 A.A.R. 956, effective February 15, 2000 (Supp. 00-1).

**R15-5-2506. Repealed****Historical Note**

Amended effective November 7, 1978, unless otherwise

noted (Supp. 78-6). Repealed by final rulemaking at 6 A.A.R. 956, effective February 15, 2000 (Supp. 00-1).

**R15-5-2507. Repealed****Historical Note**

Amended effective March 18, 1981 (Supp. 81-2).  
Repealed by final rulemaking at 6 A.A.R. 956, effective February 15, 2000 (Supp. 00-1).

**ARTICLE 26. REPEALED****R15-5-2601. Repealed****Historical Note**

Repealed by final rulemaking at 6 A.A.R. 956, effective February 15, 2000 (Supp. 00-1).

**R15-5-2602. Repealed****Historical Note**

Repealed by final rulemaking at 6 A.A.R. 956, effective February 15, 2000 (Supp. 00-1).

**R15-5-2603. Repealed****Historical Note**

Repealed by final rulemaking at 6 A.A.R. 956, effective February 15, 2000 (Supp. 00-1).

**R15-5-2604. Repealed****Historical Note**

Repealed effective July 23, 1985 (Supp. 85-4).

**R15-5-2605. Repealed****Historical Note**

Repealed effective February 22, 1989 (Supp. 89-1).

**R15-5-2606. Repealed****Historical Note**

Repealed effective February 22, 1989 (Supp. 89-1).

**R15-5-2607. Repealed****Historical Note**

Repealed effective July 23, 1985 (Supp. 85-4).

**R15-5-2608. Repealed****Historical Note**

Repealed effective July 23, 1985 (Supp. 85-4).

**R15-5-2609. Repealed****Historical Note**

Repealed effective July 23, 1985 (Supp. 85-4).

**R15-5-2610. Repealed****Historical Note**

Repealed effective July 23, 1985 (Supp. 85-4).

**R15-5-2611. Repealed****Historical Note**

Repealed effective February 22, 1989 (Supp. 89-1).

**R15-5-2612. Repealed****Historical Note**

Repealed effective February 22, 1989 (Supp. 89-1).

**R15-5-2613. Repealed**

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**Historical Note**

Repealed effective February 22, 1989 (Supp. 89-1).

**R15-5-2614. Repealed****Historical Note**

Repealed by final rulemaking at 6 A.A.R. 956, effective February 15, 2000 (Supp. 00-1).

**R15-5-2615. Repealed****Historical Note**

Repealed effective February 22, 1989 (Supp. 89-1).

**R15-5-2616. Repealed****Historical Note**

Repealed by final rulemaking at 6 A.A.R. 956, effective February 15, 2000 (Supp. 00-1).

**R15-5-2617. Repealed****Historical Note**

Repealed effective February 22, 1989 (Supp. 89-1).

**R15-5-2618. Repealed****Historical Note**

Repealed effective February 22, 1989 (Supp. 89-1).

**R15-5-2619. Repealed****Historical Note**

Repealed effective February 22, 1989 (Supp. 89-1).

**R15-5-2620. Repealed****Historical Note**

Repealed effective April 21, 1995 (Supp. 95-2).

**ARTICLE 27. RESERVED****ARTICLE 28. RESERVED****ARTICLE 29. RESERVED****ARTICLE 30. EXPIRED****R15-5-3001. Reserved****R15-5-3002. Reserved****R15-5-3003. Reserved****R15-5-3004. Renumbered****Historical Note**

(A.R.S. § 1321) Former Section R15-5-1846 renumbered as Section R15-5-3004 and amended effective July 23, 1985 (Supp. 85-4). Renumbered to R15-5-127 effective August 9, 1993 (Supp. 93-3).

**R15-5-3005. Renumbered****Historical Note**

(A.R.S. § 42-1451) Former Section R15-5-2219 renumbered as Section R15-5-3005 and amended effective July 23, 1985 (Supp. 85-4). Former Section R15-5-3005 renumbered to R15-5-2212 effective October 14, 1993 (Supp. 93-4).

**R15-5-3006. Renumbered****Historical Note**

(A.R.S. § 42-1409) Former Section R15-5-2315 renumbered as Section R15-5-3006 and amended effective July 23, 1985 (Supp. 85-4). Former Section R15-5-3006 renumbered to R15-5-2327 effective September 29, 1993

(Supp. 93-3).

**R15-5-3007. Reserved****R15-5-3008. Reserved****R15-5-3009. Reserved****R15-5-3010. Reserved****R15-5-3011. Reserved****R15-5-3012. Reserved****R15-5-3013. Reserved****R15-5-3014. Reserved****R15-5-3015. Reserved****R15-5-3016. Repealed****Historical Note**

(A.R.S. §§ 42-1313, 42-1317) Adopted effective October 1, 1986 (Supp. 86-5). Repealed by final rulemaking at 6 A.A.R. 956, effective February 15, 2000 (Supp. 00-1).

**R15-5-3017. Reserved****R15-5-3018. Renumbered****Historical Note**

(A.R.S. § 42-1305) Adopted effective September 3, 1986 (Supp. 86-5). Renumbered to R15-5-2206 effective October 14, 1993 (Supp. 93-4).

**R15-5-3019. Reserved****R15-5-3020. Reserved****R15-5-3021. Repealed****Historical Note**

Adopted effective August 13, 1987 (Supp. 87-3). Repealed effective October 14, 1993 (Supp. 93-4).

**R15-5-3022. Repealed****Historical Note**

Adopted effective August 13, 1987 (Supp. 87-3). Repealed effective October 14, 1993 (Supp. 93-4).

**R15-5-3023. Renumbered****Historical Note**

(A.R.S. § 42-1302) Former Section R15-5-209 renumbered and amended as Section R15-5-3023 effective August 26, 1987 (Supp. 87-3). Section R15-5-209 renumbered as Section R15-5-3023 and amended in error, see Section R15-5-209 (Supp. 88-3).

**R15-5-3024. Repealed****Historical Note**

(A.R.S. § 42-1307) Former Section R15-5-2102 renumbered and amended as Section R15-5-3024 (Supp. 86-6). Correction, effective date of last amendment to read: "effective December 31, 1986" (Supp. 87-3). Repealed by final rulemaking at 6 A.A.R. 956, effective February 15, 2000 (Supp. 00-1).

**R15-5-3025. Renumbered****Historical Note**

(A.R.S. § 42-1322.01) Adopted effective September 24, 1986 (Supp. 86-5). Renumbered to R15-5-2007 (Supp.

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94-2).

A.A.R. 956, effective February 15, 2000 (Supp. 00-1).

**R15-5-3026. Reserved****R15-5-3033. Reserved****R15-5-3027. Reserved****R15-5-3034. Reserved****R15-5-3028. Reserved****R15-5-3035. Expired****R15-5-3029. Reserved****Historical Note****R15-5-3030. Reserved**

Adopted effective September 16, 1987 (Supp. 87-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 2207, effective March 30, 2017 (Supp. 17-3).

**R15-5-3031. Reserved****R15-5-3032. Repealed****R15-5-3036. Renumbered****Historical Note**

(A.R.S. § 42-1472) Adopted effective September 24, 1986 (Supp. 86-5). Repealed by final rulemaking at 6

**Historical Note**

Adopted effective August 7, 1987 (Supp. 87-3). Renumbered to R15-5-157 effective August 9, 1993 (Supp. 93-3).

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## TITLE 18. ENVIRONMENTAL QUALITY

### CHAPTER 18. DEPARTMENT OF ENVIRONMENTAL QUALITY - EMERGENCY PLANNING AND HAZARDOUS MATERIALS TRAINING

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

This Chapter contains rules that were filed to be recodified in the *Arizona Administrative Code* between the dates of  
July 1, 2021 through September 30, 2021

*This is a new Chapter. See the table of contents on page 1 for a list of rules recodified (Supp. 21-3).*

#### Questions about these rules? Contact:

Department: Department of Environmental Quality  
Waste Program Division  
Address: 1110 W. Washington St  
Phoenix, AZ 85007  
Website: <https://azdeq.gov/waste-programs-division>  
Name: Mark Lewandowski  
Telephone: (602) 771-2230  
Fax: (602) 771-4272  
Email: [lewandowski.mark@azdeq.gov](mailto:lewandowski.mark@azdeq.gov)

**This is a new Chapter.**

## PREFACE

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

Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

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### RULES

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

### THE ADMINISTRATIVE CODE

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

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

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

First Quarter: January 1 - March 31  
Second Quarter: April 1 - June 30  
Third Quarter: July 1 - September 30  
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2021 is cited as Supp. 21-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. This is why the Office lists only updated codified Sections on the previous page.

### AUTHENTICATION OF PDF CODE CHAPTERS

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

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

### HOW TO USE THE CODE

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

### ARIZONA REVISED STATUTE REFERENCES

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

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

### SESSION LAW REFERENCES

Arizona Session Law references in a Chapter can be found at the Secretary of State’s website, [www.azsos.gov](http://www.azsos.gov) under Services-> Legislative Filings.

### EXEMPTIONS FROM THE APA

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

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

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

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

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

### EXEMPTIONS AND PAPER COLOR

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

### PERSONAL USE/COMMERCIAL USE

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



## Administrative Rules Division

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

**TITLE 18. ENVIRONMENTAL QUALITY****CHAPTER 18. DEPARTMENT OF ENVIRONMENTAL QUALITY - EMERGENCY PLANNING AND HAZARDOUS MATERIALS TRAINING**

Authority: A.R.S. § 49-123(F) and (I)

**Supp. 21-3**

*Editor's Note: Chapter 208 (H.B. 2274), 52 Legislature, 2015 First Regular Session, transferred the duties of the Arizona Emergency Response Commission to the Department of Environmental Quality. The rules in this Chapter were recodified from 8 A.A.C. 4 and 8 A.A.C. 2, Article 6, at 27 A.A.R. 1535, with an immediate effective date of September 1, 2021 (Supp. 21-3).*

**CHAPTER TABLE OF CONTENTS****ARTICLE 1. EMERGENCY PLANNING AND COMMUNITY RIGHT TO KNOW**

*Article 1, consisting of Sections R18-18-101 through R18-18-110, recodified from R8-4-101 through R8-4-110, at 27 A.A.R. 1535, with an immediate effective date of September 1, 2021 (Supp. 21-3).*

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*Article 2, consisting of Sections R18-18-201 through R18-18-205, recodified from R8-2-601 through R8-2-605, at 27 A.A.R. 1535, with an immediate effective date of September 1, 2021 (Supp. 21-3).*

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## CHAPTER 18. DEPARTMENT OF ENVIRONMENTAL QUALITY - EMERGENCY PLANNING AND HAZARDOUS MATERIALS TRAINING

### ARTICLE 1. EMERGENCY PLANNING AND COMMUNITY RIGHT TO KNOW

#### R18-18-101. Definitions

- A. The definitions in A.R.S. § 26-341 apply to this Chapter.
- B. In this Article, unless specified otherwise:
  1. "Emergency planning district" means an area that the Commission designates to facilitate preparing and implementing an emergency response plan.
  2. "EPA" means the United States Environmental Protection Agency.
  3. "EPCRA" means the Emergency Planning and Community Right-to-Know Act of 1986, commonly known as SARA Title III.
  4. "FD" means local fire department or the fire district with jurisdiction for a particular facility.
  5. "Hazardous substance" means a substance on the list that appears at 40 CFR 302.4.
  6. "LEPC" means "Committee," as prescribed at A.R.S. § 26-341(2).
  7. "MSDS" means material safety data sheet and has the same meaning as prescribed at 40 CFR 370.02.
  8. "NIMS" means National Incident Management System.
  9. "Reportable release" means a release that is not excluded under 40 CFR 355.40.
  10. "TPQ" means threshold planning quantity and has the same meaning as prescribed at 40 CFR 355.20.

#### Historical Note

New Section R18-18-101 recodified from R8-4-101 at 27 A.A.R. 1535, with an immediate effective date of September 1, 2021 (Supp. 21-3).

#### R18-18-102. General Provisions

- A. The Commission shall make all forms referenced in this Chapter available on its internet site.
- B. The owner or operator of a facility that is required to submit information under this Article may submit the information electronically to the Commission and LEPC and to the FD if, as indicated on the Commission's web site, the FD has entered into an agreement with the Commission regarding electronic submission.
- C. When the chair of an LEPC forwards to the Commission an item requiring action by the Commission before its next meeting, the Executive Director of the Commission shall respond to the LEPC on behalf of the Commission until the Commission takes action at its next meeting.

#### Historical Note

New Section R18-18-102 recodified from R8-4-102 at 27 A.A.R. 1535, with an immediate effective date of September 1, 2021 (Supp. 21-3).

#### R18-18-103. Responsibilities of an LEPC

- A. Members of an LEPC shall fulfill the responsibilities listed at 42 U.S.C. 11001(c), October 17, 1986, which is incorporated by reference, contains no future editions or amendments, and is available from the Commission and the U.S. Government Printing Office, P.O. Box 371954, Pittsburgh, PA 15250.
- B. In addition to the responsibilities under subsection (A), members of an LEPC shall:
  1. Establish procedures for access to the Local Emergency Response Plan;
  2. Evaluate the resources needed to develop and implement the Local Emergency Response Plan and make recommendations to the County Board of Supervisors and the Commission regarding mechanisms to provide the resources needed;

3. Ensure that newly appointed LEPC members participate in training provided by the Commission regarding the responsibilities of LEPC members; and
4. Ensure that LEPC members are aware of and have the opportunity to attend Commission-sponsored meetings regarding matters related to emergency planning and preparedness.

#### Historical Note

New Section R18-18-103 recodified from R8-4-103 at 27 A.A.R. 1535, with an immediate effective date of September 1, 2021 (Supp. 21-3).

#### R18-18-104. Emergency Planning and Preparedness

- A. If a facility is required to comply with 40 CFR 355.30, the owner or operator of the facility shall also comply with the emergency planning and preparedness requirements in this Section.
- B. If a facility is designated by the Commission under A.R.S. § 26-347(B), the owner or operator of the facility shall comply with the emergency planning and preparedness requirements in this Section and the reporting requirements of R18-18-107.
- C. No later than 60 days after a facility first becomes subject to the emergency planning and preparedness requirements of this Section, the owner or operator of the facility shall submit a facility emergency response plan according to A.R.S. § 26-347(D). The owner or operator of the facility may submit the facility emergency response plan by completing and submitting an Emergency Response Plan Questionnaire, which is available from the Commission.
- D. The owner or operator of a facility that submits an Emergency Response Plan Questionnaire under subsection (C) may also submit a Hazard Analysis Worksheet for each extremely hazardous substance at the facility that equals or exceeds the TPQ.
- E. On or before March 1 of each year, the owner or operator of a facility described in subsection (A) or (B) shall:
  1. Review and determine whether the facility emergency response plan submitted under subsection (C) is still accurate and, if changes are needed to ensure that the facility emergency response plan is accurate, submit information regarding the relevant changes. If information regarding relevant changes to the facility emergency response plan is submitted, the owner or operator of the facility may revise and submit the Hazard Analysis Worksheet previously submitted under subsection (D); and
  2. Comply with R18-18-107(C).

#### Historical Note

New Section R18-18-104 recodified from R8-4-104 with amendments to Chapter Section and subsection references at 27 A.A.R. 1535, with an immediate effective date of September 1, 2021 (Supp. 21-3).

#### R18-18-105. Local Emergency Response Plan

- A. Within 12 months after the Commission designates a new emergency planning district and appoints members of an LEPC for the newly designated emergency planning district, the LEPC shall prepare an emergency response plan that complies with the requirements at A.R.S. § 26-345(E) and complies with NIMS.
- B. On or before December 31 of each year and when there are changed circumstances in the community or at a facility, an LEPC shall review and update the emergency response plan for its emergency planning district.
- C. An LEPC shall submit a copy of the emergency response plan prepared under subsection (A) or (B) to the Commission.



## CHAPTER 18. DEPARTMENT OF ENVIRONMENTAL QUALITY - EMERGENCY PLANNING AND HAZARDOUS MATERIALS TRAINING

- D. Within 60 days after the Commission receives a copy of an emergency response plan under subsection (C), the Commission staff shall:
  1. Review the emergency response plan and make recommendations for revisions necessary to ensure that the emergency response plan complies with law and coordinates with the emergency response plans of adjoining emergency planning districts; and
  2. Return the emergency response plan and recommendations to the LEPC.
- E. An LEPC shall ensure that the emergency response plan prepared under subsection (B) and reviewed and amended under subsection (D) is incorporated into the county's emergency operations plan in accordance with county procedures.
- F. At least biennially and after providing at least 30 days notice to the Commission, an LEPC shall conduct an exercise of its emergency response plan.
- G. On or before December 31 of each year, an LEPC shall survey its emergency planning district to determine how many copies of the U.S. Department of Transportation Emergency Response Guidebook are needed and forward the information regarding the number of copies needed to the Commission.

### Historical Note

New Section R18-18-105 recodified from R8-4-105 at 27 A.A.R. 1535, with an immediate effective date of September 1, 2021 (Supp. 21-3).

### R18-18-106. Reportable Release Notification

The owner or operator of a facility at which a reportable release occurs shall:

1. Comply with the notification requirements of A.R.S. § 26-348(A);
2. Submit the written follow-up emergency notice required under A.R.S. § 26-348(B); and
3. Update the notice provided under subsection (2) as required under A.R.S. § 26-348(C).

### Historical Note

New Section R18-18-106 recodified from R8-4-106 at 27 A.A.R. 1535, with an immediate effective date of September 1, 2021 (Supp. 21-3).

### R18-18-107. Extremely Hazardous Substance (EHS) or Hazardous Chemical Reporting

- A. The owner or operator of a facility shall comply with the extremely hazardous substance and hazardous chemical reporting requirements of 40 CFR 370, Subpart B, July 1, 2007, which is incorporated by this reference, contains no later amendments or editions, and is available from the Commission and the U.S. Government Printing Office, P.O. Box 371954, Pittsburgh, PA 15250.
- B. As required by A.R.S. § 26-350, an owner or operator described in subsection (A) shall submit a Tier Two Emergency and Hazardous Chemical Inventory Form, using a form available from the Commission, by March 1 of each year. All facilities subject to this reporting requirement shall be subject to the Tier II Emergency and Hazardous Chemical Inventory Reporting fee schedule:
  1. Each owner or operator of a facility required to file a hazardous chemical inventory report(s) (Tier II Reports) under the provisions of 42 U.S.C. § 11022 will be assessed a report filing fee of seventy-five dollars (\$75.00) for the first required facility report and an additional fee of twenty dollars (\$20.00) for each additional required facility report up to a maximum limit of five hundred dollars (\$500) per annual reporting period.
  2. Owners or operators of facilities meeting the following conditions are exempt from the reporting fee(s):
    - a. Any business or other outlet that primarily reports or sells gasoline, diesel and other motor fuel only at retail to the public.
    - b. Any business or other outlet that only files a Tier II report to claim lead acid batteries.
    - c. Any business or other outlet that only files a Tier II report to claim diesel or gasoline.
    - d. Any business or other outlet that resides on tribal lands or a tribal Nation and must report to a Tribal Emergency Response Commission (TERC) or Chemical-Tribal Emergency Response Commission (C-TERC).
- C. If a facility ceases to meet the minimum reporting thresholds of 40 CFR 370, Subpart B, for EHS and hazardous chemical reporting with regard to a specific EHS or hazardous chemical, the owner or operator of the facility may submit a notice to the Commission, LEPC, and FD indicating that the specific EHS or hazardous chemical is no longer present in a quantity that meets the minimum reporting threshold.

### Historical Note

New Section R18-18-107 recodified from R8-4-107 at 27 A.A.R. 1535, with an immediate effective date of September 1, 2021 (Supp. 21-3).

### R18-18-108. Compliance Procedures

- A. The Commission shall make information regarding the EPCRA available to the owner or operator of a facility.
- B. The owner or operator of a facility may obtain guidance, but not legal advice, regarding complying with the EPCRA by contacting the Commission.

### Historical Note

New Section R18-18-108 recodified from R8-4-108 at 27 A.A.R. 1535, with an immediate effective date of September 1, 2021 (Supp. 21-3).

### R18-18-109. Community Right-to-know Procedures

- A. To obtain information regarding a specific hazardous chemical or extremely hazardous substance at a specific facility, local emergency response plan, or notice regarding a reportable release, a person shall submit a written request to the Commission or LEPC. If a request is submitted to an LEPC, the LEPC may forward a copy of the request to the Commission so Commission staff can coordinate a response to the request. To obtain a copy of a Form R relating to toxic chemical releases, a person shall submit a written request to the Commission.
- B. As required by 42 U.S.C. 11022, the Commission or LEPC shall respond to a written request for information. The response shall advise the person making the request of one of the following:
  1. The time and location at which the person may inspect and copy the requested information,
  2. That additional information is needed to process the request,
  3. That the requested information is not available but the Commission or LEPC will ask the owner or operator of the facility to provide the information, or
  4. That the request is denied because:
    - a. The requested information does not exist,
    - b. The owner or operator of the facility is not required to provide the information,
    - c. The Commission or LEPC determined that disclosing the information will impair its ability to protect public health or safety and the public interest in non-

## CHAPTER 18. DEPARTMENT OF ENVIRONMENTAL QUALITY - EMERGENCY PLANNING AND HAZARDOUS MATERIALS TRAINING

disclosure outweighs the public interest in disclosure, or

- d. The information is exempt by law from disclosure.
- C. Before releasing information, the Commission or LEPC shall advise the owner or operator of a facility of the request for information regarding the facility.
- D. Under A.R.S. § 39-121, the Commission or LEPC shall charge the person making a request under this Section the cost of reproducing the information requested. The Commission shall deposit the funds received under this subsection in accordance with A.R.S. § 26-343(G).

### Historical Note

New Section R18-18-109 recodified from R8-4-109 at 27 A.A.R. 1535, with an immediate effective date of September 1, 2021 (Supp. 21-3).

### R18-18-110. Grants

- A. On or before September 1 of each year, the Commission shall provide notice that is consistent with A.R.S. § 41-2702 to all LEPCs regarding grants that are available from the Commission.
- B. To receive funds that are awarded on a non-competitive basis, an LEPC shall submit a "Certification and Request for Funding" form in which the LEPC certifies that it:
  - 1. Is in compliance with all applicable law, including NIMS;
  - 2. Will use the funds in the manner intended;
  - 3. Will keep separate funds from the Emergency Response Fund and funds from other sources; and
  - 4. Will submit all required reports.
- C. To receive grant funds that are awarded on a competitive basis, an LEPC shall submit to the Commission a proposal that specifies:
  - 1. The goal that the LEPC intends to accomplish with any grant funds received,
  - 2. Where the grant funds will be spent,
  - 3. The amount of grant funds needed to accomplish the goal,
  - 4. The time needed to accomplish the goal, and
  - 5. Other information that the Commission requests to assist the Commission to evaluate the grant proposal.
- D. On behalf of the Commission, Commission staff shall meet at least annually with members of the LEPCs to establish the criteria used to evaluate a grant proposal. Commission staff, on behalf of the Commission, shall evaluate each proposal that is timely received using the criteria established. The Commission shall ensure that the criteria used include consideration of both the qualification of and need for an LEPC to receive a grant.
  - 1. The criteria regarding qualification of an LEPC to receive a grant may include:
    - a. The extent to which the LEPC fulfilled the responsibilities listed in R18-18-103;
    - b. Whether the LEPC complied with all provisions of R18-18-104;
    - c. Whether the LEPC submitted all reports required for grant funds previously received;
    - d. Whether previously received grant funds were used in a manner that achieved the goal established;
    - e. Attendance by LEPC members at Commission-sponsored meetings; and
    - f. The number of training sessions provided by LEPC members to emergency responders in the emergency planning district; and
  - 2. The criteria regarding need for an LEPC to receive a grant may include:

- a. The number of facilities required to report to the LEPC under this Chapter;
- b. The population represented by the LEPC; and
- c. The number of reportable releases during the past year in the area represented by the LEPC.

- E. Within 60 days after the grant-proposal deadline specified in the notice of grant availability, the Commission shall provide written notice to each LEPC that applies for grant funds regarding whether grant funds will be awarded and if so, the amount awarded.
- F. An LEPC that receives grant funds shall submit progress reports to the Commission on dates prescribed by the Commission. The LEPC shall include in each progress report a summary of the work done to accomplish the goal stated in the grant proposal and a detailed accounting of the expended and remaining grant funds.

### Historical Note

New Section R18-18-110 recodified from R8-4-110 with amendments to Chapter Section references at 27 A.A.R. 1535, with an immediate effective date of September 1, 2021 (Supp. 21-3).

## ARTICLE 2. HAZARDOUS MATERIALS TRAINING PROGRAM, STUDENT AND INSTRUCTOR EVIDENCE OF COMPLETION

### R18-18-201. Definitions

The following definitions apply in this Article, unless the context requires otherwise:

- 1. "Authorized instructor" means an individual who the Division determines meets the criteria at R18-18-202.
- 2. "Director" means the director of the Division.
- 3. "Division" means the Arizona Division of Emergency Management.
- 4. "Evidence of Completion" means a document issued by the Division to an individual who successfully completes a standardized course of instruction.
- 5. "Hazmat First Responder Awareness Level personnel" means individuals who are likely to witness or discover a hazardous material release and who are trained to initiate an emergency response sequence by notifying the proper authorities of the release.
- 6. "Hazmat First Responder Operations Level operatives" means individuals who are trained to respond in a defensive fashion without actually trying to stop a hazardous material release.
- 7. "Hazardous materials" means:
  - a. Any material designated under the hazardous materials transportation act of 1974 (49 U.S.C. 1801);
  - b. Any element, compound, mixture, solution, or substance designated under the comprehensive environmental response, compensation, and liability act of 1980 (42 U.S.C. 9602);
  - c. Any substance designated in the emergency planning and community right-to-know act of 1986 (42 U.S.C. 11002);
  - d. Any substance designated in the water pollution control act (33 U.S.C. 1317(a) and 1321(b)(2)(A));
  - e. Any hazardous waste having the characteristics identified under or listed under A.R.S. § 49-922;
  - f. Any imminently hazardous chemical substance or mixture with respect to which action is taken under the toxic substances control act (15 U.S.C. 2606);
  - g. Any material or substance determined to be radioactive under the atomic energy act of 1954 (42 U.S.C. 2011);

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- h. Any substance designated as a hazardous substance under A.R.S. § 49-201; and
- i. Any highly hazardous chemical or regulated substance as listed in the clean air act of 1963 (42 U.S.C. 7401-7671).
- 8. "Hazardous materials incident" means an uncontrolled, unpermitted release or potential release of hazardous materials that presents an imminent and substantial danger to the public health or welfare or to the environment.
- 9. "Hazardous materials response experience" means knowledge and skills gained by responding to hazardous materials incidents.
- 10. "Instructor requirements" means the criteria listed at R18-18-202 for authorization as an instructor by the Division.
- 11. "Release" means any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing into the environment, but excludes:
  - a. Release that results in exposure to persons solely within a workplace, with respect to a claim that the persons may assert against their employer;
  - b. Emissions from the engine exhaust of a motor vehicle, rolling stock, aircraft, vessel, or pipeline pumping station engine;
  - c. Release of source, byproduct, or special nuclear material from a nuclear incident, as those terms are defined in the Atomic Energy Act of 1954, if the release is subject to financial protection requirements established by the Nuclear Regulatory Commission under section 170 of the Act, or for the purposes of section 104 of the Comprehensive Environmental Response, Compensation, and Liability Act or any other response action, any release of source, byproduct, or special nuclear material from any processing site designated under section 102(a)(1) or 302(a) of the Uranium Mill Tailings Radiation Control Act of 1978; and
  - d. Normal application of fertilizer.

### Historical Note

New Section R18-18-201 recodified from R8-2-601 with amendments to Chapter Section references at 27 A.A.R. 1535, with an immediate effective date of September 1, 2021 (Supp. 21-3).

### R18-18-202. Hazmat First Responder Awareness Level Course and Hazmat First Responder Operations Level Course Curriculum

- A. An authorized instructor shall conduct a Hazmat First Responder Awareness Level course or a Hazmat First Responder Operations Level course in accordance with the standardized curriculum maintained by the Division. The Division shall promptly notify all authorized instructors of any change in the curriculum.
- B. Topics covered in the Hazmat First Responder Awareness Level course are:
  - 1. What hazardous materials are and the risks associated with a hazardous materials incident;
  - 2. Potential outcomes associated with an emergency created when hazardous materials are present;
  - 3. How to recognize the presence of hazardous materials in an emergency;
  - 4. How to identify different hazardous materials; and
  - 5. Role of a first responder awareness individual in an employer's emergency response plan, including site security and control, and use of current resource materials.

- C. Topics covered in the Hazmat First Responder Operations Level course are:

- 1. Basic hazard and risk assessment techniques;
- 2. How to select and use proper protective equipment;
- 3. Basic hazardous materials terms;
- 4. How to perform basic control, containment, or confinement operations with the resources and personal protective equipment available;
- 5. How to implement basic decontaminating procedures; and
- 6. Standard operating and terminating procedures.

### Historical Note

New Section R18-18-202 recodified from R8-2-602 at 27 A.A.R. 1535, with an immediate effective date of September 1, 2021 (Supp. 21-3).

### R18-18-203. Instructor Authorization and Renewal

- A. Instructor authorization:

- 1. An instructor authorized by the Division shall teach each Hazmat First Responder Awareness Level and Hazmat First Responder Operations Level course.
- 2. To be authorized as an instructor, an individual shall submit the following to the Division:
  - a. A "Participant Application" form obtained from the Division, located at the Department of Emergency and Military Affairs, 5636 E. McDowell Road, Bldg. 101, Phoenix, Arizona 85008. The applicant shall provide the following information to take an instructor workshop:
    - i. Course number;
    - ii. Course date;
    - iii. Course title;
    - iv. Applicant's name;
    - v. SSN;
    - vi. Applicant's employer;
    - vii. Applicant's position or title;
    - viii. Phone number;
    - ix. Fax number, if any;
    - x. Work mailing address, city, state, zip code, and county;
    - xi. Electronic mail address, if any;
    - xii. Brief description of current duties and how training as an instructor will be used;
    - xiii. Applicant's signature and date; and
    - xiv. Supervisor's signature, if applicable, and date;
  - b. Evidence of two years' experience in hazardous materials incident response;
  - c. Evidence of Completion of at least 80 hours for Awareness Level or at least 240 hours for Operations Level of hazardous materials training, and a signed copy of attendance and performance records;
  - d. A letter of recommendation to take instructor training from the applicant's employer, local emergency planning committee chair, county emergency management director, or coordinator; and
  - e. A brief summary of the applicant's experience in hazardous materials response and as an instructor of adult-level courses.
- 3. After an applicant submits to the Division the documentation described in subsection (A)(2)(a), the applicant shall:
  - a. Attend the instructor workshop,
  - b. Attain a score of at least 90% on the written exam, and

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- c. Successfully complete a teach back to demonstrate appropriate educational methodology and instructional techniques during an oral presentation.
- 4. The Division shall issue Evidence of Completion to an individual who successfully completes the instructor workshop.
- 5. The Division shall maintain records of instructor authorization.
- 6. Instructor authorization is valid for two calendar years.
- B. To renew instructor authorization obtained from the Division, an authorized instructor shall:
  - 1. Submit a "Participant Application" form as described in subsection (A) to take an instructor refresher workshop;
  - 2. Attend an instructor refresher workshop sponsored by the Division before expiration of the current instructor authorization; and
  - 3. Provide evidence of having taught either a Hazmat First Responder Awareness Level course or refresher, or a Hazmat First Responder Operations Level course or refresher, two times in the current authorization period.
- C. An instructor who fails to comply with subsection (B), may obtain instructor authorization by applying and meeting the requirements as a new instructor under subsection (A).

### Historical Note

New Section R18-18-203 recodified from R8-2-603 at 27 A.A.R. 1535, with an immediate effective date of September 1, 2021 (Supp. 21-3).

### R18-18-204. Hazmat First Responder Awareness Level Course and Hazmat First Responder Operations Level Course Division Requirements

- A. An instructor authorized by the Division shall teach each Hazmat First Responder Awareness Level course and Hazmat First Responder Operations Level course. An instructor shall notify the Division at least 30 days before course delivery by submitting a "Course Request Form" obtained from the Division, located at the Department of Emergency and Military Affairs, 5636 E. McDowell Road, Bldg. 101, Phoenix, Arizona 85008. The instructor shall provide the following information:
  - 1. Name of requestor;
  - 2. Date;
  - 3. Agency of requestor;
  - 4. Mailing address, city, state, zip code and county;
  - 5. Phone number;
  - 6. Fax number, if any;
  - 7. Name of agency head;
  - 8. Applicant signature;
  - 9. Electronic mail address;
  - 10. Type of course;
  - 11. Course name;
  - 12. Course number;
  - 13. Date course is offered;
  - 14. Training site address and county;
  - 15. Intended audience;
  - 16. Estimated number of participants;
  - 17. Name and signature of requestor; and
  - 18. County emergency management director or local emergency planning committee chairperson endorsement: name, signature, title, and date.

- B. Within two weeks following completion of either the Hazmat First Responder Awareness Level course or refresher, or the Hazmat First Responder Operations Level course or refresher, the instructor shall provide the Division with all course records, including student application forms, course roster, completed pre- and post-exam answer sheets, and instructor and course evaluations. In addition, the instructor shall return all unused course materials to the Division.

### Historical Note

New Section R18-18-204 recodified from R8-2-604 at 27 A.A.R. 1535, with an immediate effective date of September 1, 2021 (Supp. 21-3).

### R18-18-205. Hazmat First Responder Awareness Level Personnel and Hazmat First Responder Operations Level Operatives Evidence of Completion

- A. To receive Evidence of Completion as Hazmat First Responder Awareness Level personnel or as Hazmat First Responder Operations Level operative, an individual shall:
  - 1. Submit a "Participant Application" form as described in R18-18-203(A) for Division-sponsored courses. For non-Division-sponsored courses, the individual shall submit the course application contained in the student manual:
    - a. Course number: U100 (First Responder Awareness Course) or U200 (First Responder Operations Level Course);
    - b. Course date;
    - c. Course name: First Responder Awareness Course or First Responder Operations Level Course;
    - d. Applicant's name;
    - e. SSN;
    - f. Title;
    - g. Phone number;
    - h. Fax number, if any;
    - i. Organization;
    - j. Electronic address; and
    - k. Work mailing address, city, state, zip and county; and
  - 2. Successfully complete the Hazmat First Responder Awareness Level course, or the Hazmat First Responder Operations Level course, and attain a score of at least 75% on the written exam.
- B. The Division shall issue Evidence of Completion to an individual who successfully completes the Hazmat First Responder Awareness Level course or the Hazmat First Responder Operations Level course. The employer of an individual issued Evidence of Completion shall maintain evidence of the individual's competency under 29 CFR 1910.120(Q)(6) and (Q)(8)(ii), published by the United States Government Printing Office and revised July 1, 2001, with no later editions or amendments. This regulation is incorporated by reference and on file with the Division and the Office of the Secretary of State.

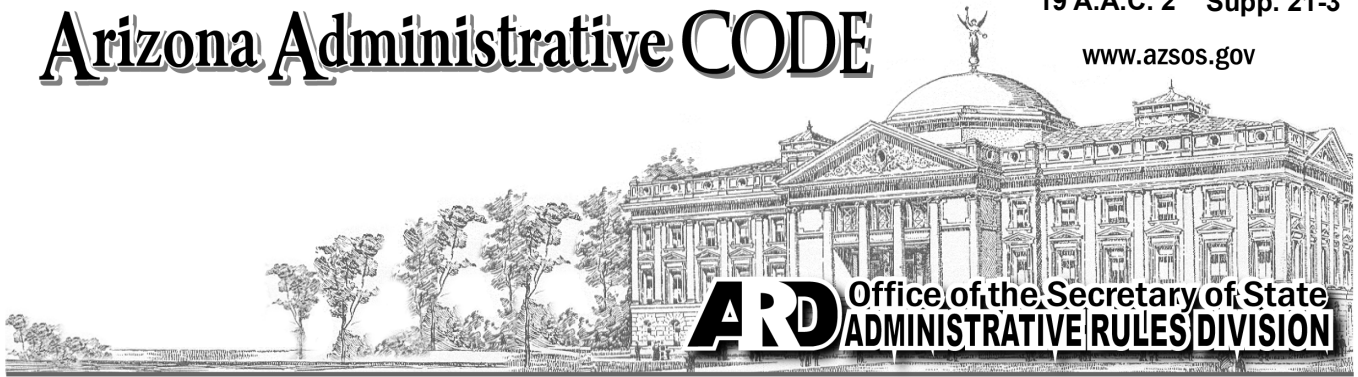
### Historical Note

New Section R18-18-205 recodified from R8-2-605 with amendments to a Chapter Section and subsection reference at 27 A.A.R. 1535, with an immediate effective date of September 1, 2021 (Supp. 21-3).

# Arizona Administrative CODE

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## TITLE 19. ALCOHOL, HORSE AND DOG RACING, LOTTERY, AND GAMING

### CHAPTER 2. ARIZONA RACING COMMISSION

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

This Chapter contains rules that were filed to be codified in the *Arizona Administrative Code* between the dates of  
July 1, 2021 through September 30, 2021

[R19-2-401.](#)   [Definitions .....](#) [42](#)   [R19-2-410.](#)   [ADW Accounts .....](#) [46](#)

#### Questions about these rules? Contact:

Department: Arizona Department of Gaming  
Address: 1110 W. Washington, Suite 450  
Phoenix, AZ 85007  
Website: [www.azgaming.gov](http://www.azgaming.gov)  
Name: Rudy J. Casillas, Racing Division Director  
Telephone: (602) 771-4263  
Fax: (602) 364-1703  
E-mail: [rcasillas@azgaming.gov](mailto:rcasillas@azgaming.gov)

#### The release of this Chapter in Supp. 21-3 replaces Supp. 20-4, 1-101 pages

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

## PREFACE

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

Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

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### RULES

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

### THE ADMINISTRATIVE CODE

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

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

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

First Quarter: January 1 - March 31

Second Quarter: April 1 - June 30

Third Quarter: July 1 - September 30

Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2021 is cited as Supp. 21-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. This is why the Office lists only updated codified Sections on the previous page.

### AUTHENTICATION OF PDF CODE CHAPTERS

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

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### HOW TO USE THE CODE

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

### ARIZONA REVISED STATUTE REFERENCES

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

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

### SESSION LAW REFERENCES

Arizona Session Law references in a Chapter can be found at the Secretary of State’s website, [www.azsos.gov](http://www.azsos.gov) under Services-> Legislative Filings.

### EXEMPTIONS FROM THE APA

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

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

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

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

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

### EXEMPTIONS AND PAPER COLOR

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

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



## Administrative Rules Division

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

**TITLE 19. ALCOHOL, HORSE AND DOG RACING, LOTTERY, AND GAMING****CHAPTER 2. ARIZONA RACING COMMISSION**

Authority: A.R.S. §§ 5-1301(1), 5-101 et seq.

**Supp. 21-3**

*Editor's Note: A.R.S. § 41-1005 was amended. The reference to the A.R.S. § 41-1005(A)(18) exemption in this Chapter has changed to A.R.S. § 41-1005(A)(16) (Supp. 14-4).*

*Editor's Note: The Office of the Secretary of State prints all Code Chapters on white paper (Supp. 03-4).*

*Editor's Note: This Chapter contains rules which were adopted under an exemption from the provisions of the Administrative Procedure Act (A.R.S. Title 41, Chapter 6) pursuant to A.R.S. § 41-1005(A)(18). Exemption from A.R.S. Title 41, Chapter 6 means that the Arizona Racing Commission did not submit these rules to the Governor's Regulatory Review Council for review and approval; the Commission did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; and the Commission was not required to hold public hearings on these rules. Because this Chapter contains rules which are exempt from the regular rulemaking process, the Chapter is printed on blue paper.*

19 A.A.C. 2, consisting of R19-2-101 through R19-2-124, R19-2-301 through R19-2-331, and R19-2-501 through R19-2-523, recodified from 4 A.A.C. 27, consisting of R4-27-101 through R4-27-124, R4-27-301 through R4-27-331, and R4-27-501 through R4-27-523, pursuant to R1-1-102 (Supp. 95-1).

Title 4, Chapter 27 consisting of Sections R4-27-101 through R4-27-124, R4-27-301 through R4-27-323 adopted effective August 5, 1983. R19-2-101 through R19-2-124 recodified from R4-27-101 through R4-27-124 (Supp. 95-1).

Former Title 4, Chapter 27 consisting of Sections R4-27-101 through R4-27-111, R4-27-201 through R4-27-211, R4-27-301 through R4-27-312 repealed effective August 5, 1983. R19-2-101 through R19-2-111, R19-2-201 through R19-2-211, R19-2-301 through R19-2-312 recodified from R4-27-101 through R4-27-111, R4-27-201 through R4-27-211, R4-27-301 through R4-27-312 (Supp. 95-1).

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*Article 4, consisting of Sections R4-27-401 through R4-27-410, repealed effective December 14, 1994 (Supp. 94-4).*

*Article 4, consisting of Sections R4-27-401 through R4-27-410, adopted effective April 3, 1984 (Supp. 84-2). R19-2-401 through R19-2-410 recodified from R4-27-401 through R4-27-410 (Supp. 95-1).*

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## CHAPTER 2. ARIZONA RACING COMMISSION

## ARTICLE 1. HORSE RACING

**R19-2-101. Power and Authority**

- A. All powers of the Department and Commission not specifically defined in this Chapter are reserved to the Department and Commission under the law creating the Department and Commission and specifying its powers and duties.
- B. The jurisdiction of the Department and Commission over matters covered by A.R.S. Title 5, Chapter 1 and this Chapter is continuous throughout the year.
- C. A.R.S. Title 5, Chapter 1, this Chapter, and the orders of the Department and Commission take precedence over the conditions of a race or the conditions of a race meet.
- D. The Director may sustain, reverse, or modify any penalty or decision imposed by the stewards.
- E. The Commission may sustain, reverse, or modify any penalty or decision imposed by the Director.

**Historical Note**

Adopted effective August 5, 1983 (Supp. 83-4). Editor spelling correction to subsection (C) (Supp. 88-4). R19-2-101 recodified from R4-27-101 (Supp. 95-1). Amended by final rulemaking at 19 A.A.R. 3412, effective November 30, 2013 (Supp. 13-4).

**R19-2-102. Definitions**

The definitions in A.R.S. § 5-101 apply to this Chapter. Additionally, unless the context requires otherwise, in this Article:

1. "Added money" means money a permittee adds to the nominating and starting fees in a race.
2. "Age" means the age of a horse as computed from the first day of January in the year in which the horse is foaled.
3. "Allowance race" means an overnight race for which a horse's eligibility and weight to be carried are determined according to specified conditions that include age, sex, earnings, and number of wins.
4. "Also eligible" means a horse, properly entered for a race, which is not drawn for inclusion in the race but becomes eligible according to preference or lot if an entry is scratched before the scratch-time deadline.
5. "Authorized agent" means a person appointed under R19-2-106(G).
6. "Breakage" means net pool minus payout.
7. "Breeder" means the owner or lessee of a horse's dam at the time the horse is foaled.
8. "Breeding place" means the place of birth of a horse.
9. "Business day" means a day on which live racing is conducted or a day on which entries are taken.
10. "Carryover" means non-distributed pool monies that are retained and added to a corresponding pool in accordance with this Chapter.
11. "Claiming race" means a horse race in which each owner declares in advance the price at which the owner's horse will be offered for sale after the race.
12. "Complaint" means a written allegation of a violation of A.R.S. Title 5, Chapter 1, or this Chapter.
13. "Contest" means a competitive racing event on which pari-mutuel wagering is conducted.
14. "Declaration" means the act of withdrawing an entered horse from a race.
15. "Entrance fee" means a fee set by a permittee that must be paid to make a horse eligible for a stakes race.
16. "Entry" means, according to its context, either:
  - a. A horse eligible and entered in a race, or
  - b. Two or more horses that are entered in a race as a single wagering unit and are:
    - i. Owned, in whole or in part, by the same owner; or
    - ii. Trained by a trainer who owns an interest in another horse in the race.
17. "Equipment" means whips, blinkers, tongue straps, muzzles, hoods, nose bands, shadow rolls, martingales, breast plates, bandages, boots, plates (shoes), and all other paraphernalia that is or might be used on or attached to a horse while racing.
18. "Field" means:
  - a. The entire group of horses in a race; or
  - b. Two or more starting horses running as a single wagering unit when there are more starting horses in a race than positions of the tote.
19. "Foreign substance" means any drug, medicine, metabolite, or other substance that does not exist naturally in an untreated horse and that may have a pharmacological effect on the racing performance of a horse or may affect sampling or testing procedures. Foreign substances include but are not limited to stimulants, depressants, local anesthetics, narcotics, and analgesics.
20. "Foul" means any action by a horse or jockey that interferes with another horse or jockey in the running of a race.
21. "Grounds" means the entire area used by a permittee to conduct a race meet including, but not limited to, the track, grandstand, stables, concession areas, and parking facilities.
22. "Handicap" means a race in which the weight to be carried by each entered horse is adjusted to equalize each horse's chance of winning.
23. "Horse" means a filly, mare, colt, horse, gelding, and ridgling except when referring to sex, "horse" means a male that is five years or older and retains all reproductive organs.
24. "Hurdle race" means a race over a track in which jumps or hurdles are used.
25. "Immediate," for the purpose of suspension or revocation of a license issued under this Chapter, means the first date that the suspension or revocation does not negatively impact another licensee, as determined by the Department.
26. "Inactive person" means an individual who has never been licensed or whose license has expired, been revoked, or been suspended for more than 30 days.
27. "Inquiry" means an investigation of possible interference in a contest conducted by the stewards before the stewards declare the result of the contest official.
28. "In-today horse" means a horse that is entered and has drawn a position to run on one race day and also is entered for the next race day.
29. "Lawfully issued prescription" means a prescription-only drug, as defined at A.R.S. § 13-3401, obtained directly from or under a valid prescription order written by a licensed physician acting in the course of professional practice.
30. "Lessee" or "lessor" means a person who leases a horse for racing purposes.
31. "Maiden" means a horse that at the time of starting has never won a race on the flat in any country on a recognized track or that was disqualified after finishing first.
32. "Match race" means a race between two or more horses, each of which is the property of different owners, on terms agreed to by the owners and approved by the Department.

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33. "Minus pool" means there is not enough money, after deductions of state tax and statutory commissions, to pay the legally prescribed minimum on each winning wager.
34. "Net pool" means the sum of all wagers on a race minus refundable wagers and statutory commissions.
35. "Net take" means the amount of a track's commission minus allowed deductions.
36. "Nominating fee" means a fee set by a permittee that must be paid to make a horse eligible for a stakes or handicap race.
37. "Nomination" means naming a horse or its foal in utero to compete in a specific race or series of races, eligibility for which may require paying a fee at the time of naming.
38. "Nominator" means the person in whose name a horse is nominated for a stakes or handicap race.
39. "Official laboratory" means the facility with which the Department contracts under A.R.S. § 5-105(A).
40. "Official race program" means a published listing of all contests and contestants for a specific performance.
41. "Off time" means the moment at which, on signal of the starter, the horses break and run.
42. "Overnight race" means a race for which entries close 96 or fewer hours before the time set for the first race of the day on which the race is to be run.
43. "Overpayment" means the amount by which purses paid exceed the amount due horsemen based on the net take and breakage.
44. "Owner" means any person possessing all or part of the legal title to a horse.
45. "Payout" means the amount of money payable to winning wagers.
46. "Performance" means a schedule of races run consecutively as one program.
47. "Place" means a horse finishes in one of the first three positions in a race.
48. "Pool" means the sum of all wagers on a race.
49. "Post position" means the position assigned to a horse for the start of a race.
50. "Post time" means the time set for horses in a race to arrive at the starting point.
51. "Preferred list" means a record of a horse with a prior right to starting usually because the horse was previously entered in a race that did not fill with the required minimum number of horses.
52. "Program trainer" means a licensed trainer identified in the official race program as the trainer of a horse that is actually under the control of and trained by another individual who may or may not hold a trainer's license in any jurisdiction and who is not identified in the official race program as the trainer of the horse.
53. "Prohibited substance" means any substance regulated by A.R.S. Title 13, Chapter 34.
54. "Purse" means the total dollar amount for which a race is contested.
55. "Purse race" means a race for money or other prize to which owners of horses engaged in the race do not contribute an entry fee.
56. "Quarter race" means a race on the flat of 1,000 yards or less.
57. "Race" means a contest among horses for purse, stakes, premium, or wager for money, that is run in the presence of racing officials of the track and a Department representative.
58. "Race meet" means the period for which a permit to conduct racing is granted to a permittee by the Commission.
59. "Race on the flat" means a race over a track on which no jumps or other obstacles are placed.
60. "Racing Regulation Fund" means the fund established under A.R.S. § 5-113.01 and administered by the Department to receive funding for regulation of racing from various pari-mutuel racing industry sources.
61. "Racing secretary" means the official who drafts conditions of races.
62. "Recognized track" means a track where pari-mutuel wagering is authorized by law or that is recognized by the American Quarter Horse Association.
63. "Restricted area" means an enclosed portion of a permittee grounds to which access is limited to licensees whose occupation or participation requires access.
64. "Result" means the part of the official order of finish used to determine the pari-mutuel payout of pools for each contest.
65. "Ridgling" means a male horse that has one or both testicles absent from the scrotum.
66. "Ruled off" means the act of:
  - a. Barring a licensee from the grounds of a permittee and denying the licensee all racing privileges; or
  - b. Preventing a horse from being entered because the stewards have determined that preventing the horse from racing is in the best interest of the health, safety, and welfare of licensees and the state.
67. "Scratch" means to withdraw an entered horse from a race after overnight entries have been closed.
68. "Scratch time" means the time set by the permittee for withdrawing entered horses from the races of a particular day.
69. "Stakes race" means a race for which the owner of an entered horse is required to pay a fee to which the track may add money or other prize to make up the total purse and for which nominations close more than 72 hours before the time for the first race of the day on which the stakes race is to be run.
70. "Starter race" means an allowance or handicap race restricted to horses that have previously started for a specified claiming price or less and for which the racing secretary may establish other conditions.
71. "Starting fee" means the amount of money, specified by the conditions of the race and set by the permittee, which must be paid by a horse's owner for the horse to start in a race.
72. "Starting horse" means a horse that leaves the paddock for the post, excluding:
  - a. A horse subsequently excused by the stewards, or
  - b. A horse for which the starting gate stall doors do not open in front of the horse at the time the starter dispatches the field.
73. "Steward" means an official of a race meet responsible for enforcing A.R.S. Title 5, Chapter 1 and this Chapter.
74. "Subscription" means the fee paid by the owner to nominate a horse for a stakes race.
75. "Supplemental fee" means a fee set by a permittee that must be paid by a horse's owner at a time prescribed by the permittee to make the horse eligible for a stakes race after the time for nominations is closed.
76. "Suspended" means that a privilege granted by the officials of a race meet or by the Commission or Department has been temporarily withdrawn.
77. "Sustaining fees" mean fees that must be paid periodically, as prescribed by the conditions of a race, to keep a horse eligible for the race.
78. "TCO2" means total carbon dioxide.

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79. "Tote or totalisator" means the machines from which pari-mutuel tickets are sold and the board on which the approximate odds for a race are posted.
80. "Track" means the course over which a race takes place.
81. "Trainer" means a person employed by an owner or lessee to condition a horse for racing.
82. "Underpayment" means the amount by which the amount due horsemen, based on the net take and breakage, exceeds the amount of purses paid.
83. "Walkover" means a race in which there are not two or more horses of separate interest sent to post.
84. "Weight" means the standard weight described in R19-2-118.

**Historical Note**

Adopted effective August 5, 1983 (Supp. 83-4).  
 Amended paragraph (15), added new paragraphs (26) and (45) and renumbering accordingly effective June 6, 1986 (Supp. 86-3). Amended by adding paragraphs (19) and (32) and renumbering accordingly effective November 30, 1988 (Supp. 88-4). Amended effective March 20, 1990 (Supp. 90-1). R19-2-102 recodified from R4-27-102 (Supp. 95-1). Amended by exempt rulemaking at 17 A.A.R. 1484, effective July 20, 2011 (Supp. 11-3). Amended by final rulemaking at 19 A.A.R. 3412, effective November 30, 2013 (Supp. 13-4).

**R19-2-103. Permit Applications**

- A. A person or persons, associations, or corporations desiring to hold or conduct a horse racing meeting within the state of Arizona shall file with the Commission its permit application that contains the information required in A.R.S. § 5-107 in paper copy and in an electronic medium. All electronic media submissions shall be compatible with the Department's computer system and software. If any addendum to the permit application cannot be submitted in an electronic medium, the applicant shall submit the addendum in a paper copy.
- B. The Department shall not issue a permit until the applicant has furnished evidence of compliance with A.R.S. § 23-901 et seq. (Workers' Compensation).
- C. Permit applicants shall submit to the Commission the names of the proposed track officials at least 60 days prior to the beginning of their meet, along with a short biographical sketch of each official not previously licensed in the same capacity by the Department.
- D. A permit application shall specify the number of races to be run on a daily basis.
- E. Racing shall be conducted only on those days granted by permit.
- F. Permit Application Time-frames.
  1. Administrative completeness review time-frame.
    - a. Within 728 days after receiving an application package, the Department shall determine whether the application package contains the information required by subsections (A), (B), (C), and (D).
    - b. If the application package is incomplete, the Department shall issue a written notice that specifies what information is required and return the application. If the application package is complete, the Department shall provide a written notice of administrative completeness.
    - c. The Department shall deem an application package withdrawn if the applicant fails to file a complete application package within 180 days of being notified that the application package is incomplete.
  2. Substantive review time-frame. Within 30 days after receipt of a complete application package, the Commission,

with the recommendation of the Department, shall determine whether the applicant meets all substantive requirements and issue a written notice granting or denying the permit.

3. Overall time-frame. For the purpose of A.R.S. § 41-1073, the Department establishes the following time-frames for issuing a permit.
  - a. Administrative completeness review time-frame: 728 days;
  - b. Substantive review time-frame: 30 days;
  - c. Overall time-frame: 758 days.
4. Renewal and temporary permit time-frames. The administrative completeness review time-frame is 30 days, the substantive review time-frame is 30 days, and the overall time-frame is 60 days, excluding time for mailing. The renewal or temporary permit is considered administratively complete unless the Department issues a written notice of deficiencies to the applicant. Temporary permits are valid until a full permit is awarded or until the Commission revokes the temporary permit.

**Historical Note**

Adopted effective August 5, 1983 (Supp. 83-4).  
 Amended effective March 20, 1990 (Supp. 90-1). R19-2-103 recodified from R4-27-103 (Supp. 95-1). Amended effective January 6, 1998 (Supp. 98-1). Amended by final rulemaking at 11 A.A.R. 5534, effective February 4, 2006 (Supp. 05-4).

**R19-2-104. Permittee Responsibilities**

- A. A permittee shall maintain the grounds in a neat, clean, and safe condition. If a steward determines that a permittee is not in compliance with this Section, the steward shall require that the permittee immediately bring the grounds into compliance.
- B. The permittee shall prevent any person, corporation, firm, or association not licensed by the Department from performing any act at its track which requires a license under A.R.S. Title 5, Chapter 1, or this Article.
- C. Each permittee department head shall see that the permittee department head's employees are licensed and furnish a list of the employees upon request.
- D. A permittee shall take all steps necessary to deny the privileges of a license to anyone whose license has been revoked or suspended and to keep such a person off the grounds of the permittee and to prevent a person who has been ruled off from entering the grounds of the permittee.
- E. A permittee or its employees shall not obstruct a representative of the Department performing the representative's duties.
- F. A permittee shall not knowingly allow on its grounds any betting or other operations in contravention of any law of the state of Arizona or of the United States.
- G. The permittee shall immediately report all observed violations of any racing regulation or statute to the Department and shall cooperate with the Department and with state, federal, and local authorities in investigations of alleged violations.
- H. A permittee shall provide the following services at the track:
  1. A horse ambulance, approved by the Department, for the removal of crippled animals from the track.
  2. A physician or emergency paramedic certified under A.R.S. § 36-2205 on duty during racing hours.
  3. An ambulance, available during morning works and racing hours.
  4. First aid quarters, available during morning works and racing hours.
  5. A detention paddock (test barn) where all winners and other horses selected by the stewards are taken and kept under the supervision of the Department veterinarian

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- until saliva, urine, blood, and other samples have been obtained.
6. An adequate security force whose duties include:
    - a. Maintaining order.
    - b. Excluding from the grounds all handbooks, touts, and operators of gambling devices.
    - c. Excluding from the grounds all persons ruled off by the stewards or the Department.
    - d. Excluding from the grounds all persons not eligible for a license under A.R.S. § 5-108.
    - e. Immediately reporting to the stewards any licensee who, while on the premises of the permittee, creates a disturbance, is intoxicated, interferes with any racing operation, or acts in an abusive or threatening manner to any racing official or other person.
  7. A security guard stationed at the stable area entrance whose duties include:
    - a. Denying entrance to all persons not holding a license or credentials issued by the Department or a Departmental pass issued by the permittee.
    - b. Allowing any person seeking employment within the stable area to have access to that area for a period of one day, provided that:
      - i. The person is given a numbered card.
      - ii. A list of recipients of the numbered cards is provided to the track office of the Department upon request.
      - iii. The numbered card is retrieved by the security guard when the person leaves the stable area.
      - iv. The track office of the Department is notified of the retrieval.
  8. A furnished office, including utilities and necessary office equipment, for the exclusive use of Department employees and officials.
  9. A uniformed security official approved by the Department, on duty in the Department test barn during its regular business hours. The official shall provide security and monitor the collection procedure and sealing of samples taken from the horses.
  10. A copy of all tip sheets offered for sale in the parking area or elsewhere on the grounds of the permittee, furnished daily to the stewards not later than three hours before first post.
- I. A person shall not sell tip sheets, pamphlets, or other printed matter purporting to predict the outcome of a race other than official programs, the Daily Racing Form, and newspapers in the betting area.
  - J. Wagering shall be conducted upon the grounds of a permittee only under the pari-mutuel method as provided by statute and this Article and by the use of such mechanical or other equipment as the Department may require. Bookmaking or betting other than by the pari-mutuel method is prohibited.
  - K. A permittee shall not allow the official racing of horses on any track under its control except as provided by subsection (P) below unless:
    1. The conditions of the race have been written by the racing secretary at the meeting.
    2. The entries have been made in accordance with the requirements set forth in R19-2-113.
    3. The race programmed as a part of a regular racing card conducted under the pari-mutuel system.
  - L. On a daily basis, and as soon as the entries have been closed and compiled and the declarations have been made, the permittee posts a list of the entries and declarations in a conspicuous place.
  - M. A permittee shall print on a daily racing program a list of all officials and directors of the permittee and of track and racing officials, together with such pertinent rules as the Department may designate.
  - N. A permittee shall not allow an official to act until the official's appointment has been approved by the Department; provided that, in the case of sickness or inability to act, the provisions of R19-2-121(A)(5) apply.
  - O. The permittee shall provide a photo finish and videotape device, approved by the Department, for the purpose of recording all races. The photographs and videotapes may be used to aid the stewards in determining the finishes of races. Permittees shall retain for three months all official race photographs and videotapes. The Department may require that specific photographs and videotapes be retained for a longer period of time or be transmitted to the Department for subsequent administrative or judicial proceedings.
  - P. Notwithstanding subsection (K), wagering may be conducted, by permission of the Department, on electronically televised simulcasts provided:
    1. The simulcasts originate from a racing facility outside the state of Arizona.
    2. The race is televised on the grounds of the permittee.
    3. The televised race is included with the posted races for that racing day.
    4. The televised race complies with the Interstate Horseracing Act of 1978 (15 U.S.C. 3001 et seq.).
    5. Monies wagered are computed in the total daily handle.
    6. An out-of-state facility, receiving a simulcast originating from a racing facility within the state of Arizona, operates under the approval and regulation of an official agency of that state.
  - Q. Any automatic timing device installed by the permittee shall have the approval of the Department.
  - R. Each commercial horse racing permittee shall furnish the Department with annual financial statements audited and certified by a firm approved by the auditor general.
    1. The firm shall conduct the audit in accordance with audit standards prescribed by the auditor general.
    2. The firm shall prepare the financial statements in accordance with generally accepted accounting practices.
    3. The firm shall use the following accounting practices:
      - a. Overpayments shall be treated as an asset to the extent that they are recoverable. Overpayments are reported as an asset titled "Purse Overpayments," immediately following current assets. If the permittee and the accountant determine that all or part of any overpayment is not recoverable, the dollar amount expensed and the basis of the determination shall be disclosed in the notes to the financial statements.
      - b. Underpayments shall be reflected as an account payable.
      - c. Wagering income shall be reported net of sales taxes.
      - d. Amounts which a permittee is seeking to recover through litigation shall not be reported as assets.
    4. The firm shall submit the following information with the financial statements in a form prescribed by the Department:
      - a. An analysis of the composition of and changes in accounts payable which include underpayments and asset accounts which include overpayments,
      - b. A summary of current year purse expense and over- or underpayment,
      - c. The total amount of salaries and bonuses expense,

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- d. Legal and accounting expense attributable to racing-related matters,
  - e. An explanation of the types of revenues and expenses classified in accounts titled "other," and
  - f. Other financial information requested by the Commission or Department.
5. Financial statements of permittees granted original permits prior to July 1, 1982, shall be on a fiscal year basis. Financial statements of permittees granted original permits after July 1, 1982, may be on a fiscal or calendar year basis at the discretion of the Director.
  6. The firm shall submit financial statements within 120 calendar days of the end of the fiscal or calendar year.
  7. The firm shall report overpayments and underpayments to the Department in a form prescribed by the Department within 10 working days after the end of each condition book period.
- S. Each permittee shall comply with the provisions of Article 2 of this Chapter.

**Historical Note**

Adopted effective August 5, 1983 (Supp. 83-4).  
 Amended subsection (H) paragraph (9) effective August 2, 1985 (Supp. 85-4). Amended subsection (R) effective June 6, 1986 (Supp. 86-3). Amended effective March 20, 1990 (Supp. 90-1). Amended effective August 6, 1991 (Supp. 91-3). R19-2-104 recodified from R4-27-104 (Supp. 95-1). Amended effective January 6, 1998 (Supp. 98-1). Amended by exempt rulemaking at 17 A.A.R. 1484, effective July 20, 2011 (Supp. 11-3).

**R19-2-105. Charity Races**

- A. A permittee shall provide the Commission with:
1. The name of any nonprofit organization or corporation selected by the permittee as a charity entitled to benefit from a charity racing day or race.
  2. A list of the names and addresses of all directors, officers, and shareholders holding 10% or more of the total number of outstanding voting shares of the charitable corporation.
  3. A brief description of the purposes and activities to be benefited by monies received from the charity racing day or race.
  4. A copy of an Internal Revenue Service letter of determination qualifying the particular charity as an exempt organization or corporation for federal income tax purposes.
- B. No permittee shall charge any expenses incurred by operation of racing against the pari-mutuel handle of a charity racing day or race except those prorated expenses incurred on the day of that particular charity racing day or race.

**Historical Note**

Adopted effective August 5, 1983 (Supp. 83-4).  
 Amended effective March 20, 1990 (Supp. 90-1). R19-2-105 recodified from R4-27-105 (Supp. 95-1).

**R19-2-106. Licensing**

- A. A person that participates in any capacity in a race meet, including a person who performs services in connection with the conduct of the race meet, shall obtain a license from the Department, except:
1. A person that performs services during a county fair meet and is identified by a steward as a volunteer; or
  2. A person that owns less than 10 percent of outstanding shares of stock, regardless of classification or type, of a permittee or licensee.
- B. License application.

1. To apply for a license, a person shall complete the license application prescribed by the Department, which requires the following information, and submit the completed application to a steward:
    - a. Name, including all aliases or other names ever used;
    - b. Mailing and local addresses;
    - c. Telephone number;
    - d. Date of birth;
    - e. Physical description;
    - f. Social Security or alien status number;
    - g. Documentation, as specified under A.R.S. § 41-1080(A), of lawful presence in the U.S.;
    - h. Complete criminal history information including any racing-related sanctions; and
    - i. License category for which application is made.
  2. The Department may issue written instructions regarding preparation and execution of the license application. The instructions may be a part of or separate from the application, or both.
  3. When an applicant submits a license application, the applicant shall also submit the fee established by the Department under R19-2-202(C). The Department shall ensure that a schedule of license and fingerprint processing fees is displayed prominently at each track and on its web site.
  4. An applicant who is at least 18 years old shall submit two full sets of fingerprints to the Department. The applicant shall ensure that the fingerprints are taken by the Department, a law enforcement agency, or other authority acceptable to the Department and in a format acceptable to the Arizona Department of Public Safety and the Federal Bureau of Investigation.
  5. An applicant for a trainer license who has not been licensed as a trainer in any jurisdiction during the last 10 years shall demonstrate knowledge and skill in protecting and promoting the safety and welfare of animals participating in race meets by passing an examination, which may include written, oral, and skill demonstration parts, prescribed by the Department. An applicant who fails to pass the examination shall wait at least 90 days before retaking the examination.
- C. The Department shall presume that an applicant or licensee knows the law governing racing in Arizona. An applicant or licensee shall follow A.R.S. Title 5, Chapter 1 and this Chapter.
- D. License procedure.
1. Under delegation from the Director, on receipt of a license application, a steward shall grant or deny a temporary license and transmit the license application to the Director.
  2. In considering each application for a license, a steward may require the applicant, as well as individuals attesting to the applicant's abilities, to appear before the steward and show that the applicant is qualified to receive the license requested. The steward shall grant a temporary license only if the steward determines that the applicant meets all the requirements in A.R.S. Title 5, Chapter 1, and this Chapter.
  3. Licensing time-frames.
    - a. Administrative completeness review time-frame.
      - i. Within 85 days after receiving a license application, the Department shall determine whether the license application contains the information required under subsection (B).

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- ii. If the license application is incomplete, the Department shall issue a written notice that specifies what information is required and return the license application. If the license application is complete, the Department shall provide a written notice of administrative completeness.
      - iii. The Department shall deem a license application withdrawn if the applicant fails to file a complete license application within 15 days of the date on the notice that the license application is incomplete.
    - b. Substantive review time-frame. Within five days after determining that a license application is administratively complete, the Department shall determine whether the applicant meets all substantive requirements and the Director, or designee, shall issue a written notice granting or denying a license.
    - c. Overall time-frame. For the purpose of A.R.S. § 41-1073, the Department establishes the following time-frames for issuing a license:
      - i. Administrative completeness review time-frame: 85 days.
      - ii. Substantive review time-frame: five days.
      - iii. Overall time-frame: 90 days.
  - 4. Temporary license. All licenses are temporary for 90 days under A.R.S. § 5-108(F). Unless the Director denies a license to an applicant, a temporary license automatically becomes the license after 90 days.
  - 5. The Department shall perform a background investigation of an applicant who is at least 18 years old, including fingerprint processing through the Department of Public Safety and the FBI, and reviewing records of a national database containing license information and rulings, information systems, courts, law enforcement agencies, and the Department within the time-frame prescribed under subsection (D)(3)(a).
- E. Denials.**
- 1. The Department shall base a decision to deny a license on an assessment of whether the applicant:
    - a. Has been or is intoxicated at the time of application or has a history as a user of a narcotic drug, as defined at A.R.S. § 36-2501(A)(8), within the grounds of the permittee, or
    - b. Fails to disclose the true ownership or interest in any horse.
  - 2. When a license is denied, the Director shall report the reason for the denial in writing to the applicant and a national database listing license information and rulings.
- F. General requirements and restrictions.**
- 1. A licensee who is employed in more than one license category or who changes from one category to another shall be licensed in each category.
  - 2. A licensee who is an official at more than one type of track (horse, harness, or greyhound) shall be licensed at each type of track. The requirement in this subsection does not apply to a pari-mutuel manager who may use the same license at any type of track.
  - 3. The Director or designee shall not license a person who is younger than 16 years old in any capacity other than as an owner, and shall not license a person who is younger than 18 years old as an official, trainer, or assistant trainer. A person who is younger than 18 years old is not eligible to be licensed as an owner unless the person's parent or guardian signs the owner's license application and assumes full financial responsibility for the owner.
  - 4. When present in the barn area of a horse track, paddock area, or any other restricted area, a person shall wear in full view a photo identification badge issued by the Department or a pass issued by the permittee.
- G. Authorized agents.**
- 1. A person may hold a license only as an authorized agent or be licensed as an authorized agent and in another category.
  - 2. The principal shall sign a license application on behalf of an authorized agent and clearly identify the powers of the agent, including whether the agent is empowered to collect money from the permittee. The principal shall have the license application either notarized or signed in the presence of a Department employee and a copy filed with the horsemen's bookkeeper and the Department. If there is a separate power of attorney, the principal shall file a copy of the instrument with the bookkeeper and the Department.
  - 3. To change an agent's powers or revoke an agent's authority, the principal shall describe the changed powers or revoked authority in writing that is either notarized or signed in the presence of a Department employee and filed with the Department and the horsemen's bookkeeper.
- Historical Note**
- Adopted effective August 5, 1983 (Supp. 83-4).  
 Amended subsections (G) and (I) effective January 25, 1985 (Supp. 85-1). Amended subsections (F) and (G) effective December 5, 1985 (Supp. 85-6). Amended subsections (F) and (G) effective February 19, 1987 (Supp. 87-1). Amended subsections (A) and (B) effective October 23, 1987 (Supp. 87-4). Amended subsections (E), (F) and (G) effective November 30, 1988 (Supp. 88-4).  
 Amended effective March 20, 1990 (Supp. 90-1).  
 Amended effective January 13, 1995 (Supp. 95-1). R19-2-106 recodified from R4-27-106 (Supp. 95-1). Amended effective January 6, 1998 (Supp. 98-1). Amended by final rulemaking at 10 A.A.R. 717, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 10 A.A.R. 4483, effective December 4, 2004 (Supp. 04-4).  
 Amended by exempt rulemaking at 17 A.A.R. 1484, effective July 20, 2011 (Supp. 11-3). Amended by final rulemaking at 19 A.A.R. 3412, effective November 30, 2013 (Supp. 13-4).
- R19-2-107. Stable Names**
- A.** A licensed owner who wishes to race under a stable name shall register the stable name with the Department and pay the fee listed in R19-2-106.
- 1. Only an owner may register or secure a license under a stable name.
  - 2. A name other than the legal name of an owner is a stable name.
- B.** When registering a stable name, a licensed owner shall identify any individual or business entity operating under the stable name.
- 1. An individual operating under a stable name shall possess and be able to produce the individual's owner's license upon request by a racing official.
  - 2. An individual operating under a stable name shall sign the authorized agent's application.
  - 3. A business entity operating under a stable name shall:
    - a. Register to do business according to the laws of the state of Arizona;

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- b. Submit a list that identifies each stockholder who owns more than 10% of the existing shares, or each partner in a partnership;
  - c. Notify the Department immediately of any change in ownership; and
  - d. Use the name under which the business entity does business in Arizona as its stable name.
- C.** If consistent with other laws, a licensed owner may change a stable name by registering the new stable name and paying the applicable fee in R19-2-106.
- D.** To abandon a registered stable name, a licensed owner shall provide written notice to the Department.
- E.** A licensed owner shall select a stable name that is distinguishable from other registered stable names.
- F.** Upon registration, the Department shall determine whether a prospective stable name will be:
- 1. Misleading to the public, or
  - 2. Unbecoming to the sport.
- G.** The Department shall not register a stable name that is misleading to the public or unbecoming to the sport.
- H.** A licensed owner shall register a separate name for each of the owner's stables.
- I.** A licensed owner operating under a stable name shall pay all entry fees for and penalties against the stable.
- J.** At the time of entry, a licensed owner shall ensure that the applicable stable name is furnished for the official program.

**Historical Note**

Adopted effective August 5, 1983 (Supp. 83-4).  
 Amended effective March 20, 1990 (Supp. 90-1). R19-2-107 recodified from R4-27-107 (Supp. 95-1). Amended by final rulemaking at 9 A.A.R. 4919, effective December 6, 2003 (Supp. 03-4).

**R19-2-108. Leases**

- A.** The lessee of a horse shall file a copy of the leasing arrangement with the Department. The leasing arrangement shall include:
- 1. The name of the horse,
  - 2. The name and address of the owner-lessor,
  - 3. The name and address of the lessee,
  - 4. The stable name, if any, of each party,
  - 5. The terms of the lease.
- B.** No corporation having more than 10 stockholders who are the registered or beneficial owners of stock or membership in the corporation shall lease any horse owned or controlled by it to any person or partnership for racing purposes.
- C.** No owner's license shall be granted to a lessee of any corporation referred to in subsection (B) of these rules.
- D.** A corporation which leases horses for racing purposes in this state, its stockholders, and its members shall file with the Department, upon request, a report containing such information as the Department may specify.

**Historical Note**

Adopted effective August 5, 1983 (Supp. 83-4).  
 Amended effective March 20, 1990 (Supp. 90-1). R19-2-108 recodified from R4-27-108 (Supp. 95-1).

**R19-2-109. Jockeys and Apprentice Jockeys**

- A.** In this Chapter, unless the context requires otherwise:

- 1. A jockey shall pass a physical examination by a physician designated by a permittee. A physical examination is valid for 12 months. A steward may require that a jockey take an additional physical examination if the steward reasonably believes a jockey's physical condition may endanger himself, his mount, or others. A steward may refuse to allow a jockey to ride until the jockey successfully

passes another physical examination. A steward or a steward's designee may require that a jockey provide blood or urine samples for analysis upon request under A.R.S. § 5-104(C).

- 2. Unless excused by the stewards, a jockey engaged to ride in a race shall report to the jockey room at least one hour before post time of the first race in which the jockey is scheduled to ride and, unless excused by the stewards, shall remain in the jockey room between races until all engagements for the day have been fulfilled.
  - 3. A jockey shall wear standard jockey attire in official races.
  - 4. Only a jockey, an attendant, and a racing official are permitted in the jockey room.
  - 5. A jockey is entitled to a mount fee as established by agreement between the jockey and the owner or trainer when the jockey is weighed out by the clerk of scales except when:
    - a. The jockey refuses to ride a mount without proper cause; and
    - b. A steward replaces the jockey with a substitute jockey, unless the jockey is being replaced because of an injury received after weighing out and before the start of a race.
  - 6. An owner or trainer may replace a jockey named at the draw by lot or by a steward without payment of a mount fee by notifying a steward or the steward's designee by 9:00 a.m. MST the entry day following the draw.
  - 7. An owner or trainer shall pay a mount fee to a replaced jockey that is equal to the fee paid to the jockey who rides the race unless:
    - a. The owner or trainer replaces the jockey by notifying a steward or the steward's designee no later than 9:00 a.m. MST on the next business day after the jockey is replaced. If this notice is made, the owner shall pay a losing fee to each jockey the owner replaced in a race. The Director may establish an earlier deadline for jockey changes in consultation with a permittee, steward, jockey, owner, and trainer, or their representatives at the race meet. The Director shall not establish a deadline for jockey changes later than noon of a race day at any race meet with an average daily handle of \$100,000.00 or less; or
    - b. The replaced jockey or jockey's agent waives the fee.
- B. Equipment.**
- 1. A steward shall ensure that a bridle used in a race does not exceed two pounds in weight.
  - 2. If a jockey uses a whip in a race, the jockey shall ensure that the whip is at least 1/4 inch in diameter and not more than one pound in weight or 30 inches in length including the popper.
  - 3. When a jockey races without a whip, notice that the jockey is racing without a whip shall be made in the official race program or announced to the general public through effective, usual, and customary means intended and expected to reach the majority of the racing public.
  - 4. A jockey, apprentice jockey, exercise rider, pony person, and any other person shall wear a properly fastened helmet at all times when mounted on a racing surface.
  - 5. A jockey, apprentice jockey, and exercise rider shall wear an industry-approved safety vest at all times when mounted on a racing surface.
- C. Weight; weighing.**
- 1. An owner shall deposit a losing mount fee with a permittee before a jockey is weighed out for a race. If an owner



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fails to comply with this subsection, a steward may declare the owner's horse out of the race.

2. A jockey shall weigh out and weigh in for a race without a whip or bridle.
3. A jockey's weight is measured against the jockey's assigned weight as published in the official race program.
4. A jockey shall not ride in a race if the jockey weighs out more than one pound less than the jockey's assigned weight published in the official race program.
5. A jockey shall report the jockey's weight to the clerk of scales one hour before the time set for the first scheduled race of the race day.
  - a. A jockey shall not ride in a race if more than two pounds overweight without the consent of the owner or trainer of the horse the jockey is to ride.
  - b. A jockey shall not ride in a race if more than seven pounds overweight without the consent of a steward.
  - c. A steward shall not disqualify a horse because of any overweight the horse carries.
  - d. A permittee shall notify the public of any weight different from that published in the official race program through effective, usual, and customary mechanisms intended and expected to reach the majority of the wagering public.
6. Immediately after pulling up, a jockey shall ride to the place of weighing in, dismount after obtaining permission from the official in charge, and wait to be weighed by the clerk of the scales.
7. A jockey shall not intentionally touch any person or thing other than the jockey's own equipment before weighing in.
  - a. A jockey shall unsaddle the jockey's own horse, unless the jockey obtains permission from an official in charge.
  - b. An attendant shall touch a horse only by the horse's bridle unless the attendant obtains permission from an official in charge.
  - c. A person shall not touch the equipment of a jockey who has returned to the winner's circle to dismount until the jockey has been weighed in unless the person obtains permission from an official in charge.
8. A jockey who is not able to ride to the place of weighing in because of an accident or illness that disables either the jockey or the horse shall walk or be assisted to the scales.

**D. Apprentice jockey.**

1. Licenses.
  - a. An applicant for an apprentice jockey license shall submit to the Department a certified copy of the applicant's birth certificate or other satisfactory evidence of date of birth.
  - b. A steward shall issue an apprentice jockey license if an applicant:
    - i. Is more than 16 years old and, if less than age 18 years old, a parent or guardian signs the license application assuming full financial responsibility for the applicant;
    - ii. Is approved by a starter for working a horse out of the gate;
    - iii. Successfully demonstrates to a steward the ability to gallop or exercise a horse; and
    - iv. Has the necessary tack and apparel.
2. Expiration of license; weight allowance.
  - a. An apprentice jockey license expires when the apprentice jockey can no longer claim the weight allowances under subsection (D)(2)(b). When an apprentice jockey license expires, the apprentice

jockey shall surrender the license to the Department. If an apprentice jockey license expires during the term of the current licensing cycle, the Department shall issue a jockey license at no additional cost.

- b. An apprentice jockey who has not been licensed previously in any country may claim a weight allowance as follows in all overnight races except handicaps and stakes:
  - i. Five pounds for one year from the date of the apprentice jockey's fifth winner; or
  - ii. If the apprentice jockey has not ridden at least 40 winners within one year from the date of the apprentice jockey's fifth winner, five pounds for three years from the date of the apprentice jockey's first winner or until the apprentice jockey has ridden a total of 40 winners, whichever comes first.
- c. The calculation of the time for which an apprentice jockey may claim a weight allowance shall not include time:
  - i. In the armed forces, or
  - ii. The apprentice jockey is physically incapacitated from performing as a jockey.
- d. An apprentice jockey may ride quarter horses under the following conditions:
  - i. The apprentice jockey does not claim an apprentice jockey weight allowance in the race; and
  - ii. The Department does not consider a winner in the race for the purpose of computing the expiration of the right of the apprentice jockey to claim a weight allowance.

**E. Prohibited acts.**

1. A jockey shall not fail or refuse to fulfill an engagement for a race unless:
  - a. The race or race card is canceled, or
  - b. A steward excuses the jockey.
2. A jockey shall not own, either in whole or in part, a horse registered for racing at a track where the jockey is riding.
3. A jockey shall not engage in any pari-mutuel wagering transaction except through the owner of and on the horse that the jockey rides.
4. A jockey attendant, jockey valet, or any licensee employed inside a jockey room shall not place a wager for themselves or another person while they are acting under the authority of their license.
5. A jockey shall not ride against a horse trained by the jockey's spouse except as part of an entry.
6. A jockey shall not whip a horse:
  - a. On the head, flanks, or any part of the horse's body other than the shoulders or hind quarters;
  - b. During the post parade except when necessary to control the horse;
  - c. Excessively or brutally causing welts or breaks in the skin;
  - d. When the horse clearly is out of the race or has obtained its maximum placing; or
  - e. Persistently even though the horse is showing no response to the whip.

**Historical Note**

Adopted effective August 5, 1983 (Supp. 83-4). Amended effective March 20, 1990 (Supp. 90-1). R19-2-109 recodified from R4-27-109 (Supp. 95-1). Amended by final rulemaking at 5 A.A.R. 812, effective February 24, 1999 (Supp. 99-1). Amended by final rulemaking at 10 A.A.R. 717, effective April 3, 2004 (Supp. 04-1).

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Amended by final rulemaking at 19 A.A.R. 3412, effective November 30, 2013 (Supp. 13-4).

**R19-2-110. Jockey Agents**

- A. When applying for a jockey agent license, an applicant shall be accompanied by a jockey that the applicant will represent as jockey agent.
- B. A person who has not previously been licensed as a jockey agent in any jurisdiction shall demonstrate the knowledge to be licensed as a jockey agent by passing an examination prescribed by the Department. An applicant who fails to pass the examination shall wait 60 days before retaking the examination.
- C. A jockey agent shall not contract riding engagements for more than three jockeys at the same time.
- D. The Department shall charge only one fee for a jockey agent's license no matter how many jockeys the jockey agent represents.
- E. A jockey agent shall not change a rider unless the stewards grant permission.
- F. A jockey agent shall not work in any other capacity at the track where the jockey agent is licensed without permission of the stewards and without being licensed in the other capacity.
- G. A jockey agent may enter a horse in a race if the jockey agent has the permission of the horse's trainer.
- H. Riding engagements shall be made only by a jockey or the jockey's jockey agent.
- I. A jockey agent shall not communicate with a jockey the jockey agent represents during racing hours. A jockey agent shall notify a jockey the jockey agent represents of riding engagements made during racing hours through the stewards or a designated official.
- J. A jockey may act as the jockey's own agent. If a jockey chooses to act as the jockey's own agent, the jockey shall:
  - 1. Notify the stewards of that intention,
  - 2. Comply with provisions of this Chapter governing jockey agents,
  - 3. Not obtain a jockey agent's license, and
  - 4. Be present at the time entries are drawn unless other arrangements have been made with the stewards.
- K. When a jockey or the jockey's jockey agent wishes to terminate the agent agreement, the jockey and jockey agent shall appear together before the stewards to advise the stewards that the agent agreement has been terminated.
- L. A jockey agent or jockey acting as the jockey's own agent shall honor a call given to an owner or trainer for a mount in a race. If the Department determines that a jockey agent or jockey violated this subsection, the Department shall fine the jockey agent or jockey, suspend the license of the jockey agent or jockey, or both.

**Historical Note**

Adopted effective August 5, 1983 (Supp. 83-4).  
Amended effective March 20, 1990 (Supp. 90-1). R19-2-110 recodified from R4-27-110 (Supp. 95-1). Amended by final rulemaking at 19 A.A.R. 3412, effective November 30, 2013 (Supp. 13-4).

**R19-2-111. Trainers**

- A. A trainer shall know and follow the provisions of A.R.S. Title 5, Chapter 1 and this Chapter governing racing in the state of Arizona.
- B. A trainer and the trainer's employees shall comply with the decisions of the stewards on all questions to which the stewards' authority extends, subject to the right of appeal to the Department under R19-2-123.
- C. A trainer is responsible for the condition of horses under the trainer's care and shall protect the horses from acts of other parties.
- D. A trainer shall ensure that each person employed by the trainer at a licensed track is licensed by the Department and that the owner of each horse that is to be entered by the trainer in a race is licensed by the Department at least one hour before the scheduled post time of the race in which the horse is entered.
  - 1. A trainer shall refuse to act on behalf of any participant at a licensed track if the trainer has reasonable cause to believe that the participant is not licensed by the Department.
  - 2. A trainer shall not start a horse in a race if the trainer has reason to believe that an owner of the horse is not licensed by the Department. A trainer may enter a horse for an unlicensed owner in a race. If there are no horses on the also-eligible list for the race and the owner of the horse entered by the trainer is not licensed at least one hour before post time of the first race of the day, the trainer shall have the horse scratched. If there are horses on the also-eligible list, a trainer who entered a horse of an owner who remains unlicensed at the designated scratch time for the race shall have the horse scratched.
  - 3. A trainer shall report to the stewards the existence of the circumstances described in subsections (D)(1) and (2).
  - 4. A trainer shall present the trainer's horse in the paddock at least 17 minutes before post time or at another time specified by the stewards before the race in which the horse is entered.
- E. A trainer shall file all registration papers with the racing secretary within 48 hours of the trainer's arrival on the grounds of the permittee.
- F. If track colors are not in use, a trainer shall ensure that each of the trainer's horses has a set of colors registered in the office of the racing secretary and possessed by the jockey room custodian before the horses are entered in a race.
- G. A trainer shall pick up all registration papers and colors at the close of the race meet.
- H. A trainer shall notify the stewards before the transfer of a horse to or from another trainer during a race meet. The trainer shall not make a transfer until the transfer is approved by the stewards.
- I. A trainer shall not shoe a horse that is not under the trainer's care except by permission of the stewards.
- J. When a trainer is absent from the grounds where the trainer's horse is racing, the trainer shall provide a substitute licensed trainer to be responsible for the horse. If there is a violation of subsection (C) or R19-2-120(O)(1), the stewards shall take appropriate action against the responsible party. No provision of this Chapter relieves an absent trainer of responsibility or limits the absent trainer's responsibility under subsection (C). Both the absent and substitute trainers shall sign a "Trainers' Responsibility Form" provided by the Department, which shall be submitted to and approved by a steward.
- K. A trainer shall not have an ownership interest in a horse unless the trainer trains the horse and the horse is located at the track where the trainer trains. For purposes of this subsection, a reversionary interest created by an agreement transferring control of a horse is not an ownership interest.
- L. A trainer may employ an assistant trainer with the approval of the stewards. An assistant trainer shall comply with all requirements for a trainer prescribed by this Section.
- M. A trainer shall not train a horse for the benefit, credit, reputation, or satisfaction of an inactive person at a location under the jurisdiction of the Department.
  - 1. A trainer shall not:

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- a. Assume the responsibilities of an inactive person at a location under the jurisdiction of the Department,
  - b. Complete a race entry form for or on behalf of an inactive person or an owner for whom the inactive person works,
  - c. Pay or advance an entry fee for or on behalf of an inactive person or an owner for whom the inactive person works, or
  - d. Pay or provide consideration in any form to an inactive person or a person associated with the inactive person; and
2. If a trainer fails to comply fully with this subsection, the trainer shall not:
    - a. Be paid a salary directly or indirectly by or on behalf of the inactive person, and
    - b. Receive consideration in any form however denominated.

**Historical Note**

Adopted effective August 5, 1983 (Supp. 83-4).  
 Amended subsection (D) paragraph (2) effective February 7, 1984 (Supp. 84-1). Amended effective March 20, 1990 (Supp. 90-1). R19-2-111 recodified from R4-27-111 (Supp. 95-1). Amended by final rulemaking at 10 A.A.R. 717, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 3412, effective November 30, 2013 (Supp. 13-4).

**R19-2-112. Prohibited Acts**

In addition to other prohibitions described in A.R.S. Title 5, Chapter 1 and this Chapter:

1. A licensee shall not enter, or cause or permit to be entered, or start a horse that the licensee knows or has reason to believe should be disqualified or may be ineligible to race.
2. A veterinarian or plater, licensed to practice on a track under the jurisdiction of the Department, shall not own, lease, or train a horse racing at the track on which the veterinarian or plater practices.
3. A licensee shall not enter a stall, shed row, tack room, or feed shed assigned to another licensee without prior approval from the licensee to whom the area is assigned. The Department shall discipline a licensee determined to have violated this subsection, including voiding the transfer of a horse to which the licensee has made a successful claim.
4. A licensee shall not subject or permit an animal under the licensee's control, custody, or supervision to be subjected to any form of cruelty, mistreatment, neglect, or abuse and shall not abandon, injure, maim, kill, administer a noxious substance to, or deprive the animal of necessary care, sustenance, or shelter.
5. A licensee shall not participate in an unauthorized race on a track while a race meet is in progress on the track.
6. A licensee shall not offer or receive money or other consideration for declaring an entry out of a purse or stakes race.
7. A licensee shall not possess, within the grounds of a permittee, an electrical, mechanical, or other device, except a whip, which may be used to affect the speed or racing condition of a horse. Possession includes, but is not limited to, having the device:
  - a. On the licensee's person;
  - b. In living or sleeping quarters;
  - c. In an assigned stall, tack room, or other area; and
  - d. In a motor vehicle or trailer.
8. A person holding a license listed in A.R.S. § 5-104(C) shall not apply, inject, inhale, ingest, be under the influence of, possess, or use a narcotic, dangerous drug, or controlled or prohibited substance regulated under A.R.S. Title 13, Chapter 34 while on permittee grounds unless, on the request of a steward, the licensee can produce evidence that the licensee has a lawfully issued prescription for possession or use of the narcotic, dangerous drug, or controlled or prohibited substance.
9. A jockey, apprentice jockey, exercise rider, or pony rider shall not consume any quantity of an alcoholic beverage on a race day before completing riding commitments for the day.
10. A licensee or employee of a permittee shall not accept, either directly or indirectly, a bribe, gift, or gratuity in any form that is intended to or might influence the results of a race or the conduct of a race meet.
11. A licensee, while on the premises of a permittee, shall not create a disturbance, be intoxicated, interfere with a racing operation, or act in an abusive or threatening manner to a racing official or other person.
12. A licensee shall not engage in conduct that is prohibited by the Department or detrimental to the best interests of horse racing including, but not limited to, soliciting, aiding, or abetting another person to participate in conduct prohibited by the Department or detrimental to the best interests of horse racing.
13. A licensee shall immediately submit to blood, urine, breath, or other tests ordered by the stewards if the stewards have reason to believe the licensee is under the influence of or in possession of a prohibited substance or has consumed alcohol in violation of subsection (8), (10) or (11).
  - a. A licensee ordered by a steward to submit to a test under this subsection shall provide a sample in the presence of the steward or the steward's designee and submit the sample to the steward or the steward's designee in a container furnished by the Department;
  - b. The steward or steward's designee shall immediately seal the sample container in the presence of the licensee being tested;
  - c. The steward or steward's designee shall mark the sample container with the following items: sample identification number; time, date, and location at which the sample was given; and signature of Department personnel sealing the container;
  - d. The steward or steward's designee shall submit the sample to the official laboratory for analysis;
  - e. If analysis of the sample provided under this subsection indicates the presence of a prohibited substance or alcohol, the licensee who provided the sample shall be subject to disciplinary action authorized under A.R.S. § 5-108.05(A);
  - f. The Department shall ensure that results and information obtained as a result of analysis of the sample provided under this subsection are accessible only to members of the Commission, the Director or designees, and the tested licensee until any disciplinary action or administrative proceeding is complete; and
  - g. Compliance with this subsection by the steward or steward's designee constitutes prima facie evidence that the chain of custody of the test sample is secure. The presiding officer or administrative law judge in an administrative proceeding of the Department or

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Commission shall admit the results of the tests as evidence.

14. A licensee shall promptly pay any financial obligation incurred in connection with racing in this state. If failure or refusal to pay a financial obligation incurred in connection with racing in this state results in the financial obligation being reduced to a judgment against a licensee, the Department shall take disciplinary action against the licensee as authorized under A.R.S. § 5-108.05.

#### Historical Note

Adopted effective August 5, 1983 (Supp. 83-4). Amended paragraphs (10) and (11) effective June 6, 1986 (Supp. 86-3). Amended paragraphs (10) and (11) effective August 3, 1987 (Supp. 87-3). Amended effective November 30, 1988 (Supp. 88-4). Amended effective March 20, 1990 (Supp. 90-1). R19-2-112 recodified from R4-27-112 (Supp. 95-1). Amended effective January 12, 1996 (Supp. 96-1). Amended by final rulemaking at 19 A.A.R. 3412, effective November 30, 2013 (Supp. 13-4).

### R19-2-113. Entries and Subscriptions

#### A. Entry.

1. An owner, trainer, or authorized agent shall not register a horse for racing under this Chapter unless the horse is registered by the Jockey Club, American Quarter Horse Association, Arabian Horse Club Registry of America, Inc., Appaloosa Horse Club Inc., American Paint Horse Association, American Donkey and Mule Society, or American Mule Association.
2. An owner, trainer, or authorized agent shall list each person with an ownership interest in a horse on the back of the horse's registration papers.
3. An owner, trainer, or authorized agent may enter a horse in person, by telephone or telegram, or in writing.
4. An owner, trainer, or authorized agent shall declare at the time of entry whether the jockey will carry a whip.
5. A person shall not enter a horse in a race unless the horse is eligible in all aspects at the time of entry, except with permission of the stewards.
6. The stewards shall assume a horse entered for a purse is a starting horse unless the stewards declare the horse out of the race.
7. A person nominating a horse in a stakes race shall write the person's full name, mailing address, and telephone number on the nomination form.
8. A person shall not enter a horse in more than one race in one day.
9. An owner shall not transfer a horse to a new trainer after entry.
10. An owner shall not enter a horse unless the horse's performance records for the preceding calendar year:
  - a. Are printed in the Daily Racing Form Monthly Chart Book, or
  - b. The owner provides the horse's performance records to the racing secretary before entry.
11. An owner, trainer, or authorized agent shall sign and certify a horse's performance record and shall provide the following information for the horse's last four races to ensure that all of the horse's races are in the record:
  - a. Where and when the horse raced;
  - b. The distance, weight carried, and amount earned; and
  - c. The finishing position and time of the race.
12. If a race overfills, the racing secretary shall ensure that the second half of an entry has no starting preference over a single entry except in stakes, handicap, and qualifying races.
13. An owner entering two or more horses in a race shall indicate the owner's preference for the horse that is to start if the race overfills. The owner shall make the claim of preference by noting the preference on the entry blank. An owner who fails to make a claim of preference loses the preference.
14. The racing secretary shall ensure that a horse excluded because a race overfills receives no consideration.
15. Two or more horses entered in a race may be uncoupled for wagering purposes if approved by the stewards, and:
  - a. All horses are owned, in whole or in part, by the same person; or
  - b. All horses are trained by a trainer who owns an interest in one of the horses.
16. In a race in which spouses who are both licensed trainers have entered horses, the trainers are not required to list an overfill preference unless there is common ownership of the horses entered.
17. The racing secretary shall decide whether to use an also-eligible list for any race meet:
  - a. The racing secretary shall determine the number of also-eligibles if the number of entries in a race exceeds the capacity of the starting gate;
  - b. If the number of entries in a race exceeds the number of horses permitted to start, the racing secretary shall determine the starters in a drawing supervised by a steward and witnessed by those making entries. If any of the starters declare out, the racing secretary shall draw from the also-eligible list the number of horses needed to fill the vacancies in the race;
  - c. The racing secretary shall assign horses, other than quarter horses, that gain a position in a race from the also-eligible list, to the outside post positions in the order in which they are drawn from the list. The racing secretary shall assign a quarter horse to the stall of a horse that is declared out;
  - d. If a horse on the also-eligible list does not start because of insufficient declarations, the racing secretary shall place the horse on the preferred list unless the owner has declined to accept an opportunity to start the horse;
  - e. If a race in which a horse is entered overfills, the racing secretary shall not consider an in-today horse for the race unless the conditions for the race read "Arizona Breds Preferred," or the race is a stakes or handicap race.
  - f. The racing secretary shall not consider a horse on the also-eligible list as an in-today horse until it has been given a position in a race or an opportunity to run.
  - g. At tracks where entries are taken two or more days before the date of a race, an owner, trainer, or authorized agent may enter a horse for the next race date if the horse has been placed on the also-eligible list for the first race date. If the horse is drawn into a race from its position on the also-eligible list, the racing secretary shall declare the horse an in-today horse and withdraw the horse from the race on the next race day in favor of a horse on the also-eligible list for that race.
18. After a horse is entered in a race, a person shall withdraw the horse only with permission of the stewards.
19. The racing secretary shall post a copy of the preferred list each afternoon. The stewards shall recognize a claim of

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error in the preferred list only if the claim of error is made by 10:00 a.m. of the day after the preferred list is posted.

20. If an owner, trainer, or authorized agent does not declare a horse from the also-eligible list by the prescribed time, the racing secretary shall consider the owner or trainer willing to start the horse if another horse is scratched from the race. The racing secretary shall not place a horse on the preferred list if the owner or trainer does not accept the opportunity to start the horse.
21. A person shall not alter an entry after the closing of entries. The racing secretary may correct an error in an entry at any time.
22. If the name of a horse is changed, the racing secretary shall publish the new name and the former name in the official entries for the horse's first three starts after the name change. If the name of an Arizona-bred horse is changed, the racing secretary shall report the name change to the Department in writing within 30 days, listing both the new and former names.

**B. Conditions for entry.**

1. A person shall not enter a horse in a race unless the horse's certificate of foal registration, certificate of foreign registration, or racing permit is on file in the office of the racing secretary or permission is granted by the stewards. Foal certificates that are registered with the racing secretary and are in transit between the office of the racing secretary and the American Quarter Horse Association because of a transfer of ownership are considered to be in the possession of the racing secretary.
2. A horse that has reached its 14th birthday is ineligible to race in Arizona.
3. The stewards shall not permit a horse to run in a purse or stakes race unless the horse is entered in and eligible for the race.
4. The stewards may require a person in whose name a horse is entered to produce proof that the horse entered is not the property, either in whole or in part, of a person who is disqualified, or to produce proof of the extent of the person's interest in the horse. If the person fails to produce satisfactory proof, the stewards shall declare the horse out of the race if the stewards determine that declaring the horse is necessary to protect the public peace, safety, or welfare.
5. A person shall not enter a horse if the horse is on the stewards', paddock judge's, starter's, or veterinarian's list, or if the horse has been ruled off.
6. The racing secretary shall consider the performance record of a horse racing on the county fair circuit to determine the horse's eligibility at a commercial meet. A county fair racing secretary shall place a county fair win on the back of the horse's foal certificate.
7. The owner, trainer, or authorized agent shall ensure that a horse that has not started during the 45 days before a commercial meet has one official workout before starting at the commercial meet.
8. The racing secretary shall not allow a first-time starter to race until the horse has gate approval and at least two timed workouts, one of which is out of the gate and within 30 days before the race in which the horse is entered.
9. The racing secretary shall not allow a horse, other than a first-time starter, that has not started for one year or more to race unless the horse:
  - a. Completes at least two timed workouts within 60 days before the race in which the horse is entered; and

- b. One of the timed workouts is performed in the presence of the track veterinarian at a distance determined by the track veterinarian.

10. The racing secretary shall not allow a quarter horse to be entered for the first time in a race around a turn unless the horse has at least one timed workout around the turn.
11. The Department shall waive workout requirements for a county fair meet not run at a commercial track except the owner or trainer of a horse that has not started for one year or more shall complete a workout schedule with and determined by the state veterinarian before entry in the country fair meet.

**C. Starts.**

1. A person shall not start a horse in a race unless the horse is fully identified and tattooed, or otherwise authorized by the stewards. The Department shall hold a person, including the breeder, owner, trainer, and identifier, responsible for the accuracy of information the person provides regarding the identity of a horse.
2. An owner, trainer, or authorized agent shall not start a horse in a race until all stakes, forfeits, entry fees, and arrears due on the horse have been paid.
3. An owner, trainer, or authorized agent shall not start a horse in a race unless all persons having an ownership interest in the horse or an interest in the winnings of the horse have registered with the racing secretary.
4. The racing secretary shall display the post-position numbers of the horses in a race after overnight entries are closed and post positions are drawn. If a horse with an assigned post-position number does not start or run the track, the stewards may require an explanation from the owner, trainer, or jockey.

**D. Fees.**

1. Entrance to a purse race is free unless otherwise stipulated in the conditions of the race. If the conditions require an entrance fee, the fee is due at the time of entry.
2. The licensee entering a horse shall pay the nominating, sustaining, and starting fees. Except as provided in subsection (D)(4), the permittee shall not refund any fees paid to enter a horse in a race even if the horse dies, is withdrawn, or there is a mistake in the horse's entry if the horse was eligible at the time of entry.
3. If the conditions of a purse race require that an entrance fee be paid, the permittee shall not refund the entrance fee if the purse race is run even if a horse fails to start or dies except as provided in the conditions of the race.
4. The permittee shall distribute the entrance money, starting, and subscription fees as provided in the conditions of the race. If a race is not run, the permittee shall refund all stakes or entrance money.
5. The death of a nominator or subscriber does not void an entry, subscription, or right of entry.
6. A licensee shall not transfer a horse to an owner or trainer to avoid disqualification. As provided in A.R.S. § 5-108.05, the Department may fine or suspend the licensee making or receiving a transfer to avoid disqualification.

**E. Closing.**

1. The racing secretary shall close entries for a purse race at the time advertised in the condition book specifying the terms of the race and shall not accept an entry after that time. If a race fails to fill, additional time for entries may be granted by the stewards.
2. Unless contrary notice is provided by the permittee, nominations for stakes that close during or on the eve of a race meet close at the office of the racing secretary at the published time.

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3. The racing secretary shall not accept entries or declarations for stakes after the designated closing time.
  4. The racing secretary shall not accept an entry after a race has been drawn even if the number of horses on the also-eligible list is insufficient to provide a full field.
  5. The racing secretary shall consider a horse to be a scratch if the horse is withdrawn from a race after the overnight entries are closed. The scratched horse loses all of the horse's accrued preferences up to the date of the scratch unless the horse is excused by the stewards.
- F. Declarations.**
1. An owner, trainer, or authorized agent shall declare a horse from a stakes, handicap, or qualifying race in writing no later than one hour before post time of for the race.
  2. The racing secretary shall not give preference to a horse that is declared from the also-eligible list of a race. The horse may retain the position previously held on the preferred list if a full field is left in the race at scratch time.
3. Is not disqualified for failing to take a weight penalty in a race if the penalty results from the horse placing in a previous race after the race to which the weight penalty would be applicable is run.
  - G.** The stewards shall ensure that when a race is in dispute, both the horse that finished first and any horse claiming to have finished first incur the weight penalty that attaches to the winner of the race until the matter is decided.
  - H.** The stewards shall consider a horse that starts for a claiming price in optional or combination races to have started in a claiming race.
  - I.** When the conditions of a race indicate the race is to be run under "scale weights" or "weights for age," the stewards shall ensure that the race is run under the scale approved by the Department.
  - J.** The stewards shall ensure that in races of intermediate length, all horses carry weights for the shorter distances.
  - K.** In all races except handicap races and races in which conditions expressly provide otherwise:
    1. Two-year-old fillies are allowed three pounds,
    2. Fillies and mares that are three years old and older are allowed five pounds from January 1 through August 31 and three pounds from September 1 through December 31; and
    3. The provisions of subsections (K)(1) and (2) do not apply to quarter horse fillies and mares.

**Historical Note**

Adopted effective August 5, 1983 (Supp. 83-4).  
 Amended effective March 20, 1990 (Supp. 90-1). Age reference to "16th birthday" in subsection (B)(2) corrected to read "6th birthday" (Supp. 93-1). R19-2-113 recodified from R4-27-113 (Supp. 95-1). Amended effective April 7, 1995 (Supp. 95-2). Amended effective March 7, 1996 (Supp. 96-1). Amended by final rulemaking at 10 A.A.R. 717, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 3412, effective November 30, 2013 (Supp. 13-4).

**R19-2-114. Penalties and Allowances**

- A.** After consideration of the reports, records, and statistics published by the Daily Racing Form and other racing statistical publications, the stewards shall determine eligibility, penalties, and allowances. The owner and trainer of a horse shall ensure that the horse is eligible and carries the correct weight.
- B.** Penalties and allowances are not cumulative unless the racing secretary declares penalties and allowances to be cumulative by the conditions of the race. Penalties and allowances take effect at the time a race starts except that in an overnight event, a horse shall have only the allowance to which it was entitled at the time of entry.
- C.** Penalties are obligatory. Allowances are optional in whole or in part. In an overnight event, if an allowance is claimed, a horse's owner or trainer shall claim the allowance at the time of entry.
- D.** The stewards shall not disqualify a horse if the failure of the horse's owner or trainer to claim a weight allowance results from an omission made by the racing secretary on the overnight listing of races. If an owner or trainer claims a weight allowance to which a horse is not entitled, the stewards shall disqualify the horse only if the incorrect weight is carried in the race. The Department shall subject a person who claims a weight allowance to which the person's horse is not entitled to discipline authorized under A.R.S. § 5-108.05.
- E.** The stewards shall ensure that a horse does not receive a weight allowance or is not relieved from a weight penalty as a result of having lost one or more races. This Section does not prohibit a maiden allowance or an allowance to a horse that has not won a race within a specified period or a race of a specified value.
- F.** The stewards shall ensure that a horse:
  1. Does not incur a weight penalty for placing in a race from which the horse is disqualified;
  2. Incurs a weight penalty if the horse places as a result of the disqualification of another horse; and

**Historical Note**

Adopted effective August 5, 1983 (Supp. 83-4).  
 Amended effective March 20, 1990 (Supp. 90-1). R19-2-114 recodified from R4-27-114 (Supp. 95-1). Amended by final rulemaking at 10 A.A.R. 717, effective April 3, 2004 (Supp. 04-1). Amended by final rulemaking at 19 A.A.R. 3412, effective November 30, 2013 (Supp. 13-4).

**R19-2-115. Claiming Races**

- A.** Eligibility for claiming. In a claiming race, any horse is subject to being claimed for the horse's entered price by any licensed owner of a horse duly registered for racing at the track, the owner's licensed authorized agent, or the holder of a claiming authorization issued by the stewards.
- B.** Duration of race meets. For the purpose of claiming:
  1. A commercial race meet includes county fair race meets that may be run at the commercial track before, during, or after the commercial race meet; and
  2. A county fair race meet includes both spring and fall of the county fair circuit.
- C.** Steward claiming authorization.
  1. The following persons may apply to the stewards for claiming authorization:
    - a. A licensed owner whose last horse was lost by claim, death, or career-ending injury during a commercial or county fair race meet;
    - b. An individual licensed in partnership or other form of multiple ownership who wants to claim a horse in sole ownership;
    - c. A currently licensed individual who wants to join in a multiple ownership venture;
    - d. A licensed owner whose horse is not participating at an Arizona track during the current Arizona licensing cycle; and
    - e. An individual who submits an application for an owner's license under R19-2-106 and intends to obtain a first horse through claiming. If the stewards determine the individual is qualified for an owner's license except for the requirement of horse ownership, the stewards may authorize the individual to

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claim a horse. The Department shall issue an owner's license to the individual if the individual is successful in claiming a horse.

2. To apply for claiming authorization, an individual shall submit to the stewards a written:
    - a. Application, using a form available from the Department; and
    - b. Acknowledgment that a successfully claimed horse will be entrusted to the care and custody of a licensed trainer only.
  3. Claiming authorization obtained under this subsection is valid for six months or until the authorized individual successfully claims a horse, whichever occurs first.
- D. Claiming restrictions.**
1. An authorized agent, even if representing more than one owner, shall not submit more than one claim in any race.
  2. An authorized agent shall not claim a horse for the authorized agent in the capacity as authorized agent.
  3. When a stable consists of horses owned by more than one person, the stable owners shall ensure that no more than one claim is submitted in a race by or on behalf of the stable owners.
  4. The stewards may, at their discretion, require a person making a claim for a horse to provide a written affidavit that the claim is made for the person's own account or as an authorized agent and not for any other person.
  5. A person shall not:
    - a. Enter into or offer to enter into an agreement to claim or not to claim a horse in a claiming race,
    - b. Attempt to prevent another person from claiming a horse in a claiming race, and
    - c. Attempt to prevent anyone from running a horse in a claiming race.
  6. The owner of one horse and the trainer of a second horse running in the same claiming race shall not make or offer to make an agreement not to claim each other's horses.
  7. A person shall not enter or allow to be entered in a claiming race a horse against which there is a lien unless written consent from the lien holder is first filed with the clerk of the track or the racing secretary.
  8. A person shall not assert an ownership interest in a horse after the horse has run in a claiming race in the name of another person who, at the time of the race, had peaceable and undisputed possession of the horse.
  9. A person shall not claim or cause to be claimed, directly or indirectly, for the person's account, a horse in which the person has an ownership interest.
  10. An owner shall not claim a horse in the care and custody of the owner's trainer.
- E. Delivery of a claimed horse.**
1. The owner of a claimed horse shall ensure that the horse is delivered to the claimant after the claiming race is run. The claimant shall present to the owner the written claiming authorization obtained from the stewards under subsection (C).
  2. The owner of a claimed horse sent to the detention area for post-race testing shall deliver the horse to the claimant at the detention area. The owner of a claimed horse not sent for post-race testing shall deliver the horse to the claimant as instructed by the stewards.
  3. If the stewards do not send a claimed horse for post-race testing, the claimant may require post-race testing if physical delivery of the claimed horse has not occurred and the claimant pays for the testing. The trainer of a claimed horse sent for post-race testing shall maintain care and custody of the horse. If a post-race test of a claimed horse is positive for a prohibited substance, the claim may be voided at the direction of the stewards.
4. The owner of a claimed horse shall not refuse to deliver the horse to the claimant.
- F. Irrevocability of a claim.** A claimed horse shall race for the account of the horse's original owner but title to the horse shall transfer to the claimant when the horse becomes a starting horse. After title to the horse transfers to the claimant, the claimant becomes the owner of the horse regardless of whether it is alive or dead, sound or unsound, or injured before, during, or after the claiming race.
- G. Ownership restrictions.**
1. If a horse is claimed, the claimant:
    - a. Shall not sell or transfer the horse to anyone, wholly or in part, except in another claiming race, for 30 days from the day of claim; and
    - b. Shall not return the horse to the same stable or under control or management of the horse's former owner or trainer for 30 days from the day of claim unless the horse is reclaimed in another claiming race.
    - c. Shall ensure that the claimed horse does not race outside of Arizona until the race meet at which the horse was claimed is closed or for 60 days from the day of claim, whichever is less, except:
      - i. To fulfill a stakes engagement that transferred automatically to the claimant, or
      - ii. If the horse was claimed for a price that causes the horse to be ineligible to be reentered at the track where claimed.
  2. The stewards shall ensure that a horse claimed in another state and entered to race in Arizona is subject to the claiming restrictions in the state where the claim was made. Restrictions preventing the horse from racing in Arizona are applicable only until the close of the race meet at which the horse was claimed or for 60 days, whichever is less, except:
    - a. To fulfill a stakes engagement that transferred automatically to the claimant, or
    - b. If the horse was claimed for a price that causes the horse to be ineligible to be reentered at the track where claimed.
  3. In this subsection, the day following the claim is the first day.
- H. Claiming price.** The permittee shall ensure that the claiming price of each horse in a claiming race is published in the official race program. A person who wishes to claim a particular horse shall submit a claim for the amount published.
- I. Determining the winner of a claim.** If more than one claim is filed for the same horse, the stewards shall ensure that the successful claimant is chosen in a drawing that is conducted under the supervision and direction of the stewards.
- J. Responsibility for determining sex and age of horse.** The claimant shall determine the sex and age of a horse before submitting a claim for the horse and shall not rely on any designation of the horse's sex and age that appears in the official race program or any other racing publication.
- K. Claiming procedures.**
1. To make a valid claim, a person who has a claiming authorization obtained under subsection (C) shall:
    - a. Deposit with the horseman's bookkeeper an amount equal to the claiming price;
    - b. Complete a written claim using a form furnished by the permittee and approved by the Department;
    - c. Identify the horse to be claimed by the spelling of the horse's name on the horse's certificate of registration or as spelled in the official race program;

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- d. Write the following information on the outside of an envelope provided by the permittee with the claim form:
    - i. Number of the race on which the claim is made; and
    - ii. Day, month, and year of the claiming race;
  - e. Seal the completed claim form in the completed envelope and ensure there are no identifying markers on the outside of the envelope except as described in subsection (K)(1)(d); and
  - f. Deposit the completed claim form and envelope in the claim box at least 10 minutes before post time of the race on which the claim is made.
2. The stewards, or the stewards' designee, shall open the claim envelopes for a claiming race when the horses for the race enter the track on the way from paddock to post.
  3. The stewards shall ascertain from the horsemen's bookkeeper whether an amount equal to the claiming price is on deposit.
  4. After a claim form is deposited in the claim box as described in subsection (K)(1)(f), the claim is irrevocable by the claimant. The stewards shall ensure that a claim form deposited in the claim box is not withdrawn from the claim box except by the stewards at the time designated by the stewards.

**Historical Note**

Adopted effective August 5, 1983 (Supp. 83-4).  
 Amended subsection (A) effective December 5, 1985 (Supp. 85-6). Amended effective March 20, 1990 (Supp. 90-1). Former Section R4-27-115 renumbered to R4-27-115, R4-27-115.02 through R4-27-115.07, and R4-27-115.09; new Section R4-27-115 renumbered from R4-27-115(A)(1) through (5) and (B) and amended effective September 8, 1992 (Supp. 92-3). R19-2-115 recodified from R4-27-115 (Supp. 95-1). Amended by final rulemaking at 19 A.A.R. 3412, effective November 30, 2013 (Supp. 13-4). Subsection reference in subsection (K)(1)(e) corrected to codification scheme standards (Supp. 21-3).

**R19-2-115.01. Repealed****Historical Note**

Adopted effective September 8, 1992 (Supp. 92-3). R19-2-115.01 recodified from R4-27-115.01 (Supp. 95-1).  
 Repealed by final rulemaking at 19 A.A.R. 3412, effective November 30, 2013 (Supp. 13-4).

**R19-2-115.02. Repealed****Historical Note**

Section R4-27-115.02 renumbered from R4-27-115(A)(6)(a), (b), and (d), (C)(3), (4), (6)(c)(i) and (ii), (10)(a) and (12) and amended effective September 8, 1992 (Supp. 92-3). R19-2-115.02 recodified from R4-27-115.02 (Supp. 95-1). Repealed by final rulemaking at 19 A.A.R. 3412, effective November 30, 2013 (Supp. 13-4).

**R19-2-115.03. Repealed****Historical Note**

Section R4-27-115.03 renumbered from R4-27-115(C)(1), (7) and (8), (F)(1), (2), and (3), (G)(1) and (2), (L), (M), and (N) and amended effective September 8, 1992 (Supp. 92-3). R19-2-115.03 recodified from R4-27-115.03 (Supp. 95-1). Repealed by final rulemaking at 19 A.A.R. 3412, effective November 30, 2013 (Supp. 13-4).

**R19-2-115.04. Repealed****Historical Note**

Section R4-27-115.04 renumbered from R4-27-115(H), (H)(1), (2), (3) and (4), and (I) and amended effective September 8, 1992 (Supp. 92-3). R19-2-115.04 recodified from R4-2-115.04 (Supp. 95-1). Repealed by final rulemaking at 19 A.A.R. 3412, effective November 30, 2013 (Supp. 13-4).

**R19-2-115.05. Repealed****Historical Note**

Section R4-27-115.05 renumbered from R4-27-115(C)(10) and (11) and (E) and amended effective September 8, 1992 (Supp. 92-3). R19-2-115.05 recodified from R4-27-115.05 (Supp. 95-1). Repealed by final rulemaking at 19 A.A.R. 3412, effective November 30, 2013 (Supp. 13-4).

**R19-2-115.06. Repealed****Historical Note**

Section R4-27-115.06 renumbered from R4-27-115(J)(1), (2), (3), and (4) and (K) and amended effective September 8, 1992 (Supp. 92-3). Amended effective December 17, 1993 (Supp. 93-4). R19-2-115.06 recodified from R4-27-115.06 (Supp. 95-1). Amended by final rulemaking at 10 A.A.R. 717, effective April 3, 2004 (Supp. 04-1).  
 Repealed by final rulemaking at 19 A.A.R. 3412, effective November 30, 2013 (Supp. 13-4).

**R19-2-115.07. Repealed****Historical Note**

Section R4-27-115.07 renumbered from R4-27-115(C)(9) and (D) and amended effective September 8, 1992 (Supp. 92-3). R19-2-115.07 recodified from R4-27-115.07 (Supp. 95-1). Repealed by final rulemaking at 19 A.A.R. 3412, effective November 30, 2013 (Supp. 13-4).

**R19-2-115.08. Repealed****Historical Note**

Section R4-27-115.08 adopted effective September 8, 1992 (Supp. 92-3). R19-2-115.08 recodified from R4-27-115.08 (Supp. 95-1). Repealed by final rulemaking at 19 A.A.R. 3412, effective November 30, 2013 (Supp. 13-4).

**R19-2-115.09. Repealed****Historical Note**

Section R4-27-115.09 renumbered from R4-27-115(C), (C)(2), (5), and (6) and amended effective September 8, 1992 (Supp. 92-3). R19-2-115.09 recodified from R4-27-115.09 (Supp. 95-1). Repealed by final rulemaking at 19 A.A.R. 3412, effective November 30, 2013 (Supp. 13-4).

**R19-2-115.10. Repealed****Historical Note**

Section R4-27-115.10 adopted effective September 8, 1992 (Supp. 92-3). R19-2-115.10 recodified from R4-27-115.10 (Supp. 95-1). Repealed by final rulemaking at 19 A.A.R. 3412, effective November 30, 2013 (Supp. 13-4).

**R19-2-116. Arizona Bred Eligibility and Breeders' Award Payments**

- A. A breeder shall file a notarized certificate affirming eligibility under A.R.S. § 5-113(F), with the Department. The certificate shall include name, color, and sex of the foal; name of the sire; name of the dam; date and location of foaling; The Jockey Club registration number or American Quarter Horse Association number; name, address, and telephone number of the



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breeder; a statement that the animal is eligible pursuant to A.R.S. § 5-113(F), and that the person shown as the breeder was the owner of the dam at the time of foaling; and such other information as may be required by the Department to determine eligibility and shall be signed by the breeder. The breeder shall submit a copy of The Jockey Club registration papers with certificates for thoroughbreds.

1. Certification is deemed to occur upon the Department's receipt of the completed certificate.
2. The horse shall be certified by the Department at the time of the win to be eligible for an award.
- B.** A permittee shall recognize any horse for which there is an Arizona Bred Certificate on file with the Department or an association contractor as an Arizona bred horse.
- C.** For races that offer a guaranteed purse value of \$50,000 or less, the Department shall make an award based on the total amount earned by the winner, including nominating, sustaining, and starting fees. For races that offer a guaranteed purse value of more than \$50,000, the Department shall not include nominating, sustaining, or starting fees when calculating an award.
- D.** The Department shall calculate and pay breeders' awards to eligible breeders.
  1. Definitions
    - a. "Quarterly Breeders' Award" means an amount of money based on the quarterly breeders' award payment factor determined by the Department each fiscal year by October 30.
    - b. "Substitute Breeders' Award" means an amount of money based on a substitute payment factor because of the lack of sufficient money to pay conventional Quarterly Breeders' Awards.
    - c. "Supplemental Breeders' Award" means an amount of money that corrects a shortfall between conventional Quarterly Breeders' Awards and Substitute Breeders' Awards.
    - d. "End-of-year Bonus Award" means an amount of money that may be paid to breeders from available monies that remain in the breeders' award fund after payment of Quarterly Breeders' Awards, Substitute Breeders' Awards and Supplemental Breeders' Awards.
  2. The Department shall pay awards at the end of each fiscal year quarter, provided that the total amount of the awards payments does not exceed the total amount of money available in the fund less the amount required to be set aside for contingent liabilities in subsection (D)(8).
  3. Quarterly Breeders' Awards. Before October 30 of each year, the Department shall determine a quarterly breeders' award payment factor that will be applied during the entire fiscal year. The payment factor determined by the Department is not subject to appeal.
    - a. The Department shall evaluate anticipated revenues for the breeders' award fund and anticipated purses for eligible Arizona-bred animals and set the payment factor at a level that permits recipients of quarterly breeders' awards to receive awards throughout the fiscal year based on the same payment factor.
    - b. The Department shall notify representatives of each breeders' association of the quarterly breeders' award payment factor in writing before October 30 of each year.
    - c. The Department shall calculate quarterly breeders' awards by multiplying the amount of each purse won by an eligible animal during that quarter by the quarterly breeders' award payment factor established for the fiscal year.
    - d. The Department shall make quarterly breeders' awards not later than 30 days after the end of each quarter, unless full quarterly breeders' awards cannot be made due to the lack of available money in the fund.
  4. Substitute Breeders' Awards. The Department shall make substitute breeders' awards if there are sufficient monies in the fund to allow for an award but not enough monies to provide for full payments of quarterly breeders' awards based on the quarterly breeders' award payment factor.
    - a. The Department shall determine the substitute payment factor by dividing the total amount of monies in the Arizona breeders' award fund at the end of the quarter less the amount required to be set aside for contingent liabilities in subsection (D)(8) by the total amount of purses won by eligible Arizona-bred animals during that quarter.
    - b. The Department shall calculate substitute breeders' awards by multiplying the amount of each purse won by an eligible animal during that quarter by the substitute payment factor for that quarter.
  5. End-of-year bonus pool. After payment of all quarterly breeders' awards and any substitute breeders' awards has been calculated, the Department shall determine the amount of monies remaining in the fund. The end-of-year-bonus pool is the amount of monies remaining in the Arizona breeders' award fund after the payment of all quarterly breeders' awards for the fiscal year less the amount required to be set aside for contingent liabilities in subsection (D)(8).
  6. Supplemental Breeders Awards. The Department shall first pay any monies in the end-of-year bonus pool in the form of supplemental breeders awards to recipients of substitute breeders' awards.
    - a. The Department shall pay supplemental breeders' awards in an amount equal to the difference between the substitute breeders' award and the quarterly breeders' award the breeder would have received if there had been enough in the fund to pay an award based on the quarterly award payment factor.
    - b. In the event the end-of-year bonus pool cannot pay supplemental breeders' awards to make up for the shortfall to all substitute breeders' award recipients, the Department shall pay supplemental breeders' awards to all breeders eligible to receive a supplemental breeders' award on a pro-rata basis.
    - c. A breeder is eligible to receive a supplemental breeders' award from the end-of-year bonus pool only if the breeder received a substitute breeders' award during that fiscal year.
    - d. The Department shall not make supplemental breeders' awards if all eligible breeders received quarterly breeders' awards during the fiscal year.
  7. End-of-year Bonus Awards. The Department shall pay end-of-year bonus awards if monies remain in the end-of-year bonus pool following any supplemental payments.
    - a. The Department shall determine an end-of-year bonus payment factor by dividing the monies in the end-of-year bonus pool by the total amount of purses won by an eligible animal during the fiscal year.
    - b. The Department shall calculate end-of-year bonus awards by multiplying the amount of each purse won by an eligible animal by the bonus payment factor.

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8. Contingent liabilities. The Department shall retain \$10,000 in the Breeders' Award fund for contingent liabilities.
9. The Department shall not make quarterly breeders' awards, substitute breeders' awards, supplemental breeders' awards or end-of-year bonus breeders' awards if the total amount available for distribution is less than \$10,000. In the event the Department does not pay an award because less than \$10,000 is available for distribution, the Department shall carry forward the amount in the fund for payment of awards when the Department next calculates awards.
10. Appeal of Director's Rulings
  - a. The Director shall make the final decision concerning a breeders' award.
  - b. The Department shall give written notice of the decision to an applicant by mailing it to the address of record filed with the Department.
  - c. After service of the Director's decision, an aggrieved party may obtain a hearing under A.R.S. §§ 41-1092.03 through 41-1092.11.
  - d. The aggrieved party shall file a notice of appeal with the Department within 30 days after receiving the notice prescribed in R19-2-116(D)(10)(b).
  - e. The Department shall notify the Office of Administrative Hearings, which shall schedule and conduct the hearing.
- E. The permittees shall submit to the Department an Arizona Breeders' Award Report in the form prescribed by the Department. The report shall include name of the animal, name of the breeder, date of win, win purse amount, type of race, name of track, and such other information as may be required by the Department to calculate awards.
- F. The Arizona Thoroughbred Breeder's Association, Arizona Quarter Racing Association, Arizona Greyhound Breeder's Association, and such other associations as may represent breeders in this state may assist the Department in periodic reviews of eligibility lists and may provide such other assistance in administering the fund as may be required by the Department.
- G. At least every other three years the Commission shall select a committee, consisting of representatives of each breeders' association and the Department, which shall review this rule and submit written recommendations to the Commission.
2. Any objection to a horse that has run in a race on the grounds that it was not trained by a licensed trainer, or ridden by a licensed jockey, or that the names of all those having ownership in it or an interest in its winnings have not been registered with the secretary shall be made not later than the day after that upon which the race was run.
3. Any objection on the grounds of fraudulent or intentional misstatement or omission in the entry under which a horse has run, or on the grounds that the horse which ran was not the horse it was represented to be in the entry or at the time of the race, or was not of the age it was represented to be shall be received within three days after the race.
- B. Every objection, unless otherwise provided, shall be made within 72 hours after the race is run and shall be determined by the stewards.
- C. Pending the determination of an objection, any money or prize which the horse objected to may have won, or may win in the race, shall be withheld until the objection is determined, and any sum payable to the owner of the horse objected to shall be paid to the horsemen's book keeper and held for the person who may be determined to be entitled to it.
- D. Pending the disposition by the stewards, Department, or Commission of any question, both the horse which finished first and any horse which has claimed to be the winner of the race shall be liable to all the penalties attaching to the winner of that race until the matter is decided.
- E. If an objection to a horse which has won or been placed in a race is declared valid, that horse may be disqualified in the place in which he finished and replaced at the discretion of the stewards.
- F. The stewards shall have the power at any time, whether or not an objection has been made, to order an examination by such person or persons as they deem fit as to the age of any horse entered for a race, or which has run a race and shall withhold any money the horse may have won until such examination is made. If the horse is declared of wrong age, the expense of such examination shall be paid by the owner.
- G. No person shall lodge an unsubstantiated objection with the stewards.
- H. The stewards may require a cash deposit of \$200 to cover costs and expenses in determining an objection. The deposit posted herein may be forfeited if the objection should prove to be without foundation.
- I. Every objection which is not decided by the stewards during the meeting shall be filed in writing with the Director.
- J. Permission of the stewards shall be necessary before an objection may be withdrawn.

**Historical Note**

Adopted effective August 5, 1983 (Supp. 83-4).  
 Amended subsection (A) effective December 5, 1985 (Supp. 85-6). Amended subsection (A) and added subsections (D) through (G) effective August 13, 1986 (Supp. 86-4). Amended subsection (D) effective February 19, 1987 (Supp. 87-1). Amended effective March 20, 1990 (Supp. 90-1). R19-2-116 recodified from R4-27-116 (Supp. 95-1). Amended effective January 10, 1997 (Supp. 97-1). Amended effective June 3, 1997 (Supp. 97-2).

**R19-2-117. Objections**

- A. Every objection shall be made by an owner or by such owner's authorized agent, a trainer, or the jockey of some other horse engaged in the same race, or by the officials of the course. Such objection shall be made to the stewards, who may require that the objection be made in writing with a copy thereof sent immediately to the Director.
  1. Any objection to a horse, pertaining to any matter occurring in a race, except as otherwise provided, shall be made before the official numbers of the horse's place in the race are posted on the odds board.

**Historical Note**

Adopted effective August 5, 1983 (Supp. 83-4).  
 Amended effective March 20, 1990 (Supp. 90-1). Section number corrected (Supp. 93-1). R19-2-117 recodified from R4-27-117 (Supp. 95-1).

**R19-2-118. Scale of Weights for Age****Generally:**

1. For thoroughbreds in races exclusively for 3-year-olds and up, the weight is 118 to 124 pounds; for 2-year-olds, the weight is 117 to 120 pounds.
2. For quarter horses in races exclusively for 3-year-olds or 4-year-olds, the weight is 126 pounds; and in races exclusively for 2-year-olds, it is 120 to 122 pounds.

**Historical Note**

Adopted effective August 5, 1983 (Supp. 83-4).  
 Amended effective March 20, 1990 (Supp. 90-1). Section number corrected (Supp. 93-1). R19-2-118 recodified

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from R4-27-118 (Supp. 95-1).

**R19-2-119. Running the Race and Winnings****A. Generally.**

1. The permittee shall conspicuously post all track rules and file a copy of the rules with the Department.
2. The permittee shall ensure that post times are based on the number of races run daily and that all races are off at regular intervals. The permittee shall set the intervals with the approval of the stewards.
3. The permittee shall pay purse monies earned by a horse to only the horse's registered owner or the owner's authorized agents.
4. In a stakes race that is a walkover, unless otherwise specified in the conditions of the race, the entry that appears for the race may walk over the track and be declared the winner. The permittee shall pay the walkover the entire stakes and the winning percentage of the purse.

**B. Pre-race activity.**

1. The paddock judge shall ensure that the number on the saddle cloth of a horse corresponds with the horse's number on the official race program.
2. When a horse arrives in the paddock, the trainer shall remove all blankets and bandages except bandages the horse will wear during the race.
3. The stewards shall scratch a horse that arrives late in the paddock and is not ready to step onto the track with other horses entered in the same race.
4. Each horse shall parade and carry the horse's weight from the paddock to the starting post.
5. If a horse is led to the post with permission of the paddock judge, the horse shall carry the horse's weight and pass the stewards' stand on the way to the post.
6. After the horses are ordered to the starting post and until the stewards direct the track gates to be reopened, the stewards shall exclude all persons except licensees designated by the stewards from the track.
7. After the horses enter the track, no more than 12 minutes shall elapse during the parade of the horses to the post, except with the approval of the stewards.
8. After passing the stand once, the horses may break formation, canter, warm up, or move in any other manner until the horses are within 100 yards of the post.

**C. Races.**

1. The Department shall ensure that all races are started by a starting gate approved by the Department.
  - a. A race may be started without a stall gate or a gate with the doors open may be used if necessary and with the permission of the stewards.
  - b. If a race is started without a stall gate, the official starter shall ensure there is no start until, and no recall after, a starter's assistant drops the starter's flag in response to the order of the official starter.
2. If there is an unavoidable delay in starting a race, the starter shall instruct the riders to dismount and lead their horses.
3. A horse may be excused by the stewards and, if excused, shall not be considered to have started in the race if the horse is:
  - a. Deemed unfit to start during the post parade, or
  - b. Injured by an accident in the gate.
4. A horse that misbehaves in the gate and causes an undue delay in the start of a race may be excused by the starter after consultation with the stewards. The horse shall not be considered to have started in the race, but shall be penalized by being put on the schooling list. As specified in R19-2-113(B)(1)(5), a horse on the starter's schooling

list is not eligible for entry in races until the starter, with the approval of the stewards, removes the horse from the schooling list.

5. A race shall not be run if conditions do not allow the horses to be plainly seen from the stand by the judges and stewards.
6. Every horse in a race is entitled to racing room. A horse or jockey shall not deliberately pocket another horse. In a straightaway race, each horse shall maintain the position in the lane in which the horse starts as nearly as possible.
7. If a horse is ridden or drifts out of its lane in a manner that interferes with or impedes another horse, a foul is committed. The stewards may disqualify the horse committing the foul if the outcome of the race is affected by the foul. The stewards may place the horse committing the foul behind the horse fouled. The provisions of this subsection apply to fouls caused by the horse or the jockey and fouls caused intentionally or unintentionally.
  - a. If part of an entry is disqualified, the stewards shall decide whether the disqualification extends to all of the entry. If the disqualification does not extend to all of the entry, the stewards shall specify the part of the entry to which the disqualification extends.
  - b. The stewards shall not penalize a jockey if the stewards rule that the foul under subsection (C)(7) was caused by the horse, despite obvious efforts of the jockey to maintain the horse in its lane position.
  - c. If the stewards rule that the foul under subsection (C)(7) was caused by the jockey failing to attempt to prevent the foul or willfully riding the horse out of its lane, the jockey shall be subject to imposition of penalties by the stewards.
  - d. In a race run around a turn, a horse that is in the clear may be taken to any part of the track. If the stewards determine that weaving back and forth in front of another horse is interference or intimidation, the jockey shall be penalized.
8. A jockey shall not cause the jockey's horse to shorten stride with a view to making a complaint. If the stewards decide that an intentional foul was committed in the riding of a race or that a jockey was instructed or induced to ride in a manner that caused a foul, the stewards shall suspend all persons the stewards determine, following a hearing, are guilty of complicity in the foul.
9. When a horse is disqualified by the stewards under A.R.S. Title 5, Chapter 1 and this Chapter, the stewards shall disqualify and replace every horse in the race that belongs wholly or in part to the same owner or is under the management of the same trainer, if the stewards find there is good cause to disqualify and replace the other horses.
10. A horse shall be ridden across the finish line carrying the horse's assigned weight to participate in the purse distribution of a race unless the nomination blank for the race states otherwise.
11. A whip shall not be carried on a 2-year-old in a race on the straightaway before March 1. After April 30, following satisfactory performance out of the gate with a whip and with approval of the starter, a whip may be carried in a race under this subsection.
12. An owner, trainer, handler, or jockey shall not attempt to prevent a horse from running the horse's best and winning.

**D. Dead heats.**

1. When a race results in a dead heat, the heat shall not be run off.

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2. If a race results in a dead heat, all prizes to which the horses finishing in the dead heat would have been entitled shall be divided equally between them.
  3. When a dead heat is run for second place and an objection is made and sustained to the winner of the race, the horses that ran the dead heat shall be deemed to have run a dead heat for first place.
  4. If the dividing owners cannot agree which owner is to have a cup or other prize that cannot be divided, the question shall be determined by a drawing conducted by the permittee.
  5. Each horse that runs a dead heat for a race or place shall be deemed a winner of that race or place and shall be liable as the winner for any penalty or disability incurred.
- E. Winnings or wins.**
1. To calculate the total winnings of a horse, include all prizes and wins:
    - a. Until the time for the start of a race regardless of the country in which the prize or win occurred;
    - b. Until the time of entry for a county fair race meet that does not have an also-eligible list; and
    - c. This subsection does not apply to a maiden race at a county fair race meet.
  2. Winnings include prizes earned by walking over or receiving forfeit.
  3. Winnings do not include second and third place money or the value of any non-monetary prize.
  4. Winnings during a year shall be computed from January 1 of the year.
  5. If the conditions of a race refer to a winner of a certain sum, the condition means a winner of that sum in a single race unless the conditions specify otherwise.
  6. In estimating the net value of a race to the winner, all sums contributed by the winner's owner or nominator shall be deducted from the amount won.
  7. Winners or losers of steeplechases, hurdle races, thoroughbred races, or mixed quarter horse races shall be considered winners or losers on the flat, and winners or losers on the flat shall be considered winners or losers of steeplechases, hurdle races, thoroughbred races, or mixed quarter horse races.
- b. Subsection (A)(2)(a) does not apply to administration of the following substances if the substances are administered in levels that do not interfere with post-race testing:
    - i. A non-injectable nutritional supplement or other substance approved by the state veterinarian;
    - ii. A non-injectable substance on direction or by prescription of a licensed veterinarian; or
    - iii. A non-injectable, non-prescription, substance.
  - c. A licensee shall not possess a hypodermic needle, syringe, or other injectable device at a location under the Department's jurisdiction unless the hypodermic needle, syringe, or other injectable device has been approved by the Department. At a location under the Department's jurisdiction, a veterinarian shall use only one-time use, disposable, hypodermic needles and shall dispose of used needles in a manner approved by the Department.
  - d. A licensee who has a medical condition that makes it necessary for the licensee to have a hypodermic needle, syringe, or other injectable device at a location under the Department's jurisdiction shall make a written request for permission to the stewards or Department before bringing the device to a location under the Department's jurisdiction. The licensee shall attach to the written request for permission a letter from a licensed physician explaining why it is necessary for the licensee to possess the device and shall comply with all conditions and restriction established by the stewards or Department.
  - e. A private veterinarian employed by a horse owner shall not have contact with an entered horse on race day before the race in which the horse is entered except to administer furosemide according to standards established in this Section or if the contact is approved by the state veterinarian.
  - f. The trainer or owner of an entered horse shall ensure that the horse is present at a location under the Department's jurisdiction at least five hours before post time of a race in which the horse is entered.
  - g. Notwithstanding the provisions of this Section, any veterinarian may treat a horse if an emergency involving the life or health of the horse exists.

**Historical Note**

Adopted effective August 5, 1983 (Supp. 83-4).  
 Amended effective March 20, 1990 (Supp. 90-1). Section number corrected (Supp. 93-1). R19-2-119 recodified from R4-27-119 (Supp. 95-1). Amended by final rulemaking at 19 A.A.R. 3412, effective November 30, 2013 (Supp. 13-4).

**R19-2-120. Veterinary Practices, Animal Medication, and Animal Testing****A. Veterinary practices.**

1. The state veterinarian and stewards have authority over a veterinarian licensed by the Department and practicing at a location under the Department's jurisdiction. The state veterinarian shall inform the stewards or Department of a licensed veterinarian who violates A.R.S. Title 5, Chapter 1 or this Chapter.
  2. Treatment restrictions.
    - a. The Department shall authorize only a veterinarian licensed under A.R.S. Title 32, Chapter 21 and by the Department to administer a prescription or controlled medication, drug, or other substance, including a medication, drug, or other substance administered by injection, to a horse at a location under the Department's jurisdiction.
3. Veterinarians' records.
    - a. A veterinarian who treats a horse or performs another professional service at a location under the Department's jurisdiction or who treats a horse that is actively participating in a race meet even if the treatment is provided at a location not under the Department's jurisdiction, shall ensure that a treatment record is maintained on all horses for which the veterinarian prescribes, administers, or dispenses medication or performs other professional services. The veterinarian shall ensure that the treatment record includes at least the following information:
      - i. Name of horse treated;
      - ii. Name of medication, drug, or substance administered or prescribed and description of any other professional service performed;
      - iii. Date and time of treatment;
      - iv. Name of the horse's trainer;
      - v. Other information requested by the state veterinarian; and
      - vi. The treating veterinarian's signature.

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- b. The veterinarian shall ensure that treatment records are current at all times and make the treatment records available to the stewards or Department within 24 hours after a request is made. The veterinarian shall retain the treatment records for at least one year after the date of treatment.
  - c. The veterinarian shall retain a copy of all bills or statements provided to the owner or trainer of a treated horse for at least one year after the date of treatment and make the copies available to the Department within 48 hours after a request is made.
- B. Prohibited practices.**
  - 1. A licensee shall not possess or use a medication, drug, or substance at a location under the Department's jurisdiction if:
    - a. There is no recognized analytical method to detect and confirm that the medication, drug, or substance has been administered to a horse;
    - b. Use of the medication, drug, or substance may:
      - i. Endanger the health and welfare of the horse to which it is administered,
      - ii. Endanger the safety of the rider of the horse to which it is administered, or
      - iii. Adversely affect the integrity of racing; or
    - c. The medication, drug, or substance has not been approved by the U.S. Food and Drug Administration for human or animal use and the Department has not approved use of the medication, drug, or substance.
  - 2. A licensee shall not possess or use a blood doping agent, including but not limited to the following, at a location under the Department's jurisdiction:
    - a. Erythropoietin,
    - b. Darbepoetin,
    - c. Oxyglobin®,
    - d. Hemopure®,
    - e. ITTPP, or
    - f. AICAR.
  - 3. A veterinarian who uses extracorporeal shock wave or radial pulse wave therapy on a horse at a location under the Department's jurisdiction shall ensure that all of the following conditions are met:
    - a. The veterinarian is licensed under A.R.S. Title 32, Chapter 21 and by the Department;
    - b. The veterinarian informs the Department of the plan to use an extracorporeal shock wave or radial pulse wave therapy machine before the machine is used at a location under the Department's jurisdiction;
    - c. An extracorporeal shock wave or radial pulse wave therapy treatment is reported to the state veterinarian on a form prescribed by the Department no later than 24 hours after the time of treatment; and
    - d. A horse treated with extracorporeal shock wave therapy or radial pulse wave therapy does not race for at least 10 days following treatment.
  - 4. A licensee shall not use a nasogastric tube that is longer than six inches to administer a medication, drug, or other substance to a horse within 24 hours before post time of a race in which the horse is entered without permission of the state veterinarian.
  - 5. A licensee shall not participate in chemical or surgical desensitizing of the nerves of a horse intended to be entered in a race at a location under the Department's jurisdiction.
    - a. The racing secretary shall not accept registration papers for a desensitized horse,
    - b. A licensee shall not enter a desensitized horse in a race at a location under the Department's jurisdiction, and
    - c. A licensee shall not race a horse that is desensitized at the time the horse arrives at the receiving barn or saddling paddock.
- C. Drug classification and penalties.**
  - 1. If the stewards determine that a licensee has violated this Section, the stewards shall consult the Uniform Classification Guidelines of Foreign Substances and Recommended Penalties and the model rule, both of which are established by the Association of Racing Commissioners International (ARCI). After determining the classification level of the violation, the stewards shall impose a penalty on the licensee.
  - 2. The stewards shall investigate an alleged violation of this Section and determine a penalty on a case-by-case basis. The stewards shall consider at least the following factors when determining the penalty to impose:
    - a. The disciplinary record of the licensee involving a medication, drug, or substance;
    - b. The potential of the medication, drug, or substance to influence a horse's racing performance;
    - c. The legal availability of the medication, drug, or substance;
    - d. Whether there is reason to believe the responsible licensee knew of the administration of the medication, drug, or substance or intentionally administered the medication, drug, or substance;
    - e. The steps taken by the trainer to safeguard the horse to which the medication, drug, or substance was administered;
    - f. The probability of environmental contamination or inadvertent exposure due to human drug use;
    - g. The purse of the race in which the affected horse was entered;
    - h. Whether the medication, drug, or substance found was one for which the horse was receiving a treatment as disclosed to the Department;
    - i. Whether there was a suspicious betting pattern in the race in which the affected horse was entered; and
    - j. Whether the licensed trainer was acting under the advice of a licensed veterinarian.
  - 3. In making a penalty decision under this subsection, the stewards shall distinguish between a medication, drug, or substance that is routinely used to treat a horse and a medication, drug, or substance for which there is no reason that the medication, drug, or substance should be found in any concentration in a test sample taken from a horse on race day.
  - 4. If a licensed veterinarian administers or prescribes a medication, drug, or substance that is not listed in materials identified in subsection (C)(1), the licensed veterinarian shall timely forward the identity of the medication, drug, or substance to the ARCI Drug Testing Standards and Practices Committee or the Racing Medication and Testing Consortium for classification.
  - 5. The Department shall classify a medication, drug, or substance or a metabolite of the medication, drug, or substance found in a pre- or post-race sample that is not classified in the materials identified in subsection (C)(1) as ARCI Class 1 and impose a penalty commensurate with the Class 1 classification on the trainer or owner of the horse from which the sample was taken unless the trainer or owner provides information from the ARCI Drug Testing Standards and Practices Committee or the

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Racing Medication and Testing Consortium that a different classification is applicable.

6. The Department shall provide written notice of a hearing to a licensee alleged to be involved in a violation of this Section. The Department shall provide an opportunity for the licensee to attend the hearing and written notice of the Department's order.
  7. In addition to a penalty issued by the stewards or the Department, the Department shall refer a veterinarian found to be involved in the administration of a medication, drug, or substance carrying a category "A" penalty, as specified in the materials identified in subsection (C)(1), to the Veterinary Medical Examining Board for consideration of further disciplinary action.
  8. If the stewards or Department believe a licensee may have committed an act that violates state criminal law, the Department shall make a referral to an appropriate law enforcement agency. Administrative action taken by the stewards or Department does not prohibit criminal prosecution. Criminal prosecution does not prohibit administrative action by the stewards or Department.
  9. If the license of a trainer is suspended, the suspended trainer shall not benefit financially during the period of suspension by transferring the custody, care, and control of a horse to another person. The Department shall approve all transfers of the custody, care, and control of a horse from one person to another.
- D. Prohibited medications.**
1. If the official laboratory finds a prohibited medication, drug, or other substance in a sample from a horse, the Department shall view this as prima facie evidence that the prohibited medication, drug, or other substance was administered to the horse. If a prohibited medication, drug, or other substance is found in a sample from a horse after the horse has raced, the Department shall conclude that the prohibited medication, drug, or substance was present in the horse's body while the horse participated in the race.
  2. The following medications, drugs, and substances are prohibited:
    - a. A medication or drug for which no acceptable threshold concentration has been established,
    - b. A therapeutic medication in excess of the established threshold concentration,
    - c. A substance present in a horse in excess of the concentration at which the substance could occur naturally, and
    - d. A substance foreign to a horse present at a concentration that could interfere with testing procedures.
  3. Except as otherwise provided in this Chapter, a licensee shall not administer or cause to be administered to a horse a prohibited medication, drug, or other substance during the 24 hours before post time for a race in which the horse is entered.
- E. Medical labeling.**
1. Except as provided in subsection (E)(2), a licensee at a location under the Department's jurisdiction shall not have in the licensee's personal property, including a vehicle, or under the licensee's care, custody, or control, a medication, drug, or other substance that is prohibited in a horse on a race day unless the medication, drug, or other substance is prescribed and labeled as specified in subsection (E)(3).
  2. Subsection (E)(1) does not apply to a veterinarian licensed under A.R.S. Title 32, Chapter 21 and this Chapter.
3. A licensed veterinarian shall ensure that a prescription is issued for a medication, drug, or other substance that is used or kept at a location under the Department's jurisdiction if federal or state law requires a prescription for the medication, drug, or other substance. The licensed veterinarian shall ensure that the medication, drug, or other substance has a securely attached prescription label containing the following information:
    - a. Name of the medication, drug, or other substance;
    - b. Name, address, and telephone number of the veterinarian prescribing or dispensing the medication, drug, or other substance;
    - c. Name of the horse for which the medication, drug, or other substance is prescribed;
    - d. Dose, dosage, duration of treatment, and expiration date of the prescribed medication, drug, or other substance; and
    - e. Name of the licensee to whom the medication, drug, or other substance is dispensed.
- F. Non-steroidal anti-inflammatory drugs (NSAIDs).**
1. A licensee who determines it is necessary to administer a NSAID to a horse, shall ensure that only the following NSAIDs are used:
    - a. Phenylbutazone,
    - b. Flunixin, or
    - c. Ketoprofen.
  2. A licensee who administers one of the NSAIDs listed in subsection (F)(1) to a horse shall ensure that:
    - a. The administration occurs at least 24 hours before the post time for a race in which the horse is entered; and
    - b. The serum or plasma threshold concentration of the NSAID does not exceed the following, which is consistent with administration of a single intravenous injection:
      - i. Phenylbutazone – 5 micrograms per milliliter;
      - ii. Flunixin – 20 nanograms per milliliter; and
      - iii. Ketoprofen – 10 nanograms per milliliter.
  3. A licensee shall ensure that administration of more than one of the NSAIDs listed in subsection (F)(1) to a horse is discontinued at least 48 hours before the post time for a race in which the horse is entered.
  4. A licensee shall not administer a NSAID to a horse within 24 hours before post time for a race in which the horse is entered.
  5. The Department shall subject a horse to which a NSAID has been administered to post-race blood or urine sampling supervised by the state veterinarian. The Department shall ensure that the samples are tested to determine the quantitative NSAID level and whether other medications, drugs, or substances are present. The Department shall take disciplinary action against the horse's trainer if the test results show:
    - a. The presence of more than one of the NSAIDs listed in subsection (F)(1) unless the second NSAID is Phenylbutazone in a concentration of less than .5 micrograms per milliliter of serum or plasma or Flunixin in a concentration of less than 5 nanograms per milliliter of serum or plasma; or
    - b. A NSAID not listed in subsection (F)(1).
- G. Furosemide.**
1. Unless the state veterinarian instructs otherwise, a licensee shall administer furosemide intravenously to an entered horse only after the state veterinarian places the horse on the Furosemide List.

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2. The following procedure applies to place a horse on or take a horse off the Furosemide List:
    - a. If the horse's trainer and veterinarian determine that it is in the horse's best interest to race with furosemide, the trainer and veterinarian shall notify the state veterinarian or designee, using a form prescribed by the Department, and request that the horse be placed on the Furosemide List;
    - b. The horse's trainer and veterinarian shall ensure that the state veterinarian or designee receives the notice required under subsection (G)(2)(a) no later than the time for entering the horse in a race;
    - c. After a horse is placed on the Furosemide List, the horse shall remain on the list until the horse's trainer and veterinarian submit a written request for removal to the state veterinarian, using a form prescribed by the Department. The horse's trainer and veterinarian shall ensure that the required request for removal is submitted no later than the time for entering the horse in a race;
    - d. After a horse is removed from the Furosemide List, the state veterinarian shall not allow the horse to be placed on the Furosemide List for 60 days unless the state veterinarian determines that failure to put the horse on the Furosemide List is detrimental to the welfare of the horse;
    - e. If a horse is removed from the Furosemide List a second time in 365 days, the state veterinarian shall not allow the horse to be placed on the Furosemide List for 90 days; and
    - f. The state veterinarian shall ensure that the provisions in subsections (G)(2)(d) and (e) are not applied to a horse that was mandated by the conditions of entry to race without furosemide in the horse's previous race. The horse may be placed on the Furosemide List, at the election of the horse's trainer or veterinarian, by following the procedures in subsections (G)(2)(a) and (b).
  3. On request by the Department, a veterinarian who administers furosemide to a horse shall surrender the syringe used in the administration for testing.
  4. A veterinarian shall administer furosemide to a horse only at a location under the Department's jurisdiction.
  5. If a location under the Department's jurisdiction is used for administration of furosemide, the trainer or veterinarian of a horse to which furosemide is to be administered shall ensure that the following conditions are met:
    - a. The horse is on the Furosemide List;
    - b. The horse is brought to the detention barn at least four hours before post time of a race in which the horse is entered;
    - c. The furosemide is administered no fewer than four hours before post time of a race in which the horse is entered;
    - d. The dose of furosemide administered is between 150 mg. and 500 mg.;
    - e. The dose of furosemide is administered by a single, intravenous injection; and
    - f. After the furosemide is administered, the horse remains in the detention barn in the care, custody, and control of the horse's trainer and under Department supervision until called to the saddling paddock.
  6. After furosemide is administered, the trainer or veterinarian of the treated horse shall deliver the following information to the state veterinarian, at least three hours before post time for a race in which the horse is entered, under oath and on a form prescribed by the Department:
    - a. Name of the horse to which furosemide was administered,
    - b. Name of the track at which the horse is entered to race,
    - c. Date and time the furosemide was administered,
    - d. Dosage of furosemide administered,
    - e. Side of the horse in which the furosemide was administered, and
    - f. Printed name and signature of the veterinarian who administered the furosemide.
  7. The state veterinarian shall ensure that a post-race urine, serum, or plasma sample from a horse is tested to determine the concentration of furosemide in the horse. If a horse was scheduled to race with furosemide, the post-race testing shall show:
    - a. A specific gravity of urine of 1.010 or greater, or
    - b. A concentration of no more than 100 nanograms of furosemide per milliliter of serum or plasma.
- H. Bleeder list.**
1. The state veterinarian or designee shall maintain a Bleeder List of all horses, regardless of age, for which the state veterinarian or designee observes external evidence of exercise-induced pulmonary hemorrhage from one or both nostrils during or after a race or workout.
  2. A horse placed on the Bleeder List shall be ineligible to race for the following periods:
    - a. First incident – 10 days;
    - b. Second incident within a 365-day period – 60 days;
    - c. Third incident within a 365-day period – 180 days; and
    - d. Fourth incident within a 365-day period – lifetime bar from racing.
  3. For the purpose of counting the number of days a horse is ineligible to run, the day the veterinarian witnessed the horse bleed externally is the first day of the required recovery period.
  4. The state veterinarian or designee shall not place a horse on the Bleeder List if furosemide is voluntarily administered to the horse under subsection (G) without an external bleeding incident.
  5. The Department shall authorize only the state veterinarian to remove a horse from the Bleeder List. To remove a horse from the Bleeder List, the state veterinarian shall certify the recommendation for removal in writing to the stewards.
  6. The state veterinarian or designee shall place a horse on the Bleeder List if the horse has been placed on a Bleeder List in another jurisdiction.
- I. Anti-ulcer medications.** A veterinarian who determines it is necessary to administer an anti-ulcer medication to a horse shall administer one of the following anti-ulcer medications, at the stated dosage, no less than 24 hours before post time for a race in which the horse is entered:
1. Cimetidine (Tagamet®) – 8 to 20 mg/kg PO BID-TID;
  2. Omeprazole (Gastrogard®) – 2.2 Grams PO SID; or
  3. Ranitidine (Zantac®) – 8 mg/kg PO BID.
- J. Environmental contaminants and substances of human use.**
1. The Department shall take disciplinary action against a trainer responsible for a horse that has more than 100 nanograms of caffeine in a milliliter of serum or plasma at the time of a pre- or post-race test.
  2. If a preponderance of the evidence presented during a hearing shows that a positive test conducted on a horse results from environmental contamination or inadvertent

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exposure to human use of a medication, drug, or other substance, the Department shall consider the evidence as a mitigating factor in determining the disciplinary action to take against the affected trainer.

**K. Androgenic-anabolic steroids (AAS).**

1. The Department shall take disciplinary action against a trainer responsible for a horse if a urine test conducted on the horse shows:
  - a. The presence of an AAS other than those listed in subsection (K)(2), or
  - b. A concentration of an AAS listed in subsection (K)(2) greater than the threshold concentration listed in subsection (K)(2).
2. The Department shall permit the presence of the following AAS at a concentration at or less than the indicated threshold in the urine of a horse:
  - a. 16 $\beta$ -hydroxystanozolol (metabolite of stanozolol (Winstrol) in all horses regardless of sex - 1 ng/ml in urine or 100 pg/ml in serum or plasma;
  - b. Boldenone (Equipose® is the undecylenate ester of boldenone) in:
    - i. Male horses other than geldings – 15 ng/ml in urine or 100 pg/ml in serum or plasma; and
    - ii. Geldings and female horses – 100 pg/ml in serum or plasma;
  - c. Nandrolone (Durabolin® is the phenylpropionate ester and Deca-Durabolin® is the decanoate ester) in:
    - i. Geldings, fillies, and mares – 1 ng/ml in urine or 100 pg/ml in serum or plasma; and
    - ii. Intact males -- 500 pg/ml in serum or plasma; and
  - d. Testosterone in:
    - i. Geldings – 20 ng/ml in urine;
    - ii. Fillies and mares – 55 ng/ml in urine or 100 pg/ml in serum or plasma; and
    - iii. Intact males – 2,000 pg/ml in serum or plasma.
3. The state veterinarian shall ensure that a urine sample is identified with the sex of the horse from which the urine sample was obtained before the urine sample is forwarded to the official laboratory for testing.
4. The state veterinarian shall place a horse to which an AAS has been administered to assist in recovery from illness or injury on the Veterinarian's List to allow concentration of the AAS or metabolite in the horse's urine to be monitored. The state veterinarian may remove the horse from the Veterinarian's List when the concentration of the AAS or metabolite in urine is less than the threshold indicated in subsection (K)(2).

**L. TCO2 testing and procedures**

1. A steward or Department veterinarian may order that a blood sample be collected from a horse before or after a race to determine the TCO2 concentration in the serum or plasma of the horse. If it is determined that testing for TCO2 concentration is necessary, the state veterinarian shall ensure that the following procedure is used:
  - a. The state veterinarian shall ensure that at least two tubes of blood are obtained from the horse for TCO2 testing;
  - b. If the owner or trainer of a horse to be tested for TCO2 concentration wishes to have split sample testing performed, the owner or trainer shall request the split sample testing before the sample is collected;
  - c. The owner or trainer of a horse to be tested for TCO2 concentration who requests split sample test-

ing shall pay all costs related to obtaining, handling, shipping and analyzing the split;

- d. If the official laboratory determines that the concentration of TCO2 in the blood of a horse exceeds 37 millimoles per liter, the official laboratory shall inform the Department immediately of the positive finding; and
  - e. If the Department, in its discretion, determines the split sample cannot be tested within five days after the sample is collected, the determination of TCO2 concentration made by the official laboratory is final.
2. The stewards shall declare a horse ineligible to race if the owner, trainer, or other person responsible for the horse refuses or fails to permit a blood sample to be collected from the horse.
  3. If the result obtained by the official laboratory shows that a horse has a concentration of TCO2 greater than 37 millimoles per liter and the owner or trainer of the horse certifies in writing to the stewards within 24 hours after receiving notice of the test result that the concentration is normal for the horse, the owner or trainer may request that the horse be held in quarantine. If quarantine is requested, the permittee shall make guarded quarantine available for the horse for a period up to 72 hours as determined by the stewards.
    - a. The owner or trainer of the horse shall pay all expenses associated with maintaining the quarantine;
    - b. During quarantine, the state veterinarian shall ensure that the horse's TCO2 concentration is re-tested;
    - c. The stewards shall not allow the horse to race during the quarantine period but may allow the horse to be exercised and trained at times and in a manner that allows monitoring of the horse by the Department;
    - d. The stewards shall ensure that the horse is fed only hay, oats, and water during the quarantine period; and
    - e. If the state veterinarian is satisfied that the horse's TCO2 concentration, as registered in the original test, is physiologically normal for the horse, the stewards shall:
      - i. Permit the horse to race; or
      - ii. Require that the quarantine procedure in this subsection be repeated to verify that the horse's TCO2 concentration is physiologically normal.

**M. Blood- and gene-doping agents.**

1. The Department may subject a horse at a location under the Department's jurisdiction or under the care or control of a licensee to testing for blood- and gene-doping agents.
2. The state veterinarian is authorized to:
  - a. Take a urine, blood, or hair sample from a horse to test for blood- and gene-doping agents;
  - b. Select a horse for testing at random or with probable cause; and
  - c. Conduct the sampling at any time without advance notice.
3. The Department shall take disciplinary action against a licensee responsible for a horse if the results of a test conducted on a sample obtained under subsection (M)(2) shows the presence of:
  - a. Blood-doping agents including, but not limited to, Erythropoietin (EPO), Darbepoetin, Oxyglobin, Hemopure, Aransep, or any substance that abnormally enhances oxygenation of body tissues; or



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- b. Gene-doping agents or the non-therapeutic use of genes, genetic elements, or cells that have the capacity to enhance athletic performance or produce analgesia.
  - 4. Subsection (M)(3) does not apply to a therapeutic medication that has been approved by the U.S. Food and Drug Administration for use in a horse.
  - 5. A licensee at a location under the Department's jurisdiction shall cooperate with a veterinarian acting under subsection (M)(2) by:
    - a. Assisting to locate and identify a horse selected for testing,
    - b. Providing a stall or other safe location at which samples can be collected, and
    - c. Assisting the veterinarian to procure a sample properly.
  - 6. A veterinarian who obtains a sample under subsection (M)(2) shall split the sample as described in subsection (N).
- N. Testing.
  - 1. Reporting to the test barn.
    - a. The trainer of an official winning horse, or a designee of the trainer, shall take the horse to the test barn immediately after the race to have blood and urine samples taken.
    - b. The Department or stewards shall order random or extra testing of any horse at a location under the Department's jurisdiction if the Department or stewards determine that the testing is in the best interest of racing. The trainer of a horse ordered to testing, or a designee of the trainer, shall take the horse directly, or at a time designated by the stewards or state veterinarian, to the test barn to have blood and urine samples taken.
    - c. A track security guard shall monitor access to the test-barn area during and immediately after each race. A person who wishes to enter the test-barn area shall:
      - i. Be at least 18 years old,
      - ii. Be currently licensed by the Department,
      - iii. Display an identification badge issued by the Department, and
      - iv. Have a reason to be in the test-barn area that the track security guard determines is legitimate.
  - 2. Sample collection.
    - a. The state veterinarian or designee shall take blood and urine samples from a horse.
    - b. The state veterinarian shall ensure that blood samples are taken at a consistent time, preferably within one hour after a race.
    - c. The state veterinarian shall determine the minimum sample required for testing by the official laboratory:
      - i. If the sample obtained is less than the minimum required, the state veterinarian shall send the entire sample to the official laboratory;
      - ii. If the sample obtained is more than the minimum required but less than twice the minimum required, the state veterinarian shall secure the portion of the sample that is greater than the minimum required as a split sample; and
      - iii. If the sample obtained is more than twice the minimum required, the state veterinarian shall secure a portion of the sample equal to the minimum required as a split sample.
  - 3. Storage and shipment of split samples.
    - a. The state veterinarian shall secure a split sample obtained under subsection (N)(2)(c) and make the split sample available for testing.
    - b. To secure a split sample, the state veterinarian shall:
      - i. Maintain the split sample in the test barn in the same manner as the portion of the sample from which it is split;
      - ii. Transfer the split sample to a freezer at a secure location approved by the Department when the portion of the sample from which it is split is packaged and shipped to the official laboratory;
      - iii. Ensure that the split-sample freezer is closed and locked except when depositing or removing a split sample, conducting inventory of split samples, or checking the condition of split samples;
      - iv. Maintain a log that specifies the following information for each time the split-sample freezer is opened: name of each person present; purpose of opening the freezer; identification of the split sample deposited or removed; date and time the freezer is opened; time the freezer is closed; and verification that both locks were secure before and after opening the freezer; and
      - v. Document in the log and report immediately to the Department any evidence that the split-sample freezer malfunctioned or split samples are not frozen.
    - c. If the official laboratory determines that a sample submitted under this subsection tests positive for a foreign substance, the trainer or owner of the horse from which the sample was obtained may, within 72 hours, deliver a written request to the stewards that the sample split from the sample for which the positive result was obtained be sent for testing by a Department-approved laboratory selected by the trainer or owner. The trainer or owner who requests that a split sample be tested shall:
      - i. Witness the split sample being removed from the split-sample freezer, packed for shipping, and transferred to the carrier charged with delivery of the package;
      - ii. Be allowed to inspect the package containing the split sample to verify that the package has not been tampered with before transfer to the carrier charged with delivery of the package and is correctly addressed to the Department-approved laboratory selected by the trainer or owner;
      - iii. Sign a form provided by the Department verifying that the rights described under subsections (N)(3)(c)(i) and (ii) have been provided; and
      - iv. Pay for shipping and testing the split sample.
    - d. A trainer or owner who fails to appear at the time and place designated by the state veterinarian to witness a split sample being removed from the split-sample freezer, packed for shipping, and transferred to a delivery carrier waives the right to split-sample testing.
    - e. The state veterinarian shall ensure that a split sample is packed and shipped for testing to a Department-approved laboratory within 72 hours after a written request for split-sample testing is delivered to the stewards under subsection (N)(3)(c).
    - f. When preparing a split sample for shipment, the state veterinarian shall ensure that:

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- i. The split sample is removed from the split-sample freezer and packed for shipping in the presence of the trainer or owner of the horse from which the sample was obtained;
- ii. The split sample is packed for shipping in a safe and secure manner;
- iii. The exterior of the package containing the split sample is secured in a manner designed to prevent tampering; and
- iv. The package containing the split sample is transported to the location where custody is transferred to the carrier charged with delivering the package to the Department-approved laboratory selected by the trainer or owner.
- g. During the process of retrieving, packing, and shipping a split sample, the state veterinarian shall prepare a chain-of-custody verification form containing the following information:
  - i. Date and time the split sample is removed from the split-sample freezer,
  - ii. Number of the split sample,
  - iii. Address of the Department-approved laboratory selected by the trainer or owner of the horse from which the split sample was obtained,
  - iv. Name of the carrier charged with delivering the package,
  - v. Address at which custody of the package is transferred to the carrier charged with delivering the package, and
  - vi. Date and time that custody of the package is transferred from the Department to the carrier charged with delivering the package.
- h. The state veterinarian shall ensure that both the state veterinarian and the trainer or owner of the horse from which the split sample was obtained sign the chain-of-custody verification form indicating that:
  - i. The correct split sample was removed from the split-sample freezer,
  - ii. The split sample was packed in accordance with subsection (N)(3)(f)(ii),
  - iii. The package containing the split sample was correctly addressed to the Department-approved laboratory selected by the trainer or owner, and
  - iv. There is no evidence of tampering on the package containing the split sample.
- i. The state veterinarian shall keep the original of the chain-of-custody verification form and provide a copy to the trainer or owner of the horse from which the split sample was obtained.
- 4. Frozen samples. As specified in the Department's contract with the official laboratory, the Department has authority to require the official laboratory to retain and preserve by freezing the left-over portion of a sample submitted for testing.
- 5. Laboratory minimum standards. The official laboratory and any Department-approved laboratory that conducts primary or split-sample testing shall meet the following minimum standards:
  - a. General adherence to the requirements for competence of testing and calibration specified by the International Organization for Standardization;
  - b. Have or have access to liquid chromatograph and mass spectrometer instruments for screening and confirmation purposes; and
  - c. Be able to detect medications, drugs, and other substances at the specific concentration or regulatory threshold established.
- O. Trainer responsibilities.
  - 1. The trainer of a horse at a location under the Department's jurisdiction shall:
    - a. Ensure that if the horse entered in an official workout, the horse is in physical condition for the workout;
    - b. Ensure that if the horse is entered in a race, the horse is in physical condition to perform creditably at the distance entered;
    - c. Prevent administration to the horse of a prohibited medication, drug, or other foreign substance;
    - d. Prevent administration to the horse of a permitted medication, drug, or other foreign substance in excess of the maximum allowable concentration;
    - e. Maintain knowledge of the medications, drugs, or other substances administered to the horse;
    - f. Report immediately to the stewards and state veterinarian knowledge of or reason to believe a prohibited medication, drug, or other foreign substance has been administered or a permitted medication, drug, or other foreign substance has been administered in excess of the maximum allowable concentration;
    - g. Maintain an assigned stable area in a clean, neat, and sanitary condition at all times;
    - h. Use the services of only a veterinarian licensed by the Department while at a location under the Department's jurisdiction;
    - i. Ensure the proper identity, custody, care, health, and safety of the horse;
    - j. Ensure that the horse has a valid health certificate and a negative Equine Infectious Anemia test certificate on file with the racing secretary;
    - k. Report no later than the time of entry to the horse identifier and racing secretary if the horse is gelded;
    - l. Report immediately to the state veterinarian when the horse has a reportable disease or unusual incidence of a communicable illness;
    - m. Report immediately to the stewards and state veterinarian when the horse has a serious injury or dies;
    - n. Comply with the provisions in subsection (R) governing postmortem examination;
    - o. Ensure that an entered horse is present at the horse's assigned stall for the pre-race inspection prescribed under subsection (P);
    - p. Ensure that the horse has proper bandages, equipment, and shoes;
    - q. Be present in the paddock at least 17 minutes before post time of a race for which the horse is entered or another time designated by the stewards;
    - r. Supervise saddling the horse in the paddock unless excused by the stewards;
    - s. Attend, or ensure that the owner or a licensed employee of the owner attend, collection of a blood or urine sample from the horse; and
    - t. Report no later than the time of entry to the state veterinarian and racing secretary that a mare is in foal.
  - 2. If the official laboratory reports that a horse tests positive for a prohibited medication, drug, or other foreign substance or for a permitted medication, drug, or other substance in excess of the maximum allowable concentration, the Department shall view the positive test as prima facie evidence that the trainer of the horse violated subsection (O)(1).

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3. A trainer whose horse has been claimed shall comply with all provisions of subsection (O)(1) until after the race in which the horse was claimed.
- P. Physical inspection of horses.**
1. A horse entered in a race at a location under the Department's jurisdiction is subject to inspection by a veterinarian before the race.
  2. A pre-race inspection of an entered horse shall be conducted by the track veterinarian.
  3. The trainer of an entered horse or a representative of the trainer shall present the horse for pre-race inspection as required by the track veterinarian. The trainer shall ensure that when the horse is presented for pre-race inspection:
    - a. All bandages are removed,
    - b. The horses' legs are clean,
    - c. The horse has not been placed in ice before the inspection, and
    - d. No device or substance that might impede veterinary clinical assessment is applied to the horse.
  4. The track veterinarian shall ensure that a pre-race inspection of an entered horse includes the following:
    - a. Proper identification of the horse inspected;
    - b. Observation of the horse in motion;
    - c. Manual palpation and passive flexion of both forelimbs;
    - d. Visual inspection of the entire horse and assessment of overall condition;
    - e. Observation of the horse in the paddock and saddling area, during the parade to post, and at the starting gate; and
    - f. Any other inspection the state veterinarian deems necessary.
  5. The track veterinarian shall maintain and regularly update a health and racing soundness record of each horse inspected.
  6. The trainer or owner of a horse at a location under the Department's jurisdiction shall allow the state or track veterinarian to have access to the horse regardless of whether the horse is entered in a race.
  7. If the state or track veterinarian determines that a horse is unfit for competition or is unable to determine the horse's racing soundness, the state veterinarian shall recommend to the stewards that the horse be scratched from a race in which the horse is entered.
  8. If a horse is scratched from a race based on the recommendation of the state or track veterinarian, the veterinarian shall ensure that the horse is placed on the Veterinarian's List described in subsection (Q).
- Q. Veterinarian's List.**
1. The track veterinarian shall maintain the Veterinarian's List of all horses determined to be unfit to compete in a race due to illness, physical distress, unsoundness, infirmity, or other medical condition.
  2. The trainer of a horse on the Veterinarian's List shall not enter the horse in a race unless approved the track and Department veterinarians.
  3. The trainer of a horse on the Veterinarian's List shall not enter the horse in a race until the horse has been on the Veterinarian's List at least 72 hours.
  4. The track veterinarian shall ensure that a horse is removed from the Veterinarian's List only when the track veterinarian determines the condition that caused the horse to be placed on the Veterinarian's List is resolved and the horse has been returned to racing soundness.
5. The trainer or owner of a horse on the Veterinarian's List shall comply with all provisions of this Chapter including testing.
- R. Postmortem Examination.**
1. The trainer or owner of a horse that dies or is euthanized at a location under the Department's jurisdiction shall submit the horse for a postmortem examination if requested by the Department.
  2. If required under subsection (R)(1) to submit a horse to the Department for postmortem examination, the trainer or owner of the horse shall ensure that all shoes and equipment are left on the horse's legs.
  3. If an analysis of blood, urine, bodily fluids, or other biologic specimens collected during a postmortem examination shows the presence of a prohibited medication, drug, or other substance or a permitted medication, drug, or other substance in excess of the maximum allowable concentration in the horse's body, the Department shall take disciplinary action allowed under A.R.S. Title 5, Chapter 1 and this Chapter against the trainer or owner of the horse.
  4. In proceeding with a postmortem examination of a horse, the Department shall coordinate with the horse's owner to determine and address any insurance requirements.

**Historical Note**

Adopted effective August 5, 1983 (Supp. 83-4). Amended by adding subsection (O) effective November 23, 1983 (Supp. 83-6). Amended by adding subsection (P) effective January 24, 1985 (Supp. 85-1). Amended by adding subsections (Q) and (R) effective September 24, 1986 (Supp. 86-5). Amended by adding subsections (S), (T), (U) and (V) effective February 19, 1987 (Supp. 87-1). Amended by adding subsections (W) and (X) effective October 14, 1988 (Supp. 88-4). Repealed effective March 20, 1990 (Supp. 90-1). R19-2-120 recodified from R4-27-120 (Supp. 95-1). New Section made by final rulemaking at 19 A.A.R. 3412, effective November 30, 2013 (Supp. 13-4).

**R19-2-121. Officials****A. Generally.**

1. In this Article, the term track official means the following persons employed by the permittee and approved and licensed by the Department: Director of Racing, one steward, pari-mutuel manager, patrol judges, clerk of the scales, starter, timer, placing judge, paddock judge, track veterinarian, track superintendent, racing secretary, assistant racing secretary, handicapper, horsemen's bookkeeper, jockey room custodian, and chief of security.
2. The term Department official means the following persons appointed by the Department: two stewards, state pari-mutuel supervisor, state veterinarian, identifier, and investigator. Other track officials may be appointed by the Department for a county fair race meet.
3. A person may serve in more than one position as a track or Department official if the person can do so without detriment to any of the other positions and the person has the consent and approval of the Department except that neither the racing secretary nor the permittee director of racing may serve as a steward.
4. A ruling by the stewards is controlling if made by a majority of the stewards participating in making the ruling.
5. Vacancies.
  - a. When a vacancy occurs among officials other than stewards, the stewards shall fill the vacancy before

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post time of the first race of the day or immediately if the vacancy occurs after post time of the first race. An appointment made by the stewards is effective only for the day on which the appointment is made unless the permittee fails to fill the vacancy on the following day and notifies the stewards of its action not less than one hour before post time of the first race of the following day. A permittee shall promptly report the appointment of an official to the Department.

- b. As required under subsection (E)(1), three stewards shall view the running of a race. If a vacancy occurs among the stewards, the stewards present shall appoint one or two persons to serve as temporary stewards. The stewards making an appointment under this subsection shall report the appointment in writing to the Department.
  - c. In case of emergency, the stewards may appoint a substitute official to fill a vacancy for only as long as the emergency exists.
6. The Department shall not license or appoint minors as officials.
  7. A person with a financial interest in the result of a race, such as an ownership interest in any entered horse or a wager, shall not act as an official at the race meet in which the race occurs.
- B. Prohibited acts.**
1. An official or an official's assistant shall not purchase pari-mutuel tickets on races.
  2. An official or an official's assistant shall not consume alcoholic beverages while on duty.
  3. An official shall not accept, directly or indirectly, a bribe, gift, or other form of gratuity that is intended to or might influence the results of a race or the conduct of a race meet.
  4. An official or employee of a permittee shall not write or solicit horse insurance at a race meet.
  5. An official or employee of a permittee at a race meet shall not buy or sell a contract upon a jockey or apprentice jockey for another official or employee of a permittee or for another individual, either directly or indirectly.
- C. An official or employee or a permittee shall report all observed violations of this Chapter to the stewards.**
- D. Complaints.**
1. A person with a grievance or complaint against a track official, an employee of the permittee, or a licensee shall submit the grievance or complaint in writing to the stewards within five days of the alleged act or omission giving rise to the grievance or complaint. The stewards shall consider the matter, take appropriate action, and make a full written report of the stewards' action to the Department.
  2. A person with a grievance or complaint against an official or employee of the Department shall report the grievance or complaint in writing to the Director or designee within five days of the alleged act or omission giving rise to the grievance or complaint.
  3. The Department shall take disciplinary action allowed under A.R.S. Title 5, Chapter 1 against an official or employee of the Department who fails to comply with this Chapter.
- E. Stewards.**
1. Two stewards appointed by the Director, and one steward appointed by the permittee and licensed by the Department, shall supervise each race meet.
- a. The stewards shall be in attendance at the office of the racing secretary or on the grounds of the permittee on any day in which entries are being taken or racing is being conducted and represent the Department in all matters pertaining to the enforcement and interpretation of this Chapter.
  - b. The stewards shall advise the Director of all hearings and rulings made.
  - c. If a steward is unable to perform the steward's duties for more than one day, the steward shall immediately notify the Director so an alternate steward may be named to act in the steward's place.
2. The stewards shall enforce A.R.S. Title 5, Chapter 1 and this Chapter.
  3. The stewards shall interpret A.R.S. Title 5, Chapter 1 and this Chapter and decide all questions not specifically covered by A.R.S. Title 5, Chapter 1 and this Chapter. In all interpretations and decisions, an order of the stewards supersede an order of the permittee.
- a. The stewards shall have control over and free access to all stands, weighing rooms, enclosures, and all other places within the grounds of the permittee.
  - b. The stewards shall investigate and render a decision promptly on each objection properly made to them under R19-2-117. Even if all stewards agree on a ruling, only a majority need to sign the ruling.
  - c. The stewards shall supervise all entries and declarations. The stewards may refuse entries or the transfer of entries for violation of A.R.S. Title 5, Chapter 1 or this Chapter.
  - d. The stewards shall regulate and control the conduct of officials and other persons attending or participating in a race meet.
  - e. When necessary to maintain safety and health conditions and protect public confidence in the sport of racing, the stewards shall:
    - i. Authorize a person to enter in or on and examine the buildings, stables, rooms, motor vehicles, trailers, or other places within the grounds of a permittee;
    - ii. Inspect and examine the person, personal property, and effects of any person within the grounds or a permittee; and
    - iii. Seize any items prohibited under R19-2-112(7) or (8) or any other illegal article.
  - f. Under subsection (E)(6), the stewards may impose a civil penalty in an amount not to exceed \$2,500 on any person subject to the stewards' control for violation of A.R.S. Title 5, Chapter 1 or this Chapter. After a hearing, the stewards may suspend a person violating A.R.S. Title 5, Chapter 1 or this Chapter for up to six months and may rule off a licensee violating A.R.S. Title 5, Chapter 1 or this Chapter. The stewards may impose both a civil penalty and suspension for the same violation. The stewards may refer any ruling made by the stewards to the Director, recommending further action, including license revocation.
  - g. If a laboratory report or other evidence shows the administration or presence of a foreign substance, the stewards shall immediately investigate the matter and may disqualify the horse, suspend the trainer or other person involved, refer the matter to the Director, and impose a fine.
  - h. Every person or entry expelled or ruled off by any recognized turf authority for fraudulent or improper

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- practice or conduct is ruled off all permittee locations in the state.
- i. Unless specifically ordered otherwise, if the stewards suspend one license held by an individual, all licenses held by the individual are suspended for the term of the suspension.
  - j. When a person is suspended, the stewards shall rule off every horse wholly or partly owned by the person for as long as the person's suspension continues. The suspended person shall not, whether acting as agent or otherwise, subscribe for, enter, or run a horse in any race, in either the person's name or that of another person. The stewards shall disqualify a horse if the horse is wholly or partly owned by the suspended person or under the suspended person's care, management, training, or supervision, or the suspended person has an interest in the horse's winnings. At the time it is discovered, the stewards shall void an entry from a suspended person or of a horse that stands ruled off. The suspended person shall forfeit the entry or subscription money and return the money or prize won.
4. The stewards may excuse a horse that has left the paddock for the post if the stewards consider the horse to be disabled or unfit to run. In claiming races, if there is a claim entered on an excused horse, the claim is invalid.
  5. The stewards shall determine the finish of a race by the relative position of the noses of each horse. At the end of a race, the stewards shall immediately notify the pari-mutuel department of the numbers of the first four horses.
    - a. The stewards shall promptly display the numbers of the first four horses in each race in the order that they finished. If the stewards differ as to the order in which the horses finished, the conclusion of the majority of the stewards shall prevail.
    - b. The stewards may review a photo-finish picture provided by the permittee to aid the stewards in determining the finish of a race.
      - i. If the photo-finish picture furnished by the permittee is not adequate or usable, the stewards shall make the final decision.
      - ii. If the stewards consider it advisable to review the photo-finish picture, the stewards may post the placements that the stewards determine are unquestionable without waiting for a picture. After reviewing the picture, the stewards shall make the other placements. The stewards shall not declare the race official until the stewards have determined which horses finished first, second, third, and fourth.
    - c. The stewards shall correct an error before the display of the official sign or recall the official sign if it is displayed through error.
  6. The stewards shall adhere to the following procedure when the stewards have reason to believe that a person has violated A.R.S. Title 5, Chapter 1 or this Chapter:
    - a. The stewards shall summon the person to a hearing with all the stewards present;
    - b. The stewards shall give 24-hours' written notice of the hearing to the person, using a form supplied by the Department. The stewards shall time and date the notice, and the person notified shall sign the notice and return the notice to the stewards. The stewards shall retain the original notice and include the notice as part of the case file. The stewards shall give a copy of the notice to the person summoned;
    - c. Except as provided in subsection (E)(6)(g), the stewards shall not impose a penalty without a hearing;
    - d. If a summoned person fails to appear at a scheduled hearing, the person waives the right to a hearing before the stewards;
    - e. The stewards shall permit the summoned person to present witnesses on the person's behalf;
    - f. The stewards shall take appropriate action, including suspension, civil penalty, or both, if there is substantial evidence to find a violation of A.R.S. Title 5, Chapter 1 or this Chapter. The stewards shall promptly forward the written decision or ruling to the Director and to the summoned person;
    - g. The stewards may summarily declare a horse scratched and may suspend a license pending a stewards' hearing if the stewards make a specific finding that the action is in the best interest of the public health, safety, and welfare;
    - h. The stewards shall recover and forward to the Department any license the stewards suspend;
    - i. The stewards shall act by majority vote on all matters within the stewards' jurisdiction;
    - j. The stewards have the power to modify, change, or remit any ruling imposed by the stewards; and
    - k. A licensee shall promptly pay to the Department any civil penalty imposed by the stewards for deposit with the state treasurer.
  7. During a term of suspension of an owner, trainer, or other person at a location under the jurisdiction of the Department, the stewards and permittee shall ensure that a ruling against the owner, trainer, or other person is enforced.
- F. Racing secretary.**
1. The racing secretary shall report to the stewards all violations of A.R.S. Title 5, Chapter 1 and this Chapter or of the regulations of the permittee that come to the racing secretary's attention.
  2. The racing secretary shall keep a complete record of all races.
  3. The racing secretary or authorized representative shall inspect all documents dealing with owners and trainers, partnership agreements, appointments of authorized agents, and adoption of stable names. The racing secretary may demand production of the documents to verify their validity and authenticity and to ensure that A.R.S. Title 5, Chapter 1 and this Chapter has been followed.
  4. The racing secretary shall write the conditions of all races and publish the conditions sufficiently before closing time for entries to allow the conditions to be read by all owners and trainers. The racing secretary shall not alter the conditions of the races after closing time.
    - a. The racing secretary shall not write race conditions that conflict with A.R.S. Title 5, Chapter 1 or this Chapter.
    - b. The racing secretary shall include in the race conditions or post a list of eligible horses before the time of entry for every graded quarter-horse race. The racing secretary shall not add a horse to this list after entering has begun without the consent of those who have entered eligible horses.
  5. The racing secretary shall act as the official handicapper in all races.
    - a. The racing secretary shall assign weight to all horses entered in a handicap race.
    - b. The racing secretary shall post the weights assigned in a handicap race before 10:30 a.m. on the day set for publication.

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6. The racing secretary shall determine the character and condition of substitute and extra races and submit the substitute and extra races to the stewards for approval.
    - a. If a stakes or overnight handicap race does not fill, the unfilled race may be replaced by another overnight race carrying a guaranteed purse consistent with the daily average purse.
    - b. If a race is canceled, the racing secretary may split any race programmed for the same day that previously was closed.
    - c. The racing secretary shall give preference to races printed in the condition book over substitute and extra races.
  7. The racing secretary or designee shall conduct the drawing of horses in all races and immediately post an overnight listing of the horses in each race.
  8. The office of the racing secretary shall keep the preferred list of all horses.
  9. The racing secretary shall not allow a horse to start in a race unless the horse is entered in the name of the legal owner and the owner's name appears on the back of the horse's registration papers or on a legal lease or bill of sale attached to the horse's registration papers.
- G. Assistant racing secretary.** The assistant racing secretary shall, under the racing secretary's supervision, assist the racing secretary to perform the racing secretary's duties.
- H. Starter.**
1. The starter has:
    - a. Complete jurisdiction over the starting of any field of horses,
    - b. Authority to give orders necessary to ensure a fair start, and
    - c. Authority to recommend to the stewards that a person be fined or suspended for violating the starter's orders.
  2. The starter may place a horse on a schooling list. The racing secretary shall not accept an entry on a horse until the horse is removed from the schooling list by the starter.
  3. The starter may recommend to the stewards that a horse be ruled off if the horse is unmanageable at the starting gate or refuses to break properly, after a reasonable schooling period.
- I. Starter's assistant.**
1. The starter's assistant may help horses into the starting gate.
  2. The starter's assistant may handle or otherwise restrain unruly or fractious horses before the start.
- J. Clerk of the scales.**
1. The clerk of the scales include shall:
    - a. Weigh all jockeys out and in;
    - b. Post promptly the names of jockeys who are overweight at weigh out;
    - c. Notify a trainer that the trainer's jockey is overweight;
    - d. Report all late scratches, changes in riders, overweight jockeys, and corrected weights for posting on a bulletin board located in a place conspicuous to the wagering public; and
    - e. Record winning records of apprentice jockeys and attest to the date and track on the jockey's apprentice certificate.
  2. A jockey shall not pass the scale more than seven pounds overweight without consent of the stewards.
  3. A jockey shall not be more than one pound short at weigh in.
4. The clerk of the scales shall report to the stewards any violation of weight requirements or any attempt to alter specified weights.
- K. Paddock judge.** The paddock judge shall:
1. Check all contestants for each race,
  2. Keep a record of all equipment carried by all horses in each race under the paddock judge's jurisdiction,
  3. Not allow a change of equipment unless the change is approved by the stewards;
  4. Ensure that only the owner or trainer of a horse or an employee of the owner or trainer touch a horse in the paddock without permission of the paddock judge; and
  5. Report any irregularities to the stewards.
- L. Patrol judge.**
1. The patrol judge shall:
    - a. View the portion of the track allotted to the patrol judge, and
    - b. Report to the stewards any irregular incident occurring during a race.
  2. The stewards may require a patrol judge to submit a written report on each race.
  3. The number of patrol judges in use at a track may vary with the size of the track and need to ensure clean racing.
- M. Timers.** Timers shall:
1. Accurately record the time of each race,
  2. Accurately record the fractional times of each race if required, and
  3. Use an electrical timing device approved by the Department in all races restricted to quarter horses.
- N. Jockey room custodian.** The jockey room custodian shall:
1. Maintain the jockey room in proper order as a restricted area;
  2. Ensure that jockeys conduct themselves in accordance with A.R.S. Title 5, Chapter 1 and this Chapter;
  3. Ensure that jockeys are on time for races;
  4. Supervise the valets employed to assist the jockeys;
  5. Assist the clerk of scales to ensure jockeys have proper equipment and carry the correct weight; and
  6. Report immediately to the stewards any horse's colors not in the jockey room custodian's possession for the day's racing.
- O. Horsemen's bookkeeper.**
1. The horsemen's bookkeeper shall receive all stakes, forfeits, entrance monies, fees (including jockey fees), and purchase money in claiming races.
  2. The horsemen's bookkeeper shall pay all money on deposit to the persons entitled to it within 14 days after the close of a race meet.
  3. The horsemen's bookkeeper shall be bonded in an amount determined by the Director.
  4. The horsemen's bookkeeper shall segregate and hold as trust funds all fees paid in added money events, early closing events, stakes, and futurities until the event is contested. The horsemen's bookkeeper shall submit proof of segregation by bank letter or bank statement to the Department through the bank's authorized representative.
  5. The horsemen's bookkeeper shall not pay purse money earned by a horse to anyone except the horse's registered owner or the owner's authorized agent. The Department shall authorize the release of purse monies only after the results of laboratory analysis are obtained.
  6. If the stewards notify the horsemen's bookkeeper that there is an objection or a post-race sample tests positive for a foreign substance, the horsemen's bookkeeper shall hold the purse monies until the Department authorizes release of the purse monies.

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**P. Veterinarians.**

1. The Department shall approve two official veterinarians who are licensed to practice veterinary medicine by the state of Arizona. Each permittee shall employ one of the official veterinarians, who is called the track veterinarian. The Department shall employ the other official veterinarian, who is called the state veterinarian.
2. The state veterinarian shall be in charge of all sample collection.
3. An official veterinarian shall inspect each horse in the receiving barn or paddock and shall recommend to the stewards that a horse be scratched if the veterinarian finds the horse is unsafe to race or physically unfit to produce a satisfactory result in a race.
4. The track veterinarian shall examine all horses before a race.
5. Either the state veterinarian or track veterinarian shall place a horse deemed to be unsafe, unsound, or unfit on a suspension list approved by the stewards.
6. A veterinarian licensed by the Department shall keep a written record of the veterinarian's practice on the grounds of a permittee relating to horses participating in racing.
  - a. The veterinarian shall include the following in the record:
    - i. The name of the horse treated,
    - ii. The nature of the horse's ailment,
    - iii. The type of treatment prescribed and performed for the horse, and
    - iv. The date and time of the treatment;
  - b. The veterinarian shall keep the record for practice engaged in at all licensed tracks;
  - c. The veterinarian shall produce the record without delay on request of the stewards or the Department;
  - d. A veterinarian engaged in private practice at a location under the jurisdiction of the Department shall be licensed by the Arizona State Board of Veterinarian Medical Examiners and the Department;
  - e. A veterinarian who administers to or prescribes for horses on the premises of a permittee shall be licensed by the Department except, as specified in R19-2-120(A)(2)(g), in case of emergency; and
  - f. When recommended by the state veterinarian, the Department shall evaluate new and experimental medications and drugs and determine whether the medications and drugs may be used on the grounds of a permittee.
7. If an official veterinarian determines that an injured horse should be destroyed, the official veterinarian shall destroy the horse quickly, humanely, and out of sight of the public unless any delay will prolong suffering by the horse.

**Q. Horse identifier.**

1. The horse identifier or designee shall examine all horses registered for racing at tracks under the jurisdiction of the Department.
2. The horse identifier shall ensure that all horses starting at any track in Arizona are tattooed unless otherwise authorized by the stewards.
3. The horse identifier may make photographs or permanent identification records for horses referred to in subsection (Q)(1). The horse identifier shall include the tattoo number, markings, cowlicks, dimples, and other characteristics on the horse's identification record.

**Historical Note**

Adopted effective August 5, 1983 (Supp. 83-4).  
Amended subsections (A) and (D) effective November

30, 1988 (Supp. 88-4). Amended effective March 20, 1990 (Supp. 90-1). R19-2-121 recodified from R4-27-121 (Supp. 95-1). Amended effective September 14, 1995 (Supp. 95-3). Amended effective January 12, 1996 (Supp. 96-1). Amended effective August 7, 1996 (Supp. 96-3). Spelling correction made in subsection (1) "permittee" changed to "permittee" to reflect rules on file with the Office of the Secretary of State (Supp. 98-3). Amended by final rulemaking at 11 A.A.R. 5534, effective February 4, 2006 (Supp. 05-4). Amended by final rulemaking at 19 A.A.R. 3412, effective November 30, 2013 (Supp. 13-4).

**R19-2-122. Transfers**

- A.** Any change in the ownership or lease of a horse registered with the racing secretary must be effected by a bill of sale or lease agreement.
  1. A copy of the bill of sale or lease agreement shall be filed in the track office of the Department and with the racing secretary.
  2. The stewards shall be advised of any change in the ownership or trainer transfer of a horse registered with the racing secretary.
  3. A horse shall not be transferred to a new trainer after entry.
  4. More than one owner may be indicated on the program by the use of the name of one owner and the phrase "et al."
- B.** If a horse is sold with all its engagements or any part of them, the seller shall not strike it from such engagements.
  1. In all private sales, the written acknowledgment of both parties that the horse was sold with all, or part of, its engagements is necessary to entitle the seller or buyer to the benefit of this rule. If certain engagements are specified, only those engagements so specified shall be sold with the horse.
  2. In all public auctions, the advertised conditions of the sale are sufficient evidence of sale with all engagements. If certain engagements are specified, only those engagements so specified shall be sold with the horse.
  3. If a horse is transferred with its engagements, that horse shall not be eligible to start in any stakes race unless, at the time of the running of the stakes or prior thereto, the transfer of the horse and its engagements is exhibited upon demand to the racing secretary.
  4. No transfer of a horse or an engagement shall be made for the purpose of avoiding disqualification.

**Historical Note**

Adopted effective August 5, 1983 (Supp. 83-4).  
Amended effective March 20, 1990 (Supp. 90-1). R19-2-122 recodified from R4-27-122 (Supp. 95-1).

**R19-2-123. Procedure before the Department**

- A.** Appeal of stewards' rulings and referrals.
  1. A person aggrieved by a ruling of the stewards may appeal to the Director. An appeal shall be filed in writing to the office of the Director within three days after receipt of the steward's ruling.
  2. An appeal shall be signed by the person making the appeal or by the person's attorney and shall contain the grounds for appeal and the reasons for believing the person is entitled to a hearing.
  3. The stewards may refer any ruling to the Director, recommending further action, including revocation of a license suspended by the stewards. On receipt of a referral, the Director shall review the record and may affirm, reverse, or modify the stewards' ruling or conduct other proceedings the Director deems appropriate.

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4. If the Director decides that hearing or other proceeding is appropriate, the Director shall fix a time and place for a hearing. The Director shall give written notice of the hearing to the appellant at least 30 days before the date set for the hearing unless the 30 days' notice is waived in writing by the appellant.
- B. Appeal of stewards' inquiry and objection rulings.**
  1. Failure of the stewards to convene a hearing within 10 days after an objection is made shall be deemed a denial that may be appealed by filing a written appeal to the office of the Director within 10 days after the date the objection is denied.
  2. A person making an appeal or the person's attorney shall sign the appeal and ensure that it contains the grounds for appeal and reasons for believing the person is entitled to a hearing.
  3. After an appeal is filed under subsection (B)(2), the Director shall fix a time and place for hearing or refer the matter to a hearing officer. The Director shall give written notice of the hearing to the appellant at least 30 days before the date set for the hearing unless the 30 days' notice is waived in writing by the appellant.
  4. Nothing contained in this Section shall affect distribution of pari-mutuel pools.
  5. The Department shall retain purse money affected by an appeal until an order regarding the appeal is issued by the Director.
- C. License denial, suspension, or revocation.**
  1. The Director may deny a license without prior notice to a license applicant. However, if the applicant files an appeal with the Director within 30 days after receipt of the denial notice, the Director shall fix a time and place for a hearing on the matter and give written notice of the hearing to the applicant at least 30 days before the date set for the hearing, unless the 30 days' notice is waived in writing by the applicant.
  2. The Director may revoke or, independently of the stewards, suspend a license only after notice and opportunity for hearing. The Director shall give written notice of the hearing at least 30 days before the date set for hearing unless the 30 days' notice is waived in writing by the licensee.
  3. Unless specifically ordered otherwise, if the Director suspends one license held by an individual, all licenses held by the individual are suspended for the term of the suspension.
- D. Director's hearings.**
  1. A party appearing before the Director or the Director's designee shall be afforded an opportunity to a hearing and to respond and present evidence and argument on all issues.
  2. An individual appearing before the Director or the Director's designee has the right to appear in person or by counsel. A corporation appearing before the Director shall appear only through counsel. A party may submit the party's case in writing. If a party fails to appear for a hearing, the Director may act on the evidence without further notice to the party. The Director may reopen a proceeding if a party to the proceeding submits a written petition to the Director within 15 days after the proceeding.
- E. Hearing officer.** If the Director assigns a matter to a hearing officer, the hearing officer shall submit to the Director within 15 days after conclusion of the hearing a written decision that includes proposed findings of fact, conclusions of law, and order. The Director may accept, reject, or modify the decision of the hearing officer. Unless modified, the decision of the hearing officer becomes the decision of the Director 45 days after the hearing officer submits the decision to the Director.
- F. Depositions.**
  1. If a party desires to take the oral deposition of a witness residing outside the state or otherwise unavailable as a witness, the party shall file with the Director a petition for permission to take the deposition of the witness. The party shall specify in the deposition petition the name and address of the witness and the nature and substance of the testimony expected to be given by the witness. The Director shall grant permission to take the deposition if the Director is able to determine from the deposition petition that the witness resides outside the state or is otherwise unavailable and the witness's testimony is relevant and material.
  2. The Director may, at the Director's discretion, designate the time and place at which the deposition may be taken. The party that takes a deposition is responsible for all expenses involved in taking the deposition.
  3. A party taking a deposition under this subsection shall return and file the deposition with the Director within 30 days after permission for taking the deposition is granted.
- G. Service.**
  1. The Department shall make service of a decision, order, or other process in person or by mail. The Department shall make service by mail by enclosing a copy of the material to be served in a sealed envelope and depositing the envelope in the United States mail, postage prepaid, addressed to the party served at the address shown by the records of the Department.
  2. The Department shall calculate time periods prescribed or allowed by this Chapter, order of the Department, or applicable statute as provided in the Arizona Rules of Civil Procedure.
  3. Service on an attorney who has appeared on behalf of a party constitutes service on the party. A person required to serve papers on the Director or Commission shall file the papers in the office of the Department and serve a copy on the Attorney General.
  4. Proof of service may be made by the affidavit or oral testimony of the person making service.
- H. Rehearing, review, or appeal.**
  1. Except as provided in subsection (H)(7), a party aggrieved by a final administrative decision rendered by the Director, may file with the Director within 30 days after service of the final administrative decision, a written motion for rehearing or review. A party filing a motion for rehearing or review of the decision shall specify in the motion the particular grounds on which the motion is made.
  2. A motion for rehearing or review may be amended at any time before it is ruled on by the Director. A response may be filed within 10 days after service of the motion or amended motion by any other party. The Director may require the filing of written briefs on the issues raised in the motion and may provide for oral argument.
  3. The Department may grant a rehearing or review of a decision for any of the following causes materially affecting a party's rights:
    - a. Irregularity in the administrative proceedings, or an order or abuse of discretion that deprived a party of a fair hearing;
    - b. Misconduct of the hearing officer, Director, or the prevailing party;



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- c. Accident or surprise that could not have been prevented by ordinary prudence;
  - d. Newly discovered material evidence that could not, with reasonable diligence, have been discovered and produced at the hearing;
  - e. Excessive or insufficient penalty;
  - f. Error in the admission or rejection of evidence or other errors of law occurring at the administrative hearing or during the progress of the proceedings; and
  - g. The findings of fact or decision is not justified by the evidence or is contrary to law.
4. The Director may affirm or modify a decision or grant a rehearing to all or any of the parties on all or part of the issues for any of the reasons listed in subsection (H)(3). The Director shall specify with particularity the grounds for an order modifying a decision or granting a rehearing. A rehearing shall cover only the matters specified.
  5. Not later than 10 days after the date of a decision, after giving the parties notice and an opportunity to be heard, the Director may, on the Director's initiative, order a rehearing or review for any reason for which the Director might have granted a rehearing or review on motion of a party. After giving the parties or their counsel notice and an opportunity to be heard, the Director may grant a motion for rehearing or review for a reason not stated in the motion. In either case, the Director shall ensure that the order granting a rehearing or review specifies the grounds for the order.
  6. When a motion for rehearing or review is based on affidavits, the party making the motion shall serve the affidavits with the motion. An opposing party may, within 15 days after service, serve opposing affidavits. This period may be extended by the Director for an additional 20 days for good cause shown or by written stipulation of the parties. Reply affidavits may be permitted.
  7. If the Director makes a specific finding that a particular decision needs to be effective immediately to preserve the public peace, health, safety, and welfare and that a rehearing or review of the decision is impracticable, unnecessary, or contrary to the public interest, the Director shall issue the decision as a final decision without an opportunity for a rehearing or review.
  8. If the provisions of this Section are in conflict with the provisions of a statute providing for rehearing of decisions of the Director, the statutory provisions shall govern.

**Historical Note**

Adopted effective August 5, 1983 (Supp. 83-4).  
 Amended effective March 20, 1990 (Supp. 90-1). R19-2-123 recodified from R4-27-123 (Supp. 95-1). Amended by final rulemaking at 19 A.A.R. 3412, effective November 30, 2013 (Supp. 13-4).

**R19-2-124. Procedure before the Commission****A. Appeal of Director's rulings.**

1. A person aggrieved by a ruling of the Director may appeal to the Commission. An appeal shall be filed in writing to the office of the Commission within 30 days after service of the Director's ruling.
2. The appeal shall be signed by the person making the appeal or by the person's attorney and contain the grounds for appeal and the reasons for believing the person is entitled to a hearing.
3. When an appeal is filed, the Commission shall review the record and may affirm, reverse, or modify the Director's

ruling or conduct other proceedings the Commission deems appropriate.

**B. Permit denial, suspension, or revocation.**

1. As required under A.R.S. § 5-108.01(A), the Commission shall hold a hearing on an application for an original or renewal permit. The Commission shall provide 30 days' notice of the hearing.
2. The Commission shall revoke or suspend a permit only after notice and opportunity for hearing. The Commission shall give notice of the hearing in writing at least 30 days before the date set for hearing, unless the 30 days' notice is waived in writing by the permittee.
3. Unless specifically ordered otherwise, if the Commission suspends one license held by an individual, all licenses held by the individual are suspended for the term of the suspension.
4. A party appearing before the Commission shall be afforded an opportunity for a hearing and to respond and present evidence and argument on all issues.
5. An individual appearing before the Commission has the right to appear in person or by counsel. A corporation appearing before the Commission shall appear through counsel. A party may submit the party's case in writing. If a party fails to appear for a hearing, the Commission may act on the evidence without further notice to the party. The Commission may reopen a proceeding if a party to the proceeding submits a written petition to the Commission within 15 days after the proceeding.

**C. Hearing officer.** If the Commission assigns a matter to a hearing officer, the hearing officer shall submit to the Commission within 15 days after conclusion of the hearing a written decision that includes proposed findings of fact, conclusions of law, and order. The Commission may accept, reject, or modify the decision of the hearing officer. Unless modified, the decision of the hearing officer becomes the decision of the Commission 45 days after the hearing officer submits the decision to the Commission.**D. Depositions.**

1. If a party desires to take the oral deposition of a witness residing outside the state or otherwise unavailable as a witness, the party shall file with the Commission a petition for permission to take the deposition of the witness. The party shall specify in the deposition petition the name and address of the witness and the nature and substance of the testimony expected to be given by the witness. The Commission shall grant permission to take the deposition if the Commission is able to determine from the petition that the witness resides outside the state or is otherwise unavailable and the witness's testimony is relevant and material.
2. The Commission may, at the Commission's discretion, designate the time and place at which the deposition may be taken. The party that takes a deposition is responsible for all expenses involved in taking the deposition.
3. A party taking a deposition under this subsection shall return and file the deposition with the Commission within 30 days after permission for taking the deposition is granted.

**E. Service.**

1. The Commission shall make service of a decision, order, or other process in person or by mail. The Commission shall make service by mail by enclosing a copy of the material to be served in a sealed envelope and depositing the envelope in the United States mail, postage prepaid, addressed to the party served, at the address shown by the records of the Department. The Commission shall mail a

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notice of a hearing before the Commission by certified mail to the last known address of the party shown by the records of the Department.

2. Proof of service may be made by the affidavit or oral testimony of the person making the service.
3. The Commission shall calculate time periods prescribed or allowed by this Chapter, order of the Department, or applicable statute as provided in the Rules of Civil Procedure.
4. Service upon an attorney who has appeared on behalf of a party constitutes service upon the party. A person required to serve papers upon the Commission, shall file an original and five copies in the office of the Department and serve a copy on the Attorney General.

**F. Rehearing or review.**

1. Except as provided in subsection (F)(7), a party aggrieved by a final administrative decision rendered by the Commission may file with the Commission within 30 days after service of the final administrative decision, a written motion for rehearing or review of the decision. A party filing a motion for rehearing or review of a decision shall specify the particular grounds on which the motion is made.
2. A motion for rehearing or review may be amended at any time before it is ruled upon by the Commission. A response may be filed within 10 days after service of the motion or amended motion by any other party. The Commission may require the filing of written briefs on the issues raised in the motion and may provide for oral argument.
3. The Commission may grant a rehearing or review of a decision for any of the following causes materially affecting a party's rights:
  - a. Irregularity in the administrative proceedings, or an order or abuse of discretion that deprived a party of a fair hearing;
  - b. Misconduct of the hearing officer, Commission, or the prevailing party;
  - c. Accident or surprise that could not have been prevented by ordinary prudence;
  - d. Newly discovered material evidence that could not, with reasonable diligence, have been discovered and produced at the original hearing;
  - e. Excessive or insufficient penalty;
  - f. Error in the admission or rejection of evidence or other errors of law occurring at the administrative hearing or during the progress of the proceedings; and
  - g. The findings of fact or decision is not justified by the evidence or is contrary to law.
4. The Commission may affirm or modify a decision or grant a rehearing to all or any of the parties on all or part of the issues for any of the reasons listed in subsection (F)(3). The Commission shall specify with particularity the grounds for an order modifying a decision or granting a rehearing. A rehearing shall cover only the matters specified.
5. Not later than 10 days after the date of a decision, after giving the parties notice and an opportunity to be heard, the Commission may, on its own initiative, order a rehearing or review for any reason for which the Commission may have granted a rehearing on motion of a party. After giving the parties or their counsel notice and an opportunity to be heard, the Commission may grant a motion for rehearing or review for a reason not stated in the motion. In either case, the Commission shall ensure

that the order granting a rehearing or review specifies the grounds for the order.

6. When a motion for rehearing or review is based upon affidavits, the party making the motion shall serve the affidavits with the motion. An opposing party may, within 15 days after service, serve opposing affidavits. This period may be extended by the Commission for an additional 20 days for good cause shown or by written stipulation of the parties. Reply affidavits may be permitted.
7. If the Commission makes a specific finding that a particular decision needs to be effective immediately to preserve the public peace, health, safety, and welfare and that a rehearing or review of the decision is impracticable, unnecessary, or contrary to the public interest, the Commission shall issue the decision as a final decision without an opportunity for a rehearing or review.
8. To the extent that the provisions of this Section are in conflict with the provisions of any statute providing for rehearing of decisions of the Commission, the statutory provisions shall govern.

**Historical Note**

Adopted effective August 5, 1983 (Supp. 83-4).  
Amended effective March 20, 1990 (Supp. 90-1). R19-2-124 recodified from R4-27-124 (Supp. 95-1). Amended by final rulemaking at 19 A.A.R. 3412, effective November 30, 2013 (Supp. 13-4).

**R19-2-125. Arizona Stallion Awards**

**A. Definitions**

1. "Arizona stallion" means an uncastrated, adult male horse that stands the entire breeding season in Arizona.
2. "Breeding year" means the period beginning January 1 and ending July 31.
3. "Fiscal year" means the period beginning July 1 and ending June 30.
4. "Owner" means the person who possesses the stallion at the time of the person's certification application for the fiscal year, according to the records of the Department.

**B. Owner and lessee eligibility.** For an owner or the lessee of an Arizona stallion to be eligible for an award of funds for a fiscal year:

1. The owner or lessee shall:
  - a. Apply for stallion certification by the due date set by the breeders association for complying with the requirement in subsection (D);
  - b. Submit the breeder report required in subsection (E); and,
  - c. Comply with subsection (F) if applicable.
2. In the event of death or the retirement of a stallion, the owner or lessee remains eligible for awards if the requirements in subsection (D) are followed.
3. The stallion shall be certified at the time its eligible Arizona-bred offspring earn purse money in races listed in subsection (H).

**C. Qualifications for Arizona stallion certification.** To qualify for Arizona stallion certification for the fiscal year, an owner or lessee shall:

1. Permanently domicile the stallion in Arizona from January 1 through July 31. During this time, the owner or lessee may move the stallion outside of Arizona for racing or for medical treatment;
2. Register the stallion with the Arizona breed registry that corresponds to the stallion's national breed registry; and

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3. Notify the appropriate Arizona breed registry within 10 days of the stallion entering or leaving Arizona during the breeding year.
- D. Application procedure for stallion certification**
  1. By the due date set by the appropriate Arizona breeders association, and approved by the Commission in accordance with subsection (D)(2)(b), an owner or lessee may apply for Arizona stallion certification for the fiscal year. The owner or lessee shall:
    - a. File an official application form with the Arizona breeders' association for each stallion owned or leased; and
    - b. Pay a certification fee for each stallion when the application form is filed.
  2. The Arizona breeders association shall:
    - a. Forward a legible copy of the completed application to the Department;
    - b. Set an application due date and reasonable certification fee, if these actions are authorized by the Commission in a contract permitted under A.R.S. § 5-114(D).
  3. The Commission shall review and approve or reject each contract for stallion certification.
- E. Breeding report**
  1. A quarter horse stallion owner or lessee shall submit a legible copy of the annual "Stallion Breeding Report" to the breeders association monitoring quarter horse stallions by November 30 of the current breeding year.
  2. Except as provided in subsection (F), a thoroughbred stallion owner or lessee shall submit a legible copy of the annual "Report of Mares Bred" to the breeders association monitoring thoroughbred stallions by August 1 of the current breeding year.
- F. Thoroughbred stallion bred to quarter horse mares**
  1. If a thoroughbred stallion is being bred to quarter horse mares, an owner or lessee shall send the application, fees, and breeding report required in subsections (D) and (E)(1) to the breeders association monitoring quarter horse stallions.
  2. If a thoroughbred stallion is being bred to thoroughbred and quarter horse mares, an owner or lessee shall send the application, fees, and breeding reports required in subsections (D) and (E) to both of the Arizona breeders associations.
- G. Disqualification and Reinstatement**
  1. If a stallion owner or lessee fails to comply with applicable requirements in subsections (B), (C), (D), (E), and (F) the Department shall disqualify the owner or lessee from receiving an award of fund monies during the affected fiscal year.
  2. To reinstate eligibility for subsequent years, the owner or lessee shall pay the certification fee prescribed in subsection (D)(1)(b) and comply with applicable requirements in subsections (B), (C), (D), (E), and (F).
- H. Award races. Except for maiden claiming and maiden allowance races at Arizona racetracks, the following are eligible races:**
  1. Quarter horses:
    - a. All races with a purse value of \$10,000 or more;
    - b. All allowance races;
    - c. At the Turf Paradise meet, all claiming races with a claiming price of \$3,500 or more; and
    - d. At other Arizona racetracks, all claiming races with a claiming price of \$2,500 or more.
  2. Thoroughbreds:
    - a. The Prescott Futurity, the Prescott Derby, and all races with a purse value of \$15,000 or more;
    - b. The Inaugural, the Mile High, and all allowance races;
    - c. At the Turf Paradise meet, all claiming races with a claiming price of \$6,000 or more; and
    - d. At other Arizona racetracks, all claiming races with a claiming price of \$3,500 or more.
- I. Fund distribution procedures**
  1. The Arizona breeders associations shall submit to the Department, at least annually, a written report that contains the following information:
    - a. The names of certified Arizona stallions for the fiscal year;
    - b. The names of certified Arizona-bred offspring of the Arizona stallions. Arizona-bred horses may be certified by following the procedures prescribed in R19-2-116(A) and (B);
    - c. The first, second, and third place finishes of each certified Arizona-bred horse, sired by a certified Arizona stallion, in each eligible race; and,
    - d. The earnings in each race of each Arizona-bred horse sired by a certified Arizona stallion.
  2. The Department shall:
    - a. Hold 10% of the monies accumulated prior to the 1996-97 fiscal year for contingent liabilities;
    - b. Calculate a payment factor at the end of each fiscal year by dividing the total monies available, under subsections (I)(2)(d), (e), (f), or (g), by the total dollar value of purses, not to exceed \$30,000 per horse per race, won in eligible races during the fiscal year;
    - c. Multiply the payment factor by the total purse amount won in eligible races during the fiscal year;
    - d. Distribute to eligible owners or lessees 40% of the amount accumulated in the fund prior to the 1996-97 fiscal year and the amount earned by the fund during the 1996-97 fiscal year;
    - e. Distribute to eligible owners or lessees 25% of the amount accumulated in the fund prior to the 1996-97 fiscal year and the amount earned by the fund during the 1997-98 fiscal year;
    - f. Distribute to eligible owners or lessees 25% of the amount accumulated in the fund prior to the 1996-97 fiscal year and the amount earned by the fund during the 1998-99 fiscal year; and,
    - g. Distribute to eligible owners or lessees the amount earned by the fund during the fiscal year for the years after the 1998-99 fiscal year.
  3. The owner or lessee shall designate, on a form provided by the Department, the single payee to whom Arizona stallion award checks shall be issued when there is more than one owner of a stallion.
- J. Appeal of Director's rulings**
  1. The Director shall make the final decision concerning a stallion award.
  2. The Department shall give written notice of the decision to an applicant by mailing it to the address of record filed with the Department.
  3. After service of the Director's decision, an aggrieved party may obtain a hearing under A.R.S. §§ 1092.03 through 41-1092.11.
  4. The aggrieved party shall file a notice of appeal with the Department within 30 days after receiving the notice prescribed in R19-2-125(J)(2).
  5. The Department shall notify the Office of Administrative Hearings, which shall schedule and conduct the hearing.

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**Historical Note**

Adopted effective November 7, 1996 (Supp. 96-4).

**R19-2-126. Race Horse Adoption Grants**

- A. The Commission shall provide financial grants to nonprofit enterprises to promote the adoption of retired race horses. The Commission shall distribute all of the retired race horse adoption surcharge funds generated from A.R.S. § 5-104(G) to nonprofit enterprises.
- B. Procedures.
  1. A nonprofit enterprise that wishes to receive a financial grant shall submit a Department-generated application form to the Commission. In 2005, the Commission shall set the date by which applications are to be received. After 2005, the Commission shall accept applications until March 1 of each year. The nonprofit enterprise shall provide the following information:
    - a. A written description of the nonprofit enterprise,
    - b. Proof of nonprofit status,
    - c. The proposed use of the grant,
    - d. A description of the nonprofit enterprise's procedures to acclimate the horses as required by subsection (C)(6),
    - e. A description of the nonprofit enterprise's adoption procedures as required by subsection (C)(7),
    - f. A copy of the application form and adoption agreement required by subsections (C)(7)(a) and (c), and
    - g. A copy of the transfer of registration or bill of sale required by subsection (C)(8).
  2. If the Commission finds that the adoption program of a nonprofit enterprise is in the best interest of the racing industry and this state, the Commission shall decide whether to make a grant to the nonprofit enterprise, the amount of the grant, and the date of disbursement of the grant.
  3. A recipient of a grant shall report annually to the Commission on a form provided by the Department to gather the following information:
    - a. The number of horses the nonprofit enterprise received;
    - b. The number of horses adopted;
    - c. The number of horses returned by an adoptee and reason for each return;
    - d. The actual use of the grant;
    - e. A list of people who adopted the horses, or a copy of the contract between the nonprofit enterprise and each adoptee; and
    - f. The most recent Articles of Incorporation filing with the Arizona Corporation Commission.
- C. Minimum qualifications.
  1. The enterprise shall be nonprofit.
  2. The enterprise shall not:
    - a. Allow a horse to be used for racing, wagering, or slaughter; or
    - b. Place a horse with a humane society or research facility;
  3. The enterprise shall not euthanize an adoptable horse unless, as determined by a licensed veterinarian, it is medically necessary for humane reasons.
  4. The enterprise shall be affiliated with a racetrack that conducts horse racing. Affiliation is satisfied when the general manager or other executive from the racetrack submits to the Commission a written recommendation on behalf of the enterprise.
  5. The enterprise shall require that a licensed veterinarian perform a complete check-up on each horse before releasing the horse to an adoptee. The enterprise shall ensure

that each horse receives all medical care necessary to maintain its good health.

6. The enterprise shall employ procedures for acclimating a horse that include:
  - a. Exposure to the public,
  - b. Exposure to a new diet, and
  - c. Training for off-track life.
7. The enterprise shall employ procedures for adopting-out horses that include:
  - a. An application process for prospective adoptees;
  - b. A visual check of each prospective adoptee's farm with written documentation of the visit;
  - c. A written adoption agreement between the enterprise and adoptee;
  - d. At a minimum, follow-ups conducted by phone or visit after seven and 30 days with written documentation; and
  - e. Procedures for the return of a horse.
8. Before assuming care of a horse, the enterprise shall obtain a transfer of registration or bill of sale for the horse.
9. The enterprise shall make available a person to complete and submit all filing requirements and to answer questions from a prospective or current adoptee.
10. The enterprise shall keep a file on each horse that includes:
  - a. The transfer of registration or bill of sale;
  - b. The vaccination record, health record, and all veterinarian reports;
  - c. The adoptee's application form;
  - d. The written adoption agreement between the enterprise and adoptee; and
  - e. The written documentation of pre-adoption check and follow-ups.
11. The enterprise shall state in the adoption agreement the rules and responsibilities required of the adoptee.
12. The enterprise shall make the records required in subsection (C)(11) available for inspection by a representative of the Department.
13. The enterprise shall allow the Department to inspect the facilities, farm, or location of the adopted horses.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1566, effective June 4, 2005 (Supp. 05-2).

**ARTICLE 2. RACING REGULATION FUND****R19-2-201. Racing Regulation Fund**

The Racing Regulation Fund, established by A.R.S. § 5-113.01, and administered by the Department of Racing, shall collect funding for regulation of racing from the pari-mutuel racing industry from the sources listed below. The Department shall review assessments from each source at least twice a year for the purposes of meeting its budget.

1. Annual license fees established by the Department and set forth in R19-2-202, except for those fees deposited to the Greyhound Adoption Fund pursuant to A.R.S. § 5-113(H).
2. A regulatory assessment based on the number of dark days on which wagering is conducted in excess of live racing days for each racetrack permittee issued a racing permit. The assessment shall be in an amount established by the Department and set forth in R19-2-204.
3. A regulatory assessment from all racetracks that have been issued a commercial racing permit to be paid from the amount deducted by the permittee from pari-mutuel pools. The assessment amount may be deducted from

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pari-mutuel pools in addition to the amounts the permittee is authorized to deduct in A.R.S. § 5-111(C). The assessment shall be based on amounts wagered on live and simulcast races from in-state and out-of-state wagering handled by the permittee in an amount established by the Department, and as set forth in R19-2-205. A permittee shall not reduce the amounts payable to the Department under this subsection for hardship tax credits under A.R.S. § 5-111(I) or for capital improvement credits under A.R.S. §§ 5-111.02 and 5-111.03.

4. License fees collected pursuant to A.R.S. § 5-230(A).
5. The overpayment of a regulatory assessment by a permittee shall be credited to and may be deducted from any regulatory assessment payment due from the permittee in the current fiscal or the following fiscal year.

**Historical Note**

New Section made by exempt rulemaking at 17 A.A.R. 1484, effective July 20, 2011 (Supp. 11-3). Amended by exempt rulemaking at 18 A.A.R. 3260, effective November 16, 2012 (Supp. 12-4).

**R19-2-202. Licensing Fees**

- A. When an applicant submits a license application pursuant to R19-2-106 or R19-2-306, the applicant shall also submit the fee listed in subsections (C) and (D). The Department shall ensure that a schedule of license and fingerprint processing fees is displayed prominently at each licensing location.
- B. A license shall be for a period of no less than one year except as stated in subsection (B)(1)(a).
  1. Horse racing licenses expire each year on June 30 except that:
    - a. Apprentice jockey licenses expire as provided in R19-2-109(D)(2); and
    - b. All licenses issued prior to July 1, 2013, will expire on June 30, 2014.
  2. Greyhound licenses expire each year on January 31 except that all licenses issued prior to February 1, 2013, will expire on January 31, 2014.
  3. Pari-mutuel licenses expire each year on January 31 except that all licenses issued prior to February 1, 2013, will expire on January 31, 2014.
- C. Annual License Fees
  1. Group 1 (assistant starter/valet, coolout, exercise rider, groom, leadout, occupational, OTB [owner, manager], outrider, pari-mutuel [including OTB], pony person, security) - \$15.
  2. Group 2 (authorized agent-partial, greyhound hauler, jockey agent, vendor employee) - \$50.
  3. Group 3 (county fair manager, county fair treasurer, official) - \$100.
  4. Group 4 (assistant trainer, commercial track key people: owner [10% or more], general manager, assistant general manager, chief financial officer; owner, RBO [kennel, racing or breeding], stable name, temporary claim to owner, trainer) - \$150.
  5. Group 5 (apprentice jockey, authorized agent – full, combination RBO [racing/breeding combination], farrier/plater, jockey, owner/trainer, veterinarian) - \$200.
  6. Group 6 – fees above \$200
    - a. Tote companies - \$1,250;
    - b. All other vendors (video, photo finish, concessionaires, security) - \$500.
- D. Annual Permittee Fees.
  1. Commercial racing permit (40 or fewer days of live racing or no live racing) - \$1,000;

2. Commercial racing permit (more than 40 days of live racing) - \$2,500;
3. County fair permit - \$250.

**Historical Note**

New Section made by exempt rulemaking at 17 A.A.R. 1484, effective July 20, 2011 (Supp. 11-3). Amended by exempt rulemaking at 18 A.A.R. 1752, effective July 1, 2012 (Supp. 12-2). Amended by exempt rulemaking at 19 A.A.R. 68, effective January 1, 2013 (Supp. 12-4).

**R19-2-203. Repealed****Historical Note**

New Section made by exempt rulemaking at 17 A.A.R. 1484, effective July 20, 2011 (Supp. 11-3). Repealed by exempt rulemaking at 18 A.A.R. 3260, effective November 16, 2012 (Supp. 12-4).

**R19-2-204. Regulatory Assessment for Dark Day Simulcasting**

- A. The Department shall collect an annual regulatory assessment from each racetrack permittee conducting horse or greyhound racing in Arizona and which qualifies under A.R.S. § 5-112 for dark day simulcasting.
- B. Each permittee shall pay an amount established by the Department based on the number of dark days on which wagering is conducted in excess of the number of live days approved in the racing permit issued the permittee.
  1. The Department shall at the start of the year on or before July 1 assess each permittee \$25 per dark day based upon the total number of dark days approved in the permittee's racing permit. The calculation will be determined by the number of dark days approved by the Arizona Racing Commission in excess of the number of live days approved each year during the period of the permit.
  2. The permittee shall transmit the total dark day assessment to the Racing Regulation Fund no later than July 15 of each year.

**Historical Note**

New Section made by exempt rulemaking at 17 A.A.R. 1484, effective July 20, 2011 (Supp. 11-3).

**R19-2-205. Regulatory Wagering Assessment of Pari-mutuel Pools**

- A. The Department shall establish and collect a regulatory wagering assessment payable from the amounts deducted from pari-mutuel pools by the permittee, in addition to the amounts the permittee is authorized to deduct in A.R.S. § 5-111(C) from amounts wagered on all live and simulcast races from in-state and out-of-state wagering authorized by the Department to the permittee. A permittee shall not reduce the amounts payable to the Department under this subsection for hardship tax credit under A.R.S. § 5-111(I) or for capital improvement credits under A.R.S. §§ 5-111.02 and 5-111.03.
- B. The regulatory wagering assessment for each racing meeting on all in-state and/or out-of-state, on-track, off-track, live, import and/or export wagers and/or wager types (the "RWA") shall be 0.75 percent from May 1 to September 30 of each year and, the RWA shall be 0.85 percent beginning October 1 of each year through April 30 of the next year.
- C. Each permittee shall transmit its assessment daily, unless otherwise approved by the Department, to the Racing Regulation Fund beginning July 1, 2011. A report detailing the assessment shall be transmitted to the Director at the time the assessment is transmitted.
- D. The Department may audit the permittee's pari-mutuel accounts periodically under the authority of A.R.S. § 5-

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104.01. The permittee shall cooperate fully with the Department during these audits.

**Historical Note**

New Section made by exempt rulemaking at 17 A.A.R. 1484, effective July 20, 2011 (Supp. 11-3). Amended by exempt rulemaking at 18 A.A.R. 1316, effective July 1, 2012 (Supp. 12-2). Amended by exempt rulemaking at 19 A.A.R. 68, effective January 1, 2013 (Supp. 12-4).

Amended by exempt rulemaking at 19 A.A.R. 1767, effective July 1, 2013 (Supp. 13-2). Amended by exempt rulemaking at 20 A.A.R. 725, effective March 1, 2014 (Supp. 14-1). Amended by exempt rulemaking under Laws 2014, Ch. 9, § 3, at 21 A.A.R. 640, effective April 20, 2015 (Supp. 15-2). Amended by exempt rulemaking under A.R.S. § 1005(16), at 23 A.A.R. 837, effective March 20, 2017 (Supp. 17-1).

**ARTICLE 3. EXPIRED****R19-2-301. Expired****Historical Note**

Adopted effective August 5, 1983 (Supp. 83-4). R19-2-301 recodified from R4-27-301 (Supp. 95-1). Section expired under A.R.S. § 41-1056(J) at 26 A.A.R. 3259, effective December 2, 2020 (Supp. 20-4).

**R19-2-302. Expired****Historical Note**

Adopted effective August 5, 1983 (Supp. 83-4). Amended effective November 30, 1988 (Supp. 88-4). Amended effective March 20, 1990 (Supp. 90-1). Amended effective February 28, 1995; R19-2-302 recodified from R4-27-302 (Supp. 95-1). Amended by exempt rulemaking at 17 A.A.R. 1484, effective July 20, 2011 (Supp. 11-3). Amended by final rulemaking at 19 A.A.R. 3412, effective November 30, 2013 (Supp. 13-4). Section expired under A.R.S. § 41-1056(J) at 26 A.A.R. 3259, effective December 2, 2020 (Supp. 20-4).

**R19-2-303. Expired****Historical Note**

Adopted effective August 5, 1983 (Supp. 83-4). Amended effective March 20, 1990 (Supp. 90-1). R19-2-303 recodified from R4-27-303 (Supp. 95-1). Amended effective January 6, 1998 (Supp. 98-1). Amended by final rulemaking at 11 A.A.R. 5534, effective February 4, 2006 (Supp. 05-4). Section expired under A.R.S. § 41-1056(J) at 26 A.A.R. 3259, effective December 2, 2020 (Supp. 20-4).

**R19-2-304. Expired****Historical Note**

Adopted effective August 5, 1983 (Supp. 83-4). Amended subsection (Q) effective June 6, 1986 (Supp. 86-3). Amended effective March 20, 1990 (Supp. 90-1). Amended effective August 6, 1991 (Supp. 91-3). R19-2-304 recodified from R4-37-304 (Supp. 95-1). Amended by final rulemaking at 12 A.A.R. 1771, effective July 1, 2006 (Supp. 06-2). Amended by exempt rulemaking at 17 A.A.R. 1484, effective July 20, 2011 (Supp. 11-3). Section expired under A.R.S. § 41-1056(J) at 26 A.A.R. 3259, effective December 2, 2020 (Supp. 20-4).

**R19-2-305. Expired****Historical Note**

Adopted effective August 5, 1983 (Supp. 83-4).

Amended effective March 20, 1990 (Supp. 90-1). R19-2-305 recodified from R4-27-305 (Supp. 95-1). Section expired under A.R.S. § 41-1056(J) at 26 A.A.R. 3259, effective December 2, 2020 (Supp. 20-4).

**R19-2-306. Expired****Historical Note**

Adopted effective August 5, 1983 (Supp. 83-4). Amended subsections (G) and (I) effective January 25, 1985 (Supp. 85-1). Amended subsections (F) and (G) effective December 5, 1985 (Supp. 85-6). Amended subsections (F) and (G) effective February 19, 1987 (Supp. 87-1). Amended subsections (A) and (B) effective October 23, 1987 (Supp. 87-4). Amended subsections (E), (F) and (G) effective November 30, 1988 (Supp. 88-4). Amended effective March 20, 1990 (Supp. 90-1). Amended effective January 13, 1995 (Supp. 95-1). R19-2-306 recodified from R4-27-306 (Supp. 95-1). Amended effective January 6, 1998 (Supp. 98-1). Amended by final rulemaking at 10 A.A.R. 4483, effective December 4, 2004 (Supp. 04-4). Amended by exempt rulemaking at 17 A.A.R. 1484, effective July 20, 2011 (Supp. 11-3). Amended by final rulemaking at 19 A.A.R. 3412, effective November 30, 2013 (Supp. 13-4). Section expired under A.R.S. § 41-1056(J) at 26 A.A.R. 3259, effective December 2, 2020 (Supp. 20-4).

**R19-2-307. Expired****Historical Note**

Adopted effective August 5, 1983 (Supp. 83-4). Amended effective March 20, 1990 (Supp. 90-1). R19-2-307 recodified from R4-27-307 (Supp. 95-1). Amended by final rulemaking at 19 A.A.R. 3412, effective November 30, 2013 (Supp. 13-4). Section expired under A.R.S. § 41-1056(J) at 26 A.A.R. 3259, effective December 2, 2020 (Supp. 20-4).

**R19-2-308. Expired****Historical Note**

Adopted effective August 5, 1983 (Supp. 83-4). Amended effective November 30, 1988 (Supp. 88-4). Amended effective March 20, 1990 (Supp. 90-1). R19-2-308 recodified from R4-27-308 (Supp. 95-1). Amended by final rulemaking at 12 A.A.R. 1771, effective July 1, 2006 (Supp. 06-2). Section expired under A.R.S. § 41-1056(J) at 26 A.A.R. 3259, effective December 2, 2020 (Supp. 20-4).

**R19-2-309. Expired****Historical Note**

Adopted effective August 5, 1983 (Supp. 83-4). Amended subsections (A) and (E) effective November 30, 1988 (Supp. 88-4). Amended effective March 20, 1990 (Supp. 90-1). R19-2-309 recodified from R4-27-309 (Supp. 95-1). Amended effective August 7, 1996 (Supp. 96-3). Amended by final rulemaking at 11 A.A.R. 5534, effective February 4, 2006 (Supp. 05-4). Amended by final rulemaking at 19 A.A.R. 3412, effective November 30, 2013 (Supp. 13-4). Section expired under A.R.S. § 41-1056(J) at 26 A.A.R. 3259, effective December 2, 2020 (Supp. 20-4).

**R19-2-310. Expired****Historical Note**

Adopted effective August 5, 1983 (Supp. 83-4). Amended effective March 20, 1990 (Supp. 90-1). R19-2-

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310 recodified from R4-27-310 (Supp. 95-1). Section expired under A.R.S. § 41-1056(J) at 26 A.A.R. 3259, effective December 2, 2020 (Supp. 20-4).

**R19-2-311. Expired****Historical Note**

Adopted effective August 5, 1983 (Supp. 83-4). Amended effective November 30, 1988 (Supp. 88-4). Amended effective March 20, 1990 (Supp. 90-1). R19-2-311 recodified from R4-27-311 (Supp. 95-1). Citations corrected in subsections 12 and 17 at the request of the Arizona Department of Racing (Supp. 96-4). Amended by final rulemaking at 19 A.A.R. 3412, effective November 30, 2013 (Supp. 13-4). Section expired under A.R.S. § 41-1056(J) at 26 A.A.R. 3259, effective December 2, 2020 (Supp. 20-4).

**R19-2-312. Expired****Historical Note**

Adopted effective August 5, 1983 (Supp. 83-4). Amended effective March 20, 1990 (Supp. 90-1). R19-2-312 recodified from R4-27-312 (Supp. 95-1). Amended by final rulemaking at 12 A.A.R. 1771, effective July 1, 2006 (Supp. 06-2). Section expired under A.R.S. § 41-1056(J) at 26 A.A.R. 3259, effective December 2, 2020 (Supp. 20-4).

**R19-2-313. Expired****Historical Note**

Adopted effective August 5, 1983 (Supp. 83-4). Amended effective March 20, 1990 (Supp. 90-1). R19-2-313 recodified from R4-27-313 (Supp. 95-1). Amended by final rulemaking at 12 A.A.R. 1771, effective July 1, 2006 (Supp. 06-2). Section expired under A.R.S. § 41-1056(J) at 26 A.A.R. 3259, effective December 2, 2020 (Supp. 20-4).

**R19-2-314. Expired****Historical Note**

Adopted effective August 5, 1983 (Supp. 83-4). Amended effective March 20, 1990 (Supp. 90-1). R19-2-314 recodified from R4-27-314 (Supp. 95-1). Amended by final rulemaking at 12 A.A.R. 1771, effective July 1, 2006 (Supp. 06-2). Section expired under A.R.S. § 41-1056(J) at 26 A.A.R. 3259, effective December 2, 2020 (Supp. 20-4).

**R19-2-315. Expired****Historical Note**

Adopted effective August 5, 1983 (Supp. 83-4). Amended effective March 20, 1990 (Supp. 90-1). R19-2-315 recodified from R4-27-315 (Supp. 95-1). Amended by final rulemaking at 12 A.A.R. 1771, effective July 1, 2006 (Supp. 06-2). Section expired under A.R.S. § 41-1056(J) at 26 A.A.R. 3259, effective December 2, 2020 (Supp. 20-4).

**R19-2-316. Expired****Historical Note**

Adopted effective August 5, 1983 (Supp. 83-4). Amended effective March 20, 1990 (Supp. 90-1). R19-2-316 recodified from R4-27-316 (Supp. 95-1). Amended by final rulemaking at 12 A.A.R. 1771, effective July 1, 2006 (Supp. 06-2). Section expired under A.R.S. § 41-1056(J) at 26 A.A.R. 3259, effective December 2, 2020 (Supp. 20-4).

(Supp. 20-4).

**R19-2-317. Expired****Historical Note**

Adopted effective August 5, 1983 (Supp. 83-4). Amended effective March 20, 1990 (Supp. 90-1). R19-2-317 recodified from R4-27-317 (Supp. 95-1). Amended by final rulemaking at 12 A.A.R. 1771, effective July 1, 2006 (Supp. 06-2). Section expired under A.R.S. § 41-1056(J) at 26 A.A.R. 3259, effective December 2, 2020 (Supp. 20-4).

**R19-2-318. Repealed****Historical Note**

Adopted effective August 5, 1983 (Supp. 83-4). Amended effective March 20, 1990 (Supp. 90-1). R19-2-318 recodified from R4-27-318 (Supp. 95-1). Section repealed by final rulemaking at 12 A.A.R. 1771, effective July 1, 2006 (Supp. 06-2).

**R19-2-319. Expired****Historical Note**

Adopted effective August 5, 1983 (Supp. 83-4). Amended subsection (A) effective August 21, 1985 (Supp. 85-4). Amended subsection (A) and added subsections (D) through (G) effective August 13, 1986 (Supp. 86-4). Amended subsection (D) effective February 19, 1987 (Supp. 87-1). Amended effective March 20, 1990 (Supp. 90-1). R19-2-319 recodified from R4-27-319 (Supp. 95-1). Amended effective January 10, 1997 (Supp. 97-1). Section expired under A.R.S. § 41-1056(J) at 26 A.A.R. 3259, effective December 2, 2020 (Supp. 20-4).

**R19-2-320. Expired****Historical Note**

Adopted effective August 5, 1983 (Supp. 83-4). Amended effective March 20, 1990 (Supp. 90-1). R19-2-320 recodified from R4-27-320 (Supp. 95-1). Amended by final rulemaking at 12 A.A.R. 1771, effective July 1, 2006 (Supp. 06-2). Section expired under A.R.S. § 41-1056(J) at 26 A.A.R. 3259, effective December 2, 2020 (Supp. 20-4).

**R19-2-321. Repealed****Historical Note**

Adopted effective August 5, 1983 (Supp. 83-4). Amended by adding subsection (O) effective September 17, 1984. Amended subsection (D) paragraph (6) effective October 18, 1984 (Supp. 84-5). Amended by adding subsection (P) effective April 4, 1985 (Supp. 85-2). Amended subsection (N) effective November 29, 1985 (Supp. 85-6). Amended subsection (P) paragraph (19) effective June 6, 1986 (Supp. 86-3). Amended by adding subsections (Q), (R), (S), (T), (U) and (V) effective February 19, 1987 (Supp. 87-1). Amended by adding subsections (W) and (X) effective October 14, 1988 (Supp. 88-4). Repealed effective March 20, 1990 (Supp. 90-1). R19-2-321 recodified from R4-27-321 (Supp. 95-1).

**R19-2-322. Expired****Historical Note**

Adopted effective August 5, 1983 (Supp. 83-4). Amended effective March 20, 1990 (Supp. 90-1). R19-2-322 recodified from R4-27-322 (Supp. 95-1). Amended by final rulemaking at 19 A.A.R. 3412, effective November 30, 2013 (Supp. 13-4). Section expired under A.R.S.

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§ 41-1056(J) at 26 A.A.R. 3259, effective December 2, 2020 (Supp. 20-4).

**R19-2-323. Expired****Historical Note**

Adopted effective August 5, 1983 (Supp. 83-4). Amended effective March 20, 1990 (Supp. 90-1). R19-2-323 recodified from R4-27-323 (Supp. 95-1). Amended by final rulemaking at 19 A.A.R. 3412, effective November 30, 2013 (Supp. 13-4). Section expired under A.R.S. § 41-1056(J) at 26 A.A.R. 3259, effective December 2, 2020 (Supp. 20-4).

**R19-2-324. Expired****Historical Note**

Adopted effective March 1, 1995; R19-2-324 recodified from R4-27-324 (Supp. 95-1). Section expired under A.R.S. § 41-1056(J) at 26 A.A.R. 3259, effective December 2, 2020 (Supp. 20-4).

**R19-2-325. Expired****Historical Note**

Adopted effective March 1, 1995; R19-2-325 recodified from R4-27-325 (Supp. 95-1). Amended effective August 7, 1996 (Supp. 96-3). Section expired under A.R.S. § 41-1056(J) at 26 A.A.R. 3259, effective December 2, 2020 (Supp. 20-4).

**R19-2-326. Expired****Historical Note**

Adopted effective March 1, 1995; R19-2-326 recodified from R4-27-326 (Supp. 95-1). Section expired under A.R.S. § 41-1056(J) at 26 A.A.R. 3259, effective December 2, 2020 (Supp. 20-4).

**R19-2-327. Expired****Historical Note**

Adopted effective March 1, 1995; R19-2-327 recodified from R4-27-327 (Supp. 95-1). Section expired under A.R.S. § 41-1056(J) at 26 A.A.R. 3259, effective December 2, 2020 (Supp. 20-4).

**R19-2-328. Expired****Historical Note**

Adopted effective March 1, 1995; R19-2-328 recodified from R4-27-328 (Supp. 95-1). Amended by final rulemaking at 12 A.A.R. 1771, effective July 1, 2006 (Supp. 06-2). Section expired under A.R.S. § 41-1056(J) at 26 A.A.R. 3259, effective December 2, 2020 (Supp. 20-4).

**R19-2-329. Expired****Historical Note**

Adopted effective March 1, 1995; R19-2-329 recodified from R4-27-329 (Supp. 95-1). Amended by final rulemaking at 12 A.A.R. 1771, effective July 1, 2006 (Supp. 06-2). Section expired under A.R.S. § 41-1056(J) at 26 A.A.R. 3259, effective December 2, 2020 (Supp. 20-4).

**R19-2-330. Expired****Historical Note**

Adopted effective March 1, 1995; R19-2-330 recodified from R4-27-330 (Supp. 95-1). Section expired under A.R.S. § 41-1056(J) at 26 A.A.R. 3259, effective Decem-

ber 2, 2020 (Supp. 20-4).

**R19-2-331. Expired****Historical Note**

Adopted effective February 28, 1995; R19-2-331 recodified from R4-27-331 (Supp. 95-1). Section expired under A.R.S. § 41-1056(J) at 26 A.A.R. 3259, effective December 2, 2020 (Supp. 20-4).

**R19-2-332. Expired****Historical Note**

Adopted effective January 6, 1998 (Supp. 98-1). Section expired under A.R.S. § 41-1056(J) at 26 A.A.R. 3259, effective December 2, 2020 (Supp. 20-4).

**ARTICLE 4. ADVANCE DEPOSIT WAGERING, TELETRACKING, AND SIMULCASTING**

*Editor's Note: Under Laws 2014, Ch. 277, § 9, the Commission was required to provide at least one public hearing on the final exempt rulemaking amendments in R19-2-205. The Office of the Secretary of State makes a distinction between exempt rulemakings and final exempt rulemakings. Final exempt rulemakings are those filed with conditional exemptions to the Arizona Administrative Procedures Act such as requirements to conduct a public hearing or accept public comments on a proposed exempt rulemaking (Supp. 15-2).*

*Section R19-2-401 was adopted and subsequently amended under an exemption from the provisions of the Arizona Administrative Procedure Act under A.R.S. § 41-1005(A)(18). Exemption from the rulemaking process means that the agency did not submit these rules to the Secretary of State's Office for publication in the Register as proposed rules, the agency was not required to accept public comment, and the rules were not approved by either the Governor's Regulatory Review Council or the Attorney General.*

**R19-2-401. Definitions**

In addition to the definitions in R19-2-102 and R19-2-302, unless the context otherwise requires, the following definitions apply in this Article:

1. "Account holder" means "natural person" not otherwise precluded from wagering by any Arizona statute or rule.
2. "Advance deposit wagering (ADW)" means a mechanism for pari-mutuel wagering in which wagers are debited and payouts credited to an advance deposit account held by an association or ADWP on behalf of an account holder.
3. "Advance deposit wagering permit" means a permit issued by the Commission allowing an entity to conduct advance deposit wagering on behalf of a contracted Arizona racetrack permittee.
4. "Advance Deposit Wagering Vendor or Provider (ADWP)" means the Arizona licensed and racetrack permittee-contracted vendor providing advance deposit wagering services for Arizona resident account holders.
5. "Confidential Information" means advance deposit wagering account holders and their accounts; may include money transactions in to or out of accounts, specifics of monies wagered from any account on any race or series of races, the account number and security code of any account holder, the specifics of wagering interests wagered on, the specific identifying details of any account unless authorized by the account holder.
6. "Limited Event Wagering Operator" means a Racetrack enclosure or additional wagering facility that holds a permit issued by the Division of Racing to offer wagers on horseracing and that is licensed under this chapter and



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that is in compliance with licensure requirements under A.R.S. Title 5, Chapter 11 and A.A.C. Title 19, Chapter 4, Article 1.

7. "Operating Hours" means the hours in which pari-mutuel windows are open at a teletrack facility.
8. "Pari-Mutuel Output Data" means any data provided by the totalisator system other than sales transaction data including, but not limited to, odds, will pays, race results, and pay-off prices.
9. "Racing Program" means the live races conducted at an authorized track, approved dark-day simulcasts and any simulcast races shown to the public in conjunction with live racing on which pari-mutuel wagering is allowed.
10. "Sales transaction data" means the electronic signals transmitted between totalisator ticket-issuing machines or approved ADW wager-issuing equipment and the totalisator central processing unit for the purpose of accepting wagers and generating, canceling, and cashing pari-mutuel tickets; also, the financial information resulting from processing sales transaction data, such as handle and revenues.
11. "Sending track" means the enclosure where a racing program of authorized live racing is conducted and from which teletracking originates.
12. "Telephone" means any device that a person uses for voice communications in connection with the services of a telephone company but does not include digital devices utilizing non-verbal communications.
13. "Teletrack facility" means an additional wagering facility owned or leased by an Arizona permittee that is used for handling legal wagers.
14. "Teletracking" means the telecast of live audio and visual signals of live or simulcast horse, mule, or greyhound racing programs conducted at an authorized enclosure within Arizona to an authorized additional wagering facility within Arizona, by a racetrack permittee for the purpose of pari-mutuel wagering, or the teletrack wagering conducted on the racing program.
15. "Teletrack wagering" means pari-mutuel wagering conducted at a teletrack facility within Arizona on a racing program conducted at an authorized track within Arizona regardless of whether the racing program is telecast to the teletrack location.
16. "Teletrack wagering permit" means a permit issued by the Commission authorizing an Arizona racetrack permittee to operate a single or multiple teletrack wagering facilities within the state for the purpose of pari-mutuel wagering.
17. "TIM-to-tote linkage" means the connection in which ticket issuing machines (TIM) are directly connected to the permittee's own calculating or compiling totalisator with no intermediate totalisator systems within that connection.
18. "Tote-to-tote linkage" means the connection between totalisator systems in which one of the systems is not part of the permittee's calculating system and may or may not be used for the compilation of TIM-to-tote wagers within its own wagering network that are then forwarded to the permittee's calculating totalisator system.
19. "Transmission" means the point-to-point sending and receiving of an audio or visual signal by any method approved by the Arizona Department of Racing.

**Historical Note**

Adopted effective April 3, 1984 (Supp. 84-2). Amended by adding paragraphs (8) and (9) effective August 21, 1985 (Supp. 85-4). Repealed effective December 14,

1994 (Supp. 94-4). R19-2-401 recodified from R4-27-401 (Supp. 95-1). New Section adopted effective February 26, 1996, pursuant to an exemption from the rulemaking process (Supp. 96-1). Amended effective July 22, 1998, pursuant to an exemption from the rulemaking process (Supp. 98-3). Amended by exempt rulemaking at 5 A.A.R. 532, effective January 29, 1999 (Supp. 99-1). Amended by exempt rulemaking at 20 A.A.R. 2874, effective October 10, 2014 (Supp. 14-4). Amended by final exempt rulemaking under Laws 2014, Ch. 277, § 9, at 21 A.A.R. 643, effective April 20, 2015 (Supp. 15-2). Amended by exempt rulemaking at 27 A.A.R. 1437, with an immediate effective date of August 20, 2021 (Supp. 21-3).

*Section R19-2-402 was adopted under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to A.R.S. § 41-105(A)(18). Exemption from the rulemaking process means that the agency did not submit these rules to the Secretary of State's Office for publication in the Register as proposed rules, the agency was not required to accept public comment, and the rules were not approved by either the Governor's Regulatory Review Council or the Attorney General.*

**R19-2-402. ADWP Licensing Requirements**

- A. An ADWP shall be licensed by the Department.
- B. An ADWP shall comply with these and all other rules relating to entities permitted by the Commission as they apply to pari-mutuel wagering.
- C. The Department may suspend or revoke an ADWP license, withdraw approval of a contract between an ADWP and a racetrack permittee, or impose fines if the ADWP, its officers, directors or employees violate these rules or applicable sections of A.R.S. Title 5 or fail to abide by orders of the Department.
- D. An ADWP shall accept wagers only on the species for which the contracted Arizona racetrack permittee has a permit.

**Historical Note**

Adopted effective April 3, 1984 (Supp. 84-2). Amended effective August 21, 1985 (Supp. 85-4). Repealed effective December 14, 1994 (Supp. 94-4). R19-2-402 recodified from R4-27-401 (Supp. 95-1). New Section adopted effective February 26, 1996, pursuant to an exemption from the rulemaking process (Supp. 96-1). Section R19-2-402 renumbered to R19-2-412; new Section made by exempt rulemaking at 20 A.A.R. 2874, effective October 10, 2014 (Supp. 14-4).

*Section R19-2-403 was adopted and subsequently amended under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to A.R.S. § 41-1005(A)(18). Exemption from the rulemaking process means that the agency did not submit these rules to the Secretary of State's Office for publication in the Register as proposed rules, the agency was not required to accept public comment, and the rules were not approved by either the Governor's Regulatory Review Council or the Attorney General.*

**R19-2-403. ADW Permit Applications**

- A. A person, association, or corporation desiring to operate advance deposit wagering and open accounts for residents of Arizona shall file with the Department both a paper and electronic permit application that contains the information required in A.R.S. § 5-107. All electronic submissions shall be compatible with the Department's computer system and software. If any addendum to the permit application cannot be submitted electronically, the applicant shall submit the addendum in a paper copy.

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- B. An ADW permittee shall contract only with ADWPs licensed by the Department.
- C. An ADWP shall pay daily the Regulatory Wagering Assessment (RWA) to the Department.
- D. An ADWP shall provide daily wagering information to the Department and the contracted racetrack permittee for verification of RWA and source market fees at a time and in a manner specified by the Department.
- E. A racetrack permittee shall verify that the total RWA paid each day for the both the racetrack's and the ADW's wagering activity is correct.
- F. The following reports shall be available for inspection upon request by the Department in a form acceptable to the Department and at a place of the Department's choosing within a reasonable time:
  1. ADW handle and related pari-mutuel data such as commission and breakage sorted by date, track or event, race and pool or by Source such as customer account; in total or detail;
  2. Reports for taxation purposes;
  3. Customer complaints;
  4. List of active accounts;
  5. List of excluded persons;
  6. List of account holders;
  7. Log of all system accesses; and
  8. List of all deposits, withdrawals, wagers and winning payouts, in summary or detail.
- G. An ADWP shall certify that the ADWP will provide the Department unrestricted access to all records and financial information of the ADWP, including all account information. The ADWP shall make this information available to the Department upon notice from the Department to the extent that disclosure is not expressly prohibited by law. Department access to and use of information concerning wager transactions and ADWP customers shall be considered proprietary and shall not be disclosed publicly, except as may be required by law. This information may be shared for multi-jurisdiction investigative purposes. An ADWP shall report to the Department any known or suspected rule violations by any person involving ADWP and cooperate in any subsequent investigations.
- H. An ADWP shall detail each method used for placing wagers through the ADW system and specify what information and place of recording constitutes proof of a wager placed through each wagering method.
- I. An ADWP shall give access to the Department, or its designee, for review and audit of all records. The ADWP or applicant shall make the required information available at the ADWP's location during business hours. The Department may require an ADWP to submit an annual audited financial statement.
- J. The Department may conduct investigations and inspections or request additional information from an ADWP or applicant if required to determine whether to approve an application.

**Historical Note**

Adopted effective April 3, 1984 (Supp. 84-2). Amended paragraphs (16) and (17) effective August 21, 1985 (Supp. 85-4). Repealed effective December 14, 1994 (Supp. 94-4). R19-2-403 recodified from R4-27-403 (Supp. 95-1). New Section adopted effective February 26, 1996, pursuant to an exemption from the rulemaking process (Supp. 96-1). Amended effective July 22, 1998, pursuant to an exemption from the rulemaking process (Supp. 98-3). Amended by exempt rulemaking at 5 A.A.R. 532, effective January 29, 1999 (Supp. 99-1). Section R19-2-403 repealed; new Section made by

exempt rulemaking at 20 A.A.R. 2874, effective October 10, 2014 (Supp. 14-4).

*Section R19-2-404 was adopted under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to A.R.S. § 41-105(A)(18). Exemption from the rulemaking process means that the agency did not submit these rules to the Secretary of State's Office for publication in the Register as proposed rules, the agency was not required to accept public comment, and the rules were not approved by either the Governor's Regulatory Review Council or the Attorney General.*

**R19-2-404. Application for ADWP Permit; Plan of Operation**

Before operating advance deposit wagering in Arizona, a person shall submit to the Department an application for an ADWP permit and a plan of operation. The Department shall issue an ADWP permit for no more than three years. An ADWP permit shall expire when the racing permit expires. If necessary, the Department may request additional information regarding any plan of operation.

**Historical Note**

Adopted effective April 3, 1984 (Supp. 84-2). Amended effective August 21, 1985 (Supp. 85-4). Repealed effective December 14, 1994 (Supp. 94-4). R19-2-404 recodified from R4-27-404 (Supp. 95-1). New Section adopted effective February 26, 1996, pursuant to an exemption from the rulemaking process (Supp. 96-1). Section R19-2-404 renumbered to R19-2-414; new Section R19-2-404 made by exempt rulemaking at 20 A.A.R. 2874, effective October 10, 2014 (Supp. 14-4).

*Section R19-2-405 was adopted under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to A.R.S. § 41-105(A)(18). Exemption from the rulemaking process means that the agency did not submit these rules to the Secretary of State's Office for publication in the Register as proposed rules, the agency was not required to accept public comment, and the rules were not approved by either the Governor's Regulatory Review Council or the Attorney General.*

**R19-2-405. Contracts and Agreements**

An ADWP shall submit the following information regarding any group, concession, or contract related to the ADW operation whether within or outside of Arizona:

1. Copy of all contracts to provide services, including total-processor vendor services, within or on behalf of Arizona racetrack permittees or residents;
2. Name and background of the individuals responsible for operating the ADW accounts system;
3. Other information that, in the Director's judgment, is or may be material, such as information pertaining to financial background and persons associated with the parties to the contract;
4. Security measures to be employed to protect the ADWP account maintenance and wagering facilities;
5. Security measures to be employed to protect transmission of sales transaction and pari-mutuel output data;
6. Type of data processing, communication, and transmission equipment to be used;
7. Description of all computer services and all other methods used to transmit any data or signal; and
8. Description of any alternate or backup system in case of principal system failure of communications or data-processing equipment used for forwarding wagers.

**Historical Note**

Adopted effective April 3, 1984 (Supp. 84-2). Amended effective August 21, 1985 (Supp. 85-4). Repealed effective

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tive December 14, 1994 (Supp. 94-4). R19-2-405 recodified from R4-27-405 (Supp. 95-1). New Section adopted effective February 26, 1996, pursuant to an exemption from the rulemaking process (Supp. 96-1). Section R19-2-405 repealed; new Section R19-2-405 made by exempt rulemaking at 20 A.A.R. 2874, effective October 10, 2014 (Supp. 14-4).

*Section R19-2-406 was adopted under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to A.R.S. § 41-105(A)(18). Exemption from the rulemaking process means that the agency did not submit these rules to the Secretary of State's Office for publication in the Register as proposed rules, the agency was not required to accept public comment, and the rules were not approved by either the Governor's Regulatory Review Council or the Attorney General.*

**R19-2-406. Plan of Operation Approval and Amendments**

An ADWP shall conduct an ADW operation only according to the provisions of an approved plan of operation. The ADWP shall obtain the Director's written approval for any change to the plan of operation. The ADWP shall:

1. Notify the Department of any anticipated change in the plan of operation,
2. Report to the Department any change in ownership or management groups,
3. Provide the Department with a copy of all new contracts or amendments to existing ones, and
4. Request the approval of the Director for any change in technology used to transmit sales transaction data.

**Historical Note**

Adopted effective April 3, 1984 (Supp. 84-2). Amended effective August 21, 1985 (Supp. 85-4). Repealed effective December 14, 1994 (Supp. 94-4). R19-2-406 recodified from R4-27-406 (Supp. 95-1). New Section adopted effective February 26, 1996, pursuant to an exemption from the rulemaking process (Supp. 96-1). Section R19-2-406 repealed; new Section R19-2-406 made by exempt rulemaking at 20 A.A.R. 2874, effective October 10, 2014 (Supp. 14-4).

*Section R19-2-407 was adopted under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to A.R.S. § 41-105(A)(18). Exemption from the rulemaking process means that the agency did not submit these rules to the Secretary of State's Office for publication in the Register as proposed rules, the agency was not required to accept public comment, and the rules were not approved by either the Governor's Regulatory Review Council or the Attorney General.*

**R19-2-407. ADWP Permit Renewal**

A permittee shall apply to the Department for renewal of its ADWP permit before the permit expires. The application for renewal shall provide the information required on a form available from the Department.

**Historical Note**

Adopted effective April 3, 1984 (Supp. 84-2). Repealed effective December 14, 1994 (Supp. 94-4). R19-2-407 recodified from R4-27-407 (Supp. 95-1). New Section adopted effective February 26, 1996, pursuant to an exemption from the rulemaking process (Supp. 96-1). Section R19-2-407 repealed; new Section R19-2-407 made by exempt rulemaking at 20 A.A.R. 2874, effective October 10, 2014 (Supp. 14-4).

*Section R19-2-408 was adopted under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to A.R.S. § 41-105(A)(18). Exemption from the rulemaking process means that the agency did not submit these rules to the Secretary of State's Office for publication in the Register as proposed rules, the agency was not required to accept public comment, and the rules were not approved by either the Governor's Regulatory Review Council or the Attorney General.*

*cess means that the agency did not submit these rules to the Secretary of State's Office for publication in the Register as proposed rules, the agency was not required to accept public comment, and the rules were not approved by either the Governor's Regulatory Review Council or the Attorney General.*

**R19-2-408. ADWP Licensing**

- A. The following individuals shall be licensed as required by the Department:
1. An individual with at least 10 percent ownership interest in the ADW; and
  2. All ADWP employees working in Arizona.
- B. An ADWP shall ensure that all ADWP employees working in another jurisdiction are licensed as required by that jurisdiction.

**Historical Note**

Adopted effective April 3, 1984 (Supp. 84-2). Repealed effective December 14, 1994 (Supp. 94-4). R19-2-408 recodified from R4-27-408 (Supp. 95-1). New Section adopted effective February 26, 1996, pursuant to an exemption from the rulemaking process (Supp. 96-1). Section R19-2-408 renumbered to R19-2-416; new Section R19-2-408 made by exempt rulemaking at 20 A.A.R. 2874, effective October 10, 2014 (Supp. 14-4).

*Section R19-2-409 was adopted under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to A.R.S. § 41-105(A)(18). Exemption from the rulemaking process means that the agency did not submit these rules to the Secretary of State's Office for publication in the Register as proposed rules, the agency was not required to accept public comment, and the rules were not approved by either the Governor's Regulatory Review Council or the Attorney General.*

**R19-2-409. ADW – Racetrack Permittee Contracts**

- A. An ADWP that accepts accounts from Arizona residents shall obtain and maintain a contract with one or more Arizona race-track permittees. The ADWP shall ensure that the contract includes:
1. Disclosure of Regulatory Wagering Assessments (RWA) assignment of responsibility for payment of:
    - a. The assessment on wagers placed by Arizona account holders on races conducted in Arizona, which will be considered to be live, in-state, off-track wagers; and
    - b. The assessment on wagers placed by Arizona account holders on races conducted outside of Arizona, which will be considered to be simulcast, in-state, off-track wagers;
  2. Disclosure of all ADWs wagering on any races run in this jurisdiction, and all ADWs wagering on races run in other jurisdictions that would be available for wagering in this jurisdiction under the contract;
  3. Certification of ADW licensing, authorization, or approval by the recognized pari-mutuel authority in the other jurisdiction;
  4. Disclosure of all fees, market share revenue, and distribution details and other financial considerations relating to the contract and any other non-contracted Arizona race-track permittees;
  5. Certification of prompt access for the Department, in print or electronic form acceptable to the Department, to:
    - a. Reports, logs, wagering transaction detail, and customer account detail;
    - b. Records relating to customer identify, age, and residency;
    - c. Records of customer account detail for individuals;

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- i. In any jurisdiction that places wagers on races conducted in this jurisdiction and races available for wagering by individuals in this jurisdiction;
  - ii. The Department has reason to investigate based on possible placing of wagers for individuals other than the account holder; and
  - iii. Determined by the Department to be relevant to an investigation by the Department;
- 6. A detailed description and certification of systems and procedures used to validate the identity, age, and jurisdiction of legal residence of account holders and to validate the legality of wagers accepted;
- 7. Certification of secure retention of and prompt Department access to all records related to wagering and customers' accounts, including deposits, withdrawals, wagers, and winning payouts for at least three years or a longer period specified by the Department; and
- B. An ADWP shall attach the following to all contracts under this subsection:
  - 1. A certified copy of rules governing the acceptance and management of accounts, and
  - 2. A certified copy of any change in the rules provided at least thirty days before the change takes effect.

**Historical Note**

Adopted effective April 3, 1984 (Supp. 84-2). Repealed effective December 14, 1994 (Supp. 94-4). R19-2-409 recodified from R4-27-409 (Supp. 95-1). New Section adopted effective February 26, 1996, pursuant to an exemption from the rulemaking process (Supp. 96-1). Section R19-2-409 renumbered to R19-2-417; new Section R19-2-409 made by exempt rulemaking at 20 A.A.R. 2874, effective October 10, 2014 (Supp. 14-4).

*Section R19-2-410 was adopted under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to A.R.S. § 41-105(A)(18). Exemption from the rulemaking process means that the agency did not submit these rules to the Secretary of State's Office for publication in the Register as proposed rules, the agency was not required to accept public comment, and the rules were not approved by either the Governor's Regulatory Review Council or the Attorney General.*

**R19-2-410. ADW Accounts**

- A. An individual who wishes to establish an ADW account shall establish the account in person or by mail, telephone, or other electronic means before making any wager. The individual establishing an ADW account shall:
  - 1. Establish the account in the individual's name,
  - 2. Be at least 21 years old, and
  - 3. Not be prohibited from wagering by Arizona rules or statutes.
- B. An ADW account is not transferable.
- C. An ADWP shall obtain the following regarding an individual who wishes to establish an ADW account:
  - 1. Full legal name;
  - 2. Address of principal residence;
  - 3. Address to which communications are to be delivered if different from the principal residence address;
  - 4. Telephone number;
  - 5. Social Security number;
  - 6. Copy of evidence that the individual is at least 21 years old; and
  - 7. Whether the individual will make ADW deposits through the use of cash, personal check, credit or debit card, or electronic funds transfers.
- D. An ADWP shall electronically verify an ADW-account applicant's name, principal residence address, date of birth, and Social Security number at the time application is made using a Department-approved national, independent, individual reference company or other independent technology approved by the Department.
- E. An ADWP may refuse to establish an ADW account if it determines that any of the information supplied is untrue or incomplete and may at any other time, with reasonable cause, refuse to accept a wager or deposit.
- F. An ADWP shall designate each ADW account with a unique account number. The ADWP may change an ADW account number if the ADWP provides notice to the account holder before the change is made.
- G. An ADWP shall ensure that an ADW-account holder is able to access the account holder's account by means of personal identification or account password.
- H. When an ADW account is established, the ADWP shall:
  - 1. Inform the account holder of the assigned account number; and
  - 2. Provide the account holder a copy of the ADWP's advance deposit wagering procedures, terms and conditions and other information pertaining to the operation of the ADW account including any rules the ADWP has made concerning deposits, withdrawals, average daily balance, user fees (including for EFT deposits), interest payments, and any other aspect of the operation of the account.
- I. An ADWP shall notify an account holder before making any change to the rules governing the account and provide an opportunity for the account holder to close or cash-in the account. The ADWP may deem an account holder to have accepted the rules of account operation when the account holder opens or does not close the account.
- J. An ADWP shall comply with Internal Revenue Service (IRS) requirements for reporting and withholding proceeds from advance deposit wagers by account holders. The ADWP shall send an account holder subject to IRS reporting or withholding a form W2-G summarizing the information for tax purposes following a winning wager being deposited into the account holder's account. Upon written request, the ADWP shall provide an account holder with summarized tax information on advance deposit wagering activities.
- K. An account holder is deemed to be aware of the status of the account holder's account at all times. An ADWP shall not accept a wager that exceeds the available balance of an account. An account not updated when a transaction is completed shall be inoperable until the account balance is updated and the transaction is posted.
- L. When an ADW account is entitled to a payout or refund, the ADWP shall credit the monies to the account. This will increase the balance in the account. The account holder shall verify that proper credits have been made and, if in doubt, notify the ADWP within the agreed upon time for consideration. The ADWP or the account holder may forward an unresolved dispute to the Department. The Department shall not consider a dispute unless it is submitted in writing and accompanied by supporting evidence.
- M. Account Operation.
  - 1. An ADWP shall maintain complete records of every deposit, withdrawal, wager, and winning payout for each ADW account. The ADWP shall make these records available to the Department promptly upon request and retain the records for the time required under R19-2-502(A).

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2. An ADWP may allow an ADW account holder to make wagers on racing meetings or simulcasted races from the account by telephone, in person, or over the Internet through websites and on mobile devices, as authorized under A.R.S. § 5-1314(B). Additionally, only Arizona racetracks or additional wagering facilities granted permits by the Racing Division may be licensed as Limited Event Wagering Operators in compliance with A.R.S. Title 5, Chapter 11 and A.A.C. Title 19, Chapter 4, Article 1.
  3. Placing or accepting wagers on racing meetings or simulcasted races over the communications facility known as the Internet is authorized to the extent that such activity complies with A.R.S. § 5-1314(B). Transmittal of handicapping data, race results, or other information relating to pari-mutuel wagering over the Internet is permitted.
  4. An ADWP shall ensure that the ADW system provides for the account holder to review and finalize a wager before the wager is accepted by the ADW system. Neither the account holder nor the ADWP shall change a wager after the account holder has reviewed and finalized the wager except as allowed under R19-2-504(C).
- N. An ADWP may close an ADW account when the account holder attempts to operate with an insufficient balance or when the account is dormant for a period approved by the Department. When an ADWP closes an ADW account, the ADWP shall refund the remaining account balance to the account holder.

**Historical Note**

Adopted effective April 3, 1984 (Supp. 84-2). Repealed effective December 14, 1994 (Supp. 94-4). R19-2-410 recodified from R4-27-410 (Supp. 95-1). New Section adopted effective February 26, 1996, pursuant to an exemption from the rulemaking process (Supp. 96-1). Section R19-2-410 renumbered to R19-2-418; new Section R19-2-410 made by exempt rulemaking at 20 A.A.R. 2874, effective October 10, 2014 (Supp. 14-4). Amended by exempt rulemaking at 27 A.A.R. 1437, with an immediate effective date of August 20, 2021 (Supp. 21-3).

*Section R19-2-411 was made under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to A.R.S. § 41-1005(A)(16). Exemption from the rulemaking process means that the agency did not submit these rules to the Secretary of State's Office for publication in the Register as proposed rules, the agency was not required to accept public comment, and the rules were not approved by either the Governor's Regulatory Review Council or the Attorney General.*

**R19-2-411. Advance Deposit Wagering**

- A. All Department rules governing pari-mutuel wagering govern advance deposit wagering. Advance deposit monies wagered are part of the pool of the sending track.
- B. An ADWP shall maintain sales transaction data from the ADWP to each host track as a separate account for audit purposes.
- C. An ADWP shall make sales transactions using currently approved technology.
- D. An ADWP shall pay to the Department an advance deposit wagering assessment of 0.6 percent from the gross revenues generated by advance deposit wagering.

**Historical Note**

Section made by exempt rulemaking at 20 A.A.R. 2874, effective October 10, 2014 (Supp. 14-4).

*Section R19-2-412 was made under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant*

*to A.R.S. § 41-1005(A)(16). Exemption from the rulemaking process means that the agency did not submit these rules to the Secretary of State's Office for publication in the Register as proposed rules, the agency was not required to accept public comment, and the rules were not approved by either the Governor's Regulatory Review Council or the Attorney General.*

**R19-2-412. Teletrack Wagering**

- A. All Department rules governing pari-mutuel wagering govern teletrack wagering. Teletrack monies wagered are part of the pool of the sending track for reporting purposes.
- B. An ADWP shall maintain sales transaction data from a teletrack facility to the sending track as a separate account for audit purposes.
- C. An ADWP shall make sales transaction data using currently approved technology and transmit the data separately from pari-mutuel data and the visual display of races.
- D. If there is an interruption of transmission of sales transaction or pari-mutuel output data to or from the teletrack facility, the designated representative of the Department may require that the amount of wagers that have been accepted be deducted from the sending track pool, the odds recalculated, and monies bet at the teletrack facility refunded, taking into consideration time, the extent of the breakdown, and the amount of monies wagered.

**Historical Note**

New Section R19-2-412 renumbered from R19-2-402 and amended by exempt rulemaking at 20 A.A.R. 2874, effective October 10, 2014 (Supp. 14-4).

*Section R19-2-413 was made under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to A.R.S. § 41-1005(A)(16). Exemption from the rulemaking process means that the agency did not submit these rules to the Secretary of State's Office for publication in the Register as proposed rules, the agency was not required to accept public comment, and the rules were not approved by either the Governor's Regulatory Review Council or the Attorney General.*

**R19-2-413. General Provisions Regarding Teletrack Facilities**

- A. At the Director's discretion, a Department representative may be present during all operating hours at a teletrack facility.
- B. A teletrack wagering permittee shall, during all operating hours, have back-up or replacement tote equipment available so the down time in the event of equipment failure does not exceed 60 minutes. At teletrack sites with multiple teller equipment installed, back-up equipment may consist of the remaining operating teller machines if the remaining teller machines are sufficient to handle the reasonably anticipated volume of sales transactions without unreasonable delays or inconvenience to patrons.
- C. During a racing program, the teletrack wagering permittee shall report any problems or delays to the public.
- D. A teletrack wagering permittee shall ensure that security measures are adequate to control disturbances.
- E. A teletrack wagering permittee shall ensure that communications between the sending track and teletrack facility occur without delay. In a tote-to-tote situation, if the data transmission link between the tote systems fails, the teletrack wagering permittee shall decide the policy for paying off or refunding pari-mutuel tickets and all other communication failures at the teletrack site.
- F. A teletrack wagering permittee shall make photo finish pictures of the previous day's live races available for viewing upon request within 48 hours.

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- G.** If a video display of any portion of a racing program is provided at a teletrack location, the video display shall include the following, if possible:
1. All wagering information including pool totals, will pays, or odds as offered to the general public at the permittee racetrack location;
  2. Each race shown live, as it is run or received at the permittee premises;
  3. Race results;
  4. Prices or payoff;
  5. Minutes to post; and
  6. The race number and track for which the above information is displayed.
- H.** A teletrack wagering permittee shall make Arizona pari-mutuel rules available in the wagering area. This requirement may be met by publishing the Department's rules-page web address in the racing program and on the permittee's web site.
- I.** A teletrack wagering permittee shall make the results of each race, and the winnings from each race, available from tellers or results-posting terminals as soon as possible at each teletrack facility and shall make the results available to the wagering public for 24 hours on the race day following the day of the race.
- J.** A teletrack wagering permittee shall report to the Department any violation or suspected violation of law that occurs on or about the premises of the teletrack facility.
- K.** A teletrack wagering permittee shall make daily handle and attendance reports for each teletrack facility as prescribed by the Department.
- L.** Betting period:
1. A teletrack wagering permittee shall conduct wagering only during periods approved by the Director or Commission in respect to any race, racing card, pool, or feature pool.
  2. The Director may prescribe the closing time for pari-mutuel equipment at each facility based on the level of sophistication of the pari-mutuel equipment and transmission equipment.
- M.** A teletrack wagering permittee shall obtain the Director's written approval of the method used to transmit sales transaction and pari-mutuel output data. The Director shall base approval on determination that provisions to secure the system and transmissions are satisfactory.
- N.** A teletrack wagering permittee shall provide computer reports pertaining to pari-mutuel activity as required by the Director.
- Historical Note**
- Section made by exempt rulemaking at 20 A.A.R. 2874, effective October 10, 2014 (Supp. 14-4).
- Section R19-2-414 was made under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to A.R.S. § 41-1005(A)(16). Exemption from the rulemaking process means that the agency did not submit these rules to the Secretary of State's Office for publication in the Register as proposed rules, the agency was not required to accept public comment, and the rules were not approved by either the Governor's Regulatory Review Council or the Attorney General.*
- R19-2-414. Application for Original Teletrack Wagering Permit; Plan of Operation; Renewals of Teletrack Wagering Permit**
- A.** An applicant for a teletrack wagering permit shall submit an application and plan of operation to the Commission. The Commission shall issue a teletrack wagering permit for no more than three years.
- B.** An applicant shall include the following in the plan of operation:
1. A feasibility study that estimates both gross revenue from the teletrack wagering operation and costs to operate. The feasibility study shall include:
    - a. Types of wagering to be offered and hours during which pari-mutuel windows will be in operation,
    - b. Estimated attendance at all additional wagering facilities,
    - c. Level of anticipated wagering activity,
    - d. Source and amount of estimated revenues other than pari-mutuel wagering,
    - e. Cost of operating the teletrack wagering system,
    - f. Amount and source of revenues needed for financing the teletrack wagering operation,
    - g. Proof of financial stability and assets sufficient to cover projected costs, and
    - h. Estimate of the total amount of anticipated revenues to be paid to the state resulting from teletrack wagering operations;
  2. The following information regarding any group, concession, or contract related to the teletrack wagering operation whether within or outside of Arizona unless the information is already on record with the Department as part of the applicant's original application to operate a racing meet:
    - a. Copy of all contracts to provide service within Arizona;
    - b. Name and background of the individuals responsible for operating the teletrack wagering system;
    - c. Copies of proposed agreements for any transmission of audio-visual signals of racing events and the transmission of sales transaction and pari-mutuel output data; and
    - d. Other information that, in the Director's judgment, is or may be material, such as information pertaining to financial background and persons associated with the parties to the contract;
  3. The following information regarding security:
    - a. Security measures to be employed to protect the teletrack wagering facilities,
    - b. Security measures to be employed to protect the public, and
    - c. Security measures to be employed to protect transmission of sales transaction and pari-mutuel output data; and
  4. The following information regarding equipment, communication, and transmission:
    - a. Type of data processing, communication, and transmission equipment to be used;
    - b. Description of all computer services and all other methods used to transmit any data or signal; and
    - c. Description of any alternate or backup system in case of principal system failure of communications or data-processing equipment used for forwarding wagers.
- C.** Approval and amendments. A teletrack wagering permittee shall conduct a teletrack wagering operation only according to the provisions of an approved plan of operation. The teletrack wagering permittee shall obtain the Director's written approval for any change to the plan of operation. The teletrack wagering permittee shall:
1. Notify the Department of any anticipated change in the plan of operation;
  2. Report to the Department any changes in ownership or management groups,
  3. Provide the Department with a copy of all new contracts or amendments to existing ones, and

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4. Request the approval of the Director for any change in technology used to transmit sales transaction data.
- D.** Renewal. A teletrack wagering permittee shall apply to the Commission for renewal of its teletrack wagering permit at the time the permittee makes application for a permit to operate a racing meet. The teletrack wagering permittee shall include in the renewal application the information required in subsections (B)(1) through (4).

**Historical Note**

New Section R19-2-414 renumbered from R19-2-404 and amended by exempt rulemaking at 20 A.A.R. 2874, effective October 10, 2014 (Supp. 14-4).

*Section R19-2-415 was made under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to A.R.S. § 41-1005(A)(16). Exemption from the rulemaking process means that the agency did not submit these rules to the Secretary of State's Office for publication in the Register as proposed rules, the agency was not required to accept public comment, and the rules were not approved by either the Governor's Regulatory Review Council or the Attorney General.*

**R19-2-415. Approval of Additional Wagering Facilities; Plan of Operation; Renewal or Approval of Additional Wagering Facilities**

- A.** A teletrack wagering permittee shall request approval from and submit a plan of operation to the Commission for each additional teletrack wagering facility. The Commission shall issue a permit for an additional wagering facility for no more than three years.
- B.** The teletrack wagering permittee shall include the following in the plan of operation regarding the additional teletrack wagering facility:
1. A feasibility study that estimates both gross revenue from the teletrack facility and estimated costs to operate the facility. The feasibility study shall include:
    - a. Types of wagering to be offered and the hours during which pari-mutuel windows will be in operation,
    - b. Level of anticipated wagering activity,
    - c. Source and amount of revenues needed for financing the teletrack wagering operation,
    - d. Proof of financial stability and assets sufficient to cover projected costs, and
    - e. Estimate of the total amount of anticipated revenues to be paid to the state resulting from teletrack wagering operations;
  2. The following information regarding any group, concession, or contract related to the teletrack wagering operation whether within or outside of Arizona unless the information is already on record with the Department:
    - a. Listing and background of the management groups responsible for operation of the facility;
    - b. Name of all individuals who own at least 10 percent of the facility; and
    - c. Other information that, in the Director's judgment, is or may be material, such as information pertaining to financial background and persons associated with the parties to the contract;
  3. Measures to be employed by the teletrack wagering permittee to protect the facility, employees, public, and wagering dollars;
  4. Location of the teletrack wagering facility;
  5. Proof that approval for use of the facility to handle pari-mutuel wagering has been given by the governing body of the city or town or by the board of supervisors, if the facility is located in an unincorporated area; and

6. Building plans and specifications that demonstrate sufficient area for patrons to handicap the races and reasonable access by individuals with a disability.
- C.** Approval and amendments. The requirements in R19-2-414(C) apply.
- D.** Renewal. When a teletrack wagering permittee makes application to renew the teletrack wagering permit, the permittee shall provide the Department a list of its existing additional teletrack wagering facilities. When the Director approves renewal of the teletrack wagering permit, the Director may approve:
1. Renewal of the existing additional teletrack wagering facilities, and
  2. The permittee's application to begin operation at a teletrack wagering facility previously approved by the Commission and currently used by another permittee.
- E.** After the Commission approves an additional teletrack wagering facility, the permittee shall not open the additional facility for business for five working days or until all licensing requirements are satisfied. If the necessary licensing requirements are completed in less than five working days, the Director may waive the remaining days.

**Historical Note**

Section made by exempt rulemaking at 20 A.A.R. 2874, effective October 10, 2014 (Supp. 14-4).

*Section R19-2-416 was made under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to A.R.S. § 41-1005(A)(16). Exemption from the rulemaking process means that the agency did not submit these rules to the Secretary of State's Office for publication in the Register as proposed rules, the agency was not required to accept public comment, and the rules were not approved by either the Governor's Regulatory Review Council or the Attorney General.*

**R19-2-416. Suspension of Teletrack Permit**

- A.** The Director or the Director's designee may suspend a teletrack wagering permit or a permit to operate an additional teletrack wagering facility if the permittee fails to conduct operations in accordance with the provisions of the approved plan of operation, A.R.S. Title 5, Chapter 1, this Chapter, or directives from the Director.
- B.** If the Director finds that the public health, safety, or welfare imperatively requires emergency action, the Director shall order summary suspension of a teletrack wagering permit or any permit authorizing operation of an additional teletrack wagering facility, pending a hearing.

**Historical Note**

New Section R19-2-416 renumbered from R19-2-408 and amended by exempt rulemaking at 20 A.A.R. 2874, effective October 10, 2014 (Supp. 14-4).

*Section R19-2-417 was made under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to A.R.S. § 41-1005(A)(16). Exemption from the rulemaking process means that the agency did not submit these rules to the Secretary of State's Office for publication in the Register as proposed rules, the agency was not required to accept public comment, and the rules were not approved by either the Governor's Regulatory Review Council or the Attorney General.*

**R19-2-417. Licensing of Employees at Teletrack Facilities**

- A.** A teletrack wagering permittee shall ensure that no teletrack wagering occurs at a teletrack facility until all individuals required to be licensed under subsection (B) have been licensed.
- B.** A teletrack wagering permittee shall ensure that the following individuals are licensed by the Department before participat-

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ing in teletrack wagering and as circumstances or personnel change during the course of the teletrack permit period:

1. All individuals employed by the permittee at any teletrack wagering facility,
2. All persons who own at least 10 percent of a teletrack wagering facility leased by the permittee,
3. Any individual employed by the teletrack wagering facility who has responsibility as manager of the facility during operating (racing) hours, and
4. Any other person designated by the Director.

**Historical Note**

New Section R19-2-417 renumbered from R19-2-409 and amended by exempt rulemaking at 20 A.A.R. 2874, effective October 10, 2014 (Supp. 14-4).

*Section R19-2-418 was made under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to A.R.S. § 41-1005(A)(16). Exemption from the rulemaking process means that the agency did not submit these rules to the Secretary of State's Office for publication in the Register as proposed rules, the agency was not required to accept public comment, and the rules were not approved by either the Governor's Regulatory Review Council or the Attorney General.*

**R19-2-418. Directives**

Notwithstanding anything contained in this Article, decisions on matters concerning teletrack wagering facility operations may be made by the Director, within the scope of the Director's statutory authority. The Director's decisions shall be effective immediately upon written notification.

**Historical Note**

New Section R19-2-418 renumbered from R19-2-410 and amended by exempt rulemaking at 20 A.A.R. 2874, effective October 10, 2014 (Supp. 14-4).

*Section R19-2-419 was made under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to A.R.S. § 41-1005(A)(16). Exemption from the rulemaking process means that the agency did not submit these rules to the Secretary of State's Office for publication in the Register as proposed rules, the agency was not required to accept public comment, and the rules were not approved by either the Governor's Regulatory Review Council or the Attorney General.*

**R19-2-419. Simulcast Wagering**

- A. The Department may authorize a racetrack permittee to conduct simulcasting as defined in A.R.S. § 5-101 and authorized under A.R.S. § 5-112 and the Interstate Horse Racing Act of 1978.
- B. A racetrack permittee that wishes to conduct simulcasting shall submit a request for sending or receiving of simulcasts in writing to the Director of the Department.
- C. For initial approval of horse simulcasts, the Department requires the following:
  1. A completed simulcast agreement between a racetrack permittee and out-of-state entity;
  2. Written approval of the out-of-state horsemen's group, if applicable;
  3. Written approval of the out-of-state racing commission; and
  4. Written approval of the local horsemen's group. For purposes of this Section, horsemen's group is the group that represents a majority of the horsemen racing at or contracted with the racetrack permittee.
- D. For initial approval of greyhound simulcasts, the Department requires the following:
  1. A completed simulcast agreement between a racetrack permittee and out-of-state entity, and
  2. Written approval of the out-of-state racing commission.
- E. Withdrawal of any of the written approvals required under subsections (C) and (D) constitutes grounds for the Department to rescind authorization for simulcasting.
- F. To renew approval for simulcasting, a racetrack permittee shall submit any changes to the previous contract or addendums and current signature pages. Alternatively, and at the Department's option, the Department may accept an updated list of simulcast import host signals to be received and export guest wagering locations to be hosted by the Arizona racetrack permittee.
- G. Additional wagering facilities.
  1. A racetrack permittee may conduct simulcasting at the racetrack enclosure and at any additional wagering facility operated by the racetrack permittee if the additional wagering facility is included in the simulcast agreement.
  2. A racetrack permittee may send its simulcast signal to an out-of-state racetrack enclosure and any additional wagering facilities operated or used by the out-of-state entity if all locations receiving the simulcast signal are included in the simulcast agreement.
- H. Duties of Arizona sending racetrack permittee.
  1. If video is to be transmitted, the sending racetrack permittee is responsible for the content of the simulcast video program and shall use all reasonable effort to present a simulcast that offers viewers an exemplary depiction of each performance.
  2. Unless otherwise permitted by the Department, every sent simulcast video program shall contain in its video content a digital signal of actual time of day, the name of the host facility from which the signal emanates, the number of the contest being displayed, minutes to post, and any other relevant information available to patrons at the sending facility.
- I. Duties of Arizona receiving racetrack permittee.
  1. A receiving racetrack permittee conducting a commercial racing meet in this state may, with approval of the Department, conduct and operate a pari-mutuel wagering system on the results of contests being held or conducted and simulcast from the enclosures of one or more sending racetrack permittees outside this state.
  2. A receiving racetrack permittee shall provide:
    - a. If video will be displayed, adequate receiving equipment of acceptable broadcast quality for providing any sending-facility patron information;
    - b. Pari-mutuel terminals, pari-mutuel odds displays, modems, and switching units enabling pari-mutuel data transmissions and data communications between the sending and receiving racetrack permittees; and
    - c. In the case of separate pool simulcasting, a voice communication system between the receiving racetrack permittee and the sending racetrack permittee providing timely voice contact among Department designees, placing judges, and pari-mutuel departments.
  3. A receiving racetrack permittee shall conduct pari-mutuel wagering in compliance with this Chapter.
  4. The Department may appoint at least one designee to supervise all approved simulcast facilities and may require additional designees as is reasonably necessary to protect the public interest.
- J. In accordance with R19-2-505, a racetrack permittee may make a written request to the Director for authorization to conduct advance performance wagering.



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**Historical Note**

Section made by exempt rulemaking at 20 A.A.R. 2874, effective October 10, 2014 (Supp. 14-4).

*Section R19-2-420 was made under an exemption from the provisions of the Arizona Administrative Procedure Act pursuant to A.R.S. § 41-1005(A)(16). Exemption from the rulemaking process means that the agency did not submit these rules to the Secretary of State's Office for publication in the Register as proposed rules, the agency was not required to accept public comment, and the rules were not approved by either the Governor's Regulatory Review Council or the Attorney General.*

**R19-2-420. Interstate Common Pool Wagering****A. General provisions.**

1. All contracts governing participation by a racetrack permittee in interstate common pools shall be submitted to the Department. All parties to the contracts shall certify to the other parties that each will provide the others or their regulatory bodies full and prompt access to necessary requested records.
2. Individual wagering transactions are made at the point of sale in the state where placed. Pari-mutuel pools are combined solely for computing odds and calculating payoffs but will be held separate for auditing and all other purposes.
3. The content and format of the visual display of racing and wagering information at facilities in other jurisdictions where wagering is permitted in the interstate common pool need not be identical to the information permitted or required to be displayed under these rules.
4. A racetrack permittee may participate in common pool wagering only on the same type of racing as authorized by the permit for live racing conducted by the racetrack permittee.

**B. Participation in interstate common pools by receiving racetrack permittee.**

1. With prior approval of the Department, pari-mutuel wagering pools may be combined with corresponding wagering pools at the sending facility outside of this state.
2. The Department may permit adjustment of the takeout from the pari-mutuel pool so the takeout rate in this jurisdiction is identical to that at the sending track (within the limits permitted by state law).
3. Where takeout rates in the merged pool are not identical, the net price calculation shall be the method by which the differing takeout rates are applied.
4. Rules of racing established for the contest in the sending track apply to the merged pool.
5. If, for any reason, it becomes impossible to merge successfully the bets placed into the interstate common pool, the racetrack permittee shall declare the accepted bets void and make refunds in accordance with applicable rules except that, with permission of the Department, the racetrack permittee may determine to make payoffs in accordance with payoff prices that would have been in effect if prices for the pool of bets were calculated without regard to wagers placed elsewhere or pay winning tickets at the payoff prices at the sending track. The permittee shall publish the chosen policy under this subsection in the daily racing program and on the permittee's web site and post the policy in all wagering locations.

**C. Participation in merged pools by sending racetrack permittee.**

1. With prior approval of the Department, a racetrack permittee conducting a live race meet and pari-mutuel wagering may determine that all or part of the racing pro-

gram be used for pari-mutuel wagering by sending all or part of the racing program to facilities outside this state and may also determine that pari-mutuel pools at the out-of-state facilities be combined with corresponding wagering pools established by the permittee as the sending track.

2. This Chapter applies to interstate common pools unless the Department specifically determines otherwise.
3. A racetrack permittee shall ensure that any contract for interstate common pools entered contains a provision providing that if, for any reason, it becomes impossible to merge successfully the bets placed in another state into the interstate common pool formed by the racetrack permittee or if, for any reason, the Department's or the racetrack permittee's representative determines that attempting to effect transfer of pool data from the receiving facility may endanger the racetrack permittee's wagering pool, the racetrack permittee has no liability for any measures taken that may result in the receiving facility's wagers not being accepted into the pool.
4. Amounts wagered in an interstate common pool other than amounts wagered within this state are not considered part of the racetrack permittee's pari-mutuel wagering pool for purposes of A.R.S. § 5-111. A racetrack permittee may charge a fee to a receiving facility or location outside this state for the privilege of conducting pari-mutuel wagering on a race and participating in the interstate common pool and for payment of costs incurred to transmit the broadcast of the race.

- D. Takeout rates in interstate common pools. With prior approval of the Department, a racetrack permittee wishing to participate in an interstate common pool may change its takeout rate (within the limits permitted by state law) to achieve a common pool takeout rate with all other participants in the interstate common pool.

**Historical Note**

Section made by exempt rulemaking at 20 A.A.R. 2874, effective October 10, 2014 (Supp. 14-4).

**ARTICLE 5. PARI-MUTUEL WAGERING**

*The following Section was adopted under an exemption from the provisions of the Administrative Procedure Act (A.R.S. Title 41, Chapter 6) pursuant to A.R.S. § 41-1005(A)(18). Exemption from A.R.S. Title 41, Chapter 6 means that the Arizona Racing Commission did not submit these rules to the Governor's Regulatory Review Council for Review; the Commission did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the Commission was not required to hold public hearings on these rules; and the Attorney General did not certify these rules.*

**R19-2-501. General**

Each permittee shall conduct wagering in accordance with applicable laws and these rules. Such wagering shall employ a pari-mutuel system approved by the Department. The totalisator shall be tested prior to and during the meeting as required by the Department.

**Historical Note**

Adopted effective October 21, 1993, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 41-1005(A)(18) (Supp. 93-4). R19-2-501 recodified from R4-27-501 (Supp. 95-1).

*The following Section was adopted under an exemption from the provisions of the Administrative Procedure Act (A.R.S. Title 41, Chapter 6) pursuant to A.R.S. § 41-1005(A)(18). Exemption from A.R.S. Title 41, Chapter 6 means that the Arizona Racing*

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*Commission did not submit these rules to the Governor's Regulatory Review Council for Review; the Commission did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the Commission was not required to hold public hearings on these rules; and the Attorney General did not certify these rules.*

**R19-2-502. Records**

- A. The permittee shall maintain records of all wagering for one year from the end of the racing meet or end of the racetrack's fiscal year, the same term for which outs tickets are valid, so the Department may review the records for any contest. Wagering records maintained shall include the opening line, subsequent odds fluctuation, the amount and at which window wagers were placed on any betting, interest, and other information as may be required. The wagering records shall be retained by each permittee and safeguarded for the period specified by the Department. The Department may require that certain records be made available to the wagering public at the completion of each contest.
- B. The permittee shall provide the Department with a list of the licensed individuals afforded access to pari-mutuel records and equipment at the wagering facility.

**Historical Note**

Adopted effective October 21, 1993, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 41-1005(A)(18) (Supp. 93-4). R19-2-502 recodified from R4-27-502 (Supp. 95-1). Section amended by exempt rulemaking at 20 A.A.R. 2874, effective October 10, 2014 (Supp. 14-4).

*The following Section was adopted under an exemption from the provisions of the Administrative Procedure Act (A.R.S. Title 41, Chapter 6) pursuant to A.R.S. § 41-1005(A)(18). Exemption from A.R.S. Title 41, Chapter 6 means that the Arizona Racing Commission did not submit these rules to the Governor's Regulatory Review Council for Review; the Commission did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the Commission was not required to hold public hearings on these rules; and the Attorney General did not certify these rules.*

**R19-2-503. Pari-mutuel Tickets**

A pari-mutuel ticket is evidence of a contribution to the pari-mutuel pool operated by the permittee and is evidence of the obligation of the permittee to pay to the holder thereof such portion of the distributable amount of the pari-mutuel pool as is represented by such valid pari-mutuel ticket. The permittee shall cash all valid winning tickets when such are presented for payment during the course of the meeting where sold, and for a one-year period after the last day of the meeting. Each pari-mutuel ticket purchaser agrees to abide by the terms and provisions of these rules, other applicable rules of the Arizona Racing Commission, and by the laws of the state of Arizona.

1. To be deemed a valid pari-mutuel ticket, such ticket shall have been issued by a pari-mutuel ticket machine operated by the permittee and recorded as a ticket entitled to a share of the pari-mutuel pool and contain imprinted information as to:
  - a. The name of the permittee operating the meeting,
  - b. A unique identifying number or code,
  - c. Identification of the terminal at which the ticket was issued,
  - d. A designation of the performance for which the wagering transaction was issued,
  - e. The contest number for which the pool is conducted,
  - f. The type or types of wagers represented,

- g. The number or numbers representing the betting interests for which the wager is recorded,
  - h. The amount or amounts of the contributions to the pari-mutuel pool or pools for which the ticket is evidence.
2. No pari-mutuel ticket recorded or reported as previously paid, cancelled, or nonexistent shall be deemed a valid pari-mutuel ticket by the permittee. The permittee may withhold payment and refuse to cash any pari-mutuel ticket deemed not valid, except as provided in R19-2-504(E) of these rules.

**Historical Note**

Adopted effective October 21, 1993, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 41-1005(A)(18) (Supp. 93-4). R19-2-503 recodified from R4-27-503 (Supp. 95-1).

*The following Section was adopted under an exemption from the provisions of the Administrative Procedure Act (A.R.S. Title 41, Chapter 6) pursuant to A.R.S. § 41-1005(A)(18). Exemption from A.R.S. Title 41, Chapter 6 means that the Arizona Racing Commission did not submit these rules to the Governor's Regulatory Review Council for Review; the Commission did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the Commission was not required to hold public hearings on these rules; and the Attorney General did not certify these rules.*

**R19-2-504. Pari-mutuel Ticket Sales**

- A. Pari-mutuel tickets shall be sold only by a permittee licensed to conduct pari-mutuel wagering or a racetrack permittee-contracted ADWP. All tickets shall be sold as prescribed under A.R.S. §§ 5-111 and 5-112.
- B. A pari-mutuel ticket may not be sold on a contest for which wagering has been closed and a permittee shall not be responsible for sales entered into but not completed by issuance of a ticket before the totalisator is closed for wagering on the contest.
- C. Claims pertaining to a mistake on an issued or unissued ticket must be made by the bettor before leaving the seller's window. Cancellation or exchange of tickets issued shall not be permitted after a patron has left a seller's window except in accordance with written policies established by the racetrack permittee and approved by the Department. An ADWP shall abide by the most restrictive policy established by any of the racetrack permittees with which the ADWP contracts.
- D. Payment on winning pari-mutuel wagers shall be made on the basis of the order of finish as purposely posted and declared "official." Any change in the order of finish or award of purse money that results from a subsequent ruling by the stewards or Department shall in no way affect the pari-mutuel payoff. If an error in the posted order of finish or payoff figures is discovered, the official order of finish or payoff prices may be corrected and an announcement concerning the change shall be made to the public.
- E. A racetrack permittee shall not satisfy claims on lost, mutilated, or altered pari-mutuel tickets without authorization of the Department.
- F. A racetrack permittee has no obligation to enter a wager into a betting pool if unable to do so due to equipment failure.
- G. Pari-mutuel tickets shall neither be sold to nor purchased by anyone less than 21 years old.

**Historical Note**

Adopted effective October 21, 1993, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 41-1005(A)(18) (Supp. 93-4). R19-2-504 recodified from R4-27-504 (Supp. 95-1).

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ified from R4-27-504 (Supp. 95-1). Section amended by exempt rulemaking at 20 A.A.R. 2874, effective October 10, 2014 (Supp. 14-4).

*The following Section was adopted under an exemption from the provisions of the Administrative Procedure Act (A.R.S. Title 41, Chapter 6) pursuant to A.R.S. § 41-1005(A)(18). Exemption from A.R.S. Title 41, Chapter 6 means that the Arizona Racing Commission did not submit these rules to the Governor's Regulatory Review Council for Review; the Commission did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the Commission was not required to hold public hearings on these rules; and the Attorney General did not certify these rules.*

**R19-2-505. Advance Performance Wagering**

No permittee shall permit wagering to begin more than one day before scheduled post time of the first contest of a performance unless it has first obtained the authorization of the Department.

**Historical Note**

Adopted effective October 21, 1993, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 41-1005(A)(18) (Supp. 93-4). R19-2-505 recodified from R4-27-505 (Supp. 95-1).

*The following Section was adopted under an exemption from the provisions of the Administrative Procedure Act (A.R.S. Title 41, Chapter 6) pursuant to A.R.S. § 41-1005(A)(18). Exemption from A.R.S. Title 41, Chapter 6 means that the Arizona Racing Commission did not submit these rules to the Governor's Regulatory Review Council for Review; the Commission did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the Commission was not required to hold public hearings on these rules; and the Attorney General did not certify these rules.*

**R19-2-506. Claims for Payment from Pari-mutuel Pool**

At a designated location, a written, verified claim for payment from a pari-mutuel pool shall be accepted by the permittee in any case where the permittee has withheld payment or has refused to cash a pari-mutuel wager. The claim shall be made on such form as approved by the Department, and the claimant shall make such claim under penalty of perjury. The original of such claim shall be forwarded to the Department within 48 hours.

1. In the case of a claim made for payment of a mutilated pari-mutuel ticket which does not contain the total imprinted elements required pursuant to R19-2-503(1) of these rules, the permittee shall make a recommendation to accompany the claim forwarded to the Department as to whether or not the mutilated ticket has sufficient elements to be positively identified as a winning ticket.
2. In the case of a claim made for payment on a pari-mutuel wager, the Department shall adjudicate the claim and may order payment thereon from the pari-mutuel pool or by the permittee, or may deny the claim, or may make such other order as it may deem proper.

**Historical Note**

Adopted effective October 21, 1993, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 41-1005(A)(18) (Supp. 93-4). R19-2-506 recodified from R4-27-506 (Supp. 95-1).

*The following Section was adopted under an exemption from the provisions of the Administrative Procedure Act (A.R.S. Title 41, Chapter 6) pursuant to A.R.S. § 41-1005(A)(18). Exemption from A.R.S. Title 41, Chapter 6 means that the Arizona Racing Commission did not submit these rules to the Governor's Regulatory Review Council for Review; the Commission did not submit*

*notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the Commission was not required to hold public hearings on these rules; and the Attorney General did not certify these rules.*

**R19-2-507. Payment for Errors**

If an error occurs in the payment amounts for pari-mutuel wagers which are cashed or entitled to be cashed and, as a result of such error, the pari-mutuel pool involved in the error is not correctly distributed among winning ticket holders, the following shall apply:

1. Verification is required to show that the amount of the commission, the amount in breakage, and the amount in payoffs is equal to the total gross pool. If the amount of the pool is more than the amount used to calculate the payoff, the underpayment shall be paid to the Department for deposit into the State Treasury.
2. Any claim not filed with the permittee within 30 days, inclusive of the date on which the underpayment was publicly announced, shall be deemed waived, and the permittee shall have no further liability therefore.
3. In the event the error results in an overpayment to winning wagers, the permittee shall be responsible for such payment.

**Historical Note**

Adopted effective October 21, 1993, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 41-1005(A)(18) (Supp. 93-4). R19-2-507 recodified from R4-27-507 (Supp. 95-1).

*The following Section was adopted under an exemption from the provisions of the Administrative Procedure Act (A.R.S. Title 41, Chapter 6) pursuant to A.R.S. § 41-1005(A)(18). Exemption from A.R.S. Title 41, Chapter 6 means that the Arizona Racing Commission did not submit these rules to the Governor's Regulatory Review Council for Review; the Commission did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the Commission was not required to hold public hearings on these rules; and the Attorney General did not certify these rules.*

**R19-2-508. Betting Explanation**

A racetrack permittee shall ensure that a summary explanation of pari-mutuel wagering and each type of betting pool offered is published in the racing program for every wagering performance. The racetrack permittee shall make the rules of racing relative to each type of pari-mutuel pool offered available upon request through permittee representatives at all permittee wagering locations and shall post a link to the Department's rules page on all permittee web sites.

**Historical Note**

Adopted effective October 21, 1993, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 41-1005(A)(18) (Supp. 93-4). R19-2-508 recodified from R4-27-508 (Supp. 95-1). Section amended by exempt rulemaking at 20 A.A.R. 2874, effective October 10, 2014 (Supp. 14-4).

*The following Section was adopted under an exemption from the provisions of the Administrative Procedure Act (A.R.S. Title 41, Chapter 6) pursuant to A.R.S. § 41-1005(A)(18). Exemption from A.R.S. Title 41, Chapter 6 means that the Arizona Racing Commission did not submit these rules to the Governor's Regulatory Review Council for Review; the Commission did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the Commission was not required to hold public hearings on these rules; and the*

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*Attorney General did not certify these rules.*

**R19-2-509. Display of Betting Information**

- A. A racetrack permittee shall ensure that odds or will-pay amounts for win pool betting are posted on display devices within view of the wagering public and updated at intervals of not more than 90 seconds.
- B. The racetrack permittee shall ensure that amounts wagered in total for the other pools and on each betting interest or wager combination are displayed to the wagering public at intervals and in a manner approved by the Department.
- C. Official results and payoffs shall be displayed when a contest is declared official.

**Historical Note**

Adopted effective October 21, 1993, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 41-1005(A)(18) (Supp. 93-4). R19-2-509 recodified from R4-27-509 (Supp. 95-1). Section amended by exempt rulemaking at 20 A.A.R. 2874, effective October 10, 2014 (Supp. 14-4).

*The following Section was adopted under an exemption from the provisions of the Administrative Procedure Act (A.R.S. Title 41, Chapter 6) pursuant to A.R.S. § 41-1005(A)(18). Exemption from A.R.S. Title 41, Chapter 6 means that the Arizona Racing Commission did not submit these rules to the Governor's Regulatory Review Council for Review; the Commission did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the Commission was not required to hold public hearings on these rules; and the Attorney General did not certify these rules.*

**R19-2-510. Cancelled Contests**

If a contest is cancelled or declared "no contest," refunds shall be granted on valid wagers in accordance with this Chapter.

**Historical Note**

Adopted effective October 21, 1993, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 41-1005(A)(18) (Supp. 93-4). R19-2-510 recodified from R4-27-510 (Supp. 95-1). Section amended by exempt rulemaking at 20 A.A.R. 2874, effective October 10, 2014 (Supp. 14-4).

*The following Section was adopted under an exemption from the provisions of the Administrative Procedure Act (A.R.S. Title 41, Chapter 6) pursuant to A.R.S. § 41-1005(A)(18). Exemption from A.R.S. Title 41, Chapter 6 means that the Arizona Racing Commission did not submit these rules to the Governor's Regulatory Review Council for Review; the Commission did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the Commission was not required to hold public hearings on these rules; and the Attorney General did not certify these rules.*

**R19-2-511. Refunds**

- A. Notwithstanding other provisions of these rules, refunds of the entire pool shall be made on:
1. Win pools, Exacta pools, and first-half Double pools offered in contests in which the number of betting interests has been reduced to fewer than 2.
  2. Place pools, Quinella pools, Trifecta pools, first-half Quinella Double pools, first-half Twin Quinella pools, first-half Twin Trifecta pools, and first-half Tri-Superfecta pools offered in contests in which the number of betting interests has been reduced to fewer than 3.

3. Show pools, Superfecta pools, and first-half Twin Superfecta pools offered in contests in which the number of betting interests has been reduced to fewer than 4.
- B. Authorized refunds shall be paid upon presentation and surrender of the affected pari-mutuel ticket.

**Historical Note**

Adopted effective October 21, 1993, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 41-1005(A)(18) (Supp. 93-4). R19-2-511 recodified from R4-27-511 (Supp. 95-1).

*The following Section was adopted under an exemption from the provisions of the Administrative Procedure Act (A.R.S. Title 41, Chapter 6) pursuant to A.R.S. § 41-1005(A)(18). Exemption from A.R.S. Title 41, Chapter 6 means that the Arizona Racing Commission did not submit these rules to the Governor's Regulatory Review Council for Review; the Commission did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the Commission was not required to hold public hearings on these rules; and the Attorney General did not certify these rules.*

**R19-2-512. Coupled Entries and Mutuel Fields**

- A. Contestants coupled in wagering as a coupled entry or mutuel field shall be considered part of a single betting interest for the purpose of price calculations and distribution of pools. Should any contestant in a coupled entry or mutuel field be officially withdrawn or scratched, the remaining contestants in that coupled entry or mutuel field shall remain valid betting interests and no refunds will be granted. If all contestants within a coupled entry or mutuel field are scratched, then tickets on such betting interests shall be refunded, notwithstanding other provisions of these rules.
- B. For the purpose of price calculations only, coupled entries and mutuel fields shall be calculated as a single finisher, using the finishing position of the leading contestant in that coupled entry or mutuel field to determine order of placing. This rule shall apply to all circumstances, including situations involving a dead heat, except as otherwise provided by these rules.

**Historical Note**

Adopted effective October 21, 1993, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 41-1005(A)(18) (Supp. 93-4). R19-2-512 recodified from R4-27-512 (Supp. 95-1).

*The following Section was adopted under an exemption from the provisions of the Administrative Procedure Act (A.R.S. Title 41, Chapter 6) pursuant to A.R.S. § 41-1005(A)(18). Exemption from A.R.S. Title 41, Chapter 6 means that the Arizona Racing Commission did not submit these rules to the Governor's Regulatory Review Council for Review; the Commission did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the Commission was not required to hold public hearings on these rules; and the Attorney General did not certify these rules.*

**R19-2-513. Pools Dependent upon Betting Interests**

- A. Unless the Department otherwise provides, at the time the pools are opened for wagering, the racetrack permittee:
1. Shall offer Win wagering on all contests with three or more betting interests and may offer Win wagering on all contests with two or more betting interests.
  2. Shall offer Place wagering on all contests with four or more betting interests and may offer Place wagering on all contests with three or more wagering interests.

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3. Shall offer Show wagering on all contests with five or more betting interests and may offer Show wagering on all contests with four or more betting interests.
  4. May offer Quinella wagering on all contests with three or more betting interests.
  5. May offer Quinella Double wagering on all contests with three or more betting interests.
  6. May offer Exacta wagering on all contests with two or more betting interests.
  7. May offer Trifecta wagering on all contests with three or more betting interests.
  8. May offer Superfecta wagering on all contests with four or more betting interests.
  9. May offer Twin Quinella wagering on all contests with three or more betting interests.
  10. Shall not offer first- or second-leg Twin-Trifecta or Tri-Superfecta wagering on any contests with six or fewer betting interests in either leg of the wager.
  11. May offer Pick-N wagering on any consecutive contests that allow Win wagering.
  12. May offer Place Pick-N wagering on any consecutive contests that allow Place wagering.
  13. May prohibit wagering on any particular contestant in stakes races, if the exclusions are clearly indicated in the racing program.
- B.** Before each racing meet, the racetrack permittee shall establish and submit to the Department the pools to be offered with each number of betting interests.

**Historical Note**

Adopted effective October 21, 1993, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 41-1005(A)(18) (Supp. 93-4). R19-2-513 recodified from R4-27-513 (Supp. 95-1). Amended effective July 3, 1996 (Supp. 96-3). Amended by exempt rulemaking at 6 A.A.R. 786, effective February 1, 2000 (Supp. 00-1). Section amended by exempt rulemaking at 20 A.A.R. 2874, effective October 10, 2014 (Supp. 14-4).

*The following Section was adopted under an exemption from the provisions of the Administrative Procedure Act (A.R.S. Title 41, Chapter 6) pursuant to A.R.S. § 41-1005(A)(18). Exemption from A.R.S. Title 41, Chapter 6 means that the Arizona Racing Commission did not submit these rules to the Governor's Regulatory Review Council for Review; the Commission did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the Commission was not required to hold public hearings on these rules; and the Attorney General did not certify these rules.*

**R19-2-514. Prior Approval Required for Betting Pools**

- A.** A permittee that desires to offer new forms of wagering must apply in writing to the Department and receive written approval prior to implementing the new betting pool.
- B.** The permittee may suspend previously approved forms of wagering with the prior approval of the Department. Any carryover shall be held until the suspended form of wagering is reinstated. A permittee may request approval of a form of wagering or separate wagering pool for specific performances.

**Historical Note**

Adopted effective October 21, 1993, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 41-1005(A)(18) (Supp. 93-4). R19-2-514 recodified from R4-27-514 (Supp. 95-1).

*The following Section was adopted under an exemption from the provisions of the Administrative Procedure Act (A.R.S. Title 41, Chapter 6) pursuant to A.R.S. § 41-1005(A)(18). Exemption*

*from A.R.S. Title 41, Chapter 6 means that the Arizona Racing Commission did not submit these rules to the Governor's Regulatory Review Council for Review; the Commission did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the Commission was not required to hold public hearings on these rules; and the Attorney General did not certify these rules.*

**R19-2-515. Closing of Wagering in a Contest**

- A.** A Department representative shall close wagering for each contest. After wagering is closed, no pari-mutuel tickets shall be sold for that contest.
- B.** The racetrack permittee shall maintain, in good order, a system approved by the Department for closing wagering.
1. If the totalisator fails mechanically and becomes unreliable as to the amounts wagered, all money wagered on the contest shall be refunded.
  2. If a breakdown of the totalisator cannot be repaired during wagering on a contest, the wagering for that contest shall be declared closed. The payoff for a race closed because of totalisator breakdown shall be computed on the sums wagered in each pool before the breakdown.

**Historical Note**

Adopted effective October 21, 1993, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 41-1005(A)(18) (Supp. 93-4). R19-2-515 recodified from R4-27-515 (Supp. 95-1). Section amended by exempt rulemaking at 20 A.A.R. 2874, effective October 10, 2014 (Supp. 14-4).

*The following Section was adopted under an exemption from the provisions of the Administrative Procedure Act (A.R.S. Title 41, Chapter 6) pursuant to A.R.S. § 41-1005(A)(18). Exemption from A.R.S. Title 41, Chapter 6 means that the Arizona Racing Commission did not submit these rules to the Governor's Regulatory Review Council for Review; the Commission did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the Commission was not required to hold public hearings on these rules; and the Attorney General did not certify these rules.*

**R19-2-516. Complaints Pertaining to Pari-mutuel Operations**

- A.** When a patron makes a complaint regarding the pari-mutuel department to a permittee, the permittee shall immediately issue a complaint report setting out:
1. The name of the complainant;
  2. The nature of the complaint;
  3. The name of the persons, if any, against whom the complaint was made;
  4. The date of the complaint;
  5. The action taken or proposed to be taken, if any, by the permittee.
- B.** The permittee shall submit every complaint report to the Department within 48 hours after the complaint was made.

**Historical Note**

Adopted effective October 21, 1993, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 41-1005(A)(18) (Supp. 93-4). R19-2-516 recodified from R4-27-516 (Supp. 95-1).

*The following Section was adopted under an exemption from the provisions of the Administrative Procedure Act (A.R.S. Title 41, Chapter 6) pursuant to A.R.S. § 41-1005(A)(18). Exemption from A.R.S. Title 41, Chapter 6 means that the Arizona Racing Commission did not submit these rules to the Governor's Regulatory Review Council for Review; the Commission did not submit*

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*notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the Commission was not required to hold public hearings on these rules; and the Attorney General did not certify these rules.*

**R19-2-517. Licensed Employees**

All licensees shall report any known irregularities or wrongdoings by any person involving pari-mutuel wagering immediately to the Department and cooperate in subsequent investigations.

**Historical Note**

Adopted effective October 21, 1993, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 41-1005(A)(18) (Supp. 93-4). R19-2-517 recodified from R4-27-517 (Supp. 95-1).

*The following Section was adopted under an exemption from the provisions of the Administrative Procedure Act (A.R.S. Title 41, Chapter 6) pursuant to A.R.S. § 41-1005(A)(18). Exemption from A.R.S. Title 41, Chapter 6 means that the Arizona Racing Commission did not submit these rules to the Governor's Regulatory Review Council for Review; the Commission did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the Commission was not required to hold public hearings on these rules; and the Attorney General did not certify these rules.*

**R19-2-518. State Mutuel Supervisor**

- A. The Director shall appoint a state mutuel supervisor who shall monitor the pari-mutuel department and wagering at all race meetings and additional wagering facilities.
- B. A permittee shall grant the state mutuel supervisor and Department unrestricted access to its facilities and equipment and to all books, ledgers, accounts, documents, and records pertaining to pari-mutuel wagering.
- C. The state mutuel supervisor shall receive all requested information from a permittee's officers and employees promptly and shall receive full cooperation while carrying out the duties of that office.
- D. The state mutuel supervisor shall report to the Director and stewards any failure of the permittee, including its officers and employees, to comply with both the provisions of these rules and the laws of the state of Arizona.

**Historical Note**

Adopted effective October 21, 1993, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 41-1005(A)(18) (Supp. 93-4). R19-2-518 recodified from R4-27-518 (Supp. 95-1).

*The following Section was adopted under an exemption from the provisions of the Administrative Procedure Act (A.R.S. Title 41, Chapter 6) pursuant to A.R.S. § 41-1005(A)(18). Exemption from A.R.S. Title 41, Chapter 6 means that the Arizona Racing Commission did not submit these rules to the Governor's Regulatory Review Council for Review; the Commission did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the Commission was not required to hold public hearings on these rules; and the Attorney General did not certify these rules.*

**R19-2-519. Mutuel Manager**

- A. In the event of an emergency in connection with the pari-mutuel department not covered in these rules, the mutuel manager representing the permittee shall report the problem to the stewards and the permittee, and the stewards shall render a full report to the Department within 48 hours.
- B. The mutuel manager shall be responsible for the correctness of all payoff prices posted on the odds board, subject to the lim-

itations of nonfraudulent human and mechanical errors. In the event that a payoff is both incorrectly posted and paid, the mutuel manager shall file with the Department a complete report explaining the circumstances prior to the next racing day.

- C. The mutuel manager shall provide the Department with, upon request, complete and detailed reports of each race day; including the handle of each race, the total handle and attendance, the payoffs on each race, breakage and commission, opening and closing lines, and sellers' shortages and overages.

**Historical Note**

Adopted effective October 21, 1993, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 41-1005(A)(18) (Supp. 93-4). R19-2-519 recodified from R4-27-519 (Supp. 95-1).

*The following Section was adopted under an exemption from the provisions of the Administrative Procedure Act (A.R.S. Title 41, Chapter 6) pursuant to A.R.S. § 41-1005(A)(18). Exemption from A.R.S. Title 41, Chapter 6 means that the Arizona Racing Commission did not submit these rules to the Governor's Regulatory Review Council for Review; the Commission did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the Commission was not required to hold public hearings on these rules; and the Attorney General did not certify these rules.*

**R19-2-520. Stored Value Instruments**

- A. Pari-mutuel cash vouchers. A racetrack permittee may offer pari-mutuel cash vouchers at a wagering location that issues pari-mutuel tickets.
  1. Cash vouchers shall be dispensed through the totalisator system;
  2. The stored value on a cash voucher may be redeemed in the same manner as a value of a winning pari-mutuel ticket for wagers placed at a pari-mutuel window or a self-service terminal, and may be redeemed for the cash value at any time;
  3. The tote system transaction record for all pari-mutuel cash vouchers shall include the voucher identification number in subsequent pari-mutuel transactions; and
  4. Pari-mutuel wagers made from a voucher shall include the voucher by identification number.
- B. A racetrack permittee may, with prior approval of the Department, issue special pari-mutuel cash vouchers as incentives or promotional prizes, and may restrict the use of the special vouchers to the purchase of pari-mutuel wagers.
- C. Other stored value instruments and systems. A racetrack permittee shall not, without the prior approval of the Department, use any form of stored value instrument or system other than a pari-mutuel cash voucher for making or cashing pari-mutuel wagers. A request for approval of a stored value instrument or system other than a pari-mutuel cash voucher shall include a detailed description of the standards used to:
  1. Identify the specific stored value instrument or account in the pari-mutuel system wagering transaction record;
  2. Verify the identity and business address of the person obtaining, holding, and using the stored value instrument or system; and
  3. Record and maintain records of deposits, credits, debits, transaction numbers, and account balances involving the stored value instruments or accounts.
- D. A stored value instrument or system:
  1. Shall prevent a wagering transaction if the wagering transaction will create a negative balance in the account, and

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2. Shall not operate to automatically facilitate a transfer of funds into a stored value instrument or account without direct authorization of each deposit transfer by the person holding the instrument or account.
- E. A request for approval of a stored value instrument or system shall include:
1. An affirmation that records and reports relating to all transactions, account records, and customer identification and verification will be made available on request to the Department in both paper or and electronic form approved by the Department; and
  2. Certification of secure retention of all records for the time specified in R19-2-502.

**Historical Note**

Section reserved. New Section made by exempt rulemaking at 20 A.A.R. 2874, effective October 10, 2014 (Supp. 14-4).

**R19-2-521. Repealed****Historical Note**

Adopted effective October 21, 1993, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 41-1005(A)(18) (Supp. 93-4). R19-2-521 recodified from R4-27-521 (Supp. 95-1). Amended effective February 17, 1998, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 41-1005(A)(18) (Supp. 98-1). Amended effective July 22, 1998, pursuant to an exemption under the Administrative Procedure Act. (Supp. 98-3). Amended by exempt rulemaking at 5 A.A.R. 532, effective January 29, 1999 (Supp. 99-1). Amended by exempt rulemaking at 5 A.A.R. 2176, effective June 15, 1999 (Supp. 99-2). Section repealed by exempt rulemaking at 20 A.A.R. 2874, effective October 10, 2014 (Supp. 14-4).

**R19-2-522. Repealed****Historical Note**

Adopted effective October 21, 1993, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 41-1005(A)(18) (Supp. 93-4). R19-2-522 recodified from R4-27-522 (Supp. 95-1). Amended effective February 17, 1998, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 41-1005(A)(18) (Supp. 98-1). Amended by exempt rulemaking at 5 A.A.R. 532, effective January 29, 1999 (Supp. 99-1). Section repealed by exempt rulemaking at 20 A.A.R. 2874, effective October 10, 2014 (Supp. 14-4).

*The following Section was adopted under an exemption from the provisions of the Administrative Procedure Act (A.R.S. Title 41, Chapter 6) pursuant to A.R.S. § 41-1005(A)(18). Exemption from A.R.S. Title 41, Chapter 6 means that the Arizona Racing Commission did not submit these rules to the Governor's Regulatory Review Council for Review; the Commission did not submit notice of proposed rulemaking to the Secretary of State for publication in the Arizona Administrative Register; the Commission was not required to hold public hearings on these rules; and the Attorney General did not certify these rules.*

**R19-2-523. Calculation of Payoffs and Distribution of Pools****A. General**

1. All permitted pari-mutuel wagering pools shall be separately and independently calculated and distributed. Takeout shall be deducted from each gross pool as stipulated by law. The remainder of the monies in the pool shall

constitute the net pool for distribution as payoff on winning wagers.

2. For each wagering pool, the amount wagered on the winning betting interest or betting combinations is deducted from the net pool to determine the profit; the profit is then divided by the amount wagered on the winning betting interest or combinations, such quotient being the profit per dollar.
3. Either the standard or net price calculation procedure may be used to calculate single commission pools, while the net price calculation procedure must be used to calculate multi-commission pools.

**a. Standard Price Calculation Procedure****SINGLE PRICE POOL (WIN POOL)**

gross pool	= sum of wagers on all betting interests - refunds
takeout	= gross pool x percent takeout
net pool	= gross pool - takeout
profit	= net pool - gross amount bet on winner
profit per dollar	= profit / gross amount bet on winner
\$1 unbroken price	= profit per dollar + \$1
\$1 broken price	= \$1 unbroken price rounded down to the break point
total payout	= \$1 broken price x gross amount bet on winner
total breakage	= net pool - total payout

**PROFIT SPLIT (PLACE POOL)**

Profit is net pool less gross amount bet on all place finishers. Finishers split profit 1/2 and 1/2 (place profit), then divide by gross amount bet on each place finisher for two unique prices.

**PROFIT SPLIT (SHOW POOL)**

Profit is net pool less gross amount bet on all show finishers. Finishers split profit 1/3 and 1/3 and 1/3 (show profit), then divide by gross amount bet on each show finisher for three unique prices.

**b. Net Price Calculation Procedure****SINGLE PRICE POOL (WIN POOL)**

gross pool	= sum of wagers on all betting interests - refunds
takeout	= gross pool x percent takeout
* for each source:	
net pool	= gross pool - takeout
net bet on winner	= gross amount bet on winner x (1 - percent takeout)
total net pool	= sum of all sources net pools
total net bet on winner	= sum of all sources net bet on winner
total profit	= total net pool - total net bet on winner
profit per dollar	= total profit / total net bet on winner
\$1 unbroken base price	= profit per dollar + \$1
* for each source:	
\$1 unbroken price	= \$1 unbroken base price x (1 - percent takeout)
\$1 broken price	= \$1 unbroken price rounded down to the break point
total payout	= \$1 broken price x gross amount bet on winner
total breakage	= net pool - total payout

**PROFIT SPLIT (PLACE POOL)**

Total profit is the total net pool less the total net amount bet on all place finishers. Finishers split

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total profit 1/2 and 1/2 (place profit), then divide by total net amount bet on each place finisher for two unique unbroken base prices.

**PROFIT SPLIT (SHOW POOL)**

Total profit is the total net pool less the total net amount bet on all show finishers. Finishers split total profit 1/3 and 1/3 and 1/3 (show profit), then divide by total net amount bet on each show finisher for three unique unbroken base prices.

4. If a profit split results in only one covered winning betting interest or combinations, it shall be calculated the same as a single price pool.
5. Minimum payoffs and the method used for calculating breakage shall be established by the Department.
6. The individual pools outlined in these rules may be given alternative names by each permittee, provided prior approval is obtained from the Department.

**B. Win Pools**

1. The amount wagered on the betting interest which finishes first is deducted from the net pool, the balance remaining being the profit; the profit is divided by the

amount wagered on the betting interest finishing first, such quotient being the profit per dollar wagered to Win on that betting interest.

2. The net Win pool shall be distributed as a single price pool to winning wagers in the following precedence, based upon the official order of finish:
  - a. To those whose selection finished first; but if there are no such wagers, then
  - b. To those whose selection finished second; but if there are no such wagers, then
  - c. To those whose selection finished third; but if there are no such wagers, then
  - d. The entire pool shall be refunded on Win wagers for that contest.
3. If there is a dead heat for first involving:
  - a. Contestants representing the same betting interest, the Win pool shall be distributed as if no dead heat occurred.
  - b. Contestants representing two or more betting interests, the Win pool shall be distributed as a profit split.

**Table 1. Win Pool - Standard Price Calculation**

Table 1: WIN POOL (Standard Price Calculation)	
Sum of Wagers on All Betting Interests =	\$194,230.00
Refunds =	\$1,317.00
Gross Pool:	
Sum of Wagers on All Betting Interests - Refunds =	\$192,913.00
Percent Takeout =	18%
Takeout:	
Gross Pool x Percent Takeout =	\$34,724.34
Net Pool:	
Gross Pool - Takeout =	\$158,188.66
Gross Amount Bet on Winner =	\$23,872.00
Profit:	
Net Pool - Gross Amount Bet on Winner =	\$134,316.66
Profit Per Dollar:	
Profit / Gross Amount Bet on Winner =	\$5.6265357
\$1 Unbroken Price:	
Profit Per Dollar + \$1 =	\$6.6265357

**C. Place Pools**

1. The amounts wagered to Place on the first two betting interests to finish are deducted from the net pool, the balance remaining being the profit; the profit is divided into two equal portions, one being assigned to each winning betting interest and divided by the amount wagered to Place on that betting interest, the resulting quotient is the profit per dollar wagered to Place on that betting interest.
2. The net Place pool shall be distributed to winning wagers in the following precedence, based upon the official order of finish:
  - a. If contestants of a coupled entry or mutuel field finished in the first two places, as a single price pool to those who selected the coupled entry or mutuel field; otherwise
  - b. As a profit split to those whose selection is included within the first two finishers; but if there are no such wagers on one of those two finishers, then
  - c. As a single price pool to those who selected the one covered betting interest included within the first two finishers; but if there are no such wagers, then
  - d. As a single price pool to those who selected the third-place finisher, but if there are no such wagers, then
  - e. The entire pool shall be refunded on Place wagers for that contest.
3. If there is a dead heat for first involving:
  - a. Contestants representing the same betting interest, the Place pool shall be distributed as a single price pool.
  - b. Contestants representing two or more betting interests, the Place pool shall be distributed as a profit split.
4. If there is a dead heat for second involving:
  - a. Contestants representing the same betting interest, the Place pool shall be distributed as if no dead heat occurred.
  - b. Contestants representing two or more betting interests, the Place pool is divided with half of the profit distributed to Place wagers on the betting interest finishing first and the remainder is distributed equally amongst Place wagers on those betting interests involved in the dead heat for second.



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**Table 2. Place Pool - Standard Price Calculation**

Table 2: PLACE POOL (Standard Price Calculation)	
Sum of Wagers on All Betting Interests =	\$194,230.00
Refunds =	\$1,317.00
Gross Pool:	
Sum of Wagers on All Betting Interests - Refunds =	\$192,913.00
Percent Takeout =	18%
Takeout:	
Gross Pool x Percent Takeout =	\$34,724.34
Net Pool:	
Gross Pool - Takeout =	\$158,188.66
Gross Amount Bet on first place finisher =	\$23,872.00
Gross amount Bet on second place finisher =	\$12,500.00
Profit:	
Net Pool - Gross Amount Bet on first place finisher	
- Gross Amount Bet on second place finisher =	\$121,816.66
Place Profit:	
Profit / 2 =	\$60,908.33
Profit Per Dollar for first place:	
Place Profit / Gross Amount Bet on first place finisher =	\$2.5514548
\$1 Unbroken Price for first place:	
Profit Per Dollar for first place + \$1 =	\$3.5514548
Profit Per Dollar for second place:	
Place Profit / Gross Amount Bet on second place finisher =	\$4.8726664
\$1 Unbroken Price for second place:	
Profit Per Dollar for second place + \$1 =	\$5.8726664

**D. Show Pools**

1. The amounts wagered to Show on the first three betting interests to finish are deducted from the net pool, the balance remaining being the profit; the profit is divided into three equal portions, one being assigned to each winning betting interest and divided by the amount wagered to Show on that betting interest, the resulting quotient being the profit per dollar wagered to Show on that betting interest.
2. The net Show pool shall be distributed to winning wagers in the following precedence, based upon the official order of finish:
  - a. If contestants of a coupled entry or mutuel field finished in the first three places, as a single price pool to those who selected the coupled entry or mutuel field; otherwise
  - b. If contestants of a coupled entry or mutuel field finished as two of the first three finishers, the profit is divided with two-thirds distributed to those who selected the coupled entry or mutuel field and one-third distributed to those who selected the other betting interest included within the first three finishers; otherwise
  - c. As a profit split to those whose selection is included within the first three finishers; but if there are no such wagers on one of those three finishers, then
  - d. As a profit split to those who selected one of the two covered betting interests included within the first three finishers; but if there are no such wagers on two of those three finishers, then
  - e. As a single price pool to those who selected the one covered betting interest included within the first three finishers; but if there are no such wagers, then
  - f. As a single price pool to those who selected the fourth-place finisher; but if there are no such wagers, then
- g. The entire pool shall be refunded on Show wagers for that contest.
3. If there is a dead heat for first involving:
  - a. Two contestants representing the same betting interest, the profit is divided with 2/3rds distributed to those who selected the first-place finishers and one-third distributed to those who selected the betting interest finishing third.
  - b. Three contestants representing a single betting interest, the Show pool shall be distributed as a single price pool.
  - c. Contestants representing two or more betting interests, the Show pool shall be distributed as a profit split.
4. If there is a dead heat for second involving:
  - a. Contestants representing the same betting interest, the profit is divided with one-third distributed to those who selected the betting interest finishing first and two-thirds distributed to those who selected the second-place finishers.
  - b. Contestants representing two betting interests, the Show pool shall be distributed as a profit split.
  - c. Contestants representing three betting interests, the Show pool is divided with one-third of the profit distributed to Show wagers on the betting interest finishing first and the remainder is distributed equally among Show wagers on those betting interests involved in the dead heat for second.
5. If there is a dead heat for third involving:
  - a. Contestants representing the same betting interest, the Show pool shall be distributed as if no dead heat occurred.
  - b. Contestants representing two or more betting interests, the Show pool is divided with 2/3rds of the profit distributed to Show wagers on the betting interests finishing first and second and the remainder

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is distributed equally among Show wagers on those betting interests involved in the dead heat for third.

**Table 3. Show Pool - Standard Price Calculation**

Table 3: SHOW POOL (Standard Price Calculation)	
Sum of Wagers on All Betting Interests =	\$194,230.00
Refunds =	\$1,317.00
Gross Pool:	
Sum of Wagers on All Betting Interests - Refunds =	\$192,913.00
Percent Takeout =	18%
Takeout:	
Gross Pool x Percent Takeout =	\$34,724.34
Net Pool:	
Gross Pool - Takeout =	\$158,188.66
Gross Amount Bet on first place finisher =	\$23,872.00
Gross Amount Bet on second place finisher =	\$12,500.00
Gross Amount Bet on third place finisher =	\$4,408.00
Profit: Net Pool	
- Gross Amount Bet on first place finisher	
- Gross Amount Bet on second place finisher	
- Gross Amount Bet on third place finisher =	\$117,408.66
Show Profit:	
Profit / 3 =	\$39,136.22
Profit Per Dollar for first place:	
Show Profit / Gross Amount Bet on first place finisher =	\$1.6394194
\$1 Unbroken Price for first place:	
Profit Per Dollar for first place + \$1 =	\$2.6394194
Profit Per Dollar for second place:	
Show Profit / Gross Amount Bet on second place finisher =	\$3.1308976
\$1 Unbroken Price for second place:	
Profit Per Dollar for second place + \$1 =	\$4.1308976
Profit Per Dollar for third place:	
Show Profit / Gross Amount Bet on third place finisher =	\$8.8784528
\$1 Unbroken Price for third place:	
Profit Per Dollar for third place + \$1 =	\$9.8784528

**Table 4. Show Pool - Single Takeout Rate & Single Betting Source**

Table 4: SHOW POOL Single Takeout Rate & Single Betting Source (Net Price Calculation)	
Sum of Wagers on All Betting Interests =	\$194,230.00
Refunds =	\$1,317.00
Gross Pool:	
Sum of Wagers on All Betting Interests - Refunds =	\$192,913.00
Percent Takeout =	18%
Takeout:	
Gross Pool x Percent Takeout =	\$34,724.34
Total Net Pool:	
Gross Pool - Takeout =	\$158,188.66
Gross Amount Bet on first place finisher =	\$23,872.00
Net Amount Bet on first place finisher =	\$19,575.04
Gross Amount Bet on second place finisher =	\$12,500.00
Net Amount bet on second place finisher =	\$10,250.00
Gross Amount Bet on third place finisher =	\$4,408.00
Net Amount Bet on third place finisher =	\$3,614.56
Total Net Bet on Winners:	
Net Amount Bet on first place finisher +	
Net Amount Bet on second place finisher +	
Net Amount Bet on third place finisher =	\$33,439.60
Total Profit:	
Total Net Pool - Total Net Bet on Winners =	\$124,749.06
Show Profit:	
Total Profit / 3 =	\$41,583.02

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Profit Per Dollar for first place:  
 Show Profit / Net Amount Bet on first place finisher = \$2.1242879  
 \$1 Unbroken Base Price for first place:  
 Profit Per Dollar for first place + \$1 = \$3.1242879  
 \$1 Unbroken Price for first place:  
 \$1 Unbroken Base Price for first place x (1 - percent takeout) = \$2.5619161  
 Profit Per Dollar for second place:  
 Show Profit / Net Amount Bet on second place finisher = \$4.0568800  
 \$1 Unbroken Base Price for second place:  
 Profit Per Dollar for second place + \$1 = \$5.0568800  
 \$1 Unbroken Price for second place:  
 \$1 Unbroken Base Price for second place x (1 - percent takeout) = \$4.1466416  
 Profit Per Dollar for third place:  
 Show Profit / Net Amount Bet on third place finisher = \$11.504310  
 \$1 Unbroken Base Price for third place:  
 Profit Per Dollar for third place + \$1 = \$12.504310  
 Unbroken Price for third place:  
 \$1 Unbroken Base Price for third place x (1 - percent takeout) = \$10.253534

**E. Double Pools**

1. The Double requires selection of the first-place finisher in each of two specified contests.
2. The net Double pool shall be distributed to winning wagers in the following precedence, based upon the official order of finish:
  - a. As a single price pool to those whose selection finished first in each of the two contests; but if there are no such wagers, then
  - b. As a profit split to those who selected the first-place finisher in either of the two contests; but if there are no such wagers, then
  - c. As a single price pool to those who selected the one covered first-place finisher in either contest; but if there are no such wagers, then
  - d. As a single price pool to those whose selection finished second in each of the two contests; but if there are no such wagers, then
  - e. The entire pool shall be refunded on Double wagers for those contests.
3. If there is a dead heat for first in either of the two contests involving:
  - a. Contestants representing the same betting interest, the Double pool shall be distributed as if no dead heat occurred.
  - b. Contestants representing two or more betting interests, the Double pool shall be distributed as a profit split if there is more than one covered winning combination.
4. Should a betting interest in the first-half of the Double be scratched prior to the first Double contest being declared official, all money wagered on combinations including the scratched betting interest shall be deducted from the Double pool and refunded.
5. Should a betting interest in the second-half of the Double be scratched prior to the close of wagering on the first Double contest, all money wagered on combinations including the scratched betting interest shall be deducted from the Double pool and refunded.
6. Should a betting interest in the second-half of the Double be scratched after the close of wagering on the first Double contest, all wagers combining the winner of the first contest with the scratched betting interest in the second contest shall be allocated a consolation payoff. In calculating the consolation payoff the net Double pool shall be divided by the total amount wagered on the winner of the first contest and an unbroken consolation price obtained. The broken consolation price is multiplied by the dollar value of wagers on the winner of the first contest combined with the scratched betting interest to obtain the consolation payoff. Breakage is not declared in this calculation. The consolation payoff is deducted from the net Double pool before calculation and distribution of the winning Double payoff. Dead heats including separate betting interests in the first contest shall result in a consolation payoff calculated as a profit split.
7. If either of the Double contests are cancelled prior to the first Double contest, or the first Double contest is declared "no contest," the entire Double pool shall be refunded on Double wagers for those contests.
8. If the second Double contest is cancelled or declared "no contest" after the conclusion of the first Double contest, the net Double pool shall be distributed as a single price pool to wagers selecting the winner of the first Double contest. In the event of a dead heat involving separate betting interests, the net Double pool shall be distributed as a profit split.

**Table 5. Double Pool - Standard Price Calculation**

Table 5: DOUBLE POOL (Standard Price Calculation)	
Sum of Wagers on All Betting Interests =	\$194,230.00
Refunds =	\$1,317.00
Gross Pool:	
Sum of Wagers on All Betting Interests - Refunds =	\$192,913.00
Percent Takeout =	18%
Takeout:	
Gross Pool x Percent Takeout =	\$34,724.34
Net Pool:	

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Gross Pool -Takeout = \$158,188.66  
 Gross Amount Bet on Winning Combination = \$23,872.00  
 Profit:  
   Net Pool - Gross Amount Bet on Winning Combination = \$134,316.66  
 Profit Per Dollar:  
   Profit / Gross Amount Bet on Winning Combination = \$5.6265357  
 \$1 Unbroken Price:  
   Profit Per Dollar + \$1 = \$6.6265357

**Table 6. Double Pool - Consolation Pricing**Table 6: DOUBLE POOL  
CONSOLATION PRICING

Sum of Wagers on All Betting Interests = \$194,230.00  
 Refunds = \$1,317.00  
 Gross Pool:  
   Sum of Wagers on All Betting Interests - Refunds = \$192,913.00  
 Percent Takeout = 18%  
 Takeout:  
   Gross Pool x Percent Takeout = \$34,724.34  
 Net Pool:  
   Gross Pool -Takeout = \$158,188.66  
 Consolation Pool:  
   Sum Total Amount Bet on winner of the first contest with all second contest betting interests = \$43,321.00  
 \$1 Consolation Unbroken Consolation Price:  
   Net Pool / Consolation Pool = \$3.6515468  
 \$1 Consolation Broken Price = \$3.65  
 Amount Bet on winner of the first contest with scratched betting interests: = \$1,234.00  
 Consolation Liability:  
   \$1 Consolation Broken Price x (Amount Bet on the winner of the first contest with scratched betting interests) = \$4,504.10  
 Adjusted Net Pool:  
   Net Pool - Consolation Liability = \$153,684.56  
 Gross Amount Bet on the Winning Combination = \$23,872.00  
 Profit:  
   Adjusted Net Pool - Gross Amount Bet on the Winning Combination = \$129,812.56  
 Profit Per Dollar:  
   Profit / Gross Amount Bet on the Winning Combination = \$5.4378586  
 \$1 Unbroken Price:  
   Profit Per Dollar + \$1 = \$6.4378586

**F. Pick 3 Pools**

1. The Pick 3 requires selection of the first-place finisher in each of three specified contests.
2. The net Pick 3 pool shall be distributed to winning wagers in the following precedence, based upon the official order of finish:
  - a. As a single price pool to those whose selection finished first in each of the three contests; but if there are no such wagers, then
  - b. As a single price pool to those who selected the first-place finisher in any two of the three contests; but if there are no such wagers, then
  - c. As a single price pool to those who selected the first-place finisher in any one of the three contests; but if there are no such wagers, then
  - d. The entire pool shall be refunded on Pick 3 wagers for those contests.
3. If there is a dead heat for first in any of the three contests involving:
  - a. Contestants representing the same betting interest, the Pick 3 pool shall be distributed as if no dead heat occurred.
  - b. Contestants representing two or more betting interests, the Pick 3 pool shall be distributed as a single

price pool with each winning wager receiving an equal share of the profit.

4. Should a betting interest in any of the three Pick 3 contests be scratched, the actual favorite, as evidenced by total amounts wagered in the Win pool at the close of wagering on that contest, shall be substituted for the scratched betting interest for all purposes, including pool calculations. In the event that the Win pool total for two or more favorites is identical, the substitute selection shall be the betting interest with the lowest program number. The totalisator shall produce reports showing each of the wagering combinations with substituted betting interests which became winners as a result of the substitution, in addition to the normal winning combination.
5. If all three Pick 3 contests are cancelled or declared "no contest," the entire pool shall be refunded on Pick 3 wagers for those contests.
6. If one or two of the Pick 3 contests are cancelled or declared "no contest," the Pick 3 pool shall remain valid and shall be distributed in accordance with subsection (F)(2) of this rule.

**G. Pick (n) Pools**

1. The Pick (n) requires selection of the first-place finisher in each of a designated number of contests. The permittee

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must obtain written approval from the Department concerning the scheduling of Pick (n) contests, the designation of one of the methods prescribed in subsection (G)(2), and the amount of any cap to be set on the carryover. Any changes to the approved Pick (n) format require prior approval from the Department.

2. The Pick (n) pool shall be apportioned under one of the following methods:

- a. *Method 1, Pick (n) with Carryover:* The net Pick (n) pool and carryover, if any, shall be distributed as a single price pool to those who selected the first-place finisher in each of the Pick (n) contests, based upon the official order of finish. If there are no such wagers, then a designated percentage of the net pool shall be distributed as a single price pool to those who selected the first-place finisher in the greatest number of Pick (n) contests; and the remainder shall be added to the carryover.
- b. *Method 2, Pick (n) with Minor Pool and Carryover:* The major share of the net Pick (n) pool and the carryover, if any, shall be distributed to those who selected the first-place finisher in each of the Pick (n) contests, based upon the official order of finish. The minor share of the net Pick (n) pool shall be distributed to those who selected the first-place finisher in the second greatest number of Pick (n) contests, based upon the official order of finish. If there are no wagers selecting the first-place finisher of all Pick (n) contests, the minor share of the net Pick (n) pool shall be distributed as a single price pool to those who selected the first-place finisher in the greatest number of Pick (n) contests; and the major share shall be added to the carryover.
- c. *Method 3, Pick (n) with No Minor Pool and No Carryover:* The net Pick (n) pool shall be distributed as the single price pool to those who selected the first-place finisher in the greatest number of Pick (n) contests, based upon the official order of finish. If there are no winning wagers, the pool is refunded.
- d. *Method 4, Pick (n) with Minor Pool and No Carryover:* The major share of the net Pick (n) pool shall be distributed to those who selected the first-place finisher in the greatest number of Pick (n) contests, based upon the official order of finish. The minor share of the net Pick (n) pool shall be distributed to those who selected the first-place finisher in the second greatest number of Pick (n) contests, based upon the official order of finish. If there are no wagers selecting the first-place finisher in a second greatest number of Pick (n) contests, the minor share of the net Pick (n) pool shall be combined with the major share for distribution as a single price pool to those who selected the first-place finisher in the greatest number of Pick (n) contests. If the greatest number of first-place finishers selected is 1, the major and minor shares are combined for distribution as a single price pool. If there are no winning wagers, the pool is refunded.
- e. *Method 5, Pick (n) with Minor Pool and No Carryover:* The major share of net Pick (n) pool shall be distributed to those who selected the first-place finisher in each of the Pick (n) contests, based upon the official order of finish. The minor share of the net Pick (n) pool shall be distributed to those who selected the first-place finisher in the second greatest number of Pick (n) contests, based upon the official

order of finish. If there are no wagers selecting the first-place finisher in all Pick (n) contests, the entire net Pick (n) pool shall be distributed as a single pool to those who selected the first-place finisher in the greatest number of Pick (n) contests. If there are no wagers selecting the first-place finisher in a second greatest number of Pick (n) contests, the minor share of the net Pick (n) pool shall be combined with the major share for distribution as a single price pool to those who selected the first-place finisher in each of the Pick (n) contests. If there are no winning wagers, the pool is refunded.

- f. *Method 6, Pick (n) with Minor Pool and Carryover with "Unique Winning Ticket" Provision (referred to as the "Unique Pick" for purposes of this rule only):* The Unique Pick net pool and carryover, if any, shall be distributed to the sole holder of a unique winning ticket that selected the first-place finisher in every one of the Unique Pick contests, based upon the official order of finish. If there is no sole holder of a unique winning ticket selecting the first-place finisher in every one of the Unique Pick contests, or if there are no wagers selecting the first-place finisher of all Unique Pick contests, the minor share of the Unique Pick net pool shall be distributed as a single price pool to those who selected the first-place finisher in the greatest number of Unique Pick contests, and the major share shall be added to the carryover. Where there is no correct selection of the first-place finisher in at least one of the Unique Pick contests, based upon the official order of finish, the day's net pool shall be refunded and the previous carryover pool amount, if any, shall be carried over to the next scheduled corresponding pool.
  - i. *Request for Mandatory Distribution.* In lieu of the event of a sole jackpot winner, the permittee may request permission to distribute the Unique Pick jackpot pursuant to subsections (G)(8) and (9) of this rule.
  - ii. *Unique Pick Jackpot Identification.* Permittees must clearly identify one of the following methods that will be relied upon for determining the existence of a Unique Pick winning ticket. The first method is when there is one and only one winning ticket that correctly selected the first place finisher in each of the Unique Pick contests, based upon the official order of finish, to be verified by the unique serial number assigned by the tote company that issued the winning ticket. The second method is when the total amount wagered on one and only one winning combination selecting the first-place finisher in each of the Unique Pick contests, based up on the official order of finish, is equal to no more than the minimum allowable wager.
3. If there is a dead heat for first in any of the Pick (n) contests involving:
  - a. Contestants representing the same betting interest, the Pick (n) pool shall be distributed as if no dead heat occurred.
  - b. Contestants representing two or more betting interests, the Pick (n) pool shall be distributed as a single price pool with each winning wager receiving an equal share of the profit.

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4. Should a betting interest in any of the Pick (n) contests be scratched, the actual favorite, as evidenced by total amounts wagered in the Win pool at the host association for the contest at the close of wagering on that contest, shall be substituted for the scratched betting interest for all purposes, including pool calculations. In the event that the Win pool total for two or more favorites is identical, the substitute selection shall be the betting interest with the lowest program number. The totalisator shall produce reports showing each of the wagering combinations with substituted betting interests which became winners as a result of the substitution, in addition to the normal winning combination.
5. The Pick (n) pool shall be cancelled and all Pick (n) wagers for the individual performance shall be refunded if:
  - a. At least two contests included as part of a Pick 3 are cancelled or declared "no contest."
  - b. At least three contests included as part of a Pick 4, Pick 5, or Pick 6 are cancelled or declared "no contest."
  - c. At least four contests included as part of a Pick 7, Pick 8, or Pick 9 are cancelled or declared "no contest."
  - d. At least five contests included as part of a Pick 10 are cancelled or declared "no contest."
6. If at least one contest included as part of a Pick (n) is cancelled or declared "no contest," but not more than the number specified in subsection (G)(5) of this rule, the net pool shall be distributed as a single price pool to those whose selection finished first in the greatest number of Pick (n) contests for that performance. Such distribution shall include the portion ordinarily retained for the Pick (n) carryover but not the carryover from previous performances.
7. The Pick (n) carryover may be capped at a designated level approved by the Department so that if, at the close of any performance, the amount in the Pick (n) carryover equals or exceeds the designated cap, the Pick (n) carryover will be frozen until it is won or distributed under other provisions of this rule. After the Pick (n) carryover is frozen, 100% of the net pool, part of which ordinarily would be added to the Pick (n) carryover, shall be distributed to those whose selection finished first in the greatest number of Pick (n) contests for that performance.
8. A written request for permission to distribute the Pick (n) carryover on a specific performance may be submitted to the Department. The request shall contain justification for the distribution, an explanation of the benefit to be derived, and the intended date and performance for the distribution.
9. Should the Pick (n) carryover be designated for distribution on the final day of the meeting or on another specified date on which there are no wagers selecting the first-place finisher in each of the Pick (n) contests, the entire pool shall be distributed as a single price pool to those whose selection finished first in the greatest number of Pick (n) contests. The Pick (n) carryover shall be designated for distribution on a specified date and performance only under the following circumstances:
  - a. Upon written approval from the Department as provided in subsection (G)(8) of this rule.
  - b. Upon written approval from the Department when there is a change in the carryover cap, a change from one type of Pick (n) wagering to another, or when the Pick (n) is discontinued.
  - c. On the closing performance of the meet or split meet.
10. If, for any reason, the Pick (n) carryover must be held over to the corresponding Pick (n) pool of a subsequent meet, the carryover shall be deposited in an interest-bearing account approved by the Department. The Pick (n) carryover plus accrued interest shall then be added to the net Pick (n) pool of the following meet on a date and performance so designated by the Department.
11. With the written approval of the Department, the permittee may contribute to the Pick (n) carryover a sum of money up to the amount of any designated cap.
12. Providing information to any person regarding covered combinations, amounts wagered on specific combinations, number of tickets sold, or number of live tickets remaining is strictly prohibited. This shall not prohibit necessary communication between totalisator and pari-mutuel department employees for processing of pool data.
13. The permittee may suspend previously approved Pick (n) wagering with the prior approval of the Department. Any carryover shall be held until the suspended Pick (n) wagering is reinstated. A permittee may request approval of a Pick (n) wager or separate wagering pool for specific performances.

**Table 7. Pick 7 Pool - Multiple Takeout Rates & Multiple Betting Sources**

Table 7: PICK 7 POOL Multiple Takeout Rates & Multiple Betting Sources (Net Price Calculation)					
	<u>Percent Takeout</u>	<u>Gross Pool</u>	<u>Gross Amt. Bet on Win</u>	<u>Net Pool</u>	<u>Net Amt. Bet on Win</u>
Source 1:	16%	\$190,000.00	\$44.00	\$159,600.00	\$36.96
Source 2:	18.5%	\$10,000.00	\$18.00	\$8,150.00	\$14.67
Source 3:	21%	\$525,730.00	\$124.00	\$415,326.70	\$97.96
TOTALS:		\$725,730.00	\$186.00	\$583,076.70	\$149.59
<u>Total Profit:</u>					
Total Net Pool - Total Net Bet on the Winning					
Combination = \$582,927.11					
<u>Profit Per Dollar:</u>					
Total Profit / Total Net Bet on the Winning					
Combination = \$3,896.8321					
<u>\$1 Unbroken Base Price:</u>					
Profit Per Dollar + \$1 = \$3,897.8321					
<u>\$1 Unbroken Price for Source 1:</u>					

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\$1 Unbroken Base Price x (1 - Percent Takeout) = \$3,274.1789  
\$1 Unbroken Price for Source 2:  
 \$1 Unbroken Base Price x (1 - Percent Takeout) = \$3,176.7331  
\$1 Unbroken Price for Source 3:  
 \$1 Unbroken Base Price x (1 - Percent Takeout) = \$3,079.2873

**H. Place Pick (n) Pools**

1. The Place Pick (n) requires selection of the first- or second-place finisher in each of a designated number of contests. The permittee must obtain written approval from the Department concerning the scheduling of Place Pick (n) contests, the designation of one of the methods prescribed in subsection (H)(2), the distinctive name identifying the pool and the amount of any cap to be set on the carryover. Any changes to the approved Place Pick (n) format require prior approval from the Department.
2. The Place Pick (n) pool shall be apportioned under one of the following methods:
  - a. *Method 1, Place Pick (n) with Carryover:* The net Place Pick (n) pool and carryover, if any, shall be distributed as a single price pool to those who selected the first- or second-place finisher in each of the Place Pick (n) contests, based upon the official order of finish. If there are no such wagers, then a designated percentage of the net pool shall be distributed as a single price pool to those who selected the first- or second-place finisher in the greatest number of Place Pick (n) contests; and the remainder shall be added to the carryover.
  - b. *Method 2, Place Pick (n) with Minor Pool and Carryover:* The major share of the net Place Pick (n) pool and the carryover, if any, shall be distributed to those who selected the first- or second-place finisher in each of the Place Pick (n) contests, based upon the official order of finish. The minor share of the net Place Pick (n) pool shall be distributed to those who selected the first- or second-place finisher in the second greatest number of Place Pick (n) contests, based upon the official order of finish. If there are no wagers selecting the first- or second-place finisher of all Place Pick (n) contests, the minor share of the net Place Pick (n) pool shall be distributed as a single price pool to those who selected the first- or second-place finisher in the greatest number of Place Pick (n) contests; and the major share shall be added to the carryover.
  - c. *Method 3, Place (n) Pick with No Minor Pool and No Carryover:* The net Place Pick (n) pool shall be distributed as a single price pool to those who selected the first- or second-place finisher in the greatest number of Place Pick (n) contests, based upon the official order of finish. If there are no major winning wagers, the pool is refunded.
  - d. *Method 4, Place Pick (n) with Minor Pool and No Carryover:* The major share of the net Place Pick (n) pool shall be distributed to those who selected the first- or second-place finisher in the greatest number of Place Pick (n) contests, based upon the official order of finish. The minor share of the net Place Pick (n) pool shall be distributed to those who selected the first- or second-place finisher in the second greatest number of Place Pick (n) contests, based upon the official order of finish. If there are no wagers selecting the first- or second-place finisher in a second greatest number of Place Pick (n) contests, the minor share of the net Place Pick (n) pool shall be combined with the major share for distribution as a single price pool to those who selected the first- or second-place finisher in the greatest number of Place Pick (n) contests. If the greatest number of first- or second-place finishers selected is 1, the major and minor shares are combined for distribution as a single price pool. If there are no winning wagers, the pool is refunded.
  - e. *Method 5, Place Pick (n) with Minor Pool and No Carryover:* The major share of the net Place Pick (n) pool shall be distributed to those who selected the first- or second-place finisher in each of the Place Pick (n) contests, based upon the official order of finish. The minor share of the net Place Pick (n) pool shall be distributed to those who selected the first- or second-place finisher in the second greatest number of Place Pick (n) contests, based upon the official order of finish. If there are no wagers selecting the first- or second-place finisher in all Place Pick (n) contests, the entire net Place Pick (n) pool shall be distributed as a single price pool to those who selected the first- or second-place finisher in the greatest number of Place Pick (n) contests. If there are no wagers selecting the first or second-place finisher in a second greatest number of Place Pick (n) contests, the minor share of the net Place Pick (n) pool shall be combined with the major share for distribution as a single price pool to those who selected the first- or second-place finisher in each of the Place Pick (n) contests. If there are no winning wagers, the pool is refunded.
3. If there is a dead heat for first in any of the Place Pick (n) contests involving:
  - a. Contestants representing the same betting interest, the Place Pick (n) pool shall be distributed as if no dead heat occurred.
  - b. Contestants representing two or more betting interests, the Place Pick (n) pool shall be distributed as a single price pool with a winning wager including each betting interest participating in the dead heat.
4. If there is a dead heat for second in any of the Place Pick (n) contests involving:
  - a. Contestants representing the same betting interest, the Place Pick (n) pool shall be distributed as if no dead heat occurred.
  - b. Contestants representing two or more betting interests, the Place Pick (n) pool shall be distributed as a single price pool with a winning wager including the betting interest which finished first or any betting interest involved in a dead heat for second.
5. Should a betting interest in any Place Pick (n) contest be scratched, the actual favorite, as evidenced by total amounts wagered in the Win pool at the host association for the contest at the close of wagering on that contest, shall be substituted for the scratched betting interest for all purposes, including pool calculations. In the event that the Win pool total for two or more favorites is identical, the substitute selection shall be the betting interest with

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the lowest program number. The totalisator shall produce reports showing each of the wagering combinations with substituted betting interests which became winners as a result of the substitution, in addition to the normal winning combination.

6. The Place Pick (n) pool shall be cancelled and all Place Pick (n) wagers for the individual performance shall be refunded if:
  - a. At least two contests included as part of a Place Pick 3 are cancelled or declared "no contest."
  - b. At least three contests included as part of a Place Pick 4, Place Pick 5, or Place Pick 6 are cancelled or declared "no contest."
  - c. At least four contests included as part of a Place Pick 7, Place Pick 8, or Place Pick 9 are cancelled or declared "no contest."
  - d. At least five contests included as part of a Place Pick 10 are cancelled or declared "no contest."
7. If at least one contest included as part of a Place Pick (n) is cancelled or declared "no contest," but not more than the number specified in subsection (H)(6) of this rule, the net pool shall be distributed as a single price pool to those whose selection finished first or second in the greatest number of Place Pick (n) contests for that performance. Such distribution shall include the portion ordinarily retained for the Place Pick (n) carryover but not the carryover from previous performances.
8. The Place Pick (n) carryover may be capped at a designated level approved by the Department so that if, at the close of any performance, the amount in the Place Pick (n) carryover equals or exceeds the designated cap, the Place Pick (n) carryover will be frozen until it is won or distributed under other provisions of this rule. After the Place Pick (n) carryover is frozen, 100% of the net pool, part of which ordinarily would be added to the Place Pick (n) carryover, shall be distributed to those whose selection finished first or second in the greatest number of Place Pick (n) contests for that performance.
9. A written request for permission to distribute the Place Pick (n) carryover on a specific performance may be submitted to the Department. The request must contain justification for the distribution, an explanation of the benefit to be derived, and the intended date and performance for the distribution.
10. Should the Place Pick (n) carryover be designated for distribution on a specified date and performance in which there are no wagers selecting the first- or second-place finisher in each of the Place Pick (n) contests, the entire pool shall be distributed as a single price pool to those whose selection finished first or second in the greatest number of Place Pick (n) contests. The Place Pick (n) carryover shall be designated for distribution on a specified date and performance under any of the following circumstances:
  - a. Upon written approval from the Department as provided in subsection (H)(9) of this rule.
  - b. Upon written approval from the Department when there is a change in the carryover cap, a change from one type of Place Pick (n) wagering to another, or when the Place Pick (n) is discontinued.
  - c. On the closing performance of the meet or split meet.
11. If, for any reason, the Place Pick (n) carryover must be held over to the corresponding Place Pick (n) pool of a subsequent meet, the carryover shall be deposited in an interest-bearing account approved by the Department.

The Place Pick (n) carryover plus accrued interest shall then be added to the net Place Pick (n) pool of the following meet on a date and performance so designated by the Department.

12. With the written approval of the Department, the permittee may contribute to the Place Pick (n) carryover a sum of money up to the amount of any designated cap.
13. Providing information to any person regarding covered combinations, amounts wagered on specific combinations, number of tickets sold, or number of live tickets remaining is strictly prohibited. This shall not prohibit necessary communication between totalisator and pari-mutuel department employees for processing of pool data.
14. The permittee may suspend previously approved Place Pick (n) wagering with the prior approval of the Department. Any carryover shall be held until the suspended Place Pick (n) wagering is reinstated. A permittee may request approval of a Place Pick (n) wager or separate wagering pool for specific performances.

#### I. Quinella Pools

1. The Quinella requires selection of the first two finishers, irrespective of order, for a single contest.
2. The net Quinella pool shall be distributed to winning wagers in the following precedence, based upon the official order of finish:
  - a. If contestants of a coupled entry or mutuel field finish as the first two finishers, as a single price pool to those selecting the coupled entry or mutuel field combined with the next separate betting interest in the official order of finish; otherwise
  - b. As a single price pool to those whose combination finished as the first two betting interests; but if there are no such wagers, then
  - c. As a profit split to those whose combination included either the first- or second-place finisher; but if there are no such wagers on one of the those two finishers, then
  - d. As a single price pool to those whose combination included the one covered betting interest included within the first two finishers; but if there are no such wagers, then
  - e. The entire pool shall be refunded on Quinella wagers for that contest.
3. If there is a dead heat for first involving:
  - a. Contestants representing the same betting interest, the Quinella pool shall be distributed to those selecting the coupled entry or mutuel field combined with the next separate betting interest in the official order of finish.
  - b. Contestants representing two betting interests, the Quinella pool shall be distributed as if no dead heat occurred.
  - c. Contestants representing three or more betting interests, the Quinella pool shall be distributed as a profit split.
4. If there is a dead heat for second involving contestants representing the same betting interest, the Quinella pool shall be distributed as if no dead heat occurred.
5. If there is a dead heat for second involving contestants representing two or more betting interests, the Quinella pool shall be distributed to wagers in the following precedence, based upon the official order of finish:
  - a. As a profit split to those combining the winner with any of the betting interests involved in the dead heat



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for second, but if there is only one covered combination, then

- b. As a single price pool to those combining the winner with the one covered betting interest involved in the dead heat for second; but if there are no such wagers, then
- c. As a profit split to those combining the betting interests involved in the dead heat for second; but if there are no such wagers, then
- d. As a profit split to those whose combination included the winner and any other betting interest and wagers selecting any of the betting interests involved in the dead heat for second; but if there are no such wagers, then
- e. The entire pool shall be refunded on Quinella wagers for that contest.

**J. Quinella Double Pools**

1. The Quinella Double requires selection of the first two finishers, irrespective of order, in each of two specified contests.
2. The net Quinella Double pool shall be distributed to winning wagers in the following precedence, based upon the official order of finish:
  - a. If a coupled entry or mutuel field finishes as the first two contestants in either contest, as a single price pool to those selecting the coupled entry or mutuel field combined with the next separate betting interest in the official order of finish for that contest, as well as the first two finishers in the alternate Quinella Double contest; otherwise
  - b. As a single price pool to those who selected the first two finishers in each of the two Quinella Double contests; but if there are no such wagers, then
  - c. As a profit split to those who selected the first two finishers in either of the two Quinella Double contests; but if there are no such wagers on one of those contests, then
  - d. As a single price pool to those who selected the first two finishers in the one covered Quinella Double contest; but if there were no such wagers, then
  - e. The entire pool shall be refunded on Quinella Double wagers for those contests.
3. If there is a dead heat for first in either of the two Quinella Double contests involving:
  - a. Contestants representing the same betting interest, the Quinella Double pool shall be distributed to those selecting the coupled entry or mutuel field combined with the next separate betting interest in the official order of finish for that contest.
  - b. Contestants representing two betting interests, the Quinella Double pool shall be distributed as if no dead heat occurred.
  - c. Contestants representing three or more betting interests, the Quinella Double pool shall be distributed as a profit split.
4. If there is a dead heat for second in either of the Quinella Double contests involving contestants representing the same betting interest, the Quinella Double pool shall be distributed as if no dead heat occurred.
5. If there is a dead heat for second in either of the Quinella Double contests involving contestants representing two or more betting interests, the Quinella Double pool shall be distributed as profit split.
6. Should a betting interest in the first half of the Quinella Double be scratched prior to the first Quinella Double contest being declared official, all money wagered on

combinations including the scratched betting interest shall be deducted from the Quinella Double pool and refunded.

7. Should a betting interest in the second half of the Quinella Double be scratched prior to the close of wagering on the first Quinella Double contest, all money wagered on combinations including the scratched betting interest shall be deducted from the Quinella Double pool and refunded.
8. Should a betting interest in the second half of the Quinella Double be scratched after the close of wagering on the first Quinella Double contest, all wagers combining the winning combination in the first contest with a combination including the scratched betting interest in the second contest shall be allocated a consolation payoff. In calculating the consolation payoff, the net Quinella Double pool shall be divided by the total amount wagered on the winning combination in the first contest and an unbroken consolation price obtained. The unbroken consolation price is multiplied by the dollar value of wagers on the winning combination in the first contest combined with a combination including the scratched betting interest in the second contest to obtain the consolation payoff. Breakage is not utilized in this calculation. The consolation payoff is deducted from the net Quinella Double pool before calculation and distribution of the winning Quinella Double payoff. In the event of a dead heat involving separate betting interests, the net Quinella Double pool shall be distributed as a profit split.
9. If either of the Quinella Double contests is cancelled prior to the first Quinella Double contest, or the first Quinella Double contest is declared "no contest," the entire Quinella Double pool shall be refunded on Quinella Double wagers for those contests.
10. If the second Quinella Double contest is cancelled or declared "no contest" after the conclusion of the first Quinella Double contest, the net Quinella Double pool shall be distributed as a single price pool to wagers selecting the winning combination in the first Quinella Double contest. If there are no wagers selecting the winning combination in the first Quinella Double contest, the entire Quinella Double pool shall be refunded on Quinella Double wagers for those contests.

**K. Exacta Pools**

1. The Exacta requires selection of the first two finishers, in their exact order, for a single contest.
2. The net Exacta pool shall be distributed to winning wagers in the following precedence, based upon the official order of finish:
  - a. If contestants of a coupled entry or mutuel field finish as the first two finishers, as a single price pool to those selecting the coupled entry or mutuel field combined with the next separate betting interest in the official order of finish; otherwise
  - b. As a single price pool to those whose combination finished in correct sequence as the first two betting interests; but if there are no such wagers, then
  - c. As a profit split to those whose combination included either the first-place betting interest to finish first or the second-place betting interest to finish second; but if there are no such wagers on one of those two finishers, then
  - d. As a single price pool to those whose combination included the one covered betting interest to finish first or second in the correct sequence; but if there are no such wagers, then

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- e. The entire pool shall be refunded on Exacta wagers for that contest.
  3. If there is a dead heat for first involving:
    - a. Contestants representing the same betting interest, the Exacta pool shall be distributed as a single price pool to those selecting the coupled entry or mutual field combined with the next separate betting interest in the official order of finish.
    - b. Contestants representing two or more betting interests, the Exacta pool shall be distributed as a profit split.
  4. If there is a dead heat for second involving contestants representing the same betting interest, the Exacta pool shall be distributed as if no dead heat occurred.
  5. If there is a dead heat for second involving contestants representing two or more betting interests, the Exacta pool shall be distributed to ticket holders in the following precedence, based upon the official order of finish:
    - a. As a profit split to those combining the first-place betting interest with any of the betting interests involved in the dead heat for second; but if there is only one covered combination, then
    - b. As a single price pool to those combining the first-place betting interest with the one covered betting interest involved in the dead heat for second; but if there are no such wagers, then
    - c. As a profit split to those wagers correctly selecting the winner for first place and those wagers selecting any of the dead-heated betting interests for second place; but if there are no such wagers, then
    - d. The entire pool shall be refunded on Exacta wagers for that contest.
- L. Trifecta Pools**
1. The Trifecta requires selection of the first three finishers, in their exact order, for a single contest.
  2. The net Trifecta pool shall be distributed to winning wagers in the following precedence, based upon the official order of finish:
    - a. As a single price pool to those whose combination finished in correct sequence as the first three betting interests; but if there are no such wagers, then
    - b. As a single price pool to those whose combination included, in correct sequence, the first two betting interests; but if there are no such wagers, then
    - c. As a single price pool to those whose combination correctly selected the first-place betting interest only; but if there are no such wagers, then
    - d. The entire pool shall be refunded on Trifecta wagers for that contest.
  3. If less than three betting interests finish and the contest is declared official, payoffs will be made based upon the order of finish of those betting interests completing the contest. The balance of any selection beyond the number of betting interests completing the contest shall be ignored.
  4. If there is a dead heat for first involving:
    - a. Contestants representing three or more betting interests, all of the wagering combinations selecting three betting interests which correspond with any of the betting interests involved in the dead heat shall share in a profit split.
    - b. Contestants representing two betting interests, both of the wagering combinations selecting the two dead-heated betting interests, irrespective of order, along with the third-place betting interest shall share in a profit split.
- M. Superfecta Pools**
1. The Superfecta requires selection of the first four finishers, in their exact order, for a single contest.
  2. The net Superfecta pool shall be distributed to winning wagers in the following precedence, based upon the official order of finish:
    - a. As a single price pool to those whose combination finished in correct sequence as the first four betting interests; but if there are no such wagers, then
    - b. As a single price pool to those whose combination included, in correct sequence, the first three betting interests; but if there are no such wagers, then
    - c. As a single price pool to those whose combination included, in correct sequence, the first two betting interests; but if there are no such wagers, then
    - d. As a single price pool to those whose combination correctly selected the first-place betting interest only; but if there are no such wagers, then
    - e. The entire pool shall be refunded on Superfecta wagers for that contest.
  3. If less than four betting interests finish and the contest is declared official, payoffs will be made based upon the order of finish of those betting interests completing the contest. The balance of any selection beyond the number of betting interests completing the contest shall be ignored.
  4. If there is a dead heat for first involving:
    - a. Contestants representing four or more betting interests, all of the wagering combinations selecting four betting interests which correspond with any of the betting interests involved in the dead heat shall share in a profit split.
    - b. Contestants representing three betting interests, all of the wagering combinations selecting the three dead-heated betting interests, irrespective of order, along with the fourth-place betting interest shall share in a profit split.
    - c. Contestants representing two betting interests, both of the wagering combinations selecting the two dead-heated betting interests, irrespective of order, along with the third-place and fourth-place betting interests shall share in a profit split.
  5. If there is a dead heat for second involving:
    - a. Contestants representing three or more betting interests, all of the wagering combinations correctly selecting the winner combined with any of the three betting interests involved in the dead heat for second shall share in a profit split.
    - b. Contestants representing two betting interests, all of the wagering combinations correctly selecting the winner, the two dead-heated betting interests, irrespective of order, and the fourth-place betting interest shall share in a profit split.
  6. If there is a dead heat for third, all wagering combinations correctly selecting the first two finishers, in correct sequence, along with any two of the betting interests involved in the dead heat for third shall share in a profit split.

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7. If there is a dead heat for fourth, all wagering combinations correctly selecting the first three finishers, in correct sequence, along with any of the betting interests involved in the dead heat for fourth shall share in a profit split.
- N. Twin Quinella Pools
1. The Twin Quinella requires selection of the first two finishers, irrespective of order, in each of two designated contests. Each winning ticket for the first Twin Quinella contest must be exchanged for a free ticket on the second Twin Quinella contest in order to remain eligible for the second-half Twin Quinella pool. Such tickets may be exchanged only at attended ticket windows prior to the second Twin Quinella contest. There will be no monetary reward for winning the first Twin Quinella contest. Both of the designated Twin Quinella contests shall be included in only one Twin Quinella pool.
  2. In the first Twin Quinella contest only, winning wagers shall be determined using the following precedence, based upon the official order of finish for the first Twin Quinella contest:
    - a. If a coupled entry or mutuel field finishes as the first two finishers, those who selected the coupled entry or mutuel field combined with the next separate betting interest in the official order of finish shall be winners; otherwise
    - b. Those whose combination finished as the first two betting interests shall be winners; but if there are no such wagers, then
    - c. Those whose combination included either the first- or second-place finisher shall be winners; but if there are no such wagers on one of those two finishers, then
    - d. Those whose combination included the one covered betting interest included within the first two finishers shall be winners; but if there are no such wagers, then
    - e. The entire pool shall be refunded on Twin Quinella wagers for that contest.
  3. In the first Twin Quinella contest only, if there is a dead heat for first involving:
    - a. Contestants representing the same betting interest, those who selected the coupled entry or mutuel field combined with the next separate betting interest in the official order of finish shall be winners.
    - b. Contestants representing two betting interests, the winning Twin Quinella wagers shall be determined as if no dead heat occurred.
    - c. Contestants representing three or more betting interests, those whose combination included any two of the betting interests finishing in the dead heat shall be winners.
  4. In the first Twin Quinella contest only, if there is a dead heat for second involving contestants representing two or more betting interests, the Twin Quinella pool shall be distributed to wagers in the following precedence, based upon the official order of finish:
    - a. As a profit split to those combining the winner with any of the betting interests involved in the dead heat for second; but if there is only one covered combination, then
    - b. As a single price pool to those combining the winner with the one covered betting interest involved in the dead heat for second, but if there are no such wagers, then
    - c. As a profit split to those combining the betting interests involved in the dead heat for second; but if there are no such wagers, then
    - d. As a profit split to those whose combination included the winner and any other betting interest and wagers selecting any of the betting interests involved in the dead heat for second; but if there are no such wagers, then
    - e. The entire pool shall be refunded on Twin Quinella wagers for the contest.
  5. In the second Twin Quinella contest only, the entire net Twin Quinella pool shall be distributed to winning wagers in the following precedence, based upon the official order of finish for the second Twin Quinella contest:
    - a. If a coupled entry or mutuel field finishes as the first two finishers, as a single price pool to those who selected the coupled entry or mutuel field combined with the next separate betting interest in the official order of finish; otherwise
    - b. As a single price pool to those whose combination finished as the first two betting interests; but if there are no such wagers, then
    - c. As a profit split to those whose combination included either the first- or second-place finisher; but if there are no such wagers on one of those two finishers, then
    - d. As a single price pool to those whose combination included the one covered betting interest included within the first two finishers; but if there are no such wagers, then
    - e. As a single price pool to all the exchange ticket holders for that contest; but if there are no such tickets, then
    - f. In accordance with subsection (N)(2) of the Twin Quinella rules.
  6. In the second Twin Quinella contest only, if there is a dead heat for first involving:
    - a. Contestants representing the same betting interest, the net Twin Quinella pool shall be distributed to those selecting the coupled entry or mutuel field combined with the next separate betting interest in the official order of finish.
    - b. Contestants representing two betting interests, the net Twin Quinella pool shall be distributed as if no dead heat occurred.
    - c. Contestants representing three or more betting interests, the net Twin Quinella pool shall be distributed as a profit split to those whose combination included any two of the betting interests finishing in the dead heat.
  7. In the second Twin Quinella contest only, if there is a dead heat for second involving contestants representing two or more betting interests, the Twin Quinella pool shall be distributed to wagers in the following precedence, based upon the official order of finish:
    - a. As a profit split to those combining the winner with any of the betting interests involved in the dead heat for second; but if there is only one covered combination, then
    - b. As a single price pool to those combining the winner with the one covered betting interest involved in the dead heat for second; but if there are no such wagers, then
    - c. As a profit split to those combining the betting interests involved in the dead heat for second; but if there are no such wagers, then

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- d. As a profit split to those whose combination included the winner and any other betting interest and wagers selecting any of the betting interests involved in the dead heat for second, then
  - e. As a single price pool to all the exchange ticket holders for that contest; but if there are no such tickets, then
  - f. In accordance with subsection (N)(2) of the Twin Quinella rules.
8. If a winning ticket for the first-half of the Twin Quinella is not presented for exchange prior to the close of betting on the second-half Twin Quinella contest, the ticket holder forfeits all rights to any distribution of the Twin Quinella pool resulting from the outcome of the second contest.
  9. Should a betting interest in the first half of the Twin Quinella be scratched, those Twin Quinella wagers including the scratched betting interest shall be refunded.
  10. Should a betting interest in the second half of the Twin Quinella be scratched, an announcement concerning the scratch shall be made and a reasonable amount of time shall be provided for exchange of tickets that include the scratched betting interest. If tickets have not been exchanged prior to the close of betting for the second Twin Quinella contest, the ticket holder forfeits all rights to the Twin Quinella pool.
  11. If either of the Twin Quinella contests is cancelled prior to the first Twin Quinella contest, or the first Twin Quinella contest is declared "no contest," the entire Twin Quinella pool shall be refunded on Twin Quinella wagers for that contest.
  12. If the second-half Twin Quinella contest is cancelled or declared "no contest" after the conclusion of the first Twin Quinella contest, the net Twin Quinella pool shall be distributed as a single price pool to wagers selecting the winning combination in the first Twin Quinella contest and all valid exchange tickets. If there are no such wagers, the net Twin Quinella pool shall be distributed as described in subsection (N)(2) of the Twin Quinella rules.
- O. Twin Trifecta Pools**
1. The Twin Trifecta requires selection of the first three finishers, in their exact order, in each of two designated contests. Each winning ticket for the first Twin Trifecta contest must be exchanged for a free ticket on the second Twin Trifecta contest in order to remain eligible for the second-half Twin Trifecta pool. Such tickets may be exchanged only at attended ticket windows prior to the second Twin Trifecta contest. Winning first-half Twin Trifecta wagers will receive both an exchange and a monetary payoff. Both of the designated Twin Trifecta contests shall be included in only one Twin Trifecta pool.
  2. After wagering closes for the first half of the Twin Trifecta and commissions have been deducted from the pool, the net pool shall then be divided into separate pools: the first-half Twin Trifecta pool and the second-half Twin Trifecta pool.
  3. In the first Twin Trifecta contest only, winning wagers shall be determined using the following precedence, based upon the official order of finish for the first Twin Trifecta contest:
    - a. As a single price pool to those whose combination finished in correct sequence as the first three betting interests; but if there are no such wagers, then
    - b. As a single price pool to those whose combination included, in correct sequence, the first two betting interests; but if there are no such wagers, then
    - c. As a single price pool to those whose combination correctly selected the first-place betting interest only; but if there are no such wagers, then
    - d. The entire Twin Trifecta pool shall be refunded on Twin Trifecta wagers for that contest and the second half shall be cancelled.
  4. If no first-half Twin Trifecta ticket selects the first three finishers of that contest in exact order, winning ticket holders shall not receive any exchange tickets for the second-half Twin Trifecta pool. In such case, the second-half Twin Trifecta pool shall be retained and added to any existing Twin Trifecta carryover pool.
  5. Winning tickets from the first half of the Twin Trifecta shall be exchanged for tickets selecting the first three finishers of the second-half of the Twin Trifecta. The second-half Twin Trifecta pool shall be distributed to winning wagers in the following precedence, based upon the official order of finish for the second Twin Trifecta contest:
    - a. As a single price pool, including any existing carryover monies, to those whose combination finished in correct sequence as the first three betting interests; but if there are no such tickets, then
    - b. The entire second-half Twin Trifecta pool for that contest shall be added to any existing carryover monies and retained for the corresponding second-half Twin Trifecta pool of the next consecutive performance.
  6. If a winning first-half Twin Trifecta ticket is not presented for cashing and exchange prior to the second-half Twin Trifecta contest, the ticket holder may still collect the monetary value associated with the first-half Twin Trifecta pool but forfeits all rights to any distribution of the second-half Twin Trifecta pool.
  7. Should a betting interest in the first half of the Twin Trifecta be scratched, those Twin Trifecta wagers including the scratched betting interest shall be refunded.
  8. Should a betting interest in the second-half of the Twin Trifecta be scratched, an announcement concerning the scratch shall be made and a reasonable amount of time shall be provided for exchange of tickets that include the scratched betting interest. If tickets have not been exchanged prior to the close of betting for the second Twin Trifecta contest, the ticket holder forfeits all rights to the second-half Twin Trifecta pool.
  9. If, due to a late scratch, the number of betting interests in the second half of the Twin Trifecta is reduced to fewer than the minimum, all exchange tickets and outstanding first-half winning tickets shall be entitled to the second-half Twin Trifecta pool for that contest as a single price pool, but not the Twin-Trifecta carryover.
  10. If there is a dead heat or multiple dead heats in either the first- or second-half of the Twin Trifecta, all Twin Trifecta wagers selecting the correct order of finish, counting a betting interest involved in a dead heat as finishing in any dead-heated position, shall be a winner. In the case of a dead heat occurring in:
    - a. The first half of the Twin Trifecta, the payoff shall be calculated as a profit split.
    - b. The second half of the Twin Trifecta, the payoff shall be calculated as a single price pool.
  11. If either of the Twin Trifecta contests are cancelled prior to the first Twin Trifecta contest, or the first Twin Trifecta contest is declared "no contest," the entire Twin Trifecta pool shall be refunded on Twin Trifecta wagers for that contest and the second half shall be cancelled.

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12. If the second-half Twin Trifecta contest is cancelled or declared "no contest," all exchange tickets and outstanding first-half winning Twin Trifecta tickets shall be entitled to the net Twin Trifecta pool for that contest as a single price pool, but not Twin-Trifecta carryover. If there are no such tickets, the net Twin Trifecta pool shall be distributed as described in subsection (O)(3) of the Twin Trifecta rules.
  13. The Twin-Trifecta carryover may be capped at a designated level approved by the Department so that if, at the close of any performance, the amount in the Twin-Trifecta carryover equals or exceeds the designated cap, the Twin-Trifecta carryover will be frozen until it is won or distributed under other provisions of this rule. After the Twin Trifecta carryover is frozen, 100% of the net Twin Trifecta pool for each individual contest shall be distributed to carryover winners of the first half of the Twin Trifecta pool.
  14. A written request for permission to distribute the Twin-Trifecta carryover on a specific performance may be submitted to the Department. The request must contain justification for the distribution, an explanation of the benefit to be derived, and the intended date and performance for the distribution.
  15. Should the Twin-Trifecta carryover be designated for distribution on a specified date and performance, the following precedence will be followed in determining winning tickets for the second half of the Twin Trifecta after completion of the first half of the Twin Trifecta:
    - a. As a single price pool to those whose combination finished in correct sequence as the first three betting interests; but if there are no such wagers, then
    - b. As a single price pool to those whose combination included, in correct sequence, the first two betting interests; but if there are no such wagers, then
    - c. As a single price pool to those whose combination correctly selected the first-place betting interest only; but if there are no such wagers, then
    - d. As a single price pool to holders of valid exchange tickets.
    - e. As a single price pool to holders of outstanding first-half winning tickets.
  16. Contrary to subsection (O)(4) of the Twin Trifecta rules, during a performance designated to distribute the Twin-Trifecta carryover, exchange tickets will be issued for those combinations selecting the greatest number of betting interests in their correct order of finish for the first half of the Twin Trifecta. If there are no wagers correctly selecting the first-, second-, and third-place finishers, in their exact order, then exchange tickets shall be issued for combinations correctly selecting the first- and second-place betting interests. If there are no wagers correctly selecting the first- and second-place finishers, in their exact order, then exchange tickets shall be issued for combinations correctly selecting the first-place betting interest only. If there are no wagers selecting the first-place betting interest only in the first half of the Twin Trifecta, all first-half tickets will become winners and will receive 100% of that day's net Twin Trifecta pool and any existing Twin-Trifecta carryover as a single price pool.
  17. The Twin-Trifecta carryover shall be designated for distribution on a specified date and performance only under the following circumstances:
    - a. Upon written approval from the Department as provided in subsection (O)(15) of the Twin Trifecta rules.
    - b. Upon written approval from the Department when there is a change in the carryover cap or when the Twin Trifecta is discontinued.
    - c. On the closing performance of the meet or split meet.
  18. If, for any reason, the Twin-Trifecta carryover must be held over to the corresponding Twin Trifecta pool of a subsequent meet, the carryover shall be deposited in an interest-bearing account approved by the Department. The Twin-Trifecta carryover plus accrued interest shall then be added to the second-half Twin Trifecta pool of the following meet on a date and performance so designated by the Department.
  19. Providing information to any person regarding covered combinations, amounts wagered on specific combinations, number of tickets sold, or number of valid exchange tickets is prohibited. This shall not prohibit necessary communication between totalisator and pari-mutuel department employees for processing of pool data.
  20. The permittee must obtain written approval from the Department concerning the scheduling of Twin Trifecta contests, the percentages of the net pool added to the first-half pool and second-half pool, and the amount of any cap to be set on the carryover. Any changes to the approved Twin Trifecta format require prior approval from the Department.
- P. Tri-Superfecta Pools**
1. The Tri-Superfecta requires selection of the first three finishers, in their exact order, in the first of two designated contests and the first four finishers, in exact order, in the second of the two designated contests. Each winning ticket for the first Tri-Superfecta contest must be exchanged for a free ticket on the second Tri-Superfecta contest in order to remain eligible for the second-half Tri-Superfecta pool. Such tickets may be exchanged only at attended ticket windows prior to the second Tri-Superfecta contest. Winning first-half Tri-Superfecta tickets will receive both an exchange and a monetary payoff. Both of the designated Tri-Superfecta contests shall be included in only one Tri-Superfecta pool.
  2. After wagering closes for the first-half of the Tri-Superfecta and commissions have been deducted from the pool, the net pool shall then be divided into two separate pools: the first-half Tri-Superfecta pool and the second-half Tri-Superfecta pool.
  3. In the first Tri-Superfecta contest only, winning tickets shall be determined using the following precedence, based upon the official order of finish for the first Tri-Superfecta contest:
    - a. As a single price pool to those whose combination finished in correct sequence as the first three betting interests; but if there are no such wagers, then
    - b. As a single price pool to those whose combination included, in correct sequence, the first two betting interests; but if there are no such wagers, then
    - c. As a single price pool to those whose combination correctly selected the first-place betting interest only; but if there are no such wagers, then
    - d. The entire Tri-Superfecta pool shall be refunded on Tri-Superfecta for that contest and the second half shall be cancelled.
  4. If no first-half Tri-Superfecta ticket selects the first three finishers of that contest in exact order, winning ticket holders shall not receive any exchange tickets for the second-half Tri-Superfecta pool. In such case, the second-

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- half Tri-Superfecta pool shall be retained and added to any existing Tri-Superfecta carryover pool.
5. Winning tickets from the first half of the Tri-Superfecta shall be exchanged for tickets selecting the first four finishers of the second-half of the Tri-Superfecta. The second-half Tri-Superfecta pool shall be distributed to winning wagers in the following precedence, based upon the official order of finish for the second Tri-Superfecta contest:
    - a. As a single price pool, including any existing carryover monies, to those whose combination finished in correct sequence as the first four betting interests; but if there are no such tickets, then
    - b. The entire second-half Tri-Superfecta pool for that contest shall be added to any existing carryover monies and retained for the corresponding second-half Tri-Superfecta pool of the next performance.
  6. If a winning first-half Tri-Superfecta ticket is not presented for cashing and exchange prior to the second-half Tri-Superfecta contest, the ticket holder may still collect the monetary value associated with the first-half Tri-Superfecta pool but forfeits all rights to any distribution of the second-half Tri-Superfecta pool.
  7. Coupled entries and mutuel fields shall be prohibited in Tri-Superfecta contests.
  8. Should a betting interest in the first-half of the Tri-Superfecta be scratched, those Tri-Superfecta tickets including the scratched betting interest shall be refunded.
  9. Should a betting interest in the second-half of the Tri-Superfecta be scratched, an announcement concerning the scratch shall be made and a reasonable amount of time shall be provided for exchange of tickets that include the scratched betting interest. If tickets have not been exchanged prior to the close of betting for the second Tri-Superfecta contest, the ticket holder forfeits all rights to the second-half Tri-Superfecta pool.
  10. If, due to a late scratch, the number of betting interests in the second-half of the Tri-Superfecta is reduced to fewer than the minimum, all exchange tickets and outstanding first-half winning tickets shall be entitled to the second-half Tri-Superfecta pool for that contest as a single price pool, but not the Tri-Superfecta carryover.
  11. If there is a dead heat or multiple dead heats in either the first or second half of the Tri-Superfecta, all Tri-Superfecta tickets selecting the correct order of finish, counting a betting interest involved in a dead heat as finishing in any dead-heated position, shall be a winner. In the case of a dead heat occurring in
    - a. The first-half of the Tri-Superfecta, the payoff shall be calculated as a profit split.
    - b. The second-half of the Tri-Superfecta, the payoff shall be calculated as a single price pool.
  12. If either of the Tri-Superfecta contests are cancelled prior to the first Tri-Superfecta contest, or the first Tri-Superfecta contest is declared "no contest," the entire Tri-Superfecta pool shall be refunded on Tri-Superfecta wagers for that contest and the second half shall be cancelled.
  13. If the second-half Tri-Superfecta contest is cancelled or declared "no contest," all exchange tickets and outstanding first-half winning Tri-Superfecta tickets shall be entitled to the net Tri-Superfecta pool for that contest as a single price pool, but not the Tri-Superfecta carryover. If no there are no such tickets, the net Tri-Superfecta pool shall be distributed as described in subsection (P)(3) of the Tri-Superfecta rules.
  14. The Tri-Superfecta carryover may be capped at a designated level approved by the Department so that if, at the close of any performance, the amount in the Tri-Superfecta carryover equals or exceeds the designated cap, the Tri-Superfecta carryover will be frozen until it is won or distributed under other provisions of this rule. After the second-half Tri-Superfecta carryover is frozen, 100% of the net Tri-Superfecta pool for each individual contest shall be distributed to winners of the first-half of the Tri-Superfecta pool.
  15. A written request for permission to distribute the Tri-Superfecta carryover on a specific performance may be submitted to the Department. The request must contain justification for the distribution, an explanation of the benefit to be derived, and the intended date and performance for the distribution.
  16. Should the Tri-Superfecta carryover be designated for distribution on a specified date and performance, the following precedence will be followed in determining winning tickets for the second half of the Tri-Superfecta after completion of the first half of the Tri-Superfecta:
    - a. As a single price pool to those whose combination finished in correct sequence as the first four betting interests; but if there are no such wagers, then
    - b. As a single price pool to those whose combination included, in correct sequence, the first three betting interests; but if there are no such wagers, then
    - c. As a single price pool to those whose combination included, in correct sequence, the first two betting interests; but if there are no such wagers, then
    - d. As a single price pool to those whose combination included, in correct sequence, the first-place betting interest only; but if there are no such wagers, then
    - e. As a single price pool to holders of valid exchange tickets.
    - f. As a single price pool to holders of outstanding first-half winning tickets.
  17. Contrary to subsection (P)(4) of the Tri-Superfecta rules, during a performance designated to distribute the Tri-Superfecta carryover, exchange tickets will be issued for those combinations selecting the greatest number of betting interests in their correct order of finish for the first-half of the Tri-Superfecta. If there are no wagers correctly selecting the first-, second-, and third-place finishers, in their exact order, then exchange tickets shall be issued for combinations correctly selecting the first- and second-place betting interests. If there are no wagers correctly selecting the first- and second-place finishers, in their exact order, then exchange tickets shall be issued for combinations correctly selecting the first-place betting interest only. If there are no wagers selecting the first-place betting interest only in the first half of the Tri-Superfecta, all first-half tickets will become winners and will receive 100% of that day's net Tri-Superfecta pool and any existing Tri-Superfecta carryover as a single price pool.
  18. The Tri-Superfecta carryover shall be designated for distribution on a specified date and performance only under the following circumstances:
    - a. Upon written approval from the Department as provided in subsection (P)(15) of the Tri-Superfecta rules.
    - b. Upon written approval from the Department when there is a change in the carryover cap or when the Tri-Superfecta is discontinued.

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- c. On the closing performance of the meet or split meet.
  19. If, for any reason, the Tri-Superfecta carryover must be held over to the corresponding Tri-Superfecta pool of a subsequent meet, the carryover shall be deposited in an interest-bearing account approved by the Department. The Tri-Superfecta carryover plus accrued interest shall then be added to the second-half Tri-Superfecta pool of the following meet on a date and performance so designated by the Department.
  20. Providing information to any person regarding covered combinations, amounts wagered on specific combinations, number of tickets sold, or number of valid exchange tickets is prohibited. This shall not prohibit necessary communication between totalisator and pari-mutuel department employees for processing of pool data.
  21. The permittee must obtain written approval from the Department concerning the scheduling of Tri-Superfecta contests, the percentages of the net pool added to the first-half pool and second-half pool, and the amount of any cap to be set on the carryover. Any changes to the approved Tri-Superfecta format require prior approval from the Department.
- Q. Twin Superfecta Pools**
1. The Twin Superfecta requires selection of the first four finishers, in their exact order, in each of two designated contests. Each winning ticket for the first Twin Superfecta contest must be exchanged for a free ticket on the second Twin Superfecta contest in order to remain eligible for the second-half Twin Superfecta pool. Such tickets may be exchanged only at attended ticket windows prior to the second Twin Superfecta contest. Winning first-half Twin Superfecta tickets will receive both an exchange and a monetary payoff. Both of the designated Twin Superfecta contests shall be included in only one Twin Superfecta pool.
  2. After wagering closes for the first half of the Twin Superfecta and commissions have been deducted from the pool, the net pool shall then be divided into two separate pools: the first-half Twin Superfecta pool and the second-half Twin Superfecta pool.
  3. In the first Twin Superfecta contest only, winning wagers shall be determined using the following precedence, based upon the official order of finish for the first Twin Superfecta contest:
    - a. As a single price pool to those whose combination finished in correct sequence as the first four betting interests; but if there are no such wagers, then
    - b. As a single price pool to those whose combination included, in correct sequence, the first three betting interests; but if there are no such wagers, then
    - c. As a single price pool to those whose combination included, in correct sequence, the first two betting interests; but if there are no such wagers, then
    - d. As a single price pool to those whose combination correctly selected the first-place betting interest only; but if there are no such wagers, then
    - e. The entire Twin Superfecta pool shall be refunded on Twin Superfecta wagers for that contest and the second half shall be cancelled.
  4. If no first-half Twin Superfecta ticket selects the first four finishers of that contest in exact order, winning ticket holders shall not receive any exchange tickets for the second-half Twin Superfecta pool. In such case, the second-half Twin Superfecta pool shall be retained and added to any existing Twin Superfecta carryover pool.
  5. Winning tickets from the first half of the Twin Superfecta shall be exchanged for tickets selecting the first four finishers of the second half of the Twin Superfecta. The second-half Twin Superfecta pool shall be distributed to winning wagers in the following precedence, based upon the official order of finish for the second Twin Superfecta contest:
    - a. As a single price pool, including any existing carryover monies, to those whose combination finished in correct sequence as the first four betting interests; but if there are no such tickets, then
    - b. The entire second-half Twin Trifecta pool for that contest shall be added to any existing carryover monies and retained for the corresponding second-half Twin Superfecta pool of the next performance.
  6. If a winning first-half Twin Superfecta ticket is not presented for cashing and exchange prior to the second-half Twin Superfecta contest, the ticket holder may still collect the monetary value associated with the first-half Twin Superfecta pool but forfeits all rights to any distribution of the second-half Twin Trifecta pool.
  7. Coupled entries and mutuel fields shall be prohibited in Twin Superfecta contests.
  8. Should a betting interest in the first half of the Twin Superfecta be scratched, those Twin Superfecta tickets including the scratched betting interest shall be refunded.
  9. Should a betting interest in the second half of the Twin Superfecta be scratched, an announcement concerning the scratch shall be made and a reasonable amount of time shall be provided for exchange of tickets that include the scratched betting interest. If tickets have not been exchanged prior to the close of betting for the second Twin Superfecta contest, the ticket holder forfeits all rights to the second-half Twin Superfecta pool.
  10. If, due to a late scratch, the number of betting interests in the second-half of the Twin Superfecta is reduced to fewer than the minimum, all exchange tickets and outstanding first-half winning tickets shall be entitled to the second-half Twin Superfecta pool for that contest as a single price pool but not the Twin Superfecta carryover.
  11. If there is a dead heat or multiple dead heats in either the first- or second-half of the Twin Superfecta, all Twin Superfecta tickets selecting the correct order of finish, counting a betting interest involved in a dead heat as finishing in any dead-heated position, shall be a winner. In the case of a dead heat occurring in:
    - a. The first half of the Twin Superfecta, the payoff shall be calculated as a profit split.
    - b. The second half of the Twin Superfecta, the payoff shall be calculated as a single price pool.
  12. If either of the Twin Superfecta contests is cancelled prior to the first Twin Superfecta contest, or the first Twin Superfecta contest is declared "no contest," the entire Twin Superfecta pool shall be refunded on Twin Superfecta wagers for that contest and the second half shall be cancelled.
  13. If the second-half Twin Superfecta contest is cancelled or declared "no contest," all exchange tickets and outstanding first-half winning Twin Superfecta tickets shall be entitled to the net Twin Superfecta pool for that contest as a single price pool but not the Twin Superfecta carryover. If there are no such tickets, the net Twin Superfecta pool shall be distributed as described in subsection (Q)(3) of the Twin Superfecta rules.

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14. The Twin Superfecta carryover may be capped at a designated level approved by the Department so that if, at the close of any performance, the amount in the Twin Superfecta carryover equals or exceeds the designated cap, the Twin Superfecta carryover will be frozen until it is won or distributed under other provisions of this rule. After the second-half Twin Superfecta carryover is frozen, 100% of the net Twin Superfecta pool for each individual contest shall be distributed to winners of the first half of the Twin Superfecta pool.
  15. A written request for permission to distribute the Twin Superfecta carryover on a specific performance may be submitted to the Department. The request must contain justification for the distribution, an explanation of the benefit to be derived, and the intended date and performance for the distribution.
  16. Should the Twin Superfecta carryover be designated for distribution on a specified date and performance, the following precedence will be followed in determining winning tickets for the second half of the Twin Superfecta after completion of the first half of the Twin Superfecta:
    - a. As a single price pool to those whose combination finished in correct sequence as the first four betting interests; but if there are no such wagers, then
    - b. As a single price pool to those whose combination included, in correct sequence, the first three betting interests; but if there are no such wagers, then
    - c. As a single price pool to those whose combination included, in correct sequence, the first two betting interests; but if there are no such wagers, then
    - d. As a single price pool to those whose combination correctly selected the first-place betting interest only; but if there are no such wagers, then
    - e. As a single price pool to holders of valid exchange tickets.
    - f. As a single price pool to holders of outstanding first-half winning tickets.
  17. Contrary to subsection (Q)(4) of the Twin Superfecta rules, during a performance designated to distribute the Twin Superfecta carryover, exchange tickets will be issued for those combinations selecting the greatest number of betting interests in their correct order of finish for the first-half of the Twin Superfecta. If there are no wagers correctly selecting the first-, second-, third-, and fourth-place finishers, in their exact order, then exchange tickets shall be issued for combinations correctly selecting the first-, second-, and third-place betting interests. If there are no wagers correctly selecting the first-, second-, and third-place finishers, in their exact order, then exchange tickets shall be issued for combinations correctly selecting the first- and second-place betting interests. If there are no wagers correctly selecting the first- and second-place finishers, in their exact order, then exchange tickets shall be issued for combinations correctly selecting the first-place betting interest only. If there are no wagers selecting the first-place betting interest only in the first half of the Twin Superfecta, all first-half tickets will become winners and will receive 100% of that day's net Twin Superfecta pool and any existing Twin Superfecta carryover as a single price pool.
  18. The Twin Superfecta carryover shall be designated for distribution on a specified date and performance only under the following circumstances:
    - a. Upon written approval from the Department as provided in subsection (Q)(15) of the Twin Superfecta rules.
    - b. Upon written approval from the Department when there is a change in the carryover cap or when the Twin Superfecta is discontinued.
    - c. On the closing performance of the meet or split meet.
  19. If, for any reason, the Twin Superfecta carryover must be held over to the corresponding Twin Superfecta pool of a subsequent meet, the carryover shall be deposited in an interest-bearing account approved by the Department. The Twin Superfecta carryover plus accrued interest shall then be added to the second-half Twin Superfecta pool of the following meet on a date and performance so designated by the Department.
  20. Providing information to any person regarding covered combinations, amounts wagered on specific combinations, number of tickets sold, or number of valid exchange tickets is prohibited. This shall not prohibit necessary communications between totalisator and pari-mutuel department employees for processing of pool data.
  21. The permittee must obtain written approval from the Department concerning the scheduling of Twin Superfecta contests, the percentages of the net pool added to the first-half pool and second-half pool, and the amount of any cap to be set on the carryover. Any changes to the approved Twin Superfecta format require prior approval from the Department.
- R. Grand Slam Pools**
1. The Grand Slam requires selection of the Exacta, Trifecta, and Superfecta, respectively, in three consecutive contests. Each winning ticket for the first Grand Slam contest must be exchanged for a free ticket on the second Grand Slam contest in order to remain eligible for the second contest share of the Grand Slam pool. Such tickets may be exchanged only at attended ticket windows prior to the second Grand Slam contest. Winning Grand Slam tickets on the first race shall receive both an exchange and a monetary payoff. Each winning ticket for the second Grand Slam contest must be exchanged for a free ticket on the third Grand Slam Contest in order to remain eligible for the third contest share of the Grand Slam pool. Such tickets must be exchanged only at attended ticket windows prior to the third Grand Slam contest. Winning tickets on the second race shall receive both an exchange and a monetary payoff. The three designated Grand Slam contests shall be included in only one Grand Slam pool.
  2. After wagering closes for the first contest of the Grand Slam and commissions have been deducted from the pool, the net pool shall be divided into three separate pools: the first contest pool (25%), the second contest pool (25%), and the third contest pool (50%).
  3. In the first Grand Slam contest only, winning wagers shall be determined using the following precedence, based upon the official order of finish for the first Grand Slam contest:
    - a. If contestants of a coupled entry or mutuel field finish as the first two finishers, as a single price pool to those selecting the coupled entry or mutuel field combined with the next separate betting interest in the official order of finish; otherwise,
    - b. As a single price pool to those whose combination finished in correct sequence as the first two betting interests; but if there are no such wagers, then
    - c. As a profit split to those whose combination included either the first-place betting interest to fin-



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- ish first or the second-place betting interest to finish second; but if there are no such wagers on one of those two finishers, then
- d. As a single price pool to those whose combination included the one covered betting interest to finish first or second.
4. Winning tickets from the first contest of the Grand Slam shall be exchanged for tickets selecting the first three finishers of the second contest of the Grand Slam. The second contest pool shall be distributed to winning wagers in the following precedence, based upon the official order of finish for the second Grand Slam contest:
    - a. As a single price pool to those whose combination finished in correct sequence as the first three betting interests; but if there are no such wagers, then
    - b. The entire pool for the second and third contests shall be added to any existing carryover monies and retained for the third contest pool of the next performance.
  5. Winning tickets for the second contest of the Grand Slam shall be exchanged for tickets selecting the first four finishers of the third contest of the Grand Slam. The third contest pool and any existing carryover monies shall be distributed to winning wagers in the following precedence, based upon the official order of finish for the third Grand Slam contest:
    - a. As a single price pool to those whose combination finished in correct sequence as the first four betting interests; but if there are no such wagers, then
    - b. The entire pool for the third contest shall be added to any existing carryover monies and retained for the corresponding third contest pool of the next performance.
  6. If a winning Grand Slam ticket is not presented for cashing and exchange prior to the next Grand Slam contest, the ticket holder may still collect the monetary value associated with the corresponding pool but forfeits all rights to any distribution of subsequent Grand Slam pools.
  7. Coupled entries and mutuel fields shall be prohibited in the second and third races of the Grand Slam.
  8. Should a betting interest in the first contest of the Grand Slam be scratched, those Grand Slam wagers including the scratched betting interest shall be refunded.
  9. Should a betting interest in the second or third contests of the Grand Slam be scratched, an announcement concerning the scratch shall be made and a reasonable amount of time shall be provided for exchange of tickets that include the scratched betting interest. If tickets have not been exchanged prior to the close of betting for the corresponding contest, the ticket holder forfeits all rights to the remainder of the Grand Slam pool.
  10. If there is a dead heat or multiple dead heats in any of the contests of the Grand Slam, all Grand Slam wagers selecting the correct order of finish, counting a betting interest involved in a dead heat as finishing in any dead-heated position, shall be winners. Contrary to the usual practice, the aggregate number of winning tickets shall be divided into the net pool and paid the same price.
  11. If any of the Grand Slam contests are cancelled prior to the first Grand Slam contest, or the first Grand Slam contest is declared "no contest," the entire Grand Slam pool shall be refunded on Grand Slam wagers for that contest and the remaining Grand Slam contests shall be cancelled. Any existing carryover monies pursuant to subsections (R)(4) and (5) of this rule shall carryover to the next consecutive racing program of that meeting.
  12. If the second contest of the Grand Slam is canceled or declared "no contest," or if less than three contestants finish, the second contest pool of the Grand Slam shall be distributed equally among holders of second contest Grand Slam exchange tickets, and the third-contest pool of the Grand Slam shall carryover to the third-contest pool of the next performance.
  13. If the third contest of the Grand Slam is canceled or declared "no contest" before the second contest has been made official but after the first contest (pursuant to subsection (R)(11) of this rule), that racing day's third-contest pool shall be distributed equally among holders of second-contest Grand Slam exchange tickets. If the third contest of the Grand Slam is cancelled or declared "no contest" after the second contest has been made official, that racing day's third contest shall be distributed equally among holders of the third-contest Grand Slam exchange tickets. In such instance, no carryover pool would be generated from that racing day.
  14. If no distribution is made pursuant to subsection (R)(5)(a) of this rule, on the last day of the race meeting the permittee shall distribute the third-race pool and any existing carryover monies equally among the holders of exchange tickets selecting the finishing contestants in the third race. The net pool shall be distributed to winning wagers in the following precedence, based upon the official order of finish:
    - a. As a single price pool to those whose combination finished in correct sequence as the first three betting interests; but if there are no such wagers, then
    - b. As a single price pool to those whose combination included, in correct sequence, the first two betting interests; but if there are no such wagers, then
    - c. As a single price pool to those whose combination correctly selected the first-place betting interest only; but if there are no such wagers, then
    - d. As a single price pool to all holders of third-race tickets.
  15. If there were no winning wagers in the second race of the Grand Slam on the last day of the race meeting, the permittee shall distribute the second-race pool and any existing carryover monies equally among the holders of exchange tickets selecting the finishing contestants in the second race. The net pool shall be distributed to winning wagers in the following precedence, based upon the official order of finish:
    - a. As a single price pool to those whose combination included, in correct sequence, the first two betting interests; but if there are no such wagers, then
    - b. As a single price pool to those whose combination correctly selected the first-place betting interest only; but if there are no such wagers, then
    - c. As a single price pool to all holders of second-race tickets.
  16. If there were no winning wagers in the first race of the Grand Slam on the last day of the race meeting, the permittee shall distribute the first-race pool and any existing carryover monies as a profit split to the holders of tickets selecting either the first-place finisher to finish first or the second-place finisher to finish second. If there were still no winning wagers in the first race of the Grand Slam, such monies shall be distributed to all ticket holders.
  17. Grand Slam tickets shall be issued in multiples of \$1.00.

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**Historical Note**

Adopted effective October 21, 1993, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 41-1005(A)(18) (Supp. 93-4). Amended effective November 16, 1993, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 41-1005(A)(18); inadvertently omitted from Supp. 93-4 (Supp. 94-2). Typographical corrections made to subsections (F)(6), (P)(3)(d), and (P)(21) (Supp. 94-4). R19-2-523 recodified from R4-27-523 (Supp. 95-1). Amended effective July 3, 1996 (Supp. 96-3). Amended effective September 17, 1997, under an exemption from the Administrative Procedure Act pursuant to A.R.S. § 41-1005(A)(18) (Supp. 97-3). Amended by exempt rulemaking at 6 A.A.R. 786, effective February 1, 2000 (Supp. 00-1). Amended by exempt rulemaking at 24 A.A.R. 2962, effective September 28, 2018 (Supp. 18-3).

# **ARTICLE 6. STATE BOXING AND MIXED MARTIAL ARTS COMMISSION: ADMINISTRATION OF UNARMED COMBAT SPORTS**

**R19-2-601. Renumbered****Historical Note**

New Section recodified from Section R4-3-415 at 5 A.A.R. 1175, April 23, 1999 (Supp. 99-2). Amended by final rulemaking at 7 A.A.R. 805, effective January 18, 2001 (Supp. 01-1). Section R19-2-601 renumbered to Section R19-2-A601 by final rulemaking at 24 A.A.R. 445, effective February 7, 2018 (Supp. 18-1).

**R19-2-602. Renumbered****Historical Note**

New Section recodified from Section R4-3-416 at 5 A.A.R. 1175, April 23, 1999 (Supp. 99-2). Amended by final rulemaking at 7 A.A.R. 805, effective January 18, 2001 (Supp. 01-1). Section R19-2-602 renumbered to Section R19-2-A602 by final rulemaking at 24 A.A.R. 445, effective February 7, 2018 (Supp. 18-1).

**R19-2-603. Renumbered****Historical Note**

New Section recodified from Section R4-3-417 at 5 A.A.R. 1175, April 23, 1999 (Supp. 99-2). Amended by final rulemaking at 7 A.A.R. 805, effective January 18, 2001 (Supp. 01-1). Section R19-2-603 renumbered to Section R19-2-B607 by final rulemaking at 24 A.A.R. 445, effective February 7, 2018 (Supp. 18-1).

**R19-2-604. Renumbered****Historical Note**

New Section recodified from Section R4-3-418 at 5 A.A.R. 1175, April 23, 1999 (Supp. 99-2). Section repealed; new Section adopted by final rulemaking at 7 A.A.R. 805, effective January 18, 2001 (Supp. 01-1). Section R19-2-604 renumbered to Section R19-2-B608 by final rulemaking at 24 A.A.R. 445, effective February 7, 2018 (Supp. 18-1).

**R19-2-605. Renumbered****Historical Note**

New Section recodified from Section R4-3-419 at 5 A.A.R. 1175, April 23, 1999 (Supp. 99-2). Former Section R19-2-605 repealed; new Section R19-2-605 renumbered from R19-2-609 and amended by final rulemaking

at 7 A.A.R. 805, effective January 18, 2001 (Supp. 01-1). Section R19-2-605 renumbered to Section R19-2-C603 by final rulemaking at 24 A.A.R. 445, effective February 7, 2018 (Supp. 18-1).

**R19-2-606. Renumbered****Historical Note**

New Section recodified from Section R4-3-420 at 5 A.A.R. 1175, April 23, 1999 (Supp. 99-2). Former Section R19-2-606 repealed; new Section R19-2-606 renumbered from R19-2-610 and amended by final rulemaking at 7 A.A.R. 805, effective January 18, 2001 (Supp. 01-1). Section R19-2-606 renumbered to Section R19-2-C607 by final rulemaking at 24 A.A.R. 445, effective February 7, 2018 (Supp. 18-1).

**R19-2-607. Repealed****Historical Note**

New Section recodified from Section R4-3-421 at 5 A.A.R. 1175, April 23, 1999 (Supp. 99-2). Section repealed by final rulemaking at 7 A.A.R. 805, effective January 18, 2001 (Supp. 01-1).

**R19-2-608. Repealed****Historical Note**

New Section recodified from Section R4-3-422 at 5 A.A.R. 1175, April 23, 1999 (Supp. 99-2). Section repealed by final rulemaking at 7 A.A.R. 805, effective January 18, 2001 (Supp. 01-1).

**R19-2-609. Renumbered****Historical Note**

New Section recodified from Section R4-3-423 at 5 A.A.R. 1175, April 23, 1999 (Supp. 99-2). Section renumbered to R19-2-605 by final rulemaking at 7 A.A.R. 805, effective January 18, 2001 (Supp. 01-1).

**R19-2-610. Renumbered****Historical Note**

New Section recodified from Section R4-3-424 at 5 A.A.R. 1175, April 23, 1999 (Supp. 99-2). Section renumbered to R19-2-606 by final rulemaking at 7 A.A.R. 805, effective January 18, 2001 (Supp. 01-1).

**PART A. GENERAL ADMINISTRATION****R19-2-A601. Definitions and Interpretation Guidance****A.** The following terms apply to this Article:

1. "Abdominal guard" means a protective device that is designed to protect the abdomen below the umbilicus, and the term includes a pelvic girdle for women designed to protect the pubic area, ovaries, coccyx, and sides of hips. Unless otherwise indicated herein, the term "abdominal guard" will include a "groin guard."
2. "Admission fee" means the charge paid to gain access to an unarmed combat event, as evidenced by a "ticket."
3. "Annual bond" means the cash or surety bond, required under A.R.S. § 5-228(E), to be deposited with the Department by a promoter as a prerequisite for a promoter's license.
4. "Business entity" means any corporation, association, partnership, limited liability company, limited liability partnership, or other legal entity except an individual or sole proprietorship.
5. "Combatant" means any person who practices the sport of unarmed combat in this state.

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6. "Commission" means the Arizona State Boxing and Mixed Martial Arts Commission, and staff delegated to provide support to the Commission. Unless otherwise stated, reference to the Commission includes the Executive Director.
  7. "Contestant" means any combatant who is engaged in an unarmed combat contest or exhibition.
  8. "Department" means the Arizona Department of Gaming.
  9. "Division" means the Arizona Department of Gaming, Racing Division.
  10. "Event" means any unarmed-combat contest or exhibition for which tickets are issued and sold.
  11. "Event bond" means the cash or surety bond, authorized under A.R.S. § 5-229(B), which the Commission may require a promoter to deposit with the Department before each event.
  12. "Executive Director" means the director appointed to execute the directions of the Commission.
  13. "Exhibition" means any demonstration of technique or training in unarmed combat, which is attended by members of the public, including any such demonstration involving the sale of tickets or collection of admission fees.
  14. "Groin guard" means a foul-proof athletic cup or other protection of the pubic area.
  15. "Gross receipts" means all gross receipts as defined by A.R.S. § 5-104.02(E).
  16. "Industry" means all matters or business related to regulated unarmed-combat events.
  17. "License" means any permit, license, approval, sanction, authority, registration, or other permission received from the Commission under these rules or Title 5, Chapter 2, Article 2. For purposes of these rules, a permit is equivalent to a license.
  18. "Majority of rounds" means a sufficient number of completed rounds to render a decision via the score cards. For example, two completed rounds in a three-round bout, or three completed rounds in a five-round bout.
  19. "Mismatch" means a pairing of unarmed combatants for a contest who have unequal ability. Factors to be considered in matching combatants include, but are not limited to:
    - a. Experience;
    - b. Training;
    - c. Fighting record;
    - d. Age;
    - e. Physical condition;
    - f. Height;
    - g. Weight;
    - h. Skill sets;
    - i. Arm or leg length; and
    - j. Any other differences in the ability of combatants that would create a competitive imbalance between them or that would render a match unsafe.
  20. "MMA" means mixed martial arts as defined by A.R.S. § 5-221(8).
  21. "Official" means a licensed referee, judge, timekeeper, ringside physician, or inspector.
  22. "Permit" means any approval or license to conduct an event.
  23. "Prohibited list" means the prohibited substance list published by the World Anti-Doping Agency ("WADA").
  24. "Prohibited substance" means any substance, or class of substances, identified as prohibited on the prohibited list. Alcohol shall also be considered a prohibited substance regardless of whether it appears on the prohibited list.
  25. "Ticket" means the tangible proof of the right to purchase admission to an event.
  26. "Ticket agent" means a person authorized by a promoter to print tickets.
  27. "Ticket vendor" means a person authorized by a promoter to sell tickets.
  28. "Tickets issued" means all tickets printed for an event.
  29. "A.R.S. Title 5, Chapter 2, Article 2" means Arizona Revised Statutes ("A.R.S.") §§ 5-221 to 5-240, and any successor provisions.
  30. "Unarmed combat" means any professional or amateur training, contest, or exhibition regulated by the Commission, whether or not conducted for profit, including boxing, kickboxing, MMA, Muay Thai fighting, or Toughman competition.
- B.** Wherever appropriate, and if not expressly indicated, words in the singular form shall be construed to include the plural and vice versa. Nouns and pronouns in masculine, feminine and neuter genders shall be construed to include any other gender.
- C.** Examples shall not be construed to limit, expressly or by implication, the matter they illustrate.
- D.** The word "includes" and its derivatives means "includes, but is not limited to" and corresponding derivative expressions.

**Historical Note**

New Section R19-2-A601 renumbered from R19-2-601 and amended by final rulemaking at 24 A.A.R. 445, effective February 7, 2018 (Supp. 18-1).

**R19-2-A602. Delegation by and Reports to the Commission**

- A.** The Commission may delegate execution of its statutory powers and duties to the Executive Director.
- B.** The Executive Director shall regularly keep the Commission informed regarding those matters which have been delegated to the Executive Director by the Commission.

**Historical Note**

New Section R19-2-A602 renumbered from R19-2-602 and amended by final rulemaking at 24 A.A.R. 445, effective February 7, 2018 (Supp. 18-1).

**PART B. EVENTS****R19-2-B601. Notice and Approval of Events; Publicity**

- A.** A promoter's request to the Commission for reservation of an event date shall be made as soon as possible and shall be deemed by the Commission to be a representation by the promoter of the promoter's good faith intention to actually hold the event on that date. A promoter is prohibited from requesting event dates solely for the purpose of preempting the organization of an event by others on or near the scheduled event date or for any other anti-competitive reason, which may be demonstrated by a pattern of requesting and cancelling dates.
- B.** The Commission's approval of an event shall constitute a license to conduct, hold or give an unarmed combat event. A promoter shall not hold an event of unarmed combat unless:
1. No less than 60 calendar days before the event is held, the promoter submits to the Commission a written request for permission to hold the event, and for approval of the date for the event; and
  2. The Commission has approved the request and the date for the event.
- C.** The Commission shall not approve an event scheduled to take place within 72 hours before a previously approved event in the same county, unless the second promoter compensates the first promoter or the Commission has determined that special circumstances exist. A promoter is required to have a commitment for an arena, and have advanced funds with respect to his

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or her scheduled event, in order for a promoter to have a date protected by the Commission in accordance with this rule.

- D. Contracts signed by the combatants for the main event shall be filed with the Commission at least 72 hours prior to the date of the event. Contracts signed by the combatants for preliminary events shall be filed with the Commission 48 hours prior to the date of the event. Copies of all fully-executed contracts, on a form approved by the Commission, shall be filed with the Commission prior to the weigh-in.
- E. Publicity for a scheduled event shall be factual and not misleading to the public. An event may not be publicized prior to approval of the event by the Commission. Tickets shall be priced and available as represented to the public. All promotion materials, both prior to and during an event, shall clearly designate the professional, amateur, or mixed status of the event.
- F. The Commission shall not approve a scheduled event until the promoter discloses in writing all persons having a financial interest in the event, as defined in A.R.S. § 5-228(B), and otherwise complies with these rules insofar as they apply to promoters.
- G. A written request for permission to hold an event shall include, without limitation:
  1. The proposed site for the event;
  2. A listing and description of all fights, with designation of all title fights to be held in the event;
  3. A listing of the number of rounds per each fight, and number of contestants; and
  4. If the event will be televised, the date and network on which the program will be premiered, and the date and network of second showings, if known.
- H. The event permit fee required by the Commission, pursuant to R19-2-C603(C), shall be submitted with the application. The Commission shall return the fee if the permit is not approved. The failure of the promoter to notify the Commission of a cancellation at least 30 calendar days before the date of the event shall result in the forfeiture of the permit fee and may subject the promoter to disciplinary action, provided that, if the promoter is able to schedule another date that is acceptable to the Commission, the permit fee shall apply to the rescheduled event.
- I. In determining whether to approve a permit for an event of unarmed combat, the Commission may take into account any factors that affect the best interests of the combatants, the state, the industry, and the Commission.
- J. A promoter who wishes to present an event of unarmed combat for charitable purposes shall file with the Commission an application for a permit to present the event.
  1. The application shall contain the name of the charity, charitable fund, or organization which is to benefit from the event, with evidence satisfactory to the Commission that the benefitted organization is recognized as exempt from federal income tax pursuant to the Internal Revenue Code of 1986, 26 U.S.C. § 501(c)(3), and the amount or percentage of the receipts of the event which is to be paid to the charity.
  2. Within 10 days after such an event is held, the promoter shall furnish to the Commission a certified itemized statement of the receipts and expenditures in connection with the event and the net amount paid to the charitable fund or organization. If the promoter fails to file the statement within the prescribed time, the Commission:
    - a. May suspend or revoke the promoter's license, or impose a civil penalty; and

- b. May thereafter refuse to issue a permit to the promoter for the holding of any event of unarmed combat for charitable purposes.

- K. The Commission may waive any deadline requirements if good cause is shown and the Commission can accommodate the request.
- L. If approval of events has been generally delegated to the Executive Director, the Executive Director may defer the approval of a specific event to the Commission.

**Historical Note**

New Section R19-2-B601 made by final rulemaking at 24 A.A.R. 445, effective February 7, 2018 (Supp. 18-1).

**R19-2-B602. State Championships**

- A. The Commission may approve a contest as one for a state championship where:
  1. One of the contestants is a bona fide resident of Arizona and the other is either:
    - a. Also a bona fide resident of Arizona; or
    - b. A resident of California, Nevada, Texas, Utah, Colorado, or New Mexico, who has fought in Arizona at least two times within the 12-month period prior to the time the Commission's approval is requested.
  2. The contestants are qualified to fight for a state championship by virtue of demonstrated ability and record, and
  3. The contestants make the weight for the pertinent weight classification at the weigh-in.
- B. The Commission shall determine how many rounds are appropriate for any state championship contests.
- C. A contest may not be promoted as one for a state championship, or as a state championship elimination, without the prior consent of the Commission.
- D. State championships shall be defended in Arizona.
- E. The Commission may vacate a state championship title for violation of these rules.

**Historical Note**

New Section R19-2-B602 made by final rulemaking at 24 A.A.R. 445, effective February 7, 2018 (Supp. 18-1).

**R19-2-B603. Duty of Matchmakers**

- A. Matchmakers shall use due diligence to determine and report to the Commission in writing, on a form to be provided by the Commission, no later than 48 hours prior to a scheduled event, the following information:
  1. The true identity of contestants;
  2. The contestant's complete record, including the date and result of the last contest engaged in by the contestant and any fight or medical records obtained from commissions in other states (the Commission has the discretion to disregard non-sanctioned bouts, in the interests of the industry or the health and safety of combatants);
  3. Whether contestants are under suspension from any unarmed combat regulatory commission; and
  4. The ability of the contestants to compete.
- B. Matchmakers shall be held responsible for the making of mismatches. For the protection of contestants and the public, repeated making of mismatches is grounds for discipline, up to and including civil penalties and suspension or revocation of a matchmaker's license. The Commission reserves the right to disapprove any matches that are deemed by the Commission to be mismatches.
- C. The matchmaker's cost of obtaining any fight or medical records from regulatory bodies in other states shall be charged back to the promoter unless the promoter has supplied the Commission with the requisite information.

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- D. Matchmakers shall verify that all matched fighters, trainers, seconds, or other persons involved in a proposed match are licensed in accordance with these rules.

**Historical Note**

New Section R19-2-B603 made by final rulemaking at 24 A.A.R. 445, effective February 7, 2018 (Supp. 18-1).

**R19-2-B604. Insurance for Contestant**

For each contestant, a promoter shall provide to the Commission proof of insurance that complies with A.R.S. § 5-233.

**Historical Note**

New Section R19-2-B604 made by final rulemaking at 24 A.A.R. 445, effective February 7, 2018 (Supp. 18-1).

**R19-2-B605. Selection and Payment of Officials**

- A. Any referees, judges, timekeepers, ringside physicians, and inspectors shall be finally selected by the Commission and notice of the selections shall be provided to the promoter or matchmaker 36 to 48 hours prior to the scheduled event. The Executive Director shall ensure that all officials receive compensation from the promoter immediately after the last scheduled bout in accordance with the Commission's fee schedule. The fee schedule shall be made known to the promoter before the scheduled event when requested by the promoter.
- B. A promoter or matchmaker may protest the assignment of officials only upon specific grounds submitted to the Commission in writing no less than 24 hours prior to the start of the scheduled event.
- C. Referees shall be given a physical examination by the ringside physician before officiating a contest.
- D. A promoter may be disciplined, up to and including license revocation, if rules of selection of officials and participants are not followed for an event.
1. Bouts may only be arranged by a promoter or a matchmaker licensed by the Commission.
  2. Every combatant and announcer selected by the promoter shall be licensed by the Commission. The promoter's selection of announcer shall be approved by the Commission.

**Historical Note**

New Section R19-2-B605 made by final rulemaking at 24 A.A.R. 445, effective February 7, 2018 (Supp. 18-1).

**R19-2-B606. Commission Seating at Events**

As designated by the Executive Director, the promoter shall provide a table and front row or contiguous ringside seating for Commission members, the Executive Director, and those officials assigned to work the event, including the judges, timekeepers, ringside physicians, or other staff. Commission representatives or officials who will be working the event have priority for ringside seating with a table.

**Historical Note**

New Section R19-2-B606 made by final rulemaking at 24 A.A.R. 445, effective February 7, 2018 (Supp. 18-1).

**R19-2-B607. Ticket Manifest, Collection, Accounting**

- A. General requirements.
1. Admission fees shall be charged for every unarmed-combat event. Tickets may also be sold for an exhibition if approved by the Commission.
    - a. The right of admission to any event of unarmed combat shall not be sold to a person unless that person is provided with a ticket.
    - b. Every ticket shall have the price, name and date of the event, and name of the promoter plainly stated on it. Every ticket stub shall state the price.

2. No admission fees shall be charged for any event until:
    - a. The promoter achieves compliance with occupant load, fire apparatus and exits, aisle spacing, and other building and fire code permissions or approval required by the relevant regulatory authorities, and provides verification of such approval to the Commission upon request; and
    - b. The Commission issues a permit for the event.
  3. No later than five days after the completion of an event, a promoter shall provide the Commission with an electronic ticket manifest or an accounting from each ticket agent as follows:
    - a. The manifest shall list the total number of tickets issued and the number of tickets in each price category. The manifest shall account for any tickets that are overprints, changes, or extras. The manifest shall be accompanied by a signed affidavit from the ticket agent or the ticket agent's designee, certifying that the manifest is accurate and complete.
    - b. If tickets issued are sold through a system that cannot produce an electronic manifest, an accounting from each ticket agent of the total number of tickets in each price category shall be provided. The accounting shall be accompanied by a signed affidavit from the ticket agent or the ticket agent's designee, certifying that the accounting is accurate and complete.
  4. A promoter shall ensure that tickets are distributed only through ticket vendors specified by the promoter. Notwithstanding the above, a promoter may provide tickets to contestants for sale to friends or family.
  5. The Commission shall, upon request, provide the Department with the names and contract information for all ticket agents and vendors.
- B. Reduced-price tickets. A promoter shall ensure that the actual price of tickets sold for less than the printed price is plainly displayed by over-stamping or other mechanism on the printed face of the ticket and ticket stub, and the tickets are itemized correctly on the ticket manifest.
- C. Complimentary tickets.
1. A promoter shall ensure that the total number of complimentary tickets does not exceed the maximum number of tickets specified under A.R.S. § 5-104.02(D). This maximum number shall be referred to as the "Cap."
  2. Complimentary tickets in excess of the Cap are treated as non-complimentary and shall be subject to the levy on attendance under subsection (D).
  3. If complimentary tickets are provided from different price categories, the amount of money that shall be exempt from the attendance levy (the "Total Exemption") shall be calculated in the order of highest to lowest priced tickets, as follows:
    - a. The Cap under Subsection (C)(1) shall be computed;
    - b. Highest-priced complimentary tickets are classified as Tier 1 tickets, and complimentary tickets in successively lower levels of price categories are classified as Tier 2 through Tier X, as needed;
    - c. If the Cap is less than the number of Tier 1 tickets, then the Total Exemption shall be equal to the Cap multiplied by the price of the Tier 1 tickets, and no further calculation need be made;
    - d. If the Cap is higher than the number of Tier 1 tickets, then the next highest Tier shall be applied, in whole or in part, to reach the Cap, and the calculation shall continue in that manner until the total Cap is met;

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- e. The number of complimentary tickets in each Tier used to satisfy the Cap shall be multiplied by the price of the tickets in that Tier to determine the Tier Exemption;
  - f. The Total Exemption for the event shall be the sum of Tier Exemptions.
- 4. The word "Complimentary" shall be plainly displayed on complimentary tickets and ticket stubs.
- D. Ticket accounting and levy payment. Representatives of the promoter and Commission shall meet within 10 days after an event to account for all tickets sold and pay the required attendance levy.
  - 1. The promoter shall provide the Commission with the following information on the Commission's attendance levy form:
    - a. The number of tickets sold and unsold in each price category;
    - b. The amount of the gross receipts calculated using the printed price on each ticket sold; and
    - c. The signature of the promoter, certifying that the information is true and correct.
  - 2. The Commission shall consider as sold any tickets listed as issued, but not reported as being unsold.
  - 3. The promoter shall pay the Department an attendance levy of 4% of the gross receipts after the deduction of city, state, and federal taxes, of the event.

**Historical Note**

New Section R19-2-B607 renumbered from R19-2-603 and amended by final rulemaking at 24 A.A.R. 445, effective February 7, 2018 (Supp. 18-1).

**R19-2-B608. Annual Bond, Event Bond, Claims**

- A. Annual bond under A.R.S. § 5-228(E).
  - 1. The approval of a promoter's license is contingent upon deposit of the annual bond with the Department.
  - 2. Upon written request of the promoter, the Commission may release the promoter from the annual bond requirement, if the Commission determines that the promoter has satisfied all past obligations and is not planning additional events for that year.
- B. Event bond under A.R.S. § 5-229(B).
  - 1. The Commission shall notify the promoter in writing of the imposition and amount of an event bond and the promoter shall deposit the bond with the Commission no later than 48 hours prior to the event. The Commission shall retain the event bond until the promoter has satisfied all obligations for the event, at which time the Commission shall return the bond to the promoter.
  - 2. If an event is not held, the promoter shall notify the Commission, not later than 22 business days after the scheduled event, whether the promoter's obligations for the event have been satisfied, at which time the promoter's event bond can be returned.
- C. Commission claim. If a promoter fails to comply with payment of the attendance levy on gross receipts under R19-2-B607(D), the Commission shall notify the promoter and the Department. Notification to the promoter shall be made by registered or certified mail, return receipt requested, and shall state that:
  - 1. The unpaid levy on gross receipts shall be paid within 10 business days from receipt of the notice; and
  - 2. If the payment is not received within the 10 business days, forfeiture proceedings against the bond may be initiated based on the Commission's determination of whether a promoter's obligations have been faithfully performed.

D. The Department and Commission shall not release any bond for which a claim is pending.

**Historical Note**

New Section R19-2-B608 renumbered from R19-2-604 and amended by final rulemaking at 24 A.A.R. 445, effective February 7, 2018 (Supp. 18-1).

**R19-2-B609. Payment of Contestants**

- A. All contestants shall be paid in full according to their contracts, and no part or percentage of their remuneration may be withheld except by order of the Commission, nor shall any part of their remuneration be returned through arrangement with the combatant or the combatant's manager to any matchmaker or promoter.
- B. Payment shall be made immediately after the event under the supervision of a Commission representative.
- C. In cases where the Commission does not require an event bond, the promoter shall execute an assignment in favor of the Commission of box office proceeds to the extent necessary to secure the payment of purses. Such assignment is a condition precedent to the approval of an event. When all contestants have been paid, the assignment shall be returned to the promoter and the promoter shall be released therefrom.

**Historical Note**

New Section R19-2-B609 made by final rulemaking at 24 A.A.R. 445, effective February 7, 2018 (Supp. 18-1).

## PART C. LICENSING AND DISCIPLINE

**R19-2-C601. Licensing, General Requirements**

- A. An application for a license for every industry combatant, promoter, matchmaker, inspector, manager, second, including trainers and cutmen, referee, judge, timekeeper, announcer, or physician, shall be made in writing on a form supplied by the Commission and signed by the applicant under penalty of perjury. The Commission shall accept electronic signatures on applications, which may include faxed signatures, electronic facsimiles of signatures, or any other electronic methods that comply with state policy and are designed to facilitate the application process for the public. The Commission, in its discretion, may act on an applicant's request for a license before the form is submitted, but a license shall not be issued to the applicant until the applicant complies with the licensing requirements pursuant to this Section. Issuance of a license is in the reasonable discretion of the Commission.
- B. Every combatant shall be licensed prior to participating in any event, with the exception of those individuals excluded under A.R.S. § 5-222.
- C. All licenses shall expire on December 31 at midnight on the year of their issuance and each licensee has the responsibility to apply for renewal prior to such expiration. A combatant may petition the Commission for waiver of medical licensing requirements upon renewal if the combatant fulfilled those requirements within 90 days prior to December 31.
- D. Before issuing a license, the Commission or its staff may require an applicant to provide independent proof of the applicant's true identity, fingerprints, and other material information requested on the license application or otherwise required by the Commission.
- E. An applicant for an official's license shall submit to the Commission a signed copy of the Commission's Code of Ethics and Conduct for the type of license being sought, acknowledging that the applicant has read and understands the Code, and agrees to comply with its terms.
- F. Each license issued is subject to the conditions and agreements set forth in the application.

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- G. The applicant shall demonstrate to the satisfaction of the Commission an understanding of the Commission's drug testing program, including, without limitation, an understanding of anti-doping violations and the penalties for those violations.
  - H. The Commission may require an applicant to appear before the Commission to answer questions or provide documents in conjunction with an application for a license.
  - I. Expenses necessarily incurred by the Commission in the investigation of an applicant shall be charged back to the applicant.
  - J. The Commission may take disciplinary action or refuse to issue or renew a license for those reasons stated in A.R.S. § 5-235.01, or if the applicant:
    1. Has violated any industry laws or regulations of any other state;
    2. Does not possess a good reputation or moral character, or demonstrates a lack of honesty, ethics, or moral character so as to reflect discredit to the industry and thereby render adverse action consistent with the public interest and the purpose of A.R.S. Title 5, Chapter 2, Article 2, and these rules adopted thereunder;
    3. Has an industry license that has previously been suspended, revoked, or denied in this or other jurisdictions;
    4. Does not, in the sole discretion of the Commission, possess the health, fitness or skills to safely participate in the industry;
    5. Has committed any actions that would be grounds for discipline under R19-2-C605; or
    6. Is not qualified to be granted a license or permit, based on the best interest of the safety, welfare, economy, health, and peace of the industry or the people of the state of Arizona.
  - K. A manager need not obtain a manager's license if the manager is not a resident of Arizona and comes into Arizona for the sole purpose of working the corner of the manager's combatant. A second's license is sufficient.
  - L. A licensed manager may act as a second.
  - M. A manager or promoter contract shall not be recognized by the Commission as valid unless the parties to the contract are licensed. Such contracts shall be in a format approved by the Commission.
  - N. Prior to licensing, a promoter or matchmaker shall provide to the Commission:
    1. A copy of any agreement with a combatant that binds the applicant to pay a fixed fee or percentage of gate receipts to the combatant;
    2. If a business entity, a list of all persons who control 25% or more of the entity;
    3. If a corporation, a copy of the latest financial statement of the entity; and
    4. A copy of the insurance contract required by A.R.S. Title 5, Chapter 2, Article 2.
- notify the applicant in writing within the administrative completeness review time-frame whether the application or request is incomplete. The notice shall specify what information is missing. If the Commission does not provide notice to the applicant, the license application shall be considered complete.
- 2. An applicant with an incomplete license application shall supply the missing information within the completion request period established in Table 1. The administrative completeness review time-frame is suspended from the date the Commission mails the notice of missing information to the applicant until the date the Commission receives the information.
  - 3. If the applicant fails to submit the missing information before expiration of the completion request period, the Commission shall close the file, unless the applicant requests an extension. An applicant whose file has been closed may submit a new application.
- C. Substantive review. The substantive review time-frame established in Table 1 begins after the application is administratively complete.
    1. If the Commission makes a comprehensive written request for additional information, the applicant shall submit the additional information identified by the request within the additional information period provided in Table 1. The substantive review time-frame is suspended from the date the Commission mails the request until the information is received by the Commission. If the applicant fails to timely provide the information identified in the written request, the Commission shall consider the application withdrawn.
    2. The Commission shall issue a written notice granting or denying a license within the substantive review time-frame. If the application is denied, the Commission shall send the applicant written notice explaining the reason for the denial with citations to supporting statutes or rules, the applicant's right to seek a fair hearing, and the time period in which the applicant may appeal the denial.

**Historical Note**

New Section R19-2-C602 made by final rulemaking at 24 A.A.R. 445, effective February 7, 2018 (Supp. 18-1).

**R19-2-C603. License Fees**

- A. The following applicants shall complete an authorized fingerprint card and pay a fingerprint processing fee per A.R.S. § 41-1750(G)(2) and (J): inspectors, ringside physicians, judges, timekeepers, referees, managers, matchmakers, and promoters.
- B. Fees for the issuance of annual licenses shall be as follows:
  1. Promoters, \$400;
  2. Matchmakers, \$125;
  3. Managers, \$100;
  4. Inspectors, judges, referees, timekeepers, announcers, and ringside physicians, \$30;
  5. Cutmen, professional combatants, trainers, and seconds, \$25; and
  6. Amateur combatants, \$10.
- C. At the time an event permit request is submitted for Commission approval, the following fees for events shall be paid to the Commission:
  1. \$750 for non-live televised events at a venue seating 5000 persons or less;
  2. \$1500 for:
    - a. Non-live televised events at a venue seating more than 5000 persons;
    - b. Events streamed live for a charge on Facebook or other equivalent Internet broadcast; and

**Historical Note**

New Section R19-2-C601 made by final rulemaking at 24 A.A.R. 445, effective February 7, 2018 (Supp. 18-1).

**R19-2-C602. Licensing Time-Frames**

- A. Overall time-frame. The Commission shall issue or deny a license within the overall time-frames listed in Table 1 after receipt of the complete application. The overall time-frame is the total of the number of days provided for the administrative completeness review and the substantive review.
- B. Administrative completeness review.
  1. The applicable administrative completeness review time-frame established in Table 1 begins on the date the Commission receives the application. The Commission shall

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- c. Live televised events on cable or satellite television;
- 3. \$2000 for live televised events on cable or satellite television that include a recognized world title bout (e.g., WBA, WBC, IBF, WBO, UFC, IBO); and
- 4. \$4000 for live pay-per-view events on cable or satellite television (e.g., HBO, Showtime).
- 5. If an event has been previously approved by the Commission, any time an event date change request is submitted for Commission approval, an additional fee of \$250 shall be paid to the Commission.
- 6. The Commission may establish a fee not to exceed \$2000 for an event that is not within the categories set forth in subsections (C)(1) through (4). If a fee is initially paid for a type of event and that event type later changes to a higher fee category, the promoter shall pay the difference in fees prior to the event date.
- D. The Commission shall forward license fees to, or deposit them in the account of, the Department within five business days of receipt with the following information:
  - 1. The type of license issued;
  - 2. The name and date of birth of the licensee;
  - 3. The license number; and
  - 4. The date and amount of payment received and/or deposited.
- E. The Commission shall retain a current list of the licenses issued and the additional applicable licensing information and make the information available to the Department.
- F. Licensing fees shall be waived for those persons who qualify for exemption under A.R.S. § 41-1080.01. For purposes of waiving licensing fees under A.R.S. § 41-1080.01:
  - 1. The costs for background checks and fingerprint processing shall not be waived;
  - 2. Any fees that are waived shall be fully reimbursed to the Division or Department if investigation indicates the applicant does not qualify for waiver;
  - 3. Licensing fees may only be waived if the applicant complies with the process established by the Commission to determine eligibility and the request for waiver is submitted at the same time that the application is submitted;
  - 4. A first-time application shall mean the first application for any license and not the first application for each separate category of license.

**Historical Note**

New Section R19-2-C603 renumbered from R19-2-605 and amended by final rulemaking at 24 A.A.R. 445, effective February 7, 2018 (Supp. 18-1).

**R19-2-C604. Licensing Requirements Related to Ability and Fitness**

- A. Age and physical condition of combatant applying for license.
  - 1. Prior to issuance or renewal of a license, an applicant for a license to engage in unarmed combat shall be examined by a physician approved by the Commission, and satisfy the Commission that the applicant has the ability to compete, if the applicant:
    - a. Reached 36 years of age or will reach 36 years of age during the licensing year;
    - b. Has not competed in unarmed combat for at least 36 consecutive months; or
    - c. Has any medical, physical or mental unfitness that could affect the applicant's safety or welfare if the applicant were licensed.
  - 2. The Commission may revoke, suspend, or refuse to issue or renew the license of any combatant because of injury or unfitness that could affect the safety or welfare of the licensee or other industry participants. The combatant's

license shall be reinstated when and if the Commission, in its sole discretion, determines that the injury or unfitness has been resolved. The Commission may consult with a physician selected by the Commission in making this determination.

- 3. The Commission shall not issue or renew a license to engage in unarmed combat to an applicant or combatant who is found to be blind in one eye or whose vision in one eye is so poor that a physician recommends that the license not be granted or renewed. This rule applies regardless of how good the vision of the applicant or combatant may be in the other eye.
- 4. Together with the medical exams required by A.R.S. § 5-228(F)(1) through (5), an applicant shall submit to testing as follows:
  - a. Before the Commission issues a license, the applicant shall undergo a base-line concussion examination conducted or supervised by a physician who is licensed pursuant to A.R.S. Title 32, Chapter 13 or 17. The base-line concussion examination shall consist of any neurological testing protocol approved by the American Academy of Neurology, that includes the following tests, or the reasonable and recognized equivalent to the following tests:
    - i. A Post-Concussion Symptom Scale (PCSS), to determine if the applicant is exhibiting any current symptoms that may be related to concussion;
    - ii. A recognized quantitative test of cognition, such as the Cogstate Computerized Cognitive Assessment Tool (CCAT), ImPACT, or the Standardized Assessment of Concussion (SAC);
    - iii. A recognized quantitative test of oculomotor function, such as the King-Devick Test;
    - iv. A recognized quantitative test of balance, such as the Balance Error Scoring System (BESS), the Romberg test, pronator drift, or the timed tandem gait test.
  - b. Every ringside physician, trainer, second, or cutman present at an event, and every trainer present at a practice session, has the responsibility of acting as a "spotter" and notifying the Commission if the spotter reasonably suspects that a combatant has suffered a head injury or concussion. A spotter's knowing failure to notify the Commission of a suspected head injury or concussion of a combatant shall result in discipline, up to and including revocation. A spotter who, in good faith, reports a suspected head injury or concussion shall be immune from civil liability with respect to all decisions made and actions taken that are based on good faith implementation of the requirements of this subsection, except in cases of gross negligence, intentional misconduct, or wanton or willful neglect. A referee or a ringside physician shall be responsible for stopping a bout if he or she suspects that a combatant has a head injury or concussion.
  - c. The license of every combatant who is suspected of having a head injury or concussion shall be suspended until he or she undergoes a post-injury concussion assessment, and is able to provide to the Commission clearance from his or her treating neurologist that the combatant is cleared to resume participation in the sport of unarmed combat. The post-injury concussion assessment shall consist of the



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same testing used to perform the base-line concussion examination required above, and shall be compared to the base-line test to determine the concussion status of the combatant.

5. The Commission may hold a hearing to determine whether the license should be denied, granted or renewed, or granted or renewed on a conditional basis, in view of the applicant's ability and fitness.
6. All combatants shall have attained their 18th birthday before being licensed.

**B. Drug testing and anti-doping.**

1. It is the duty of each combatant to ensure that no prohibited substance enters the combatant's body, and a combatant is strictly liable for the presence of any prohibited substance or its metabolites or markers found to be present in the combatant's sample or specimen. To establish a violation of this Section, it is not necessary to establish that the combatant intentionally, knowingly or negligently used a prohibited substance or that the combatant is otherwise at fault for the presence of the prohibited substance or its metabolites or markers found to be present in the combatant's sample or specimen.
2. At any time upon request by the Commission or its representative, whether in or out of competition, a combatant shall submit to a drug test.
  - a. A test of any sample or specimen of a combatant may be performed by a laboratory approved by the Commission or a laboratory approved and accredited by the World Anti-Doping Agency. Approval by the Commission will be based, in part, on whether the laboratory has implemented the *International Standard for Laboratories* and the *Decision Limits for the Confirmatory Quantification of Threshold Substances*.
  - b. The sample or specimen taken for testing will be referred to as the primary sample. The combatant may request that another sample be collected and preserved, which shall be referred to as the secondary sample.
3. A combatant who utilizes, applies, ingests, injects, or consumes by any means, or attempts to utilize, apply, ingest, inject, or consume by any means, a prohibited substance or prohibited method, whether successful or not, commits an anti-doping violation and is subject to disciplinary action by the Commission. An anti-doping violation is established when:
  - a. Analysis of either the primary or secondary sample indicates that one or both of the samples contains any quantity of a prohibited substance or its metabolites or markers, even if the results of testing on both samples is not identical regarding the amount.
  - b. A combatant, without compelling justification, refuses or fails to submit to the collection of a sample or specimen upon the request of the Commission or its representative or who otherwise evades the collection of a sample or specimen.
  - c. An in-competition combatant possesses any prohibited substance or prohibited method, or an out-of-competition combatant who possesses any prohibited substance or prohibited method which is prohibited out of competition.
4. A combatant does not violate the provisions of this Section if:
  - a. The quantity of the prohibited substance or its metabolites or markers found to be present in the combatant's sample or specimen does not exceed the

threshold established in the prohibited list for the prohibited substance or its metabolites or markers.

- b. The special criteria in the prohibited list for the evaluation of a prohibited substance that can be produced endogenously indicate that the presence of the prohibited substance or its metabolites or markers found to be present in the sample or specimen of the combatant is not the result of the combatant's use of a prohibited substance.
- c. If one sample is conclusively positive and one is conclusively negative, and there is no reasonable explanation for the variance.
5. A combatant commits an anti-doping violation and is subject to discipline by possessing any prohibited substance or prohibited method in or out of competition. Any other licensee who possesses a prohibited substance or prohibited method and who is in direct contact with a combatant at the time of possession, has also committed an anti-doping violation.
6. For the purposes of this Section, "possession" means actual physical or constructive possession of the prohibited substance or prohibited method. "Constructive possession" means exclusive control or the intent to exercise exclusive control over a prohibited substance or prohibited method or the premises on or in which a prohibited substance or prohibited method is located.
7. The following are anti-doping violations if committed by any means, and will subject a licensee to discipline:
  - a. Supervise, facilitate, or participate in the use of a prohibited substance or prohibited method by another person;
  - b. Sell, give, transport, send, deliver, or distribute a prohibited substance or prohibited method to another person; or
  - c. Possess with the intent to sell, give, transport, send, deliver, or distribute a prohibited substance or prohibited method to another person.
8. A physician or other bona fide medical personnel who provides or supplies a prohibited substance or prohibited method to a combatant, or who supervises, facilitates or otherwise participates in the use or attempted use of a prohibited substance or prohibited method by a combatant, for genuine and legal therapeutic purposes or any other purposes deemed appropriate by the Commission, is not in violation of this Section.
9. The Commission will report any violation of this Section that also violates any other law or regulation of this state to the appropriate law enforcement, administrative, professional or judicial authority.
10. A combatant may obtain a therapeutic use exemption from an anti-doping violation by submitting to the Commission an application and any medical information the Commission deems necessary to determine whether to grant the therapeutic use exemption. The Commission may grant a therapeutic use exemption if the medical information provided demonstrates that the therapeutic use will not confer an unfair advantage or disadvantage on the combatant, in the sole discretion of the Commission.
  - a. The Commission will not grant:
    - i. A therapeutic use exemption that applies to a contest or exhibition in which the applicant has already participated; or
    - ii. A therapeutic use exemption for testosterone replacement therapy or any similar therapy

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- designed to induce or stimulate testosterone replacement.
- b. A therapeutic use exemption granted by the Commission pursuant to this Section is valid until the end of the calendar year in which it was granted, and may be renewed at the time that a combatant applies for the issuance or renewal of his or her license or at such time as the Commission determines.
11. If the Commission grants a therapeutic use exemption to a combatant, the combatant, a person who is licensed, approved, registered or sanctioned by the Commission, and any other person associated with unarmed combat in this state who acts consistently with the therapeutic use exemption, does not commit an anti-doping violation set forth under this rule.

**Historical Note**

New Section R19-2-C604 made by final rulemaking at 24 A.A.R. 445, effective February 7, 2018 (Supp. 18-1).

**R19-2-C605. Grounds for Disciplinary Action; Penalties**

- A. Disciplinary action against a person licensed by the Commission, or otherwise associated with unarmed combat in this state, may include denial, revocation, or suspension of license; ban on participation; imposition of a civil penalty; forfeiture of all or part of a purse; altering the result of a bout; or any combination of such actions as may be appropriate under the aggravating or mitigating circumstances.
- B. A licensee shall be held responsible for knowing these rules and the provisions of A.R.S. Title 5, Chapter 2, Article 2 related to unarmed combat.
- C. In addition to those grounds listed in A.R.S. § 5-235.01(B), grounds for disciplinary action are:
  1. Violation of an order of the Commission;
  2. Breach of an industry contract;
  3. Where the licensee's conduct is lacking in honesty, ethics, or moral character so as to reflect discredit to the industry and thereby render disciplinary action consistent with the public interest and the purpose of A.R.S. Title 5, Chapter 2, Article 2 and these rules;
  4. Where the licensee has been disciplined in another jurisdiction, if the disciplinary action is ordered for conduct which relates to safety, would be a violation in this state, or tends to reflect negatively on the reputation of this state or the industry;
  5. Where the licensee had knowledge or, in the judgment of the Commission, should have had knowledge that a combatant suffered a concussion or serious injury during training or an event and the licensee failed or refused to inform the Commission of that knowledge; or
  6. Where the licensee has committed any actions that would be grounds for denial of license under R19-2-C601.

**Historical Note**

New Section R19-2-C605 made by final rulemaking at 24 A.A.R. 445, effective February 7, 2018 (Supp. 18-1).

**R19-2-C606. Effect of Discipline**

- A. Every promoter and matchmaker shall take notice of the suspensions or revocations listed on registries recognized by the Commission and shall not permit any person under suspension or revocation to participate in, arrange, or conduct events during the period of suspension or revocation.
- B. A person whose license has been denied, suspended or revoked by the Commission is prohibited from participating in, matchmaking, or holding events during the period of denial, suspension or revocation.
- C. A person whose license has been suspended or revoked is barred from:
  1. The dressing rooms at the premises where any event of unarmed combat is being held;
  2. Occupying any seat within six rows of the ring platform or cage; and
  3. Communicating in the arena or near the dressing rooms with any of the event principals, their managers, their seconds, or the referee, whether directly or by a messenger, during any event.
- D. A person who violates a provision of this subsection may be ejected from the arena or building where the event is being held, and the price paid for his or her ticket shall be forfeited. Thereafter, the person is barred entirely from all premises used for events during the contest or exhibition.
- E. A manager who is revoked or under temporary suspension is considered to have forfeited all rights in this state under the terms of any contract with a combatant licensed by the Commission. Any attempt by a suspended manager to exercise those contract rights in this state shall result in a revocation of the manager's license. The Commission may also revoke a license of any combatant, matchmaker, or promoter who continues to engage in any contractual relations with a revoked or suspended manager within the state of Arizona.
- F. A combatant whose manager has been suspended or revoked may continue competing independently during the term of that suspension or revocation, by personally negotiating and signing the combatant's event contracts or entering into contracts with other managers. Payment of the earnings of a combatant may not be made by any promoter to a manager who is under suspension, or to the manager's agent. Instead the purse must be paid in full to the combatant.
- G. Unless otherwise specified in these rules, any applicant who has been denied a license or whose license has been suspended or revoked by the Commission shall not file a new application or application for reinstatement until one year after the date of the denial, revocation, or suspension (unless the suspension has been lifted by the Commission prior to expiration of the license) and the applicant has paid in full all fees and fines imposed on the applicant by the Commission. The Commission may require a person who has had his or her license suspended for any period because of an anti-doping violation to submit to the Commission documentation satisfactory to the Commission that indicates that a test performed on a sample or specimen obtained from the person did not indicate the presence of a prohibited substance or the use of a prohibited method. Documentation would be unsatisfactory if the documentation creates articulable suspicion that the test may not be valid. Examples of unsatisfactory documentation include:
  1. Documentation from a laboratory that does not meet the standards of R19-2-C604(B)(2)(a); and
  2. Documentation that does not establish sufficient controls to eliminate the potential of tampering with samples or specimens.
- H. The expiration of, or failure to obtain, a license from the Commission does not deprive the Commission of jurisdiction to:
  1. Proceed with an investigation of any person associated with unarmed combat in this state;
  2. Proceed with an action or disciplinary proceeding against any person associated with unarmed combat in this state;
  3. Render a decision to suspend or revoke the license, approval, registration or sanctioning, or the privilege to obtain such license, approval, registration or sanctioning, as applicable; or
  4. Otherwise discipline any licensee, person approved, registered or sanctioned by the Commission, or any person

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otherwise associated with unarmed combat in this state, including, without limitation, banning such a person from participation in unarmed combat in this state for any period of time, including, without limitation, a lifetime ban from participation in unarmed combat in this state.

**Historical Note**

New Section R19-2-C606 made by final rulemaking at 24 A.A.R. 445, effective February 7, 2018 (Supp. 18-1).

**R19-2-C607. Civil Penalties**

- A. The Commission shall notify the Department in writing if a licensee is issued a civil penalty under A.R.S. § 5-235.01(A)(3) or (C).
- B. Upon receipt, the Commission shall immediately forward the civil penalty to the Department for deposit.
- C. Failure to pay a civil penalty of any kind shall result in a suspension of a license until the penalty is paid.

**Historical Note**

New Section R19-2-C607 renumbered from R19-2-606 and amended by final rulemaking at 24 A.A.R. 445, effective February 7, 2018 (Supp. 18-1).

**R19-2-C608. Appeal, Rehearing, or Review of Decision**

- A. Except as provided in subsection (I), any party in a contested case before the Commission who is aggrieved by a decision rendered in such case by the Executive Director may file with the Commission, not later than 10 days after service of the decision, a written motion for appeal of the decision specifying the particular grounds therefor. For purposes of this subsection, a decision shall be deemed to have been served when personally delivered or mailed by certified mail to the party at the party's last known residence or place of business; or by electronic mail if the party has agreed to receive electronic notifications.
- B. An appeal, or a motion for rehearing or review under this rule may be amended at any time before it is ruled upon. A party shall provide a copy of any pleading on all opposing parties or parties who may be directly affected by the issues presented, and the pleading shall contain a certification of delivery to listed recipients. A response may be filed by any other party within 10 days after delivery of such pleading on the other party. The Commission may require the filing of written briefs upon the issues raised in the motion and may provide for oral argument.
- C. The Commission may affirm or modify the decision, or grant a rehearing to all or any of the parties, on all or part of the issues for any of the following reasons materially affecting the moving party's rights:
  1. Irregularity in the administrative proceedings that causes the moving party to be deprived of a fair hearing;
  2. Misconduct of the Commission or its hearing officer or the prevailing party;
  3. Accident or surprise that could not have been prevented by ordinary prudence;
  4. Newly discovered material evidence that could not, with reasonable diligence, have been discovered and produced at the original hearing;
  5. Excessive or insufficient penalties;
  6. Error in the admission or rejection of evidence or other errors of law occurring at the administrative hearing or during the progress of the proceedings; or
  7. The decision is not justified by the evidence or is contrary to law.
- D. If a rehearing is granted, the Commission may hear the case or may refer the case to the Office of Administrative Hearings. The decision of the administrative law judge becomes the decision of the Commission unless rejected or modified by the Commission in accordance with A.R.S. Title 41, Chapter 6, Article 10. A decision of the Commission at this level of review is a final decision.
- E. Except for a decision under subsection (I), a rehearing or review of the final Commission decision shall be requested in order for the aggrieved party to have the right to appeal under A.R.S. Title 12, Chapter 7, Article 6. The Commission shall rule on the motion for rehearing or review within 15 days after the response to the motion is filed or at the Commission's next meeting after the motion is received, whichever is later.
- F. Not later than 10 days after a decision is rendered, and after giving the parties or their counsel notice and an opportunity to be heard on the matter, the Commission may, on its own initiative, order a rehearing or review of its decision for any reason for which it might have granted a rehearing on motion of a party.
- G. Any order granting a rehearing shall specify with particularity the ground or grounds on which the rehearing is granted, and the rehearing shall cover only those matters so specified.
- H. When a motion for rehearing is based upon affidavits, they shall be served with the motion. An opposing party may, within 10 days after such service, serve opposing affidavits, which period may be extended by the Commission for an additional period not exceeding 20 days for good cause shown or by written stipulation of the parties. Reply affidavits may be permitted.
- I. If, in a particular decision, the Commission makes specific findings that the immediate effectiveness of such decision is necessary for the immediate preservation of the public peace, health, and safety and that a rehearing or review of the decision is impracticable, unnecessary, or contrary to the public interest, the decision may be issued as a final decision without an opportunity for a rehearing or review. If a decision is issued as a final decision without an opportunity for rehearing, any application for judicial review of the decision shall be made within the time limits permitted for applications for judicial review of the Commission's final decisions under A.R.S. Title 12, Chapter 7, Article 6.
- J. For purposes of this Section, the terms "contested case" and "party" shall be defined as provided in A.R.S. § 41-1001.
- K. To the extent that the provisions of this rule are in conflict with the provisions of any statute providing for rehearing of decisions of the Commission, such statutory provisions shall govern.
- L. The Commission may deny a petition or application that is not filed in accordance with this Section without a hearing.
- M. The final result of an unarmed combat bout, even if based upon errors of judgment of the referee or the judges, shall not be overturned or modified by the Commission unless there is substantial evidence that the following have occurred:
  1. The compilation of the scorecards of the judges shows an error if such error would result in the win being given to the wrong contestant; or
  2. There has been fraud or collusion affecting the result.

**Historical Note**

New Section R19-2-C608 made by final rulemaking at 24 A.A.R. 445, effective February 7, 2018 (Supp. 18-1).

**R19-2-C609. Registration of Amateur Sanctioning Organizations: Requirements; Application; Fees; Revocation, Suspension or Setting Conditions**

- A. All sanctioning organizations that are required to be approved under A.R.S. § 5-222(A)(4) shall be registered with the Commission. A sanctioning organization that is required to be registered shall submit to the Commission:

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1. A completed application for registration on a form provided by the Commission;
  2. A complete set of rules adopted by the sanctioning organization to govern the particular discipline, which must be substantially equivalent to the rules of this Article 6 with regard to safety of the combatants; and
  3. An application or renewal fee of \$1,000.
- B.** A sanctioning organization that is required to be registered may have its registration denied, revoked, suspended, or conditioned by the Commission for:
1. Failing to provide information as requested by the Commission or the Executive Director;
  2. Failing to establish or follow its own complete set of rules;
  3. Failure to dismantle and remove all equipment, ring, cage, and seating upon conclusion of an event; or
  4. Any other cause for the revocation, suspension or conditioning of a license set forth in A.R.S. Title 5, Chapter 2, Article 2, and these rules adopted thereunder.
- C.** A sanctioning body that is required to be registered shall not participate, directly or indirectly, in any amateur event of unarmed combat if registration is not obtained.
- D.** The Commission may approve one amateur sanctioning organization for each Muay Thai discipline. The Commission may limit, deny, suspend, or revoke registration of a separate organization, if the Commission, in its sole discretion, determines registration of the organization is not in the best interest of the industry.
- E.** The Commission may waive the requirements of subsections (A), (B), (C), and (D).
- F.** The provisions of this Section do not apply to professional Muay Thai events, which shall be sanctioned by the Commission, or to a professional Muay Thai promoter whose license is issued by the Commission and who is in good standing.
- D.** Mouthpiece.
1. During competition, each contestant is required to wear a mouthpiece that has been fitted to the contestant's mouth. The mouthpiece shall be subject to examination by and approval of the referee. A round cannot begin without the mouthpiece in place.
  2. If the mouthpiece is dislodged or spit out during the course of a round, the referee shall call time at the first opportune moment without interfering with the immediate action or the advantage the aggressor may have. As soon as it can be properly replaced, the referee shall direct a second to wash the mouthpiece and the referee shall then replace it with all deliberate speed. For professional kickboxing contests, a round will not be stopped by the loss of a mouthpiece.
  3. A contestant who intentionally spits out a mouthpiece in an apparent attempt to cause the progress of a round to be interrupted is subject to penalty to be determined by the referee.
- E.** Stools. The promoter shall provide an appropriate number of stools or chairs for each combatant's corner. The stools or chairs shall be of a type approved by the Commission. All stools and chairs shall be thoroughly cleaned or replaced after each bout.
- F.** Bell. The term "bell" shall refer to a bell, horn, gong, or other sound device approved by the Commission, which shall be positioned at a location approved by the Commission, and shall carry a clear tone so that the contestants may easily hear its sound.
- G.** Injured Combatants.
1. The ringside physician shall enter the fighting enclosure and examine and tend to a contestant who has been knocked out or is otherwise injured. The physician may enter at the conclusion of a bout, when called in by the referee, or when it is deemed medically necessary by the physician. The seconds of the injured contestant shall not interfere with the physician.
  2. Contestants who have been knocked down and out shall be kept in a stable position until they have recovered.
  3. A contestant who has been knocked out shall not be permitted to compete until the Executive Director and a physician approved by the Executive Director jointly clear the contestant's return to competition. In making this decision, the consideration of the Executive Director and the physician shall include, but shall not be limited to, the requirements under R19-2-C604(A)(3).
  4. A combatant who has been knocked out three times within a 12-month period shall be suspended from competition for six months from the date of the last knock-out, and must satisfy the Commission that he or she is capable of returning to competition, including, but not limited to, documenting clearance under R19-2-C604(A)(3).
  5. The term "knockout" as used in this subsection includes a technical knockout that is injury-based.
- H.** Female Combatant. A female combatant shall not be matched or engage in a bout with a male combatant, unless approved by the Commission.
- I.** Weigh-in; when contestants are required to appear.
1. The weigh-in shall be held at a time and place approved by the Commission in conformance with A.R.S. § 5-225(E). It shall be supervised by a Commission representative. Promoters are required to contact the Commission at least 48 hours in advance of the weigh-in to make appropriate arrangements therefor. Contestants shall appear at the weigh-in and the failure to do so may sub-

**Historical Note**

New Section R19-2-C609 made by final rulemaking at 24 A.A.R. 445, effective February 7, 2018 (Supp. 18-1).

**PART D. UNARMED COMBAT RULES****R19-2-D601. General Provisions for All Unarmed Combat Disciplines**

- A.** Applicability of requirements/alteration. This Section shall apply to all regulated unarmed combat disciplines, unless otherwise noted herein. In case of a conflict between this general Section and a provision relating to a specific discipline, the specific provision shall control. The Commission may approve the alteration of requirements of Part D if it is determined that the alteration is dictated by the event venue or by nationally-accepted rules and that the alteration will not compromise the safety of the combatants. If the rules regarding a specific unarmed combat discipline do not adequately cover an issue pertinent to that discipline, the Commission may refer to and use rules applicable to a different unarmed combat discipline as guidance.
- B.** Time between bouts. Unless special approval is obtained from the Commission, a contestant shall not be allowed to compete until the following time periods have elapsed:
1. Five days, if the contestant has competed anywhere in a bout of six rounds or less; or
  2. Ten days, if the contestant has competed anywhere in a bout of more than six rounds.
- C.** Dressing rooms. The promoter shall provide contestants with dressing rooms or areas which shall be equipped with showers, be sanitary, safe, ventilated, and have sufficient seating. Separate dressing rooms shall be provided for contestants of separate genders.

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- ject the contestant to discipline, up to and including disqualification from competing.
2. Contestants shall appear at the event location at least one hour before the scheduled bout in which they will compete.
  3. Contestants who are already licensed and scheduled to fight shall be present in the city of the scheduled event at least 24 hours before the event and make their presence known to the Commission.
- J. Physical examination, appearance and weight.**
1. Each contestant shall be required to complete a pre-fight physical examination by an appointed physician as directed by the Commission. The examining physician shall be satisfied that a contestant is in good physical condition and able to compete in the scheduled event. Each contestant shall be re-examined within one hour after the bout in which he or she has competed.
  2. Facial and head hair shall not create a hazard to safety or interfere with the supervision or conduct of the event. The Commission may require alteration to facial and head hair in the sole discretion of the Commission representative at the weigh-in. Hair stays must be approved by the Commission. Jewelry and piercing accessories are prohibited during competition.
  3. A contestant who exceeds his or her contractual weight by more than one pound at the weigh-in is in breach of his or her contract. At the discretion of the Commission, the contestant may be permitted a second opportunity to make the weight within two hours. In the alternative, the Commission may impose a penalty consisting of a forfeiture of no more than 20% of the gross purse. Penalty amounts may be added to the purse of the contestant's opponent.
  4. There shall be allowed variations in weight allowances and weight classes in non-championship fights, if both contestants and the Commission approve the variation.
- K. Illness and absence.**
1. Whenever a contestant, because of injuries or illness, is unable to take part in an event for which the contestant is under contract, that contestant or the contestant's designated representative shall immediately report that fact to the Commission. The Commission may then require the contestant to submit to an examination by a physician. The examination fee of the physician shall be paid by the contestant, or by the promoter, if the latter requests the examination.
  2. Any contestant who fails to appear for an event in which the contestant is under contract shall be subject to disciplinary action, unless the contestant has submitted to the Commission a written valid excuse or physician's certification of illness or injury in advance of the event.
- L. Substances.**
1. It is prohibited for drugs, injections, intravenous fluids, or stimulants to be administered to, possessed by, or used by, a contestant during, or within 24 hours preceding an event. This includes smelling salts, ammonia capsules, or similar irritants. Caffeine or caffeinated beverages cannot be consumed during or within two hours before a fight.
  2. The Commission may order anti-doping examinations immediately before and/or after the event. A sample (blood, breath, or urine) shall be provided, using sterile containers, in the presence of the Commission representative, the physician appointed by the Commission, or his or her appointee; and a representative of the combatant.
  3. During an event, administering to a contestant any substance other than plain water or Commission-approved electrolyte drinks is absolutely prohibited.
  4. Coagulants such as adrenalin 1/1000, and others expressly approved by the ringside physician, may be used between rounds to stop bleeding of cuts. "Iron type" coagulants, such as Monsel's solution, are absolutely prohibited and shall be grounds for disqualification.
  5. In the discretion of the referee, a small amount of petroleum jelly may be used around the eyes. The use of lubricants, grease, or any other foreign substance on the arms, legs, or body is prohibited. The referee of a Commission representative has the right to require the removal of excessive lubricants or other foreign substances.
- M. Inspectors.**
1. The Commission shall appoint a minimum of one chief inspector for each event for the purpose of overseeing and coordinating the activities occurring in the dressing rooms with the activities occurring at ringside and the television coordinator.
  2. Chief Inspectors shall:
    - a. Enforce the rules regarding hand wraps, glove weights and types, approved substances, and equipment and supplies that must be in the corner during a match, conduct of the seconds in the corner during the match, how a fight may be stopped by the chief second, and drug test administration;
    - b. Have drug testing kits, tape, pens, gloves, and other equipment available and in good working condition, for use by the Commission; and
    - c. Ensure that the promoter has provided the required emergency medical personnel and their equipment.
  3. The Commission shall appoint additional inspectors as necessary for each event for the purpose of overseeing, directing, and controlling the activities occurring in the dressing room and at ringside.
  4. Inspectors shall know and follow these rules and the Inspector's Training Guidelines provided by the Commission.
- N. Presence of medical assistance.**
1. At least one licensed physician shall be assigned to cover every contest, and shall sit at the immediate ringside of all bouts, unless the Commission determines that more than one assigned physician is necessary to protect the safety of fighters or promote the success of the event. No bout shall be allowed to proceed until at least one assigned physician is seated ringside. No assigned ringside physician shall leave the fighting venue until the dressing rooms are cleared after the final bout. Every assigned ringside physician shall be prepared to assist if any serious emergency arises and shall render temporary or emergency treatments for cuts and minor injuries sustained by the contestants.
  2. No manager or second shall attempt to render aid to a contestant during the course of a round before the assigned ringside physician has had an opportunity to examine the contestant who may have been injured.
  3. No event shall take place, whether amateur, professional, or both, without a team of fully equipped, qualified paramedics and a paramedic ambulance (collectively, a "paramedic unit") present at the event venue for each bout at all times.
    - a. If a paramedic unit leaves the site of the event to transport an unarmed combatant to a medical facility, the unarmed combat event must not continue until another paramedic unit is present and available.

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If the event cannot be stopped, as in the case of a televised event, the promoter shall make prior arrangements to ensure that there will be a paramedic unit present at all times, including arranging for the presence of additional paramedic units at the event start.

- b. If a paramedic unit is not available because of the location of the site, the highest level of paramedic assistance and transportation in that location shall be present, able, and available to treat and transport an unarmed combatant to a medical facility.
- c. The medical personnel described in this subsection shall be designated to render service only to the unarmed combatants in the event, and shall be positioned in a location that is deemed appropriate by the ringside physician.
- d. Each promoter shall give notice of the event to:
  - i. The paramedic-unit companies that are located nearest to the site of the event and ascertain from the service the length of time required for one of its ambulances to reach the site; and
  - ii. The nearest hospital emergency room.
- e. For purposes of this subsection, an event of unarmed combat begins with the commencement of the first bout and ends when the last unarmed combatant leaves the site.
- f. The Commission may waive all or part of the paramedic unit requirement, in its discretion, if the person requesting the waiver demonstrates that adequate alternative medical facilities are readily accessible.

**O. Conduct of seconds.**

1. A contestant may have up to three seconds and shall designate to the referee which of them is the chief second. The chief second is responsible for the conduct of the assistant seconds. Only one second can be inside the ring during a period of rest, unless a greater number is approved by the Commission, except that there may be two seconds in the ring during a Muay Thai rest. The Commission, in its sole discretion, may approve an increase in the number of seconds to four in a championship contest or in a special event.
2. A second shall remain seated outside of, and shall not enter, the fighting area or stand on the apron during the progress of a round. A second shall not administer aid to a contestant during a round. During an officially interrupted round, a second may stand on the apron only with the express permission of the referee.
3. Seconds shall not interfere with the progress of a round, for example, by banging on the apron or excessive coaching. The referee has the discretion to disqualify a second whose conduct is interfering with a bout.
4. Any excessive or undue spraying or throwing of water on a combatant by a second during a period of rest is prohibited.
5. A chief second may signal a referee to stop the fight in the manner approved by the Commission.

**P. Referee.**

1. The referee shall have direction and control over contestants and their seconds during a bout subject to the governing laws and rules. The referee shall have final authority to decide if an injury is produced by a fair or foul blow and if an act is intentional or accidental. The referee shall have final authority to stop a bout when in the referee's opinion a contestant is unfit to continue or otherwise cannot compete. When instant replay is avail-

able, the referee, in the referee's sole discretion, may utilize the instant replay to determine the actual result of the fight-ending sequence in the case where a fight has been officially stopped and the result may have been caused by any type of foul, under the following rules:

- a. A fight-ending sequence shall mean the final exchange of strikes or maneuvers that results in the ending of a bout.
  - b. The referee, and only the referee, may use the instant replay if the referee indicates to the Commission the need to do so ("Call for Replay Review") within three minutes from the stoppage of the fight.
  - c. The referee may have no more than five minutes to review the fight-ending sequence once the instant replay is made available and shall make a final decision within that period of time.
  - d. The information obtained from the replay shall not be used to restart the fight as the fight is officially over and cannot be resumed.
  - e. If there is technical difficulty in accessing the instant replay that cannot be resolved within 10 minutes of the Call for Replay Review, the referee's initial determination shall be final.
  - f. Instant replay shall not to be used by any party to challenge the decisions of the referee.
2. In the case of a cut or other injury which the referee believes may be incapacitating, the referee may consult with the ringside physician before making a decision and may interrupt a round and have the clock stopped for this purpose. The Referee shall notify Commission representatives of any cuts or injury observed, regardless of the severity of the injury.
  3. When a contestant is incapacitated because of a foul, the referee has the discretion to interrupt a round and have the clock stopped for up to five minutes to enable the contestant to recover.
  4. If the referee reasonably suspects that the contestants are not honestly competing, the referee shall stop the bout and declare a "no contest." Purses of both contestants shall be held pending investigation and disposition by the Commission, in its sole discretion.
  5. Prior to giving a warning for rule infringement, the referee shall stop the fight, use the correct warning signal to ensure the contestant's understanding and then indicate the offending contestant to the judges. Any contestant, who is warned three times or more, may be disqualified.
  6. The referee shall pick up the count for knock downs from the timekeeper by the fourth second.
  7. The referee shall provide a 10-second warning to the seconds to leave the fighting area. The seconds must be out of the fighting area when the bell rings.
  8. Should the contestant causing a knockdown fail to stay in the farthest neutral corner during the count, the referee shall cease counting until the contestant has returned to that corner. The referee shall then go on with the count from the point at which it was interrupted.
  9. The referee shall wave both arms to indicate that a contestant has been counted out or cannot otherwise continue.
  10. The referee shall raise the hand of the winner at the end of the bout.

**Q. Judges.**

1. The judges shall be independent and free to score according to the rules and normal practice.
2. Each judge shall sit separately from each other and from the audience.

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3. The judges shall remain neutral during the match. However, a Muay Thai judge may notify the referee of a rule violation during the round interval.
  4. At the end of each round, the judges shall complete the score card for that round.
  5. The judges are not allowed to leave their seat until the match ends and result has been announced.
- R.** Type of results. Unless otherwise indicated in these rules, the following result types apply to every unarmed combat discipline regulated by the Commission:
1. A knockout occurs by failure of a combatant to rise from the canvas. The failure to resume fighting after a rest period shall be considered as if a knockout or technical knockout occurred in the next round.
  2. A technical knockout occurs when:
    - a. The referee stops a bout;
    - b. The ringside physician stops a bout; or
    - c. An injury as a result of a legal maneuver is severe enough to terminate a bout.
  3. A decision via score cards occurs when there is no knock-out or technical knockout. A score card decision is of three types:
    - a. Unanimous – when all three judges score the bout for the same contestant;
    - b. Split Decision – when two judges score the bout for one contestant and one judge scores for the opponent; or
    - c. Majority Decision – when two judges score the bout for the same contestant and one judge scores a draw.
  4. A draw is of three types:
    - a. Unanimous – when all three judges score the bout a draw;
    - b. Majority – when two judges score the bout a draw; or
    - c. Split – Where one of the three judges scores the contest in favor of one fighter, another judge scores the contest in favor of the other fighter, and the third judge scores the contest as a draw.
  5. Disqualification of a contestant who has committed fouls may occur when the referee determines that a foul was intentional, severe, or flagrant, there is a combination of fouls of any type, or the bout is terminated as a result of an injury resulting from an intentional foul. A disqualification shall result in a win for the opponent of the disqualified contestant.
  6. Forfeiture may occur when a contestant fails to begin competition or prematurely ends the bout for reasons other than those listed in these rules.
  7. A technical draw may occur when an injury sustained during competition as a result of an intentional foul causes the injured contestant to be unable to continue and the injured contestant is even or behind on the score cards at the time of stoppage. A technical draw will also occur when both fighters are simultaneously knocked out (“double knockout”), both contestants are in such condition that a continuance may subject them to serious injury, or, in kickboxing, an accidental foul terminates a bout during the first round.
  8. A technical decision may occur when the bout is prematurely stopped due to injury and a contestant is leading on the score cards.
  9. No contest may occur when a bout is prematurely stopped due to accidental injury and a majority of rounds has not been completed to render a decision via the score cards. A no contest shall render the contest a nullity, with no winner or loser.
  10. In a discipline using a 10-point must system of scoring, an even 10-10 score is allowed, but shall be a relatively rare result.
- S.** Timekeeper.
1. The timekeeper shall keep precise timing of each round and the breaks, following the referee’s instructions to start or stop, according to the rules and normal practice. A timekeeper is responsible for keeping the official time of each bout and shall:
    - a. Start and end the round by striking the bell or other sound device approved for the bout.
    - b. Warn contestants when there is only 10 seconds remaining in a round by the method approved for the unarmed combat discipline.
    - c. Signal the end of each rest period by use of a distinctive whistle or other approved sound.
    - d. Correctly regulate all periods of time and counts by a stop watch or clock, but shall only stop the clock when instructed by the referee with the command “time,” then resuming timekeeping when the referee gives the command “time in.”
    - e. Use two stop watches or clocks for regulating rounds and rehabilitation periods.
    - f. For all disciplines other than MMA, start the knock down count by standing and signaling to the referee, audibly and by hand gestures, the correct count in one-second intervals.
  2. There is no saving by the bell during a count, except during the last round.
- T.** Announcer. The announcer has the responsibility to:
1. Announce the combatants’ names, corner, and weight or weight class prior to the fight and again as they arrive in the ring;
  2. Hold the microphone for the referee to announce the rules or guidelines;
  3. Announce the round number at the start of each round;
  4. Announce the correct winner’s name and corner, when the referee raises the combatant’s hand; and
  5. Announce any other information required by the unarmed combat discipline or the Commission.
- U.** Gloves. The Commission may require that promoters provide, for approval, a deconstructed sample of non-certified gloves to be used in any match, together with a list of materials used to construct the gloves.
- V.** Bandaging.
1. As a general rule, soft surgical bandage (“gauze”) and surgeon’s adhesive tape (“tape”) may be used to protect the hands or feet of combatants, depending on the discipline.
  2. With regard to hand bandaging, tape shall be placed directly on the skin of the hand nearest to the wrist to protect that part of the hand. Said tape may cross the back of the hand twice, but shall not exceed one winding’s width (for example two inches for boxing hand wraps). Bandages shall be evenly distributed across the hand.
  3. Contestants shall not wet wraps or apply a substance to the wrapping.
  4. Bandages and tape shall be applied in the dressing room in the presence of the inspector. Gloves shall not be placed on the hands of a contestant until the bandages are approved by the inspector. If approved by the Commission, a contestant has the right to have a second or manager witness the bandaging of an opponent’s hands.
  5. Variations specific to each discipline are listed in Table 2.

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6. All other wraps or bandages that are not specifically allowed in these rules must be approved by the Commission.
- W. Fouls.** The following actions are fouls in every unarmed combat discipline:
1. Striking or abusing an official;
  2. Hitting on a break, after the round has ended, or after the referee has stopped the bout;
  3. Butting with the head;
  4. Groin attacks of any kind;
  5. Refusal to obey the commands of the referee;
  6. Timidity (avoiding contact, intentionally falling down, faking an injury, intentional stalling, refusing to engage, intentionally dropping the mouthpiece, or using passive tactics);
  7. Spitting or biting;
  8. Use of swearing or abusive language during the event by a contestant or the contestant's representatives;
  9. Eye gouging;
  10. Hair pulling;
  11. Strikes to the spine, back of the head, or base of the skull ("rabbit blows");
  12. Interference by seconds;
  13. Intentionally throwing an opponent out of fighting area;
  14. Holding the ropes or onto the cage for any reason; and
  15. Any unsportsmanlike conduct that, in the opinion of the referee, does, or is likely to, cause an injury to an opponent or interference with the contest.
- X. Rounds.**
1. A round of unarmed combat includes a period of unarmed combat immediately followed by a period of rest, with the exception that there is no period of rest after the final round.
  2. The Commission may approve a variation on the standard number and duration of rounds during a bout.
  3. A round only begins upon the sounding of the bell. Any stoppage during the match for any reason, will not be counted as part of the round time.
- Historical Note**  
New Section R19-2-D601 made by final rulemaking at 24 A.A.R. 445, effective February 7, 2018 (Supp. 18-1).
- R19-2-D602. Boxing**
- A.** The ring. The promoter is responsible for providing a safe ring in accordance with the following:
1. The ring shall be four sided, between 16 and 20 feet per side, with two feet outside the ropes, and securely assembled.
  2. The floor shall be covered with shock-absorbent padding, such as Ensolute or the equivalent.
  3. The padding shall be covered with tightly-stretched clean canvas securely laced to the platform.
  4. There shall be four ropes, stretched and linked to four corner posts. The rope shall not be less than one inch in diameter, and shall be covered by a soft or cushioning material. Positioning and tensioning of the rope shall be approved by the Commission.
- B.** Gloves. The promoter is responsible for providing boxing gloves for contestants in accordance with the following:
1. Gloves shall be 8 ounces in weight for all divisions under 135 pounds; and 10 ounces in weight for all divisions over 135 pounds, except that fighters of weight between 135 to 147 pounds may mutually agree in writing to use 8-ounce gloves. The promoter shall have two extra sets of 8-ounce and 10-ounce gloves available during an event.
  2. All gloves shall be nationally-approved brands or shall be submitted for approval to the Commission, and shall be in sanitary, safe, and good condition.
  3. Gloves for title bouts shall be new and delivered to the Commission representative with the packaging unbroken.
- C.** Contestant's equipment and apparel. Each contestant has the duty to provide personal hand bandaging, uniforms, robe, boxing or combat shoes, abdominal guard, mouthpiece, water bottle, bucket, and towel for use during a bout, unless certain items are provided under the promoter/fighter contract. A contestant's equipment is subject to the approval of the Commission or its representative and the following requirements apply to the equipment and apparel of all contestants:
1. The contestants may not wear the same colors in the ring, without the approval of the Commission's representative. Each contestant shall have two uniforms in contrasting colors, with each uniform consisting of trunks for male contestants and a top and shorts for female contestants.
  2. The belt of the trunks or shorts shall not extend above the waistline.
  3. Facial cosmetics shall be prohibited.
  4. Each contestant shall wear an abdominal guard that will protect him or her against injury from a foul blow. The abdominal guard shall not cover or extend above the umbilicus.
- D.** Weight classes. The following traditional weight classes shall be used as a general guide:
- | Weights           | Weight Range in Pounds |
|-------------------|------------------------|
| Flyweight         | Less than 118          |
| Bantamweight      | 118-125.9              |
| Featherweight     | 126-134.9              |
| Lightweight       | 135-146.9              |
| Welterweight      | 147-159.9              |
| Middleweight      | 160-174.9              |
| Light Heavyweight | 175-199.9              |
| Heavyweight       | 200+                   |
- E.** Fair blows and fouls.
1. Fair blows are delivered by a combatant with the padded knuckle part of the glove to the front or sides of the head, shoulders, arms, and front torso above the belt line of an opponent.
  2. All blows that are not fair as described in subsection (E)(1) above are fouls. In addition to the foul blows listed in R19-2-D601(W), the following practices are also classified as fouls in boxing:
    - a. Hitting an opponent who is down or in the process of getting up after being down;
    - b. Holding an opponent with one hand and hitting with the other, or duck so low that the contestant's head is below an opponent's belt line;
    - c. Holding or maintaining a clinch after directed by the referee to break, or failure to take a full step back when the referee breaks a clinch;
    - d. Pushing, tripping, kicking, or wrestling;
    - e. Hitting with elbows, shoulder, or forearm;
    - f. Hitting with an open glove, the inside of the glove, the wrist, the backhand, or the side of the hand; and
    - g. Punching an opponent's back or the kidneys (kidney punch).
- F.** Intentional foul.
1. The referee shall have discretion as to the penalty for fouling. The referee may direct the deduction of points, and may also disqualify the wrongdoer, in the case of per-



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sistent or major fouling, or where the foul prevents continuance of the bout. Normally, in the case of minor fouling, the referee is expected to issue a warning before imposing a penalty. Penalties shall be imposed during or immediately after the round in which the foul occurs. The referee shall personally advise the corners and each judge of the points deducted immediately upon imposition of the penalty.

2. If a contestant is injured (e.g., cut) by an intentional foul but can continue, the referee shall notify the judges and the Commission representative at ringside that if the foul-inflicted injury is subsequently aggravated to the point that the injured contestant cannot continue, a technical win will be rendered in favor of the injured contestant if the injured contestant is ahead on points, or the points are even, and a technical draw will be rendered if the injured contestant is behind on points.

**G. Accidental foul.**

1. If a contestant is accidentally fouled so that the contestant cannot continue, the referee shall stop the bout and a technical decision shall be rendered in favor of the contestant ahead on points. If the points are even, or if the foul occurs in the first three rounds, a no contest shall be declared.
2. If a contestant is injured by an accidental foul but can continue, the referee shall notify the judges and the Commission representative at ringside that if the foul-inflicted injury is subsequently aggravated to the point that the injured contestant cannot continue, the bout will be stopped and a technical win will be rendered in favor of the contestant ahead on points. If the points are even, or if the injury occurs in the first three rounds, a no contest shall be declared.

**H. Results specific to boxing.**

1. In addition to the type of results listed in R19-2-D601(R), the following results are specific to boxing:
  - a. When contestant is considered knocked down. A contestant is considered to be knocked down when any part of the contestant's body, other than the soles of the feet are on the canvas, or the contestant hangs helplessly on the ropes, unable to stand, or the contestant is knocked out of the ring.
  - b. Counting. When the contestant is knocked down the referee shall order the opponent to the farthest neutral corner of the ring, pointing to the corner. The count shall begin by the timekeeper immediately upon the knockdown. The timekeeper, by audible counting and hand signaling, shall give the referee the correct one-second interval for the count. The referee shall pick up and audibly announce the passing of the seconds, accompanying the count with appropriate hand motions. The referee's count is the official count.
  - c. Length of Count. A contestant who is knocked down shall not be allowed to resume boxing until the referee has finished counting 8 ("mandatory 8 count"). A contestant may take the count either on the floor or standing. If the contestant taking the count is not standing in a complete upright position when the referee calls the count of 10, the referee shall wave both arms indicating that the contestant has been knocked out.
  - d. No saving by bell. Except in the last round, there is no saving by the bell. If a contestant is knocked down during the last 10 seconds of a round, the count shall continue after the end of the round as if

the round was not ended. The one-minute rest period will begin from the time the contestant rises after the knockdown. If a contestant is knocked down during a round, and counted out after the end of a round, the knockout shall be considered as having taken place during the round which was last finished.

- e. Wiping gloves. Before a contestant resumes boxing after having been knocked down, or having slipped, to the floor, the referee shall wipe any foreign substance from the contestant's gloves before allowing the bout to resume.
- f. Three knockdowns. When a contestant is knocked down for the third time in a round, the referee shall stop the bout. The opponent shall be declared the winner. This rule shall not apply to championship contests, unless both contestants and the Commission agree that it should apply.
- g. Knocked out of ring. A contestant who is knocked or fallen out of the ring, may be helped back onto the ring apron by anyone except the contestant's manager or seconds. The contestant has a total of 20 seconds to get into the ring and rise.

**I. Method of judging.**

1. Three judges shall score all bouts. Under special circumstances two judges and the referee may score. The method of judging shall be the 10-point must system. In this system the better contestant receives 10 points and the opponent proportionately less, but not less than 7 points. If the round is even, each contestant receives 10 points. A fraction of points may not be given. Points for each round shall be awarded immediately after the termination of the round and not subsequently changed. Judges shall sign their scorecards.
2. After each round, the referee shall pick up the scorecards of the judges and then deliver the cards to the Commission representative assigned to check them for mathematical accuracy. When the Commission representative has completed checking the final scorecards, the representative shall advise the announcer of the decision, and the announcer shall then inform the audience of the decision over the speaker system. The Commission representative shall be present at the ring apron when checking the scorecards.

**J. Rounds.**

1. The number of rounds in a boxing bout shall not exceed a maximum of 12.
2. The duration of each round shall be a maximum of three minutes, followed by a one-minute rest period after each non-final round.

**Historical Note**

New Section R19-2-D602 made by final rulemaking at 24 A.A.R. 445, effective February 7, 2018 (Supp. 18-1).

**R19-2-D603. Mixed Martial Arts**

**A. The fighting area.**

1. Regardless of the shape of the fighting area, the fighting area canvas shall be no smaller than 518 square feet and no larger than 746 square feet. The fighting area canvas shall be padded in a manner as approved by the Commission, with at least a 1-inch layer of foam padding. Padding shall extend beyond the fighting area and over the edge of the platform. Vinyl or other plastic rubberized covering shall not be permitted unless approved by the Commission.
2. The fighting area canvas shall not be more than 4 feet above the surface upon which the fighting area is con-

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structed and shall have suitable steps or ramp for use by the participants. Posts shall be made of metal not more than 6 inches in diameter, extending from the floor of the building to a minimum height of 58 inches above the fighting area canvas and shall be properly padded in a manner approved by the Commission.

3. The fighting area shall be enclosed by a fence made of such material as will not allow a fighter to fall out or break through it onto the floor or spectators, including, but not limited to, vinyl coated chain link fencing. All metal parts shall be covered and padded in a manner approved by the Commission and shall not be abrasive to the contestants.
  4. The fence may provide two separate entries onto the fighting area canvas, but one entrance is acceptable.
- B. Gloves.** The promoter is responsible for providing gloves for contestants in accordance with the following:
1. The gloves shall be new for all main events and in good condition, or they must be replaced.
  2. All contestants shall wear gloves of 4, 5, or 6 ounces in weight, approved by the Commission. No contestant shall supply their own gloves for participation, unless approved by the Commission and mutually agreed upon by the contestants.
- C. Contestant's equipment and apparel.**
1. For each bout, the promoter shall provide at least one clean water bucket and clean plastic water bottle in each corner.
  2. Male contestants shall wear a groin guard of their own selection, of a type approved by the Commission.
  3. Female contestants are prohibited from wearing groin guards, but may be required to wear a chest protector during competition, of a type approved by the Commission.
  4. Gis, shirts, socks, and shoes are prohibited during competition. Each contestant shall wear MMA shorts, biking shorts, or kickboxing shorts, and women contestants shall also wear approved tops.
- D. Weight classes.** The following weight classes shall be used as a general guide:

Weights	Weight Range in Pounds
Flyweight	Less than 126
Bantamweight	126-134.9
Featherweight	135-144.9
Lightweight	145-154.9
Welterweight	155-169.9
Middleweight	170-184.9
Light Heavyweight	185-204.9
Heavyweight	204-264.9
Super-Heavyweight	265+

**E. Fouls.**

In addition to the foul blows listed in R19-2-D601(W), the practices addressed in subsections (E)(1) and (2) below are classified as fouls in MMA.

1. The following infractions shall receive a warning for the first instance, and thereafter shall result in a penalty:
  - a. Holding or grabbing the fence;
  - b. Holding an opponent's shorts or gloves; and
  - c. The presence of more than one second in the fighting area during a period of rest or the presence of a second on the apron without permission from the referee.

2. The following infractions shall receive a penalty if committed at any time:
  - a. Fish hooking;
  - b. Intentionally placing a finger in any orifice of an opponent;
  - c. Downward pointing of elbow strikes (i.e. a "12-to-6" downward elbow strike);
  - d. Small joint manipulation;
  - e. Heel kicks to the kidney;
  - f. Throat strikes of any kind;
  - g. Clawing, pinching, twisting the flesh or grabbing the clavicle;
  - h. Kicking or kneeing the head of a grounded contestant;
  - i. Stomping a grounded contestant, or kneeing or kicking the head of a grounded contestant;
  - j. Spiking an opponent to the canvas on the opponent's head or neck; and
  - k. For amateurs only:
    - i. Elbow strikes to the head of a grounded opponent;
    - ii. Twisting leg submissions;
    - iii. Linear kicks to the knees; or
    - iv. Foot stomps.
3. Only a referee can assess a foul. If the referee does not call the foul, judges shall not make that assessment on their own and cannot factor such into their scoring calculations.
4. If a foul is committed, the referee shall:
  - a. Call time;
  - b. Check the condition and safety of the fouled contestant; and
  - c. Assess the foul to the offending contestant, deduct points, and notify each corner's seconds, judges, and the official scorekeeper of that decision.
5. There shall be no scoring of an incomplete round. If the referee penalizes either contestant, the appropriate deduction of points will occur when the final score is calculated.
6. For purposes of MMA, a "grounded" contestant occurs when any part of the contestant's body, aside from a single hand and soles of the feet, are touching the fighting-area floor. To be grounded, both hands palm/fist down, and/or other body part, will be touching the fighting-area floor. If a single knee or arm is touching the fighting-area floor, the combatant or contestant is grounded without having to have another body part touching the fighting area floor.

**F. Intentional fouls.** For intentional fouls, the following rules shall apply:

1. An intentional foul that does not result in an injury shall result in a deduction of one point from the offending combatant's score. If an injury results from an intentional foul, the referee shall inform the scorekeeper to deduct two points from the score of the offending contestant.
2. The offending contestant loses by disqualification if the referee determines that any of the offenses were intentional, severe, or flagrant, there is a combination of three of the fouls listed in subsection (E)(2) above, or the bout is terminated as a result of an injury resulting from an intentional foul.
3. If an injury sustained during competition as a result of an intentional foul causes the injured contestant to be unable to continue at a subsequent point in the bout:

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- a. The injured contestant will win by a technical decision, if the injured contestant was ahead on the score cards; or
  - b. The outcome will be declared a technical draw, if the injured contestant was behind on the score cards.
  4. If a contestant incurs injury while attempting to foul an opponent, the referee shall not take any action in the contestant's favor, and the injury shall be treated in the same manner as an injury produced by a fair blow.
  5. If, during grappling, the contestant on the bottom commits a foul, the bout will continue to protect the superior position of the topmost contestant, unless the contestant on the top is too injured to continue.
- G. Accidental fouls.**
1. Accidental fouls will result in one point being deducted by the official scorekeeper from the offending combatant's score if directed by the referee.
  2. If an injury sustained during competition as a result of an accidental foul is severe enough for the referee to stop the bout immediately, the bout shall result in a no contest, if stopped before a majority of rounds have been completed.
  3. If an injury sustained during competition as a result of an accidental foul is severe enough for the referee to stop the bout immediately, the bout shall result in a technical decision awarded to the contestant who is ahead on the score cards at the time the bout is stopped only when the bout is stopped after a majority of rounds have been completed.
- H. Results specific to MMA.** In addition to the type of results listed in R19-2-D601(R), bout results can include submission by:
1. Tap out, which occurs when a contestant physically uses his or her hand to indicate that he or she no longer wishes to continue; or
  2. Verbal tap out, which occurs when a contestant verbally announces to the referee that he or she does not wish to continue.
- I. Method of judging.**
1. All bouts will be evaluated and scored by three judges.
  2. The 10-point must system will be the standard system of scoring a bout. Under the 10-point must scoring system, 10 points must be awarded to the winner of the round and 9 points or less must be awarded to the loser, except for an even (10-10) round.
  3. Judges shall evaluate the following MMA techniques in the following order of importance: effective striking, grappling, control of the fighting area, aggressiveness, and defense.
    - a. Effective striking is judged by determining the total number of legal heavy strikes landed by a contestant.
    - b. Effective grappling is judged by considering the amount of successful executions of a legal takedown and reversals. Examples of factors to consider are takedowns from standing position to mount position, passing the guard to mount position, and bottom position contestant using an active, threatening guard.
    - c. Effective fighting area control is judged by determining who is dictating the pace, location, and position of the bout. Examples of factors to consider are countering a grappler's attempt at takedown by remaining standing and legally striking, taking down an opponent to force a ground fight, creating threatening submission attempts, passing the guard to achieve mount, and creating striking opportunities.
    - d. Effective aggressiveness means moving forward and landing a legal strike.
    - e. Effective defense means avoiding being struck, taken down, or reversed while countering with offensive attacks.
  4. The following objective scoring criteria shall be utilized by the judges when scoring a round:
    - a. A round is to be scored as a 10-10 round when both contestants appear to be fighting evenly and neither contestant shows clear dominance in a round;
    - b. A round is to be scored as a 10-9 round when a contestant wins by a close margin, landing the greater number of effective legal strikes, grappling and other maneuvers;
    - c. A round is to be scored as a 10-8 round when a contestant overwhelmingly dominates by striking or grappling in a round; and
    - d. A round is to be scored as a 10-7 round when a contestant totally dominates by striking or grappling in a round.
  5. Judges shall use a sliding scale and recognize the length of time the contestants are either standing or on the ground, as follows:
    - a. If the contestants were on the canvas most of the round, then:
      - i. Effective grappling is weighed first; and
      - ii. Effective striking is then weighed.
    - b. If the contestants were standing most of the round, then:
      - i. Effective striking is weighed first; and
      - ii. Effective grappling is then weighed.
    - c. If a round ends with a relatively even amount of standing and canvas fighting, striking and grappling are weighed equally.
- J. Rounds.**
1. The number of rounds in a professional MMA bout shall not exceed a maximum of five rounds.
  2. The duration of each professional round shall be a maximum of five minutes, followed by a one-minute rest period after each non-final round.
  3. The number of rounds in an amateur MMA bout shall not exceed a maximum of three rounds.
  4. The duration of each amateur round shall be a maximum of three minutes, followed by a one-minute rest period after each non-final round.

**Historical Note**

New Section R19-2-D603 made by final rulemaking at 24 A.A.R. 445, effective February 7, 2018 (Supp. 18-1).

**R19-2-D604. Kickboxing**

- A.** The ring. The promoter is responsible for providing a safe ring in accordance with the following:
1. The ring shall be four-sided, not less than 17 feet nor more than 20 feet per side measured within the ropes.
  2. The ring platform shall not be more than 4 feet above the surface upon which the ring is constructed and shall be provided with suitable steps for use of the contestants. Ring posts shall be of metal, not more than 4 inches in diameter, extending from the floor of the building to a height of 58 inches above the ring floor and shall be properly padded.
  3. The floor shall be covered with shock-absorbent padding, as approved by the Commission, which shall extend beyond the ring ropes and over the edge of the platform.
  4. The padding shall be covered with tightly-stretched clean canvas securely laced to the platform.

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5. There shall be four ropes, stretched and linked to four corner posts. The rope shall not be less than 1 inch in diameter and shall be covered by a soft or cushioning material. Positioning and tensioning of the rope shall be approved by the Commission.

**B. Gloves and footpads.**

1. World title bouts for men shall be fought with 8-ounce regulation gloves. All other male professional bouts may be fought with 8-ounce or 10-ounce gloves by agreement between the promoter and the contestants. All women's professional bouts, including world title bouts, and all amateur competitions shall be held with 10-ounce regulation gloves. Those contestants matched at a weight heavier than super welterweight may be required to wear gloves with more extensive padding than those contestants matched at a lighter weight.
2. All gloves must be nationally-approved brands or shall be submitted for approval to the Commission, and shall be in sanitary, safe, and good condition. Matched contestants shall wear padded protective equipment on the hands and feet of an identical size, shape, style and manufacture as provided by the promoter.
3. Gloves for title fights shall be new and delivered to the Commission representative with the packaging unbroken.
4. If footpads or shin guards are used, they shall be new and unbroken and shall be approved by the Commission.

**C. Contestant's equipment and apparel.**

1. For each bout, the promoter shall provide at least one clean water bucket in each corner, and shall provide the gloves for each contestant to ensure that matched contestants wear equipment of the same size, shape, style and manufacture.
2. Each contestant has the duty to provide the contestant's own hand bandaging, at least one light-colored and one dark-colored uniform, padded protective equipment to be worn on the feet, abdominal guard, breast protector (for women), mouthpiece, water bottle, and towel for use during an event. A contestant's equipment is subject to the approval of the Commission or its representative and the following requirements apply to the equipment and apparel of contestants:
  - a. The combatants may not wear the same colors in the ring, without the approval of the Commission's representative. In bouts involving a champion currently recognized by the Commission, the champion shall choose which color uniform to wear. In all other bouts, the referee or the Commission representative in charge will designate which contestant will wear the light-colored uniform and which contestant will wear the dark-colored uniform.
  - b. All contestants must follow the World Kickboxing Association Dress Code approved for the discipline their bout is fought under.
  - c. Facial cosmetics shall be prohibited.
  - d. Male contestants must wear a foul-proof groin guard or abdominal guard. A plastic or aluminum cup with an athletic supporter is adequate.
  - e. Female contestants must wear foul-proof breast guards. Plastic breast covers are adequate. Female contestants may also wear an abdominal guard.

**D. Weight classes.** No bout shall be scheduled when the weight difference between combatants exceeds an allowance of three and one-half percent of the division weight.

1. The following weight classes shall be used as a general guide for men:

Weights	Weight Range in Pounds
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Strawweight	Less than 108
Atomweight	108-111.9
Flyweight	112-116.9
Bantamweight	117-121.9
Featherweight	122-126.9
Lightweight	127-131.9
Super Lightweight	132-136.9
Light Welterweight	137-141.9
Welterweight	142-146.9
Super Welterweight	147-152.9
Light Middleweight	153-158.9
Middleweight	159-164.9
Super Middleweight	165-171.9
Light Heavyweight	172-178.9
Light Cruiserweight	179-185.9
Cruiserweight	186-194.9
Super Cruiserweight	195-214.9
Heavyweight	215-234.9
Super Heavyweight	235+

2. The following weight classes shall be used as a general guide for women:

Weights	Weight Range in Pounds
Strawweight	Less than 108
Atomweight	108-111.9
Flyweight	112-116.9
Bantamweight	117-121.9
Featherweight	122-126.9
Lightweight	127-131.9
Super Lightweight	132-136.9
Light Welterweight	137-141.9
Welterweight	142-146.9
Super Welterweight	147-152.9
Light Middleweight	153-158.9
Middleweight	159-164.9
Super Middleweight	165-174.9
Cruiserweight	175-184.9
Super Cruiserweight	185-214.9
Heavyweight	215-234.9
Super Heavyweight	235+

**E. Fair blows and fouls.**

1. All punches must land with the knuckle part of the glove, and no other part of the glove or forearm can be used. All kicks must connect with the ball of the foot, the instep, the heel, side of the foot, or the shin from below the knee to the instep.
2. In professional kickboxing competition there is a minimum kick expectation of eight kicks per round, although kick counters will not be used. If the referee feels that a contestant is not kicking enough he or she may give a verbal warning. If the contestant continues without using enough kicks, the referee may deduct a point, and judges shall implement that deduction.
3. Contestants may kick or sweep to the inside or outside region of the leg. Any deliberate kick to the knee, groin, or hip joint shall be prohibited and shall constitute a foul.

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The referee may issue a warning, order point deductions from the judges scoring, or may disqualify the offending contestant for repeated violations.

4. In addition to the foul blows listed in R19-2-D601(W), the following practices are classified as fouls in kickboxing:
  - a. Knee strikes, elbow strikes, palm-heel strikes, slapping, or clubbing blows with the hands.
  - b. Striking the throat, collarbone, the kidneys, or a female contestant's breasts.
  - c. Hitting with the open glove, or with the wrist.
  - d. Kicking into the knee, or striking below the belt in any unauthorized manner.
  - e. Anti-joint techniques (i.e. striking or applying leverage against any joint).
  - f. Holding an opponent with one hand and hitting with the other.
  - g. Grabbing or holding onto an opponent's leg or foot.
  - h. Leg checking the opponent's leg (act of extending the leg or foot to stop the kick of an opponent) or stepping on the opponent's foot to prevent the opponent from moving or kicking.
  - i. Holding any part of the body or deliberately maintaining a clinch for any purpose.
  - j. Throwing or taking an opponent to the floor in any unauthorized manner.
  - k. Striking a downed opponent, or an opponent who is getting up after being down. A contestant is "downed" when any part of the contestant's body other than the soles of the feet touches the floor.

**F. Intentional foul.**

1. The referee shall have discretion as to the penalty for fouling. The referee may direct the deduction of one to two points and may also disqualify the wrongdoer, in the case of persistent or major fouling, or where the foul prevents continuance of the bout. Normally, in the case of minor fouling, the referee is expected to issue a warning before imposing a penalty. Penalties shall be imposed during or immediately after the round in which the foul occurs. The referee shall personally advise the corners and each judge of the points deducted immediately upon imposition of the penalty.
2. If a contestant is injured (e.g., cut) by an intentional foul but can continue, the referee shall notify the judges and the Commission representative at ringside that if the foul-inflicted injury is subsequently aggravated to the point that the injured contestant cannot continue, a technical win will be rendered in favor of the injured contestant if that contestant is ahead on points, or the points are even, and a technical draw will be rendered if the injured contestant is behind on points.

**G. Accidental foul.**

1. If a bout is stopped because of an accidental foul, the referee shall determine whether or not the contestant who has been fouled can continue. The referee may consult with the attending physician. If the contestant's chances have not been seriously jeopardized as a result of the foul, the referee may order the bout continued after a reasonable interval.
2. On the other hand, if by reason of accidental foul a contestant shall be rendered unfit to continue the bout, it shall be terminated. The scorekeeper shall tally all scores, subtracting all penalties. If the injured contestant is behind on points in the majority opinion of the judges, then the referee shall declare the bout to be a technical draw. But if the injured contestant has a lead in points, then the ref-

eree shall declare the injured contestant to be the winner by technical decision.

3. Should an accidental foul terminate a bout during the first round, the referee shall declare the bout to be a technical draw.

**H. Results specific to kickboxing.**

1. When contestant is considered knocked down. A contestant shall be declared knocked down if any portion of the contestant's body, other than the feet touch the floor, or if the contestant hangs helplessly over the ropes. A contestant shall not be declared knocked down if he or she is pushed, thrown, or accidentally slips to the floor. The determination as to whether a contestant is pushed, thrown or slips to the floor, rather than being knocked down, shall be made by the referee.
2. Counting. Whenever a contestant is knocked down, the referee shall order the contestant's opponent to retire to the farthest neutral corner of the ring, pointing to the corner and immediately begin the count over the knocked down contestant. The timekeeper, through effective signaling, shall give the referee the correct one-second intervals for the count. The referee will audibly announce the passing of each one-second interval, indicating its passage with a downward motion of the arm. The referee's count is the only official count.
3. Length of Count.
  - a. Any time a contestant is knocked down, the referee shall automatically begin a mandatory 8 count and then, if the contestant appears able to continue, will allow the bout to resume.
    - i. The referee may, at his or her discretion, administer an 8 count to a contestant who has been stunned, but who remains standing. He or she shall direct the contestant's opponent to a neutral corner, then begin counting from 1 to 8, examining the stunned contestant as during the counts.
    - ii. If, after completing the standing 8 count, the referee determines that the contestant is able to continue, the referee shall order the bout to resume. But if the referee determines that the contestant is not able to continue, the referee shall stop the bout and declare the contestant's opponent to be the winner by technical knockout.
  - b. If the contestant taking the count is still down when the referee calls the count of 10, the referee shall wave both arms to indicate that the contestant has been knocked out and will signal that the contestant's opponent is the winner. A round's ending before the referee reached the count of 10 will have no bearing on the count. The contestant must still rise before the count of 10 to avoid a knockout.
  - c. Should a downed contestant rise before the count of 10 is reached and then go down again before being struck, the referee shall resume the count where he or she stopped counting.
  - d. Should both contestants go down at the same time, the referee shall continue to count as long as one of the contestants is down. If both contestants remain down until the count of 10, the bout will be stopped and the referee shall declare the bout to be a technical draw. But if one contestant rises before the count of 10 and the other contestant remains down, the first contestant to rise shall be declared the winner

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by knockout. Should both contestants rise before the count of 10, the round will continue.

4. Should a contestant be knocked down three times in one round from blows to the head, the referee shall stop the bout and declare the contestant's opponent to be the winner by technical knockout.
5. Whenever a contestant is knocked out primarily as a result of a kick, whether or not the kick occurred in combination with punches, the referee shall declare the contestant's opponent to be the winner by either kick knockout or technical kick knockout whichever is appropriate and shall be entered into the contestant's official record as a KKO.
6. A contestant who has been wrestled, pushed, or who has fallen through the ropes during the bout, may be helped back by anyone except the contestant's own seconds or manager. The referee shall allow reasonable time for the return. When on the ring platform outside the ropes, the contestant must enter the ring immediately. Should the contestant stall for time outside the ropes, the referee shall start the count without waiting for the contestant to re-enter the ring.
  - a. Once a fallen contestant re-enters the ring, the referee shall start the round from the moment that the contestant is back in the ring.
  - b. Whenever contestant falls through the ropes, the contestant's opponent must retire to the farthest neutral corner, as directed by the referee, and remain there until ordered to resume the bout.
  - c. A contestant who deliberately wrestles or throws an opponent from the ring, or who hits an opponent who is partly out of the ring and thus prevented by the ropes from assuming a position of defense, may be penalized.
7. Wiping gloves. Before a fallen contestant resumes competition, after having been knocked to, slipped to, or fallen to the floor, the referee shall wipe the contestant's gloves free of any foreign substance.
8. If after consulting with the physician, the referee decides that further contact below the belt, whether from fair or foul blow, will result in injury to a contestant's knee, the referee shall prohibit striking below the belt for the remainder of the bout.

#### I. Method of judging.

1. The judges shall score all bouts and determine the winner through the use of the 10-point must system. In this system the winner of each round receives 10 points and the opponent receives a proportionately smaller number. But in no circumstances shall a judge award the loser of each round with fewer than 7 points. If a round is judged even, each contestant shall receive 10 points. No fraction of points may be given.
2. Judges should base their scores on the relative effectiveness of each contestant in a given round. An official knockdown always demonstrates superior effectiveness. However, a contestant who is knocked down more from instability than from an opponent's blow, may be able to return from the knockdown and dominate the round by a large enough margin to be judged the winner. Also, the weight given to an official knockdown scored by one contestant must be equal to the weight given to an official knockdown scored by the contestant's opponent.
3. Generally, sweeps should not be given the same weight as an official knockdown. Judges should watch for the technique's effectiveness in slowing down an opponent.

4. A contestant who wins the round and does so with exceptional above-the-belt kicking technique, should be given a more favorable point advantage than the contestant who wins a round with a predominance of punching technique. Below-the-belt kicking technique should be given the same weight as punching techniques. A round should be awarded to the overall most effective above-the-waist kicker.
5. Further, a contestant who aggressively presses an opponent throughout a round, but cannot land a threatening kick or punch, should not be judged as favorably as the contestant who back pedals throughout the round but counter attacks with visible impact.
6. Judges shall award points to contestants on the basis of round by round outcomes and in accordance with the following scores:
  - a. 10 points to 10 points whenever neither contestant dominates the other with a superiority in effectiveness.
  - b. 10 points to 9 points whenever the winning contestant dominates the losing contestant with a marginal superiority in effectiveness.
  - c. 10 points to 8 points whenever the winning contestant dominates the losing contestant with exceptional above-the-waist kicking technique, or whenever the winning contestant dominates the losing contestant with a significant superiority in effectiveness as might be indicated by one knockdown.
  - d. 10 points to 7 points whenever the winning contestant dominates the losing contestant with an overwhelming superiority in effectiveness as must be indicated by more than one knockdown.
7. In the case of a professional or Pro Am title bout that ends in a draw, there shall be a tie-breaking extra round, that shall be decided by the referee.

#### J. Rounds.

1. The number of rounds in a kickboxing bout shall not exceed a maximum of 12 rounds.
2. The duration of each round shall be a maximum of two minutes, followed by a one-minute rest period after each non-final round.

#### Historical Note

New Section R19-2-D604 made by final rulemaking at 24 A.A.R. 445, effective February 7, 2018 (Supp. 18-1).

#### R19-2-D605. Muay Thai

- A. The ring. The promoter is responsible for providing a safe ring in accordance with the following:
  1. The ring shall be four-sided, not less than 16 feet nor more than 24 feet per side, measured within the ropes.
  2. The floor and corner shall be well constructed with no obstructions and with a minimum extension outside the ring of at least 3 feet. The minimum floor height should be 4 to 5 feet from the surface upon which the ring is constructed. The corner posts shall have a diameter of between 4 to 5 inches with a height of 58 inches from the ring floor. All four posts must be properly cushioned.
  3. The ring floor must be padded by either cushioning, rubber, soft cloth, rubber mat, or similar material with a thickness of 1 to 1 1/2 inches. The padding shall be completely covered by a canvas cloth.
  4. There shall be four ropes, stretched and linked to four corner posts. The rope shall not be less than 1 inch in diameter and shall be covered by a soft or cushioning material. Positioning and tensioning of the rope shall be approved by the Commission.

## CHAPTER 2. ARIZONA RACING COMMISSION

5. The ring shall have suitable steps for use of the contestants.

**B. Gloves.**

1. Promoters are responsible for providing gloves for contestants in accordance with the following:
  - a. Mini Flyweight - Junior Featherweight shall use 6-ounce gloves.
  - b. Featherweight - Welterweight shall use 8-ounce gloves.
  - c. Junior Middleweight and heavier classes shall use no less than 10-ounce gloves; and higher weights may use gloves of 12, 14, 16, or 18 ounces in weight, as approved by the Commission.
  - d. The promoter shall have one extra set of gloves for each glove weight, corresponding with the contestants' weight classes participating in the event.
2. All gloves will be inspected by a Commission inspector prior to the fight.
3. In the case of any problem with the boxing gloves themselves, the referee may temporarily halt the match until the problem is corrected.

**C. Contestant's equipment and apparel.**

1. Only boxing shorts may be worn by all contestants, and women shall also wear approved tops. Contestants shall have one extra set of apparel for an event.
2. To ensure the combatant's safety, a groin guard must be worn and shall be checked by an inspector.
3. Long hair may be worn, but hair shall be tied back, and facial hair shall be trimmed.
4. The Mongkol may be worn when performing the Wai Kru (paying respect to one's teacher) prior to the match start.
5. Arm bands may be worn.
6. Single elastic bandages are allowed to be worn on the arms or legs to prevent sprains, however insertion of a shin guard, or similar object, is not allowed.
7. No decoration, jewelry, or material with sharp or metal components is allowed to be worn during the bout.
8. The use of liniment is allowed as long as both contestants and Commission agree. Contestants shall not use liniment on the face.
9. Contestants may wear elastic ankle socks to protect their feet.
10. Any infringement to the dress code may result in the contestant's disqualification.

**D. Weight classes. The following weight classes shall be used as a general guide:**

Weights	Weight Range in Pounds
Mini Flyweight	Less than 105
Junior Flyweight	105-107.9
Flyweight	108-111.9
Junior Bantamweight	112-114.9
Bantamweight	115-117.9
Junior Featherweight	118-121.9
Featherweight	122-125.9
Junior Lightweight	126-129.9
Lightweight	130-134.9
Junior Welterweight	135-139.9
Welterweight	140-146.9
Junior Middleweight	147-153.9
Middleweight	154-159.9
Super Middleweight	160-167.9

Light Heavyweight	168-174.9
Cruiserweight	175-189.9
Heavyweight	190-208.9
Super Heavyweight	209+

**E. Fair blows and fouls.**

1. A fair strike may be made by a punch, kick, knee, or elbow. Contestants may strike with punches above the waist, kicks above the waist and to the inside and outside of an opponent's legs, but not to the groin or leg joints. Direct kicks (side-kick style) to the front of an opponent's legs are not allowed. Fighters, promoters, trainers, and the Commission may agree prior to the event to use modified rules, which agreement shall be documented in the promoter/fighter contract.
2. Clinching is allowed if one contestant is active within the clinch.
3. Contestants are allowed to catch their opponent's leg and take one step forward. After one step, the contestant holding the leg must strike before taking further steps.
4. A contestant may kick his or her opponent's supporting leg with the top of the contestant's foot or shin, but may not use the instep as in a karate-style sweep.
5. In addition to the foul blows listed in R19-2-D601(W), the following practices are classified as fouls in Muay Thai:
  - a. Slapping with the lace side of the gloves;
  - b. Holding an opponent's head or arm and hitting;
  - c. Strikes to leg joints or other joint attacks;
  - d. Palm heel strikes;
  - e. Wrestling, back or arm locks or any similar judo or wrestling hold, takedowns or grappling;
  - f. Spinning sweeps;
  - g. Karate-style chopping strikes;
  - h. Striking opponent when the opponent has slipped or fallen down (an opponent is down or downed when any part of his or her body other than the soles of his or her feet touches the floor of the ring);
  - i. Spinning forearm or elbow strike. A spinning back-hand strike is allowed if the hit is made with the portion of the glove that is above the wrist line (from the tape line at the wrist to the end of the glove);
  - j. Deliberately falling on an opponent;
  - k. Hip throws.

**F. Intentional foul. If a contestant commits an intentional foul in the ring, the referee shall have the discretion to do the following, depending on the nature and seriousness of the foul:**

1. Deduct one point from the fouling contestant per foul;
2. Disqualify the contestant who has fouled; or
3. If there is a disqualification, the purse may be withheld and the contestant may be automatically suspended.

**G. Accidental foul.**

1. If a contestant commits an accidental foul in the ring, the referee shall have the discretion to do the following, depending on the nature and seriousness of the foul:
  - a. Give the contestant who has fouled a caution or a warning (only one warning may be given per bout, and a caution may not follow a warning given for the same type of foul);
  - b. Deduct one point from the fouling contestant per foul; or
  - c. Disqualify the contestant who has fouled, if it is a serious accidental foul or if multiple accidental fouls have been committed.
2. When a self-inflicted injury or an accidental foul causes the bout to be stopped, the result would be a no contest or

## CHAPTER 2. ARIZONA RACING COMMISSION

a disqualification if the bout is stopped before a majority of rounds have been completed. If the injury occurs after a majority of rounds have been completed, then the judge's scorecards will be totaled and the decision of the bout will be announced.

**H. Results specific to Muay Thai.**

1. In addition to the type of results listed in R19-2-D601(R), the following are the types of bout results:
  - a. A draw will be declared if both contestants are injured and cannot continue the bout, when the stoppage occurs before a majority of rounds have been completed.
  - b. Individual scores will decide a match if both contestants are injured and cannot continue the bout after the majority of rounds have been completed.
2. Counting. The count interval will be at one-second intervals, from 1 to 10. During the count, the referee will signal with his or her hand, to ensure that the contestant receiving the count understands.
  - a. A contestant, upon receiving a count, cannot continue the match prior to a count of 8 and loses immediately on receiving a count of 10.
  - b. If both contestants fall down, the referee will direct the count to the last contestant that fell. If both contestants receive a 10 count, a draw will be declared. Should the contestants lean against each other while sitting up, the referee shall stop counting at that time.
  - c. The referee shall continue the count from the count of 8 when a contestant is "down" as a result of a hit, the contestant rises at or before the complete count of 8, and the bout is continued after the count of 8 is completed, but the contestant falls again without receiving a fresh hit.
  - d. A contestant not ready to fight again when the bell rings after a break, shall receive a count, unless the failure to fight is caused by an equipment problem. The referee will determine the length of time that will be allowed to fix an equipment problem. If the problem cannot be fixed, the result will be a forfeiture under R19-2-601(R)(6).
3. Knocked out of ring.
  - a. If a contestant falls partially or completely through the ring ropes onto the apron, the referee shall order the opponent to stand in the farthest neutral corner and if the contestant remains partially outside the ropes, the referee shall start to count to 10. If a contestant falls completely out of the ring, the referee shall count to 20. A contestant must re-enter the ring on his own without assistance from another person.
    - i. If the contestant returns to the ring before the count ends, the contestant will not be penalized.
    - ii. If anyone prevents the fallen contestant from returning to the ring, the referee shall stop the count and warn such person or stop the fight until such interference ceases.
    - iii. If both contestants fall out of the ring and one tries to prevent his or her opponent from returning to the ring before the count ends, the interfering contestant will be warned or disqualified.
    - iv. If both contestants fall out of the ring, the one that returns to the ring before the count ends will be considered the winner. If neither contestant can return to the ring, the result will be considered a technical draw.

4. "Flash knockdowns," where the downed contestant rises up immediately, are usually not counted as knockdowns with a standing 8 count. However, if the contestant is stunned by the knockdown, the referee may decide to perform an 8 count if he or she deems it necessary, no matter how fast the contestant rises after the fall.

**I. Method of judging.**

1. The following are the scoring rules:
  - a. The maximum score for each round is 10 points, the loser scoring either 9, 8, or 7;
  - b. A round that is a draw is scored as 10 points for both contestants;
  - c. The winner and loser in an indecisive round score 10 to 9 respectively;
  - d. The winner and loser in a decisive round score 10 to 8 respectively;
  - e. The winner and loser in an indecisive round with a single count score 10 to 8 respectively;
  - f. The winner and loser in a decisive round with a single count score 10 to 7 respectively; and
  - g. The contestant scoring two counts against his or her opponent will score 10 to 7.
2. Strikes are scored as follows:
  - a. Points are awarded for a correct Thai boxing style, combined with hard and accurate strikes;
  - b. Points are awarded for aggressive and dominating Muay Thai skill;
  - c. Points are awarded for a contestant actively dominating an opponent; and
  - d. Points are awarded for the use of a traditional Thai style of defense and counter-attack.
3. The following strikes will not receive points:
  - a. A strike which is against the rules;
  - b. A strike in defense against the leg or arm of an opponent; or
  - c. A weak strike.
4. Fouls will be scored as follows:
  - a. Any contestant who commits a foul will have one point deducted from his or her score for each foul committed;
  - b. The judges will deduct points for fouls as directed by the referee; and
  - c. Any foul observed by the judges but not by the referee, will be penalized accordingly.

**J. Rounds.**

1. Prior to the start of the first round, both contestants may perform the Wai Kru (paying respect to the teacher), accompanied by the appropriate Thai traditional music.
2. The number of rounds in a Muay Thai bout shall not exceed a maximum of five rounds.
3. The duration of each round shall be a maximum of three minutes, followed by a two-minute rest period after each non-final round.

**Historical Note**

New Section R19-2-D605 made by final rulemaking at 24 A.A.R. 445, effective February 7, 2018 (Supp. 18-1).

**R19-2-D606. Toughman**

Unless otherwise specified herein, R19-2-D602 shall apply to Toughman events, with the following exceptions:

1. Toughman contestants shall wear headgear, padded kidney belt, and abdominal guards, as approved by the Commission.
2. A bout shall consist of three one-minute rounds, with a one-minute rest period between each round, and may involve two or more contestants.



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3. No kicking is permitted.
4. The following weight classes shall be used as a general guide:

Weights	Weight Range in Pounds
Lightweight	Less than 140
Middleweight	140 to 159.9
Light Heavyweight	160 to 184.9
Heavyweight	185+

5. The Commission reserves the right to disallow Toughman events or licenses for Toughman participants, if, in the Commission's discretion, the event or licensing would not be in the best interests of the combatants, the state, the industry, and the Commission.

**Historical Note**

New Section R19-2-D606 made by final rulemaking at 24 A.A.R. 445, effective February 7, 2018 (Supp. 18-1).

**R19-2-D607. Exhibitions; Fee**

- A. Exhibitions may only be allowed if approved by both the Commission and the Executive Director, and shall be subject to all requirements of A.R.S. Title 5, Chapter 2, Article 2 and these rules adopted thereunder.
- B. The fee for an Exhibition shall be \$1000, to be paid by the promoter.

**Historical Note**

New Section R19-2-D607 made by final rulemaking at 24 A.A.R. 445, effective February 7, 2018 (Supp. 18-1).

**Table 1. Time-frames**

License	Statutory Authority	Administrative Completeness Review	Response to Completion Request	Substantive Completeness Review	Response to Additional Information	Overall Time-frame
Promoter, Matchmaker, Manager, Judge, Inspector, Referee, Physician, Timekeeper, Combatants over the age of 36 years	A.R.S. § 5-228 R19-2-C602	30	10	15	10	45
Combatant, Second, Cutman, Trainer, Ring Announcer	A.R.S. § 5-228 R19-2-C602	10	10	10	10	20

**Historical Note**

New Table 1 made by final rulemaking at 24 A.A.R. 445, effective February 7, 2018 (Supp. 18-1).

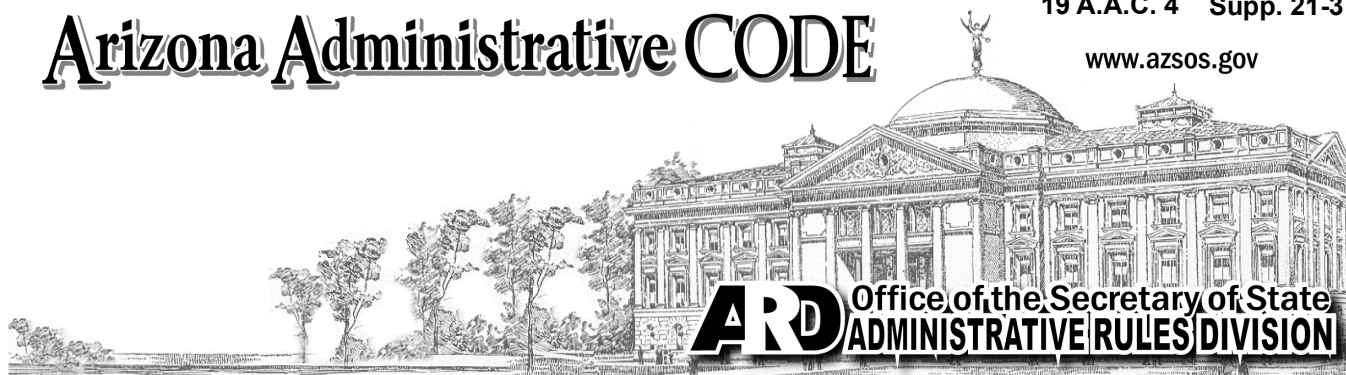
**Table 2. Bandages (Gauze and Tape)**

	Maximum Gauze Dimensions	Maximum Tape Dimensions	Method of Wrapping
Boxing, per hand	2" wide 60" long	2" wide 10' long	• Tape shall not extend higher on the hand beyond three-fourths of an inch from the knuckles, when the hand is clenched to make a fist.
MMA, per hand	2" wide 39" long	1" wide 10' long	• Tape may extend to cover and protect the knuckles when the hand is clenched to make a fist.
Kickboxing, per hand	2" wide 30" long	1.5" wide 6' long	• Tape shall not extend higher on the hand beyond one inch from the knuckles, when the hand is clenched into a fist. • It is acceptable to place 1 strip of tape between the fingers not to exceed 1/4" in width and 4" in length to hold bandages in place.
Kickboxing, per foot	None	1.5" wide 12' long	• Tape may be used to protect the ankles. • Gauze shall not be used on the feet. • A single elastic or neoprene style supportive sleeve may be worn on each foot and around each knee as long as it has no padding, braces, hinges, or anything that could injure the wearer or his opponent or create an advantage of any kind.
Muay Thai, per hand	2" wide 30" long	1.5" wide 6' long	• Tape shall not extend higher on the hand beyond one inch of the knuckles when the hand is clenched to make a fist.

**Historical Note**

New Table 2 made by final rulemaking at 24 A.A.R. 445, effective February 7, 2018 (Supp. 18-1).

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## TITLE 19. ALCOHOL, DOG AND HORSE RACING, LOTTERY AND GAMING

### CHAPTER 4. DEPARTMENT OF GAMING

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

This Chapter contains rules that were filed to be codified in the *Arizona Administrative Code* between the dates of  
July 1, 2021 through September 30, 2021

This is a new Chapter. Refer to the table of contents on page 1 for the list of rules codified.

#### Questions about these rules? Contact:

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**This is a new Chapter.**

## PREFACE

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

Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

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### RULES

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

### THE ADMINISTRATIVE CODE

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

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

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

First Quarter: January 1 - March 31  
Second Quarter: April 1 - June 30  
Third Quarter: July 1 - September 30  
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2021 is cited as Supp. 21-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. This is why the Office lists only updated codified Sections on the previous page.

### AUTHENTICATION OF PDF CODE CHAPTERS

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

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

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

### ARIZONA REVISED STATUTE REFERENCES

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

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

### SESSION LAW REFERENCES

Arizona Session Law references in a Chapter can be found at the Secretary of State’s website, [www.azsos.gov](http://www.azsos.gov) under Services-> Legislative Filings.

### EXEMPTIONS FROM THE APA

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

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

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

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

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

### EXEMPTIONS AND PAPER COLOR

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

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



## Administrative Rules Division

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

**TITLE 19. ALCOHOL, DOG AND HORSE RACING, LOTTERY AND GAMING****CHAPTER 4. DEPARTMENT OF GAMING**

Authority: A.R.S. § 5-1302(B) and Laws 2021, Ch. 234, Sec. 7

**Supp. 21-3**

*Editor's Note: This Chapter contains rules made under an exemption from the rulemaking provisions of A.R.S. Title 41, Chapter 6, Arizona Administrative Procedures Act, under Laws 2021, Ch. 234, Sec. 7. These rules are being published as final exempt rules because the Department provided an opportunity for oral and written comments at public meetings in June and July 2021. These comments are available from the Department (Supp. 21-3).*

**CHAPTER TABLE OF CONTENTS****ARTICLE 1. EVENT WAGERING**

Authority: A.R.S. § 5-1303

*Article 1, consisting of Sections R19-4-101 through R19-4-153, made by final exempt rulemaking at 27 A.A.R. 1167, with an immediate effective date of July 26, 2021 (File No. R21-95, Supp. 21-3).*

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**ARTICLE 2. FANTASY SPORTS**

Authority: A.R.S. § 5-1202(D)

*Article 2, consisting of Sections R19-4-201 through R19-4-223, made by final exempt rulemaking at 27 A.A.R. 1186, with an immediate effective date of July 26, 2021 (File No. R21-96, Supp. 21-3).*

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## ARTICLE 1. EVENT WAGERING

**R19-4-101. Definitions**

- A.** The definitions in A.R.S. § 5-1301 apply to this Article.
- B.** Additionally, for purposes of this Article and the Act, and unless the context requires otherwise:
1. "Act" means Title 5, Arizona Revised Statutes, Chapter 11.
  2. "Affiliate" means a person, directly or indirectly, through one or more intermediaries, who controls or is controlled by, a responsible party.
  3. "Applicant" means any person who has applied for a license under the provisions of the Act or this Article.
  4. "Application" means all the forms and documents that are required to be submitted or completed to obtain a license under the provisions of the Act or this Article.
  5. "Article" means Arizona Administrative Code, Title 19, Chapter 4, Article 1.
  6. "Commercially Reasonable Terms" includes, for the purposes of league data only, the following non-exclusive factors:
    - a. The extent to which event wagering operators have purchased the same or similar official league data on the same or similar terms;
    - b. The speed, accuracy, timeliness, reliability, quality, and quantity of the official league data as compared to comparable non-official league data;
    - c. The quality and complexity of the process used to collect and distribute the official league data as compared to comparable non-official league data; and
    - d. The availability and cost of similar league data from multiple sources.
  7. "Designee" means a person authorized to act on behalf of an event wagering operator and who is responsible for the management and control of event wagering operations. A designee is not independently eligible to become an event wagering operator, nor is it eligible to transfer licensure. The term is not inclusive of designee as referenced in A.R.S. § 5-1316(C).
  8. "Event Wager" means a wager on sports events or other events, portions of sports events or other events, the individual performance statistics of athletes in a sports event or combination of sports events or the individual performance of individuals in other events or a combination of other events through any system or method of wagering.
  9. "Event Wagering Platform" means the internet interface to a single event wagering system, which is designed to accept mobile event wagers through a website and/or a mobile application.
  10. "Event Wagering System" means the hardware, software, firmware, communications technology or other equipment to allow patrons to place event wagers, regardless of whether event wagers are offered at retail, to include kiosks, and/or over the internet on an event wagering platform.
  11. "Geofence Provider" means a person who creates a virtual perimeter for a real geographic location.
  12. "Global Risk Management" means the management of risks associated with event wagering, the setting or changing of event wagers, cutoff times for event wagers, acceptance or rejection of event wagers, laying off of event wagers, lines, point spreads, and odds for event wagers, and other activity relating to event wagering.
  13. "Independent Test Laboratory" means a person who provides testing services for responsible parties to certify that event wagering systems, processes, and programs meet the technical requirements of the Act and this Article.
  14. "Integrity Monitoring Provider" means an independent third person who assists in the identification of suspicious wagering activity.
  15. "Internal Control System" means the minimum level of operational controls developed by a responsible party to ensure the integrity of event wagering.
  16. "Kiosk" means a device located within a retail wagering area that interfaces with an event wagering system and may be utilized by a patron to place event wagers, redeem winning tickets, redeem vouchers, open a player account, and make player account deposits and withdrawals.
  17. "League Data Provider" means a person who provides statistical results, outcomes, and other data related to approved events.
  18. "License" means an approval issued by the Department to a person pursuant to this Article to be involved in the operation of event wagering.
  19. "Licensee" includes any person licensed by the Department under this Article.
  20. "Marketing Affiliate" means a person who is involved in the promotion, marketing, and recruitment for event wagering business in exchange for a commission or other fee based on the number of registrations, wagering activity, or a percentage of adjusted gross event wagering receipts.
  21. "Outstanding Event Wagering Liability" means the sum of the aggregate amount wagered on events whose outcomes have not been determined and the amount owed but unpaid on winning wagers.
  22. "Patron" means a player or participant who places event wagers pursuant to the Act and this Article.
  23. "Player Account" means an account established by a patron with a responsible party so that the patron may place event wagers with that responsible party. Player accounts may also be referred to as event wagering accounts.
  24. "Responsible Party" means event wagering operators, designees, limited event wagering operators, and management services providers.
  25. "Retail Wagering Area" or "Retail" means the designated area within an event wagering facility where event wagering activity under the Act takes place.
  26. "State" means the State of Arizona not to include the Indian lands within its boundaries.
  27. "Supplier" or "Vendor" includes persons who satisfy the definition of supplier in the Act and persons who provide goods and/or services, directly or indirectly, to a responsible party in connection with event wagering pursuant to the Act, including those referred to as ancillary suppliers for purposes of the licensing fee structure. Ancillary suppliers include:
    - a. Affiliates;
    - b. Bookmakers;
    - c. Data centers providing physical security and infrastructure;
    - d. Geofence providers;
    - e. Identity verification service providers;
    - f. Independent test laboratories;
    - g. Integrity monitoring providers;
    - h. League data providers;
    - i. Marketing affiliates;
    - j. Payment processors; and
    - k. Any other person as determined by the Department.

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28. "Suspicious Wagering Activity" means unusual event wagering activity that cannot be explained and is indicative of any of the following: match fixing, the manipulation of an event, misuse of inside information, a potential breach of a sports governing body's internal rules or code of conduct pertaining to event wagering, any other conduct that corrupts the outcome of an event, and any other prohibited activity.
29. "Ticket" means a printed or electronic document utilized to record a wager by an event wagering system.
30. "Unusual Wagering Activity" means abnormal wagering activity exhibited by one or more authorized participants and considered by a responsible party as a potential indicator of suspicious wagering activity.
31. "Voucher" means a printed or electronic wagering instrument which may also be redeemed for cash or cash equivalents.

**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1167, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-102. Event Wagering Permitted**

Event wagering in the State, except that which is permitted pursuant to A.R.S. Title 13, Chapter 33, shall only be conducted by licensed responsible parties who operate in compliance with, and meet the terms of, the Act and this Article. Event wagers, except those which are permitted pursuant to A.R.S. Title 13, Chapter 33, shall only be accepted from persons within the State pursuant to the Act and this Article.

**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1167, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-103. Power and Authority**

- A. The Department reserves all powers, duties, and authority granted to it by the Act and in this Article.
- B. As a condition of holding a license, all licensees agree to be subject to State jurisdiction for purposes of compliance with, and enforcement of, the Act and this Article.
- C. The Department shall monitor licensees, audit compliance with this Act and Article, and investigate suspected violations of any provision in the Act or this Article and may, at any time:
1. Access and inspect all or any part of each event wagering system;
  2. Access and inspect kiosks;
  3. Access, review, and/or copy all books, records, and/or data maintained by a licensee related to event wagering in the State; and
  4. Inspect all or any part of an event wagering facility or server location.

**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1167, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-104. License Categories**

- A. Event wagering employees shall have obtained a license from the Department prior to commencing employment or performing the duties of the position. Event wagering employees include those persons who are primary management officials responsible for event wagering in the State, those persons in the State who accept wagers, redeem tickets, and/or handle monies, and any additional persons the Department determines

meet the definition in A.R.S. § 5-1301(5). The event wagering employee license shall be in effect for two years and the employee shall have obtained a renewal from the Department thereafter as a condition of continuing employment.

- B. Event wagering operators are subject to the licensing requirements of the Act and this Article. Event wagering operators shall have obtained from the Department a renewal of the license every five years thereafter before continuing to operate event wagering. Pursuant to A.R.S. § 5-1304(A)(1) and (2), if a qualified event wagering operator designates a designee, the designee shall be subject to licensure including any fees and the event wagering operator shall not be subject to licensure including any fees.
- C. Designees appointed by an event wagering operator shall have obtained a license from the Department prior to providing event wagering services. The designee license shall be in effect for five years and the designee shall have obtained a renewal from the Department thereafter as a condition of continuing operation. A designee shall maintain a designation from a qualified event wagering operator in order to provide event wagering services. If a designee operates event wagering, including developing and operating event wagering systems and platforms and providing odds, lines, and global risk management, a separate management services provider license is not required.
- D. Limited event wagering operators are subject to the licensing requirements of the Act and this Article. Limited event wagering operators shall have obtained from the Department a renewal of the license every five years thereafter before continuing to operate event wagering. An additional wagering facility shall be under contract with a qualified racetrack enclosure in order to apply, hold, and/or renew a limited event wagering license.
- E. Management services providers are subject to the licensing requirements of the Act and this Article. Management services providers shall have obtained from the Department a renewal of the license every two years thereafter before continuing to manage event wagering services.
- F. Suppliers, including ancillary suppliers, are subject to the licensing requirements of the Act and this Article. Suppliers, including ancillary suppliers, shall have obtained from the Department a renewal of the license every two years thereafter before continuing to provide goods and/or services.
- G. On a quarterly basis, responsible parties shall provide to the Department a list of the names and addresses of their suppliers, including ancillary suppliers, who provide goods and/or services for event wagering in the State.

**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1167, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-105. Procedures for Licensing**

- A. Every applicant for a license shall submit a complete application in the form prescribed by the Department, which shall include all information and documentation required by the Department, along with the applicable fees.
1. Responsible parties shall submit a non-refundable application fee. The application fee shall be credited towards the initial license fee if the applicant is granted a license.
  2. Event wagering employees and suppliers shall submit a non-refundable license fee.
- B. The fees for licensure shall be the following:
1. Event Wagering Operator
 

a. Application Fee	\$ 100,000
b. Initial License	\$ 750,000



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| <ul style="list-style-type: none"> <li>c. Annual License Fee \$ 150,000</li> <li>2. Designee           <ul style="list-style-type: none"> <li>a. Application Fee \$ 100,000</li> <li>b. Initial License \$ 750,000</li> <li>c. Annual License Fee \$ 150,000</li> </ul> </li> <li>3. Limited Event Wagering Operator           <ul style="list-style-type: none"> <li>a. Application Fee \$ 5,000</li> <li>b. Initial License \$ 25,000</li> <li>c. Annual License Fee \$ 5,000</li> </ul> </li> <li>4. Management Services Provider           <ul style="list-style-type: none"> <li>a. Application Fee \$ 1,000</li> <li>b. Initial License \$ 10,000</li> <li>c. Annual License Fee \$ 5,000</li> </ul> </li> <li>5. Supplier           <ul style="list-style-type: none"> <li>a. Initial License \$ 1,500</li> <li>b. Renewal \$ 500</li> </ul> </li> <li>6. Ancillary Supplier           <ul style="list-style-type: none"> <li>a. Initial License \$ 1,500</li> <li>b. Renewal \$ 500</li> </ul> </li> <li>7. Employee           <ul style="list-style-type: none"> <li>a. Initial License \$ 250</li> <li>b. Renewal \$ 125</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>C. Within 180 days of being approved for licensure, the responsible party shall conduct event wagering in the State or the license shall revert to the Department.</li> <li>D. Within five days following its receipt of a complete application for licensure of an event wagering employee or supplier, the Department shall issue a temporary license to the applicant unless the Department does not believe that the applicant will qualify for licensure. If the employee or supplier does not receive a response from the Department regarding the approval or denial of the applicant's temporary license by the close of the fifth day following the receipt of a complete application for licensure, then the applicant's temporary license shall be deemed approved by the Department. The results of a Department background investigation shall not be required prior to the issuance of a temporary license. The temporary license shall become void and be of no effect upon either the issuance of licensure or upon the issuance of a notice of denial.</li> <li>E. Responsible parties shall require all event wagering employees in a retail wagering area to wear in plain view identification cards issued by the Department. The identification cards will include a photograph, first and last name, an identification number unique to the license, the Department's seal or signature, and a date of expiration.</li> <li>F. Responsible parties shall remit the annual license fee to the Department within 12 months of the date in which they were approved for licensure, and annually thereafter.</li> <li>G. If a responsible party has remitted each of the annual license fees and is applying for license renewal, the responsible party shall submit their completed renewal application to the Department at least 30 days prior to the expiration date of their license. Responsible parties may continue to be engaged under their expired license until action is taken on the renewal application by the Department.</li> <li>H. If event wagering employees or suppliers are applying for license renewal, event wagering employees and suppliers shall submit their completed renewal application along with the license renewal fee to the Department at least 30 days prior to the expiration date of their license. Event wagering employees and suppliers may continue to be engaged under their expired license until action is taken on the renewal application by the Department.</li> <li>I. As part of the reporting of material changes required by A.R.S. § 5-1305(E), after an applicant other than an event wagering employee is licensed, it shall file a report of each change of its</li> </ul> |
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principals with the Department. Each new principal shall file a complete application within 30 days after appointment or election. The license shall remain valid unless the Department denies the application.

- J. Applicants and licensees may appeal a summary suspension, or a determination by the Department of a revocation, suspension, or denial of licensure.
- K. An applicant for licensure or renewal that wishes to withdraw an application shall submit a request to the Department in writing. The application shall not be considered withdrawn without the written permission of the Department.

**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1167, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-106. Allocation for Applicants**

- A. Once licenses initially become available, the Department will announce an initial application period of no less than 10 days in which to accept license applications and supplemental allocation applications. Within five days of the conclusion of the initial application period, the Department will evaluate all applicants under the criteria established in R19-4-106(B), R19-4-106(C), and/or R19-4-106(D) to determine who is qualified for licensure and will provide written notification to the applicants that were deemed initially qualified. If there are more qualified applicants than licenses available, the Department shall review each supplemental allocation application and shall make a determination within eight days of the initial licensure qualification determination and will provide written notification to the applicants that were selected for allocation.
- B. For a tribe (to include its wholly owned entity, designee, or management services provider relevant to the initial application) to be qualified for an event wagering operator license:
  - 1. It must meet the definition of an event wagering operator in A.R.S. § 5-1301(7)(b) and the requirements of A.R.S. § 5-1304 (A)(2), (B) and (C).
  - 2. It and its event wagering employees must submit to background checks under A.R.S. § 5-1302(C) and (E), must not be prohibited participants under A.R.S. § 5-1301(16), and must not have a criminal history or other grounds sufficient to disqualify the applicant apparent on the face of the application as noted in A.R.S. § 5-1305(C), which will be determined by the factors listed in A.R.S. § 5-1305(B)(1) through (5).
- C. For a professional sports team (to include the PGA operator, the NASCAR promoter, designee, or management services provider relevant to the initial application) to be qualified for an event wagering operator license:
  - 1. It must meet the definition of an event wagering operator in A.R.S. § 5-1301(7)(a) and the requirements of A.R.S. § 5-1304 (A)(1), (B) and (C).
  - 2. It and its event wagering employees must submit to background checks under A.R.S. § 5-1302(C) and (E), must not be prohibited participants under A.R.S. § 5-1301(16), and must not have a criminal history or other grounds sufficient to disqualify the applicant apparent on the face of the application as noted in A.R.S. § 5-1305(C), which will be determined by the factors listed in A.R.S. § 5-1305(B)(1) through (5).
- D. For a racetrack enclosure or additional wagering facility (to include management services provider) to be qualified for a limited event wagering operator license:
  - 1. It must meet the definition of a limited event wagering operator in A.R.S. § 5-1301(8) and the requirements of A.R.S. § 5-1307(A), (B) and (C).

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2. It and its event wagering employees must submit to background checks under A.R.S. § 5-1302(C) and (E), must not be prohibited participants under A.R.S. § 5-1301(16), and must not have a criminal history or other grounds sufficient to disqualify the applicant apparent on the face of the application as noted in A.R.S. § 5-1305(C), which will be determined by the factors listed in A.R.S. § 5-1305(B)(1) through (5).
- E.** If more than 10 tribes and/or more than 10 professional sports teams qualify for an event wagering operator license, the Department shall allocate the licenses among the qualifying tribes and/or qualifying professional sports teams and ensure an equal opportunity for all qualified applicants required by A.R.S. § 5-1305(C) by considering the following criteria (which may include information from a wholly owned entity, designee, management services provider, affiliate, or other partner):
1. Business ability, experience, and track record of the event wagering operator applicant, designee applicant, and/or management services provider applicant, both local and international, which establishes the ability to create and maintain a successful event wagering operation;
  2. Experience and track record of the event wagering operator applicant, designee applicant, and/or management services provider, both local and international, in the operation of gaming or related activity;
  3. Contributions to the surrounding tribal, local, or State community to include:
    - a. Consideration of the size of the community impacted, or to be impacted in the future;
    - b. The extent to which the community has already benefited from gaming, or may do so in the future; and
    - c. The use of revenue to assist the community in the past, and how event wagering revenue will assist in the future;
  4. Good standing in terms of obtaining and maintaining licenses/permits in all markets;
  5. Demonstrated vision, willingness, and commitment to make local investments in the State, or on tribal lands, including prior investments in other states, if applicable;
  6. Demonstrated culture of player protection, investments in player protection, and an effective governance program;
  7. Responsiveness, approachability, and involvement of local management;
  8. Competency to conduct event wagering, including proposed internal controls, and the maximization of privilege fees to the State;
  9. Ability to begin operating event wagering within six months after obtaining the license;
  10. Demonstrated financial stability, resources, integrity, and business ability and acumen;
  11. Demonstrated regulatory compliance and cooperation with regulatory authorities;
  12. The lack of opportunity to benefit from event wagering type activity in some manner or location without a license;
  13. Whether the issuance of the license will provide benefits to other qualified applicants through partnerships or other opportunities;
  14. Increased employment and enhancement of the labor market in the State or on tribal lands;
  15. A preference for applicants who are located, headquartered, and/or own or operate a physical facility in the State, or applicants who will use a designee or management services provider, or are partners with an entity located, headquartered, and/or who own or operate a physical facility in the State;
16. For tribal licenses, a preference that licenses be distributed among non-gaming tribes, rural gaming tribes, and to tribes located relatively near metropolitan areas in the State;
17. Whether the event wagering operator applicant would appeal to a unique or unaddressed market or introduce a unique brand or affiliate;
18. Whether the issuance of a license to the event wagering operator applicant would increase the patron base in the State; and
19. Any other criteria, or the weighting of them, deemed by the Department to be in the best interests of the State.
- F.** If more than 10 racetrack enclosures or additional wagering facilities qualify for a limited event wagering operator license, the Department shall allocate the licenses and ensure an equal opportunity for all qualified applicants required by A.R.S. § 5-1305(C) by considering the following criteria (which may include information from a management services provider, affiliate, or other partner):
1. Business ability, experience, and track record of the limited event wagering operator applicant and/or management services provider applicant, both local and international which establishes the ability to create and maintain a successful limited event wagering operation;
  2. Experience and track record of the limited event wagering operator applicant and/or management services provider, both local and international, in the operation of pari-mutuel wagering, gaming, or related activity;
  3. Good standing in terms of obtaining and maintaining licenses/permits in all markets;
  4. Demonstrated vision, willingness, and commitment to make local investments in the State including prior investments in other states, if applicable;
  5. Demonstrated culture of player protection, investments in player protection, and an effective governance program;
  6. Responsiveness, approachability, and involvement of local management;
  7. Competency to conduct event wagering, including proposed internal controls, and the maximization of privilege fees to the State;
  8. Ability to begin operating event wagering within six months after obtaining the license;
  9. Demonstrated financial stability, resources, integrity, and business ability and acumen;
  10. Demonstrated regulatory compliance and cooperation with regulatory authorities;
  11. Increased employment and enhancement of the labor market in the State, as well as enhancement of other racing enterprises in the State;
  12. A preference for locations with a large, unique, or unaddressed market;
  13. Whether the limited event wagering operator applicant would introduce a unique brand or affiliate;
  14. Whether the issuance of a license to the limited event wagering operator applicant would increase the patron base in the State; and
  15. Any other criteria, or the weighting of them, deemed by the Department to be in the best interests of the State.
- G.** Any applicant deemed qualified for licensure, or who was allocated a license, must be deemed suitable for licensure under A.R.S. § 5-1305.
- H.** In the event one or more previously allocated licenses become available, the Department will announce an application period and follow the allocation procedures in R19-4-106.

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**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1167, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-107. Event Wagering Facility Location**

- A. An event wagering operator or limited event wagering operator shall provide written notice to the Department of the proposed physical location of the event wagering facility, or of any proposed changes to the location of an existing event wagering facility. The notice shall be provided to the Department at least 60 days prior to the intended opening date of the new or relocated event wagering facility so that the Department may determine whether the proposed physical location meets the requirements of the Act.
- B. The Department shall provide a written response within 30 days of receipt of the notice.

**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1167, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-108. Retail Wagering Area Determination**

- A. The responsible party authorized to operate an event wagering facility shall determine and document the retail wagering area or areas of its facility. The determination and documentation shall be provided to the Department prior to the pre-operation inspection required under R19-4-109(B).
- B. Any changes to the retail wagering area or areas shall be submitted to the Department in writing for review and approval at least 30 days prior to implementation.
- C. The Department shall issue a letter approving the determination or otherwise delineating the retail wagering area or areas.

**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1167, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-109. Retail Wagering Area Inspection**

- A. A responsible party may not operate a retail wagering area without the written approval of the Department.
- B. Prior to the initial opening of the retail wagering area, or any changes to the retail wagering area approved under R19-4-108(B), the Department shall conduct a pre-operation inspection to verify that the proposed retail wagering area complies with the applicable requirements of the Act and this Article. The Department shall send the results of the inspection in writing within seven days of the inspection and shall approve the opening of the retail wagering area if it determines that the area meets the required compliance.
- C. If the Department determines that the retail wagering area does not comply with the applicable requirements of the Act and this Article, a non-compliance letter shall be sent within seven days of the inspection that shall set forth the matters of non-compliance upon which the Department bases its decision. If the matters of non-compliance identified by the Department are resolved, the Department shall approve the opening of the retail wagering area. The Department's decision to deny opening of a retail wagering area shall become final 60 days after the pre-operation inspection if the issues of non-compliance identified by the Department are not resolved.

**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1167, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-110. Responsible Advertising**

- A. Advertising, marketing, and promoting of event wagering shall not target, or otherwise be of a kind that specifically appeals to, persons under 21 years of age.
- B. Advertising, marketing, and promoting of event wagering shall not be misleading or contain false information.
- C. Advertising, marketing, and promotion of event wagering shall not promote irresponsible or excessive participation in event wagering, or suggest that social, financial, or personal success is guaranteed by engaging in event wagering.
- D. Advertising, marketing, and promoting of event wagering shall not occur at event venues where most of the audience at most of the events at the venue is reasonably expected to be under 21 years of age.
- E. Event wagering messages, including logos, trademarks, or brands, shall not be used, or licensed for use, on clothing, toys, games, or game equipment intended primarily for persons under 21 years of age.
- F. Event wagering shall not be promoted or advertised in college or university-owned news assets or advertised on college or university campuses.

**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1167, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-111. Internal Control System**

- A. Responsible parties shall operate event wagering, including each event wagering system, retail wagering area, kiosk, and/or event wagering platform, pursuant to a written internal control system approved by the Department. The internal control system shall be designed to reasonably assure that for the purposes of event wagering in the State:
  1. Assets are safeguarded and accountability over assets is maintained;
  2. Liabilities are properly recorded and contingent liabilities are properly disclosed;
  3. Financial records including records relating to revenues, expenses, assets, liabilities, and equity/fund balances are accurate and reliable;
  4. Transactions are performed in accordance with the responsible party's general or specific authorization;
  5. Access to assets is permitted only in accordance with the responsible party's specific authorization;
  6. Recorded accountability for assets is compared with actual assets at frequent intervals and appropriate action is taken with respect to any discrepancies; and
  7. Functions, duties, and responsibilities are appropriately segregated and performed in accordance with sound practices by qualified personnel.
- B. The internal control system shall include:
  1. A description of, and the inter-relationships and dependencies of, the event wagering system, hardware, software, and all integrated supplier modules;
  2. A description of, and physical/logical security for, event wagering servers;
  3. Procedures for verifying geolocation services and establishing a patron's geographic location;
  4. A detailed security and surveillance plan;
  5. Procedures for the use, access, and security of all keys utilized in the operation of event wagering;

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6. A description of the procedures for responding to a failure of the event wagering system and/or event wagering platform;
  7. Automated and manual risk management procedures;
  8. Change management procedures;
  9. Procedures for identifying and reporting fraudulent and/or suspicious wagering activity, including identifying unusual betting patterns and reporting them to integrity monitoring providers;
  10. Procedures for the mitigation of risk of fraud and cheating;
  11. Bank Secrecy Act procedures;
  12. Procedures for advertising and marketing in a responsible manner;
  13. Procedures to mitigate problem gambling and curtail compulsive gambling;
  14. A responsible gaming training and education program;
  15. Procedures for the identification, notice, and removal of self-excluded or barred persons from event wagering facilities and event wagering platforms;
  16. Procedures for selling tickets, cashing tickets, canceling event wagers, voiding tickets, handling lost tickets, and issuing tax or other required forms;
  17. Procedures for, and definition of, obvious errors;
  18. Procedures for setting and moving lines;
  19. Procedures for the reconciliation of assets and documents contained in a cashier's drawer, kiosk, or player account, including drop, fill, and count procedures;
  20. Procedures for the verification of player identification;
  21. Procedures for the issuance and acceptance of promotional and/or bonus credit for event wagers;
  22. Procedures for handling patron disputes;
  23. Procedures for creating, updating, adjusting, and closing player accounts;
  24. Procedures for internal audit;
  25. Procedures for the retention of event wagering records;
  26. Procedures for the disposition of claims arising from personal injury or property damage, loss of funds, and/or compromised personal or financial information alleged to have been suffered by patrons; and
  27. Procedures for the identification and prohibition of prohibited participants from participation in event wagering.
- C.** Responsible parties shall have obtained written approval of the internal control system, or any changes to it, from the Department prior to implementation. The Department shall review the system, or any changes, and issue a written approval or disapproval of the system.
1. Prior to the commencement of operations in the State, the responsible party shall have obtained written approval from the Department for the internal control system.
  2. After the commencement of operations in the State, the responsible party shall submit any changes to the internal control system to the Department for review and approval. If, after five days, the responsible party has not received a response from the Department regarding the changes to the internal control system, then the changes shall be deemed approved by the Department.
- D.** For event wagering under the Act, responsible parties shall maintain:
1. Accurate, complete, legible, and permanent records of all transactions in a manner suitable for audit under the standards of the American Institute of Certified Public Accountants;
  2. General accounting records using a double entry system of accounting with transactions recorded on a basis consistent with generally accepted accounting principles;
  3. Detailed supporting and subsidiary records;
  4. Detailed records identifying revenues, expenses, assets, liabilities and fund balances or equity;
  5. All records required by the internal control system including, but not limited to, those relating to any event wagering activity authorized by the Act;
  6. Journal entries;
  7. Detailed records sufficient to accurately reflect gross income and expenses relating to its operations;
  8. Detailed records of any reviews or audits, whether internal or otherwise, performed in addition to the annual audit required in R19-4-111(E), including, but not limited to, management advisory letters, agreed upon procedure reviews, notices of non-compliance, and reports on the internal control system; and
  9. Records of any proposed or adjusting entries made by an independent certified public accountant.
- E.** Financial statements, or a specific element financial statement related to event wagering operations in the State, shall be audited, not less than annually at its fiscal year end, by an independent certified public accountant at the expense of the responsible party. The audit shall also include, or be supplemented with, an attestation by the auditor that adjusted gross event wagering receipts are accurately reported.
- F.** The Department shall be authorized to confer with the independent certified public accountant at the conclusion of the audit process and to review all the independent certified public accountant's work papers and documentation relating to the responsible party.
- G.** Responsible parties shall notify the Department in writing of their fiscal year end and any changes to the fiscal year end within 10 days after deciding on a fiscal year end or a change to that year end. If the responsible party changes its fiscal year end, it may elect either to prepare financial statements for a short fiscal year or for an extended fiscal year, but in no event shall an extended fiscal year extend more than 15 months.

**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1167, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-112. Privilege Fee**

- A.** As per A.R.S. § 5-1318(A), the established fee for the privilege of operating event wagering shall be 8% of adjusted gross event wagering receipts for retail operations and 10% of adjusted gross event wagering receipts for mobile operations.
- B.** The calculation of adjusted gross event wagering receipts shall be reported in the format required by the Department. The responsible party shall submit all necessary supporting documentation as directed by the Department to confirm the calculation of adjusted gross event wagering receipts. The report and supporting documentation shall be submitted to the Department no later than the 25th day of each month for the preceding month.
1. Fees paid pursuant to the Act and this Article shall be paid to the Department in the manner prescribed by the Department.
  2. Following the Department's receipt of the annual audit pursuant to A.R.S. § 5-1319, any overpayment of fees by the responsible party shall be credited to the responsible party's next monthly fee payment. Any underpayment of fees shall be paid by the responsible party within 30 days of the Department's receipt of the annual audit.

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**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1167, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-113. Reserve Requirements and Bank Accounts**

- A. Responsible parties shall maintain a reserve in the form of cash, cash equivalents, payment processor reserves, payment processor receivables, an irrevocable letter of credit, a bond, or any combination of the aforementioned, in an amount that is the greater of either \$500,000 or the amount that is necessary to ensure the responsible party's ability to cover all outstanding event wagering liability and the funds held for player accounts.
- B. The responsible party shall maintain bank account or accounts for funds in player accounts that are separate and distinct from all other corporate accounts, unless otherwise agreed to by the Department. The account or accounts for player funds shall be used for all player deposits, receipts, and disbursements relating to event wagering under the Act. The responsible party shall utilize a software accounting system that separates and distinguishes all receipts and disbursements regarding or in any way relating to event wagering activity under the Act, the operation, and the construction or operation of event wagering facilities.

**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1167, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-114. League Data**

- A. The governing body of a sports league, organization or association, or other authorized entity that maintains official league data may notify the Department that official league data for proposition wagers, in-play wagers, and in-game wagers, which may be placed before or after a sports event has begun, is available for responsible parties.
- B. The Department shall notify responsible parties within seven days of receipt of the notification from the governing body of a sports league, organization or association, or other authorized entity that maintains official league data of the availability of official league data.
- C. Official league data offered to responsible parties by the governing body of a sports league, sports organization, or sports association or other authorized entity that maintains official league data for the purposes of event wagering shall be offered on commercially reasonable terms.
- D. Responsible parties may submit a written request to the Department for the use, or continued use, of non-official league data within 60 days of receiving the notification from the Department regarding the availability of official league data. The request shall include a detailed analysis of the necessity of the use, or continued use, of non-official league data. Responsible parties may use a non-official league data provider during the 60 day period and the pendency of the Department's consideration of a responsible party's request.
- E. Within seven days of receipt of the written request from a responsible party to utilize a non-official league data provider, the Department shall issue a written approval or disapproval.
- F. The Department shall publish a list of official league data providers and approved non-official league data providers on its website.

**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1167, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-115. Integrity Monitoring**

- A. Responsible parties shall utilize an integrity monitoring service.
- B. All integrity monitoring providers shall share information with each other and shall disseminate all reports of unusual and/or suspicious wagering activity to their members. Responsible parties shall review such reports and notify their integrity monitoring provider whether they have experienced similar activity.
- C. The integrity monitoring providers shall notify the Department and the appropriate sport's governing body of any suspicious wagering activity as soon as practically possible.
- D. Responsible parties receiving a report of suspicious wagering activity shall be permitted to suspend wagering on events related to the report but shall not cancel related event wagers until receiving written approval from the Department.
- E. If a sports governing body submits a written request to the Department requesting access to information relating to suspicious wagering activity, responsible parties shall comply with the request pursuant to A.R.S. § 5-1316.

**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1167, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-116. Servers and Cloud Storage**

- A. Responsible parties shall only accept event wagers on a server or servers located in the State. Responsible parties shall provide the Department with the physical location of each server used to conduct event wagering. The server or servers shall have physical and logical security as provided in the responsible party's internal control system.
- B. The responsible party may utilize cloud storage for data not related to transactional wagering or duplicate data for transactional wagering upon written approval by the Department.

**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1167, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-117. Geofencing**

- A. The responsible party shall utilize a geofence system to dynamically monitor the physical location of patrons attempting to place wagers on event wagering platforms.
- B. The geofence system shall perform a geolocation check prior to the placement of an event wager in an authorized session.
- C. The geofence system shall perform recurring geolocation checks throughout a patron's authorized session.
- D. If a geolocation check determines that a patron is not located in the State, the patron shall be blocked from placing event wagers on the event wagering platform.
- E. The responsible party or the geofence provider shall implement a means to notify a patron of a geolocation failure.
- F. The geofence provider shall provide to the Department access to real-time geofence data.
- G. Attempts to place wagers from unauthorized locations shall be entered into a log by the geofence provider and/or the responsible party. The log shall be available to the Department upon request.

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**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1167, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-118. Technical Standards**

Event wagering systems shall comply with Gaming Laboratories International (GLI) Standard Series GLI-33: Standards for Event Wagering Systems, and all appendices, version 1.1, dated May 14, 2019, but not including any later amendments or additions.

**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1167, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-119. Systems and Platforms**

- A. An event wagering system shall be designed to ensure the integrity and confidentiality of all patron communications, security and confidentiality of patron data including personal and financial information, and the proper identification of the sender and receiver of all communications.
- B. Each event wagering operator may only have one event wagering system, whether its own or as provided by a management services provider which may include one separate and distinct set of hardware, software, firmware, communications technology, or other equipment to allow patrons to place event wagers on an event wagering platform and, if applicable, one set of hardware, software, firmware, communications technology, or other equipment to allow patrons to place event wagers at an event wagering facility.
- C. Responsible parties may utilize one event wagering platform. Responsible parties may utilize a second event wagering platform only upon approval by the Department. In no event shall a responsible party utilize more than two event wagering platforms.
- D. In order to operate a second event wagering platform, responsible parties shall submit a written request to the Department. The Department shall exercise its discretion in its consideration of the written request for a second event wagering platform. Factors the Department may consider in reaching its determination include:
  1. Numbers of responsible parties and authorized event wagering platforms;
  2. The introduction of a unique brand or affiliate;
  3. The expansion of the patron base in the State;
  4. Market size, scope, development, and growth;
  5. Advances in technology; and
  6. Other factors deemed relevant by the Department or the responsible party.
- E. Within 30 days of receipt of the written request from a responsible party to utilize a second event wagering platform, the Department shall issue a written approval or disapproval.
- F. Each event wagering platform shall display the name, brand, and/or logo of the responsible party and/or affiliate.
  1. If the responsible party changes the name, brand, and/or logo of its event wagering platform, it shall submit the changes to the Department prior to implementation.
  2. The responsible party shall not terminate use of an event wagering platform without prior written approval from the Department.
- G. Responsible parties shall establish test accounts for the Department to be used to test the various components and operations of the event wagering system.

**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1167, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-120. Event Wagering System Testing**

- A. An independent test laboratory shall test to determine whether an event wagering system complies with all applicable technical standards referenced in the Act and this Article, including, if applicable, an initial geofence system test to verify that event wagers can only be accepted from persons located within the State.
- B. The responsible party shall provide the independent test laboratory all information necessary for the independent test laboratory to render its opinion.
- C. The Department shall have secure access to the independent test laboratory certification report that contains the results of the testing.
- D. The Department reserves the right to require additional testing and to require corrective action if an event wagering system is determined to be non-complying.

**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1167, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-121. Event Wagering System Shipping (Retail and Kiosk)**

Responsible parties shall provide the Department 24 hours advanced notice of any shipment or delivery of a kiosk and/or shipment or download of event wagering system software.

**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1167, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-122. Event Wagering System Installation**

- A. The responsible party shall notify the Department in writing at least 10 days prior to the tentative date when the responsible party intends to place an event wagering system into use. The responsible party and Department shall then agree upon a firm date and time for testing.
- B. The Department's testing of an event wagering system shall be conducted to determine compliance with the Act and this Article. These tests shall include, but need not be limited to:
  1. Verifying event wagering system software;
  2. For retail and kiosks, verifying equipment serial numbers;
  3. Verifying that all applicable event wagering system software and/or hardware has been certified by an independent test laboratory;
  4. Verifying system reporting processes; and
  5. Verifying physical and logical security.
- C. If approval is denied, the Department shall provide written notice to the responsible party detailing the reasons for the denial no later than three days after the completion of testing.
- D. For kiosks, the Department shall affix an identifying approval seal or equivalent when it is approved for use.
- E. For retail and kiosks, the Department shall ensure that event wagering system equipment and event wagering activity under the Act have the required surveillance coverage.

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**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1167, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-123. Change Management**

Responsible parties shall implement a change management process that details evaluation procedures for all updates and changes to an event wagering system and event wagering platforms. The change management process shall address at a minimum:

1. A clear and transparent framework to assist in managing deployments and other changes in the regulated live production environment.
2. A description of the process, to include roles in the change management process, handling requests for change, and the change classification categories.
3. The categories of requests for change which shall be based on their impact to the security, integrity, recovery, confidentiality, accountability, and availability of an event wagering system:
  - a. High impact changes which have a high impact on regulated components or reporting of the event wagering system. Responsible parties shall not implement these changes without the written approval of the Department. The Department shall provide a written response to the responsible party within five days of the notification. The Department will determine if additional testing or certification is required by an independent test laboratory. Examples include:
    - i. Implementation of a new wagering feature or a change which impacts wagering logic;
    - ii. A change impacting required regulatory reports or data used for financial reconciliation;
    - iii. A change implemented by the responsible party that impacts geolocation services; or
    - iv. A change impacting the handling or storage of personally identifiable information.
  - b. Low impact changes. Responsible parties may implement these changes with prior notification to the Department. Examples include:
    - i. Firewall rule changes;
    - ii. Database maintenance;
    - iii. Changes to the physical location of backup data;
    - iv. Any change or addition of physical hardware component or components; or
    - v. Changes to non-wagering logic components.
  - c. No impact changes. Responsible parties may implement these changes without prior notification to the Department. Examples include:
    - i. Installation or changes to backup software and/or hardware;
    - ii. Adding or removing users;
    - iii. Database maintenance that modifies or deletes non-critical data;
    - iv. Installation of operating system security patches; or
    - v. Background images, color schemes, or similar ancillary front-end updates.
  - vi. Emergency changes. Responsible parties may implement these changes immediately without prior notification to the Department to deal with open threats or liabilities. Responsible parties shall notify the Department as soon as practically possible of the necessity of the emergency and its resolution.

4. The use of a change management log, which shall include at a minimum:
  - a. Date and time that a change is internally approved for release;
  - b. Components to be changed;
  - c. Details of the change;
  - d. Anticipated release date of the change;
  - e. Category of the change; and
  - f. Name of the authorized employee or employees.
5. Implementation procedures to include notification to system users, scheduling, project planning, and recovery.

**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1167, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-124. Self-Monitoring of Critical Components**

Event wagering systems shall perform a self-authentication process on all critical components contained on an event wagering system upon initial installation of the software and every 24 hours thereafter.

**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1167, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-125. Event Wagering System Communication**

If an event wagering system is unable to accept a wager or validate a ticket for more than two hours, the responsible party shall notify the Department as soon as practically possible.

**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1167, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-126. Event Wagering System Recertification**

- A. At least once every 15 months, the event wagering system shall be submitted to an independent test laboratory for recertification under R19-4-120. Recertification shall not be required if the event wagering system did not have any updates or changes during the previous 15 months. If a change referenced in R19-4-123(3)(1) requires testing or certification by an independent test laboratory, the annual recertification shall be deferred for 15 months from the date of testing or certification.
- B. The independent test laboratory's certification report shall be submitted to the Department no later than three days after the recertification is complete. The Department shall test the recertified event wagering system as per R19-4-122(B) at an agreed upon date and time.

**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1167, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-127. Integrity and Security Assessment**

- A. The responsible party shall perform an integrity and security assessment of the event wagering system within 120 days after the commencement of operations, and annually thereafter. The assessment shall be conducted by an independent integrity and security assessment professional. The scope of the assessment shall include, at a minimum, the following:
  1. A vulnerability assessment of mobile platforms, mobile applications, internal, external, and wireless networks with the intent of identifying vulnerabilities of all devices, platforms, and applications connected to or present on the networks;

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2. A penetration test of all mobile platforms, mobile applications, internal, external, and wireless networks to confirm if identified vulnerabilities of all devices, platforms, and applications are susceptible to compromise;
  3. A policy and procedures review against the current ISO 27001 standard or another similar standard approved by the Department;
  4. A review of the firewall rules to verify the operating condition of the firewall and the effectiveness of its security configuration; and
  5. Any other specific criteria or standards for the integrity and security assessment as required by the Department.
- B.** The full independent integrity and security assessment professional's report on the assessment shall be submitted to the Department no later than 30 days after the assessment is conducted and shall include the following:
1. Assessment procedures and scope;
  2. Name and company affiliation of the individual or individuals who conducted the assessment;
  3. Date of assessment;
  4. Findings;
  5. Recommended corrective action, if applicable; and
  6. The responsible party's response to the findings and recommended corrective action.

**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1167, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-128. Forms of Payment**

- A.** Payment for event wagering activity or for deposit into a player account shall be made by cash, cash equivalent, electronic funds transfer, credit card, debit card, check, wire transfer, winnings, and/or promotional or bonus credit. Other forms of payment may be utilized upon written approval of the Department.
- B.** In the retail wagering area, the responsible party shall not allow a patron to conduct an electronic benefit transfer card transaction from a program intended to provide temporary assistance for needy families pursuant to A.R.S. § 46-297.

**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1167, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-129. Events and Wagers**

- A.** The responsible party shall submit a catalogue to the Department of the events on which it intends to accept wagers and types of wagers it intends to offer. The catalogue and any changes shall be submitted to the Department prior to implementation.
- B.** The responsible party shall submit a written request to the Department for an event not previously authorized. The request shall include a detailed description of the event and its governing body so that the Department may determine:
1. How wagers will be placed and how winning wagers will be determined;
  2. How the event will be conducted and supervised;
  3. Whether any wager could affect the outcome of the event;
  4. How the outcome of the event will be verifiable and generated through a reliable and independent process; and
  5. How the event would be conducted in compliance with any applicable laws.
- C.** The responsible party shall submit a written request to the Department for a wager type not previously authorized. The

request shall include a detailed description of the wager type so that the Department may determine:

1. How the wager will be placed and how winning will be determined;
  2. Whether the wager could affect the outcome of an event; and
  3. How the wager could be made in compliance with any applicable laws.
- D.** Within seven days of receipt of the written request for an event and/or wager type, the Department shall issue a written approval or disapproval to the responsible party.
- E.** The Department shall publish a list of authorized events and wager types on its website.
- F.** The Department may prohibit a particular event or wager type.

**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1167, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-130. Wager Rules**

- A.** All event wagering shall be transacted through an event wagering system. In the event of a computer or power failure, no tickets shall be manually written.
1. Anonymous event wagers shall only be accepted in the retail wagering area or at a kiosk; and
  2. Mobile event wagers shall only be accepted from a verified player account through an event wagering platform.
- B.** An event wager shall not be accepted from a person who is placing the event wager for the benefit of another for compensation or is placing the event wager in violation of state or federal law.
- C.** An event wager shall not be accepted upon an event whose outcome has already been determined.
- D.** Upon acceptance of an event wager, a ticket shall be immediately issued.
- E.** The responsible party may cancel an accepted wager for obvious error as defined in the responsible party's internal control system.
- F.** Except for obvious error, the responsible party shall not unilaterally cancel any wager without prior written approval of the Department.
- G.** If a patron wishes to void a ticket written prior to the start of an event, and the void request is approved by the responsible party, the ticket shall be verified by the event wagering system and a refund shall be given to the patron. For printed tickets, a void designation shall be branded on the ticket.
- H.** Upon verification by the responsible party, winnings from player account wagers shall be immediately deposited into the player account.
- I.** Winnings from anonymous wagers shall be immediately payable to the patron upon validation of the ticket by an event wagering system and verification by the responsible party.
- J.** In the case of a computer or power failure, tickets may be manually paid. All manually paid tickets shall be marked as "paid" and entered into an event wagering system as soon as possible to verify the accuracy of the payout. All manually paid tickets shall be reviewed as part of the daily audit process.
- K.** A log for all manually paid tickets shall be maintained and include:
1. The unique transaction identified;
  2. Date and time;
  3. Amount of the payout; and
  4. Employee name.
- L.** Winning tickets shall be honored for at least one year after the conclusion of the event or events unless otherwise approved by the Department. Redemption by mail shall be accepted and



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payment shall be made by the responsible party no later than 10 days after receipt.

- M.** Funds from abandoned tickets or vouchers shall be remitted to the Arizona Department of Revenue as required by A.R.S. § 44-307.

**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1167, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-131. Layoff Wagers**

- A.** The responsible party may accept event wagers placed under the Act with another responsible party. The responsible party shall inform the other responsible party accepting the event wager that the event wager is being placed and shall disclose its identity.
- B.** The amounts of event wagers placed with a responsible party and the amounts received by the responsible party as payments on such event wagers shall not affect the computation of the adjusted gross event wagering revenue.

**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1167, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-132. House Rules**

- A.** The house rules shall be conspicuously displayed in the retail wagering area and/or on the event wagering platform. House rules shall address:
1. Types of event wagers accepted;
  2. Minimum and maximum event wager amounts accepted;
  3. Method for calculation and payment of winning event wagers;
  4. Effect of scheduling changes and/or cancelled events;
  5. Process for handing incorrectly posted events, odds, or results;
  6. Method of notifying patrons of odds or proposition changes;
  7. Methods of funding an event wager or player account;
  8. Methods for redeeming a winning event wager;
  9. Lost or damaged ticket policy;
  10. Process for accepting event wagers at other than posted terms;
  11. Process for canceling event wagers for obvious errors, including notification;
  12. Process for patrons to submit questions and/or complaints;
  13. Notification of the patron dispute process; and
  14. Notification of the self-exclusion process.
- B.** Responsible parties shall submit the house rules to the Department prior to implementation. The Department shall review the house rules and issue a written approval or disapproval of them. Any proposed changes to the house rules shall be approved by the Department prior to implementation. If, after five days, the responsible party has not received a response from the Department regarding the house rules, or any changes to them, then the house rules shall be deemed approved by the Department.

**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1167, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-133. Player Account Creation**

- A.** A patron may establish a player account in person or by electronic means.

- B.** Responsible parties shall verify a patron's age and identity before allowing that patron to utilize a player account to place event wagers.
- C.** Responsible parties may utilize an identity verification service provider to confirm a patron's age and identity.
- D.** Responsible parties shall prohibit a patron from having more than one player account and username.
- E.** Responsible parties shall establish and maintain each player account file with the following:
1. Patron's legal name;
  2. Patron's date of birth;
  3. The last four digits of the patron's social security number, the patron's driver's license number, or an equivalent identification number for a noncitizen;
  4. Patron's account number or username;
  5. Patron's residential address;
  6. Patron's e-mail address;
  7. The method used to verify the patron's identity;
  8. The date of verification; and
  9. Acknowledgement of event wagering terms and conditions, including any subsequent updates.
- F.** Responsible parties shall notify patrons of the establishment of a player account and the associated terms and conditions.
- G.** Responsible parties shall re-verify a patron's identification upon reasonable suspicion that the patron's identification has been compromised or the player account has been misused, or upon any suspicious activity involving the patron or player account.

**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1167, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-134. Player Account Terms and Conditions**

Player account terms and conditions shall include the following:

1. Name of the responsible party with whom the patron is entering into a contractual relationship;
2. Patron's consent to have the responsible party confirm the patron's age and identity;
3. Rules and obligations applicable to the patron with regard to allowing any other person to access or use his or her player account and being physically present in the State to place a wager;
4. Patron's consent to the monitoring and recording by the responsible party of any event wagering communication and geographic location information;
5. Privacy policy;
6. Legal age policy;
7. Rules for player account suspension;
8. Rules for dormant player accounts;
9. Rules for closing player accounts;
10. Availability of player account statements; and
11. The statewide problem gambling toll-free helpline telephone number, text message and website information.

**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1167, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-135. Player Account Maintenance**

- A.** All adjustments to a player account shall be authorized by the responsible party and periodically reviewed by an employee independent of the adjustment.
- B.** A patron shall be allowed to withdraw the funds maintained in his or her player account.

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1. Upon verification by the responsible party, the patron's request to withdraw funds shall be honored within seven days of the request.
2. The responsible party may decline to honor a patron request to withdraw funds if the responsible party believes that the patron engaged in either fraudulent conduct or other conduct that would put the responsible party in violation of the law or this Article. In such cases, the responsible party shall:
  - a. Provide notice to the patron of the delay in honoring the request to withdraw funds from the player account;
  - b. Investigate in an expedient fashion;
  - c. Notify the patron of the final determination of the request to withdraw funds; and
  - d. Notify the Department of any investigation that confirmed fraudulent conduct.
- C. The responsible party shall consider a player account to be dormant if the patron has not logged into the player account for at least three years. A dormant account shall be closed by the responsible party. Upon closure of a dormant account, the responsible party shall make reasonable efforts to contact the account holder to return any unclaimed funds as required by A.R.S. § 44-307(E).
- D. After 120 days of attempting to contact the account holder, the unclaimed funds in a dormant account shall be presumed abandoned. Responsible parties shall remit all abandoned funds to the Arizona Department of Revenue as required by A.R.S. § 44-307.

**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1167, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-136. Promotions and/or Bonuses**

- A. Responsible parties may offer promotions and/or bonuses.
- B. The responsible party shall submit a written notification to the Department for a promotion and/or bonus prior to implementation. The responsible party need not submit structurally similar or ongoing promotions and/or bonuses after the initial submission, unless otherwise determined by the Department.
- C. The promotion and/or bonus rules shall be clear and unambiguous, and include:
  1. Date and time the promotion or bonus is active and expires;
  2. Rules of play;
  3. Nature and value of prizes or awards;
  4. Eligibility restrictions or limitations;
  5. Wagering and redemption requirements, including any limitations;
  6. Eligible events or wagers;
  7. Cancellation requirements; and
  8. Terms and conditions that are full, accurate, concise, transparent, and do not contain misleading information.
- D. Promotions and/or bonuses described as free shall clearly disclose material facts, terms, and conditions.
- E. Promotions and/or bonuses shall not restrict the patron from withdrawing their own funds, or withdrawing winnings from wagers placed using their own funds.
- F. Responsible parties shall make the promotion or bonus rules available to eligible patrons.

**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1167, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-137. Tournaments**

- A. Responsible parties may conduct event wagering tournaments. At such tournaments only events and wagers approved and authorized by the Department may be played.
- B. The responsible party shall submit to the Department the rules and procedures governing the conduct and play of any event wagering tournament prior to implementation.
- C. The tournament rules and procedures shall include but are not limited to:
  1. Qualification or selection criteria which limit the eligibility of tournament patrons;
  2. Regulations of the tournament (e.g., beginning and ending times, number of events, entry fee, elimination factors, cash handling procedures, etc.); and
  3. Prizes to be awarded.
- D. Responsible parties shall make the rules available to all tournament patrons prior to the beginning of the tournament.

**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1167, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-138. Cashiering (Retail)**

- A. A cashier shall begin a shift with an imprest amount of event wagering inventory, consisting of currency and coin. No funds shall be added to or removed from the event wagering inventory during the shift except:
  1. Collection of event wagers;
  2. Making change for a patron buying a ticket;
  3. Collection of vouchers;
  4. Payment of winning tickets;
  5. Payment of voided tickets;
  6. Payment of vouchers; and
  7. Cash transfers or miscellaneous cash transactions with appropriate documentation.
- B. An event wagering inventory count sheet shall be completed and signed by the cashier and a verifying employee on a per shift basis. The following shall be recorded on the count sheet:
  1. The date, time, and shift of preparation;
  2. The total amount of each denomination of currency and coin in the event wagering inventory issued to the cashier; and
  3. The window number to which the cashier is assigned.
- C. If the count of the inventory does not agree, the cashier and the verifying employee shall attempt to determine the cause of the variance in the count. Any variance not resolved by the cashier and the verifying employee shall be reported in writing to the responsible party. Any variance over \$500 shall be reported to the Department within 72 hours. The report shall include the following:
  1. The date on which the variance occurred;
  2. The shift during which the variance occurred;
  3. The name of the cashier;
  4. The name of the verifying employee;
  5. The window number; and
  6. The amount of the variance.
- D. If the event wagering system generated net receipts for the shift do not agree with the count sheet, the verifying employee shall record any overage or shortage. Any variance not resolved by the verifying employee shall be reported in writing to the responsible party. Any variance over \$500 shall be

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reported to the Department within 72 hours. The report shall include the following:

1. The date on which the variance occurred;
2. The shift during which the variance occurred;
3. The name of the cashier;
4. The name of the verifying employee;
5. The window number; and
6. The amount of the variance.

**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1167, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-139. Accounting**

Responsible parties shall maintain an accounting department that is independent from the operation of event wagering. Accounting/revenue audit personnel shall perform the following:

1. Daily, for each cashier station except for kiosks, the write and payouts shall be compared to the cash proceeds/disbursements with a documented investigation being performed on all large variances (i.e., overages or shortages greater than \$100 per cashier).
2. Daily, reconcile the dollar amount of player account transactions to the transaction summary report and investigate and document any variances.
3. Daily, select a random sample of five paid retail transactions from the event wagering system transaction report and trace the transaction to the customer's copy of the paid ticket.
4. Daily, for all winning retail payouts equal to or greater than \$10,000 and for a random sample of 10 of all other winning retail payouts:
  - a. The tickets shall be recalculated and regraded using the event wagering system record of event results; and
  - b. The date and starting time of the event per the results report shall be compared to the date and time on the ticket and in the event wagering system transaction report.
5. Daily, for retail payouts made without event wagering system authorization at the time of payment including such payouts for contest/tournament winners, shall:
  - a. Trace all payouts to the event wagering system transaction report or the purged tickets report to verify authenticity of the initial event wager;
  - b. For payouts subsequently entered into the event wagering system by employees, compare the manual payout amount to the event wagering system amount; and
  - c. For payouts not entered into the event wagering system by employees, enter the payout into the event wagering system and compare the manual payout amount to the event wagering system amount. If the system is inoperative, manually regrade the ticket to ensure the proper payout amount was made.
6. Daily, for all retail voided tickets:
  - a. The event wagering system reports which display voided ticket information shall be examined to verify that tickets were properly voided in the computer system;
  - b. The voided tickets shall be examined for a void designation; and
  - c. If the event wagering system prints void tickets, a void ticket shall be attached to the original ticket.
7. Daily, event wagering system exception reports shall be reviewed for propriety of transactions and unusual occur-

rences. All noted improper transactions or unusual occurrences noted during the review of exception reports shall be investigated with the results documented.

8. Monthly, foot the customer copy of paid retail tickets for a minimum of one cashier station and trace the totals to those produced by the event wagering system.
9. Quarterly, for each kiosk, foot the vouchers redeemed for a minimum of one day and trace the totals to the totals recorded in the event wagering system and the related accountability document. This procedure may be performed for different kiosks throughout the quarter as long as each kiosk's activity is examined once a quarter. Accounting/revenue audit shall document the test and the results of variance investigations, by kiosk.
10. Quarterly, for a minimum of one day, the event wagering system reports shall be reviewed for the proper calculation of the following:
  - a. Amounts held by the responsible party for player accounts (if applicable);
  - b. Amounts accepted by the responsible party as wagers on events whose outcomes have not been determined (futures); and
  - c. For retail, amounts owed but unpaid on winning event wagers through the period established for honoring winning wagers (unpaid winners and unredeemed vouchers).
11. Quarterly, for a minimum of one day:
  - a. If future wagers are accepted, review the event wagering system reports to ascertain that future wagers are properly included in write on the day of the event;
  - b. For retail, recalculate and verify the change in the unpaid winners and unredeemed vouchers balance to the total purged tickets and vouchers; and
  - c. For retail, select two winning tickets to verify that the wager was accepted, and payouts were made in accordance with the posted house rules.
12. Annually, foot the write on the event wagering system record of written tickets for a minimum of three cashiers for each wagering pool for one day and trace the total to the total produced by the event wagering system.
13. Annually, for a minimum of one day, foot the redeemed vouchers for one cashier station and trace the totals to those produced by the event wagering system.
14. Daily, reconcile all tournament entries and payouts to the dollar amounts recorded in the appropriate accountability document and/or event wagering system report.
15. When payment is made to the winners of a tournament, reconcile the tournament entry fees collected to the actual tournament payouts made.
16. Monthly, review all tournaments, promotions, and bonuses to determine proper accounting treatment and proper win/loss computation.
17. Monthly, perform procedures to ensure that promotions and bonuses are conducted in accordance with conditions provided to the patrons.
18. Documentation shall be maintained evidencing the performance of audit procedures, the exceptions noted, and follow-up of all audit exceptions.

**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1167, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-140. Information Technology**

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- A. Responsible parties shall maintain an information technology department that is responsible for the quality, reliability, and accuracy of all computer systems used in the operation.
- B. Responsible parties shall ensure that duties in the information technology department are adequately segregated and monitored to detect procedural errors, unauthorized access to financial transactions and assets, and to prevent the concealment of fraud.
- C. The information technology environment and infrastructure shall be maintained in a secured physical location that is restricted to authorized employees.
- D. Responsible parties shall adopt procedures for responding to, monitoring, investigating, resolving, documenting, and reporting security incidents associated with information technology systems.
- E. Information technology employees shall test the recovery procedures of the event wagering system on a sample basis at specified intervals at least annually. The results shall be documented and available to the Department upon request.

**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1167, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-141. Internal Audit**

- A. Responsible parties shall maintain a separate audit department, independent of the event wagering operation, whether internal or through an ancillary supplier.
- B. The internal audit department shall be responsible for auditing the responsible party's compliance with the Act and this Article, the internal control system, and any other applicable rules and regulations.
- C. An internal audit shall be performed at least annually with the results documented in a written report which shall be available to the Department.
- D. Documentation shall be maintained to evidence all internal audit work performed as it relates to the requirements of this section, including all instances of noncompliance.
- E. Follow-up observations and examinations shall be performed to verify that corrective action has been taken regarding all instances of noncompliance. The verification shall be performed within six months following the date of notification.

**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1167, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-142. Security and Surveillance Plan**

Each responsible party shall establish, maintain, and adhere to a written security and surveillance plan for the retail wagering areas, kiosks, and/or event wagering platforms. The plan shall provide for the following:

1. The physical safety of employees;
2. The physical safety of patrons in a retail wagering area and at kiosks;
3. The physical and logical security of a patron's information on an event wagering system;
4. The physical safeguarding of assets in a retail wagering area and/or kiosk;
5. The logical safeguarding of assets on an event wagering system;
6. The physical safeguarding of assets transported to and from a retail wagering area and/or kiosk; and
7. The protection of patron and responsible party property from illegal activity.

**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1167, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-143. Surveillance**

- A. Responsible parties shall have a surveillance system which monitors and records general activities in the retail wagering area.
- B. Each cashier station or window shall be equipped with at least one dedicated camera covering all activity, with sufficient clarity to identify the employees performing the different functions.
- C. Each kiosk shall be equipped with at least one dedicated camera covering all activities with sufficient clarity to identify the activity and the individuals performing it, including maintenance, drops or fills, and redemption of tickets.
- D. The surveillance system shall monitor and record a general overview of all areas where cash or cash equivalents may be stored or counted.
- E. The surveillance system shall monitor and record patrons placing wagers with sufficient clarity to allow for them to be identified and their activities to be monitored.
- F. The surveillance system shall record an accurate date and time stamp on recorded events. The displayed date and time shall not significantly obstruct the recorded view.
- G. Each camera shall be installed in a manner that prevents it from being readily obstructed, tampered with, or disabled.
- H. A periodic inspection of the surveillance system shall be conducted by the responsible party. When a malfunction of the surveillance system is discovered, the malfunction and necessary repairs shall be documented, and repairs initiated within 72 hours.
- I. All recordings required by this section shall be retained for a minimum of seven days.
- J. Suspected crimes and/or suspicious wagering activity shall be copied, documented, and retained for at least one year unless otherwise authorized by the Department.
- K. The Department shall have remote access to the surveillance system and its transmissions.

**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1167, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-144. Keys**

- A. Access to, and return of, keys or equivalents utilized in the operation of event wagering shall be documented with the date, time, and signature or other unique identifier of the agent accessing or returning the key or keys.
- B. Documentation of all keys, including duplicates, shall be maintained, including:
  1. Unique identifier for each individual key;
  2. Key storage location;
  3. Number of keys made, duplicated, and destroyed; and
  4. Authorization and access.
- C. The responsible party shall identify those keys (ex. kiosk, restricted computer storage media) which are considered sensitive and require additional access control.
- D. The kiosk release and contents shall require a separate and unique key lock or alternative secure access method.
- E. Annually, an inventory of all sensitive keys shall be performed by internal audit and reconciled to records of keys made, issued, and destroyed.

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**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1167, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-145. Reporting Requirements**

- A. The responsible party shall report to the Department any violation or suspected violation of the Act or this Article, security breaches, breaches of confidentiality of a patron's personal information, and any other activity as required by the Department.
- B. Responsible parties shall report the information listed above to the Department in writing within 72 hours of discovery.

**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1167, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-146. Remedies**

The Department may place conditions on a license, fine, or otherwise sanction, licensees, for violations of this Statute, or the administrative rules of the Department. The Department's ability to impose fines and/or sanctions is subject to the following:

1. The Department shall notify the responsible party of the results of its investigation or investigations and any administrative proceedings. The results of any investigation shall not be disclosed if such disclosure will compromise ongoing law enforcement investigations or activities, or would violate applicable state and federal law.
2. All monetary fines collected by the Department, including any interest earned thereon, shall be deposited in the Event Wagering Fund established by A.R.S. § 5-1318(B).

**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1167, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-147. Liability for Damage to Persons and Property**

Responsible parties shall maintain a policy of commercial general liability insurance with a combined single limit for a security breach, personal injury, and/or property damage of not less than \$5,000,000 per occurrence and in the aggregate. A copy of the policy, as well as any updates and/or renewals, shall be available to the Department.

**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1167, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-148. Patron Disputes**

- A. Whenever the responsible party refuses payment of alleged winnings to a patron or there is otherwise a dispute with a patron regarding their player account, wagers, wins, or losses from event wagering, and the responsible party and the patron are unable to resolve the dispute to the satisfaction of the patron, the responsible party shall notify the patron of their right to file a written complaint. The notice shall include the procedure for filing a written complaint and the responsible party's complaint resolution process.
- B. Upon receipt of a complaint, the responsible party shall investigate and provide a written response to the patron within 10 days. The response shall include a statement that if the dispute is not resolved to the satisfaction of the patron, the patron may submit their complaint in writing to the Department.

1. If the Department receives a written complaint from a patron with regard to an unresolved patron dispute, the Department shall contact the responsible party and the responsible party shall provide to the Department a written response and any additional documentation relating to the patron's complaint.
2. The Department, in its sole discretion, may investigate the dispute and reach a final decision which may include a requirement for appropriate corrective action.
3. The Department shall provide a written response to the responsible party and the patron of the results of its investigation and the corrective action it directs, if any, within five days of the completion of its investigation.

**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1167, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-149. Barred Persons**

The Department shall establish a list of persons barred from retail wagering areas, kiosks, and event wagering platforms because their conduct, criminal history, and association with career offenders or career offender organizations poses a threat to the integrity of event wagering or to the public health, safety, or welfare. The responsible party shall, upon having knowledge of a barred person's presence in a retail wagering area, prohibit that barred person from placing any wager, directly or indirectly, in a retail wagering area, on a kiosk, or on an event wagering platform. To the extent not previously provided, the Department shall send a copy of its list on a monthly basis to the responsible party, along with detailed information regarding why the person has been barred. Such persons shall be barred from all retail wagering areas, kiosks, and event wagering platforms within the State.

**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1167, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-150. Self-Exclusion and Responsible Gaming**

- A. As part of their procedures and programs to mitigate problem gaming and curtail compulsive gambling, responsible parties shall:
  1. Post at all public entrances and exits of the retail wagering area signage in English and Spanish stating that help is available if a person has a problem with gambling, to include the statewide toll-free helpline telephone number, text message, website information established by the Department, and any other information as directed by the Department.
  2. Display on each event wagering platform and/or kiosk, obvious and easily accessible messaging stating that help is available if a person has a problem with gambling, to include the statewide toll-free helpline telephone number, text message, website information established by the Department, and any other information as directed by the Department.
  3. Include a responsible gaming message with the Department's statewide toll-free crisis helpline telephone number, or another toll-free crisis helpline telephone number as approved by the Department, on all advertisements for event wagering, including on television, radio, internet, printed advertisements, and billboards.
- B. The self-exclusion list shall not be provided to any licensed supplier without the written approval of the Department. Approval shall only be granted by the Department when shar-

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ing of the list is deemed necessary to effectuate the terms of the Act and this Article.

**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1167, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-151. Debt Setoff**

- A. If a responsible party is required to file a form W2G or a substantially similar form, regardless of whether those winnings are claimed at a retail wagering area or on an event wagering platform, the responsible party shall check to determine if the player has a past due, setoff obligation.
- B. The responsible party shall withhold past due, setoff obligations from those winnings which triggered the filing of a form W2G or a substantially similar form.
- C. The Department shall supply the responsible party with the lists of outstanding obligations as provided by the Arizona Department of Economic Security, Child Support Enforcement, Supplemental Nutrition Assistance Program and Assistance Overpayment, the Arizona Supreme Court, the Arizona Health Care Cost Containment System, and the Arizona Department of Revenue (State tax debt) on a monthly basis.
- D. The outstanding obligation lists shall not be provided to any licensed supplier without the written approval of the Department. Approval shall only be granted by the Department when sharing of the list is deemed necessary to effectuate the terms of the Act and this Article.
- E. The responsible party shall provide a receipt to the patron for any funds withheld for outstanding obligations.
- F. Any funds withheld by the responsible party shall be remitted to the Department within seven days in a format provided by the Department.

**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1167, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-152. Retention of Records**

The responsible party shall require that all books, records, and data relating to the operation and management of event wagering in the State are maintained for at least five years from the date of creation. Upon written approval of the Department, books, records, and/or data may be destroyed prior to passage of the required five year retention period.

**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1167, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-153. Calculation of Time**

In computing any period prescribed or allowed by the Act or this Article, the day of the act, event, or default from which the designated period begins to run shall not be included. The last day of the period so computed shall be included, unless it is a Saturday, a Sunday, or a legal holiday under state law or federal law. When the time prescribed or allowed is less than 11 days, intermediate Saturdays, Sundays and legal holidays under state law or federal law shall be excluded from the computation period.

**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1167, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**ARTICLE 2. FANTASY SPORTS****R19-4-201. Definitions**

- A. The definitions in A.R.S. § 5-1201 apply to this Article.
- B. Additionally, in this Article and in the Act, unless the context requires:
  1. “Act” means Title 5, Arizona Revised Statutes, Chapter 10.
  2. “Article” means *Arizona Administrative Code*, Title 19, Chapter 4, Article 2.
  3. “Cash Equivalent” means, for the purposes of this Article 2 only, an electronic funds transfer, credit card, debit card, check, wire transfer, winnings, promotional or bonus credit, and any other form of payment as approved by the Department.
  4. “Fantasy Sports Contest Entry” means the method to participate in a fantasy sports contest.
  5. “Geofence Provider” means a person who creates a virtual perimeter for a real geographic location.
  6. “Internal Control System” means the minimum level of operational controls developed by a responsible party to ensure the integrity of fantasy sports contests.
  7. “Licensee” includes any person licensed by the Department under this Article.
  8. “Responsible Party” means the fantasy sports contest operator or the management company who is responsible for the operation of fantasy sports contests.
  9. “State” means the State of Arizona not to include the Indian lands within its exterior boundaries.
  10. “Supplier” means persons who provide goods or services to a responsible party in connection with fantasy sports contests pursuant to the Act, to include:
    - a. Fantasy sports contest platform providers;
    - b. Identity verification service providers;
    - c. Payment processors;
    - d. Geofence providers; and
    - e. Any other person as determined by the Department.

**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1186, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-202. Fantasy Sports Contests Permitted**

Fantasy sports contests in the State, except those which are permitted pursuant to A.R.S. Title 13, Chapter 33, shall only be conducted by licensed responsible parties who operate in compliance with, and meet the terms of, the Act and this Article.

**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1186, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-203. Power and Authority**

- A. The Department reserves all powers, duties, and authority granted to it by the Act and in this Article.
- B. As a condition of holding a license, all licensees agree to be subject to State jurisdiction for purposes of compliance with, and enforcement of, the Act and this Article.
- C. The Department shall monitor licensees, audit compliance with this Act and Article, and investigate suspected violations of any provision in the Act or this Article and may, at any time:
  1. Access and inspect all, or any part of, any fantasy sports contest platform;
  2. Access and inspect any fantasy sports contest server; and

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3. Access, review, and/or copy all books, records, and/or data maintained by a licensee related to fantasy sports contests in the State.

**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1186, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-204. License Categories**

- A. Fantasy sports contest operators are subject to the licensing requirements of the Act and this Article. Fantasy sports contest operators shall have obtained from the Department a renewal of the license every two years thereafter before continuing to operate fantasy sports contests.
- B. Management companies are subject to the licensing requirements of the Act and this Article. Management companies shall have obtained from the Department a renewal of the license every two years thereafter before continuing to offer management services.
- C. A fantasy contest operator and/or management company shall identify any holding company which holds an ownership interest or voting rights of 10% or more of their operation. The Department, in its sole discretion, may require a holding company to obtain licensure in order to preserve the integrity of fantasy sports contests.
- D. Suppliers shall have obtained a license from the Department prior to providing goods and/or services. The supplier license shall be in effect for two years and the supplier shall have obtained a renewal from the Department thereafter before continuing to provide goods and/or services.
- E. On a quarterly basis, responsible parties shall provide to the Department a list of the names and addresses of their suppliers for fantasy sports contests in the State.

**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1186, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-205. Procedures for Licensing**

- A. Every applicant for a license shall submit a complete application in the form prescribed by the Department, which shall include all information and documentation required by the Department, along with the non-refundable initial license fee.
- B. The fees for licensure shall be the following:
  1. Fantasy Contest Operator
    - a. Initial License Fee \$ 2,000
    - b. Renewal \$ 1,000
  2. Management Company
    - a. Initial License Fee \$ 2,000
    - b. Renewal \$ 1,000
  3. Holding Company
    - a. Initial License Fee \$ 500
    - b. Renewal \$ 250
  4. Suppliers
    - a. Initial License Fee \$ 250
    - b. Renewal \$ 125
- C. Within five days following its receipt of a complete application for licensure of a supplier, the Department shall issue a temporary license to the applicant unless the Department does not believe that the applicant will qualify for licensure. If the supplier does not receive a response from the Department regarding the approval or denial of the applicant's temporary license by the close of the fifth day following the receipt of a complete application for licensure then the applicant's temporary license shall be deemed approved by the Department. The results of a Department background investigation shall not be

required prior to the issuance of a temporary license. The temporary license shall become void and be of no effect upon either the issuance of licensure or upon the issuance of notice of denial.

- D. If fantasy sports contest operators, management companies, holding companies, or suppliers are applying for license renewal, fantasy sports contest operators, management companies, holding companies, and suppliers shall submit their completed renewal application along with the license renewal fee to the Department at least 30 days prior to the expiration date of their license. An applicant for renewal may continue to be engaged under their expired license until action is taken on the renewal application by the Department.
- E. If a fantasy sports contest operator changes key employees, each new key employee shall file a complete disclosure application within 15 days after the change.
- F. If a fantasy sports contest operator, management company, and/or holding company has a change of principals, directors, officers, and/or individual owners of 10% or more, each individual shall file a complete disclosure application within 30 days after the change, appointment, or election.
- G. Applicants and licensees may appeal a summary suspension or a determination by the Department of a revocation, suspension, or denial of licensure.
- H. An applicant for licensure, or renewal that wishes to withdraw an application shall submit a request to the Department in writing. The application shall not be considered withdrawn without the written permission of the Department.

**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1186, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-206. Responsible Advertising**

- A. Advertising, marketing, and promoting of fantasy sports contests shall not target, or otherwise be of a kind that specifically appeals to, persons under 21 years of age.
- B. Advertising, marketing, and promoting of fantasy sports contests shall not be misleading or contain false information.
- C. Advertising, marketing, and promotion of fantasy sports contests shall not promote irresponsible or excessive participation in fantasy sports contests, or suggest that social, financial, or personal success is guaranteed by engaging in fantasy sports contests.
- D. Advertising, marketing, and promoting of fantasy sports contests shall not occur at event venues where most of the audience at many of the events at the venue is reasonably expected to be under 21 years of age.
- E. Fantasy sports contest messages, including logos, trademarks, or brands, shall not be used, or licensed for use, on clothing, toys, games, or game equipment intended primarily for persons under 21 years of age.
- F. Fantasy sports contests shall not be promoted or advertised in college or university-owned news assets or advertised on college or university campuses.

**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1186, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-207. Internal Control System**

- A. Responsible parties shall operate fantasy sports contests pursuant to a written internal control system approved by the Department. The internal control system shall be designed to reasonably assure that for the purposes of fantasy sports contests offered in the State:

## CHAPTER 4. DEPARTMENT OF GAMING

1. Assets are safeguarded and accountability over assets is maintained;
  2. Liabilities are properly recorded and contingent liabilities are properly disclosed;
  3. Financial records including records relating to revenues, expenses, assets, liabilities, and equity/fund balances are accurate and reliable;
  4. Transactions are performed in accordance with the responsible party's general or specific authorization;
  5. Access to assets is permitted only in accordance with the responsible party's specific authorization;
  6. Recorded accountability for assets is compared with actual assets at frequent intervals and appropriate action is taken with respect to any discrepancies; and
  7. Functions, duties and responsibilities are appropriately segregated and performed in accordance with sound practices by qualified personnel.
- B.** The internal control system shall include:
1. A description of, and the inter-relationships and dependencies of, the fantasy sports contest platform, hardware, software, and all integrated supplier platforms;
  2. Procedures for verifying geolocation services and establishing a fantasy sports contest player's geographic location;
  3. Procedures for monitoring, investigating, resolving, documenting, and reporting security incidents associated with information technology systems;
  4. Procedures for the access to, and use of scripts;
  5. Procedures for the mitigation of risk of fraud, cheating, and/or money laundering;
  6. Procedures for the identification of highly experienced fantasy sports contest players;
  7. Procedures to mitigate problem gambling and curtail compulsive gambling;
  8. A responsible gaming training and education program;
  9. Procedures for the identification, notice, and removal of self-excluded or barred persons from fantasy sports contest platforms;
  10. Procedures for accepting entry fees, canceling fantasy sports contest entries, paying out prizes or awards, and issuing tax or other required forms;
  11. Procedures for the recording and reconciliation of all fantasy sports contest transactions to fantasy sports contest platform reports;
  12. Procedures for the reconciliation of assets contained in player accounts;
  13. Procedures for the verification of player identification;
  14. Procedures for the issuance and acceptance of promotional and/or bonus credit for fantasy sports contests;
  15. Procedures for handling fantasy sports contest player disputes;
  16. Procedures for creating, updating, adjusting, and closing player accounts;
  17. Procedures for the retention of fantasy sports contest records; and
  18. Procedures for the identification and prohibition of prohibited participants from participation in fantasy sports contests.
- C.** Responsible parties shall have obtained written approval of the internal control system, or any changes deemed material by the responsible party, from the Department prior to implementation. The Department shall review the system, or any material changes, and issue a written approval or disapproval of the system.
1. Prior to the commencement of operations in the State, the responsible party shall have obtained written approval from the Department for the internal control system.
  2. After the commencement of operations in the State, the responsible party shall submit any material changes to the internal control system to the Department for review and approval. If, after five days, the responsible party has not received a response from the Department regarding the material changes to the internal control system, then the material changes shall be deemed approved by the Department.
- D.** For fantasy sports contests under the Act, responsible parties shall maintain:
1. Accurate, complete, legible and permanent records of all transactions in a manner suitable for audit under the standards of the American Institute of Certified Public Accountants;
  2. General accounting records using a double entry system of accounting with transactions recorded on a basis consistent with generally accepted accounting principles;
  3. Detailed supporting and subsidiary records;
  4. Detailed records identifying revenues, expenses, assets, liabilities and fund balances or equity;
  5. All records required by the internal control system including, but not limited to, those relating to any fantasy sports contest activity authorized by the Act;
  6. Journal entries;
  7. Detailed records sufficient to accurately reflect gross income and expenses relating to its operations; and
  8. Records of any proposed or adjusting entries made by an independent certified public accountant.
- E.** The responsible party shall maintain bank account or accounts that are separate and distinct from all other corporate accounts, unless otherwise agreed to by the Department. The account or accounts shall be used for all player deposits, receipts, and disbursements relating to its operation of fantasy sports contests under the Act. The responsible party shall utilize a software accounting system that separates and distinguishes all receipts and disbursements regarding or in any way relating to fantasy sports contest activity under the Act.
- F.** Responsible parties shall notify the Department in writing of their fiscal year end and any changes to the fiscal year end within 10 days after deciding on a fiscal year end or a change to that year end.

**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1186, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-208. Privilege Fee**

- A.** As per A.R.S. § 5-1211(A), the established fee for the privilege of operating fantasy sports contests shall be 5% of fantasy sports contest adjusted revenues.
- B.** The calculation of fantasy sports contest adjusted revenues shall be reported in a format required by the Department. The responsible party shall submit all necessary supporting documentation as directed by the Department to confirm the calculation of fantasy sports contest adjusted revenues. The report and supporting documentation shall be submitted to the Department no later than the 25th day of each month for the preceding month.
1. Fees paid pursuant to the Act and this Article shall be paid to the Department in the manner prescribed by the Department.
  2. Following the Department's receipt of the annual audit pursuant to A.R.S. § 5-1204, any overpayment of fees by



## CHAPTER 4. DEPARTMENT OF GAMING

the responsible party shall be credited to the responsible party's next monthly fee payment. Any underpayment of fees shall be paid by the responsible party within 30 days of the Department's receipt of the annual audit.

**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1186, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-209. Servers and Cloud Storage**

- A. Responsible parties shall provide the Department with the physical location of each server that accepts fantasy sports contest entries. The server or servers shall have physical and logical security.
- B. The responsible party may utilize cloud storage upon written approval by the Department.

**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1186, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-210. Geofencing**

- A. The responsible party shall utilize a geofence system to dynamically monitor the physical location of a player attempting to pay an entry fee on a fantasy sports contest platform.
- B. The geofence system shall perform a geolocation check prior to each payment of an entry fee in an authorized session.
- C. If a geolocation check determines that a player is not located in the State or another jurisdiction where fantasy sports contests are legal and the activity is permitted, the player shall be blocked from paying an entry fee on the fantasy sports contest platform.
- D. The responsible party or the geofence provider shall implement a means to notify a player of a geolocation failure.
- E. Attempts to pay an entry fee from unauthorized locations within the State shall be entered into a log by the geofence provider and/or the responsible party. The log shall be available to the Department upon request.

**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1186, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-211. Fantasy Sports Contest Platform**

- A. The fantasy sports contest platform shall be designed to ensure the integrity and confidentiality of all player communications, security and confidentiality of player data including personal and financial information, and the proper identification of the sender and receiver of all communications.
- B. The responsible party shall notify the Department in writing prior to the installation of a fantasy sports contest platform that the platform meets the design requirements of R19-4-211(A) and the geofence requirements of R19-4-210(A) through (D).
- C. The responsible party shall notify the Department in writing prior to the installation of a fantasy sports contest platform, and annually thereafter, that the platform properly calculates entry fees and payouts.

**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1186, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-212. Fantasy Sports Contest Platform Communication**

If the fantasy sports contest platform is unable to accept a fantasy sports contest entry or validate a winning entry for more than two

hours, the responsible party shall notify the Department as soon as practically possible.

**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1186, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-213. Fees and Entry Rules**

- A. Entry fees shall be paid from funds in a player account deposited by cash or cash equivalent.
- B. All entry fees shall be transacted through the fantasy sports contest platform.
- C. Upon acceptance of an entry fee, an electronic fantasy sports contest entry shall be immediately issued.
- D. Upon verification, winnings from fantasy sports contest entries shall be immediately deposited into the player account.
- E. A fantasy sports contest entry shall only be purchased from a verified player account.
- F. A fantasy sports contest entry shall not be accepted upon an event whose outcome has already been determined.
- G. If a player cancels a fantasy sports contest entry prior to the start of the fantasy sports contest, and the cancel request is approved by the responsible party, the fantasy sports contest entry fee shall be refunded to the player account after verification by the fantasy sports contest platform.
- H. An entry fee shall not be accepted from a person who is purchasing the fantasy sports contest entry for the benefit of another for compensation or is purchasing the fantasy sports contest entry in violation of tribal, state, or federal law.

**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1186, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-214. Events and Fantasy Sports Contests**

- A. The responsible party shall submit a catalogue of the events and fantasy sports contests it intends to offer. The catalogue and any changes shall be submitted to the Department prior to implementation.
- B. The Department shall publish a list of authorized events and fantasy sports contests on its website.
- C. The Department may prohibit a particular event or fantasy sports contest if it does not comply with A.R.S. § 5-1201(6).

**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1186, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-215. House Rules**

- A. The house rules shall be conspicuously displayed on the fantasy sports contest platform. House rules shall address:
  1. Types of entry fees accepted;
  2. Minimum and maximum fantasy sports contest entry amounts accepted;
  3. The maximum number of entries a player may have in a fantasy sports contest;
  4. Method for calculation and payment of winnings;
  5. Effect of scheduling changes and/or cancelled events;
  6. Process for handling incorrectly posted results;
  7. Methods of funding an account;
  8. Methods for redeeming winnings;
  9. Policy and process for canceling fantasy sports contest entries;
  10. Process for fantasy sports contest players to submit questions and/or complaints;

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11. Notification of the fantasy sports contest player dispute process; and
12. Notification of the self-exclusion process.

- B.** Responsible parties shall submit the house rules to the Department prior to implementation. The Department shall review the house rules and issue a written approval or disapproval of them. Any proposed changes to the house rules shall be approved by the Department prior to implementation. If, after five days, the responsible party has not received a response from the Department regarding the house rules, or any changes to them, then the house rules shall be deemed approved by the Department.

**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1186, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-216. Player Account Creation**

- A.** Responsible parties shall verify a fantasy sports contest player's age and identity before allowing that player to utilize a player account to purchase fantasy sports contest entries.
- B.** Responsible parties may utilize an identity verification service provider to confirm a fantasy sports contest player's age and identity.
- C.** Responsible parties shall prohibit a fantasy sports contest player from having more than one player account and username for each fantasy sports contest platform.
- D.** Responsible parties shall establish and maintain each player account file with the following:
1. Player's legal or full name;
  2. Player's date of birth;
  3. Player's account number or username;
  4. Player's residential address;
  5. Player's e-mail address;
  6. The method used to verify the player's identity;
  7. The date of verification; and
  8. Acknowledgement of fantasy sports contest terms and conditions, including any subsequent updates.
- E.** Responsible parties shall notify players of the establishment of a player account and the associated terms and conditions.
- F.** Responsible parties shall re-verify a player's identification upon reasonable suspicion that the player's identification has been compromised or the player account has been misused, or upon any suspicious activity involving the player or player account.

**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1186, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-217. Player Account Terms and Conditions**

Player account terms and conditions shall include the following:

1. Name of the responsible party with whom the player is entering into a contractual relationship;
2. Player's consent to have the responsible party confirm the player's age and identity;
3. Rules and obligations applicable to the player with regard to allowing any other person to access or use his or her player account;
4. Player's consent to the monitoring and recording by the responsible party of any fantasy sports contest entry communication and geographic location information;
5. Privacy policy;
6. Legal age policy;
7. Rules for player account suspension;
8. Rules for dormant player accounts;

9. Rules for closing player accounts; and
10. Availability of player account statements.

**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1186, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-218. Player Account Maintenance**

- A.** All adjustments to a player account shall be authorized by the responsible party and periodically reviewed by an employee independent of the adjustment.
- B.** A player shall be allowed to withdraw the funds maintained in his or her player account.
1. Upon verification by the responsible party, the player's requests to withdraw funds shall be honored within seven days of the request.
  2. The responsible party may decline to honor a player request to withdraw funds if the responsible party believes that the player engaged in either fraudulent conduct or other conduct that would put the responsible party in violation of the law or this Article. In such cases, the responsible party shall:
    - a. Provide notice to the player of the delay in honoring the request to withdraw funds from the player account;
    - b. Investigate in an expedient fashion; and
    - c. Notify the player and the Department of the results of the investigation within two days of the completion of the investigation.
- C.** The responsible party shall consider a player account to be dormant if the player has not logged into the player account for at least three years. A dormant account shall be closed by the responsible party. Upon closure of a dormant account, the responsible party shall make reasonable efforts to contact the account holder to return any unclaimed funds as required by A.R.S. § 44-307(E).
- D.** After 120 days of attempting to contact the account holder, the unclaimed funds in a dormant account shall be presumed abandoned. Responsible parties shall remit all abandoned funds to the Arizona Department of Revenue as required by A.R.S. § 44-307.

**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1186, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-219. Promotions and Bonuses**

- A.** Responsible parties may offer promotions and/or bonuses.
- B.** Responsible parties shall make promotion and/or bonus rules and advertisements available to the Department upon request.
- C.** The promotion and/or bonus rules shall be clear and unambiguous, and include:
1. Date and time the promotion or bonus is active and expires;
  2. Rules of play;
  3. Nature and value of prizes or awards;
  4. Eligibility restrictions or limitations;
  5. Participation requirements and limitations;
  6. Eligible fantasy sports contests;
  7. Cancellation requirements; and
  8. Terms and conditions that are full, accurate, concise, transparent, and do not contain misleading information.
- D.** Promotions and/or bonuses described as free shall clearly disclose material facts, terms, and conditions.

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- E. Promotions and/or bonuses shall not restrict the player from withdrawing their own funds, or withdrawing winnings from fantasy sports contest entries purchased with their own funds.
- F. Responsible parties shall make the promotion or bonus rules available to eligible players.

**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1186, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-220. Information Technology**

- A. Responsible parties shall ensure the quality, reliability, and accuracy of all computer systems used in the operation.
- B. Responsible parties shall ensure that information technology duties are adequately segregated and monitored to detect procedural errors, unauthorized access to financial transactions and assets, and to prevent the concealment of fraud.
- C. The information technology environment and infrastructure shall be maintained in a secured physical location that is restricted to authorized employees.
- D. Responsible parties shall test the recovery procedures of the fantasy sports contest platform on a sample basis at specified intervals at least annually. The results shall be documented and available to the Department upon request.

**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1186, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-221. Annual Audit**

The responsible party shall be audited not less than annually, at its own expense, on its financial condition and compliance standing.

1. Financial statements, or a specific element financial statement related to fantasy sports contests in the State, shall be audited at the responsible party's fiscal year end by an independent certified public accountant. The audit shall include or be supplemented with an attestation from the independent certified public accountant that fantasy sports contest adjusted revenues are accurately reported. The Department shall be authorized to confer with the independent certified public accountant at the conclusion of the audit process and to review all the work papers and documentation relating to the responsible party.
2. The responsible party shall submit an annual compliance audit, prepared by an independent test laboratory, or another professional service provider as approved by the Department, to verify compliance with the operational aspects of the Act and this Article. The compliance audit shall include testing of the internal control system, verification of the integrity of the fantasy sports contest platform, and the geofence system.

**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1186, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-222. Reporting Requirements**

- A. The responsible party shall report to the Department any violation or suspected violation of the Act or this Article, security breaches, breaches of confidentiality of a player's personal information, suspicious activity, and any other activity as required by the Department.
- B. Responsible parties shall report the information listed above to the Department in writing within 72 hours of discovery.

**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1186, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-223. Remedies**

The Department may place conditions on a license, fine, or otherwise sanction, licensees, for violations of this Statute, or the administrative rules of the Department. The Department's ability to impose sanctions is subject to the following:

1. The Department shall notify the responsible party of the results of its investigation or investigations and any administrative proceedings. The results of any investigation shall not be disclosed if such disclosure will compromise ongoing law enforcement investigations or activities, or would violate applicable state and federal law.
2. All monetary fines collected by the Department, including any interest earned thereon, shall be deposited in the fantasy sports contest fund established by A.R.S. § 5-1212(A).

**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1186, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-224. Player Disputes**

- A. Whenever the responsible party refuses payment of alleged winnings to a player or there is otherwise a dispute with a player regarding their player account, entries, wins, or losses from fantasy sports contests, and the responsible party and the player are unable to resolve the dispute to the satisfaction of the player, the responsible party shall notify the player of their right to file a written complaint. The notice shall include the procedure for filing a written complaint and the complaint resolution process.
- B. Upon receipt of a complaint, the responsible party shall investigate and provide a written response to the player within 10 days. The response shall include a statement that if the dispute is not resolved to the satisfaction of the player, the player may submit their complaint in writing to the Department.
  1. If the Department receives a written complaint from a player with regard to an unresolved dispute, the responsible party shall provide to the Department a written response to the player's complaint.
  2. The Department, in its sole discretion, may investigate the dispute and reach a final decision which may include a requirement for appropriate corrective action.
  3. The Department shall provide a written response to the responsible party and the player of the results of its investigation and the corrective action it directs, if any, within five days of the completion of its investigation.

**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1186, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-225. Barred Persons**

The Department shall establish a list of persons barred from fantasy sports contests because their conduct, criminal history, and association with career offenders or career offender organizations poses a threat to the integrity of fantasy sports contests or to the public health, safety, or welfare. The responsible party shall prohibit barred persons from participating in fantasy sports contests. To the extent not previously provided, the Department shall send a copy of its list on a monthly basis to the responsible party, along with

## CHAPTER 4. DEPARTMENT OF GAMING

detailed information regarding why the person has been barred. Such persons shall be barred from all fantasy sports contests within the State.

**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1186, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-226. Self-Exclusion and Responsible Gaming**

- A. As part of their procedures and programs to mitigate problem gambling and curtail compulsive gambling, responsible parties shall:
1. Display on the fantasy sports contest platform, obvious and easily accessible messaging stating that help is available if a person has a problem with gambling, to include the statewide toll-free helpline telephone number, text message, website information established by the Department, and any other information as directed by the Department.
  2. Include a responsible gaming message with the Department's statewide toll-free crisis helpline telephone number, or another toll-free crisis helpline telephone number as approved by the Department, on all advertisements for fantasy sports contests, including on television, radio, internet, printed advertisements, and billboards.
- B. The self-exclusion list shall not be provided to any licensed supplier without the written approval of the Department. Approval shall only be granted by the Department when sharing of the list is deemed necessary to effectuate the terms of the Act and this Article.

**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1186, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-227. Debt Setoff**

- A. If a responsible party is required to file a form 1099-MISC or other substantially similar form, the responsible party shall check to determine if the player has a past due, setoff obligation.
- B. The responsible party shall withhold past due, setoff obligations from funds held in a player account at the time the form 1099-MISC or other substantially similar form is issued.
- C. The Department shall supply the responsible party with the lists of outstanding obligations as provided by the Arizona Department of Economic Security, Child Support Enforce-

ment, Supplemental Nutrition Assistance Program and Assistance Overpayment, the Arizona Supreme Court, and the Arizona Health Care Cost Containment System on an annual basis.

- D. The outstanding obligation lists shall not be provided to any licensed supplier without the written approval of the Department. Approval shall only be granted by the Department when sharing of the list is deemed necessary to effectuate the terms of the Act and this Article.
- E. The responsible party shall provide a receipt to the player for any funds withheld for outstanding obligations.
- F. Any funds withheld by the responsible party shall be remitted to the Department within seven days in a format provided by the Department.

**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1186, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-228. Retention of Records**

The responsible party shall require that all books, records, and data relating to the operation and management of fantasy sports contests are maintained for at least three years from the date of creation. Upon written approval of the Department, books, records, and/or data may be destroyed prior to passage of the required three-year retention period.

**Historical Note**

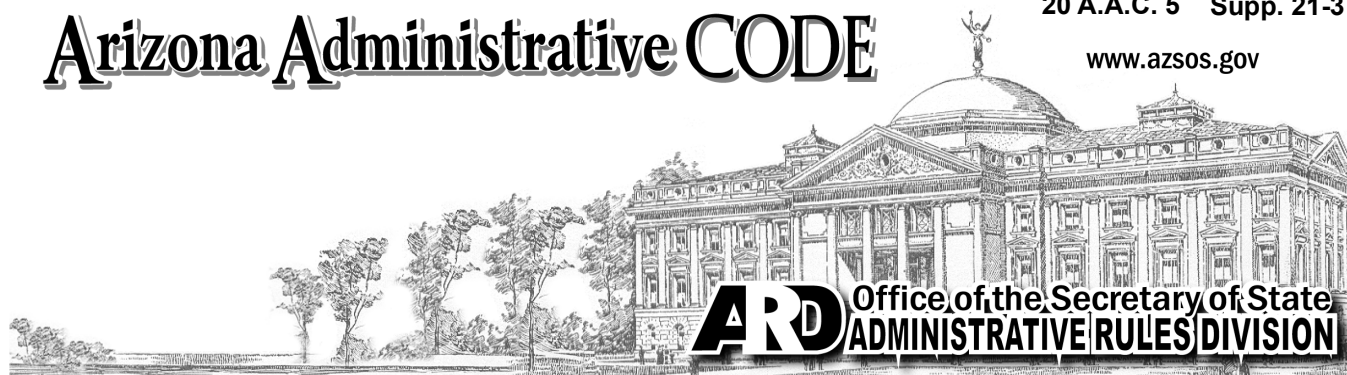
Section made by final exempt rulemaking at 27 A.A.R. 1186, with an immediate effective date of July 26, 2021 (Supp. 21-3).

**R19-4-229. Calculation of Time**

In computing any period prescribed or allowed by the Act or this Article, the day of the act, event, or default from which the designated period begins to run shall not be included. The last day of the period so computed shall be included, unless it is a Saturday, a Sunday, or a legal holiday under state law or federal law. When the time prescribed or allowed is less than 11 days, intermediate Saturdays, Sundays and legal holidays under state law or federal law shall be excluded from the computation period.

**Historical Note**

Section made by final exempt rulemaking at 27 A.A.R. 1186, with an immediate effective date of July 26, 2021 (Supp. 21-3).



## TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE

### CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

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

This Chapter contains rules that were filed to be codified in the *Arizona Administrative Code* between the dates of  
July 1, 2021 through September 30, 2021

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#### Questions about these rules? Contact:

##### General Questions

Name: Gaetano Testini, Chief Counsel  
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800 W. Washington St.  
Phoenix, AZ 85007  
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##### Appendix A Questions

Name: Charles Carpenter, Manager  
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800 W. Washington St.  
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Fax: (602) 542-4797  
E-mail: mro@azica.gov  
Include "Fee Schedule" in subject line.

#### The release of this Chapter in Supp. 21-3 replaces Supp. 21-1, 1-444 pages

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

## PREFACE

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

Scott Cancelosi, Director  
ADMINISTRATIVE RULES DIVISION

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### RULES

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

### THE ADMINISTRATIVE CODE

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

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

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

First Quarter: January 1 - March 31  
Second Quarter: April 1 - June 30  
Third Quarter: July 1 - September 30  
Fourth Quarter: October 1 - December 31

For example, the first supplement for the first quarter of 2021 is cited as Supp. 21-1. Supplements are traditionally released three to four weeks after the end of the quarter because filings are accepted until the last day of the quarter.

Please note: The Office publishes by Chapter, not by individual rule Section. Therefore there might be only a few Sections codified in each Chapter released in a supplement. This is why the Office lists only updated codified Sections on the previous page.

### AUTHENTICATION OF PDF CODE CHAPTERS

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

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

### HOW TO USE THE CODE

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

### ARIZONA REVISED STATUTE REFERENCES

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

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

### SESSION LAW REFERENCES

Arizona Session Law references in a Chapter can be found at the Secretary of State’s website, [www.azsos.gov](http://www.azsos.gov) under Services-> Legislative Filings.

### EXEMPTIONS FROM THE APA

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

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

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

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

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

### EXEMPTIONS AND PAPER COLOR

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

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



## Administrative Rules Division

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**TITLE 20. COMMERCE, FINANCIAL INSTITUTIONS, AND INSURANCE****CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA**

Authority: A.R.S. § 23-101 et seq.

**Supp. 21-3**

20 A.A.C. 5, consisting of R20-5-101 through R20-5-164, R20-5-201 through R20-5-224, R20-5-301 through R20-5-318, R20-5-401 through R20-5-428, R20-5-501 through R20-5-512, R20-5-601 through R20-5-682, R20-5-801 through R20-5-829, R20-5-901 through R20-5-914, and R20-5-1001 through R20-5-1007 recodified from 4 A.A.C. 13, consisting of R4-13-101 through R4-13-164, R4-13-201 through R4-13-224, R4-13-301 through R4-13-318, R4-13-401 through R4-13-428, R4-13-501 through R4-13-512, R4-13-601 through R4-13-682, R4-13-801 through R4-13-829, R4-13-901 through R4-13-914, and R4-13-1001 through R4-13-1007, pursuant to R1-1-102 (Supp. 95-1).

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*Article 2, consisting of Sections R4-13-201 through R4-13-222, adopted effective July 6, 1993 (Supp. 93-3).*

*Article 2, consisting of Sections R4-13-201 through R4-13-224, repealed effective July 6, 1993 (Supp. 93-3).*

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*Article 3, consisting of Sections R20-5-301 through R20-5-329, expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).*

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*Article 7, consisting of new Sections R20-5-701 through R20-5-739, adopted effective September 9, 1998 (Supp. 98-3).*

*R20-5-701 through R20-5-708 recodified from R4-13-701 through R4-13-708 (Supp. 95-1).*

*Article 7, consisting of Sections R4-13-701 through R4-13-708, transferred to the Department of Agriculture, Title 3, Chapter 8, Article 7, Sections R3-8-201 through R3-8-208, pursuant to Laws 1990, Ch. 374, Sec. 445 (Supp. 91-3).*

*New Article 7 adopted effective July 13, 1989. (Supp. 89-3)*

*Laws 1981, Ch. 149, effective January 1, 1982, provided for the transfer of the Office of Fire Marshal from the Industrial Commission to the Department of Emergency and Military Affairs, Division of Emergency Services (Supp. 82-2).*

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*Article 9, consisting of Sections R20-5-901 through R20-5-914, expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1).*

*Former Article 9 consisting of Sections R4-13-901 through R4-13-906 repealed effective May 27, 1977. R20-5-901 through R20-5-914 recodified from R4-13-901 through R4-13-914 (Supp. 95-1).*

*Article 9 consisting of Sections R4-13-901 through R4-13-914 adopted effective May 27, 1977.*

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*Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3).*

*Article 12, consisting of Sections R20-5-1201 through R20-5-1220, made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1).*

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**APPENDIX A. ARIZONA PHYSICIANS' AND PHARMACEUTICAL FEE SCHEDULE 2021/2022**

*Appendix A, Arizona Physicians' and Pharmaceutical Fee Schedule repealed; new Appendix A, Arizona Physicians' and Pharmaceutical Fee Schedule by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3).*

*Appendix A, Arizona Physicians' and Pharmaceutical Fee Schedule repealed; new Appendix A, Arizona Physicians' and Pharmaceutical Fee Schedule made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3).*

*Appendix A, Arizona Physicians' and Pharmaceutical Fee Schedule made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A will remain in effect though September 30, 2020 (Supp. 19-3).*

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**ARTICLE 1. WORKERS' COMPENSATION PRACTICE AND PROCEDURE****R20-5-101. Application of the Article; Notice of Rules; Part of Record**

- A. This Article applies to all actions and proceedings before the Commission resulting from:
1. Injuries that occurred on or after January 1, 1969;
  2. Petitions to Reopen or Petitions for Readjustment or Rearrangement of Compensation filed on or after that date; and
  3. Requests for hearing under A.R.S. §§ 23-907(H), (I), and (J).
- B. This Article is part of the record in each action or proceeding without reference to the Article.
- C. The Commission deems all parties to have knowledge of this Article.
- D. The Commission shall provide a copy of this Article upon request to any person free of charge.

**Historical Note**

Former Rule 1. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-101 recodified from R4-13-101 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Amended by final rulemaking at 14 A.A.R. 4530, effective, December 2, 2008 (Supp. 08-4).

**R20-5-102. Definitions**

In this Article, unless the context otherwise requires:

"Act" means the Arizona Workers' Compensation Act, A.R.S. Title 23, Ch. 6, Articles 1 through 11.

"Authorized representative" means an individual authorized by law to act on behalf of a party who files with the Commission a written instrument advising of the individual's authority to act on behalf of the party.

"Carrier" or "insurance carrier" means the state compensation fund and every insurance carrier authorized by the Arizona Department of Insurance to underwrite workers' compensation insurance in Arizona.

"Claimant" means an employee who files a claim for workers' compensation.

"Filing" means actual receipt of a report, document, instrument, videotape, audiotape, or other written matter at a Commission office during office hours as set forth in R20-5-103.

"Physician" means a licensed physician or other licensed practitioner of the healing arts.

"Self-insured employer" means an employer or workers' compensation pool granted authority by the Commission to self-insure for workers' compensation.

"Uninsured employer" or "noncomplying employer" means an employer that is subject to and fails to comply with A.R.S. §§ 23-961 or 23-962.

"Working days" means all days except Saturdays, Sundays, and state legal holidays.

**Historical Note**

Former Rule 2. R20-5-102 recodified from R4-13-102 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-103. Location of Industrial Commission Offices and Office Hours**

The main office of the Industrial Commission of Arizona is located in Phoenix, Arizona. An office is also located in Tucson, Arizona. The offices are open for business from 8:00 a.m. until 5:00 p.m. every day except Saturdays, Sundays, and state legal holidays.

**Historical Note**

Former Rule 3. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-103 recodified from R4-13-103 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-104. Address of Claimant and Uninsured Employer**

- A. A claimant shall advise the Commission and carrier or self-insured employer of the claimant's current mailing address and place of residence. If a claimant files a workers' compensation claim against an uninsured employer, the claimant shall advise the special fund division of the claimant's current mailing address and place of residence.
- B. An uninsured employer against whom a claimant files a workers' compensation claim shall advise the special fund division of the uninsured employer's current mailing address and place of places of residence.
- C. Providing the address of a claimant's or uninsured employer's attorney or authorized representative is not sufficient to meet the requirements of this Section.

**Historical Note**

Former Rule 4. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-104 recodified from R4-13-104 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-105. Filing Requirements; Time for Filing; Computation of Time; Response to Motion**

- A. A report, document, instrument, videotape, audiotape, or other written matter required to be filed with the Commission under A.R.S. § 23-901 et seq. and this Article shall be filed at a Commission office within the time required by law and this Article.
- B. For purposes of computing time under this Article, the following applies:
1. The Commission shall not include in the computation of time the day of the act or event from which the designated period begins to run.
  2. The Commission shall include in the computation of time the last day of the designated period, unless the last day is a Saturday, Sunday, or state legal holiday, in which event the period runs until the end of the next day that is not a Saturday, Sunday, or state legal holiday.
  3. If this Article or other law requires that a report, document, instrument, videotape, audiotape, or other written matter be filed within a designated period of time before hearing, the Commission shall not include the day of the act or event from which the designated period of time begins to run. The Commission shall include the last day of the designated period unless that day is a Saturday, Sunday, or state legal holiday, in which event the period runs to the end of the next day that is not a Saturday, Sunday, or state legal holiday.
  4. If the period of time prescribed is less than 11 days, the Commission shall not include intermediate Saturdays, Sundays, or state legal holidays in the computation of time.
- C. The Commission shall deem a report, document, instrument, videotape, audiotape, or other written matter filed at the Tucson office as filed at the main office for purposes of computing time.

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- D. A person upon whom a motion to join is filed under this Article may file a response to the motion within 10 days after the motion is filed.
- E. The Commission shall not consider a discovery motion unless the moving party attaches a separate statement to the discovery motion certifying that after good faith efforts to do so, the moving party has been unable to satisfactorily resolve the matter giving rise to the discovery motion with the opposing party.

**Historical Note**

Former Rule 5. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-105 recodified from R4-13-105 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-106. Commission Forms**

- A. The following forms shall be used when applicable:
  - 1. Employer's report of industrial injury (form 101) shall contain:
    - a. Employee, employer, and carrier identification;
    - b. Description of employment;
    - c. Description of accident and injury;
    - d. Description of medical treatment received by employee;
    - e. Employee's wage data;
    - f. Date, signature, and title of employer or the employer's representative; and
    - g. Statement doubting the validity of the claim, if the employer doubts the validity of the claim.
  - 2. The physician's portion of the worker's and physician's report of injury (form 102) shall contain:
    - a. Name and address of physician;
    - b. Information regarding preexisting conditions;
    - c. Information regarding the industrial injury, treatment, and prognosis;
    - d. Statement authorizing the attachment of a medical report that contains the information required in form 102; and
    - e. Physician's signature and date.
  - 3. Notice of supportive medical benefits (form 103) shall contain:
    - a. Employee, employer, insurance carrier, and claim identification;
    - b. Description of authorized medical benefits;
    - c. Date the notice is mailed;
    - d. Name and telephone number of the individual issuing the notice; and
    - e. Statement regarding reopening and appeal rights including filing requirements.
  - 4. Notice of claim status (form 104) shall contain:
    - a. Employee, employer, insurance carrier, and claim identification;
    - b. Status of the claim;
    - c. Date the notice is mailed;
    - d. Name and telephone number of the individual issuing the notice; and
    - e. Statement of a party's hearing and appeal rights including filing requirements.
  - 5. Notice of suspension of benefits (form 105) shall contain:
    - a. Employee, employer, insurance carrier, and claim identification;
    - b. Effective date of the suspension;
    - c. Reasons for the suspension;
    - d. Date the notice is mailed;
    - e. Name and telephone number of the individual issuing the notice; and
  - 6. Notice of permanent disability or death benefits (form 106) shall contain:
    - a. Employee, employer, insurance carrier, and claim identification;
    - b. Applicable statutory authority under which compensation is paid;
    - c. Disability and compensation information;
    - d. Date the notice is mailed;
    - e. Name and telephone number of the individual issuing the notice; and
    - f. Statement regarding hearing and appeal rights including filing requirements.
  - 7. Notice of permanent disability and request for determination of benefits (form 107) shall contain:
    - a. Employee, employer, insurance carrier, and claim identification;
    - b. Type of disability;
    - c. Applicable statutory authority for designated disability;
    - d. Designation of dependents where death is involved;
    - e. Designation of advanced payments and amount of the advance;
    - f. Date the notice is mailed; and
    - g. Name and telephone number of the individual issuing the notice.
  - 8. Carrier's recommended average monthly wage calculation (form 108) shall contain:
    - a. Employee, employer, insurance carrier, and claim identification;
    - b. Employment and wage history;
    - c. Designation of dependents; and
    - d. Carrier's calculations for the recommended average monthly wage and the basis for the calculation.
  - 9. Notice of permanent compensation payment plan (form 111) shall contain:
    - a. Employee, employer, and carrier identification;
    - b. Amount of permanent compensation and description of payment plan;
    - c. Name of the responsible entity contracted by the carrier to administer the payment plan;
    - d. Statement that the carrier remains the responsible party for payment;
    - e. Statement regarding supportive care and reopening rights;
    - f. Date the notice is mailed; and
    - g. Name and telephone number of the individual issuing the notice.
  - 10. Report of insurance coverage (form 0006) shall contain:
    - a. Name and address of the carrier;
    - b. Legal name of entity that the carrier insures;
    - c. All other insured names or subsidiary entities under which the carrier's insured does business in Arizona;
    - d. Address of all insured entities with insurance policy information for each address; and
    - e. Employer Identification Number (EIN), Taxpayer Identification Number (TIN), or Federal Identification Number (FIN) assigned to each insured person or entity.
  - 11. Report of significant work exposure to bodily fluids or other infectious material shall contain:
    - a. The requirements set forth in A.R.S. §§ 23-1043.02(B), 23-1043.03(B), and 23-1043.04(B);
    - b. Employee identification,
    - c. Employer identification,

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- d. Source of exposure person identification (if known),
  - e. Details of the exposure including:
    - i. Date of exposure,
    - ii. Time of exposure,
    - iii. Place of exposure,
    - iv. How exposure occurred,
    - v. Type of bodily fluid or fluids,
    - vi. Source of bodily fluid or fluids,
    - vii. Part or parts of body exposed to bodily fluid or fluids,
    - viii. Presence of break or rupture in skin or mucous membrane, and
    - ix. Witnesses (if known), and
  - f. Dated signature of employee or the employee's authorized representative.
12. The medical treatment preauthorization form (MRO-1.1) shall contain five sections, as follows:
- a. Section I (Provider Request for Preauthorization) shall contain:
    - i. Injured employee identification, including name, date of injury, date of birth, and payer claim number (if known);
    - ii. Provider identification, including name, phone number, provider medical specialty, preferred method of contact, and contact information;
    - iii. Payer identification, including name and contact information (i.e., mailing address, fax number, or e-mail address);
    - iv. Information regarding requested medical treatment and/or services, including:
      - (1) Applicable diagnosis and/or ICD codes;
      - (2) A detailed statement of the treatment or services requested;
      - (3) Applicable Current Procedural Terminology (CPT) codes and/or National Drug Codes (NDC);
      - (4) Type of request (i.e., routine or urgent); and
      - (5) An indication as to whether the provider has attached documentation to support the medical necessity and appropriateness of the requested treatment and/or services; and
    - v. Dated signature or electronic signature of provider or provider's authorized representative.
  - b. Section II (Payer Decision on Request for Preauthorization) shall contain:
    - i. Payer's preferred method of contact and contact information;
    - ii. Date request for preauthorization is received;
    - iii. The Commission claim number;
    - iv. The payer's decision (i.e., approved, partial denial, denied, request for preauthorization incomplete, or IME requested);
    - v. An indication as to whether the payer has attached a statement of what treatment and/or services have been authorized, including, if applicable, a partial authorization, and, if the request for preauthorization is denied, in whole or in part, a statement of explanation that includes the medical reason supporting the payer's decision; and
    - vi. Dated signature or electronic signature of payer or payer's authorized representative.
  - c. Section III (Provider or Employee Request for Reconsideration of Payer Decision) shall contain:
    - i. An indication as to whether the provider or injured employee has attached a statement of the specific reasons and justifications to support the request for reconsideration;
    - ii. An indication as to whether the provider or injured employee has attached documentation to support the medical necessity and appropriateness of the requested treatment and/or services, if not previously provided; and
    - iii. Dated signature or electronic signature of provider, provider's authorized representative, injured employee, or injured employee's authorized representative.
  - d. Section IV (Payer Decision on Request for Reconsideration) shall contain:
    - i. Date request for reconsideration received;
    - ii. The payer's decision (e.g., approved, partial denial, denied, or IME requested);
    - iii. An indication as to whether the payer has attached a statement of what has been authorized, including if applicable, a partial authorization, and, if the request for preauthorization is denied, in whole or in part, a statement of explanation that includes the medical reason supporting the payer's decision; and
    - iv. Dated signature or electronic signature of payer or payer's authorized representative.
  - e. Section V (Provider or Employee Request for Administrative Peer Review) shall contain:
    - i. An indication of the basis for the request for administrative peer review (e.g., payer non-response, denial (in whole or in part) of requested treatment or services, the payer's decision on the request for preauthorization denied treatment or services that are subject to R20-5-1304(B));
    - ii. An indication as to whether the provider or injured employee has attached copies of relevant medical records and, if applicable, documentation related to the payer's non-response;
    - iii. An indication as to whether the provider or injured employee has attached all documentation and statements previously attached to Sections I-IV; and
    - iv. Dated signature or electronic signature of provider, provider's authorized representative, injured employee, or injured employee's authorized representative.
- B.** The following forms may be used:
- 1. The workers' portion of the worker's and physician's report of injury (form 102) requests:
    - a. Employee, employer, insurance carrier, and physician identification;
    - b. Description of the accident, including date of injury; and
    - c. Date and signature of the employee or the employee's authorized representative.
  - 2. Worker's report of injury (form 407) requests:
    - a. Employee and employer identification,
    - b. Job title,
    - c. Employment description,
    - d. Employee's wage data,
    - e. Date of injury,
    - f. Accident and injury descriptions,
    - g. Medical treatment information,

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- h. Information concerning prior injuries of the employee,
  - i. Disability income, and
  - j. Date and signature of the employee or the employee's authorized representative.
3. Worker's annual report of income (form 110-A) requests:
- a. Employee, employer, insurance carrier, and claim identification;
  - b. Employment and wage history for the preceding 12 months;
  - c. Date and signature of the employee or the employee's authorized representative attesting to the truthfulness of the employment and wage information; and
  - d. Statement that failure to submit an annual report of income may result in a suspension of benefits by the carrier or self-insured employer.
4. Notice of intent to suspend (form 110-B) requests:
- a. Employee, employer, insurance carrier, and claim identification;
  - b. Employment and wage history for the preceding 12 months;
  - c. Date and signature of the employee or the employee's authorized representative attesting to the truthfulness of the employment and wage information;
  - d. Statement that failure to submit an annual report within 30 days of the date of the notice shall result in a suspension of benefits by the carrier or self-insured employer.
5. Request for hearing requests:
- a. Names of the employee, employer, and insurance carrier;
  - b. Claim identification;
  - c. Identification of the award, notice, order, or determination protested and reason(s) for the protest;
  - d. Estimated length of time for hearing and city or town in which hearing is requested;
  - e. Name and address of any witness for whom a subpoena is requested; and
  - f. Date and signature of party or the party's authorized representative.
6. Petition to reopen requests:
- a. Names of the employee, employer, and insurance carrier;
  - b. Claim identification;
  - c. Identification or description of the new, additional, or previously undiscovered temporary or permanent disability or medical condition justifying the reopening of the claim; and
  - d. Employee's medical and employment history.
7. Petition for rearrangement or readjustment of compensation requests:
- a. Names of the employee, employer, and insurance carrier;
  - b. Claim identification;
  - c. Income and employment history;
  - d. Medical history; and
  - e. Statement of the basis for the increase or decrease in earning capacity.
8. Claim for dependent's benefits-fatality form requests:
- a. Identification of dependent filing claim;
  - b. Identification of deceased;
  - c. Date of death;
  - d. Date of injury, if different than date of death;
  - e. Name and address of employer at time of deceased's death;
  - f. Statement of cause of death;
  - g. Names and addresses of health care providers rendering treatment to deceased in two years before death;
  - h. Conditions treated by health care providers in the two years before deceased's death;
  - i. If claim is for spousal benefits, the form requests:
    - i. Name, address, and date of birth of spouse;
    - ii. Copy of marriage certificate;
    - iii. Date and place of marriage to deceased;
    - iv. History of prior marriages of deceased and deceased's spouse, including copies of divorce decrees; and
    - v. Statement of living arrangements at time of deceased's death, including reason for living apart at time of death, if applicable;
  - j. If claim is for a dependent child, the form requests:
    - i. Name, date of birth, and address of child at time of deceased's death;
    - ii. List of children in care and custody of current spouse; and
    - iii. Statement of whether unborn child is expected and date expected;
  - k. If claim is for dependent other than a child, the form requests:
    - i. Name and address of other dependent,
    - ii. Relationship of other dependent to deceased, and
    - iii. Statement of the nature and extent of dependency; and
  - l. Date, telephone number, and signature of dependent or authorized representative of dependent.
9. Request to leave the state form requests:
- a. Employee, insurance carrier, and claim identification;
  - b. Reason for requesting to leave Arizona;
  - c. Dates leaving and returning to Arizona;
  - d. Out-of-state address;
  - e. Name and telephone number of attending physician; and
  - f. Date and signature of the employee or the employee's authorized representative.
10. Request to change doctors form requests:
- a. Employee, insurance carrier, and claim identification;
  - b. Reason for requesting change of doctor;
  - c. Name and phone number of claimant's current doctor;
  - d. Name and phone number of doctor claimant requests to change to; and
  - e. Date and signature of the employee or the employee's authorized representative.
11. Complaint of bad faith and unfair claim processing practices requests:
- a. Employee, employer, and insurance carrier identification;
  - b. Description of the alleged bad faith or unfair claim processing practices;
  - c. Date of the complaint; and
  - d. Name, address, and telephone number of the person signing the complaint.
12. Certification of employer's drug and alcohol testing policy requests:



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- a. Employer's certification as described under A.R.S. § 23-1021(F),
  - b. Name and federal identification number of the employer, and
  - c. Name of all subsidiaries and locations of the employer.
- C. Optional use of a form described in subsection (B) does not affect any requirement under the Act or this Article.
- D. Forms or format for the forms described in this Section are available from the Commission.
- E. Forms prescribed under this Section shall not be changed, amended, or otherwise altered without the prior written approval of the Commission.

**Historical Note**

Former Rule 6. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). Amended effective August 28, 1992 (Supp. 92-3). R20-5-106 recodified from R4-13-106 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Amended by final rulemaking at 15 A.A.R. 991, effective June 2, 2009 (Supp. 09-2). Amended by final rulemaking at 24 A.A.R. 2069, effective October 1, 2018 (Supp. 18-3).

**R20-5-107. Manner of Completion of Forms and Documents**

- A. An individual completing a form or document shall fill out the form or document legibly in ink or by typewriter.
- B. A party or a party's authorized representative shall sign any form or document that is required by the Act, this Article, or other law to be signed.
- C. Unless otherwise provided in this Article, if a party is required to sign a form or document, the Commission shall not accept a typewritten name or stamped signature.
- D. If, within the time period prescribed by law, a party files an incomplete form or document, or files an instrument other than a form or document when a form or document is required, the Commission shall serve notice to the party that the form or document fails to comply with this Section. The Commission deems the report or document timely filed if the party files a properly completed and signed form or document within 14 days after the Commission serves the notice described in this subsection.

**Historical Note**

Former Rule 7. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-107 recodified from R4-13-107 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-108. Confidentiality of a Commission Claims File; Reproduction and Inspection of a Commission Claims File**

- A. Except as provided in this Section, a claims file maintained by the Commission is private and confidential and the Commission shall not make the claims file available for inspection and copying. For purposes of this Section, "claims file" means the official record maintained by the Commission for a claimant's industrial injury including the worker's report of injury, employer's report of injury, worker and physician's report of injury, and all other reports, records, instruments, videotapes, audiotapes, transcripts, and other matters scanned or otherwise placed into the file.
- B. Except as provided in subsections (D) and (E), the Commission shall make a Commission claims file relating to a current or prior claim of a claimant available for inspection and copying by any party to any proceeding currently or previously before the Commission involving the same claimant.

- C. Except as provided in subsections (D) and (E), the Commission shall not make a Commission claims file available to a non-party for inspection and copying unless the Commission receives a court order or written authorization signed by the affected claimant or the affected claimant's authorized representative.
- D. The Commission shall make a transcript contained in a Commission claims file available for inspection and copying if:
  - 1. The person requesting to inspect and copy the transcript is a person authorized under subsections (B) or (C); and
  - 2. The transcript concerns a hearing related to a claim that is not in litigation.
- E. The Commission shall make a transcript contained in a Commission claims file available only for inspection if:
  - 1. The person requesting to inspect and copy the transcript is a person authorized under subsections (B) or (C); and
  - 2. The transcript concerns a hearing related to a claim currently in litigation.
- F. The Commission shall provide copies at a charge of \$.25 per page.
- G. A Commission claims file shall not be removed from a Commission office unless in the custody of an authorized representative of the Commission.

**Historical Note**

Former Rule 8. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). Amended effective August 28, 1992 (Supp. 92-3). R20-5-108 recodified from R4-13-108 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-109. Admission into Evidence of Documents Contained in a Commission Claims File**

- A. If a party or an administrative law judge considers a document contained in a Commission claims file, including a transcript of a prior proceeding, necessary or appropriate for hearing purposes, the administrative law judge shall receive a copy of the document into evidence if the document is otherwise admissible.
- B. With the permission of the administrative law judge, instead of submitting a copy of the document into evidence, a party may refer to the document's location on the Commission's optical disk imaging system by providing an accurate description of the document that includes the claimant's claim number and image document identification number the Commission assigns to the document.

**Historical Note**

Former Rule 9. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-109 recodified from R4-13-109 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-110. Employer Duty to Report Fatality**

If an employee dies as a result of an injury by accident arising out of and in the course of employment, the employer shall report the death to the Commission's claims division by telephone, telegram, or electronic filing, no later than the next business day following the death. The report shall state the name of the employee, when, how, and where the accident occurred, and the nature of the condition causing the accident. This Section does not limit or affect an employer's duty to report a death to the Arizona Occupational Safety and Health Division of the Commission as required under R20-5-637.

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**Historical Note**

Former Rule 10. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-110 recodified from R4-13-110 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-111. Request for Autopsy**

If a claim is filed for compensation for death from an industrial injury and an autopsy is requested, the expense of the autopsy shall be borne by the requesting party.

**Historical Note**

Former Rule 11. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-111 recodified from R4-13-111 (Supp. 95-1).

**R20-5-112. Physician's Initial Report of Injury**

- A. A physician shall complete and file with the Commission a physician's initial report of injury under A.R.S. § 23-908(A) within eight days after first providing treatment to an injured worker. The physician shall report the injury:
  1. Using Commission form 102 (worker's and physician's report of injury), or
  2. Attaching to form 102 a medical report that contains the information required in form 102.
- B. The physician shall sign and date form 102 or the medical report attached to form 102. The signature of the physician may be typewritten or stamped on this form.
- C. If a claimant uses form 102 to initiate a claim, either the injured worker or the injured worker's authorized representative shall sign the worker's portion of form 102.

**Historical Note**

Former Rule 12. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). Amended effective August 28, 1992 (Supp. 92-3). R20-5-112 recodified from R4-13-112 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-113. Physician's Duty to Provide Signed Reports; Rating of Impairment of Function; Restriction Against Interruption or Suspension of Benefits; Change of Physician**

- A. If a claimant's disability extends beyond seven days, every physician who attends, treats, or examines the claimant shall provide to the insurance carrier, self-insured employer, or special fund division, at least once every 30 days while the claimant's disability continues, a personally signed report describing the:
  1. Claimant's condition,
  2. Nature of treatment,
  3. Expected duration of disability, and
  4. Claimant's prognosis.
- B. When a physician discharges a claimant from treatment, the physician:
  1. Shall determine whether the claimant has sustained any impairment of function resulting from the industrial injury. The physician should rate the percentage of impairment using the standards for the evaluation of permanent impairment as published by the most recent edition of the American Medical Association in Guides to the Evaluation of Permanent Impairment, if applicable; and
  2. Shall provide a final signed report to the insurance carrier, self-insured employer, or special fund division that details the rating of impairment and the clinical findings that support the rating.

- C. A carrier, self-insured employer, and special fund division shall not interrupt or suspend a claimant's temporary disability compensation benefits because a physician fails to comply with any requirement of subsection (A).
- D. A carrier, self-insured employer, and special fund division may withhold payment to a physician for services rendered to a claimant until the physician complies with subsection (A).
- E. Upon application of a party, the Commission shall authorize a change of physician if:
  1. The Commission determines that the health, life, or recovery of a claimant is retarded, endangered, or impaired;
  2. The attending physician agrees to the change or is unavailable to continue treatment;
  3. The Commission determines that the relationship between the attending physician and claimant renders further progress or improvement unlikely;
  4. The Commission determines that the claimant's recovery may be expedited by a change of physician or conditions of treatment; or
  5. The insurance carrier agrees to the change.
- F. Except as provided in A.R.S. § 23-1070 and this subsection, a claimant who is examined by a physician under A.R.S. § 23-908(E) is not required to obtain written authorization to change to another physician. If, however, the claimant continues to see, or treat with, a physician who the claimant initially saw or treated with under A.R.S. § 23-908(E), then that physician is an attending physician and the claimant shall obtain written authorization to change under A.R.S. § 23-1071(B) if the claimant seeks to change to another physician.

**Historical Note**

Former Rule 13. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-113 recodified from R4-13-113 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-114. Examination at Request of Commission, Carrier or Employer; Motion for Relief**

- A. If the Commission or a party requests an examination of a claimant by a physician, the party requesting the examination shall serve the claimant, or if represented, the claimant's attorney, with notice of the time, date, place, and physician conducting the examination at least 15 days before the scheduled date of the examination.
- B. If a claimant unreasonably fails to attend or promptly advise of the claimant's inability to attend an examination under this Section, the party requesting the examination may charge the claimant or deduct from the claimant's entitlement to present or future temporary or permanent disability compensation, any reasonable expense of the missed appointment.
- C. A party adverse to a party who schedules a medical examination may offer into evidence the report of any medical examination as provided in R20-5-155 or within five days after the adverse party receives the report, subject to the right of cross-examination by the party who scheduled the examination.
- D. If a carrier, self-insured employer, or special fund division requests an examination of a claimant's mental or physical condition under A.R.S. § 23-1026, the carrier, self-insured employer, or special fund division shall immediately, upon receipt of the report of the examination, provide a copy of the report to the claimant or the claimant's authorized representative. If the mental condition of an unrepresented claimant is examined under A.R.S. § 23-1026, the carrier, self-insured employer, or special fund division may, in its discretion, pro-

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vide the report to the claimant's treating physician rather than to the claimant.

- E. To protect a claimant from annoyance, embarrassment, oppression, or undue burden or expense, the Commission may order, upon good cause shown, one or both of the following:
  1. That the examination not be held; or
  2. That the examination may be conducted only on specified terms and conditions, including a designation of the time, place, and examining physician.
- F. A claimant requesting protection under subsection (E) shall file a motion with the presiding administrative law judge or chief administrative law judge if a judge has not been assigned to the case, within three days after the claimant receives notice of the examination. The claimant shall serve a copy of the motion on all parties. The party requesting the examination shall have three days after receiving the motion to file a response. The party shall serve the response on the claimant or, if represented, the claimant's attorney of record.

**Historical Note**

Former Rule 14. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-114 recodified from R4-13-114 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-115. Request to Leave the State**

- A. The effective date of an order granting or denying a request to leave the state under A.R.S. § 23-1071(A) is the date a claimant files a request to leave the state with the Commission.
- B. For purposes of A.R.S. § 23-1071(A):
  1. "While the necessity of having medical treatment continues" means the period of time in which a claimant asserts an entitlement to temporary compensation, or active medical, surgical, or hospital benefits;
  2. "Leave the state" means to travel across the state border, except when the logical or nearest medical facility is situated across the state border; and
  3. "From the date the employee first requested the written approval" means from the date the claimant's request is filed with the Commission.

**Historical Note**

Former Rule 15. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-115 recodified from R4-13-115 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-116. Payment of Claimant's Travel Expenses When Directed to Report for Medical Examination or Treatment**

- A. If a claimant is directed by a carrier, self-insured employer, or special fund division to report for a medical examination or treatment in a locality other than either the claimant's current place of residence or employment, the carrier, self-insured employer, or special fund division shall pay, in advance, the claimant's travel expenses from either the claimant's current place of residence or employment, whichever route of travel is required.
- B. For purposes of this Section, "travel expenses" means those expenses required to be paid under A.R.S. § 23-1026.
- C. The carrier, self-insured employer, or special fund division shall calculate travel expenses using the current rates applicable to state employees.

**Historical Note**

Former Rule 16. Amended subsections (A) and (B) effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). Correction to subsection (A) as certified effective March

1, 1987 (Supp. 88-4). R20-5-116 recodified from R4-13-116 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-117. Medical, Surgical, Hospital, and Burial Expenses**

- A. A carrier, self-insured employer, or special fund division, shall pay bills for medical, surgical, and hospital benefits provided under A.R.S. § 23-901 et seq. according to applicable medical and surgical fee schedules adopted by the Commission and in effect at the time the services are rendered. A physician or provider of nursing, hospital, drug or other medical services shall itemize and submit a bill for payment only to the responsible carrier, self-insured employer, or special fund division.
- B. A claimant shall not be responsible to pay any disputed amounts between the medical provider and the carrier, self-insured employer, or special fund division.
- C. If a claimant pays a bill described in subsection (A), the responsible carrier, self-insured employer, or special fund division shall reimburse the claimant the amount allowed by the fee schedules, provided that the claimant presents receipted vouchers or other proof of payment to support the claim for reimbursement.
- D. If an insured employer pays a bill described in subsection (A), the responsible carrier or self-insured employer shall reimburse the employer the amount allowed by the fee schedules, provided that the employer presents receipted vouchers or other proof of payment to support the claim for reimbursement.
- E. An insurance carrier, self-insured employer, or special fund division may pay any authorized burial expenses directly to the funeral service professional.
- F. If an employee's dependent pays burial expenses, the responsible carrier, self-insured employer, or special fund division shall reimburse the dependent the amount authorized by A.R.S. § 23-1046 provided that the dependent presents proof of payment to support the claim for reimbursement.
- G. If an insured employer pays burial expenses, the responsible carrier or self-insured employer shall reimburse the employer to the extent authorized by A.R.S. § 23-1046 provided that the employer presents proof of payment to support the claim for reimbursement.

**Historical Note**

Former Rule 17. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-117 recodified from R4-13-117 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-118. Effective Date of Notices of Claim Status and Other Determinations; Attachments to Notices of Claim Status; Form of Notices of Claim Status**

- A. If a notice of claim status accepting a claim for benefits is final, any subsequent notice of claim status that changes a claimant's amount of, or entitlement to, compensation or medical, surgical, or hospital benefits shall not have a retroactive effect for more than 30 days from the date a carrier or self-insured employer issues the subsequent notice of claim status. This subsection does not apply to a subsequent notice that affects the entitlement to or amount of death benefits. The Commission may for good cause relieve a carrier or self-insured employer of the effect of this subsection.
- B. If a notice of claim status or other determination issued by a carrier, self-insured employer, or special fund division, is based upon a physician's report:

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1. The carrier or self-insured employer shall attach a copy of the physician's complete report to the notice of claim status or other determination sent to the Commission; and
  2. The carrier, self-insured employer, or special fund division shall attach a copy of the physician's complete report to the notice of claim status or other determination served on a party, except as provided in R20-5-114(D).
- C. If a carrier, self-insured employer, or special fund division pays compensation to a claimant:
1. The carrier or self-insured employer shall close the claim by issuing a notice of claim status; and
  2. The special fund division shall close the claim by issuing a notice of determination.
- D. The inadvertent failure of a carrier, self-insured employer, or special fund division to comply with subsection (B) shall not affect the validity of a notice or determination if the carrier, self-insured employer, or special fund division issuing the notice or determination had in its possession at the time the notice or determination is issued a medical report consistent with the notice or determination.

**Historical Note**

Former Rule 18. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). Amended effective August 28, 1992 (Supp. 92-3). R20-5-118 recodified from R4-13-118 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-119. Notice of Third-party Settlement**

- A. Except as otherwise provided by law, if an employer is insured for workers' compensation insurance and a claimant, or in the event of death, the claimant's dependent, elects to proceed against a third party, the claimant shall notify the appropriate workers' compensation carrier, or self-insured employer, of any settlement or judgment in the third party suit and the basis upon which the claimant and third party agree to disburse the proceeds of the settlement or judgment.
- B. If an employer is uninsured for workers' compensation insurance and a claimant, or in the event of death, the claimant's dependent, elects to proceed against a third party, the claimant shall notify the special fund division of any settlement or judgment in the third party suit and the basis upon which the claimant and third party agree to disburse the proceeds of the settlement or judgment.
- C. If a lawsuit is filed against a third party, the claimant or the claimant's attorney shall provide copies of pleadings and all offers of settlement to the workers' compensation carrier, self-insured employer, or special fund division to whom notice is required under subsections (A) and (B).

**Historical Note**

Former Rule 19. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-119 recodified from R4-13-119 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-120. Settlement Agreements, Compromises and Releases**

- A. No settlement agreement, compromise, or waiver of rights of a workers' compensation claim, will be valid unless approved by the Commission.
- B. The acceptance of any payments or the signing of a settlement agreement, compromise, release or waiver of rights, unless approved by the Commission, shall not release the employer or his insurance carrier from any obligation imposed by the Workers' Compensation Law.

- C. The carrier or employer shall not be entitled to a credit for any sums paid to an employee under a settlement agreement which has not been approved by the Commission.

**Historical Note**

Former Rule 20. Amended subsections (A) and (B) effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-120 recodified from R4-13-120 (Supp. 95-1).

**R20-5-121. Present Value and Basis of Calculation of Lump Sum Commutation Awards**

- A. The Commission shall calculate the present value of an award that is commuted to a lump sum under R20-5-122. The Commission shall not include in the present value calculation compensation paid before the filing of a lump sum commutation petition. The Commission shall use the filing date of a lump sum commutation petition to compute the present value of an award.
- B. The Commission shall calculate the present value of an award at least annually, whether payable for a period of months or based upon the life of the employee, using the United States Life Tables, 2003, National Vital Statistics Reports, Vol. 54, Number 14, April 19, 2006, revised March 28, 2007, Table 1 incorporated by reference, and discounted at the rate established by the Commission. This incorporation does not include any later amendments or editions of the incorporated matter. A copy of this referenced material is available for review at the Commission and may be obtained from the U.S. Department of Health and Human Services, Centers for Disease Control. The rate established by the Commission is based on the following formula: The mean average of the three-month Treasury Bill rate on December 31 of each of the five years prior to July 1 of the current year. The rate, once calculated, is effective until the Commission calculates a new rate under this subsection. The discount rate is published in the minutes of the Commission meeting establishing the rate and is available upon request from the Commission.

**Historical Note**

Former Rule 21. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-121 recodified from R4-13-121 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Amended by final rulemaking at 10 A.A.R. 724, effective February 3, 2004 (Supp. 04-1). Amended by final rulemaking at 11 A.A.R. 2973, effective July 12, 2005 (Supp. 05-3). Amended by final rulemaking at 13 A.A.R. 4139, effective November 6, 2007 (Supp. 07-4).

**R20-5-122. Lump Sum Commutation**

- A. A petition for a lump sum commutation in an unscheduled case shall not be approved unless the carrier approves of such petition.
- B. If the lump sum commutation petition is approved by the carrier, the Commission's primary consideration in passing upon the petition will be whether more net income per month will be generated after receipt of the lump sum than the applicant is presently receiving. The granting of a lump sum petition will only be granted if the facts demonstrate a reasonable basis for financial betterment or rehabilitation of the claimant.
- C. The burden of proving that the commutation of compensation satisfies the criteria in (B) is on the applicant.

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**Historical Note**

Former Rule 22. Amended subsections (A) and (B) effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-122 recodified from R4-13-122 (Supp. 95-1).

**R20-5-123. Rejection of the Act**

If an employee serves upon an employer written notice under A.R.S. § 23-906, rejecting the provisions of the Act, the employer shall keep one copy of the rejection in the employer's business records.

**Historical Note**

Former Rule 23. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-123 recodified from R4-13-123 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-124. Rejection Not Applicable to New Employment**

- A. An election by an employee to reject the Act is not binding upon the employee in a new employment by another employer or following re-employment by the same employer.
- B. If an employee is continuously employed and the employer changes workers' compensation insurance carriers, or form of doing business, the prior rejection is valid and remains in full force and effect.

**Historical Note**

Former Rule 24. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-124 recodified from R4-13-124 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-125. Rejection Before an Employer Complies with A.R.S. §§ 23-961(A) and 23-906(D)**

An employee's rejection of the Act received by an employer before the employer complies with the requirements of A.R.S. §§ 23-961(A) or 23-906(D) is valid and continues in full force and effect whether the employer subsequently obtains workers' compensation coverage under A.R.S. § 23-961(A), posts the notice required under A.R.S. § 23-906(D), or makes available the forms required under A.R.S. § 23-906(D).

**Historical Note**

Former Rule 25. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-125 recodified from R4-13-125 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-126. Revocation of Rejection**

- A. An employee who rejects the Act may revoke that rejection by serving upon the employee's employer an original and one copy of a written notice of revocation. The written revocation shall state that the employee revokes the employee's prior rejection of the Act.
- B. Within five days after receiving a written notice of revocation, an insured employer shall file with the employer's carrier, or workers' compensation pool, a copy of the notice of revocation. The employee has all rights to compensation and benefits provided by the Act for any injury that occurs after the employee serves the revocation notice upon the employer.

**Historical Note**

Former Rule 26. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-126 recodified from R4-13-126 (Supp. 95-1). Amended by final

rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-127. Insurance Carrier Notification to Commission of Coverage**

- A. Every insurance carrier authorized to underwrite workers' compensation insurance in Arizona shall, within five days after undertaking to insure an employer, report that information to the Commission. The carrier shall provide the information on or in the same format as Commission form 0006. Form 0006 is available upon request from the Commission.
- B. Failure to comply with this Section does not affect the validity of coverage.

**Historical Note**

Former Rule 27. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). Amended effective August 28, 1992 (Supp. 92-3). R20-5-127 recodified from R4-13-127 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-128. Medical Information Reproduction Cost Limitation; Definition of Medical Information**

- A. A health care provider shall not charge more than \$.25 per page plus \$10 per hour in associated clerical costs for reproduction of medical information when a party, an authorized representative of a party, or an entity that is authorized by a claimant in a workers' compensation matter makes a request for that information under A.R.S. § 23-908(C).
- B. This Section applies to all A.R.S. § 23-908(B) health care providers providing medical services to injured claimants including health care providers that contract with copying services, recordkeeping services, or other similar services for the reproduction of medical information. For purposes of this Section, fees for reproduction of medical information charged by these services are considered the same as if the reproduction fees are charged by a health care provider.
- C. For purposes of this Section, "medical information" means:
  - 1. A communication recorded in any form or medium and maintained for the purpose of patient care, diagnosis, or treatment, including a report, note, order, test result, photograph, videotape, X-ray, and billing record;
  - 2. A report of an independent medical examination that describes patient care or treatment;
  - 3. A psychological record;
  - 4. A medical record held by a health care provider including a medical record prepared by another provider; and
  - 5. A recorded communication between emergency medical personnel and medical personnel concerning the care or treatment of a person.
- D. For purposes of this Section, "medical information" does not include:
  - 1. Materials that are prepared in connection with utilization review, peer review, or quality assurance activities, including records that a health care provider prepares under A.R.S. §§ 36-441, 36-445 or 36-2402; and
  - 2. Recorded telephone and radio calls to and from a publicly operated emergency dispatch office relating to requests for emergency services or reports of suspected criminal activity.

**Historical Note**

Former Rule 28. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-128 recodified from R4-13-128 (Supp. 95-1). Section repealed; new Sec-

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tion made by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-129. Carrier or Workers' Compensation Pool Determinations Binding upon its Insured or Member; Self-Rater Exception**

- A. The Commission deems an insurance carrier or workers' compensation pool the agent of an employer insured by the carrier or workers' compensation pool.
- B. The Commission also deems any action or determination taken or made by the insurance carrier or workers' compensation pool binding upon the employer. The employer may not protest or petition the Commission for relief concerning an action or determination taken by the employer's insurance carrier or workers' compensation pool unless the employer notifies the carrier or workers' compensation pool, and the Commission in writing that the employer disagrees with the carrier's or worker's compensation pool's action or determination within the time described in A.R.S. § 23-947.
- C. This Section does not apply to employers insured under a Self-Rating Insurance Plan.

**Historical Note**

Former Rule 29. Amended subsection (A) effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-129 recodified from R4-13-129 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-130. Claims Office Location and Function; Requirements of Maintaining an Out-of-State Claims Office**

- A. Except as provided in subsection (B), each carrier that has or is underwriting workers' compensation insurance in Arizona, and each employer and workers' compensation pool that has been granted authority to act as a self-insurer by the Commission, shall maintain a workers' compensation claims office in Arizona. A carrier, self-insured employer, and self-insured workers' compensation pool shall process and pay workers' compensation claims and maintain the workers' compensation claims files described in R20-5-131 in its Arizona office. A carrier, self-insured employer, and self-insured workers' compensation pool shall notify the claims division of the Commission of the address of the Arizona claims office.
- B. Except as provided in subsections (C) and (D), a carrier or self-insured employer may request authorization from the Commission to maintain an out-of-state claims office. The Commission shall grant a carrier or self-insured employer authorization to maintain an out-of-state claims office no later than 20 days after the carrier or self-insured employer provides satisfactory evidence of the following:
  - 1. Existence of a toll-free telephone line to the out-of-state claims office;
  - 2. Completion of Commission claims division's training by the individuals responsible for claims processing at the out-of-state office; and
  - 3. Designation of a financial institution located in Arizona that will cash on demand checks issued by the out-of-state claims office.
- C. The Commission shall not permit a self-insured workers' compensation pool to maintain a claims office out-of-state.
- D. The Commission shall rescind its authorization to maintain an out-of-state claims office if a carrier or self-insured employer no longer meets the requirements of subsection (B) or fails to process and pay claims as required under the Act and this Article.
- E. A carrier or self-insured employer maintaining an out-of-state claims office shall print the carrier's or self-insured employer's toll-free telephone number to the out-of-state

claims office on all notices of claim status or other determinations issued by the out-of-state claims office. Failure to print the toll-free telephone number on a notice or other determination as required by this subsection does not affect the validity of the notice or determination.

- F. For claims processing purposes, a carrier, self-insured employer, or self-insured workers' compensation pool may have more than one designated representative provided the carrier, self-insured employer, or self-insured workers' compensation pool:
  - 1. Notifies the Commission at the time an insurance policy is issued or authorization to self-insure is granted; and
  - 2. Notifies the Commission each time that the insurance policy or authorization to self-insure is renewed.

**Historical Note**

Former Rule 30. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-130 recodified from R4-13-130 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-131. Maintenance of Carrier and Self-insured Employer Claims Files; Contents; Inspection and Copying; Exchange of Medical Reports; Authorization to Obtain Medical Records**

- A. A carrier and self-insured employer shall maintain a workers' compensation claims file for each claimant. A carrier and self-insured employer shall include in a workers' compensation claims file all employer's reports, medical and hospital reports, awards, orders, notices of claims status, wage data, and all other items affecting the claim required by law to be maintained by a carrier or self-insured employer.
- B. Subject to subsection (C), all parties, authorized representatives of parties, and authorized representatives of the Commission may inspect and copy items contained in a carrier's or self-insured employer's claims file within five days from the date the item is filed in the claims file.
- C. If a carrier or self-insured employer maintains a claims file at an out-of-state claims office, the carrier or self-insured employer shall make the claims file available for copying and inspection to the persons listed in subsection (B) within 10 days after receiving a request for the file at a location in Arizona designated by the carrier or self-insured employer.
- D. A carrier or self-insured employer shall furnish copies of a claims file within 10 days after receiving a request from any party, authorized representative of a party, and authorized representative of the Commission at a charge not to exceed \$.25 per page. A carrier or self-insured employer may require prepayment of the copying charges if the requester or authorized representative has an account with the carrier or self-insured employer that is more than 30 days overdue.
- E. A carrier or self-insured employer is not required to maintain in a claims file, or produce for inspection and copying:
  - 1. Documents or matters representing the work product of the carrier or self-insured employer;
  - 2. Documents or matters representing the work product of a carrier's or self-insured's attorney; or
  - 3. Investigation and rehabilitation reports.
- F. All medical records concerning a claimant's mental or physical condition that are in a party's possession shall be furnished, upon request, to another party in the same Commission proceeding.
- G. Within 10 days of a request, a claimant shall provide to a party in a Commission proceeding involving the claimant, a release of information authorizing any attending, treating, or examin-

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ing physician to provide records described in A.R.S. § 23-908(C).

**Historical Note**

Former Rule 31. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-131 recodified from R4-13-131 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-132. Parties' Notice to Commission of Intention to Impose Liability upon A.R.S. § 23-1065 Special Fund**

If the notices required by A.R.S. § 23-1065 are not given to the Commission, the Commission shall not be bound by the testimony and evidence presented at a hearing as it relates to the imposition of liability upon the special fund.

**Historical Note**

Former Rule 32. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-132 recodified from R4-13-132 (Supp. 95-1).

**R20-5-133. Claimant's Petition to Reopen Claim**

- A. A petition to reopen filed with the Commission under A.R.S. § 23-1061(H) shall be in writing, signed, and dated by the claimant or the claimant's authorized representative. A petition to reopen form is available from the Commission upon request.
- B. A claimant shall provide to the Commission a copy of a medical report supporting the disability or condition justifying the reopening of the claim.
- C. If the Commission does not receive the medical report described in subsection (B) within 14 days of receipt of a petition to reopen, the Commission shall notify all parties, in writing, that it has received a petition to reopen without the required medical report. A carrier or self-insured employer is not required to act on a petition to reopen that is received without the required medical report.
- D. If the Commission receives a medical report in support of a petition to reopen and a claimant does not file a petition to reopen within 14 days of receipt of the medical report, the Commission shall forward the medical report to the carrier or self-insured employer for information purposes only. A carrier or self-insured employer is not required to take any action upon receipt of the medical report.
- E. If the Commission receives a medical report in support of a petition to reopen from an out-of-state physician and a party objects to the report at least 20 days before a scheduled hearing, the Commission shall not consider the report or place the report in evidence unless the party submitting the report produces the author of the report for cross-examination either at the hearing or at a deposition. The party submitting into evidence the medical report prepared by an out-of-state physician shall pay the expenses of a deposition under this subsection.

**Historical Note**

Former Rule 33. Amended subsections (A), (C), (D) and (E) effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). Amended effective August 28, 1992 (Supp. 92-3). R20-5-133 recodified from R4-13-133 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-134. Petition for Rearrangement or Readjustment of Compensation Based Upon Increase or Reduction of Earning Capacity**

- A. A petition for rearrangement or readjustment of compensation filed with the Commission under A.R.S. § 23-1044(F) shall be in writing. A form is available from the Commission upon request.

- B. A party or a party's authorized representative shall sign a petition for rearrangement or readjustment and include in the petition:
  1. A statement of the basis upon which the rearrangement or readjustment of compensation is sought, and
  2. Documentation in support of the petition.
- C. The petition shall be signed by the employee or the employee's authorized representative, the employer, or, in the case of an insurance carrier, by its authorized representative, and shall include a statement of the basis upon which the rearrangement of compensation is sought accompanied by supportive documentary evidence.
- D. If a self-insured employer, carrier, special fund division, or uninsured employer requests a hearing protesting the Commission's determination under A.R.S. § 23-1044(F) and the claimant resides outside of Arizona, the Commission may order the self-insured employer, carrier, special fund division, or uninsured employer to pay the claimant's transportation and living expenses to attend any scheduled hearing.

**Historical Note**

Former Rule 34. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). Amended effective August 28, 1992 (Supp. 92-3). R20-5-134 recodified from R4-13-134 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-135. Requests for Hearing; Form**

- A. Any interested party or the party's authorized representative, except as otherwise provided by law or this Article, may request a hearing on a claim. A request for hearing shall be in writing.
- B. A Request for Hearing form is available upon request from the Commission and requests the following:
  1. Employee, employer, insurance carrier, authorized representative, and claim identification;
  2. Issue upon which the request for hearing is filed;
  3. Requests for subpoenas of witnesses;
  4. Desired location and length of time for the hearing;
  5. Signature and address of requesting party.

**Historical Note**

Former Rule 35. Amended subsections (A) and (B) effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). Amended effective August 28, 1992 (Supp. 92-3). R20-5-135 recodified from R4-13-135 (Supp. 95-1).

**R20-5-136. Expired****Historical Note**

Former Rule 36. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-136 recodified from R4-13-136 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Section expired under A.R.S. § 41-1056(J) at 22 A.A.R. 3475, effective November 8, 2016 (Supp. 16-4).

**R20-5-137. Service of a Request for Hearing**

A party filing a request for hearing shall serve a copy of the party's request for hearing upon all other parties at the same time that the party files the request for hearing with the Commission. The failure to serve a copy of a request for hearing upon other parties does not affect the validity of the hearing request.

**Historical Note**

Former Rule 37. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-137 recodified

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from R4-13-137 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-138. Hearing Calendar and Assignment to Administrative Law Judge; Notification of Hearing**

- A. The chief administrative law judge shall maintain a hearing calendar. The chief administrative law judge shall ensure that a request for hearing filed in accordance with this Article is:
  1. Placed on the hearing calendar, and
  2. Assigned to an administrative law judge who is designated as the presiding administrative law judge.
- B. A presiding administrative law judge may hold a hearing at an earlier date than required under A.R.S. § 23-941(D), if all parties to the proceeding agree.

**Historical Note**

Former Rule 38. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-138 recodified from R4-13-138 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-139. Administrative Resolution of Issues by Stipulation Before Filing a Request for Hearing**

- A. At any time before the filing of a request for hearing, parties may resolve issues by written stipulation. The parties shall file the stipulation with the Commission for approval or other action as may be appropriate.
- B. If the Commission determines that a written stipulation is reasonably supported by the facts, the Commission may approve the stipulation or enter an appropriate award without a request for hearing or hearing.

**Historical Note**

Former Rule 39. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-139 recodified from R4-13-139 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-140. Informal Conferences**

- A. A presiding administrative law judge may hold an informal conference to:
  1. Resolve and dispose of disputed issues;
  2. Narrow or limit the scope of the issues to be considered at a subsequent hearing;
  3. Simplify the method of proof at a hearing; or
  4. Eliminate the need for hearing if the facts appear to be uncontested.
- B. A party may request that a pending hearing be disposed of by an informal conference, by filing a written request that:
  1. Specifies the purpose for the conference consistent with subsection (A), and
  2. Does not contain any argument regarding the merits of the case.
- C. If the presiding administrative law judge determines that an informal conference is appropriate, the judge shall give notice to the parties of the time and place of the conference. The presiding administrative law judge may, without a request from a party, schedule an informal conference by giving five days notice to the parties of the time, place, and subject matter of the informal conference. The parties may waive the five day notice requirement of this subsection.
- D. If a presiding administrative law judge disposes of issues in controversy at an informal conference, the presiding administrative law judge may enter an award without convening a hearing.

- E. If a presiding administrative law judge disposes of, narrows, or limits some, but not all issues in controversy, the presiding administrative law judge shall prepare and mail to the parties a statement setting forth the issues to be resolved at a hearing. The presiding administrative law judge shall limit the hearing to the issues contained in the statement unless at the hearing all parties and, the presiding administrative law judge agree that the judge may consider issues beyond the scope of the statement.
- F. Upon request by a party or upon a presiding administrative law judge's own motion, the presiding administrative law judge may order the parties to file a joint statement listing the disputed issues to be considered at formal hearing. The presiding administrative law judge shall give the parties at least 10 days to file the statement and shall order the parties to file the statement three to 10 days before the first scheduled hearing.

**Historical Note**

Former Rule 40. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-140 recodified from R4-13-140 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-141. Subpoena Requests for Witnesses; Objection to Documents or Reports Prepared by Out-of-State Witness**

- A. Subpoena requests for witnesses.
  1. Subpoena request for non-medical witness. A party may request a presiding administrative law judge to issue a subpoena to compel the appearance of a non-medical witness by filing a written request with the presiding administrative law judge at least 10 days before the date of the first scheduled hearing.
  2. Subpoena request for expert medical witness. A party may request a presiding administrative law judge to issue a subpoena to compel the appearance of an expert medical witness by filing a written request with the presiding administrative law judge at least 20 days before the date of the first scheduled hearing.
  3. Statement of expected testimony. In the discretion of the presiding administrative law judge, the judge may order the party requesting a subpoena to file within five days of the order a written statement summarizing the substance of the testimony expected of the witness.
  4. Issuance of Subpoena. A presiding administrative law judge shall issue a subpoena requested under this Section if the judge determines that the testimony of the witness is material and necessary and, if applicable:
    - a. The party files a timely statement under subsection (A)(3); or
    - b. The party shows at or before the first scheduled hearing that good cause exists for the party's failure to respond timely to the judge's order under subsection (A)(3).
  5. Service of a subpoena. The Commission may serve a subpoena by mail unless the party requesting the subpoena requests personal service. If a party requests personal service of a subpoena, the Commission shall prepare the subpoena and the party requesting personal service shall:
    - a. Ensure that the subpoena is served in the same manner as in a civil action; and
    - b. Pay all expenses of the service.
- B. A presiding administrative law judge shall not grant a party a continued hearing because a subpoenaed witness fails to appear at hearing unless the party filed a timely request for subpoena as required by subsection (A). If a party timely requested a subpoena for a witness who fails to appear at a



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scheduled hearing, the presiding administrative law judge may grant a continued hearing if the party requesting the subpoena demonstrates that:

1. The testimony of the witness is material and necessary, and
2. Good cause is shown as to why the witness failed to appear.

**C. Witness Fees.**

1. If a non-medical witness requests a witness fee, the party requesting the subpoena shall pay the non-medical witness fees and mileage provided for witnesses in civil actions in the Superior Court. If more than one party subpoenas the same witness, the parties shall divide the witness fee equally.
2. The Commission shall pay the witness fee to a medical witness under the Commission's medical fee schedule after the presiding administrative law judge approves the fee.

**D. Objection to an out-of-state physician's report.**

1. A presiding administrative law judge shall not consider or place into evidence a timely filed physician's report authored by a physician residing outside Arizona if a party files an objection to that report at least 20 days before the scheduled hearing, unless the party submitting the report produces the author for cross-examination either at the hearing or at a deposition.
2. Nothing in R20-5-143(G) precludes a party from taking or submitting into evidence a deposition of a physician taken under this subsection.
3. The party submitting into evidence a report of an out-of-state physician shall pay the expenses of a deposition taken under this subsection.

**E. Objection to document prepared by out-of-state non-medical witness.**

1. A presiding administrative law judge shall not consider or place into evidence a timely filed document prepared by a non-medical witness who resides outside Arizona if a party files an objection to that document at least seven days before the scheduled hearing unless the party submitting the document produces the author for cross-examination either at the hearing or at a deposition.
2. Nothing in R20-5-143 precludes a party from taking or submitting into evidence a deposition within the time limits set by a presiding administrative law judge.
3. The party submitting into evidence a document prepared by an out-of-state non-medical witness shall pay the expenses of a deposition taken under this subsection.

**F. If a presiding administrative law judge approves, the testimony of a party's out-of-state non-medical or expert medical witness may be taken telephonically.**

**Historical Note**

Former Rule 41. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-141 recodified from R4-13-141 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-142. In-State Oral Depositions**

- A.** A party may take the oral deposition of another party or a witness residing in Arizona by serving a Notice of Deposition by Oral Examination upon the deponent and every party at least 10 days before the date of the oral deposition and at least 40 days before the first scheduled hearing.
- B.** A party may file with the presiding administrative law judge a written objection to the taking of an oral deposition within five days after service of the Notice of Deposition. If no request for

hearing has been filed, a party shall file the written objection with the chief administrative law judge. The party objecting to the deposition shall:

1. State the basis for objecting to the deposition; and
2. Serve a copy of the party's objections on all parties.

**C.** The oral deposition shall not commence until the presiding administrative law judge rules on the written objection. The presiding administrative law judge shall rule on the written objection to the taking of an oral deposition within seven days after a party files a written objection by:

1. Ordering the deposition to proceed;
2. Ordering the deposition not be taken; or
3. Entering any other appropriate protective order.

**D.** The party taking the deposition shall comply with the Arizona Rules of Civil Procedure governing the taking of depositions.

**E.** The expense of any deposition shall be borne by the party taking the deposition but shall not include the expense of any other interested party.

**F.** A presiding administrative law judge shall not cancel or continue a hearing because a party fails to take or complete a deposition under this Section.

**G.** A deposition taken under this Section shall only be used to impeach a witness during a hearing, except that, in the exercise of discretion, the presiding administrative law judge may admit a deposition into evidence for another purpose if:

1. The deponent is deceased at the time of the hearing, or
2. All parties agree.

**H.** A party may take a telephonic deposition under this Section either by agreement of the parties or by order of the presiding administrative law judge in the exercise of the judge's discretion.

**Historical Note**

Former Rule 42. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-142 recodified from R4-13-142 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-143. Out-of-State Oral Depositions**

**A.** A party shall obtain permission from a presiding administrative law judge before taking an out-of-state oral deposition of another party or a witness by filing a written request with the presiding administrative law judge that contains:

1. The name and address of the party or witness to be deposed, and
2. Each reason why the party's or witness' testimony is necessary.

**B.** The party requesting permission to take the out-of-state deposition shall serve a copy of the request upon each party.

**C.** If no objection to the request for permission to take the deposition is filed under subsection (D) the presiding administrative law judge shall, within seven days from the date of the request, grant or deny permission to take the deposition.

**D.** A party may file with the presiding administrative law judge a written objection to the taking of an out-of-state oral deposition within five days after being served with a request to take the out-of-state deposition. The party objecting to the out-of-state deposition shall:

1. State the basis for objecting to the deposition; and
2. Serve a copy of the party's objections on each party.

**E.** The oral deposition shall not commence until the presiding administrative law judge rules on the written objection. The presiding administrative law judge shall rule on the written objection to the taking of an out-of-state oral deposition within seven days after a party files the written objection by:

1. Ordering the deposition to proceed,

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2. Ordering the deposition not be taken, or
3. Entering any other appropriate protective order.
- F. A party shall not take more than two depositions per hearing under this Section unless a presiding administrative law judge, upon a showing of good cause, approves the taking of additional depositions.
- G. In the exercise of discretion, the presiding administrative law judge may admit into evidence a deposition taken under this Section if the transcript of the deposition is filed with the Commission at least five days before any scheduled hearing or as otherwise directed by the presiding administrative law judge. If the transcript of the deposition is not timely filed under this subsection, the administrative law judge shall not consider the deposition for any purpose unless the parties and the administrative law judge agree that the deposition may be considered.
- H. Parties may take telephonic depositions under this Section either by agreement of the parties or by order of a presiding administrative law judge in the exercise of the administrative law judge's discretion.
- I. A party taking a deposition taken under this Section shall comply with R20-5-142(A), (D), (E) and (F).

**Historical Note**

Former Rule 43. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-143 recodified from R4-13-143 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-144. Written Interrogatories**

- A. After a party files a request for hearing with the Commission, any party may serve written interrogatories upon another party. A party shall serve written interrogatories at least 40 days before the scheduled hearing.
- B. A party shall not serve more than 25 interrogatories, including subsections.
- C. A party shall serve answers to the interrogatories upon all parties within 10 days after service of the interrogatories. A party shall not file answers to the interrogatories with the Commission.
- D. A presiding administrative law judge shall not cancel or continue a hearing because a party fails to answer interrogatories under this Section.
- E. A party shall only use written interrogatories served under this Section to impeach a witness during a hearing, except that, in the exercise of discretion, the presiding administrative law judge may admit the interrogatory answers into evidence for another purpose if the party answering the interrogatories is deceased at the time of the scheduled hearing.

**Historical Note**

Former Rule 44. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-144 recodified from R4-13-144 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-145. Refusal to Answer or Attend; Motion to Compel; Sanctions Imposed**

- A. If a party or deponent refuses to answer any question asked at a deposition under R20-5-142 or R20-5-143, the party asking the question shall either complete the deposition in other matters or adjourn the deposition. With notice to all persons affected by the deponent's refusal to answer a question, the party asking the question may apply to the presiding administrative law judge for an order compelling the deponent to answer the question.

- B. If a party refuses to answer an interrogatory served under R20-5-144, the party serving the interrogatory may submit the interrogatory to the presiding administrative law judge and apply for an order compelling the answer.
- C. If a presiding administrative law judge issues an order compelling an answer under subsection (A) or (B) and finds that a refusal to answer is without substantial justification, the presiding administrative law judge shall require the party or witness refusing to answer or the authorized representative advising that party or witness not to answer, or both of them, to pay to the party asking the question:
  1. Reasonable attorney's fees incurred to obtain the order compelling the answer, and
  2. Reasonable expenses that will be incurred to obtain the requested answer.
- D. If a presiding administrative law judge denies a motion to compel an answer under subsection (A) or (B), and finds that the motion was made without substantial justification, the presiding administrative law judge shall require the party filing the motion, or the parties' authorized representative advising that party to make the motion, or both of them, to pay to the party or witness refusing to answer, reasonable attorney's fees incurred in opposing the motion.
- E. In addition to the sanctions authorized under R20-5-157, a presiding administrative law judge may, upon a party's motion, impose the following sanctions upon a party if the party, or an officer or managing agent of that party, willfully fails to appear for a deposition after being served with proper notice of the deposition, or fails to serve answers to interrogatories after proper service of the interrogatories:
  1. Strike out all or any part of a document filed by the party;
  2. Dismiss the action or proceeding, or any part of the action or proceeding;
  3. Order the suspension or forfeiture of compensation; or
  4. Preclude the introduction of evidence.
- F. The party filing a motion under subsections (A), (B), or (E) shall attach to the motion:
  1. The statement required under R20-5-105(E) and
  2. A proposed order that includes the relief requested and a service page with the names and addresses of all parties served.

**Historical Note**

Former Rule 45. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-145 recodified from R4-13-145 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-146. Repealed****Historical Note**

Former Rule 46. R20-5-146 recodified from R4-13-146 (Supp. 95-1). Section repealed by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-147. Videotape Recordings and Motion Pictures**

- A. A party proposing to offer a videotape recording or motion picture into evidence at a Commission hearing shall provide written notice to the Commission and all parties at least 40 days before the first scheduled hearing.
- B. If a party serves a written request to view a videotape recording or motion picture upon the party proposing to submit the videotape recording or motion picture into evidence, the party proposing to offer the videotape recording or motion picture into evidence shall provide the necessary facilities and equipment to allow the other party to view the videotape recording

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or motion picture no later than 25 days before the first scheduled hearing.

- C. A presiding administrative law judge may admit into evidence a videotape recording or motion picture if the videotape recording or motion picture:
  1. Is a reasonable and accurate representation of the scene, person, object, or action portrayed; and
  2. Will aid in the understanding of the issues before the presiding administrative law judge.
- D. The party submitting the videotape recording or motion picture into evidence shall ensure that commentary, interrogation, dialogue, or testimony are not a part of the videotape recording or motion picture.
- E. A presiding administrative law judge shall not cancel or continue a hearing because a party fails to view a videotape recording or motion picture as provided in this Section.
- F. This Section does not apply to:
  1. Videotape recordings or motion pictures obtained by surveillance, or
  2. Videotape recordings or motion pictures of medical procedures performed by a physician.

**Historical Note**

Former Rule 47. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-147 recodified from R4-13-147 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-148. Burden of Presentation of Evidence; Offer of Proof**

- A. A party shall rest at the conclusion of the presentation of the party's evidence. If there is a dispute as to which party has the burden of proof, the presiding administrative law judge shall direct who has the burden of proof.
- B. If a presiding administrative law judge prohibits a witness from answering a question, the presiding administrative law judge shall permit an offer of proof in the form of an avowal or in writing.

**Historical Note**

Former Rule 48. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-148 recodified from R4-13-148 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-149. Presence of Claimant at Hearing; Notice of a Parties' Non-Appearence at Hearing; Assessment of Hearing Costs for Non-Appearence**

- A. A claimant, whether or not represented by an attorney, shall appear personally at any hearing without the necessity of subpoena unless excused by the presiding administrative law judge.
- B. Subject to subsection (A), at least three days before a scheduled hearing a party shall notify the presiding administrative law judge of any non-appearance by a party or party's authorized representative that requires the judge to cancel or reschedule the hearing.
- C. If a party fails to notify the presiding administrative law judge as required under subsection (B), the presiding administrative law judge may order the party or the party's authorized representative to reimburse the Commission for hearing expenses and costs incurred by the Commission including fees of expert medical witnesses and other witness fees.

**Historical Note**

Former Rule 49. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-149 recodified

from R4-13-149 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-150. Joinder of a Party**

- A. An administrative law judge may join as a party any person, firm, corporation, or other entity in favor of whom or against whom a right to relief may exist and over whom the Commission may acquire jurisdiction.
- B. Joinder may be made upon application of any party or upon the presiding administrative law judge's own motion.
- C. A party seeking to join another person, firm, corporation, or other entity shall file a motion requesting joinder with the presiding administrative law judge at least 30 days before hearing. The moving party shall serve a copy of the motion upon the person, firm, corporation, or other entity for whom joinder is requested, and upon all other parties.
- D. If the requirements of this Section are met, the presiding administrative law judge shall join as a party the person, firm, corporation, or other entity for whom joinder is requested and shall issue a notice advising the parties of the joinder.

**Historical Note**

Former Rule 50. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-150 recodified from R4-13-150 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-151. Special Appearance**

Any party against whom a claim may exist under the Act, or against whom a contingent liability may exist under the Act, and over whom the Commission has not acquired jurisdiction, may enter a special appearance. A special appearance made under this Section does not invoke the jurisdiction of the Commission.

**Historical Note**

Former Rule 51. R20-5-151 recodified from R4-13-151 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-152. Resolution of Issues by Stipulation After the Filing of a Request for Hearing; Notice of Resolution; Assessment of Hearing Costs**

- A. Subject to the requirement of subsection (D), parties may stipulate to any fact or issue after a party files a request for hearing. The stipulation may be in writing or made orally at the time of hearing.
- B. A stipulation is binding upon the parties unless a presiding administrative law judge or the Commission grants the parties permission to withdraw the stipulation.
- C. If a stipulation is not reasonably supported by the evidence, a presiding administrative law judge or the Commission, may set aside or refuse to accept the stipulation and proceed to determine the true facts.
- D. A party shall notify a presiding administrative law judge of any stipulation, compromise or settlement agreement, or withdrawal of a hearing request that makes a hearing unnecessary at least three days before a scheduled hearing.
- E. The presiding administrative law judge may order a party or parties to reimburse the Commission for hearing expenses and costs incurred by the Commission including fees of expert medical witnesses and other witness fees if a party fails to notify the presiding administrative law judge as required under subsection (D).

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**Historical Note**

Former Rule 52. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-152 recodified from R4-13-152 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-153. Exclusion of Witnesses**

Any party may request that all other witnesses except the parties be excluded from the hearing until called to testify. The presiding administrative law judge may, in the judge's discretion, grant or deny the request. If the request is granted, the presiding administrative law judge shall admonish each witness not to discuss the witness's testimony with anyone other than attorneys on the case.

**Historical Note**

Former Rule 53. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-153 recodified from R4-13-153 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-154. Correspondence to Administrative Law Judge**

A person submitting correspondence, including subpoena requests, to an administrative law judge concerning a matter pending before the administrative law judge, shall contemporaneously serve a copy of the correspondence upon all other parties, or if represented, the parties' authorized representatives. The administrative law judge shall not consider correspondence or subpoena requests to be evidence except by agreement of all parties to the matter.

**Historical Note**

Former Rule 54. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-154 recodified from R4-13-154 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-155. Filing of Medical and Non-Medical Reports Into Evidence; Request for Subpoena to Cross-examine Author of Report Submitted into Evidence; Failure to Timely Request Subpoena for Author**

- A. Except as provided in R20-5-114(C), a party filing a medical report or hospital record into evidence ("medical report") that is not already contained in the Commission's claims file, shall file the medical report with the presiding administrative law judge at least 25 days before the first scheduled hearing.
- B. A party filing into evidence a document, report, instrument, or other written matter not described in subsection (A) ("non-medical report") that is not already contained in the Commission's claims file, shall file the non-medical report with the presiding administrative law judge at least 15 days before the first scheduled hearing.
- C. The party filing a medical or non-medical report into evidence shall serve a copy of the report to all other parties.
- D. A presiding administrative law judge shall not receive into evidence any medical or non-medical report that is not filed as required under this Section. If the report has been placed in the Commission's claims file, the presiding administrative law judge shall remove the report from the Commission's claims file and return the report to the filing party.
- E. The presiding administrative law judge may suspend the requirements of this Section;
  1. Upon a showing of good cause; or
  2. If the parties agree that the judge may accept the medical or non-medical report into evidence.
- F. The party filing a medical or non-medical report under this Section shall file a cover letter with the report stating:

1. The party's identity;
2. The reports filed; and
3. Proof of service of the reports upon the other parties.

- G. A party seeking to cross-examine the author of any medical or non-medical report filed into evidence shall request a subpoena under R20-5-141.
- H. If a party fails to timely request a subpoena under this Section and R20-5-141, the party waives the right to cross-examine the author of any medical or non-medical report filed into evidence and the presiding administrative law judge shall admit the medical or non-medical report in evidence.

**Historical Note**

Former Rule 55. Amended subsections (A) and (D) effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-155 recodified from R4-13-155 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-156. Continuance of Hearing**

- A. A party may request a continuance of a scheduled hearing. If a party shows good cause, a presiding administrative law judge may grant a request that a hearing be continued.
- B. If at the conclusion of a hearing a party seeks to continue the hearing to introduce additional evidence, the party shall state specifically and in detail:
  1. The nature and substance of the additional evidence,
  2. The names and addresses of additional witnesses, and
  3. The reason the party was unable to produce the evidence or witnesses at the hearing.
- C. A presiding administrative law judge may deny a request for a continuance under subsection (B) if the presiding administrative law judge determines that, with the exercise of due diligence, the evidence or testimony could have been produced or the evidence or testimony would be cumulative, immaterial, or unnecessary.
- D. A presiding administrative law judge may, on the judge's own motion, continue a hearing and order further examinations or investigations that the judge determines are warranted.
- E. If more than 40 days before the first scheduled hearing, a presiding administrative law judge reschedules the hearing discovery and filing deadlines under this Article shall be calculated with respect to the new hearing date.
- F. If less than 40 days before the first scheduled hearing, a presiding administrative law judge reschedules the hearing discovery and filing deadlines under this Article shall be calculated with respect to the original hearing date.

**Historical Note**

Former Rule 56. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-156 recodified from R4-13-156 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-157. Sanctions**

- A. A presiding administrative law judge may impose the following sanctions against any party or authorized representative of a party who fails to comply with this Article or fails to comply with an order of the presiding administrative law judge or Commission:
  1. Dismissal of the party's request for hearing;
  2. Refusal to permit the introduction of evidence by the party; or
  3. Assessment of reasonable attorney's fees and costs against the sanctioned party or authorized representative of a party.

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- B. If a party shows good cause, a presiding administrative law judge or the Commission may relieve a party of sanctions imposed under subsection (A).

**Historical Note**

Former Rule 57. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-157 recodified from R4-13-157 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-158. Service of Awards and Other Matters**

- A. An award, decision, order, subpoena, notice, document, or other matter required by the Act, this Article, or other law to be served shall be made upon a party or, if represented, the party's authorized representative. Service upon the authorized representative is service upon the party.
- B. Service may be made and is deemed complete by:
1. Depositing the document or matter in the United States mail, with postage prepaid, addressed to the party served at the address as shown by the records of the Commission; or
  2. Personal service in the same manner as a summons is served in a civil action.
- C. Proof of service may be made by an affidavit or oral testimony of the person making such service.

**Historical Note**

Former Rule 58. Amended subsection (C) effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-158 recodified from R4-13-158 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-159. Record for Award or Decision on Review**

A presiding administrative law judge's award or decision under A.R.S. § 23-942 or award or decision upon review under A.R.S. § 23-943 shall be based upon:

1. The record as it exists at the conclusion of the hearings, and
2. Any memoranda provided under A.R.S. § 23-943(E) or requested by the presiding administrative law judge.

**Historical Note**

Former Rule 59. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-159 recodified from R4-13-159 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-160. Application to Set Attorney Fees Under A.R.S. § 23-1069**

- A. For purposes of A.R.S. § 23-1069, "final disposition of a case" occurs when all compensation benefits have been released to a claimant.
- B. A claimant or attorney filing an application for attorney's fees under A.R.S. § 23-1069 shall serve notice of the application to all parties, including if applicable, the insurance carrier, self-insured employer, or special fund division.
- C. Upon the filing of an application, the attorney and claimant shall, provide information to the Commission to enable the Commission to award reasonable attorney's fees.
- D. Attorney's fees awarded under this Section shall be set by the Commission, an administrative law judge, or other authorized representative of the Commission.

**Historical Note**

Former Rule 60. Amended effective March 1, 1987, filed February 26, 1987 (Supp. 87-1). R20-5-160 recodified

from R4-13-160 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-161. Stipulations for Extensions of Time**

Stipulations for extensions of time in which to file papers or briefs in the various courts shall be received and signed by the Chief Counsel or other members of the Legal Department.

**Historical Note**

Former Rule 61. R20-5-161 recodified from R4-13-161 (Supp. 95-1).

**R20-5-162. Legal Division Participation**

The chief counsel and other members of the legal staff of the Commission who participate in proceedings or matters under the Act and this Article do so on behalf of the Commission.

**Historical Note**

Former Rule 62. R20-5-162 recodified from R4-13-162 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-163. Bad Faith and Unfair Claim Processing Practices**

- A. For purposes of A.R.S. § 23-930, an employer, self-insured employer, insurance carrier, or claims processing representative commits "bad faith" if the employer, self-insured employer, insurance carrier, or claims processing representative:

1. Institutes a proceeding or interposes a defense that is not:
  - a. Well-grounded in fact;
  - b. Warranted by existing law; or
  - c. A good faith argument for the extension, modification, or reversal of existing law;
2. Unreasonably delays:
  - a. Payment of benefits; or
  - b. Authorization for, or receipt of, medical benefits or treatment;
3. Unreasonably underpays benefits;
4. Unreasonably terminates benefits;
5. Intentionally misleads a claimant as to applicable statutes of limitation, benefits, or remedies available to the claimant under the Act or under this Article; or
6. Unreasonably interferes with or obstructs the claimant's right to choose the claimant's attending physician, except in cases involving a self-insured employer under A.R.S. § 23-1070.

- B. For purposes of A.R.S. § 23-930, an employer, self-insured employer, insurance carrier, or claims processing representative commits "unfair claim processing practices" if the employer, self-insured employer, insurance carrier, or claims processing representative:

1. Unreasonably issues a notice of claim status without adequate supporting information in its possession or available to it;
2. Unreasonably fails to acknowledge communications from the Commission, an unrepresented claimant, or a claimant's attorney with respect to a claim;
3. Fails to act reasonably and promptly upon communications from the Commission, an unrepresented claimant, or a claimant's attorney with respect to a claim;
4. Directly advises a claimant not to consult or obtain the services of an attorney; or
5. Communicates directly, for an improper purpose, with a claimant represented by an attorney.

- C. A person alleging bad faith or unfair claim processing practices ("complainant") shall file a written complaint with the

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claims manager of the Commission. The complainant, or the complainant's authorized representative, shall sign the complaint.

- D. The complaint shall describe the specific actions of the employer, self-insured employer, insurance carrier, or claims processing representative, that are alleged to constitute bad faith or unfair claim processing practices. A complaint form is available upon request from the Commission.
- E. Upon receipt of a complaint under this subsection, the claims manager of the Commission shall serve the complaint upon all parties.
- F. If the Commission acts on its own motion under A.R.S. § 23-930(A), the claims manager shall mail a notice of alleged bad faith or unfair claim processing practices to the claimant or the claimant's authorized representative and the:
  1. Employer;
  2. Self-insured employer;
  3. Insurance carrier; or
  4. Claims processing representative.
- G. The person or entity named in a complaint or notice served under A.R.S. § 23-930 and this Section shall file with the claims manager a written response to the complaint or notice, within 30 days after service by the Commission of the complaint or notice.
- H. The person or entity filing a written response shall serve a copy of the response upon the complainant, or the complainant's authorized representative, if represented.
- I. If the person or entity named in a complaint or notice served under A.R.S. § 23-930 and this Section fails to file a written response, the Commission shall consider the absence of a response a denial of the allegations of the complaint or notice.
- J. Upon receipt of a written response, or upon the expiration of 30 days if no response is filed, the Commission shall enter an award as it deems, in its discretion, appropriate under A.R.S. §§ 23-930(B) or (C).

**Historical Note**

Adopted as an emergency effective February 1, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-1). Emergency expired. Amended and readopted as an emergency effective April 29, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-2). Readopted without change as an emergency effective August 1, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-3). Readopted without change as an emergency effective November 9, 1988, pursuant to A.R.S. § 41-1026, valid for only 90 days (Supp. 88-4). Emergency expired. Amended and readopted as an emergency effective July 11, 1989 (Supp. 89-3). Adopted as a permanent rule effective October 4, 1989 (Supp. 89-4). R20-5-163 recodified from R4-13-163 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3).

**R20-5-164. Human Immunodeficiency Virus, Hepatitis C, Methicillin-resistant *Staphylococcus Aureus*, Spinal Meningitis and Tuberculosis; Significant Exposure; Employee Notification; Reporting; Documentation; Forms**

- A. An employer subject to the Act shall notify its employees of the requirements of A.R.S. §§ 23-1043.02, 23-1043.03, and 23-1043.04 by posting the Commission notices titled "Work Exposure to Bodily Fluids" and "Work Exposure to methicillin-resistant *Staphylococcus Aureus* (MRSA), Spinal Meningitis, or Tuberculosis (TB)" in a conspicuous place immediately next to the "Notice to Employees" notice required under A.R.S. § 23-906(D).

- B. Properly posted "Work Exposure to Bodily Fluids" and "Work Exposure to Methicillin-resistant *Staphylococcus Aureus* (MRSA), Spinal Meningitis, or Tuberculosis (TB)" notices constitute sufficient notice to employees of the requirements of a prima facie case under A.R.S. §§ 1043.02(B), 23-1043.03(B), and 23-1043.04(B).
- C. An employer's insurance carrier, claims processor, or workers' compensation pool shall provide the notices specified in subsection (A) to the employer. These notices are also available from the Commission upon request.
- D. An employer shall make readily available to its employees the Commission form described in R20-5-106 titled "Report of Significant Work Exposure to Bodily Fluids or Other Infectious Material." An employer's insurance carrier, claims processor, or workers' compensation pool shall provide the "Report of Significant Work Exposure to Bodily Fluids or Other Infectious Material" to the employer. This form is also available from the Commission upon request.
- E. If an employee sustains a significant exposure as defined in A.R.S. §§ 23-1043.02(G), 23-1043.03(G), or 23-1043.04(H)(2), the employee shall complete, date, and sign a "Report of Significant Work Exposure to Bodily Fluids or Other Infectious Material" form. The employee or employee's authorized representative shall give to the employer the completed, dated, and signed form. The employer shall return one copy of the completed form to the employee or to the employee's authorized representative. Nothing in this subsection limits the requirements to report an injury or file a claim under the Act.
- F. If an employee submits a written report of a significant exposure to an employer, but does not use the Commission form titled "Report of Significant Work Exposure to Bodily Fluids or Other Infectious Material," the employer shall provide the employee the Commission form within five calendar days after receiving the employee's initial written report.
- G. The date of the receipt by the employer or its authorized representative of the employee's initial report is the date used to compute the time period prescribed in A.R.S. §§ 23-1043.02(B)(2), 23-1043.03(B)(2), and 23-1043.04(B)(2) if:
  1. The initial report contains the information required in the "Report of Significant Work Exposure to Bodily Fluids or Other Infectious Material" form, or
  2. The employee gives to the employer the completed Commission form within 10 calendar days after the employee's receipt of the Commission form.
- H. Failure or refusal by the employer to provide the Commission form to the employee shall not be a defense to a prima facie claim under A.R.S. §§ 23-1043.02(B), 23-1043.03(B), and 23-1043.04(B).
- I. In investigating the circumstances and facts surrounding an employee's report to an employer of a significant exposure under A.R.S. §§ 23-1043.02(C), 23-1043.03(C), and 23-1043.04(C), the employer, or its carrier, or any employees, agents or contractors of either the employer or carrier, shall not disclose to any person, except as authorized or required by law, that the reporting employee, or any witness or alleged source of exposure, may have or did contract the human immunodeficiency virus, acquired immune deficiency syndrome, hepatitis C, methicillin-resistant *Staphylococcus aureus*, spinal meningitis, or tuberculosis. However, an employer, its carrier or their respective attorneys, may:
  1. Direct an agent to investigate the employee's report of significant exposure, and
  2. Communicate with the investigating agent about the conduct and results of the investigation.

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- J. As required under the federal Occupational Safety and Health Standard for Bloodborne Pathogens, 29 CFR 1910.1030, an employer shall pay for the testing required by A.R.S. § 23-1043.02.

**Historical Note**

Adopted effective April 9, 1992 (Supp. 92-2). R20-5-163 recodified from R4-13-163 (Supp. 95-1). Amended by final rulemaking at 7 A.A.R. 3966 and 7 A.A.R. 4995, effective August 17, 2001 (Supp. 01-3). Amended by final rulemaking at 15 A.A.R. 991, effective June 2, 2009 (Supp. 09-2).

**R20-5-165. Calculation of Maximum Average Monthly Wage**

In using the Bureau of Labor Statistics Employment Cost Index to adopt the amount of an increase to the maximum average monthly wage under A.R.S. § 23-1041(E), the Commission shall use the *Bureau of Labor Statistics, Employment Cost Index for Wages and Salaries, for Civilian Workers, by Occupational Group and Industry, All Workers*, available at <http://www.bls.gov/>.

**Historical Note**

New Section made by final rulemaking at 19 A.A.R. 1925, effective July 10, 2013 (Supp. 13-3).

**ARTICLE 2. SELF-INSURANCE REQUIREMENTS FOR  
INDIVIDUAL EMPLOYERS AND WORKERS'  
COMPENSATION POOLS ORGANIZED UNDER A.R.S. §§  
11-952.01(B) AND 41-621.01**

**R20-5-201. Definition of Self-insurer**

"Self-insurer" or "self-insured" means an individual employer or a workers' compensation pool as defined in A.R.S. §§ 11-952.01(B) or 41-621.01(A) that is authorized by the Commission to self-insure for workers' compensation.

**Historical Note**

Former Rule I. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-201 recodified from R4-13-201 (Supp. 95-1). Amended effective October 9, 1998 (Supp. 98-4).

**R20-5-202. Self-insurance Application; Requirements**

- A. All applicants who initially apply for self-insurance on or after the certification of the 1993 rule amendments by the Attorney General and filing of those amendments with the Secretary of State shall:

1. Complete, date, sign, and file with the Commission an application for authority to self-insure on a form that can be obtained from the Commission and contains the following information:
  - a. Applicant identification including names, addresses, corporation, subsidiary, and partnership information;
  - b. Nature of business;
  - c. History of business in Arizona and elsewhere;
  - d. Payroll data;
  - e. Work force data;
  - f. Insurance data;
  - g. Claims history;
  - h. Method proposed to finance self-insurance liability and reserves;
  - i. Program for compliance with occupational safety and health standards, rules, and laws of this state;
  - j. Program to finance medical, surgical, and hospital benefits including information on organization responsible for processing claims;
  - k. Names and addresses of Arizona agents upon whom legal notice of proceedings before the Commission is served;
  - l. Authorization for signator;

- m. Authorization by corporate resolution, or board of trustees resolution, if applicable; and
- n. Statement attesting to the truthfulness of the information in the application.

2. Maintain an office in Arizona. Payroll reports and other materials relating to the calculation of premiums shall be readily available at this office for inspection and audit by the Commission or its authorized representative.

3. In the first year of operation, obtain a guaranty bond and specific excess insurance or excess of loss insurance in an amount as provided in R20-5-206(D)(1) to adequately protect against catastrophic losses. Starting with the second year of operation, an individual self-insurer shall choose one of the two options provided in R20-5-206(D). The insurance shall contain:
  - a. A 60-day notice of termination; and
  - b. A provision that insolvency of the self-insurer does not relieve the excess insurer of liability assumed under the contract.

- B. An individual applicant for self-insurance that is not a member of a workers' compensation pool, in addition to complying with subsection (A) of this rule, shall:

1. Have been engaged in business in Arizona for at least five years prior to the date of application.
2. Provide an annual payroll in this state of at least \$2,000,000 (this payroll may include the combined payrolls of all subsidiary companies carried under the self-insurance authorization; the requirements of this subsection do not apply to political subdivisions of this state) and meet either of the following thresholds:
  - a. Total reported assets of at least \$50,000,000; or
  - b. Combination of \$10,000,000 in net worth and a cash flow ratio of .25.
3. Provide the Commission with an internally certified copy of the employer's audited or reviewed financial statements for the most current and prior two years. The Commission's review of the applicant's financial statements includes the following:
  - a. Calculation of the following ratios:
    - i. Cash Flow Ratio - Cash flow from operations divided by current liabilities which is an indication of the ability of the applicant to meet current obligations out of cash flow.
    - ii. Current Ratio - Current assets divided by current liabilities which indicate the applicant's ability to service current obligations.
    - iii. Debt Status Ratio - Net worth divided by total liabilities which indicate the proportion of funds supplied by the applicant relative to the funds supplied by creditors.
    - iv. Profitability Ratio - Profit before taxes, divided by total assets, multiplied by 100 which measures the return on assets and the efficiency of assets employed by the firm.
    - v. Quick Ratio - Cash and equivalents, plus trade receivables, divided by current liabilities which express the degree to which the applicant's liabilities are covered by the most liquid current assets.
    - vi. Working Capital Ratio - Working capital divided by sales which measures the sufficiency of working capital to support sales.
  - b. Comparison of the applicant's ratios with the ratios of existing self-insurers in the same or a closely related industry.
  - c. Review of notes to the financial statement.

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- d. Review of management report of operation and other information published in the annual statement.
- 4. Provide the Commission with the names of all other jurisdictions in which it has been granted authority to self-insure and the effective dates of such authorization.
- 5. Provide the Commission with the names of all other jurisdictions in which its application to self-insure has been denied or its authority to self-insure has been suspended or revoked, and the dates and reasons for such denials, suspensions, or revocations.
- C. In addition to the requirements of subsection (A), a workers' compensation pool applicant for self-insurance shall:
  - 1. File with the application for self-insurance a completed indemnity agreement on a form that can be obtained from the Commission, signed by a duly authorized agent of the pool jointly and severally binding the pool and each of its members to comply with the provisions of A.R.S. Title 23, Chapter 6 and rules adopted pursuant to Chapter 6. The indemnity agreement shall contain the following information:
    - a. Name of the group, with names of trustees and members;
    - b. Amount of the corporate surety bond;
    - c. Name of the service agent of the group, including a description of the agent's duties and responsibilities; and
    - d. Statement that the group will defend and assume liabilities in the name of and on behalf of any member of the group.
  - 2. Provide a copy of the most recently audited financial report of the pool prepared by a certified public accountant, including a copy of the examination report prepared by the Department of Insurance and that Department's recommendations, if any.
  - 3. Provide the names and addresses of the members of the board of trustees of the pool.
  - 4. Provide the agreement indicating the terms and conditions of coverage within the pool including any exclusions of coverage.
  - 5. An intergovernmental agreement filed with the Commission pursuant to A.R.S. § 11-952.01(G)(7) shall contain the provisions of A.R.S. § 11-952.01(I).
- 2. Provide a continuation certificate for the guaranty bond or letter of credit signed by an authorized representative of the surety or bank. The amount of the bond, letter of credit, or securities shall equal the amount submitted on the Option Election form.
- 3. Submit a copy of the most recent certified annual financial statement at least 30 days prior to the anniversary date of the authorization to self-insure. A parent company that has executed a guaranty for a subsidiary shall also submit a copy of its most recent certified annual financial statement within the same time period required by this subsection.
- 4. Provide a Guaranty To Satisfy Compensation Claims Under Workers' Compensation Act in Arizona form as provided in R20-5-206(C) completed, signed, and dated by the parent company of a subsidiary self-insurer if the parent company of the self-insurer is different from the last filing approved by the Commission.
- B. All workers' compensation pool applicants for self-insurance renewal authority shall:
  - 1. Provide information to the Commission as required under subsections (A)(1), (2), and (3).
  - 2. Provide an updated indemnity agreement pursuant to R20-5-202(C)(2) for changes occurring since the last filing approved by the Commission.
- C. All applicants for renewal shall continue to maintain an office in Arizona as described in R20-5-202(A)(2).
- D. The Commission's analysis for renewal includes the following:
  - 1. A review of the items required by R20-5-202(A).
  - 2. A review of the claims profile which includes a review of the preceding year's claims filed, claims denied, and denial rate. Denial rates in excess of 8% require additional analysis by the Commission's Claims Division to establish the reasons for the denials.
  - 3. A review of the self-insurer's financial profile which includes a review of the financial data as described in R20-5-202(B)(3).

**Historical Note**

Former Rule II. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-202 recodified from R4-13-202 (Supp. 95-1).

**R20-5-203. Self-insurance Renewal Application; Requirements**

- A. All individual applicants for self-insurance renewal authority shall:
    - 1. Complete, date, sign, and file with the Commission an Option Election form that can be obtained from the Commission when providing a bond or other security as required by R20-5-206(D) for the payment of workers' compensation liabilities. The Option Election form shall list the following:
      - a. Total outstanding workers' compensation accrued liabilities for all previous periods of self-insurance;
      - b. Amount of future reserves;
      - c. Amount of calculated bond based on the amount of total estimated future liability x 125%.
- For those self-insurers complying with R20-5-206(D)(1), the self-insurer shall additionally provide a certificate of excess insurance.

**Historical Note**

Former Rule III. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-203 recodified from R4-13-203 (Supp. 95-1).

**R20-5-204. Denial of Authorization to Self-insure**

If the Commission denies an application for authorization to self-insure for failure to comply with A.R.S. § 23-961(A)(2) or for failure to comply with the requirements of R20-5-202 or R20-5-203, the Commission shall issue an Order to the applicant refusing authorization to self-insure. An appeal of such denial may be made pursuant to A.R.S. § 23-945.

**Historical Note**

Former Rule IV. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-204 recodified from R4-13-204 (Supp. 95-1).

**R20-5-205. Resolution of Authorization**

If the Commission grants authorization to self-insure, a Resolution of Authorization to Self-insure will be issued. The issuance of the Resolution shall be conditioned upon the deposit with the Commission, prior to the effective date stated in the Resolution, of the bonds or other securities specified by A.R.S. § 23-961(A)(2) and this Article.



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**Historical Note**

Former Rule V. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-205 recodified from R4-13-205 (Supp. 95-1).

**R20-5-206. Posting of Guaranty Bond; Effective Date; Execution; Subsidiary Company Guaranty Bond; Parent Company Guaranty; Bond Amounts**

- A. Any guaranty bond filed with the Commission shall bear the same effective date as the effective date of the Resolution of Authorization to Self-insure and shall be for a minimum of one year, subject to annual renewal.
- B. A guaranty bond shall be made by a company authorized and licensed to transact the business of fidelity and surety insurance in Arizona. The guaranty bond shall be executed by a duly authorized agent of the surety and be countersigned by a licensed resident agent. A bond form can be obtained from the Commission and contains the following information:
  - 1. Applicant identification;
  - 2. Amount of the bond;
  - 3. Conditions of the bond obligations; and
  - 4. Statement regarding responsibility for fees and costs associated with collection of the bond and responsibility for payment of any award or judgment against the surety.
- C. For the Commission to issue a Resolution of Authorization to Self-insure to a subsidiary company, the parent company shall first execute a guaranty for the subsidiary on a form that can be obtained from the Commission. The parent company shall submit its most recent audited financial statement to the Commission for analysis to determine the ability of the parent company to meet its obligations under the guaranty and under A.R.S. § 23-961(A)(2). The guaranty shall state that the parent company agrees and guarantees on behalf of the subsidiary that any and all liabilities against the subsidiary, under or by virtue of the Workers' Compensation Laws of Arizona, shall be promptly and fully paid, and the subsidiary company has on deposit a guaranty bond or securities. The guaranty for a subsidiary company, and the Resolution of Authorization to Self-insure issued to such subsidiary company, shall be valid and effective only as long as the parent company has on file with the Commission a valid guaranty to satisfy compensation claims of the subsidiary. A parent company is one which owns sufficient stock in the subsidiary company to control the subsidiary and does not mean a company in which all or a majority of the stockholders are the same as in the subsidiary. The guaranty shall be accompanied by a verified certificate as to stock ownership of the subsidiary, a certified copy of the charter or articles of incorporation of the parent company and a certified copy of the resolution of the directors of the parent company authorizing a designated officer to execute the guaranty.
- D. In compliance with this Article and the Workers' Compensation Laws of Arizona, an individual self-insurer that is not a member of a workers' compensation pool shall post either:
  - 1. A minimum \$250,000 guaranty bond and a specific excess reinsurance policy with a self-insured retention of \$250,000 and a policy limit of liability of not less than \$10,000,000.
  - 2. A guaranty bond equal to 125% of the total outstanding accrued liability as reflected in the Option Election form from the self-insurer to the Commission or a minimum guaranty bond in the amount of \$100,000, whichever is greater. The total outstanding accrued liabilities shall be determined by certification from the self-insurer for the Commission's approval.
- E. In compliance with this Article and the Workers' Compensation Laws of Arizona, a workers' compensation pool shall post

a guaranty bond equal to 125% of the total outstanding accrued liability as reflected in the Option Election form from the self-insured pool to the Commission or a minimum guaranty bond in the amount of \$100,000, whichever is greater. The total outstanding accrued liabilities shall be determined by certification from the self-insured pool for the Commission's approval.

**Historical Note**

Former Rule VI; Amended effective February 27, 1975 (Supp. 75-1). Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-206 recodified from R4-13-206 (Supp. 95-1).

**R20-5-207. Posting of Securities in Lieu of Guaranty Bond; Registration; Deposit**

- A. In lieu of posting a guaranty bond as provided in R20-5-206, the self-insurer may deposit with the Commission for transmittal to the State Treasurer bonds of the United States.
- B. Any securities deposited with the State Treasurer shall be registered to: "The Industrial Commission of Arizona, in trust for the fulfillment by ----- of its obligations under the Arizona Workers' Compensation Laws. The securities shall be held by the State Treasurer, as custodian subject to the order of, and in trust for, The Industrial Commission of Arizona, with the power in the Commission to collect or order collection of the principal as it becomes due, to sell or order the sale of these securities or any part of these securities, and to apply or order the application of the proceeds to the payment of any award rendered against the self-insurer in the event of the default in the payment of its obligations. The interest coupons on such securities shall be remitted by the Commission to the self-insurer upon request as they mature.
- C. The securities deposited in compliance with subsections (A) and (B) shall have a face value at maturity in the amount specified by the Commission.

**Historical Note**

Former Rule VII. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-207 recodified from R4-13-207 (Supp. 95-1).

**R20-5-208. Posting Other Securities**

If the Commission accepts securities other than those specified in R20-5-207, including letters of credit, these securities shall be registered in the same manner as provided in R20-5-207.

**Historical Note**

Former Rule VIII. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-208 recodified from R4-13-208 (Supp. 95-1).

**R20-5-209. Authorization Limitation**

If the Resolution of Authorization to Self-insure is validated by a deposit of acceptable securities, or by a guaranty bond, the resolution shall remain in full force and effect for a period of one year unless revoked by the Commission.

**Historical Note**

Former Rule IX. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-209 recodified from R4-13-209 (Supp. 95-1).

**R20-5-210. Continuation of Authorization**

If timely and sufficient application for renewal is made pursuant to R20-5-203, the existing authorization to self-insure shall continue, subject to compliance with A.R.S. Title 23, Chapter 6 and this Article, until the renewal application has been finally determined by the Commission.

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**Historical Note**

Former Rule X. R20-5-210 recodified from R4-13-210 (Supp. 95-1).

**R20-5-211. Revocation of Authorization; Notice of Insolvency; Notice of Change of Ownership**

- A. The Commission may revoke a resolution of authorization to self-insure for good cause. Good cause includes:
1. The impairment of the solvency of the self-insurer.
  2. The failure of the self-insurer to respond within 10 days of a demand by the Commission to substitute a satisfactory guaranty bond or securities when in the Commission's judgment the bond or securities on deposit are unsatisfactory or insufficient in amount or character.
  3. The failure of the self-insurer to pay tax assessments levied by the Commission within 30 days of the due dates prescribed by A.R.S. §§ 23-961 and 23-1065.
  4. The failure of the self-insurer to promptly provide the Commission within 60 days the reports required by the Commission under this Article concerning the business, operations, employees, wages, injuries, and other subjects under Commission jurisdiction.
  5. The failure to comply with state workers' compensation laws.
  6. The failure of the self-insurer to pay or comply with any award of the Commission within 30 days after the award becomes final.
  7. The willful misstating of any material fact in a payroll report, injury report, or other report or statement made to the Commission.
  8. The deliberate refusal of the self-insurer to comply with Commission rules.
  9. The failure of the workers' compensation pool to notify the Commission within 30 days before termination or cancellation that a member has been terminated or cancelled.
  10. The failure of the workers' compensation pool to notify the Commission within 30 days of receipt of notification that, as a result of the annual audit or examination by the Director of the Department of Insurance, it appears that the assets of the pool are insufficient to enable the pool to discharge its legal liabilities and other obligations and the resulting notification by the Director of the Department of Insurance to the administrator and board of trustees of the workers' compensation pool of the insufficiency and the Director's list of recommendations to abate the deficiency.
  11. The failure of the pool to comply with the recommendation of the Director of the Department of Insurance within 60 days of the date of notice as prescribed in A.R.S. §§ 11-952.01(L) and 41-621.01(J).
- B. The self-insurer shall notify the Commission within 24 hours of any bankruptcy filing under federal law or insolvency proceeding under any state's laws.
- C. The self-insurer shall notify the Commission within 24 hours of any change in the ownership status of the employer.

**Historical Note**

Former Rule XI. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-211 recodified from R4-13-211 (Supp. 95-1).

**R20-5-212. Notice of Revocation of Resolution of Authorization to Self-insure**

The registration and deposit in the United States mail of a Notice of Revocation of the Resolution of Authorization to Self-insure, addressed to the last known address of the employer as shown by the records of the Commission, and signed by the Commission,

shall be deemed to constitute actual delivery of such notice to a self-insurer.

**Historical Note**

Former Rule XII. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-212 recodified from R4-13-212 (Supp. 95-1).

**R20-5-213. Substitution of Bond or Securities**

No bond or other security deposited as a condition precedent to validating a Resolution of Authorization to Self-insure shall be returned nor shall any substitution be allowed, except upon written order of the Commission. No return of such bond or other security shall be authorized except upon proof that the employer has placed with the Commission an amount or amounts as determined by the Commission to be sufficient to provide for the present value of all death benefits, awards, and determinations previously made by the Commission or the self-insurer, with an adequate contingency amount to apply to reopened claims that have been closed and become final during the period of self-insurance.

**Historical Note**

Former Rule XIII. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-213 recodified from R4-13-213 (Supp. 95-1).

**R20-5-214. Rating Plans Available for Self-insurers**

- A. Any of the following rating plans are available to self-insured employers for the purpose of calculating the taxes required by A.R.S. §§ 23-961(G) and 23-1065(A).
1. Fixed Premium Plan
  2. Ex-medical Plan
  3. Guaranteed Cost Plan
  4. Retrospective Rating Plan
- B. The provisions of the rating plans apply only to operations and payroll in Arizona, and all such operations in Arizona shall be combined as a single base for the calculation of any premium modifications to all such operations.

**Historical Note**

Former Rule XIV. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-214 recodified from R4-13-214 (Supp. 95-1).

**R20-5-215. Fixed Premium Plan: Definition; Formula; Eligibility**

- A. A Fixed Premium Plan means a plan in which neither losses nor incurred loss reserves are used for calculation. The only discount is for premium size.
- B. The formula for calculation of the fixed premium plan is as follows: Payroll x Applicable Rate Less Premium Discount.
- C. Fixed Premium Plan shall be the exclusive plan available to:
1. Those self-insurers electing this plan.
  2. Those self-insurers whose annual net taxable premium does not exceed \$100,000 annually.
  3. Those self-insurers not eligible for any other plan authorized by the Commission for rating purposes.

**Historical Note**

Former Rule XV. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-215 recodified from R4-13-215 (Supp. 95-1).

**R20-5-216. Ex-medical Plan: Definition; Formula; Eligibility; Modification**

- A. An Ex-Medical Plan means a plan for premium calculation which provides for rate revisions based upon the self-insurer operating a medical facility with a program for providing medical, surgical, or hospital services to all of the self-insurer's employees for their benefit and that has complied with the

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requirements specified in A.R.S. § 23-1070. Neither losses nor incurred loss reserves are used in such plan.

- B. The formula for calculation of the Ex-Medical Plan is as follows:  $[(\text{Payroll} \times \text{Applicable Rate}) \times (1 - \text{Ex-Medical Factor})] \text{ less Premium Discount}$ .
- C. Only those self-insurers whose program for medical, surgical, or hospital services has been authorized by the Commission are eligible to utilize this plan, for premium calculation.
- D. To be eligible for this plan the self-insurer's annual net taxable premium must exceed \$100,000.

**Historical Note**

Former Rule XVI. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-216 recodified from R4-13-216 (Supp. 95-1).

**R20-5-217. Guaranteed Cost Plan: Definition; Formula; Eligibility; Cost of Calculation**

- A. A Guaranteed Cost Plan means a plan providing for the direct relationship, on an annual basis, of the premium for tax purposes and the experience modification developed to reflect the loss payment and incurred loss experience of the self-insured employer. Loss data for three complete years must be provided to calculate the experience modification factor. This plan shall be calculated annually and the premium shall not be subject to further adjustment during the subsequent year.
- B. The formula for the calculation of the Guaranteed Cost Plan is as follows:  $\text{Payroll} \times \text{Applicable Rate} \times \text{Experience Modification Factor Less Premium Discount}$ .
- C. Only those self-insurers who satisfy all of the following requirements shall be eligible to use the Guaranteed Cost Plan:
  - 1. The submission of data concerning paid loss determinations and incurred loss reserves for each workers' compensation claimant. The information is used to calculate an experience modification factor for the self-insurer. Three years of loss data shall be formulated to calculate the experience modification factor.
  - 2. An annual net taxable premium exceeding \$100,000.

**Historical Note**

Former Rule XVII. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-217 recodified from R4-13-217 (Supp. 95-1).

**R20-5-218. Retrospective Rating Plan: Definition; Formula; Eligibility**

- A. Retrospective rating plan means a plan providing for the relationship between the premium for tax purposes, the experience modification factor developed to reflect the loss payment and incurred loss experience of the self-insured employer, and the actual incurred losses for the tax year. This plan is to be calculated annually and the premiums shall not be subject to further adjustment during the tax year.
- B. The formula for calculating the retrospective rating plan is as follows:  $[\text{Payroll} \times \text{Applicable Rate} \times \text{Experience Modification Factor} \times \text{Basic Premium Factor} + (\text{losses current year} + \text{adjusted losses previous year}) \times \text{loss conversion factor}] \times \text{Tax Multiplier} = \text{Net Taxable Premium (NTP)}$ . The NTP is subject to a maximum and minimum premium level depending on which one of the four rating option plans specified in the rating systems filed by the rating organization used by the State Compensation Fund pursuant to A.R.S. Title 20, Chapter 2, Article 4 is used.
- C. Only those self-insurers who satisfy all of the following requirements shall be eligible to use the retrospective rating plan:
  - 1. The submission of data concerning paid loss determinations and incurred loss reserved for each worker's com-

pensation claimant. The information is used to calculate an experience modification factor for the self-insurer. Four years of loss data must be formulated. The oldest three years of data is used to calculate the rate and the most current year's data is used in the actual tax calculation.

- 2. An annual net taxable premium exceeding \$100,000.

**Historical Note**

Former Rule XVIII. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-218 recodified from R4-13-218 (Supp. 95-1).

**R20-5-219. Payment of Taxes by Self-insurers**

The tax payments described in A.R.S. §§ 23-961(G) through (J) and 23-1065(A) shall be processed in accordance with the following:

- 1. All self-insurers shall submit their payroll, loss, medical, and other information to the Commission by January 31 of each year.
- 2. All self-insurers shall pay their annual taxes on or before March 31 based on premiums calculated for the preceding calendar year. The payment for each tax shall not be less than \$250.00 per year.
- 3. Those self-insurers who paid \$2,000.00 or more for the administrative fund tax (A.R.S. § 23-961(G)) for the preceding calendar year shall pay a quarterly tax in the following year. One of two methods can be used to calculate the payment. The first method is a quarterly payment of 25% of the tax calculated for the previous year. The second method is based on actual payroll and premiums calculated for each quarter. Those self-insured employers who paid \$2,000.00 or more for the Special Fund tax (A.R.S. § 23-1065(A)) for the preceding calendar year must pay a quarterly tax using the same methods to calculate payment. The quarterly payments are due April 30, July 31, October 31, and January 31 for the periods ending March 31, June 30, September 30, and December 31, respectively.
- 4. Upon calculation of the annual taxes, it shall be determined by the Commission if the self-insured employer has overpaid or underpaid its taxes. If the total of the quarterly payments is less than the actual taxes calculated for the year, then the amount representing the difference is due on or before March 31. If the total of the quarterly payments exceeds the amount of the actual taxes calculated for the year, a refund will be paid to the self-insurer.
- 5. If the self-insurer fails to pay the annual or quarterly taxes when due, a penalty of the greater of \$25.00 or 5% of the tax or payment due plus interest at the rate of 1% per month from the date the tax or payment was due shall be paid by the self-insurer.

**Historical Note**

Former Rule XIX. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-219 recodified from R4-13-219 (Supp. 95-1).

**R20-5-220. Basis; Definitions**

For determining the premium for purposes of R20-5-214, the Commission shall utilize as the basis for classifications, rating procedures, and plans those specified in the rating systems filed by the rating organization used by the State Compensation Fund pursuant to A.R.S. Title 20, Chapter 2, Article 4.

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**Historical Note**

Former Rule XX. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-220 recodified from R4-13-220 (Supp. 95-1).

**R20-5-221. Book and Record Review by the Commission**

All reports, books, and records of the self-insurer relating to classifications, payroll, incurred loss reserves, and procedures for development of statistical information for the development of rating information are subject to review by the Commission and its authorized representatives. If, in the judgment of the Commission, reports, records, and data relating to payroll or claims are not valid or credible, the Commission reserves the right to require correction of procedure and data to better determine the information needed to evaluate the rating programs.

**Historical Note**

Former Rule XXI. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-221 recodified from R4-13-221 (Supp. 95-1).

**R20-5-222. Audits; Cost of Audit**

The Commission may, at any time upon three working days' notice, perform or have performed for its benefit an audit of the payroll, loss payment, and loss reserve records for incurred losses of the self-insurer for the purpose of determining the scope and adequacy of the maintained records. The entire cost of the audit will be borne by the self-insurer.

**Historical Note**

Former Rule XXII. Section repealed, new Section adopted effective July 6, 1993 (Supp. 93-3). R20-5-222 recodified from R4-13-222 (Supp. 95-1).

**R20-5-223. Time-frames for Processing Initial and Renewal Applications for Authorization to Self-insure****A. Administrative completeness review.**

1. Initial application.
  - a. The Administration Division shall review an initial application for authority to self-insure within 20 days of receipt of the application to determine whether the application contains the information required by A.R.S. § 23-961 and this Article.
  - b. The Administration Division shall inform an applicant by written notice whether the application is complete within the time-frame provided in this subsection. If the application is incomplete, the Administration Division shall include in its written notice to the applicant a complete list of the missing information.
  - c. The Administration Division shall deem the application withdrawn if an applicant fails to file a complete application within 45 days of being notified by the Administration Division that the application is incomplete, unless the applicant obtains an extension to provide the missing information under subsection (D).
2. Renewal application.
  - a. The Administration Division shall review a renewal application for authority to self-insure within 20 days of receipt of the application to determine whether the application contains the information required by A.R.S. § 23-961 and this Article.
  - b. The Administration Division shall inform a self-insurer by written notice whether the application is complete within the time-frame provided in subsection (A)(2)(a). If the application is incomplete, the Administration Division shall include in its written

notice to the self-insurer a complete list of the missing information.

- c. The Administration Division shall deem the application withdrawn if a self-insurer fails to file a complete application within 45 days of being notified by the Administration Division that the application is incomplete, unless the self-insurer obtains an extension to provide the missing information under subsection (D).

**B. Substantive review.**

1. Initial application. Within 70 days after the Administration Division determines an initial application complete, the Commission shall determine whether an initial application for authority to self-insure meets the substantive criteria of A.R.S. § 23-961 and this Article and shall issue an order granting or denying authority to self-insure.
2. Renewal application. Within 40 days after the Administration Division determines a renewal application complete, the Commission shall determine whether a renewal application for authority to self-insure meets the substantive criteria of A.R.S. § 23-961 and this Article and shall issue an order granting or denying authority to self-insure.

**C. Overall review.**

1. Initial application. The overall review period shall be 90 days, unless extended under A.R.S. § 41-1072 et seq.
2. Renewal application. The overall review period shall be 60 days, unless extended under A.R.S. § 41-1072 et seq.

- D. If an applicant or self-insurer cannot timely submit to the Administration Division information to complete an initial or renewal application, the applicant or self-insurer may obtain an extension to submit the missing information by filing a written request with the Administration Division no later than 40 days after receipt of the notice from the Administration Division that the initial or renewal application is incomplete. The written request for an extension shall state the reasons the applicant or self-insurer is unable to meet the 45-day deadline. If an extension will enable the applicant or self-insurer to assemble and submit the missing information, the Administration Division shall grant an extension of not more than 30 days and provide written notice of the extension to the applicant or self-insurer.

**Historical Note**

Former Rule XXIII. Section repealed effective July 6, 1993 (Supp. 93-3). R20-5-223 recodified from R4-13-223 (Supp. 95-1). New Section adopted October 9, 1998 (Supp. 98-4).

**R20-5-224. Computation of Time**

- A. In computing any period of time prescribed or allowed by this Article, the day of the act or event from which the designated period of time begins to run shall not be included. The last day of the period computed shall be included unless it is a Saturday, Sunday, or legal holiday, in which event the period runs until the end of the next day which is not a Saturday, Sunday, or legal holiday. When the period of time prescribed or allowed is less than 11 days, intermediate Saturdays, Sundays, and legal holidays shall be excluded in the computation.
- B. Except as otherwise provided by law, the Commission may extend time limits prescribed by this Article for good cause.

**Historical Note**

Former Rule XXIV. Section repealed effective July 6, 1993 (Supp. 93-3). R20-5-224 recodified from R4-13-224 (Supp. 95-1). New Section adopted effective October 9, 1998 (Supp. 98-4).

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**ARTICLE 3. EXPIRED****R20-5-301. Expired****Historical Note**

Former Rule I. R20-5-301 recodified from R4-13-301 (Supp. 95-1). Section R20-5-301 repealed; new Section R20-5-301 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-302. Expired****Historical Note**

Former Rule II; Amended effective March 9, 1981 (Supp. 81-2). R20-5-302 recodified from R4-13-302 (Supp. 95-1). Section R20-5-302 repealed; new Section R20-5-302 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-303. Expired****Historical Note**

Former Rule III; Amended effective March 9, 1981 (Supp. 81-2). R20-5-303 recodified from R4-13-303 (Supp. 95-1). Section R20-5-303 repealed; new Section R20-5-303 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-304. Expired****Historical Note**

Former Rule IV; Amended effective March 9, 1981 (Supp. 81-2). R20-5-304 recodified from R4-13-304 (Supp. 95-1). Section R20-5-304 repealed; new Section R20-5-304 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-305. Expired****Historical Note**

Former Rule V; Former Section R4-13-305 renumbered and amended as Section R4-13-306, new Section R20-5-305 adopted effective March 9, 1981 (Supp. 81-2). R20-5-305 recodified from R4-13-305 (Supp. 95-1). Section R20-5-305 repealed; new Section R20-5-305 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-306. Expired****Historical Note**

Former Rule VI. Former Section R4-13-306 renumbered and amended as Section R4-13-307, former Section R4-13-305 renumbered and amended as Section R4-13-306 effective March 9, 1981 (Supp. 81-2). R20-5-306 recodified from R4-13-306 (Supp. 95-1). Section R20-5-306 repealed; new Section R20-5-306 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-307. Expired****Historical Note**

Former Rule VII. Former Section R4-13-307 renumbered as Section R4-13-309, former Section R4-13-306 renumbered and amended as Section R4-13-307 effective March 9, 1981 (Supp. 81-2). R20-5-307 recodified from

R4-13-307 (Supp. 95-1). Section R20-5-307 repealed; new Section R20-5-307 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-308. Expired****Historical Note**

Former Rule VIII. Former Section R4-13-308 renumbered as Section R4-13-310, new Section R4-13-308 adopted effective March 9, 1981 (Supp. 81-2). R20-5-308 recodified from R4-13-308 (Supp. 95-1). Section R20-5-308 repealed; new Section R20-5-308 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-309. Expired****Historical Note**

Former Rule IX. Former Section R4-13-309 repealed, former Section R4-13-307 renumbered as Section R4-13-309 effective March 9, 1981 (Supp. 81-2). R20-5-309 recodified from R4-13-309 (Supp. 95-1). Section R20-5-309 repealed; new Section R20-5-309 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-310. Expired****Historical Note**

Former Rule X. Former Section R4-13-310 renumbered and amended as Section R4-13-312, former Section R4-13-308 renumbered as Section R4-13-310 effective March 9, 1981 (Supp. 81-2). R20-5-310 recodified from R4-13-310 (Supp. 95-1). Section R20-5-310 repealed; new Section R20-5-310 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-311. Expired****Historical Note**

Former Rule XI. Former Section R4-13-311 repealed, new Section R4-13-311 adopted effective March 9, 1981 (Supp. 81-2). R20-5-311 recodified from R4-13-311 (Supp. 95-1). Section R20-5-311 repealed; new Section R20-5-311 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-312. Expired****Historical Note**

Former Rule XII. Former Section R4-13-312 renumbered as Section R4-13-314, former Section R4-13-310 renumbered and amended as Section R4-13-312 effective March 9, 1981 (Supp. 81-2). R20-5-312 recodified from R4-13-312 (Supp. 95-1). Section R20-5-312 repealed; new Section R20-5-312 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-313. Expired****Historical Note**

Former Rule XIII. Former Section R4-13-313 renumbered and amended as Section R4-13-318 effective

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March 9, 1981 (Supp. 81-2). R20-5-313 recodified from R4-13-313 (Supp. 95-1). New Section adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-314. Expired****Historical Note**

Former Section R4-13-312 renumbered as Section R4-13-314 effective March 9, 1981 (Supp. 81-2). R20-5-314 recodified from R4-13-314 (Supp. 95-1). Section R20-5-314 repealed; new Section R20-5-314 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-315. Expired****Historical Note**

Adopted effective March 9, 1981 (Supp. 81-2). R20-5-315 recodified from R4-13-315 (Supp. 95-1). Section R20-5-315 repealed; new Section R20-5-315 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-316. Expired****Historical Note**

Adopted effective March 9, 1981 (Supp. 81-2). R20-5-316 recodified from R4-13-316 (Supp. 95-1). Section R20-5-316 repealed; new Section R20-5-316 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-317. Expired****Historical Note**

Adopted effective March 9, 1981 (Supp. 81-2). R20-5-317 recodified from R4-13-317 (Supp. 95-1). Section R20-5-317 repealed; new Section R20-5-317 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-318. Expired****Historical Note**

Former Section R4-13-313 renumbered and amended as Section R4-13-318 effective March 9, 1981 (Supp. 81-2). R20-5-318 recodified from R4-13-318 (Supp. 95-1). Section R20-5-318 repealed; new Section R20-5-318 adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-319. Expired****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-320. Expired****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-321. Expired****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-322. Expired****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-323. Expired****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-324. Expired****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-325. Expired****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-326. Expired****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-327. Expired****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-328. Expired****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**R20-5-329. Expired****Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3). Section expired under A.R.S. § 41-1056(J) at 23 A.A.R. 297, effective January 3, 2017 (Supp. 17-1).

**ARTICLE 4. ARIZONA BOILERS AND LINED HOT WATER HEATERS****R20-5-401. Applicability**

This Article applies to all boilers, lined hot water heaters and pressure vessels operated in Arizona, except the following:

1. Boilers, lined hot water heaters and pressure vessels regulated by the United States Government;
2. Boilers, lined hot water heaters and pressure vessels operated in private residences or apartment complexes of not more than six units; and
3. Boilers, lined hot water heaters and pressure vessels operated on Indian reservations.

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4. A lined hot water heater that does not exceed any of the following:
  - a. Heat input of 200,000 BTU per hour,
  - b. Water temperature of 210° F, and
  - c. Nominal water containing capacity of 120 gallons.

**Historical Note**

Former Rules B-1.1 and B-1.2. Former Section R4-13-401 repealed, new Section R4-13-401 adopted effective April 12, 1979 (Supp. 79-2). Section R4-13-401 repealed, new Section adopted effective April 9, 1992 (Supp. 92-2).

R20-5-401 recodified from R4-13-401 (Supp. 95-1).

Amended effective October 9, 1998 (Supp. 98-4).

Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3).

**R20-5-402. Definitions**

In this Article, unless the text otherwise requires:

1. "Act" means A.R.S. Title 23, Chapter 2, Article 11.
2. "Alteration" means any change in the item described on the original manufacturer's data report which affects the pressure-containing capability of the boiler or pressure vessel, including but not limited to:
  - a. Non physical changes such as an increase in the maximum allowable working pressure either internal or external, or
  - b. A reduction in minimum design temperature of a boiler or pressure vessel requiring additional mechanical tests.
3. "ANSI" means American National Standards Institute, Inc., located at 25 W. 43rd Street, 4th Floor, New York, NY 10036 or at <http://www.ansi.org/>.
4. "Apartment house" means a building with multiple family dwelling units, not used for commercial purposes, including condominiums and townhouses, where boilers are located in a common area outside of the individual dwelling units, such as a boiler room.
5. "Applicant" means an individual requesting permission to act as a special inspector under A.R.S. § 23-485.
6. "ASME Code" means the American Society of Mechanical Engineers Boiler and Pressure Vessel Code, Sections I, II, IV, V, VIII and IX, published by ASME International.
7. "ASME International" means a not for profit professional organization that promotes the art, science and practice of mechanical and multidisciplinary engineering and allied sciences throughout the world.
8. "Authorized Inspector" means an authorized representative under A.R.S. § 23-471(1) or a special inspector under A.R.S. § 23-485.
9. "Authorized representative" means the boiler chief or boiler inspector employed by the Division.
10. "Blowdown tank" or "Blowdown separator" means an ASME-stamped vessel designed to receive discharged steam or hot water from a boiler blowoff or blowdown piping system.
11. "Boiler" means a closed vessel in which fluid is heated for use external to itself by the direct application of heat resulting from the combustion of fuel, solid, liquid, or gaseous, or by the use of electricity.
12. "Certificate of Competency" means a person who has passed the National Board Exam.
13. "Certificate Inspection" means an internal inspection, when construction allows; otherwise, it means as complete an inspection as possible.
14. "Condemned" means a boiler or lined hot water heater that has been inspected and found to be unsafe by the Director or authorized inspector and has been stamped or tagged with the code XXX AZ8 XXX.
15. "CSD-1" means Controls and Safety Devices for Automatically Fired Boilers, published by ASME International, incorporated by reference in R20-5-404(A)(4).
16. "Direct fired jacketed steam kettle" means a pressure vessel with inner and outer walls that is subject to steam pressure and stress, is used to boil or heat liquids or to cook food, and falls under the scope of Section VIII, Division 1, Appendix 19 (Electrically Heated or Gas Fired Jacketed Steam Kettles) of the ASME Boiler and Pressure Vessel Code incorporated by reference in R20-5-404(A).
17. "External inspection" means an examination of a boiler or lined hot water heater performed by an authorized inspector when the boiler or lined hot water heater is in operation.
18. "Forced circulation hot water heater" means a hot water heater used for potable water, a hot water heater requiring movement of water to prevent overheating and failure of the tubes or coils, and has no definitive waterline.
19. "Fully attended power boiler" means a power boiler that is operated by an individual who meets the requirements of R20-5-408(C), and whose primary function is the care, maintenance, and operation of the boiler and the equipment associated with the boiler system.
20. "High temperature water boiler" means a boiler in which water is heated and operates at a pressure in excess of 160 psig (1.1 MPa) and/or temperature in excess of 250° F.
21. "Historical boilers" means steam boilers of riveted construction, preserved, restored, or maintained for hobby or demonstration use.
22. "Inspection certificate" means a document issued by the Division for the operation of a boiler, lined hot water heater or direct fired jacketed steam kettles when a certificate inspection has been successfully completed.
23. "Internal inspection" means a complete examination of the internal and external surfaces of a boiler or lined hot water heater by an authorized inspector after the boiler or lined hot water heater is shut down.
24. "Lined hot water heater" means the same as lined hot water storage heater defined in A.R.S. § 23-471(10) as a vessel which is closed except for openings through which water can flow, that includes the apparatus by which heat is generated and on which all controls and safety devices necessary to prevent pressures greater than 160 psig (1100 kPa gage) and water temperature greater than 210° F are provided, in which potable water is heated by the combustion of fuels, electricity, or any other heat source and removed for external use.
25. "MAWP" means maximum allowable working pressure.
26. "National Board Commissioned Inspector" means an individual who holds a valid and current National Board Commission issued by the National Board of Boiler and Pressure Vessel Inspectors, 1055 Crupper Avenue, Columbus, OH 43229-1183.
27. "National Board Registration Number" means a unique number issued to a boiler, hot water heater or pressure vessel by the manufacturer and recorded with the National Board of Boiler and Pressure Vessel Inspectors.
28. "NFPA" means National Fire Protection Association.
29. "Non-Standard Boiler" means any boiler, hot water heater or pressure vessel that is not constructed or maintained to the standards incorporated by reference of this Article.

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30. "Owner" or "Operator" means any individual or organization, including this state and all political subdivisions of this state, who have title, control or duty to control, the operation of one or more boilers, lined hot water heaters or pressure vessels.
31. "Portable boiler" means a boiler permanently affixed to a trailer with wheels, that is totally self-contained while operating, and not attached to any other object either by pipe, hose or wire.
32. "Relief valve" means an ASME-stamped automatic pressure relieving device designed for liquid service which is actuated by the pressure upstream of the valve and opens further with an increase in pressure above the stamped pressure.
33. "Repairs" means work necessary to restore a boiler, lined hot water heater or pressure vessel to operating condition that complies with this Article.
34. "Safety relief valve" means an ASME-stamped automatically pressure-actuated relieving device designed for use either as a safety valve or as a relief valve.
35. "Safety valve" means an ASME-stamped automatic pressure relieving device designed for steam or vapor service which is actuated by the pressure upstream of the valve and characterized by full opening pop-action.
36. "Secondhand" means a boiler, lined hot water heater or pressure vessel that has changed both location and ownership since original installation.
37. "Shelter" means a permanent structure that provides protection from the weather.
38. "Special Inspector" means any authorized inspector who is issued an Arizona Commission but is not employed by the state of Arizona.
39. "State Identification Number" means a unique number assigned by the Division to a boiler, hot water heater or pressure vessel installed in Arizona.
40. "User" means a person or entity that does not have legal title to a boiler, lined hot water heater or pressure vessel, but has control and responsibility for the operation of a boiler, lined hot water heater or pressure vessel.

**Historical Note**

Former Rules B-2.1 through B-2.6. Former Section R4-13-402 repealed, new Section R4-13-402 adopted effective April 12, 1979 (Supp. 79-2). Amended effective March 31, 1981 (Supp. 81-2). Amended effective May 11, 1981 (Supp. 81-3). Amended effective May 31, 1985 (Supp. 85-3). Section R4-1-402 repealed, new Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-402 recodified from R4-13-402 (Supp. 95-1). Amended effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3).

**R20-5-403. Boiler Advisory Board**

- A. Members of the boiler advisory board appointed by the Commission pursuant to A.R.S. § 23-474(2) shall serve for a period of three years. At the end of each three year term, the Commission may extend a member's term an additional three years or replace any member with an individual representing similar interest within the industry. The board shall be composed of persons in the boiler industry and shall be balanced in representation with respect to industry, owner/operators, labor and the public.
- B. The board shall hold an annual meeting and such other meetings as may be appropriate and shall conduct business at times and places arranged by the Commission.

**Historical Note**

Former Rules B-3.1 through B-3.3. Former Section R4-13-403 repealed, new Section R4-13-403 adopted effective April 12, 1978 (Supp. 79-2). Section R4-13-403 repealed, new Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-403 recodified from R4-13-403 (Supp. 95-1). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3).

**R20-5-404. Standards for Boilers, Lined Hot Water Heaters and Pressure Vessels****A.** The following apply to this Article:

1. An owner or user of a boiler installed, repaired, replaced, or reinstalled in Arizona, six months after the effective date of this Article shall comply with the 2007 ASME Boiler and Pressure Vessel Code, Sections I, II, IV, V, VIII Division 1, 2, 3, IX, and B31.1 Power Piping, and addenda as of July 1, 2007, incorporated by reference. This incorporation does not include any later amendments or editions of the incorporated material. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ 85007 and may be obtained from ASME International at Three Park Avenue, New York, NY 10016-5990 or at <http://www.asme.org/>.
2. An owner or user of a boiler, lined hot water heater or pressure vessel installed, repaired, replaced, or reinstalled in Arizona, before the effective date of this Article shall comply with subsection (A)(1), or the ASME Boiler and Pressure Vessel Code in effect at the time of the last installation, repair, replacement, or reinstallation of the boiler, lined hot water heater or pressure vessel in Arizona.
3. An owner or user of a gas-fired lined hot water heater installed, operated, repaired, replaced, or reinstalled in Arizona shall comply with the American National Standard for Gas Water Heaters, ANSI Z21.10.3-2004, incorporated by reference. This incorporation does not include any later amendments or editions of the incorporated material. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ 85007 and may be obtained from ANSI, Attn: Customer Service Department, 25 W. 43rd Street, 4th Floor, New York, NY 10036 or at <http://www.ansi.org/>.
4. An owner or user of a boiler installed, repaired, replaced or reinstalled in Arizona after the effective date of this Article shall comply with the American National Standard for Controls and Safety Devices for Automatically Fired Boilers, ANSI/ASME CSD-1-2006, incorporated by reference. This incorporation does not include any later amendments or editions of the incorporated matter. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ 85007 and may be obtained from ASME International, Three Park Avenue, New York, NY 10016-5990 or at <http://www.asme.org/>.
5. An owner or user of a boiler installed, repaired, replaced, or reinstalled in Arizona before the effective date of this Article shall comply with the American National Standard for Controls and Safety Devices for Automatically Fired Boilers in effect at the time of the last installation, repair, replacement or reinstallation of a boiler in Arizona. As an alternative, an owner or user of a boiler described in this subsection may comply with subsection (A)(4).



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6. A permanent source of outside air shall be provided for each boiler and lined hot water heater room to assure complete combustion of the fuel as required by ANSI Z223.1-2006, NFPA 54, National Fuel Gas Code incorporated by reference. This incorporation does not include any later amendments or editions of the incorporated matter. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ 85007 and may be obtained from ANSI, Attn: Customer Service Department, 25 W. 43rd Street, 4th Floor, New York, NY 10036 or at <http://www.ansi.org/>.
- B.** The following registration requirements apply to this Article:
1. All boilers and lined hot water heaters, including reinstalled and secondhand boilers, shall be registered with the National Board of Boiler and Pressure Vessel Inspectors except for:
    - a. Non-standard boilers installed up to six months after the effective date of this Section,
    - b. Cast iron boilers, and
    - c. Cast aluminum boilers.
  2. All fired and unfired pressure vessels installed or reinstalled on or after July 1, 2009, shall be registered with the National Board of Boiler and Pressure Vessel Inspectors.
- C.** The following installation, maintenance, and repair requirements apply to this Article.
1. An owner or user shall keep a signed copy of the Manufacturer's Data Report for a boiler or lined hot water heater at the location of the boiler or lined hot water heater and make the report available for review upon request from an authorized inspector.
  2. A boiler shall have masonry or structural supports of sufficient strength and rigidity to safely support the boiler and its contents without any vibration in the boiler or its connecting piping.
  3. There shall be at least 36 in. (915 mm) of clearance on each side of the boiler or lined hot water heater. Alternative clearances according to the manufacturer's recommendations are subject to approval by the Division prior to installation of boiler or lined hot water heater.
  4. A boiler with a manhole shall have at least five feet clearance between the boiler manhole and any wall, ceiling, or piping.
  5. A newly constructed boiler room in excess of 500 square feet of floor area and containing one or more boilers with a fuel capacity of 1,000,000 BTU per hour or a heating capacity greater than 285 Kw (electric), shall have at least two exits on each level of the boiler or boilers. The owner or user shall ensure each exit is remotely located from other exits.
  6. An owner or user shall keep a boiler or lined hot water heater room clean and with no obstructions to the boiler or lined hot water heater.
  7. An owner or user shall not store flammable or explosive materials in a boiler or lined hot water heater room.
  8. An owner or user shall not store combustibles less than three feet from any part of a boiler or lined hot water heater.
  9. If a boiler or lined hot water heater is moved outside Arizona for temporary use or repairs, the owner or user shall not reinstall the boiler or lined hot water heater in Arizona until the owner or user notifies and receives verbal or written approval from the Division under R20-5-419 to reinstall the boiler or lined hot water heater. If the Division grants approval to reinstall the boiler or lined hot water heater, the owner or user shall not operate the reinstalled boiler or lined hot water heater until the owner or user receives an inspection certificate from the Division under this Article.
  10. Before a new power boiler or a used or secondhand boiler or pressure vessel is installed, an inspection shall be made by an authorized inspector of this state, or by a National Board Commission Inspector. This inspection is to assess the integrity of the vessel and evaluate the original design specification. Prior to installation, an application shall be filed by the owner or user of the boiler or pressure vessel with the Division for approval. This application shall contain the following information:
    - a. Name of the owner or user;
    - b. Mailing address of owner or user;
    - c. Business telephone number of owner or user;
    - d. Installation name and address;
    - e. Installation date;
    - f. Start up date;
    - g. Name and address of boiler/pressure vessel insurance company;
    - h. Arizona serial number of the boiler/pressure vessel being replaced, if applicable;
    - i. Description of the new, used or secondhand power boiler/ pressure vessel as to include:
      - i. Manufacture's name,
      - ii. Date manufactured,
      - iii. Maximum allowable pressure or temperature of boiler/pressure vessel, and
      - iv. National Board registration number;
    - j. Name, address, business phone number, cell phone number, fax number and state contractor's license number of company or individual that will be installing the object;
    - k. Name, title and phone number of the contact person on the site of installation; and
    - l. Signature, title and date of the person submitting the application.
  11. Before the owner or user installing a used boiler or pressure vessel, the boiler or pressure vessel shall pass a hydrostatic test that is witnessed by an authorized inspector, authorized representative or by any National Board Commissioned inspector in accordance with R20-5-411.
  12. An owner or user of a portable boiler shall notify an authorized inspector before installing the portable boiler and shall not operate the portable boiler until the owner or user receives an inspection certificate from the Division.

**Historical Note**

Former Rules B-4.1 through B-4.3. Former Section R4-13-404 repealed, new Section R4-13-404 adopted effective April 12, 1979 (Supp. 79-2). Amended subsection (P) by adding paragraph (7) and amended subsection (Q) effective October 3, 1980 (Supp. 80-5). Section R4-13-404 repealed, new Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-404 recodified from R4-13-404 (Supp. 95-1). Amended effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3).

**R20-5-405. Repealed****Historical Note**

Former Section R4-13-405 repealed effective April 12, 1979 (Supp. 79-2). New Section R4-13-405 adopted effective June 13, 1980 (Supp. 80-3). Section R4-13-405 repealed, new Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-405 recodified from R4-13-405

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(Supp. 95-1). Repealed by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3).

**R20-5-406. Repairs and Alterations**

- A. If repairs or alterations may affect the working pressure or safety of a boiler, an owner, user, or operator shall consult with an authorized inspector before having the repairs or alterations made. The authorized inspector shall provide the owner, user, or operator information regarding the best method to repair or alter the boiler. The owner, user, or operator shall ensure that an authorized inspector inspects and approves the repairs and alterations after the repairs or alterations are made.
- B. Repairs and alterations to boilers shall conform to the applicable provisions of the National Board Inspection Code, ANSI/NB-23-2007 Edition and 2007 addenda, incorporated by reference. This incorporation does not include any later amendments or editions of the incorporated material. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ 85007, and may be obtained from the National Board of Boiler and Pressure Vessel Inspectors, 1055 Crupper Avenue, Columbus, OH 43229-1183 or at <http://www.national-board.org/>.
- C. An owner or user shall not permit an individual to remove or repair a safety appliance of a boiler or lined hot water heater in operation. An owner or user shall not permit a person to remove or repair a safety appliance of a boiler or lined hot water heater not in operation except as provided under the ASME Code. If an owner or user permits a person to remove a safety appliance from a boiler or lined hot water heater as provided under the ASME Code, then the owner or user shall ensure that the safety appliance is reinstalled in proper working order before the boiler or lined hot water heater is placed back into operation.
- D. No person shall alter in any manner a safety valve, relief valve, or safety relief valve, except by an organization qualified in accordance with The National Board Inspection Code, ANSI/NB-23 2007 Edition and 2007 addenda incorporated by reference. This incorporation does not include any later amendments or editions of the incorporated material. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ 85007, and may be obtained from the National Board of Boiler and Pressure Vessel Inspectors at 1055 Crupper Avenue, Columbus, OH 43229-1183 or at <http://www.national-board.org/>.
- E. Repairs of fittings or appliances shall comply with the requirements of the National Board Inspection Code, ANSI/NB-23-2007 Edition and 2007 addenda incorporated by reference. This incorporation does not include any later amendments or editions of the incorporated material. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ 85007 and may be obtained from the National Board of Boiler and Pressure Vessel Inspectors, 1055 Crupper Avenue, Columbus, OH 43229-1183 or at <http://www.nationalboard.org/>.
- F. Beginning six months after the effective date of this Section replacement of fittings or appliances shall comply with the requirements of the 2007 ASME Boiler and Pressure Vessel Code, Sections I, II, IV, V, VIII, Division 1, 2, 3, IX and B31.1 Power Piping, and addenda, incorporated by reference. This incorporation does not include any later amendments or editions of the incorporated material. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ 85007. A copy of the incorporated material may also be obtained from

ASME International, Three Park Avenue, New York, NY 10016-5990 or at <http://www.asme.org>.

**Historical Note**

Former Section R4-13-406 repealed effective April 12, 1979 (Supp. 79-2). New Section R4-13-406 adopted effective June 13, 1980 (Supp. 80-3). Section R4-13-406 repealed, new Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-406 recodified from R4-13-406 (Supp. 95-1). Amended effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3).

**R20-5-407. Inspection of Boilers, Lined Hot Water Heaters, Direct Fired Jacketed Steam Kettles and Issuance of Inspection Certificates**

- A. An authorized inspector shall comply with the guidelines set forth in The National Board Inspection Code, ANSI/NB-23-2007 Edition and 2007 addenda, incorporated by reference. This incorporation does not include any later amendments or editions of the incorporated material. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ 85007 and may be obtained from the National Board of Boiler and Pressure Vessel Inspectors, 1055 Crupper Avenue, Columbus, OH 43229-1183 or at <http://www.nationalboard.org/>.
- B. If an owner, user, or operator fails to comply with the requirements for an inspection or pressure test under this Article, the Division shall withhold the inspection certificate until the owner, user, or operator complies with the requirements.
- C. An authorized inspector shall not engage in the sale of any object or device relating to boilers, lined hot water heaters, direct fired jacketed steam kettles or equipment associated with boilers, or lined hot water heaters or direct fired jacketed steam kettles.
- D. Under A.R.S. § 23-485(D), the Special Inspector shall file the inspection reports by entering data into the Division's Web-based inspection entry form, by submitting a paper inspection report issued by the Division or by electronic transfer of data between the insurance company's database and the Division's database. The inspection report shall contain the following:
  1. Whether it is a Certificate or non-Certificate inspection;
  2. Whether it is an internal or external inspection;
  3. Name of location, address and phone number of the object;
  4. Name, address and phone number of owner or responsible party;
  5. Contact person's name and phone number at the inspection location;
  6. State Identification Number;
  7. Certificate due date;
  8. Certificate duration;
  9. Whether the object is active, inactive or scrapped;
  10. MAWP permitted or allowed;
  11. National Board registration number;
  12. Name of the manufacturer and the year the object was built;
  13. Special location in plant, if applicable;
  14. Boiler type;
  15. Purpose of the boiler;
  16. Specify type of fuel used;
  17. Whether the firing method is automatic, manual or unknown;
  18. Whether the fuel train is in compliance with CSD-1, NFPA 85, Z21.10.3 or other;
  19. Whether the boiler is fully attended as per R20-5-408(C);

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20. Heating Surface/BTU Input/ Kilowatt (Kw) Input, as applicable;
  21. Whether the heating surface type is stamped, computed or unknown;
  22. Minimum safety valve relief capacity required;
  23. Whether the minimum safety valve relief capacity type is BTU/Hr, LBS/Hr or unknown;
  24. Number of temperature/pressure controls, as applicable;
  25. Owner number assigned by the owner to specifically identify object's location;
  26. Inspection date;
  27. Whether the certificate is posted;
  28. Safety Valve Total Capacity;
  29. Safety Valve #1 set pressure;
  30. Safety Valve #2 set pressure;
  31. Safety Valve #3 set pressure;
  32. Whether the object has been hydro tested;
  33. Hydro Test (psi), if applicable;
  34. Whether Pressure/Altitude Gage was tested;
  35. Whether the condition of the object is okay to issue a certificate;
  36. Inspection comments, condition of boiler;
  37. Violations noted;
  38. Inspector name and Arizona Commission number; and
  39. National Board Commission number.
- E.** The Division shall issue to an owner or user an inspection certificate within 30 calendar days of receipt of an inspection report that documents a boiler, lined hot water heater or direct fired jacketed steam kettle that complies with the Act and this Article. An owner or user of a boiler, lined hot water heater or direct fired jacketed steam kettle shall post the inspection certificate in the establishment where the boiler, lined hot water heater or direct fired jacketed steam kettle is located.
- F.** An owner, user, or operator shall ensure than an authorized inspector tags or stamps a steam boiler with an identification number assigned by the Division immediately after installing, but before operating, a new steam boiler, or when an authorized inspector performs an initial certificate inspection of an existing steam boiler. The identification number shall be at least 5/16" in height and in the following format: AZ-# # # #.
- G.** The Division shall mark with a metal dye stamp a boiler or lined hot water heater identified by the Division as not safe for further service, with the code "XXX AZ8 XXX" which shall designate that the boiler or lined hot water heater is condemned.
- H.** For any conditions not covered by this Article, the applicable provisions of the ASME Code that was in effect in Arizona at the time of the installation of the boiler or lined hot water heater shall apply.

**Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2).

R20-5-407 recodified from R4-13-407 (Supp. 95-1).

Amended effective October 9, 1998 (Supp. 98-4).

Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3).

**R20-5-408. Frequency of Inspection**

- A.** An owner, user, or operator of a power boiler shall ensure that an authorized inspector performs a certificate inspection and external inspection of the power boiler every 12 months. An authorized inspector shall perform the external inspection while the power boiler is in operation to ensure that safety devices of the power boiler are operating properly.
- B.** An authorized inspector shall perform an internal inspection and pressure test on a boiler, lined hot water heater or pressure

vessel if the inspector determines from an external inspection of the boiler, lined hot water heater or pressure vessel that continued operation of the boiler, lined hot water heater or pressure vessel is a danger to the public or worker safety.

- C.** The Division shall issue a 12 month inspection certificate to an owner or user to operate a fully attended power boiler if:
1. An owner or user ensures that an authorized inspector performs an external safety inspection and audit of the operational methods and logs of the fully attended power boiler at least every 12 months and performs an internal inspection of the fully attended power boiler at least every 36 months;
  2. Continuous boiler water treatment is under the direct supervision of persons trained and experienced in water treatment for the purpose of controlling and limiting corrosion and deposits.
  3. Records are available for review, that indicate:
    - a. The date, time, and reason the boiler is out of service; and
    - b. Daily analysis of water samples that adequately show the conditions of the water and elements or characteristics that are capable of producing corrosion or other deterioration to the boiler or its parts; and
  4. Controls, safety devices, instrumentation, and other equipment necessary for safe operation are current, in service, calibrated, and meet the requirements of an appropriate safety code for the size boilers, such as NFPA 85, ASME CSD-1 Controls and Safety Devices for Automatically Fired Boilers, National Board Inspection Code ANSI/NB-23, and state requirements.
  5. Inspection reports of an authorized inspector document that the fully attended power boiler complies with A.R.S. § 23-471 et seq. and this Article.
- D.** An owner, user, or operator of a direct-fired jacketed steam kettle shall ensure that an authorized inspector performs a certificate inspection of the direct-fired jacketed steam kettle every 24 months.
- E.** An owner, user, or operator of a heating or process boiler, not exceeding 15 p.s.i. maximum allowable working pressure, steam or vapor, shall ensure that an authorized inspector performs a certificate inspection of the heating or process boiler every 24 months.
- F.** An owner or user of a hot water heating or hot water supply boiler, or lined hot water heater shall ensure that an authorized inspector performs a certificate and external inspection of the hot water heating or hot water supply boiler or lined hot water heater at the time the hot water heating or hot water supply boiler or lined hot water heater is installed. An inspection certificate issued by the Division following an inspection under this subsection shall not state an expiration date.

**Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2).

R20-5-408 recodified from R4-13-408 (Supp. 95-1).

Amended effective October 9, 1998 (Supp. 98-4).

Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3).

**R20-5-409. Notification and Preparation for Inspection**

- A.** An authorized inspector shall perform a certificate inspection at a time mutually agreeable to the inspector and owner, user, or operator.
- B.** Before an authorized inspector performs an internal inspection of a boiler, an owner, user, or operator shall:
1. Cool the furnace and combustion chambers;

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2. Drain the water from the boiler;
3. Remove the manhole and handhole plates, wash-out plugs, and inspection plugs in water column connections;
4. Remove insulation or brickwork if necessary to determine the condition of the boiler, headers, furnace, supports, and other parts;
5. Remove the pressure gauge for testing;
6. Prevent any leakage of steam or hot water into the boiler by disconnecting the involved pipe or valve;
7. Close, tag, and padlock the non-return and steam stop valves before opening the manhole or handhole covers and entering any part of the steam generating unit that is connected to a common header with other boilers. Open the free blow drain or cock between the non-return and steam stop valves;
8. Close, tag, and padlock the blowoff valves after draining the boiler; and
9. Open all drains and vent lines.

**Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-409 recodified from R4-13-409 (Supp. 95-1). Amended effective October 9, 1998 (Supp. 98-4).

**R20-5-410. Report of Accident**

An owner or user shall notify the Division within 24 hours of an explosion, severe overheating, or personal injury involving a boiler, lined hot water heater or direct fired jacketed steam kettle. A person shall not remove or disturb the involved boiler, lined hot water heater, direct fired jacketed steam kettle or parts of the boiler, lined hot water heater or direct fired jacketed steam kettle before an investigation by an authorized inspector, except for the purpose of preventing personal injury or limiting consequential damage.

**Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-410 recodified from R4-13-410 (Supp. 95-1). Amended effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3).

**R20-5-411. Hydrostatic Tests**

The owner or user shall perform a hydrostatic or pneumatic pressure test in accordance with the code incorporated by reference in R20-5-404(A) and R20-5-406(B).

**Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-411 recodified from R4-13-411 (Supp. 95-1). Amended effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3).

**R20-5-412. Automatic Low-water Fuel Cutoff Devices or Combined Water Feeding and Fuel Cutoff Devices**

- A. An owner, user, or operator shall ensure that low-water fuel cutoff devices or combined water feeding and fuel cutoff devices do not interfere with an operator's or inspector's ability to safely clean, repair, or inspect a boiler or lined hot water heater.
- B. A low-water fuel cutoff device shall have a pressure rating not less than the set pressure of the safety valve or safety relief valve.
- C. In addition to the requirements of subsections (A) and (B), all low-water fuel cutoffs and flow sensing devices shall be constructed and installed in accordance with applicable ASME

Code and standards for boilers and steam jacketed kettles in R20-5-404(A).

**Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-412 recodified from R4-13-412 (Supp. 95-1). Amended effective October 9, 1998 (98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3).

**R20-5-413. Safety and Safety Relief Valves**

- A. A valve shall not be placed between a safety valve or a safety relief valve and installed on a boiler or lined hot water heater, or between a safety valve or a safety relief valve and the discharge pipe attached to the boiler or lined hot water heater.
- B. When a power boiler is supplied with feed-water directly from a water main without the use of a feeding apparatus, safety valves shall not be set at a pressure greater than 94% of the lowest pressure obtained in the water main feeding the boiler;
- C. Safety valves, safety relief valves and relief valves shall conform to the requirements of the 2007 ASME Boiler and Pressure Vessel Code, Section I, IV or VIII, and addenda as of January 1, 2008, incorporated by reference as applicable. This incorporation does not include any later amendments or editions of the incorporated material. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ and may be obtained from the ASME, Three Park Avenue, New York, NY 10016-5990 or at <http://www.asme.org/>.

**Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-413 recodified from R4-13-413 (Supp. 95-1). Amended effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3).

**R20-5-414. Repealed****Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2). R20-5-414 recodified from R4-13-414 (Supp. 95-1). Repealed by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3).

**R20-5-415. Boiler Blowdown, Blowoff Equipment and Drains**

- A. Except as provided in this Section, an owner or user of blowdown and blowoff equipment shall comply with the National Board Rules and Recommendations for the Design and Construction of Boiler Blowoff Systems, 1991 Edition, incorporated by reference. This incorporation does not include any later amendments or editions of the incorporated material. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 W. Washington Street, Phoenix, AZ 85007 and may be obtained from the National Board of Boiler and Pressure Vessel Inspectors, 1055 Crupper Avenue, Columbus, OH 43229-1183 or at <http://www.nationalboard.org/>.
- B. Blowdown from a boiler is a hazard to life and property.
- C. Blowdown from a boiler shall pass through blowdown equipment that reduces pressure and temperature to levels not exceeding 5 p.s.i.g. and 140° F.
- D. The thickness of a blowdown vessel shall be at least 3/16".
- E. All blowdown equipment shall be fitted with openings that allow cleaning and inspection of the equipment.

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- F. Blowdown separators may be used with boilers instead of boiler blowdown tanks, provided that blowdown separators are operated with a temperature gauge and water cooler to prevent drain water temperature from exceeding 140° F.
- G. In addition to the requirements of subsections (A) through (F), the following requirements apply to blowdown piping, valves and drains for power boilers: Each power boiler and high temperature water boiler shall be installed and maintained according to ASME Code, Section 1 and B31.1, incorporated by reference in R20-5-404, at the time of installation.
- H. In addition to the requirements of subsections (A) through (F), the following requirements apply to bottom blowdown or drain valves for heating boilers and hot water heaters:
1. A hot water heating boiler or hot water heater shall have a bottom blowdown or drain pipe connection fitted with a valve or cock connected with the lowest available water space with the minimum size of blowdown piping and valves as required by ASME Code, Section IV, incorporated by reference, in R20-5-404(A).
  2. Discharge outlets of blowdown pipes, safety valves and other piping shall be located and structurally supported to prevent injury to individuals.
3. On a monthly basis, the owner or user shall:
    - a. Test all fan and air pressure interlocks,
    - b. Check the main burner safety shutoff valve,
    - c. Check the low fire start switch,
    - d. Test fuel pressure and temperature interlocks of oil-fired units, and
    - e. Test the high and low fuel pressure switch of gas-fired units.
  4. Every six months, the owner or user shall:
    - a. Inspect burner components;
    - b. Check flame failure system components, such as vacuum tubes, amplifier and relays;
    - c. Check wiring of all interlocks and shutoff valves;
    - d. Recalibrate all indicating and recording gauges; and
    - e. Check steam and blowdown piping and valves.
  5. Annually, the owner or user shall:
    - a. Replace vacuum tubes, scanners, or flame rods in the flame failure system according to the manufacturer's instructions;
    - b. Check all coils and diaphragms; and
    - c. Test operating parts of all safety shutoff and control valves.

**Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2).

R20-5-415 recodified from R4-13-415 (Supp. 95-1).

Amended effective October 9, 1998 (Supp. 98-4).

Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3).

**R20-5-416. Maximum Allowable Working Pressure**

- A. The ASME Code under which a boiler was constructed and stamped shall determine the maximum allowable working pressure for the ASME-stamped boiler.
- B. If components in the boiler or hot water system such as valves, pumps, expansion tanks, storage tanks or piping have a lesser working pressure rating than the boiler or hot water heater, the pressure setting for the safety or safety relief valve on the boiler or hot water heater shall be based upon the component with the lowest maximum allowable working pressure rating.

**Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2).

R20-5-416 recodified from R4-13-416 (Supp. 95-1).

Amended effective October 9, 1998 (Supp. 98-4).

Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3).

**R20-5-417. Maintenance and Operation of Boilers, Hot Water Heaters and Direct Fired Jacketed Steam Kettles**

- A. An owner or user of a boiler, hot water heater or direct fired jacketed steam kettle constructed under the ASME Code, Sections I, IV or VIII Division 1, incorporated by reference in R20-5-404(A) shall comply with the manufacturer's maintenance and operation instructions for the boiler, hot water heater or direct fired jacketed steam kettle.
- B. In addition to the requirements of subsection (A), an owner or user of a boiler constructed under the ASME Code, Sections I, IV, shall comply with the following preventive maintenance schedule if the boiler contains the component or system listed.
1. On a daily basis, the owner or user shall:
    - a. Test the low-water fuel cutoff and alarm, and
    - b. Check the burner flame for proper combustion.
  2. On a weekly basis, the owner or user shall:
    - a. Check for proper ignition, and
    - b. Check the flame failure detection system.

- C. An owner or user of a power boiler or high temperature boiler shall designate an individual who meets the requirements of subsection (D) to operate the boiler. An owner or user may operate the boiler if the owner or user meets the requirements of subsection (D).
- D. An operator of a power boiler or high temperature water boiler shall meet the following minimum requirements:
1. Knowledge of and an ability to explain the function and operation of all safety controls of the boiler,
  2. Ability to start the boiler in a safe manner,
  3. Knowledge of all safe methods of feeding water to the boiler,
  4. Knowledge of and the ability to blow down the boiler in a safe manner,
  5. Knowledge of safety procedures to follow if water exceeds or drops below permissible safety levels, and
  6. Knowledge of and the ability to safely shut down the boiler.

**Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2).

R20-5-417 recodified from R4-13-417 (Supp. 95-1).

Amended effective October 9, 1998 (Supp. 98-4).

Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3).

**R20-5-418. Non-standard Boilers**

An owner or user shall remove from service a boiler, hot water heater or pressure vessel that does not bear an ASME stamp unless the boiler owner or user request a variance under R20-5-429.

**Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). New Section adopted effective April 9, 1992 (Supp. 92-2).

R20-5-418 recodified from R4-13-418 (Supp. 95-1).

Amended effective October 9, 1998 (Supp. 98-4).

Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3).

**R20-5-419. Request to Reinstall Boiler or Lined Hot Water Heater**

- A. The Division shall grant or deny approval to reinstall a boiler or lined hot water heater within three business days after an owner or user requests approval to reinstall the boiler or lined

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hot water heater. The order of the Division granting or denying approval to reinstall a boiler shall be in writing.

- B. The Division shall grant approval to reinstall a boiler or lined hot water heater if the boiler or lined hot water heater complies with A.R.S. § 23-471 et seq. and this Article. The Division shall deny approval to reinstall a boiler or lined hot water heater if the boiler or lined hot water heater does not comply with A.R.S. § 23-471 et seq. and this Article.
- C. An order of the Division denying approval to reinstall a boiler shall be final unless an owner or user requests a hearing under A.R.S. § 23-479 within 15 days after the Division mails the order. The owner or user requesting a hearing shall have the burden to prove that a boiler meets the requirements of A.R.S. § 23-471 et seq. and this Article.

**Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). R20-5-419 recodified from R4-13-419 (Supp. 95-1). New Section adopted effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3).

**R20-5-420. Special Inspector Certificate under A.R.S. § 23-485****A. Review Time-frames.**

- 1. Administrative Completeness Review.
  - a. The Division shall determine whether an application to take a written examination or request for a special inspector certificate under A.R.S. § 23-485 is complete within three days of receipt of the application or request. The Division shall inform the applicant whether the application or request is complete or incomplete by written notice. If the application or request is incomplete, the Division shall include in its written notice to the applicant a complete list of the missing information.
  - b. The Division shall deem an application or request withdrawn if an applicant fails to file a complete application or request within 10 days of being notified by the Division that the application or request is incomplete, unless the applicant obtains an extension to provide the missing information. An applicant may obtain an extension to submit the missing information by filing a written request with the Division no later than 10 days after the Division mails notice that the application or request is incomplete. The written request for an extension shall state the reasons the applicant is unable to meet the 10-day deadline. If an extension will enable the applicant to assemble and submit the missing information, the Division shall grant an extension of not more than 10 days and provide written notice of the extension to the applicant.
- 2. Substantive review.
  - a. Application to take written examination under A.R.S. § 23-485(A). Within three days after the Division deems an application complete under subsection (B), the Division shall determine whether the applicant is eligible to take the National Board Examination.
  - b. Request for special inspector certificate under A.R.S. § 23-485. Within three days after the Division deems a request complete under subsection (C), the Division shall determine whether the applicant meets the criteria of A.R.S. § 23-485 and subsection (C).

- 3. Overall review. The overall review period shall be six days, unless extended under A.R.S. § 41-1072 et seq.

**B. Application to take Written Examination under A.R.S. § 23-485(A).**

- 1. An individual requesting to take the written examination under A.R.S. § 23-485(A) shall complete an application to take the National Board Examination and submit the application to the Division at least 45 days before the date of the examination.
- 2. The application to take the National Board Examination shall be filed with the Division. An application is considered filed when it is received at the office of the Division and stamped by the Division with the date of filing.
- 3. An application to take the National Board Examination shall be on a legible form, paper or electronic, issued to the Division, with the following information:
  - a. Full legal name,
  - b. State or country of residency,
  - c. Mailing address,
  - d. Telephone number,
  - e. E-mail address, and
  - f. Employer's name and address.

**C. Application for Special Inspector Certificate under A.R.S. § 23-485.** An application for a special inspector certificate under A.R.S. § 23-485 is deemed complete under subsection (A)(1) when the following is filed with the Division:

- 1. The applicant provides written documentation that the applicant holds a certificate of competency as an inspector of boilers or lined hot water heaters for a state that has a standard of examination equal to that of Arizona or the applicant is a National Board Commissioned Inspector, and
- 2. The applicant provides proof of employment as a full time inspector for a company conducting business in Arizona and whose duties as an inspector include making inspections of boilers or lined hot water heaters to be used or insured by the company and not for resale.

**D.** If an applicant meets the criteria of A.R.S. § 23-485 and subsection (C), the Division shall issue a certificate to the applicant under subsection (C). If an applicant fails to meet the criteria of A.R.S. § 23-485 and subsection (C), the Division shall issue a written notice denying eligibility to the applicant. The Commission shall deem the notice denying eligibility final if an applicant does not request a hearing within 15 calendar days after the Division mails the notice.**E. Written Examination under A.R.S. § 23-485(A).**

- 1. The written examination described in A.R.S. § 23-485(A) shall be the National Board Examination of the National Board of Boiler and Pressure Vessel Inspectors.
- 2. The Division shall administer the National Board Examination the first Wednesday and Thursday of every March, June, September, and December to eligible applicants. Within two days after the Division administers the National Board Examination, the Division shall return the examinations of eligible applicants to the National Board of Boiler and Pressure Vessel Inspectors. Examinations shall be graded by the National Board of Boiler and Pressure Vessel Inspectors.
- 3. The Division shall provide written notice to an applicant of the applicant's grade for the National Board Examination within three days after the Division receives notice of the grade from the National Board of Boiler and Pressure Vessel Inspectors.
- 4. The Division shall issue a certificate of competency to an applicant who passes the National Board Examination.

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- F. Issuance of Special Inspector Certificate. The Division shall issue a special inspector certificate, A.R.S. § 23-485, to an applicant no later than 15 calendar days after the Division determines that an applicant meets the criteria of A.R.S. § 23-485 and subsection (C).
- G. Hearing on Denial of Eligibility for Special Inspector Certificate.
1. A request for hearing protesting a notice of eligibility shall be in writing and signed by the applicant or the applicant's legal representative. The applicant shall file the request for hearing with the Division.
  2. The Commission shall hold a hearing under A.R.S. § 41-1065. The hearing shall be stenographically recorded.
  3. The Chair of the Commission or designee shall preside over hearings held under this Section. The Chair shall apply the provisions of A.R.S. § 41-1062 et seq. to hearings held under this Section and shall have the authority and power of a presiding officer as described in A.R.S. § 41-1062.
  4. A decision of the Commission to deny or grant eligibility for a special inspector certificate shall be based upon the criteria set forth in A.R.S. § 23-485 and this Section and shall be made by a majority vote of the quorum of Commission members present when the decision is rendered at a public meeting. After a decision is rendered at a public meeting, the Commission shall issue a written decision upon hearing which shall include findings of fact and conclusions of law, separately stated. An order of the Commission denying a special inspector certificate is final unless an applicant files a request for review within 15 days after the Commission mails its order.
  5. A request for review shall be based upon one or more of the following grounds which have materially affected the rights of an applicant:
    - a. Irregularities in the hearing proceedings or any order or abuse of discretion whereby the applicant seeking review was deprived of a fair hearing;
    - b. Misconduct by the Division;
    - c. Accident or surprise which could not have been prevented by ordinary prudence;
    - d. Newly discovered material evidence that could not have been discovered with reasonable diligence and produced at the hearing;
    - e. Excessive or insufficient sanctions or penalties imposed at hearing;
    - f. Error in the admission or rejection of evidence, or errors of law occurring at, or during the course of, the hearing;
    - g. Bias or prejudice of the Division; and
    - h. The order, decision, or findings of fact are not justified by the evidence or are contrary to law.
  6. The Commission shall issue a decision upon review no later than 30 days after receiving a request for review.
  7. The Commission's decision upon review is final unless an applicant seeks judicial review as provided in A.R.S. § 23-483.

**Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). R20-5-420 recodified from R4-13-420 (Supp. 95-1). New Section adopted effective October 9, 1998 (Supp. 98-4). Amended by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3).

**R20-5-421. Repealed****Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). R20-5-

421 recodified from R4-13-421 (Supp. 95-1).

**R20-5-422. Repealed****Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). R20-5-422 recodified from R4-13-422 (Supp. 95-1).

**R20-5-423. Repealed****Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). R20-5-423 recodified from R4-13-423 (Supp. 95-1).

**R20-5-424. Repealed****Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). R20-5-424 recodified from R4-13-424 (Supp. 95-1).

**R20-5-425. Repealed****Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). R20-5-425 recodified from R4-13-425 (Supp. 95-1).

**R20-5-426. Repealed****Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). R20-5-426 recodified from R4-13-426 (Supp. 95-1).

**R20-5-427. Repealed****Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). R20-5-427 recodified from R4-13-427 (Supp. 95-1).

**R20-5-428. Repealed****Historical Note**

Repealed effective April 12, 1979 (Supp. 79-2). R20-5-428 recodified from R4-13-428 (Supp. 95-1).

**R20-5-429. Variance**

- A. Any owner or user may apply to the Director for a variance from the requirements of this Article, upon demonstrating the construction, installation, and operation of the boiler or pressure vessel will maintain the same level of safety as prescribed by this Chapter. The Director shall issue a variance if the Director determines that the proponent of the variance has demonstrated the construction, installation, and operation of the boiler or pressure vessel will maintain the same level of safety as prescribed by this Chapter. The variance issued shall prescribe the construction, installation, operation, maintenance, and repair conditions that the owner or user shall maintain.
- B. A variance may be modified or revoked upon application by an owner, user or the Director, on the Director's own motion at any time after six months from issuance if the owner or user has not complied with the variance or if the variance does not protect the health and safety of employees or general public.
- C. The application for a variance shall be made on the form issued by the Division and contains the following information:
1. Owner or user's name and company name;
  2. Mailing address;
  3. Telephone number;
  4. Fax number;
  5. Contact person;
  6. Contact person's telephone number;
  7. Address or location of proposed variance;
  8. Type of facility to include;
    - a. Variance description;

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- b. Justification for variance;
  - c. Component or system involved;
  - d. Supporting documentation for variance;
  - e. Identify the statute, rule, code or standard to justify the variance; and
9. Printed name and title of owner or user, signature of owner or user and date.
- D.** If an owner or user does not agree with the variance issued or revoked by the Director, a request for a hearing under A.R.S. § 23-479 can be made with the Commission.

**Historical Note**

New Section made by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3).

**R20-5-430. Forced Circulation Hot Water Heaters**

- A.** All water tube or coil-type hot water heaters that require forced circulation to prevent overheating and failure of the tubes or coils shall have a safety control, to prevent burner operation at a flow rate inadequate to protect the hot water heater unit against overheating, at all allowable firing rates. The safety control shall shut down the burner and prevent restarting until an adequate flow is restored.
- B.** All water tube or coil-type hot water heaters that require forced circulation to prevent overheating and failure of the tubes or coils, shall have a manually operated remote shutdown switch or circuit breaker and shall be located just outside the hot water heater room door and marked for easy identification. The shutdown switch shall be installed in a manner to safeguard against tampering. If a hot water heater room door is on the building exterior, the switch shall be located just inside the door. If there is more than one door to the hot water heater room there shall be a switch located at each door. The remote shutdown switch or circuit breaker shall disconnect all power to the burner controls.

**Historical Note**

New Section made by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3).

**R20-5-431. Code Cases**

Code cases approved for use by the ASME Code Committee are allowed to be used in the design, fabrication and testing of boilers and pressure vessels provided approval from the Chief Boiler Inspector is obtained prior to use.

**Historical Note**

New Section made by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3).

**R20-5-432. Historical Boilers**

Historical boilers shall require an initial Certificate inspection by an authorized inspector, followed by a Certificate inspection every three years thereafter if stored inside a shelter, or annually if stored outdoors. The initial Certificate inspection shall include ultrasonic thickness testing of all pressure boundaries. Thinning of the pressure retaining boundary shall be monitored and recorded on the inspection report, in accordance with R20-5-407(D), to the owner and the Division's electronic copy.

**Historical Note**

New Section made by final rulemaking at 15 A.A.R. 1496, effective August 18, 2009 (Supp. 09-3).

**ARTICLE 5. ELEVATOR SAFETY****R20-5-501. Repealed****Historical Note**

Former Rule E-1. Amended effective November 9, 1979 (Supp. 79-6). R20-5-501 recodified from R4-13-501

(Supp. 95-1). Section repealed by final rulemaking at 9 A.A.R. 381, effective March 15, 2003 (Supp. 03-1).

**R20-5-502. Definitions**

The following definitions apply to this Article unless otherwise specified:

1. "ASME" means American Society of Mechanical Engineers.
2. "AZFS Key" means Arizona Firefighters Service Key, a universal key used by a firefighter to operate a conveyance during an emergency.
3. "Chief" means the head inspector of the Elevator Safety Section of the Division of Occupational Safety and Health.
4. "Elevator Safety Section" means the Elevator Safety Section of the Division of Occupational Safety and Health of the Industrial Commission of Arizona.
5. "Inspection" means the official determination by an inspector of the condition of all parts of the equipment on which the safe operation of an elevator depends.
6. "Major Alteration" means work performed to any conveyance that is not routine maintenance or repair.
7. "State Serial Number" is a unique number assigned by the Chief Elevator Inspector to each individual elevator, dumbwaiter, escalator, and moving walks.

**Historical Note**

Former Rule E-2. R20-5-502 recodified from R4-13-502 (Supp. 95-1). Amended by final rulemaking at 9 A.A.R. 381, effective March 15, 2003 (Supp. 03-1). Amended by final rulemaking at 15 A.A.R. 872, effective May 5, 2009 (Supp. 09-2).

**R20-5-503. Repealed****Historical Note**

Former Rule E-3. R20-5-503 recodified from R4-13-503 (Supp. 95-1). Section repealed by final rulemaking at 9 A.A.R. 381, effective March 15, 2003 (Supp. 03-1).

**R20-5-504. Safety Standards for Platform Lifts and Stairway Chairlifts**

Every owner or operator under A.R.S. § 23-491.02 shall comply with the American Society of Mechanical Engineers Safety Standard for Platform Lifts and Stairway Chairlifts ASME A18.1-2005, with amendments as of November 29, 2005, which are incorporated by reference. This incorporation by reference does not include any later amendments or editions of the incorporated matter. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 West Washington Street, Phoenix, Arizona 85007, and ASME at Three Park Avenue, New York, New York 10016-5990 or at <http://www.asme.org>.

**Historical Note**

Former Rule E-4. R20-5-504 recodified from R4-13-504 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 9 A.A.R. 381, effective March 15, 2003 (Supp. 03-1). Amended by final rulemaking at 15 A.A.R. 872, effective May 5, 2009 (Supp. 09-2).

**R20-5-505. Certificate of Inspection**

The owner or operator under A.R.S. § 23-491.02 shall keep the Industrial Commission's Certificate of Inspection at the same location as the elevator, dumbwaiter, escalator, moving walk, or related equipment and make the certificate available for inspection and copying upon request. The State Serial Number shall be posted or displayed in the elevator cab, and on the escalators, the State Serial Number shall be affixed to the right, at the lower end of the unit.



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**Historical Note**

Former Rule E-5. R20-5-505 recodified from R4-13-505 (Supp. 95-1). Amended by final rulemaking at 9 A.A.R. 381, effective March 15, 2003 (Supp. 03-1). Amended by final rulemaking at 15 A.A.R. 872, effective May 5, 2009 (Supp. 09-2).

**R20-5-506. Recordkeeping**

- A. The Elevator Safety Section shall assign a State Serial Number to every elevator, dumbwaiter, escalator, and moving walk for recordkeeping purposes. The State Serial Number shall be on a tag that is affixed to the controller or mainline disconnect in the elevator machine room.
- B. The owner or operator shall notify the Elevator Safety Section at least 90 days before installation, relocation, or major alteration of a dumbwaiter with automatic transfer device within the state, elevator, escalator, dumbwaiter, moving walk, material lift, wheelchair lift, stairway chairlift, or platform lift.
- C. The building owner or operator shall notify the Elevator Safety Section within 24 hours of every accident involving personal injury or disabling damage to a dumbwaiter with automatic transfer device, an elevator, escalator, dumbwaiter, moving walk, material lift, wheelchair lift, stairway chairlift, or platform lift.

**Historical Note**

Former Rule E-6. Amended effective November 9, 1979 (Supp. 79-6). R20-5-506 recodified from R4-13-506 (Supp. 95-1). Amended by final rulemaking at 9 A.A.R. 381, effective March 15, 2003 (Supp. 03-1). Amended by final rulemaking at 15 A.A.R. 872, effective May 5, 2009 (Supp. 09-2).

**R20-5-507. Safety Code for Elevators, Escalators, Dumbwaiters, Moving Walks, Material Lifts, and Dumbwaiters with Automatic Transfer Devices**

- A. Every owner or operator of an elevator, escalator, dumbwaiter, moving walk, material lift, or dumbwaiter with automatic transfer device, installed on or after August 6, 2009 shall comply with the ASME A17.1-2007 (Safety Code for Elevators and Escalators) or ASME A17.7-2007 (Performance-Based Safety Code for Elevators and Escalators) as referenced in ASME A17.1-2007, which are incorporated by reference. Except as stated in subsection (B), this incorporation by reference does not include any later amendments or editions of the incorporated matter. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 West Washington Street, Phoenix, Arizona 85007, and may be obtained from ASME at Three Park Avenue, New York, New York 10016-5990 or at <http://www.asme.org>. Every owner or operator of an elevator, escalator, dumbwaiter, moving walk, material lift, or dumbwaiter with an automatic transfer device, installed between May 5, 2009 and August 6, 2019, shall comply with ASME A17.1-2007 or, as an alternative, may comply with ASME A17.7-2007. Every owner or operator of an elevator, escalator, dumbwaiter, moving walk, material lift, or dumbwaiter with an automatic transfer device, installed before May 5, 2009, shall comply with the ASME A17.1 Safety Code for Elevators and Escalators in effect at the time of installation or, as an alternative, may comply with ASME A17.1-2007 or ASME 17.7-2007.
- B. For installations of a residential elevator, escalator, dumbwaiter, moving walk, material lift, or dumbwaiter with an automatic transfer device, installed after the effective date of this subsection, the distance between the hoistway face of the hoistway doors and the hoistway edge of the landing sill shall not exceed 19 mm (0.75 in.) for swinging doors and 57 mm (2.25 in.) for sliding doors.

**Historical Note**

Former Rule R4-13-507 repealed, new Section R4-13-507 adopted effective November 9, 1979 (Supp. 79-6). Amended effective March 30, 1981 (Supp. 81-2). Amended effective June 23, 1983 (Supp. 83-3). Amended effective July 24, 1985 (Supp. 85-4). Amended effective September 5, 1989 (Supp. 89-3). Amended effective March 20, 1992 (Supp. 91-2). R20-5-507 recodified from R4-13-507 (Supp. 95-1). Amended effective October 8, 1996 (Supp. 96-4). Amended by final rulemaking at 5 A.A.R. 2935, effective August 4, 1999 (Supp. 99-3). Amended by final rulemaking at 9 A.A.R. 381, effective March 15, 2003 (Supp. 03-1). Amended by final rulemaking at 15 A.A.R. 872, effective May 5, 2009 (Supp. 09-2). Amended by final rulemaking at 25 A.A.R. 2182, with an immediate effective date of August 6, 2019 (Supp. 19-3). Amended by final rulemaking at 26 A.A.R. 311, with an immediate effective date of February 6, 2020 (Supp. 20-1).

**R20-5-508. Safety Standards for Belt Manlifts**

Every owner or operator under A.R.S. § 23-491.02 shall comply with the standards of the American National Standard Institute Safety Standard for Belt Manlifts, ASME A90.1-2003, which is incorporated by reference. This incorporation by reference does not include any later amendments or editions of the incorporated matter. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 West Washington Street, Phoenix, Arizona 85007, and ASME at Three Park Avenue, New York, New York 10016-5990 or at <http://www.asme.org/>.

**Historical Note**

Adopted effective November 9, 1979 (Supp. 79-6). R20-5-508 recodified from R4-13-508 (Supp. 95-1). Amended by final rulemaking at 9 A.A.R. 381, effective March 15, 2003 (Supp. 03-1). Amended by final rulemaking at 15 A.A.R. 872, effective May 5, 2009 (Supp. 09-2).

**R20-5-509. Safety Requirements for Personnel Hoists and Employee Elevators for Construction and Demolition Operations**

Every owner or operator under A.R.S. § 23-491.02 shall comply with the standards of the American National Standard Institute Safety Requirements for Personnel Hoists and Employee Elevators for Construction and Demolition Operations, ANSI, A10.4-2007, which is incorporated by reference. This incorporation by reference does not include any later amendments or editions of the incorporated matter. A copy of this referenced material is available for review at the Industrial Commission of Arizona, 800 West Washington Street, Phoenix, Arizona 85007, and ASME at Three Park Avenue, New York, New York 10016-5990 or at <http://www.asme.org>.

**Historical Note**

Adopted effective November 9, 1979 (Supp. 79-6). Amended effective June 23, 1983 (Supp. 83-3). R20-5-509 recodified from R4-13-509 (Supp. 95-1). Amended by final rulemaking at 9 A.A.R. 381, effective March 15, 2003 (Supp. 03-1). Amended by final rulemaking at 15 A.A.R. 872, effective May 5, 2009 (Supp. 09-2).

**R20-5-510. Safety Requirements for Material Hoists**

Every owner or operator under A.R.S. § 23-491.02 shall comply with the standards of the American National Standard Institute Safety Requirements for Material Hoists, ANSI, A10.5-2006, which is incorporated by reference. This incorporation by reference does not include any later amendments or editions of the incorporated matter. A copy of this referenced material is also available for

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review at the Industrial Commission of Arizona, 800 West Washington Street, Phoenix, Arizona 85007, and ASME at Three Park Avenue, New York, New York 10016-5990 or at <http://www.asme.org>.

**Historical Note**

Adopted effective November 9, 1979 (Supp. 79-6). Amended effective June 23, 1983 (Supp. 83-3). R20-5-510 recodified from R4-13-510 (Supp. 95-1). Amended by final rulemaking at 9 A.A.R. 381, effective March 15, 2003 (Supp. 03-1). Amended by final rulemaking at 15 A.A.R. 872, effective May 5, 2009 (Supp. 09-2).

**R20-5-511. Guide for Inspection of Elevators, Escalators, and Moving Walks**

Every Elevator Inspector under A.R.S. § 23-491.05 shall use the American National Standard Institute, Guide for Inspection of Elevators, Escalators, and Moving Walks, ASME, A17.2-2004, which is incorporated by reference. This incorporation by reference does not include any later amendments or editions of the incorporated matter. A copy of this referenced material is also available for review at the Industrial Commission of Arizona, 800 West Washington Street, Phoenix, Arizona 85007, and ASME at Three Park Avenue, New York, New York 10016-5990 or at <http://www.asme.org>.

**Historical Note**

Adopted effective March 30, 1981 (Supp. 81-2). R20-5-511 recodified from R4-13-511 (Supp. 95-1). Amended by final rulemaking at 9 A.A.R. 381, effective March 15, 2003 (Supp. 03-1). Amended by final rulemaking at 15 A.A.R. 872, effective May 5, 2009 (Supp. 09-2).

**R20-5-512. Expired****Historical Note**

Adopted effective March 30, 1981 (Supp. 81-2). R20-5-512 recodified from R4-13-512 (Supp. 95-1). Section expired under A.R.S. § 41-1056(E) at 11 A.A.R. 2320, effective May 19, 2005 (Supp. 05-2).

**R20-5-513. Firefighters' Emergency Operation**

All conveyances provided with firefighters' emergency operation installed per ASME, A17.1-2007, incorporated by reference, shall utilize the AZFS Key.

**Historical Note**

New Section made by final rulemaking at 15 A.A.R. 872, effective May 5, 2009 (Supp. 09-2).

**ARTICLE 6. OCCUPATIONAL SAFETY AND HEALTH STANDARDS****R20-5-601. The Federal Occupational Safety and Health Standards for Construction, 29 CFR 1926**

Each employer shall comply with the standards in the Federal Occupational Safety and Health Standards for Construction, as published in 29 CFR 1926, with amendments as of February 7, 2019, incorporated by reference. Copies of these referenced materials are available for review at the Industrial Commission of Arizona and may be obtained from the United States Government Printing Office, Superintendent of Documents, Washington, D.C. 20402. These standards shall apply to all conditions and practices related to construction activity by all employers, both public and private, in the state of Arizona. This incorporation by reference does not include amendments or editions to 29 CFR 1926 published after February 7, 2019.

**Historical Note**

Editorial correction (Supp. 75-1). Amended as an emergency effective November 16, 1977 pursuant to A.R.S. §

41-1003, valid for only 90 days (Supp. 77-6). Amended as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-601 repealed, former emergency adoption effective October 29, 1980, adopted effective March 2, 1981 (Supp. 81-2). Amended effective June 17, 1981 (Supp. 81-3). Amended effective November 14, 1984 (Supp. 84-6). Amended effective March 3, 1987 (Supp. 87-1). Amended effective April 22, 1988; amended effective May 26, 1988 (Supp. 88-2). Amended effective October 14, 1988 (Supp. 88-4). Amended effective September 14, 1989 (Supp. 89-3). Amended effective April 2, 1990 (Supp. 90-2). Amended effective August 6, 1990 (Supp. 90-3). Amended effective February 8, 1991 (Supp. 91-1). Amended effective November 21, 1991 (Supp. 91-4). Amended effective February 28, 1992 (Supp. 91-2). Amended effective October 22, 1992; amended effective December 23, 1992 (Supp. 92-4). Amended effective September 13, 1993 (Supp. 93-3). Amended effective October 21, 1993; amended effective December 17, 1993 (Supp. 93-4). Amended effective May 11, 1994 (Supp. 94-2). Amended effective November 18, 1994 (Supp. 94-4). Amended effective January 12, 1995; R20-5-601 recodified from R4-13-601 (Supp. 95-1). Amended effective August 28, 1996 (Supp. 96-3). Amended effective April 1, 1997 (Supp. 97-2). Amended effective December 12, 1997 (Supp. 97-4). Amended effective August 27, 1998 (Supp. 98-3). Amended by final rulemaking at 6 A.A.R. 592, effective January 14, 2000 (Supp. 00-1). Amended by final rulemaking at 8 A.A.R. 851, effective February 5, 2002 (Supp. 02-1). Amended by final rulemaking at 9 A.A.R. 2108, effective June 2, 2003 (Supp. 03-2). Amended by final rulemaking at 12 A.A.R. 4102, effective December 4, 2006 (Supp. 06-4). Amended by final rulemaking at 13 A.A.R. 1417, effective March 30, 2007 (Supp. 07-1). Amended by final rulemaking at 14 A.A.R. 2711, effective June 17, 2008 (Supp. 08-2). Amended by final rulemaking at 16 A.A.R. 1469, effective September 11, 2010 (Supp. 10-3). Amended by final rulemaking at 17 A.A.R. 1264, effective June 13, 2011 (Supp. 11-2). Amended by final rulemaking at 18 A.A.R. 1492, effective August 5, 2012 by Notice of Public Information at 18 A.A.R. 1653 (Supp. 12-2). Amended by final rulemaking at 18 A.A.R. 3007, effective October 24, 2012 (Supp. 12-4). Amended by final rulemaking at 22 A.A.R. 773, effective March 16, 2016 (Supp. 16-1). Amended by final rulemaking at 22 A.A.R. 1391, effective May 10, 2016 (Supp. 16-2). Amended by final rulemaking at 24 A.A.R. 2316, effective July 23, 2018 (Supp. 18-3). Amended by final rulemaking at 26 A.A.R. 373, with an immediate effective date of February 11, 2020 (Supp. 20-1).

**R20-5-601.01. Expired****Historical Note**

New Section made by exempt rulemaking at 18 A.A.R. 1144, effective May 25, 2012 (Supp. 12-2). Section expired under A.R.S. § 41-1056(J) at 26 A.A.R. 290, effective January 15, 2020 (Supp. 20-1).

**R20-5-602. The Federal Occupational Safety and Health Standards for General Industry, 29 CFR 1910**

Each employer shall comply with the standards in Subparts B through Z inclusive of the Federal Occupational Safety and Health Standards for General Industry, as published in 29 CFR 1910, with amendments as of July 6, 2018, incorporated by reference. Copies of these reference materials are available for review at the Industrial

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Commission of Arizona and may be obtained from the United States Government Printing Office, Superintendent of Documents, Washington, D.C. 20402. These standards shall apply to all conditions and practices related to general industry activity by all employers, both public and private, in the state of Arizona; provided that this Section shall not apply to those conditions and practices which are the subject of R20-5-601. This incorporation by reference does not include amendments or editions to 29 CFR 1910 published after July 6, 2018.

**Historical Note**

Editorial correction (Supp. 75-1). Amended as an emergency effective November 16, 1977 pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6). New Section R4-13-602 adopted effective July 30, 1980 (Supp. 80-4). Amended as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-602 repealed, former emergency adoption effective October 29, 1980, adopted effective March 2, 1981 (Supp. 81-2). Amended effective June 17, 1981 (Supp. 81-3). Amended subsection (A) effective October 1, 1981 (Supp. 81-5). Amended subsection (A) effective March 5, 1982 (Supp. 82-2). Amended subsection (A) effective May 6, 1983 (Supp. 83-3). Amended subsection (A) effective April 6, 1984 (Supp. 84-2). Amended subsection (A) effective July 3, 1984 (Supp. 84-4). Amended subsection (A) effective October 18, 1984 (Supp. 84-5). Editorial correction, amendment October 18, 1984, withdrawn for subsequent certification. Amended effective November 14, 1984, and December 14, 1984 (Supp. 84-6). Amended subsection (A) effective June 9, 1986 (Supp. 86-3). Amended subsection (A) effective March 3, 1987 (Supp. 87-1). Amended subsection (A) effective June 26, 1987 (Supp. 87-2). Amended subsection (A) effective April 22, 1988; amended subsection (A) effective May 26, 1988 (Supp. 88-2). Amended subsection (A) effective October 14, 1988 (Supp. 88-4). Amended effective September 14, 1989 (Supp. 89-3). Amended effective April 2, 1990 (Supp. 90-2). Amended effective August 6, 1990 (Supp. 90-3). Amended effective February 8, 1991 (Supp. 91-1). Amended effective November 21, 1991 (Supp. 91-4). Amended effective February 28, 1992 (Supp. 91-2). Amended effective March 20, 1992 (Supp. 91-2). Amended effective June 16, 1992 (Supp. 92-2). Amended effective October 22, 1992; amended effective December 23, 1992 (Supp. 92-4). Amended effective May 14, 1993 (Supp. 93-2). Amended effective September 13, 1993 (Supp. 93-3). Amended effective October 21, 1993; amended effective December 17, 1993 (Supp. 93-4). Amended effective May 11, 1994 (Supp. 94-2). Amended effective July 19, 1994 (Supp. 94-3). Amended effective November 18, 1994 (Supp. 94-4). Amended effective January 12, 1995; Amended effective February 10, 1995; R20-5-602 recodified from R4-13-602 (Supp. 95-1). Amended effective August 28, 1996 (Supp. 96-3). Amended effective April 1, 1997 (Supp. 97-2). Amended effective December 12, 1997 (Supp. 97-4). Amended effective August 27, 1998 (Supp. 98-3). Amended by final rulemaking at 6 A.A.R. 592, effective January 14, 2000 (Supp. 00-1). Amended by final rulemaking at 7 A.A.R. 5137, effective October 19, 2001 (Supp. 01-4). Amended by final rulemaking at 9 A.A.R. 2108, effective June 2, 2003 (Supp. 03-2). Amended by final rulemaking at 11 A.A.R. 576, effective January 4, 2005 (Supp. 05-1). Amended by final rulemaking at 12 A.A.R. 4102, effective December 4, 2006 (Supp. 06-4). Amended by final

rulemaking at 13 A.A.R. 1417, effective March 30, 2007 (Supp. 07-1). Amended by final rulemaking at 13 A.A.R. 2927, effective July 31, 2007 (07-3). Amended by final rulemaking at 14 A.A.R. 193, effective January 8, 2008 (Supp. 08-1). Amended by final rulemaking at 14 A.A.R. 2711, effective June 17, 2008 (Supp. 08-2). Amended by final rulemaking at 14 A.A.R. 4337, effective December 30, 2008 (Supp. 08-4). Amended by final rulemaking at 15 A.A.R. 1564, effective August 31, 2009 (Supp. 09-3). Amended by final rulemaking at 16 A.A.R. 1469, effective September 11, 2010 (Supp. 10-3). Amended by final rulemaking at 17 A.A.R. 109, effective January 12, 2011 (Supp. 11-1). Amended by final rulemaking at 17 A.A.R. 1264, effective June 13, 2011 (Supp. 11-2). Amended by final rulemaking at 18 A.A.R. 1492, effective August 5, 2012 by Notice of Public Information at 18 A.A.R. 1653 (Supp. 12-2). Amended by final rulemaking at 18 A.A.R. 3007, effective October 24, 2012 (Supp. 12-4). Amended by final rulemaking at 22 A.A.R. 773, effective March 16, 2016 (Supp. 16-1). Amended by final rulemaking at 24 A.A.R. 2316, effective July 23, 2018 (Supp. 18-3).

Amended by final rulemaking at 26 A.A.R. 373, with an immediate effective date of February 11, 2020 (Supp. 20-1).

**R20-5-602.01. Subpart T, Commercial Diving Operations**

Each employer shall comply with the standards in Subpart T of the Federal Occupational Safety and Health Standards for the General Industry as published in 29 CFR 1910, with amendments as specified in R20-5-602, except that the exemption set forth in 29 CFR 1910.401(a)(2)(ii) shall not apply. Subpart T shall apply to any diving operation performed solely for search, rescue, or related public safety purposes by or under the control of a governmental agency.

**Historical Note**

New Section made by final rulemaking at 14 A.A.R. 193, effective January 8, 2008 (Supp. 08-1).

**R20-5-603. The Federal Occupational Safety and Health Standards for Agriculture, 29 CFR 1928**

Each employer shall comply with the standards in Subparts A through D inclusive of the Federal Occupational Safety and Health Standards for Agriculture, as published in 29 CFR 1928, with amendments as of March 7, 1996, incorporated by reference and on file with the Office of the Secretary of State. Copies of these referenced materials are available for review at the Industrial Commission of Arizona and may be obtained from the United States Government Printing Office, Superintendent of Documents, Washington, D.C. 20402. This incorporation by reference does not include amendments or editions to 29 CFR 1928 published after March 7, 1996.

**Historical Note**

Adopted effective February 28, 1975 (Supp. 75-1). Former Section R4-13-603 repealed, new Section R4-13-603 adopted as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6). Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-603 repealed, former emergency adoption effective October 29, 1980, adopted effective March 2, 1981 (Supp. 81-2). Amended effective April 22, 1988 (Supp. 88-2). Amended effective December 17, 1993 (Supp. 93-4). Amended effective May 11, 1994 (Supp. 94-2). Amended effective November 18, 1994 (Supp. 94-4). Amended effective February 10, 1995. R20-5-603 recodified from R4-13-603 (Supp.

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95-1). Amended effective April 1, 1997 (Supp. 97-2).

**R20-5-604. Rules of Agency Practice and Procedure concerning OSHA Access to Employee Medical Records, 29 CFR 1913**

Each employer pursuant to A.R.S. § 23-403(B) shall comply with Federal Regulations, Title 29, Part 1913, with amendments as of May 23, 1980 (amendments of May 23, 1980 on file with the Secretary of State), which are hereby adopted and incorporated by reference as if set forth fully herein. This regulation applies to OSHA Access to Employee Medical Records.

**Historical Note**

Adopted effective February 28, 1975 (Supp. 75-1). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6). Repealed as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Repealed effective March 2, 1981 (Supp. 81-2). New rule adopted effective November 14, 1984 (Supp. 84-6). R20-5-604 recodified from R4-13-604 (Supp. 95-1).

**R20-5-605. Hoes for Weeding or Thinning Crops**

- A. The use of a hoe with a handle less than four feet in length for weeding or thinning crops is prohibited. This prohibition is based upon the existence of other practical and adequate alternatives to the use of these short-handle hoes.
- B. This rule does not apply to greenhouse or nursery operations.

**Historical Note**

Adopted effective February 28, 1975 (Supp. 75-1). Repealed as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Repealed effective March 2, 1981 (Supp. 81-2). New Section R4-13-605 adopted effective September 7, 1984 (Supp. 84-5). R20-5-605 recodified from R4-13-605 (Supp. 95-1).

**R20-5-606. State Definition of Terms Used in Adopting Federal Standards Pursuant to R20-5-601, R20-5-602, R20-5-603 and R20-5-604**

For the purposes of the standards enumerated in the federal occupational safety and health standards incorporated into R20-5-601, R20-5-602, R20-5-603, and R20-5-604:

1. "Agency" means the Industrial Commission of Arizona.
2. "Assistant Secretary" means the Director of the Arizona Division of Occupational Safety and Health of the Industrial Commission of Arizona.
3. "Assistant Secretary of Labor for Occupational Safety and Health" means the Director of the Arizona Division of Occupational Safety and Health of the Industrial Commission of Arizona.
4. "Office of the Solicitor of Labor" means Legal Counsel for the Industrial Commission of Arizona.
5. "OSHA" means Arizona Division of Occupational Safety and Health.

**Historical Note**

Adopted effective February 28, 1975 (Supp. 75-1). Repealed as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Repealed effective March 2, 1981 (Supp. 81-2). New Section R4-13-606 adopted effective May 31, 1985 (Supp. 85-3). R20-5-606 recodified from R4-13-606 (Supp. 95-1).

**R20-5-607. Expired**

**Historical Note**

Adopted effective February 28, 1975 (Supp. 75-1).

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-607 repealed, former emergency adoption effective October 29, 1980, adopted and amended effective March 2, 1981 (Supp. 81-2). R20-5-607 recodified from R4-13-607 (Supp. 95-1). Section expired under A.R.S. § 41-1056(E) at 9 A.A.R. 5062, effective September 30, 2003 (Supp. 03-4).

**R20-5-608. Definitions**

- A. "Act" means the Arizona Occupational Safety and Health Act of 1972, with amendments effective August 27, 1977 (Arizona Revised Statutes, Title 23, Chapter 2, Article 10).
- B. The definitions and interpretations contained in A.R.S. § 23-401 of the Act shall be applicable to such terms when used in these rules.
- C. "Working days" means Mondays through Fridays but shall not include Saturdays, Sundays, or state holidays. In computing fifteen working days, the day of the receipt of any notice shall not be included, and the last day of the fifteen working days shall be included.
- D. "Compliance Safety and Health Officer" means a person authorized by the Occupational Safety and Health Division, Industrial Commission of Arizona, to conduct inspections.
- E. "Establishment" means a single physical location where business is conducted or where services or industrial operations are performed. (For example: a factory, mill, stores, hotel, restaurant, movie theatre, farm, ranch, bank, sales office, warehouse, or central administrative office.) Where distinctly separate activities are performed at a single physical location (such as contract construction activities from the same physical location as a lumber yard), each activity shall be treated as a separate physical establishment, and a separate notice or notices shall be posted in each such establishment, to the extent that such notices have been furnished by the Industrial Commission of Arizona, Division of Occupational Safety and Health. Where employers are engaged in activities which are physically dispersed, such as agriculture, construction, transportation, communications, and electric, gas and sanitary services, the notice or notices required by this Section shall be posted at the location to which employees report each day. Where employees do not usually work at, or report to, a single establishment, such as traveling salesmen, technicians, engineers, etc., such notice or notices shall be posted at the location from which the employees operate to carry out their activities. In all cases, such notice or notices shall be posted in accordance with requirements of subsection (A) of this Section.

**Historical Note**

Adopted effective February 28, 1975 (Supp. 75-1). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6). Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-608 repealed, new Section R4-13-608 adopted effective March 2, 1981 (Supp. 81-2). R20-5-608 recodified from R4-13-608 (Supp. 95-1).

**R20-5-609. Posting of Notice: Availability of the Act, Regulations and Applicable Standards**

- A. Each employer shall post and keep posted a notice or notices, to be furnished by the Industrial Commission of Arizona, Division of Occupational Safety and Health, informing employees of the protections and obligations provided for in the Act, and that for assistance and information, including copies of the Act and of specific safety and health standards, employees should contact the employer or the nearest office of

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the Industrial Commission. Such notice or notices shall be posted by the employer in each establishment in a conspicuous place or places where notices to employees are customarily posted. Each employer shall take steps to ensure that such notices are not altered, defaced, or covered by other material.

- B. Copies of the Act, all regulations published in this Chapter and applicable standards will be available at all offices of the Arizona Division of Occupational Safety and Health. If an employer has obtained copies of these materials, he shall make them available upon request to any employee or his authorized representative for review in the establishment where the employee is employed on the same day the request is made or at the earliest time mutually convenient to the employee or his authorized representative and the employer.
- C. Any employer failing to comply with the provisions of this Section shall be subject to citation and penalty in accordance with the provisions of A.R.S. § 23-418 of the Act.

**Historical Note**

Adopted effective February 28, 1975 (Supp. 75-1).  
Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-609 repealed, former Section R4-13-608 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-609 effective March 2, 1981 (Supp. 81-2).  
R20-5-609 recodified from R4-13-609 (Supp. 95-1).

**R20-5-610. Authority for Inspection**

- A. The Director of the Division of Occupational Safety and Health or his authorized representative upon presentation of credentials shall be permitted to enter without delay and at reasonable times any factory, plant, establishment, construction site, or other area, or place of environment where work is performed by an employee of an employer; to inspect and investigate during regular working hours and in a reasonable manner, any such place of employment, and all pertinent conditions, structures, machines, apparatus, devices, equipment and materials therein; to question privately any employer, owner, operator, agent or employee and to review records required by the Act and regulations published in this Article and other records which are directly related to the purpose of the inspection.
- B. Representatives of the Secretary of Health, Education, and Welfare are authorized to make inspections and to question employers and employees in order to carry out the functions of the Secretary of Health, Education, and Welfare under the Williams-Steiger Occupational Safety and Health Act. Inspections conducted by Department of Labor Compliance Safety and Health Officers and representatives of the Secretary of Health, Education and Welfare under Section 8 of the Williams-Steiger Occupational Safety and Health Act and pursuant to 29 CFR Part 1903 shall not affect the authority of any state to conduct inspections in accordance with agreements and plans under Section 18 of the Williams-Steiger Occupational Safety and Health Act.
- C. Prior to inspecting areas containing information which is classified by an agency of the United States government in the interests of national security, Compliance Safety and Health Officers shall have obtained the appropriate security clearance.

**Historical Note**

Adopted effective February 28, 1975 (Supp. 75-1).  
Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-610 repealed, former Section R4-13-609 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-610 effective March 2, 1981 (Supp. 81-2).

R20-5-610 recodified from R4-13-610 (Supp. 95-1).

**R20-5-611. Objection to Inspection**

- A. Upon a refusal to permit a Compliance Safety and Health Officer, in the exercise of his official duties, to enter without delay and at reasonable times any place of employment or any place therein, to inspect, to review records, or to privately question any employer, owner, operator, agent, or employee, in accordance with rule R20-5-610, or to permit a representative of employees to accompany the Compliance Safety and Health Officer during the physical inspection of any workplace in accordance with rule R20-5-615, the Compliance Safety and Health Officer shall terminate the inspection or confine the inspection to other areas, conditions, structures, machines, apparatus, devices, equipment, materials, records, or interviews concerning which no objection is raised. The Compliance Safety and Health Officer shall endeavor to ascertain the reason for such refusal and shall immediately report the refusal and the reason therefore to the Director of the Division. The Director shall immediately consult with the Industrial Commission and its legal counsel, who shall promptly take appropriate action, including compulsory process if necessary.
- B. Compulsory process may be sought in advance of an inspection or reinvestigation if, in the judgment of the Director of the Division and the Industrial Commission Chief Legal Counsel, circumstances exist including but not limited to specific evidence of an existing violation or reasonable legislative or administrative standards for conducting an inspection which make pre-inspection process desirable or necessary.
- C. With the approval of the Industrial Commission, and the Industrial Commission Chief Legal Counsel, compulsory process may also be obtained by the Director of the Division or his designee.
- D. For purposes of this Section, the term compulsory process shall mean the institution of any appropriate action, including ex parte application for an inspection warrant or its equivalent.

**Historical Note**

Adopted effective June 19, 1975 (Supp. 75-1). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6).  
Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-611 repealed, former Section R4-13-610 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-611 effective March 2, 1981 (Supp. 81-2). R20-5-611 recodified from R4-13-611 (Supp. 95-1).

**R20-5-612. Entry Not a Waiver**

Any permission to enter, inspect, review records, or question any person shall not imply or be conditioned upon a waiver of any cause of action, citation, or penalty under the Act. Compliance Safety and Health Officers are not authorized to grant any such waiver.

**Historical Note**

Adopted effective June 19, 1975 (Supp. 75-1). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6).  
Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-612 repealed, former Section R4-13-611 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-612 effective March 2, 1981 (Supp. 81-2).  
R20-5-612 recodified from R4-13-612 (Supp. 95-1).

**R20-5-613. Advance Notice of Inspections**

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- A. Advance notice of inspections may not be given except in the following situations:
1. In cases of apparent imminent danger, to enable the employer to abate the danger as quickly as possible;
  2. In circumstances where the inspection can most effectively be conducted after regular business hours or where special preparations are necessary for an inspection;
  3. Where necessary to ensure the presence of representatives of the employer and employees or the appropriate personnel needed to aid in an inspection; and
  4. In other circumstances where the Division Director determines that the giving of advance notice would enhance the probability of an effective and thorough inspection.
- B. In the situations described in subsection (A) of this Section, advance notice of inspections may be given only if authorized by the Division Director. When advance notice is given, it shall be the employer's responsibility promptly to notify the authorized representative of employees of the inspection, if the identity of such representative is known to the employer. (See rule R20-5-615(B) as to situations where there is no authorized representative of employees.) Upon the request of the employer, the Compliance Safety and Health Officer will inform the authorized representative of employees of the inspection, provided that the employer furnishes the Compliance Safety and Health Officer with the identity of such representative and with such other information as is necessary to enable him promptly to inform such representative of the inspection. An employer who fails to comply with his obligation under this subsection promptly to inform the authorized representative of the employees of the inspection or to furnish such information as is necessary to enable the Compliance Safety and Health Officer to promptly inform such representative of the inspection may be subject to citation and penalty under A.R.S. § 23-408 of the Act. Advance notice in any of the situations described in subsection (A) of this Section shall not be given more than 24 hours before the inspection is scheduled to be conducted, except in apparent imminent danger situations and other unusual circumstances.

**Historical Note**

Adopted effective July 28, 1975 (Supp. 75-1). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6).

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-613 repealed, former Section R4-13-612 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-613 effective March 2, 1981 (Supp. 81-2). R20-5-613 recodified from R4-13-613 (Supp. 95-1).

**R20-5-614. Conduct of Inspections**

- A. At the beginning of an inspection, Compliance Safety and Health Officers shall present their credentials to the owner, operator, or agent in charge at the establishment; explain the nature and purpose of the inspection; and indicate generally the scope of the inspection and the records specified in rule R20-5-610 which they wish to review.
- B. Compliance Safety and Health Officers shall have authority to take environmental samples and to take or obtain photographs related to the purpose of the inspection, employ other reasonable investigative techniques, and question privately any employer, owner, operator, agent or employee of an establishment.
- C. In taking photographs and samples, Compliance Safety and Health Officers shall take reasonable precautions to ensure that such actions with flash, spark producing, or other equipment would not be hazardous. Compliance Safety and Health Officers shall comply with all employer safety and health rules and practices at the establishment being inspected, and they shall wear and use appropriate protective clothing and equipment.
- D. The conduct of inspections shall be such as to preclude unreasonable disruption to the operations of the employer's establishment.
- E. At the conclusion of an inspection, a Compliance Safety and Health Officer shall confer with the employer or his representative and informally advise him of any apparent safety or health violations disclosed by the inspection. During such conference, the employer shall be afforded an opportunity to bring to the attention of the Compliance Safety and Health Officer any pertinent information regarding conditions in the workplace.

**Historical Note**

Adopted effective March 2, 1976 (Supp. 76-2). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6).

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-614 repealed, former Section R4-13-613 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-614 effective March 2, 1981 (Supp. 81-2). R20-5-614 recodified from R4-13-614 (Supp. 95-1).

**R20-5-615. Representatives of Employers and Employees**

- A. Compliance Safety and Health Officers shall be in charge of inspections and questioning of persons. A Compliance Safety and Health Officer may permit additional employer representatives and additional representatives authorized by employees to accompany him where he determines that such additional representatives will further aid the inspection. A different employer and employee representative may accompany the Compliance Officer during each different phase of an inspection if this will not interfere with the conduct of the inspection.
- B. Compliance Safety and Health Officers shall have authority to resolve all disputes as to who is the representative authorized by the employer and employees for the purpose of this rule. If there is no authorized representative of employees, or if the Compliance Safety and Health Officer is unable to determine with reasonable certainty who is such representative, he shall consult with a reasonable number of employees concerning matters of safety and health in the workplace.
- C. The representative(s) authorized by employees shall be an employee(s) of the employer. However, if in the judgment of the Compliance Safety and Health Officer, good cause has been shown why accompaniment by a third party who is not an employee is reasonably necessary to the conduct of an effective and thorough physical inspection of the workplace, such third party may accompany the Compliance Safety and Health Officer during the inspection.
- D. Compliance Safety and Health Officers are authorized to deny the right of accompaniment under this Section to any person whose conduct interferes with a fair and orderly inspection. The right of accompaniment in areas containing trade secrets shall be subject to the provisions of rule R20-5-616(B). With regard to information classified by an agency of the United States government in the interest of national security, only persons authorized to have access to such information may accompany a Compliance Safety and Health Officer in areas containing such information.

**Historical Note**

Adopted effective March 2, 1976 (Supp. 76-2). Repealed

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as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6). Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-615 repealed, former Section R4-13-614 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-615 effective March 2, 1981 (Supp. 81-2). R20-5-615 recodified from R4-13-615 (Supp. 95-1).

**R20-5-616. Trade Secrets**

- A.** At the commencement of an inspection, the employer may identify areas in the establishment which contain or which might reveal a trade secret. If the Compliance Safety and Health Officer has no clear reason to question such identification, information obtained in such areas, including all negatives and prints of photographs, environmental samples, shall be labeled "confidential-trade secret" and shall not be disclosed except in accordance with provisions of A.R.S. § 23-426.
- B.** Upon the request of an employer, any authorized representative of employees under rule R20-5-615 in an area containing trade secrets shall be an employee in that area or an employee authorized by the employer to enter that area. Where there is no such representative or employee, a Compliance Safety and Health officer shall consult with a reasonable number of employees who work in that area concerning matters of safety and health.

**Historical Note**

Adopted effective March 2, 1976 (Supp. 76-2). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6). Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-616 repealed, former Section R4-13-615 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-616 effective March 2, 1981 (Supp. 81-2). R20-5-616 recodified from R4-13-616 (Supp. 95-1).

**R20-5-617. Consultation with Employees**

Compliance Safety and Health Officers may privately consult with employees concerning matters of occupational safety and health to the extent they deem necessary for the conduct of an effective and thorough inspection. During the course of an inspection, any employee shall be afforded an opportunity to bring any violation of the Act, which he has reason to believe exists in the workplace, to the attention of the Compliance Safety and Health Officer.

**Historical Note**

Adopted effective January 21, 1976 (Supp. 76-1). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6). Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-617 repealed, former Section R4-13-616 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-617 effective March 2, 1981 (Supp. 81-2). R20-5-617 recodified from R4-13-617 (Supp. 95-1).

**R20-5-618. Complaints by Employees**

- A.** A copy of a complaint submitted pursuant to A.R.S. § 23-408(E) shall be provided to the employer or his agent by the Director of the Division of Occupational Safety and Health or his representative no later than the time of inspection, except that, upon the request of the person giving such notice, his

name shall not appear in such copy or in any record published, released, or made available by the Arizona Division of Occupational Safety and Health.

- B.** If upon receipt of such notification the Division Director determines that the complaint meets the requirements set forth in subsection (A) of this rule, and that there are reasonable grounds to believe that the alleged violation exists, he shall cause an inspection to be made as soon as practicable, to determine if such alleged violation exists. Inspections under this rule shall not be limited to matters referred to in the complaint.

**Historical Note**

Adopted effective January 21, 1976 (Supp. 76-1). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6). Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-618 repealed, former Section R4-13-617 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-618 effective March 2, 1981 (Supp. 81-2). R20-5-618 recodified from R4-13-618 (Supp. 95-1).

**R20-5-619. Inspection Not Warranted; Informal Review**

If the Division Director determines that an inspection is not warranted because there are no reasonable grounds to believe that a violation or danger exists with respect to a complaint in accordance with A.R.S. § 23-408(E), he shall notify the complaining party in writing of such determination. The complaining party may obtain review of such determination by submitting a written statement of position with the Industrial Commission and, at the same time, providing the employer with a copy of such statement by certified mail. The employer may submit an opposing written statement of position with the Industrial Commission and, at the same time, provide the complaining party with a copy of such statement by certified mail. Upon the request of the complaining party or the employer, the Industrial Commission, at their discretion, may hold an informal conference in which the complaining party and the employer may orally present their views. After considering all written and oral views presented, the Industrial Commission shall affirm, modify, or reverse the determination of the Division Director and furnish the complaining party and the employer a written notification of their decision and the reasons therefore. The decision of the Industrial Commission shall be final and not subject to further review. Such determination shall be without prejudice to the filing of a new complaint meeting the requirements of A.R.S. § 23-408(E).

**Historical Note**

Adopted effective May 25, 1977 (Supp. 77-3). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6). Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-619 repealed, former Section R4-13-618 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-619 effective March 2, 1981 (Supp. 81-2). R20-5-619 recodified from R4-13-619 (Supp. 95-1).

**R20-5-620. Expired****Historical Note**

Adopted effective May 25, 1977 (Supp. 77-3). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6). Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-620 repealed, for-

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mer Section R4-13-619 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-620 effective March 2, 1981 (Supp. 81-2). R20-5-620 recodified from R4-13-620 (Supp. 95-1). Section expired under A.R.S. § 41-1056(E) at 9 A.A.R. 5062, effective September 30, 2003 (Supp. 03-4).

**R20-5-621. Citations: Notices of De Minimis Violations**

- A. The Division Director shall review the inspection reports of the Compliance Safety and Health Officer. If, on the basis of the report, the Division Director believes that the employer has violated a requirement of A.R.S. § 23-403 of the Act, of any standard, rule or order promulgated pursuant to A.R.S. § 23-410 of the Act, or of any substantive rule published in these rules, he shall, if appropriate, consult with the Industrial Commission's counsel and shall issue to the employer either a citation or notice of de minimis violations. An appropriate citation or notice of de minimis violation shall be issued even though after being informed of an alleged violation by the Compliance Safety and Health Officer, the employer immediately abates, or initiates steps to abate, such alleged violation. Any citation or notice of de minimis violations shall be issued with reasonable promptness after termination of the inspection. No citation may be issued under this rule after the expiration of six months following the occurrence of any alleged violation.
- B. If a citation or notice of de minimis violation issued for a violation alleged in a request for inspection under A.R.S. § 23-408(E), a copy of the citation or notice of de minimis violation shall also be sent to the employee or representative of employees who made such request or notification.
- C. After an inspection, if the Division Director determines that a citation is not warranted with respect to a danger or violation alleged to exist in a request for inspection under A.R.S. § 23-408(E), the informal review procedures prescribed in rule R20-5-619(A) shall be applicable. After considering all views presented, the Industrial Commission shall affirm the determination of the Division Director, order a reinspection, or issue a citation if the Industrial Commission believes that the inspection disclosed a violation. The Industrial Commission shall furnish the complaining party and the employer with a written notification of their determination and the reasons therefore. The determination of the Industrial Commission shall be final and not subject to review.
- D. Every citation shall state that the issuance of a citation does not constitute a finding that a violation of the Act has occurred unless there is a failure to contest as provided for in the Act or, if contested, unless a citation is affirmed by the Hearing Division or the Review Commission.

**Historical Note**

Adopted as an emergency effective May 24, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-3). Repealed as an emergency effective November 16, 1977, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 77-6). Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-620 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-621 effective March 2, 1981 (Supp. 81-2). R20-5-621 recodified from R4-13-621 (Supp. 95-1).

**R20-5-622. Proposed Penalties**

- A. All employers shall be notified of any proposed penalties, issued pursuant to A.R.S. § 23-418, by certified mail or by a signed verification in person.
- B. The Division Director shall determine the amount of any proposed penalty, giving due consideration to the appropriateness

of penalty with respect to the size of the business of the employer being charged, the gravity of the violation, the good faith of the employer, and the history of previous violations in accordance with the provisions of A.R.S. § 23-418 of the Act.

- C. Appropriate penalties may be proposed with respect to an alleged violation even though after being informed of such alleged violation by the Compliance Safety and Health Officer, the employer immediately abates, or initiates steps to abate, such alleged violation. Penalties shall not be proposed for de minimis violations which have no direct or immediate relationship to safety or health.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-621 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-622 effective March 2, 1981 (Supp. 81-2). R20-5-622 recodified from R4-13-622 (Supp. 95-1).

**R20-5-623. Posting of Citations**

- A. Upon receipt of any citation under the Act, the employer shall immediately post such citation, or a copy thereof, unedited, at or near each place an alleged violation referred to in the citation occurred, except as provided below. Where, because of the nature of the employer's operations, it is not practicable to post the citation at or near each place of alleged violation, such citation shall be posted, unedited, in a prominent place where it will be readily observable by all affected employees. For example, where employers are engaged in activities which are physically dispersed, the citation may be posted at the location to which the employees report each day. Where employees do not primarily work at or report to a single location, the citation may be posted at the location from which the employees operate to carry out their activities. The employer shall take steps to ensure that the citation is not altered, defaced, or covered by other material. Notices of de minimis violations need not be posted.
- B. Each citation, or a copy thereof, shall remain posted until the violation has been abated, or for three working days, whichever is later. The filing by the employer of a notice of intention to contest under A.R.S. § 23-471(A) shall not affect his posting responsibility under this rule unless and until the Hearing Division and/or Review Commission issues a final order vacating the citation.
- C. An employer to whom a citation has been issued may post a notice in the same location where such citation is posted indicating that the citation is being contested before the Hearing Division and/or Review Commission, and such notice may explain the reasons for such contest. The employer may also indicate that specified steps have been taken to abate the violation.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-622 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-623 effective March 2, 1981 (Supp. 81-2). R20-5-623 recodified from R4-13-623 (Supp. 95-1).

**R20-5-624. Employer and Employee Contests before the Hearing Division**

- A. All notices to contest citations and/or penalties shall be submitted to the Division Director and immediately transmitted to



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the Hearing Division in accordance with the Rules of Procedure prescribed by the Industrial Commission.

- B.** Any affected employee or employee representative appealing the period allowed an employer to abate a particular violation shall submit the notice of contest to the Division Director who shall immediately transmit such notice to the Hearing Division in accordance with the Rules of Procedure prescribed by the Industrial Commission.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-623 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-624 effective March 2, 1981 (Supp. 81-2). R20-5-624 recodified from R4-13-624 (Supp. 95-1).

**R20-5-625. Failure to Correct a Violation for Which a Citation Has Been Issued**

- A.** All employers failing to correct an alleged violation for which a citation has been issued, within the period permitted for its correction, shall be notified of such failure and any proposed penalties issued pursuant to A.R.S. § 23-418 by certified mail or by signed verification in person.
- B.** All notices to contest a notification of failure to correct a violation and of proposed additional penalty shall be submitted to the Division Director and immediately transmitted to the Hearing Division in accordance with the Rules of Procedure prescribed by the Industrial Commission.
- C.** Each notification of failure to correct a violation and of proposed additional penalty shall state that it shall be deemed to be the final order of the Industrial Commission and not subject to review by any court or agency unless within fifteen working days from the receipt of such notification, the employer notifies the Division Director in writing that he intends to contest the notification or the proposed additional penalty before the Hearing Division.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-624 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-625 effective March 2, 1981 (Supp. 81-2). R20-5-625 recodified from R4-13-625 (Supp. 95-1).

**R20-5-626. Informal Conferences**

At the request of an affected employer, employee, or representative of employees, the Industrial Commission, or their designee, may hold an informal conference for the purpose of discussing any issues raised by an inspection, citation, notice of proposed penalty, or notice of intention to contest. The settlement of any issue at such conference shall be subject to rules and procedures prescribed by the Industrial Commission. If the conference is requested by the employer, an affected employee or his representative shall be afforded an opportunity to participate, at the discretion of the Industrial Commission or their designee. If the conference is requested by an employee or representative of employees, the employer shall be afforded an opportunity to participate, at the discretion of the Industrial Commission or their designee. Any party may be represented by counsel in such conference. No such conference or request for such conference shall operate as a stay of any fifteen working day period for filing a notice of intention to contest as prescribed in rule R20-5-624.

**Historical Note**

Adopted as an emergency effective October 29, 1980,

pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-625 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-626 effective March 2, 1981 (Supp. 81-2). R20-5-626 recodified from R4-13-626 (Supp. 95-1).

**R20-5-627. Abatement Verification**

- A.** Scope and application. This Section applies to employers, as defined in A.R.S. § 23-401, who receive a citation for a violation of the Arizona Occupational Safety and Health Act.
- B.** Definitions:
1. Abatement means action by an employer to comply with a cited standard or rule or to eliminate a recognized hazard, as defined in A.R.S. § 23-401, identified by the Division during an inspection.
  2. Abatement date means:
    - a. For an uncontested citation item, the later of:
      - i. The date in the citation for abatement of the violation;
      - ii. The date approved by the Division as a result of a petition for modification of the abatement date (PMA); or
      - iii. The date for abatement completion as established in a citation by an informal conference agreement.
    - b. For a contested citation item for which an administrative law judge has issued a final decision affirming the violation, the later of:
      - i. The date identified in the final decision for completion of abatement;
      - ii. The date computed by adding the original period allowed for abatement in the citation to begin 15 days from the final decision date of an administrative law judge; or
      - iii. The date established by a formal settlement agreement.
  3. Affected employee means an employee who is exposed to the hazard identified as a violation in a citation.
  4. Final order date means:
    - a. The date on which an uncontested citation is deemed final under A.R.S. § 23-417 (A); or
    - b. For a contested citation item: The date on which a decision or order of an administrative law judge becomes final under A.R.S. § 23-421 or § 23-423.
  5. Movable equipment means a hand-held or non-hand-held machine or device, powered or unpowered, that is used to do work and is moved within or between workplaces.
- C.** Abatement certification.
1. Within 10 calendar days after the abatement date, an employer shall certify to the Division that the employer has abated each cited violation except as provided in subsection (C)(2). An employer may use Appendix A to certify abatement.
  2. An employer is not required to certify abatement if a Compliance Safety and Health Officer, during an onsite inspection:
    - a. Observes, within 24 hours after a violation is identified, that abatement has occurred; and
    - b. Notes the abatement action on the citation.
  3. An employer's certification that abatement is complete shall include, for each cited violation, in addition to the information required by subsection (H), the completion date and method of abatement and a statement that affected employees and their representatives have been informed of the completed abatement.
- D.** Abatement documentation.

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1. Within 10 days after the abatement date, an employer shall submit to the Division, documents which evidence that abatement is complete for each willful or repeat violation and for any serious violation for which abatement documentation is required.
  2. Documents which evidence that abatement is complete may include documents for purchase or repair of equipment, photographs or videos of the abatement, or other written records.
- E. Abatement plans.**
1. The Division may require an employer to submit an abatement plan, except for a nonserious violation, when the time permitted for abatement is more than 90 days. The citation shall state that an abatement plan is required. An employer may use Appendix B for an abatement plan.
  2. An employer shall submit an abatement plan for each cited violation within 25 days from the date of a final order when the citation states that a plan is required. In the abatement plan, the employer shall identify:
    - a. The violation,
    - b. The steps necessary to achieve abatement,
    - c. A schedule for completing abatement, and
    - d. How the employer will protect employees from the violative condition until abatement is complete.
- F. Progress reports.**
1. The Division may require an employer who submits an abatement plan under subsection (E), to submit periodic progress reports for each cited violation. If the Division requires a periodic progress report, the citation shall include the following information:
    - a. Periodic progress reports are required and the cited violations for which periodic progress reports are required;
    - b. The date on which an initial progress report must be submitted. The date of the initial progress report shall be no sooner than 30 days after the submission date required for abatement;
    - c. Whether additional progress reports are required; and
    - d. The date on which additional progress reports shall be submitted.
  2. For each violation, the employer shall summarize in the progress report, the action taken to achieve abatement and the date the action was taken.
- G. Employee notification.**
1. An employer shall inform affected employees and the employees' representative of abatement activities covered by this Section by posting a copy of each document submitted to the Division or a summary of the document at the location of the cited violation.
  2. For employers who have mobile work operations, the employer shall:
    - a. Post each document or a summary of the document submitted to the Division in a conspicuous place where it can be readily seen by employees and the employee representative; or
    - b. Take other steps to communicate fully to affected employees and the employees' representative about abatement actions.
  3. The employer shall inform employees and the employees' representative of the right to examine and copy all abatement documents submitted by the employer to the Division.
    - a. An employee or an employee representative shall submit a written request to examine and copy abatement documents within three working days of receiving notice that the documents have been submitted to the Division.
- b. An employer shall comply with an employee's or employee representative's written request to examine and copy abatement documents within five working days of receiving the request.
4. An employer shall ensure that notice in subsection (G)(1) to employees and a employee representative is provided at the same time or before the information is provided to the Division and that abatement documents are:
    - a. Not altered, defaced, or physically covered by other material; and
    - b. Remain posted for at least three working days after submission to the Division.
- H. Transmitting abatement documents.**
1. An employer shall include, in each submission required by this Section, the following information:
    - a. The employer's name and address;
    - b. The inspection number to which the submission relates;
    - c. The citation, item number, and location to which the submission relates;
    - d. A statement that the information submitted is accurate; and
    - e. The signature of the employer or the employer's authorized representative.
  2. The date of postmark is the date of submission for mailed documents. For documents transmitted by other means, the date the Division receives the document is the date of submission.
- I. Movable equipment.**
1. For serious, repeat, and willful violations involving movable equipment, an employer shall attach a warning tag or a copy of the citation to the operating controls or to the cited component of equipment that is moved within or between workplaces. The Division shall deem attaching a copy of the citation to the equipment to meet the tagging requirement of subsection (I)(3) and the posting requirement of R20-5-623.
  2. The employer shall use a warning tag to warn employees about the nature of the violation involving the movable equipment and identifies the location of the violation. An employer may use the tag in Appendix C to meet this requirement.
  3. If a violation has not been abated, an employer shall attach a warning tag or a copy of the citation to the equipment as follows:
    - a. For hand-held equipment, the employer shall attach a warning tag or copy of the citation within eight hours after the employer receives the citation; and
    - b. For non-hand-held equipment, the employer shall attach a warning tag or copy of the citation before moving the equipment within or between workplaces.
  4. For the construction industry, a tag that is designed and used in accordance with 29 CFR 1926.20(b)(3) and 29 CFR 1926.200(h) is deemed by the Division to meet the requirements of this Section when the information required by subsection (I)(2) is included on the tag.
  5. An employer shall ensure that the tag or copy of the citation attached to movable equipment is not altered, defaced, or physically covered by other material.
  6. An employer shall ensure that the tag or copy of the citation attached to movable equipment remains attached until:

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- a. The employer has abated the violation and all abatement verification documents required by this Section have been submitted to the Division;
- b. The employer has permanently removed the cited equipment from service or the cited equipment is no longer within the employer's control; or
- c. The Division, administrative law judge, or Review Board vacates the citation.

**Historical Note**

Adopted effective June 26, 1998 (Supp. 98-2).

**Appendix A. Sample Abatement - Certification Letter (Non-mandatory)**

[Name], Director  
The Industrial Commission of Arizona  
Division of Occupational Safety and Health  
P. O. Box 19070  
Phoenix, Arizona 85005

[Company's Name]  
[Company's Address]  
The hazard referenced in Inspection Number [Insert 9-digit #] for violation identified as:

Citation [insert #] and item [insert #] was corrected on [insert date] by:

\_\_\_\_\_  
Citation [insert #] and item [insert #] was corrected on [insert date] by:

\_\_\_\_\_  
Citation [insert #] and item [insert #] was corrected on [insert date] by:

\_\_\_\_\_  
Citation [insert #] and item [insert #] was corrected on [insert date] by:

\_\_\_\_\_  
Citation [insert #] and item [insert #] was corrected on [insert date] by:

I attest that the information contained in this document is accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed or Printed Name

**Historical Note**

Appendix A adopted effective June 26, 1998 (Supp. 98-2).

**Appendix B. Sample Abatement Plan or Progress Report (Nonmandatory)**

(Name), Director  
The Industrial Commission of Arizona  
Division of Occupational Safety and Health  
P. O. Box 19070  
Phoenix, Arizona 85005

[Company's Name]  
[Company's Address]

Check one:

Abatement Plan ☐

Progress Report ☐

Inspection Number \_\_\_\_\_

Page \_\_\_\_\_ of \_\_\_\_\_  
Citation Number(s)\* \_\_\_\_\_  
Item Number(s)\* \_\_\_\_\_

Action	Proposed Completion Date (for abatement plans only)	Completion Date (for progress reports only)
1. .... ..... .....	.....	.....
2. .... ..... .....	.....	.....
3. .... ..... .....	.....	.....
4. .... ..... .....	.....	.....
5. .... ..... .....	.....	.....

Date required for final abatement: \_\_\_\_\_

I attest that the information contained in this document is accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed or Printed Name

Name of primary point of contact for questions: (optional)

Telephone number: \_\_\_\_\_

\*Abatement plans or progress reports for more than one citation item may be combined in a single abatement plan or progress report if the abatement actions, proposed completion dates, and actual completion dates (for progress reports only) are the same for each of the citation items.

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**Historical Note**

Appendix B adopted effective June 26, 1998 (Supp. 98-2).

**Appendix C. Sample Warning Tag (Nonmandatory)**

<p><b>0</b></p> <p><b>WARNING:</b></p> <p>EQUIPMENT HAZARD BY ADOSH</p> <p>EQUIPMENT CITED:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>HAZARD CITED:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>FOR DETAILED INFORMATION: SEE ADOSH CITATION POSTED AT:</p> <p>_____</p> <p>_____</p>
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BACKGROUND COLOR--ORANGE  
MESSAGE COLOR--BLACK

**Historical Note**

Appendix C adopted effective June 26, 1998 (Supp. 98-2).

**R20-5-628. Safe Transportation of Compressed Air or Other Gases**

An employer shall not use Polyvinyl Chloride (PVC) piping in a place of employment for the transportation and distribution of compressed air or other compressed gases in an above-ground installation.

**Historical Note**

New Section made by final rulemaking at 9 A.A.R. 1161, effective March 11, 2003 (Supp. 03-1).

**R20-5-629. The Occupational Injury and Illness Recording and Reporting Requirements, 29 CFR 1904**

Each employer shall comply with the standards in the Federal Occupational Safety and Health Standards for Recordkeeping, as published in 29 CFR 1904, with amendments as of February 25, 2019, incorporated by reference. Copies of the incorporated materials are available for review at the Industrial Commission of Arizona and may be obtained from the United States Government Printing Office, Superintendent of Documents, Washington, D.C. 20402. These standards shall apply to all conditions and practices related to recordkeeping by all employers, both public and private, in the state of Arizona. This incorporation by reference does not include amendments or editions to 29 CFR 1904 published after February 25, 2019.

**Historical Note**

New Section made by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4). Amended by final rulemaking at 9 A.A.R. 874, effective February 19, 2003 (Supp. 03-1). Amended by final rulemaking at 10 A.A.R. 318, effective January 1, 2004 (Supp. 03-4). Amended by final rulemaking at 22 A.A.R. 775, effective March 16, 2016 (Supp. 16-1). Amended by final rulemaking at 24 A.A.R. 2263, effective July 23, 2018 (Supp. 18-3). Amended by final rulemaking at 26 A.A.R. 373, with an immediate effective date of February 11, 2020 (Supp. 20-1).

**R20-5-630. Repealed****Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-640 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-630 effective March 2, 1981 (Supp. 81-2). R20-5-630 recodified from R4-13-631 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

**R20-5-631. Repealed****Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former emergency adoption effective October 29, 1980, adopted effective March 2, 1981 (Supp. 81-2). R20-5-631 recodified from R4-13-631 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

**R20-5-632. Repealed****Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former emergency adoption effective October 29, 1980, adopted effective March 2, 1981 (Supp. 81-2). R20-5-632 recodified from R4-13-632 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

**R20-5-633. Repealed****Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former emergency adoption effective October 29, 1980, adopted effective March 2, 1981 (Supp. 81-2). R20-5-633 recodified from R4-13-633 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

**R20-5-634. Repealed****Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former emergency adoption effective October 29, 1980, adopted effective March 2, 1981 (Supp. 81-2). R20-5-634 recodified from R4-13-634 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

**R20-5-635. Repealed**

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**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former emergency adoption effective October 29, 1980, adopted effective March 2, 1981 (Supp. 81-2). R20-5-635 recodified from R4-13-635 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

**R20-5-636. Repealed****Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former emergency adoption effective October 29, 1980, adopted and amended effective March 2, 1981 (Supp. 81-2). R20-5-636 recodified from R4-13-636 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

**R20-5-637. Repealed****Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former emergency adoption effective October 29, 1980, adopted effective March 2, 1981 (Supp. 81-2). Amended effective December 14, 1994 (Supp. 94-4). R20-5-637 recodified from R4-13-637 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

**R20-5-638. Repealed****Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former emergency adoption effective October 29, 1980, adopted effective March 2, 1981 (Supp. 81-2). R20-5-638 recodified from R4-13-638 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

**R20-5-639. Repealed****Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former emergency adoption effective October 29, 1980, adopted effective March 2, 1981 (Supp. 81-2). R20-5-639 recodified from R4-13-639 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

**R20-5-640. Repealed****Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-641 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-640 effective March 2, 1981 (Supp. 81-2). R20-5-640 recodified from R4-13-640 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

**R20-5-641. Repealed****Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-642 adopted as an

emergency effective October 29, 1980, renumbered and adopted as Section R4-13-641 effective March 2, 1981 (Supp. 81-2). R20-5-641 recodified from R4-13-641 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

**R20-5-642. Repealed****Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-643 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-642 effective March 2, 1981 (Supp. 81-2). R20-5-642 recodified from R4-13-642 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

**R20-5-643. Repealed****Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-644 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-643 effective March 2, 1981 (Supp. 81-2). R20-5-643 recodified from R4-13-643 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

**R20-5-644. Repealed****Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-645 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-644 effective March 2, 1981 (Supp. 81-2). R20-5-644 recodified from R4-13-644 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

**R20-5-645. Repealed****Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-646 adopted as an emergency effective October 29, 1980, renumbered and amended as Section R4-13-645 effective March 2, 1981 (Supp. 81-2). R20-5-645 recodified from R4-13-645 (Supp. 95-1). Section repealed by final rulemaking at 8 A.A.R. 364, effective December 31, 2001 (Supp. 01-4).

**R20-5-646. Emergency Expired****Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Emergency expired. R20-5-646 recodified from R4-13-646 (Supp. 95-1).

**R20-5-647. Reserved****R20-5-648. Reserved****R20-5-649. Reserved****R20-5-650. Definitions**

As used in rules R20-5-650 through R20-5-669 inclusive, unless the context clearly requires otherwise:

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1. "Act" means the Arizona Occupational Safety and Health Act of 1972 (Arizona Revised Statutes, Title 23, Chapter 2, Article 10).
2. "Commission" means the Industrial Commission of Arizona.
3. "Person" means an individual, partnership, association, corporation, business trust, legal representative, an organized group of individuals, or political subdivision.
4. "Party" means a person admitted to participate in a hearing conducted in accordance with subsection (3). An applicant for relief and any affected employee shall be entitled to be named as parties.
5. "Affected employee" means an employee or any one of his authorized representatives, such as his collective bargaining agent, who would be affected by the granting or denial of a variance.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-651 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-650 effective March 2, 1981 (Supp. 81-2). R20-5-650 recodified from R4-13-650 (Supp. 95-1).

**R20-5-651. Petitions for Amendments**

Any person may at any time petition the Commission in writing to revise, amend, or revoke any provisions of rules R20-5-650 through R20-5-669 inclusive. The petition should set forth either the terms or the substance of the rule desired, with a concise statement of the reasons therefor and the effects thereof.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-652 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-651 effective March 2, 1981 (Supp. 81-2). R20-5-651 recodified from R4-13-651 (Supp. 95-1).

**R20-5-652. Effects of Variances**

All variances granted hereunder shall have only future effect. In their discretion, the Commission may decline to entertain an application for variance on the subject or issue concerning which a citation has been issued to the employer involved and a proceeding on the citation or a related issue concerning a proposed penalty or period of abatement is pending before the Federal Occupational Safety and Health Review Commission, State of Arizona Hearing Division or the Arizona Review Board until the completion of such proceeding.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-654 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-652 effective March 2, 1981 (Supp. 81-2). R20-5-652 recodified from R4-13-652 (Supp. 95-1).

**R20-5-653. Public Notice of a Granted Variance**

Every final action granting a variance, shall be published in statewide newspapers. Every such final action shall specify the alternative to the standard involved which the particular variance permits.

**Historical Note**

Adopted as an emergency effective October 29, 1980,

pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-655 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-653 effective March 2, 1981 (Supp. 81-2). R20-5-653 recodified from R4-13-653 (Supp. 95-1).

**R20-5-654. Form of Documents; Subscription; Copies**

- A. No particular form is prescribed for applications and other papers which may be filed in proceedings hereunder. However, any applications and other papers shall be clearly legible. An original and six copies of any application and other papers shall be filed. The original shall be typewritten. Clear carbon copies or printed or processed copies are acceptable copies.
- B. Each application or other paper which is filed in proceedings hereunder shall be signed by the person filing the same or by his attorney or other authorized representative and where required by these regulations shall be verified by the applicant.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-646 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-654 effective March 2, 1981 (Supp. 81-2). R20-5-654 recodified from R4-13-654 (Supp. 95-1).

**R20-5-655. Variances**

- A. Application for variance. Any employer, or class of employers, desiring a variance from a standard or regulation or any portion thereof, authorized by A.R.S. § 23-411 of the Act may file a written application containing the information specified in subsection (B) of this Section with the Industrial Commission of Arizona, 1601 West Jefferson, Phoenix, Arizona 85005.
- B. Contents. An application filed pursuant to subsection (A) of this Section shall contain the information specified in A.R.S. § 23-411(B) and (C) of the Act.
- C. Interim order.
  1. Application. In accordance with A.R.S. § 23-411(B)(3) of the Act, an application may also be made for an interim order to be effective until a decision is rendered on the application for the variance filed previously or concurrently. An application for an interim order shall include a verified statement of facts and arguments supporting such application. The Commission may rule ex parte upon the application.
  2. Notice of denial of application. If an application filed pursuant to subsection (C)(1) is denied, the applicant shall be given prompt notice of the denial, which shall include, or be accompanied by, a brief statement of the grounds therefore.
  3. Notice of the grant of an interim order. If an interim order is granted, a copy of the order shall be served upon the applicant for the order and other parties and the terms of the order shall be published in statewide newspapers. It shall be a condition of the order that the affected employer shall give notice thereof to affected employees by the same means to be used to inform them of an application for variance.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-657 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-655 effective March 2, 1981

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(Supp. 81-2). R20-5-655 recodified from R4-13-655  
(Supp. 95-1).

**R20-5-656. Variances under A.R.S. § 23-412**

- A.** Application for variance. Any employer, or class of employers, desiring a variance authorized by A.R.S. § 23-412 of the Act may file a written application containing the information specified in subsection (B) of this Section, with the Industrial Commission of Arizona, 1601 W. Jefferson, Phoenix, Arizona 85005.
- B.** Contents. An application filed pursuant to subsection (A) of this Section shall contain the information specified in A.R.S. § 23-412 of the Act.
- C.** Interim order
  - 1. Application. An application may also be made for an interim order to be effective until a decision is rendered on the application for the variance filed previously or concurrently. An application for an interim order shall include a verified statement of facts and arguments supporting such application. The Commission may rule ex parte upon the application.
  - 2. Notice of denial of application. If an application filed pursuant to subsection (C)(1) is denied, the applicant shall be given prompt notice of the denial, which shall include, or be accompanied by, a brief statement of the grounds therefore.
  - 3. Notice of the grant of an interim order. If an interim order is granted, a copy of the order shall be served upon the applicant and other parties, and the terms of the order shall be published in statewide newspapers. It shall be a condition of the order that the affected employer shall give notice thereof to affected employees by the same means to be used to inform them of an application for a variance.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-658 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-656 effective March 2, 1981 (Supp. 81-2). R20-5-656 recodified from R4-13-656 (Supp. 95-1).

**R20-5-657. Renewal of Rules or Orders: Federal Multi-state Variances**

- A.** Renewal or rules or orders. Any final rule or order issued under A.R.S. § 23-411 of the Act may be renewed or extended as permitted by the applicable Section and in the manner prescribed for its issuance.
- B.** Multi-state variances. Where a federal variance has been granted with multi-state applicability, including applicability in this state operating under a state plan approved under Section 18 of the Act, from a standard or portion thereof identical to this state's standard or regulation or portion thereof such variance shall likewise be deemed an authoritative interpretation of the employer(s)' compliance obligation with regard to the state standard or portion thereof provided no objections of substance are found to be interposed by the Commission.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-659 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-657 effective March 2, 1981 (Supp. 81-2). R20-5-657 recodified from R4-13-657

(Supp. 95-1).

**R20-5-658. Action on Applications**

- A.** Defective applications
  - 1. If an application filed pursuant to rule R20-5-655, R20-5-656, R20-5-657 and R20-5-658 does not conform to the applicable Section, the Commission may deny the application.
  - 2. Prompt notice of the denial of an application shall be given to the applicant.
  - 3. A notice of denial shall include, or be accompanied by, a brief statement of the grounds for denial.
  - 4. A denial of an application pursuant to this subsection shall be without prejudice to the filing of another application.
- B.** Adequate applications
  - 1. If an application has not been denied pursuant to subsection (A) of this Section, the Commission shall cause to be published in statewide newspapers a notice of the filing of the application.
  - 2. A notice of the filing of an application shall include:
    - a. The terms, or an accurate summary, of the application;
    - b. A reference to the Section of the Act under which the application has been filed;
    - c. An invitation to interested persons to submit within a stated period of time written data, views, or arguments regarding the application; and
    - d. Information to affected employers, employees, of any right to request a hearing on the application.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-660 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-658 effective March 2, 1981 (Supp. 81-2). R20-5-658 recodified from R4-13-658 (Supp. 95-1).

**R20-5-659. Request for Hearings on Petition**

- A.** Request for hearing. Any employer, employee, authorized employee representative, representative, or other person interested in or affected by an order of the Commission may petition for a hearing on the reasonableness and lawfulness of an order issued under A.R.S. §§ 23-411 or 23-412, by a verified petition filed with the Commission.
- B.** Contents of a petition. A request for a hearing filed pursuant to subsection (A) of this Section shall include:
  - 1. The name and address of the applicant;
  - 2. A concise statement of facts showing how the employer, employee, authorized employee representative, representative, or other person would be affected by the relief applied for;
  - 3. A petition shall set forth specifically and in detail the order upon which a hearing is desired;
  - 4. The reasons why the order is unreasonable or unlawful;
  - 5. The issue to be considered by the Commission on the hearing. Objections other than those set forth in the petition are deemed finally waived.
  - 6. If the applicant is an employer, a certification that the applicant has informed his affected employees of the application by:
    - a. Giving a copy thereof to their authorized representative;
    - b. Posting at the place or places where notices to employees are normally posted, a statement giving a summary of the petition specifying where a copy of

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the full petition may be examined (or, in lieu of the summary, posting the application itself); and

c. Other appropriate means.

7. If the applicant is an affected employee, a certification that a copy of the petition has been furnished to the employer.

C. The Commission may on its own motion proceed to modify or revoke a rule or order issued under A.R.S. §§ 23-411 or 23-412 of the Act. In such event, the Commission shall cause to be published in statewide newspapers a notice of its intention, affording interested persons an opportunity to submit written data, views, or arguments regarding the proposal and informing the affected employer and employees of their right to request a hearing and shall take such other action as may be appropriate to give actual notice to the affected employees. Any request for a hearing shall include a short and plain statement of:

1. How the proposed modification or revocation would affect the requesting party; and
2. What the requesting party would seek to show on the subjects or issues involved.

#### Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-661 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-659 effective March 2, 1981 (Supp. 81-2). R20-5-659 recodified from R4-13-659 (Supp. 95-1).

#### R20-5-660. Consolidation of Proceedings

The Commission on its own motion or that of any party may consolidate or contemporaneously consider two or more proceedings which involve the same or closely related issues.

#### Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-662 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-660 effective March 2, 1981 (Supp. 81-2). R20-5-660 recodified from R4-13-660 (Supp. 95-1).

#### R20-5-661. Notice of Hearing

- A. Service. Upon request for a hearing as provided in this Section, or upon its own initiative, the Commission shall serve, or cause to be served, a reasonable notice of hearing.
- B. Contents. A notice of hearing served under subsection (A) of this Section shall include:
  1. The time, place, and nature of the hearing;
  2. The legal authority under which the hearing is to be held;
  3. A specification of issues of fact and law.

#### Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-663 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-661 effective March 2, 1981 (Supp. 81-2). R20-5-661 recodified from R4-13-661 (Supp. 95-1).

#### R20-5-662. Manner of Service

Service of any document upon any party may be made by personal delivery of, or by mailing, a copy of the document to the last known address of the party. The person serving the document shall certify to the manner and the date of the service.

#### Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-664 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-662 effective March 2, 1981 (Supp. 81-2). R20-5-662 recodified from R4-13-662 (Supp. 95-1).

#### R20-5-663. Industrial Commission; Powers and Duties

- A. Powers. The Commissioners shall have all powers necessary or appropriate to conduct a fair, full, and impartial hearing, including the following:
  1. To administer oaths and affirmations;
  2. To rule upon offers of proof and receive relevant evidence;
  3. To provide for discovery and to determine its scope;
  4. To regulate the course of the hearing and the conduct of the parties and their counsel therein;
  5. To consider and rule upon procedural requests;
  6. To hold conferences for the settlement or simplification of the issues by consent of the parties;
  7. To make, or to cause to be made, an inspection of the employment or place of employment involved;
  8. To make decisions in accordance with A.R.S. §§ 23-405.5, 23-411, 23-412, and 23-945; and
  9. To take any other appropriate action authorized by the Act, this Section, or A.R.S. § 23-945.
- B. Contumacious conduct; failure or refusal to appear or obey the rulings of the Commission.
  1. Contumacious conduct at any hearing before the Commission shall be grounds for exclusion from the hearing.
  2. If a witness or a party refuses to answer a question after being directed to do so, or refuses to obey an order to provide or permit discovery, the Commission may make such orders with regard to the refusal as are just and appropriate, including an order denying an application of an applicant or regulating the contents of the record of the hearing.
- C. Referral to Rules of Procedure for Occupational Safety and Health hearings. On any procedural question not regulated by this Section, the Act, or A.R.S. § 23-945, Commission shall be guided to the extent practicable by any pertinent provisions of the Rules of Procedure for Occupational Safety and Health hearings before the Industrial Commission of Arizona.

#### Historical Note

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-665 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-663 effective March 2, 1981 (Supp. 81-2). R20-5-663 recodified from R4-13-663 (Supp. 95-1).

#### R20-5-664. Prehearing Conferences

- A. Convening a conference. Upon its own motion or the motion of a party, the Commission may direct the parties or their counsel to meet with them for a conference to consider:
  1. Simplification of the issues;
  2. Necessity or desirability of amendments to documents for purposes of clarification, simplification, or limitation;
  3. Stipulations, admissions of fact, and of contents and authenticity of documents;
  4. Limitation of the number of parties and of expert witnesses; and



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5. Such other matters as may tend to expedite the disposition of the proceeding and to assure a just conclusion thereof.
- B.** Record of conference. The Commission shall make an order which recites the action taken at the conference, the amendments allowed to any documents which have been filed, and the agreements made between the parties as to any of the matters considered, and which limits the issues for hearings to those not disposed of by admission or agreements; and such order when entered controls the subsequent course of the hearing, unless modified at the hearing, to prevent manifest injustice.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-666 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-664 effective March 2, 1981 (Supp. 81-2). R20-5-664 recodified from R4-13-664 (Supp. 95-1).

**R20-5-665. Consent Findings and Rules or Orders**

- A.** General. At any time before the reception of evidence in any hearing, or during any hearing, a reasonable opportunity may be afforded to permit the negotiation by the parties of an agreement containing consent findings and a rule or order disposing of the whole or any part of the proceeding. The allowance of such opportunity and the duration thereof shall be in the discretion of the Commission. After consideration of the nature of the proceeding, the requirements of the public interest, the representations of the parties, and the probability of an agreement which will result in a just disposition of the issues involved.
- B.** Contents. Any agreement containing consent findings in rule or other disposing of a proceeding shall also provide:
1. That the rule or order shall have the same force and effect as if made after a full hearing;
  2. That the entire record on which any rule or order may be based shall consist solely of the application and the agreement;
  3. A waiver of any further procedural steps before the Commission; and
  4. A waiver of any right to challenge or contest the validity of the findings and of the rule or order made in accordance with the agreement.
- C.** Submission. On or before the expiration of the time granted for negotiations, the parties or their counsel may:
1. Submit the proposed agreement to the Commission for its consideration; or
  2. Inform the Commission that agreement cannot be reached.
- D.** In the event an agreement containing consent findings and rule or order is submitted within the time allowed therefor, the Commission may accept such agreement by issuing its decision based upon the agreed findings.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-667 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-665 effective March 2, 1981 (Supp. 81-2). R20-5-665 recodified from R4-13-665 (Supp. 95-1).

**R20-5-666. Discovery****A. Depositions**

1. For reasons of unavailability or for other good cause shown, the testimony of any witness may be taken by deposition. Depositions may be taken orally or upon written interrogatories before any person designated by the Commission and having power to administer oaths.
  2. Application. Any party desiring to take the deposition of a witness may make application in writing to the Commission, setting forth:
    - a. The reasons why such deposition should be taken;
    - b. The time when, the place where, and the name and post office address of the person before whom the deposition is to be taken;
    - c. The name and address of each witness; and
    - d. The subject matter concerning which each witness is expected to testify.
  3. Notice. Such notice as the Commission may order shall be given by the party taking the deposition to every other party.
  4. Taking and receiving in evidence. Each witness testifying upon deposition shall be sworn, and the parties not calling him shall have the right to cross-examine him. The questions propounded and the answers thereto, together with all objections made, shall be reduced to writing, read to the witness, subscribed by him, and certified by the officer before whom the deposition is taken. Thereafter, the officer shall seal the deposition, with two copies thereof, in an envelope and mail the same by registered mail to the presiding hearing examiner. Subject to such objections to the questions and answers as were noted at the time of taking the deposition and would be valid were the witness personally present and testifying, such deposition may be read and offered in evidence by the party taking it as against any party who was present, represented at the taking of the deposition, or who had due notice thereof. No part of a deposition shall be admitted in evidence unless there is a showing that the reasons for the taking of the deposition in the first instance exist at the time of the hearing.
- B.** Other discovery. Whenever appropriate to a just disposition of any issue in a hearing, the Commission may allow discovery by any other appropriate procedure, such as by written interrogatories upon a party, production of documents by a party, or by entry for inspection of the employment or place of employment involved.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-668 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-666 effective March 2, 1981 (Supp. 81-2). R20-5-666 recodified from R4-13-666 (Supp. 95-1).

**R20-5-667. Hearings**

- A.** Order of proceeding. Except as may be ordered otherwise by the Commission, the party applicant for relief shall proceed first at a hearing.
- B.** Burden of proof. The party applicant shall have the burden of proof.
- C.** Evidence
1. Admissibility. A party shall be entitled to present its case or defense by oral or documentary evidence, to submit rebuttal evidence, and to conduct such cross-examination as may be required for a full and true disclosure of the facts. Any oral or documentary evidence may be

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received, but the Commission shall exclude evidence which is irrelevant, immaterial, or unduly repetitious.

2. Testimony of witnesses. The testimony of a witness shall be upon oath or affirmation administered by the Commission.

- D. Official notice. Official notice may be taken of any material fact not appearing in evidence in the record, which is among the traditional matters of judicial notice: provided that the parties shall be given adequate notice, at the hearing or by reference in the Commission's decision, of the matters so noticed and shall be given adequate opportunity to show the contrary.
- E. Record. Minutes shall be taken of the Commission hearings. Copies of the minutes may be obtained by the parties upon written application filed with the secretary of the Commission and upon the payment of fees at the rate provided in the agreement with the Commission.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-669 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-667 effective March 2, 1981 (Supp. 81-2). R20-5-667 recodified from R4-13-667 (Supp. 95-1).

**R20-5-668. Decisions of the Commission**

- A. Proposed findings of fact, conclusions, and rules or orders. Within 10 days after completion of the hearing or such additional time as the Commission may allow, each party may file with the Commission proposed findings of fact, conclusions of law, and rule or order, together with a supporting brief expressing the reasons for such proposals. Such proposals and brief shall be served on all other parties and shall refer to all portions of the record and to all authorities relied upon in support of each proposal.
- B. Decisions of the Commission. Within a reasonable time after the time allowed for the filing of proposed findings of fact, conclusions of law, and rule or order, the Commission shall make and serve upon each party its decision, which shall become final upon the 30th day after service thereof, unless exceptions are filed thereto, as provided in rule R20-5-669. The decision of the Commission shall include:
  1. A statement of findings and conclusions, with reasons and basis therefor, upon each material issue of fact, law, or discretion presented on the record, and
  2. The appropriate rule, order, relief, or denial thereof. The decision of the hearing examiner shall be based upon a consideration of the whole record and shall state all facts officially notice and relied upon. It shall be made on the basis of a preponderance of reliable and probative evidence.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-670 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-668 effective March 2, 1981 (Supp. 81-2). R20-5-668 recodified from R4-13-668 (Supp. 95-1).

**R20-5-669. Judicial Review**

Any employer, employee, authorized employee representative, representative, or any person in interest is dissatisfied with an order of the Commission may appeal in accordance with A.R.S. § 23-413 of the Act.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Former Section R4-13-674 adopted as an emergency effective October 29, 1980, renumbered and adopted as Section R4-13-670 effective March 2, 1980 (Supp. 81-2). R20-5-669 recodified from R4-13-669 (Supp. 95-1).

**R20-5-670. Field Sanitation**

- A. This Section applies to any agricultural establishment where a crew of five or more employees are engaged on any given day in hand-labor operations in one location.
- B. As used in this Section:
  1. "Agricultural establishment" means a business operation that uses paid employees in the production of food, fiber or other material such as seed, seedlings, plants or parts of plants.
  2. "Crew of employees" means a group of persons who are employed to perform hand-labor operations as a unit at an agricultural establishment. "Crew of employees" does not include the employer and the employer's immediate family members.
  3. "Hand-labor operations" means agricultural activities or operations performed in the field by hand or with hand tools. Hand-labor operations include the hand-harvest of vegetables, nuts and fruits, hand-weeding of crops and hand-planting of seedlings. Hand-labor operations do not include such activities as logging operations, irrigation operations, the care or feeding of livestock or hand-labor operations in permanent structure, such as canning facilities or packing houses. Hand-labor operations do not include activities in which persons are acting as equipment operators.
  4. "Handwashing facility" means a facility providing either a basin, container or outlet with an adequate supply of potable water, soap and single-use towels.
  5. "Potable water" means water that meets the standards for drinking purposes prescribed by the state or local authority having jurisdiction or water that meets the quality standards prescribed by the United States Environmental Protection Agency's National Interim Primary Drinking Water Regulations, published in 40 CFR Part 141 (July 1983), incorporated by reference and on file in the Office of the Secretary of State.
  6. "Toilet facility" means a facility designed for the purpose of both defecation and urination, including biological or chemical toilets, combustion toilets or sanitary privies, which is supplied with toilet paper adequate for employee needs. Toilet facilities may be either fixed or portable.
- C. Employers shall provide the following for employees engaged in hand-labor operations at an agricultural establishment without cost to the employee:
  1. Potable drinking water as follows:
    - a. Potable water shall be provided and shall be placed in locations readily accessible to all employees.
    - b. The water shall be suitably cool, no more than 80°F, and in sufficient amounts, a minimum of two gallons per employee, taking into account the air temperature, humidity and the nature of the work performed, to meet employees' need.
    - c. The water shall be dispensed in single-use drinking cups or by fountains. The use of common drinking cups or dippers is prohibited.
  2. Toilet and handwashing facilities as follows:
    - a. One toilet facility and one handwashing facility shall be provided for each 40 employees or fraction

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thereof, except as provided in subsection (D) of this Section.

- b. Toilet facilities shall have doors that can be closed and latched from the inside and shall be constructed to ensure privacy.
- c. Toilet and handwashing facilities shall be accessibly located, in close proximity to each other and within 1/4 mile of each employee's place of work in the field. If it is not feasible to locate facilities accessibly and within the required distance due to the terrain, facilities shall be located at the point of closest vehicular access.
- D. Toilet and handwashing facilities are not required for employees who perform field work for a period of three hours or less (including transportation time to and from the field) during the day.
- E. Potable drinking water and toilet and handwashing facilities shall be maintained in accordance with appropriate public health sanitation practices, including all of the following:
  - 1. Drinking water containers shall be covered, cleaned and refilled daily.
  - 2. Toilet facilities shall be operational and maintained in clean and sanitary condition and shall be supplied with toilet paper adequate for employee needs.
  - 3. Handwashing facilities shall be maintained in clean and sanitary condition.
  - 4. Disposal of wastes from facilities shall not cause unsanitary conditions.
- F. Employees shall be allowed reasonable opportunities during the workday to use the facilities.

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Adopted effective May 2, 1986 (Supp. 86-3). R20-5-670 recodified from R4-13-670 (Supp. 95-1).

**R20-5-671. Reserved**

**R20-5-672. Reserved**

**R20-5-673. Reserved**

**R20-5-674. Emergency expired**

**Historical Note**

Adopted as an emergency effective October 29, 1980, pursuant to A.R.S. § 41-1003, valid for only 90 days (Supp. 80-5). Emergency expired. R20-5-674 recodified from R4-13-674 (Supp. 95-1).

**R20-5-675. Reserved**

**R20-5-676. Reserved**

**R20-5-677. Reserved**

**R20-5-678. Reserved**

**R20-5-679. Reserved**

**R20-5-680. Protected Activity**

- A. All complaints pursuant to A.R.S. § 23-425 shall relate to conditions at the workplace. The filing of complaints need not be in writing for purposes of this subsection except that those complaints filed pursuant to R20-5-682 shall comply with R20-5-682. The term "filed any complaint" as used in A.R.S. § 23-425(A) includes:
  - 1. Employee requests for inspection pursuant to A.R.S. § 23-408(F);
  - 2. Complaints registered with other state, local or federal governmental agencies which have the authority to regu-

late or investigate occupational safety and health conditions;

- 3. Complaints lodged with employers; or
- 4. Complaints filed as specified in R20-5-682.
- B. The term "instituted or caused to be instituted any proceeding" as used in A.R.S. § 23-425(A) includes:
  - 1. Inspections of worksites under A.R.S. § 23-408(A);
  - 2. Employee contest of abatement date under A.R.S. § 23-417(D);
  - 3. Employee initiation of proceedings for promulgation of an occupational safety and health standard under A.R.S. § 23-410(A);
  - 4. Employee application for modification or revocation of a variance under A.R.S. § 23-413;
  - 5. Employee judicial challenge to a standard under A.R.S. § 23-410(E);
  - 6. Employee appeal of an Administrative Law Judge Division order under A.R.S. § 23-421(C);
  - 7. Exercise of rights by any employee pursuant to A.R.S. § 23-418.01;
  - 8. Any other employee action authorized by the Arizona Occupational Safety and Health Act of 1972; or
  - 9. Setting into motion the activities of others which result in the proceedings specified in subsections (B)(1) through (8).
- C. The term "testified or is about to testify in any such proceeding" as used in A.R.S. § 23-425(A) includes:
  - 1. Testimony in proceedings instituted or caused to be instituted by the employee; or
  - 2. Any statements given in the course of judicial, quasi-judicial or administrative proceedings. For this purpose, administrative proceedings include inspections, investigations and administrative rulemaking or adjudicative functions.
- D. The term "the exercise by such employee on behalf of himself or others of any right afforded by this Article" as used in A.R.S. § 23-425(A) includes:
  - 1. The right to participate as a party in enforcement proceedings pursuant to A.R.S. § 23-408(D);
  - 2. The right to request information from the Industrial Commission; or
  - 3. To cooperate with inspections or investigations by the Industrial Commission.
- E. If the employee, with no reasonable alternative, refuses in good faith to expose himself to a dangerous condition, the employee is engaged in protected activity. The condition causing the employee's apprehension of death or injury must be of such a nature that a reasonable person, under the circumstances then confronting the employee, would conclude there is a real danger of death or serious injury and that there is insufficient time, due to the urgency of the situation, to eliminate the dangers through resort to regular statutory enforcement channels. In addition, in such circumstances, the employee, where possible, must also have sought from his employer and been unable to obtain a correction of the dangerous condition.
- F. Employees who refuse to comply with valid occupational safety and health standards or valid safety rules implemented by the employer are not protected by A.R.S. § 23-425.

**Historical Note**

Adopted effective May 3, 1989 (Supp. 89-2). R20-5-680 recodified from R4-13-680 (Supp. 95-1).

**R20-5-681. Elements of a Violation of A.R.S. § 23-425**

To establish a violation of A.R.S. § 23-425(A), the employee shall prove all of the following:

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1. The employee was engaged in protected activities as defined in R20-5-680.
2. The employer had knowledge of the employee's protected activities prior to the adverse action which the employee claims to be a discharge or discrimination.
3. The action claimed to be discharge or discrimination was adverse to the employee.
4. The protected activity was a substantial reason for the alleged discharge or discrimination or the alleged discharge or discrimination would not have taken place but for the employee's engagement in the protected activity.

**Historical Note**

Adopted effective May 3, 1989 (Supp. 89-2). R20-5-681  
recodified from R4-13-681 (Supp. 95-1).

**R20-5-682. Procedure**

- A. A complaint of A.R.S. § 23-425(A) discharge or discrimination shall be filed with the Division of Occupational Safety and Health by the employee or by a representative authorized by A.R.S. § 23-408(F) to do so on the employee's behalf. The complaint shall be written and shall be signed by the person filing the complaint.
- B. The date of filing a complaint under A.R.S. § 23-425(B) is the date of receipt of the complaint by the Division.
- C. The Division may accept or deny an employee's withdrawal of a complaint. The Industrial Commission's investigatory jurisdiction shall not be foreclosed by unilateral action of the employee.
- D. The Industrial Commission may resolve an A.R.S. § 23-425 complaint with the employer without the consent of the employee.
- E. The Industrial Commission's jurisdiction to investigate and determine A.R.S. § 23-425 complaints is independent of the jurisdiction of other agencies or bodies. The Industrial Commission may defer to the results of other such proceedings where:
  1. The rights asserted in those other proceedings are substantially the same as the rights pursuant to A.R.S. § 23-425;
  2. The factual issues in such proceedings are substantially the same as the factual issues before the Industrial Commission;
  3. The proceedings were fair and regular; and
  4. The outcome of the proceedings was not inconsistent with the purposes of this Chapter and the Act.
- F. A determination pursuant to A.R.S. § 23-425(C) includes:
  1. A decision to not proceed with the case;
  2. To defer the case to another forum; or
  3. To proceed to litigation in Superior Court.

**Historical Note**

Adopted effective May 3, 1989 (Supp. 89-2). R20-5-682  
recodified from R4-13-682 (Supp. 95-1).

**ARTICLE 7. SELF-INSURANCE REQUIREMENTS FOR  
WORKERS' COMPENSATION POOLS ORGANIZED  
UNDER A.R.S. § 23-961.01**

**R20-5-701. Definitions**

In addition to the definitions provided in A.R.S. § 23-901, the following definitions apply to this Article:

"Administrator" means an individual or organization chosen by a board to manage the daily operations of a pool.

"Applicant" means a worker compensation pool organized under A.R.S. § 23-961.01 that has filed an initial application for authority to self-insure.

"Board of trustees" or "board" means a body of individuals that manage all operations of a worker compensation pool.

"Cash flow ratio" means a numerical relationship that reflects an ability to meet current financial obligations out of cash flow and is calculated by dividing funds received from operations of a business by current liabilities.

"Certificate of authority" means a document issued by the Commission granting a pool authority to be self-insured for purposes of workers' compensation.

"Claim" means a worker compensation claim.

"Code classification" means a number assigned by an approved rating organization that classifies employees.

"Current ratio" means a numerical relationship that reflects an ability to pay current obligations and is calculated by dividing current assets by current liabilities.

"Debt status ratio" means a numerical relationship that reflects the proportion of funds supplied internally relative to the funds supplied by creditors and is calculated by dividing net worth by total liabilities.

"Division" means the Administration Division of the Industrial Commission of Arizona.

"Excess insurance carrier" means an insurance carrier authorized by the Arizona Department of Insurance to issue policies of excess insurance coverage and casualty insurance coverage to a self-insured.

"Experience modification rate" means a ratio comparing actual losses to expected losses based on a formula determined by an approved rating organization and which includes three years of loss information.

"Financial rating organization" means a nationally recognized organization such as Standard & Poor's or Moody's that evaluates and rates securities.

"Fiscal year" means a 12 month cycle that begins from the effective date of authority to self-insure.

"Loss fund" means an account from which money is used to pay all workers' compensation expenses including current and contingent liabilities of a worker's compensation claim of a pool.

"Member" means an employer described in A.R.S. § 23-961.01 that has joined with other employers to form a pool.

"Pool" means a workers' compensation group organized under A.R.S. § 23-961.01.

"Profitability ratio" means a numerical relationship that represents the return on assets and the efficiency of assets and is calculated by dividing profit before taxes by total assets, multiplied by 100.

"Quick ratio" means a numerical relationship that represents the degree to which liabilities are covered by the most liquid current assets and is calculated by dividing cash and equivalents, plus trade receivables, by current liabilities.

"Rate" means an assignment of a code classification based on risk as established by a rating organization and approved by the Arizona Department of Insurance.

"Rating organization" means an entity that meets the requirements of A.R.S. § 20-363(F) and is approved by the Arizona Department of Insurance to establish rates, codes, and formulas used to calculate worker compensation premiums.

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“Service company” means an entity or organization that is contracted by a pool to receive, process, and pay workers’ compensation claims for a pool.

“Trustee fund” means an account into which premiums, investment proceeds, and other revenues are deposited and are used to cover all administrative or operational expenses of a pool.

“Working capital ratio” means a numerical relationship that measures the sufficiency of working capital to support sales and is calculated by dividing working capital by sales.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3).

**R20-5-702. Computation of Time**

- A. In computing any period of time prescribed or allowed by this Article, the Commission shall not include the day of the act or event from which the period of time begins to run. The Commission shall include the last day of the period computed unless it is a Saturday, Sunday, or legal holiday in which event the period shall run until the end of the next day that is not a Saturday, Sunday, or legal holiday. When the period of time prescribed or allowed is less than 11 days, the Commission shall exclude intermediate Saturdays, Sundays, and legal holidays in the computation of time.
- B. Except as otherwise provided by law, the Commission may extend time limits prescribed by this Article for good cause.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3).

**R20-5-703. Forms Prescribed by the Commission**

The following forms are available upon request from the Commission and contain requests for the information listed in each subsection.

1. Initial Application for Authority to Self-insure:
  - a. Name of the pool;
  - b. Address and telephone number of the pool’s principal office;
  - c. Effective date of formation of the pool;
  - d. Name and address of each member of the pool;
  - e. Two digit standard industrial classification code for each member of the pool;
  - f. Name and address of the industry or trade association, or professional organization to which members of the pool belong;
  - g. Effective date of formation of the industry or trade association, or professional organization to which members of the pool belong;
  - h. Type of business in which members are engaged and length of time in business for each member;
  - i. Explanation of how businesses of members are the same or similar;
  - j. Amount of workers’ compensation insurance premiums paid by each member in the preceding year;
  - k. Names and addresses of the board of trustees;
  - l. Name, address, and telephone number of the administrator appointed by the board of trustees;
  - m. Name, address, and telephone number of the service company, if applicable;
  - n. Names, titles, addresses, and telephone numbers of the persons in charge of the loss control and underwriting programs;
  - o. Premium tax plan selection;
  - p. Authorized signature and title of person signing initial application;

- q. Statement that all information and assertions contained in the application and the documents accompanying the application are factually correct and true; and
- r. Date of execution of the initial application.
2. Renewal Application:
  - a. Name of the pool;
  - b. Address and telephone number of the pool’s principal office;
  - c. Name and address of each member of the pool and the effective date of membership;
  - d. Renewal date of the pool;
  - e. Effective date of initial authority to self-insure;
  - f. Total number of member employees covered by the pool;
  - g. Total payroll of the pool for the last fiscal year;
  - h. Name, address, and telephone number of the administrator;
  - i. Name, address, and telephone number of the service company, if applicable;
  - j. Name, address, and telephone number of the excess insurance carrier;
  - k. Name and address of the companies providing guaranty bond and fidelity policy;
  - l. Name and address of individuals serving on the board of trustees;
  - m. Names, titles, addresses, and telephone numbers of persons in charge of loss control and underwriting programs;
  - n. Authorized signature and title of person signing renewal application;
  - o. Statement that all information and assertions contained in the renewal application and the documents accompanying the renewal application are factually correct and true; and
  - p. Date of execution of the renewal application.
3. Self-Insurance Guaranty Bond Form:
  - a. Pool identification;
  - b. Names of fidelity and surety insurance companies;
  - c. Description of the bond, including the amount and conditions of the bond obligations and liability of surety;
  - d. Statement regarding the responsibility for fees and costs associated with the collection of the bond and the responsibility for payment of any award or judgment against the surety;
  - e. Authorized signatures and titles by pool, surety, and agent; and
  - f. Date of execution of the guaranty bond form.
4. Option Election Form:
  - a. Calculation and selection of type of guaranty bond and securities;
  - b. Description of incurred liability and anticipated future liability (compensation and medical) on all open cases for the preceding four years and the current year;
  - c. Authorized signature and title of person signing option election form;
  - d. Statement that all information and assertions contained in the form are factually correct and true; and
  - e. Date of execution of the option election form.
5. Self-insured Payroll Report:
  - a. Description of the cumulative payroll for all members of the pool (classification codes, methods and types of pay);
  - b. Amount paid in the preceding calendar year;

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- c. Authorized signature and title of person signing self-insured payroll report;
- d. Statement that all information and assertions contained in the report are factually correct and true; and
- e. Date of execution of self-insured payroll report.
6. Self-insured Medical Report:
  - a. Description of costs relating to industrial injuries;
  - b. Reinsurance premiums paid;
  - c. Total expenditures for workers' compensation and occupational disease claims;
  - d. Authorized signature and title of person signing self-insured medical report;
  - e. Statement that all information and assertions contained in the report are factually correct and true; and
  - f. Date of execution of the self-insured medical report.
7. Self-insured Injury Report:
  - a. Description of specific information for the current year and three preceding years for each injury requiring payment in excess of \$5000 which includes accumulated amount paid and reserved for each claim in excess of \$5,000;
  - b. Description of all injuries for the current year and three preceding years if individual injury required payment of less than \$5,000;
  - c. Authorized signature, title, and telephone number of person signing self-insured injury report;
  - d. Statement that all information and assertions contained in the report are factually correct and true; and
  - e. Date of execution of the self-insured injury report.
8. Quarterly Tax Payment Form:
  - a. Name and address of the pool;
  - b. Description and calculation of the quarterly tax and designation of the applicable quarter;
  - c. Amount of annual tax paid in the previous calendar year; amount of the quarterly tax paid adjusted for change in the tax rate;
  - d. Description and calculation of any penalty due;
  - e. Authorized signature, title and telephone number of person signing the quarterly tax payment form;
  - f. Statement that all information and assertions contained in the form are factually correct and true; and
  - g. Date of execution of the quarterly tax payment form.
9. Application to Add a Member to Self-insured Pool:
  - a. Name of the pool and name of the member to be added to the pool, including if applicable, addresses, corporation, subsidiary, partnership, and trust information;
  - b. Nature and years in business of the member to be added;
  - c. History of business in Arizona and elsewhere for the member to be added;
  - d. Payroll data for each member to be added;
  - e. Work force data for each member to be added;
  - f. Financial data for each member to be added;
  - g. Insurance data for each member to be added;
  - h. Two digit standard industrial classification code for each member of the pool;
  - i. Workers' compensation claims, loss and performance history for the member to be added;
  - j. Authorization by board resolution approving addition of each new member;
  - k. Authorized signature and title of person signing application;
  - l. Statement that all information and assertions contained in the application are factually correct and true; and
  - m. Date of execution of the application.
10. Notice Confirming Addition of Member to Pool:
  - a. Name of the pool;
  - b. Name and address of the new member;
  - c. Effective date of membership;
  - d. Rate and code classification to be applied to new member;
  - e. Standard industrial classification code for new member;
  - f. Authorized signature and title of person signing notice;
  - g. Statement that all information and assertions contained in the notice are factually correct and true; and
  - h. Date of execution of the notice.
11. Notice of Termination of Membership:
  - a. Name and address of pool;
  - b. Effective date of termination;
  - c. Name and address of the member to be terminated, identified as follows:
    - i. All names and addresses of every location used by the member;
    - ii. If the member is a partnership, the names and addresses of all the partners;
    - iii. If the member is a corporation doing business under a number of divisions, the notice shall state the names of all the divisions of the corporation; and
    - iv. If a member changes names, both the new and former names.
  - d. Authorized signature, title and telephone number of person signing notice;
  - e. Statement that all information and assertions contained in the notice are factually correct and true; and
  - f. Date of execution of the notice.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3).

**R20-5-704. Requirement for Commission Approval to Act as Self-insurer**

A pool does not have authority to act as a self-insurer under A.R.S. §§ 23-961 and 23-961.01 unless the pool receives and maintains a certificate of authority from the Commission.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3).

**R20-5-705. Duration of Certificate of Authority**

Except as provided in this subsection, a certificate of authority is valid for one fiscal year. The Commission may renew the certificate on an annual basis upon application by a pool. If a pool timely files a complete renewal application under this Article, the Commission shall consider the existing certificate of authority valid, subject to compliance with A.R.S. § 23-901 et seq. and this Article, until a new certificate of authority is issued or an order of the Commission denying a renewal application becomes final.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3).

**R20-5-706. Time-frames for Processing Initial and Renewal Application for Authority to Self-insure**

A. Administrative completeness review.

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1. Initial application. The Division shall review an initial application for authority to self-insure within 20 days of receipt of the application to determine if the application contains the information required by A.R.S. § 23-961.01 and this Article. The Division shall inform an applicant by written notice whether the application is complete or is deficient within the time-frame provided in this subsection. If the application is incomplete, the Division shall include in its written notice to the applicant a complete list of the missing information. The Division shall deem the application withdrawn if an applicant fails to file a complete application within 45 days of being notified by the Division that its application is incomplete or deficient.
  2. Renewal application. The Division shall review a renewal application for authority to self-insure within 20 days of receipt of the application to determine if the application contains the information required by A.R.S. § 23-961.01 and this Article. The Division shall inform a pool by written notice whether the application is complete or is deficient within the time-frame provided in this subsection. If the renewal application is incomplete, the Division shall include in its written notice to the pool a complete list of the missing information. The Division shall deem the application withdrawn if a pool fails to file a complete application within 45 days of being notified by the Division that its application is incomplete or deficient, except that failure to file the financial and actuarial reports required under R20-5-708(C) shall not cause the Division to deem the application withdrawn if a pool files the financial and actuarial reports with the Division within 120 days after the end of the pool's fiscal year.
- B. Substantive review.**
1. Initial application. Within 70 days after the Division deems an initial application complete, the Commission shall determine whether an initial application for authority to self-insure meets the substantive criteria of A.R.S. § 23-961.01 and this Article and shall issue an order granting or denying authority to self-insure.
  2. Renewal application. Within 40 days after the Division deems a renewal application complete, the Commission shall determine whether a renewal application for authority to self-insure meets the substantive criteria of A.R.S. § 23-961.01 and this Article and shall issue an order granting or denying authority to self-insure.
- C. Overall review.**
1. Initial application. The overall review period shall be 90 days, unless extended under A.R.S. § 41-1072 et seq.
  2. Renewal application. The overall review period shall be 60 days, unless extended under A.R.S. § 41-1072 et seq.
- Historical Note**  
Adopted effective September 9, 1998 (Supp. 98-3).
- R20-5-707. Filing Requirements for Initial Application for Self-Insurance License**
- A. Initial application for authorization to self-insure.**
1. An application for authority to self-insure shall be completed on forms approved by the Commission.
  2. An application for authority to self-insure shall be filed with the Division. An application is considered filed when it is received at the office of the Division.
  3. An application shall be typewritten or written in ink in legible text.
  4. The administrator of a pool shall sign the application. The signature of the administrator shall be notarized.
  5. The administrator shall verify, in writing, that the information contained in and submitted with the application is true and correct.
- B. The Commission shall deem an initial application for authority to self-insure complete if an applicant provides the following information with the initial application:**
1. A copy of the contract required under A.R.S. § 23-961.01 establishing the pool;
  2. A copy of the articles of incorporation establishing the pool, if applicable;
  3. A copy of the trust agreement establishing the pool, if applicable;
  4. A copy of the by-laws governing the operations of the pool;
  5. An original, signed application to join the pool from every employer receiving approval from the board to join the pool;
  6. A resolution from the board approving employers for membership in the pool;
  7. A certified copy of an audited financial statement or an internally reviewed and signed financial statement for each employer applying for membership in the pool for the most current and prior two years that, considered collectively, demonstrate that the combined net worth of the employers applying for membership at the time of the initial application is not less than \$1,000,000;
  8. A copy of the following financial ratios for each employer applying for membership in the pool:
    - a. Cash flow ratio;
    - b. Current ratio;
    - c. Debt status ratio;
    - d. Profitability ratio;
    - e. Quick ratio; and
    - f. Working capital ratio.
  9. A detailed description of the loss control program required under R20-5-727, including a description of training programs and safety requirements implemented or to be implemented;
  10. A written statement from each member with an experience modification rate greater than 1.10 describing the causes of the member's experience modification rate and outlining remedial measures the member has taken and will take to lower the member's experience modification rate;
  11. An original, signed fidelity policy, or a certified copy, that meets the requirements of R20-5-712, or written confirmation from an authorized insurance company that it will provide fidelity coverage to the applicant as required under R20-5-712 which coverage is effective on the date the applicant is approved by the Industrial Commission to begin self-insurance;
  12. An original, signed guaranty bond, securities, or letter of credit that meets the requirements of R20-5-713 or any of the following:
    - a. Written confirmation from an authorized insurance company that it will provide a guaranty bond to the applicant as required under R20-5-713 which shall be deposited with the Industrial Commission before approval for self-insurance is effective,
    - b. Written confirmation from a financial institution that it will provide a letter of credit to the applicant as required under R20-5-713 which is effective when approval for self-insurance is effective, or
    - c. Written confirmation from a pool that it will obtain securities as required under R20-5-713 which shall

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- be deposited with the Arizona State Treasurer before approval for self-insurance is effective.
13. A completed and signed Option Election Form and Self-Insurance Bond Form;
  14. A copy of excess insurance policies issued by an authorized carrier that meet the requirements of R20-5-715 or written confirmation from an authorized insurance company that it will provide excess insurance coverage to the applicant as required under R20-5-715. The excess coverage shall be effective on the date the applicant is approved by the Industrial Commission to begin self-insurance;
  15. A copy of the signed agreement or contract of hire between a board and the administrator of the pool;
  16. A designation of a service company and a copy of the signed agreement between the service company and pool that meet the requirements of R20-5-725 or a written statement with supporting documentation required under R20-5-726 requesting authorization to process claims in-house;
  17. A list of all rates by code classification to be used by the pool to calculate premiums;
  18. A statement showing how premiums shall be calculated for members;
  19. A detailed description of the underwriting program required under R20-5-727;
  20. A feasibility study by a member of the American Academy of Actuaries (MAAA) or a Fellow of the Casualty Actuarial Society (FCAS) that documents the rate structure needed to set premium levels to cover potential losses and expenses of the pool; and
  21. A schedule showing net workers' compensation premiums paid, total losses incurred, and experience modification rates for the three preceding years for each employer applying for membership in the pool.
2. A continuation certificate for the guaranty bond or letter of credit signed by an authorized representative of the surety or bank in an amount equal to the amount set forth in the updated Option Election Form and that meets the requirements of R20-5-713;
  3. A confirmation of excess insurance policies issued by an authorized carrier that meet the requirements of R20-5-715;
  4. A copy of a signed service contract that meets the requirements of R20-5-725 designating an approved service company or a written statement with supporting documentation required under R20-5-726 requesting authorization to process claims in-house;
  5. A continuation certificate for the fidelity policy that meets the requirements of R20-5-712;
  6. A statement of any change made in the rates and code classifications utilized by the pool to calculate workers' compensation premiums;
  7. A statement of any change in the calculation method of a premium for each member;
  8. A statement describing the expenses paid from the trustee fund and the loss fund expressed in a dollar amount and as a percentage of the total premiums collected by the pool in the preceding fiscal year;
  9. A copy of the current contract or agreement of hire between the pool and administrator; and
  10. A copy of the current delegation agreement between the board of trustees and administrator, if applicable, under R20-5-719(C).
- D.** No later than 120 days after the end of a pool's fiscal year, the pool shall file with the Division a copy of the pool's most recent audited annual financial statements and a copy of the pool's most recent actuarial review of:
1. Losses and reserves for all known claims, and
  2. Reserves for incurred but not reported claims.
- E.** The Commission shall deem a renewal application complete when a pool provides the information required under subsections (C) and (D).
- F.** If a pool does not file a renewal application, each member of the pool shall provide the Commission proof of compliance with A.R.S. § 23-961(A) no later than 10 days after the pool's certificate of authority expires.
- G.** If a pool's renewal application is deemed withdrawn under this Section, each member of the pool shall provide proof of compliance with A.R.S. § 23-961(A) no later than 10 days after the date the Commission deems the application withdrawn.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3).

**R20-5-708. Filing Requirements for Renewal Application for Self-Insurance License**

- A.** A self-insured pool seeking renewal of an authority to self-insure for workers' compensation insurance shall file a renewal application 30 days before the existing certificate of authority expires. A pool shall maintain all bonds, policies, and contracts required under this Article while a renewal application is pending before the Commission. The Commission shall deem a renewal application withdrawn if a pool fails to maintain all bonds, policies, and contracts required under this Article.
- B.** A renewal application shall meet the following requirements:
1. An application for renewal of authority to self-insure shall be completed on a form approved by the Commission;
  2. An application for renewal of authority to self-insure shall be filed with the Division. An application is considered filed when it is received at the office of the Division;
  3. An application shall be typewritten or written in ink in legible text;
  4. The administrator of a pool shall sign the application. The signature of the administrator shall be notarized; and
  5. The administrator shall verify, in writing, that the information contained in and submitted with the application is true and correct.
- C.** A self-insured pool shall provide the following information at the time the pool files a renewal application:
1. An updated, completed and signed Option Election Form;

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3).

**R20-5-709. Combined Net Worth**

A pool shall ensure that the combined net worth of its members is at least \$1 million at the time the pool files an initial application for authority to self-insure.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3).

**R20-5-710. Similar Industry Requirement**

The Commission shall consider the following in determining whether two or more employers meet the similar industry requirement of A.R.S. § 23-961.01:

1. Two digit standard industrial classification code established by the 1987 Standard Industrial Classification Manual assigned to an employer applying for membership in the pool; and
2. Other information describing or concerning the business of an employer applying for membership in the pool. The



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Commission may solicit additional written or oral information from a pool or others to assist the Commission in determining whether two or more employers are engaged in a similar industry.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3).

**R20-5-711. Joint and Several Liability of Members**

- A. The joint and several liability provision described under A.R.S. § 23-961.01(E) shall include the following meaning:
1. Liability of members. Each member is liable for its own workers' compensation claims or losses incurred during the member's period of membership in the pool to the extent that the pool does not pay the claims or losses. A member's liability for its own claims or losses continues for the life of the claims and continues notwithstanding the pool's inability to process or pay the member's claims or losses. Failure of the pool to comply with the provisions of the Arizona Workers' Compensation Act relating to payment and processing of claims shall result in the assignment of the claims to the State Compensation Fund under A.R.S. § 23-966 and shall not relieve a member of liability for its own losses or claims. In the event that claims are assigned to the State Compensation Fund under A.R.S. § 23-966, the Industrial Commission shall have a right of reimbursement against the member for the amount paid by the State Compensation Fund for the member's own claims and losses, including costs, necessary expenses and reasonable attorney's fees, to the extent that such claims and losses are not covered by the pool's bonds or assets.
  2. Liability of a pool. The pool shall pay all claims for which each member incurs liability during each member's period of membership. The pool shall defend, in the name of and on behalf of any member, any action or other proceeding which may arise or be instituted against a member as a result of injury or death covered by the Arizona Workers' Compensation Act and accompanying rules. The pool shall pay all legal costs and all expenses incurred for investigation, negotiation or defense related to such action or proceeding. The pool shall also pay all judgments or awards, and all interest due and accruing after a judgment.
- B. The joint and several liability clause required under A.R.S. § 23-961.01 to be included in each agreement or contract to establish a pool shall include the language in subsection (A)(1) and (2).
- C. The joint and several liability clause required under A.R.S. § 23-961.01(E) applies to any agreement used to form a pool on a cooperative or contract basis, through a joint formation of a nonprofit corporation, or by the execution of a trust agreement.
- D. A pool shall ensure that all members read and agree, in writing, to the joint and several clause required under A.R.S. § 23-961.01 and described in subsection (A).
- E. Failure to comply with the requirements of A.R.S. § 23-961.01(E) and this Section is cause for revocation of authority to self-insure.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3).

**R20-5-712. Fidelity Policy**

- A. A pool shall obtain and maintain during all periods of self-insurance a fidelity policy to protect the pool from unlawful actions of the following:
1. Individuals appointed to the pool's board of trustees (individual and collective liability),

2. Administrator of the pool, and
3. Employees of the pool.

- B. The amount of the fidelity policy in subsection (A) shall be at least \$1 million. A pool may purchase a fidelity policy in excess of \$1 million if the pool determines that a policy in excess of \$1 million is necessary to protect members of the pool from damages resulting from misrepresentation or misuse of any monies or securities owned, controlled, or managed by the board, administrator, or employees of the pool.
- C. The pool shall provide the Commission proof of the fidelity policy as required under R20-5-707 and R20-5-708.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3).

**R20-5-713. Guaranty Bond**

- A. A pool shall obtain and maintain during all periods of self-insurance a guaranty bond equal to the greater of either:
1. 125% of the total outstanding accrued liability as reflected in the option election form described in subsection (B); or
  2. \$200,000.
- B. A pool shall complete and sign an option election form when an initial or renewal application is filed to determine the amount of the bond or securities required to cover the pool's losses. A pool shall ensure that the information contained in the option election form is in agreement with the data provided in the actuarial report. A guaranty bond or continuation certificate for the guaranty bond shall be in the amount established in the option election form.
- C. A guaranty bond or continuation certificate for the guaranty bond filed with the Commission shall bear the effective date of the certificate of authority under which the pool is authorized to self-insure. The guaranty bond or continuation certificate shall be valid for a period of one year, subject to annual renewal in the amount established in the Option Election Form filed with a renewal application.
- D. A guaranty bond or continuation certificate for the guaranty bond shall be issued by an insurance carrier authorized by the Arizona Department of Insurance to transact fidelity and surety insurance in Arizona. The guaranty bond and continuation certificate shall be executed by an authorized agent of a surety, as evidenced by a certified power of attorney, and countersigned by a licensed resident agent.
- E. Instead of posting a guaranty bond, a pool may either deposit with the Commission for transmittal to the Arizona State Treasurer, bonds of the United States or other securities. The amount of the bond or securities shall bear a face value equal to the requirements of subsections (A) and (B).
- F. Instead of posting a guaranty bond, a pool may obtain a letter of credit. The amount of the letter of credit shall be equal to the requirements of subsections (A) and (B).
- G. The Commission shall not accept certificates of deposit instead of a guaranty bond, securities, or letter of credit.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3).

**R20-5-714. Securities Deposited with the Arizona State Treasurer**

- A. Any securities deposited with Arizona State Treasurer under R20-5-713(E) shall be registered as follows: "The Industrial Commission of Arizona, in trust for the fulfillment by (name of pool), of (name of pool's) obligations under the Arizona Workers' Compensation Act."
- B. The securities shall be held by the State Treasurer, as custodian, subject to the order of and in trust for, the Industrial Commission of Arizona.

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- C. The Commission shall have the following powers with regard to securities held by the State Treasurer:
1. To collect or order the collection of the securities as they become due;
  2. To sell or order the sale of the securities, or any part of the securities; and
  3. To apply or order the application of the proceeds of the sale of securities, to the payment of any award rendered against the pool in the event of a default in the payment of a pool's obligations under the Arizona Workers' Compensation Act.
- D. The Commission shall remit, upon request from a pool that has deposited securities for transmittal to the State Treasurer, interest coupons on securities as they mature.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3).

**R20-5-715. Aggregate and Specific Excess Insurance Policies**

- A. A pool shall maintain aggregate and specific excess insurance policies during all periods of self-insurance.
- B. The Commission shall not consider policies of aggregate and specific excess insurance when determining a pool's ability to fulfill its financial obligations under the Arizona Workers' Compensation Act, unless the policies are issued by a casualty insurance company authorized by the Arizona Department of Insurance to transact business in Arizona.
- C. A pool or insurance company seeking to cancel or refuse renewal of aggregate and specific excess insurance policies shall provide 90 days written notice of the proposed cancellation or non-renewal to the other party to the policies and to the Commission. The written notice shall be by registered or certified mail. Failure to provide notice as required by this Section precludes cancellation or non-renewal of the policies.
- D. Policy and Retention Amounts.
1. Policy and retention amounts for specific and aggregate excess insurance for a pool shall be as follows:
    - a. Retention for specific excess insurance shall not be less than \$100,000 nor exceed \$1,250,000 without advance written approval by the Commission. Specific excess insurance shall be provided to the statutory limit; and
    - b. Maximum retention of aggregate excess insurance shall not exceed 150% of collected premiums. Total aggregate insurance coverage shall not be less than \$1,000,000.
  2. Aggregate and specific excess insurance policies shall state that payments of workers' compensation benefits on a claim made by a member employer, pool, or surety under a bond or through the use of other approved securities shall be applied toward reaching the retention level in the policy.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3).

Amended by final rulemaking at 22 A.A.R. 2782, effective September 7, 2016 (Supp. 16-3).

**R20-5-716. Rates and Code Classifications; Penalty Rate**

- A. A pool shall only use rates and code classifications obtained from a rating organization licensed by the Arizona Department of Insurance.
- B. A pool may apply a penalty rate in excess of an annual premium to any member with an unfavorable loss experience, provided the pool provides written notice to the member 30 days before the effective date of the change in rate.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3).

**R20-5-717. Gross Annual Premium of Pool; Calculation and Payment of Workers' Compensation Premiums; Discounts; Refunds**

- A. The gross annual workers' compensation premium for a pool shall be sufficient to fund the administrative expenses and total incurred losses of the pool.
- B. A pool shall calculate a member's workers' compensation premium and experience modification rate using formulas described in a rating plan that meets the following:
  1. The rating plan is filed by an Arizona licensed rating organization, and
  2. The rating plan has not been disapproved by the Arizona Department of Insurance.
- C. Each member shall pay to a pool the premium due in equal monthly or quarterly payments for the premium year, except that upon admission into a pool, a new member shall pay no later than five days after the effective date of membership not less than 25% of the annual premium calculated for the new member. The remaining premium due after a new member has advanced 25% of the annual premium shall be paid in equal monthly or quarterly payments for the premium year. A pool shall permit a member to pay a premium in advance of the monthly or quarterly schedule.
- D. Deviations from rates.
  1. A pool shall not deviate from established workers' compensation rates unless the pool complies with the following:
    - a. The deviation is based upon the expense and loss experience of the pool,
    - b. The deviation is supported and justified by an actuary's feasibility study, and
    - c. The pool provides the information required under this subsection to the Division and receives approval from the Division.
  2. The Division shall approve the deviation if the deviation is based upon the expense and loss experience of a pool and is justified in an actuary's feasibility study.
- E. Refunds. A pool may declare a refund of surplus money, including excess investment income, to its members under the following conditions:
  1. Surplus money exists, including excess investment money, for a fiscal year in excess of the amount necessary to meet all financial obligations for the fiscal year, including financial obligations arising from incurred but not reported claims;
  2. Total assets of a pool are greater than total liabilities for each fiscal year;
  3. An actuary approves the amount of the refund;
  4. The amount of refund is a fixed liability of the pool at the time the refund is declared; and
  5. The board sets a date for the refund that shall not be less than 12 months after the end of the fiscal year in which the excess is reported.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3).

**R20-5-718. Financial Statements**

- A. A pool shall ensure that a financial statement is prepared annually at the end of its fiscal year by a certified public accountant who has experience in auditing insurance carriers or self-insured pools. The financial statement shall be accompanied by an actuarial report regarding reserves for claims and associated expenses, and claims incurred, but not reported.

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- B. A pool shall ensure that reported reserves in a financial statement are established based on 110% of an actuary's best estimate.
- C. A pool shall ensure that an actuarial opinion is rendered by an actuary who is a member of the Academy of Actuaries (MAAA) or a fellow of the Casualty Actuarial Society (FCAS).
- D. A pool shall ensure that the pool's annual financial statement described in subsection (A) is audited by a certified public accountant. The audit shall include:
  - 1. An evaluation and statement from the certified public accountant whether invested surplus money was invested in compliance with R20-5-724;
  - 2. A description of how the pool operates; and
  - 3. A statement whether the pool complied with statutes and rules governing self-insured workers' compensation pools as it relates to financial matters.
- E. Upon request by the Commission or within 120 days after a pool's fiscal year ends, a pool shall file its annual financial statement with the Commission. If a pool stops providing coverage on an ongoing basis or fails to file a renewal application for authorization to self-insure, then the pool shall provide its annual financial statement within 120 days after the pool's fiscal year ends.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3).

**R20-5-719. Board of Trustees**

- A. A pool shall be managed by a board of trustees consisting of at least five individuals elected for a stated term of office. At least 2/3 of a board shall be from the membership of the pool.
- B. Minimum duties and responsibilities of a board. In addition to those duties and responsibilities provided by law, the duties of a board shall include:
  - 1. Responsibility for all operations of a pool;
  - 2. Ensuring compliance with this Article and the applicable provisions of the Arizona Workers' Compensation Act;
  - 3. Hiring of an administrator to manage the daily operations of a pool;
  - 4. Reviewing and taking action on applications for membership in a pool;
  - 5. Contracting with a service company or seeking authorization from the Commission to process workers' compensation claims in-house;
  - 6. Determining the premium to be charged to a member;
  - 7. Investing surplus monies in compliance with this Article and other applicable law;
  - 8. Enacting procedures that limit disbursement of money to payment and expenses associated with claims processing and administrative expenses necessary to conduct the operations of the pool;
  - 9. Ensuring that the pool complies with statutory accounting principles (SAP) and provides accurate financial information to enable complete and accurate preparation of financial reports;
  - 10. Maintaining all records and documents relating to the formation and ongoing operations of the pool; and
  - 11. Ensuring that accounts and records of the pool are audited as required under this Article.
- C. Delegation of board duties to administrator.
  - 1. Except as prohibited by law, a board may delegate to an administrator the duties the board determines proper.
  - 2. Delegation of duties from a board to an administrator shall be in writing. A copy of the delegation agreement shall be provided to the Commission with each renewal application.

- D. Board prohibitions. A board or board trustee shall not commit or perform the following acts:
  - 1. Extend credit to members for payment of a premium;
  - 2. Utilize money collected as premiums for a purpose unauthorized by this Article;
  - 3. Borrow money from a pool or in the name of a pool without providing written notice to the Commission of the nature and purpose of the loan; and
  - 4. Approve admission into a pool an employer who has a negative net worth and whose admission would impair the ability of the pool to meet its financial obligations under the Arizona Workers' Compensation Act.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3).

**R20-5-720. Administrator; Prohibitions; Disclosure of Interest**

- A. An administrator of a pool shall not be a member of a board of trustees of a workers' compensation pool.
- B. An administrator shall not commit any of the acts described in R20-5-719(D).
- C. An administrator shall disclose to a board any actual or perceived employment or financial interest that the administrator or administrator's family has in any potential provider of services or insurance coverage to the pool. The administrator shall disclose the interest before a contract or agreement is reached with the company or business providing the service or coverage. If a pool has an existing contract or agreement in which a prospective administrator or administrator's family has an actual or perceived employment or financial interest, the administrator shall disclose the interest before accepting a position as administrator for the pool. It is the responsibility of a board to identify for a prospective administrator current providers of services and coverage to the pool.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3).

**R20-5-721. Admission of Employers into an Existing Workers' Compensation Pool**

- A. An employer that meets the requirements of A.R.S. § 23-961.01 and this Article that seeks to join an existing pool shall submit an application for membership to the board of trustees of the pool, or the board's designee, on a form approved by the Commission.
- B. Consideration of application by a board.
  - 1. A board shall approve or deny admission in the pool according to the bylaws of the pool and other applicable statutes and rules.
  - 2. Upon approval of admission of an employer by a board, the board shall transmit the original application of the employer and board resolution approving membership to the Commission for consideration and approval.
- C. Commission Approval.
  - 1. Except as provided in subsection (C)(2), within seven days after receiving an employer application described in subsection (B)(2), the Division shall advise the pool whether the employer application is complete. Within 45 days after receiving a complete employer application described in subsection (B)(2), the Commission shall consider the application and shall approve the admission of an employer into a pool if each of the following requirements are met:
    - a. The employer meets the requirements of A.R.S. § 23-961.01 and this Article;

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- b. Admission of the employer into the pool does not impair the ability of the pool to meet the requirements of A.R.S. § 23-961.01 and this Article;
  - c. Admission of the employer into the pool does not impair the ability of the pool to meet its financial obligations under the Arizona Workers' Compensation Act.
2. After a pool has completed one year of operation, the pool may request Commission authorization to admit new members without Commission approval. Within 30 days after receiving such a request, the Commission shall consider and approve the request to add members to a pool without Commission approval if the pool meets the following:
- a. The pool uses the similar industry requirement set forth in R20-5-710 and provides a list or description of businesses that the pool will consider as being similar; and
  - b. The pool adopts as its own criteria for admission of new employers the criteria set forth in subsection (C)(1) and provides financial standards that the pool shall apply to employers seeking admission into the pool.
3. The Commission shall issue written findings and an order either approving or denying admission of an employer into a pool under subsection (C)(1) or approving or denying authorization to add members without Commission approval under subsection (C)(2). The Commission shall mail the findings and order upon the interested parties. The written findings and order is final unless a party files a request for hearing with the Administration Division within 10 days after the findings and order is issued. Hearing rights and procedure are governed by R20-5-736, R20-5-737, and R20-5-738.
- D. Admission of an employer under subsection (C)(2).**
- 1. A pool shall require an employer applying for membership in the pool to provide a financial report that is either a certified audited financial statement or an internally reviewed and signed financial statement certified by an officer or representative of the employer applying for membership.
  - 2. If a pool approves admission of a new employer into the pool, the pool shall send written notice to the Commission, on a form approved by the Commission, within 10 days and prior to the effective date of membership, confirming that the pool has admitted a new member.
  - 3. In addition to the notice required under subsection (D)(2), the pool shall also provide to the Commission, the board resolution approving membership and a copy of the employer's application for admission into the pool.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3).

**R20-5-722. Termination by a Member in a Pool; Cancellation of Membership by a Pool; Final Accounting**

- A.** A member of a pool may terminate its participation in the pool or submit to cancellation by a pool under the bylaws of the pool and other applicable statutes and rules.
- B.** A pool shall provide the Commission written notice of a member's intent to terminate membership or a pool's intent to cancel a member's participation in the pool at least 30 days before the termination or cancellation is effective on a form approved by the Commission.
- C.** A pool shall provide a final accounting and settlement of the obligations of or refunds to a terminated or canceled member when all incurred claims are concluded, settled, or paid.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3).

**R20-5-723. Trustee Fund; Loss Fund**

- A.** A pool shall maintain a trustee fund and a loss fund.
- B.** Trustee fund.
  - 1. All premiums and assessments charged to members of a pool shall be paid to the trustee fund which fund shall be placed in a designated federally insured depository in Arizona.
  - 2. A pool shall create a loss fund from the trustee fund.
  - 3. A pool shall pay administrative expenses of the pool from the trustee fund.
  - 4. Money from the trustee fund shall be transferred to the loss fund as needed to enable a pool to pay from the loss fund cash needs related to liabilities imposed or arising under the Arizona Workers' Compensation Act.
- C.** Loss fund.
  - 1. A pool shall place its loss fund in a designated federally insured depository in Arizona.
  - 2. A pool shall pay all workers' compensation expenses from the loss fund.
  - 3. A loss fund shall be maintained at all times by an authorized service company or administrator charged with processing and paying workers' compensation claims.
  - 4. A pool shall ensure that its loss fund is financially able to cover current cash needs related to liabilities imposed or arising under the Arizona Workers' Compensation Act.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3).

**R20-5-724. Investment Activity of a Pool**

A pool may invest surplus money not needed for immediate cash needs under the following conditions:

- 1. Investments are limited to:
  - a. United States Government bonds;
  - b. United States Treasury notes;
  - c. Municipal and corporate bonds described under subsections (A)(2), (3), and (4);
  - d. Certificates of deposit;
  - e. Savings accounts in banks located in Arizona that are federally insured; and
  - f. Common or preferred stock.
- 2. Corporate and municipal bonds are restricted to the top three major investment grades as determined by two financial rating services;
- 3. Not more than 5% of a corporate municipal bond portfolio is invested in any one corporation or municipality;
- 4. Not more than 30% of the market value of a portfolio is in corporate and municipal bonds;
- 5. Not more than 20% of the market value of an investment portfolio is in common and preferred stocks; and
- 6. Not more than 5% of a common and preferred stock portfolio is invested in any one corporation.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3).

**R20-5-725. Service Companies; Qualifications; Contracts; Transfer of Claims**

- A.** A pool shall obtain the services of a service company to process the pool's workers' compensation claims unless the pool obtains permission to process its own workers' compensation claims from the Commission under R20-5-726.
- B.** Qualifications of a service company.

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1. A service company shall have facilities and equipment to manage, process, and store workers' compensation claims;
  2. If required by law, a service company shall ensure that a licensed claims adjuster processes all workers' compensation claims. If a licensed claims adjuster is not required by law to process claims, then the service company shall ensure that workers' compensation claims are processed by persons with experience, training, and knowledge of the following:
    - a. Processing of Arizona workers' compensation claims; and
    - b. Arizona Worker's Compensation Act;
  3. Service company personnel processing workers' compensation claims shall attend and complete training provided by the Commission Claims Division.
- C.** A service company shall process and pay each worker's compensation claim in compliance with the Arizona Workers' Compensation Act and the rules. A contract between a pool and service company shall include this requirement.
- D.** Transfer of claims from one service company to another service company.
1. The transfer of claims from one service company to another service company shall be handled in a way that does not interfere with or interrupt the processing of a worker's compensation claim.
  2. A service company transferring a worker's compensation claim shall communicate to the new service company the historical claims processing activity associated with the worker's compensation claim, and shall provide an original or copy of every document required for continued processing of the worker's compensation claim.
  3. A pool shall immediately provide written notice to the Industrial Commission Claims Division of any transfer of a worker's compensation claim from one service company to another.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3).

**R20-5-726. Processing of Workers' Compensation Claims by a Pool**

- A.** The Commission shall permit a pool to process its own workers' compensation claims if the pool provides information and supporting documentation establishing the following:
1. The pool has facilities and equipment to manage, process, and store its own workers' compensation claims;
  2. If required by law, a pool shall ensure that a licensed claims adjuster processes all workers' compensation claims. If a licensed claims adjuster is not required by law to process claims, then the pool shall ensure that workers' compensation claims are processed by persons with experience, training, and knowledge of the following:
    - a. Processing of Arizona workers' compensation claims; and
    - b. Arizona Workers' Compensation Act;
  3. Pool personnel processing workers' compensation claims shall attend and complete training provided by the Commission Claims Division.
- B.** A pool shall pay and process workers' compensation claims in compliance with the Arizona Workers' Compensation Act and the rules.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3).

**R20-5-727. Loss Control and Underwriting Programs**

- A.** A pool shall maintain during all periods of self-insurance a loss control program that includes, at a minimum, written safety requirements and training programs for all employees of members.
- B.** A pool shall maintain during all periods of self-insurance an underwriting program that enables the pool to calculate and determine workers' compensation premiums due and to discharge the pool's responsibilities under the Arizona Workers' Compensation Act and this Article.
- C.** A pool shall ensure those persons with education, experience, or training in loss control administer the loss control program.
- D.** A pool shall ensure those persons with education, experience, or training in underwriting administer the underwriting program.
- E.** A pool shall maintain facilities and equipment to implement the loss control and underwriting programs.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3).

**R20-5-728. Insufficient Assets or Funds of a Pool; Plans of Abatement; Notice of Bankruptcy**

- A.** A pool shall immediately provide written notice to the Commission if collected premiums and earned investment income for a fiscal year are insufficient to pay benefits under the Arizona Workers' Compensation Act for all reported workers' compensation claims and expenses for the year. When a pool provides notice to the Commission of the deficiency, the pool shall also provide a written proposal to achieve 100% funding. The proposal may include the following:
1. Use of premiums collected in other fiscal years, but not necessary for payment of claims or expenses in the year collected;
  2. Use of investment earnings associated with other fiscal years, but not necessary for payment of claims or expenses in the year in which associated; or
  3. Assessment of members.
- B.** The Commission shall review the proposal submitted under subsection (A) and approve the proposal within 10 days if the Commission determines that the proposal will abate the deficiency. A pool shall implement the plan no later than 30 days after the date the Commission approves the plan and shall achieve 100% funding within one year after the date the Commission approves the plan. Failure to implement the plan is cause for revocation of the pool's certificate of authority under R20-5-739.
- C.** If, as a result of an audit or examination by either a pool or the Commission, it appears that the assets of a pool are insufficient to enable the pool to discharge the pool's responsibilities under the Arizona Workers' Compensation Act and this Article, the Commission shall notify the administrator and the board of the deficiency and issue an order to abate the deficiency.
- D.** The Commission has authority to include in its order of abatement issued under subsection (C) a provision that a pool shall not add new members to the pool until the deficiency is abated.
- E.** Failure to comply with an order of abatement within 60 days after the order is issued constitutes cause for revocation of a pool's certificate of authority under R20-5-739.
- F.** A pool shall provide immediate written notice to the Commission of any bankruptcy filing by the pool.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3).

**R20-5-729. Arizona Office; Recordkeeping; Records Available for Review**

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- A. A pool shall maintain an office in Arizona.
- B. A pool shall ensure that all financial reports and minutes are signed by an authorized representative of the pool.
- C. A pool shall make board meeting minutes, reports or other documents concerning payroll, audits, investments, experience rating, or other information concerning the pool available to the Commission upon request.
- D. A pool shall retain records relating to the formation and operation of the pool. The pool's current board shall know the current location of the records.
- E. Records of a pool are the property of the pool. If records of a pool are in the control or custody of a third party, the third party shall immediately surrender the records to a pool, upon request by the pool.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3).

**R20-5-730. Order for Additional Financial Information; Examination of Accounts and Records by Commission**

If the Commission questions a pool's financial ability to pay workers' compensation claims under the Arizona Workers' Compensation Act, the Commission may order the pool to provide additional financial information from the pool's auditor or may order an independent financial examination of the pool.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3).

**R20-5-731. Assignment of Claims Under A.R.S. § 23-966; Obligation of Member to Reimburse the Commission**

The Commission shall assign all workers' compensation claims of a pool to the State Compensation Fund under A.R.S. § 23-966 in the event that a pool files for bankruptcy or a pool is unable to process or pay benefits as required under the Arizona Workers' Compensation Act. In the event that the Commission assigns workers' compensation claims to the State Compensation Fund under A.R.S. § 23-966, the Commission shall have a right of reimbursement against any member of a pool for the amount paid by the State Compensation Fund for the member's claims and losses, including reasonable administrative costs, to the extent that such claims and losses are not covered by the pool's bonds or assets.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3).

**R20-5-732. Calculation and Payment of Taxes under A.R.S. § 23-961 and A.R.S. § 23-1065**

- A. Subject to subsection (B), the Commission shall determine the taxes to be paid under A.R.S. § 23-961(G) and A.R.S. § 23-1065(A) by calculating a pool's premiums using one of the following insurance plans selected by a pool:
  - 1. Fixed premium plan:
    - a. A plan in which neither losses nor incurred loss reserves are used to calculate a premium;
    - b. A discount is allowed for premium size; and
    - c. The taxable premium is calculated as follows: Payroll x applicable rate - premium discount.
  - 2. Guaranteed cost plan:
    - a. A plan that provides for a direct relationship, on an annual basis, of the premium for tax purposes and the experience modification rate developed to reflect the loss payments and incurred loss experience of an insured;
    - b. The taxable premium is calculated as follows: (Payroll x applicable rate x experience modification rate) - premium discount.
  - 3. Retrospective plan:
    - a. A plan that provides for a relationship between the premium for tax purposes, the experience modification rate developed to reflect the loss payment and incurred loss experience of an insured, and the actual incurred losses for the tax year;
    - b. Plan is calculated annually and premium is not subject to further adjustment during the tax year;
    - c. The net taxable premium is calculated as follows: (payroll x applicable rate x experience modification rate x basic premium factor) + (losses for current year + adjusted losses for premium year x conversion factor) x tax multiplier; and
    - d. The net taxable premium is subject to a maximum and minimum premium level depending on which one of the four rating insurance option plans specified in the rating system filed by the rating organization is used by the State Compensation Fund under A.R.S. Title 20, Chapter 2, Article 4;

- B. A pool shall not select a retrospective plan unless the pool meets the following criteria:
  - 1. The pool has an annual net taxable premium exceeding \$100,000; and
  - 2. The pool submits and calculates four years of data concerning paid loss determinations and incurred loss reserved for each workers' compensation claim which information shall be used to calculate an experience modification factor for the pool. The oldest three years of data is used to calculate the rate and the current year data is used to calculate the tax.
- C. A pool shall submit to the Commission information required on the following forms no later than February 15 of each year:
  - 1. Self-insured Payroll Report, and
  - 2. Self-insured Injury Report.
- D. Payment of quarterly tax.
  - 1. The Commission shall calculate quarterly taxes owed under A.R.S. § 23-961(H) or A.R.S. § 23-1065(A) in one of the following ways:
    - a. 25% of the tax calculated for the previous year and adjusted for changes in the tax rate; or
    - b. Calculation based on actual payroll and premiums collected for each quarter.
  - 2. A pool shall file a completed and signed Self-insurers' Quarterly Tax Payment Form with each quarterly tax payment.
  - 3. Quarterly payments are due April 30, July 31, October 31, and January 31, for the periods ending March 31, June 31, September 30, and December 31, respectively.
  - 4. Quarterly tax payments may be adjusted because of changes in the annual tax rate.
- E. After receipt of the information required under A.R.S. § 23-961 and this Article, the Commission shall determine the annual taxes owed by a pool. The Commission shall also determine whether the pool has underpaid or overpaid the annual taxes required to be paid by the pool. If the quarterly tax payments paid by a pool are less than the actual tax calculated for the year, then the pool shall pay the difference on or before March 31 of the calendar year in which the taxes are due. If a pool has overpaid its annual taxes, then the Commission shall refund the amount as described in A.R.S. § 23-961(I). A pool shall pay to the Industrial Commission the pool's annual tax on or before March 31 based on premiums calculated for the preceding calendar year and adjusted for quarterly taxes previously paid.
- F. In addition to the penalty described under A.R.S. § 23-961(J), failure to pay annual or quarterly taxes as required is cause for revocation of a pool's certificate of authority.

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**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3).

**R20-5-733. Review of Initial and Renewal Applications for Authority to Self-insure by the Division**

- A.** Upon the filing of a completed initial or renewal application for authority to self-insure, the Division shall review the initial or renewal application to determine and verify whether the information contained in and submitted with the initial or renewal application for authorization to self-insure is complete and accurate. The Division shall also review the information provided to determine the following:
1. Whether the pool has met the requirements of A.R.S. § 23-961.01;
  2. Whether the pool has met the requirements of this Article; and
  3. Whether the pool has the ability to process and pay benefits required under the Arizona Workers' Compensation Act. A determination of a pool's financial ability to pay shall include a review of the ratios provided by each member at the time of an initial application and review of the following ratios for a pool at the time of renewal:
    - a. Total cash, receivables, and investments to total assets; and
    - b. Total revenue to total expenditures for loss fund and trustee fund.
- B.** The Division shall present the findings of its review described in subsection (A) to the Commission. The Division shall also present its recommendations to the Commission regarding an initial or renewal application.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3).

**R20-5-734. Decision by the Commission on Initial or Renewal Applications for Authority to Self-insure**

- A.** The Commission shall consider the following before granting or denying an initial or renewal application to self-insure:
1. The information submitted by an applicant or pool,
  2. The information and recommendations of the Division, and
  3. The requirements of A.R.S. § 23-961.01 and this Article.
- B.** The Commission shall deny an application for authority to self-insure if the Commission finds one or more of the following conditions:
1. An applicant or pool does not meet the requirements of A.R.S. § 23-961.01,
  2. An applicant or pool does not meet the requirements of this Article, or
  3. An applicant or pool is unable to process and pay benefits required under the Arizona Workers' Compensation Act.
- C.** A decision of the Commission shall be made by a majority vote of the quorum of Commission members present when the decision is rendered at a public meeting. The Commission shall issue written findings and an order granting or denying authorization to self-insure.
- D.** The Division shall mail a copy of the Commission's written findings and order upon the applicant or pool within 10 days of the date the Commission issues its findings and order.
- E.** In the case of an initial application, an applicant shall substitute written confirmation from an authorized insurance carrier to provide fidelity coverage with evidence of fidelity insurance coverage as required under R20-5-712 no later than 10 days after the Commission grants authority to self-insure under this Section. The grant of authority to self-insure under this Section shall not become effective until the applicant provides evidence of actual fidelity coverage. The Commission shall deem an initial application withdrawn and the grant of author-

ity to self-insure rescinded if an applicant fails to substitute written confirmation of fidelity coverage with evidence of fidelity coverage as required under this subsection.

- F.** In the case of an initial application, an applicant shall substitute written confirmation from an authorized insurance carrier to provide excess insurance coverage with evidence of excess insurance coverage as required under R20-5-715 no later than 10 days after the Commission grants authority to self-insure under this Section. The grant of authority to self-insure under this Section shall not become effective until the applicant provides evidence of actual excess insurance coverage. The Commission shall deem an initial application withdrawn and the grant of authority to self-insure rescinded if an applicant fails to substitute written confirmation of excess insurance coverage with evidence of excess insurance coverage as required under this subsection.
- G.** In the case of an initial application, an applicant shall deposit the guaranty bond, letter of credit, or other securities as required under R20-5-713 no later than 10 days after the Commission grants authority to self-insure under this Section. The grant of authority to self-insure under this Section shall not become effective until the applicant deposits the guaranty bond, letter of credit, or other security. The Commission shall deem an initial application withdrawn and the grant of authority to self-insure rescinded if an applicant fails to deposit the guaranty bond, letter of credit, or other securities as required under this subsection.
- H.** Subject to subsections (E), (F), and (G), no later than 10 days after the Commission grants authorization to self-insure, the Division shall prepare a certificate of authority to self-insure and shall mail the certificate to the self-insured at the business address of the pool listed on the initial or renewal application.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3).

**R20-5-735. Right to Request a Hearing**

- A.** An applicant or pool shall have 10 days from the date the Commission mails the findings and order under R20-5-734 to request a hearing.
- B.** A request for hearing shall comply with A.R.S. § 23-945 and be signed by an authorized representative of the applicant or pool or the applicant's or pool's legal representative. The applicant or pool shall file the request for hearing with the Division.
- C.** The Commission shall deem its findings and order final if a request for hearing is not received by the Division within the time specified in subsection (A).

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3).

**R20-5-736. Hearing Rights and Procedures**

- A.** Burden of proof.
1. Except as provided in subsection (A)(2), in all proceedings arising out of this Article, the applicant or pool shall have the burden of proof to establish that it has met the requirements of A.R.S. § 23-901 et seq. and this Article.
  2. In a revocation hearing, the Commission shall have the burden of proof to establish that the self-insured has committed the acts described in R20-5-739.
- B.** Roles of Chair and Chief Counsel.
1. The Chair of the Commission or designee shall preside over hearings held under this Article. Except as otherwise provided in this Section, the Chair shall apply the provisions of A.R.S. § 41-1062 to hearings held under this Article and shall have the authority and power of a presiding officer as described in A.R.S. § 41-1062.

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2. The Chief Counsel of the Commission shall represent the Commission in hearings held before the Commission and upon direction of the Chair of the Commission shall issue on behalf of the Commission all notices and subpoenas required under this Section. In the discretion of the Chief Counsel, the Chief Counsel may assign an attorney from the Legal Division of the Commission to represent the Division.
- C. Appearance by a party.**
1. Except as otherwise provided by law, the parties may appear on their own behalf or through counsel.
  2. When an attorney appears or intends to appear before the Commission, the attorney shall notify the Commission, in writing, of the attorney's name, address, and telephone number and the name and address of the person on whose behalf the attorney appears.
- D. Filing and service.**
1. For purposes of this Section, a document is considered filed when the Commission receives the document. All documents required to be filed in this Section with the Commission shall be served upon the Chief Counsel of the Industrial Commission and upon all parties to the proceeding.
  2. Except as otherwise provided in A.R.S. § 23-901, et seq. and this Article, service of all documents upon the Commission, applicant or pool shall be by personal service or by mail. Personal service includes delivery upon the Commission or party. Service by mail includes every type of service except personal service and is complete on mailing.
- E. Notice of hearing.**
1. The Commission shall give the parties at least 20 days notice of hearing.
  2. A notice of hearing shall be in writing and mailed to the last known address of the applicant or pool as shown on the record of the Commission or upon the applicant's or pool's representative if a notice of appearance has been filed by a representative.
  3. A notice of hearing shall comply with the requirements in A.R.S. § 41-1061(B).
- F. Evidence.**
1. The civil rules of evidence do not apply to hearings held under this Section.
  2. A party may make an opening and closing statement with the permission of the Chair if the Chair determines that the statement will be helpful to a determination of the issues.
  3. All witnesses at a hearing shall testify under oath or affirmation.
  4. A party may present evidence and conduct cross-examination of witnesses.
  5. Documentary evidence may be received into evidence and shall be filed no later than 15 days before the date of the hearing. Upon request or upon direction from the chair of the Commission, the Commission may issue a subpoena to the author of any document submitted into evidence to appear and testify at the hearing.
  6. Upon written request by a party or upon direction from the Chair of the Commission, the Commission may issue a subpoena requiring the attendance and testimony of a witness whose testimony is material. A subpoena shall be requested no later than 10 days before the date of the hearing.
  7. Upon written request by a party or upon direction from the Chair of the Commission, the Commission may issue a subpoena duces tecum requiring the production of documents or other tangible evidence. The written request by a party shall contain a statement explaining the general relevance, materiality, and reasonable particularity of the documentary or other tangible evidence and the facts to be proven by them.
- G. Transcript of Proceedings.** Hearings before the Commission shall be stenographically reported or mechanically recorded. Any party desiring a copy of the transcript shall obtain a copy from the court reporter.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3).

**R20-5-737. Decision Upon Hearing by Commission**

- A.** A decision of the Commission to deny an initial or renewal application shall be based upon the grounds in R20-5-734(B) and shall be made by a majority vote of the quorum of Commission members present when the decision is rendered at a public meeting.
- B.** A decision of the Commission to revoke authority to self-insure shall be based upon the grounds in R20-5-739 and shall be made by a majority vote of the quorum of Commission members present when the decision is rendered at a public meeting.
- C.** A decision of the Commission to deny admission of an employer into a pool or deny authorization to add members without Commission approval shall be based upon the grounds in R20-5-721 and shall be made by a majority vote of the quorum of Commission members present when the decision is rendered at a public meeting.
- D.** After a decision is rendered at a public meeting, the Commission shall issue a written decision upon hearing which shall include findings of fact and conclusions of law, separately stated.
- E.** A Commission decision is final unless an applicant or pool requests review under R20-5-738 no later than 15 days after the written decision is mailed to the parties.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3).

**R20-5-738. Request for Review**

- A.** A party may request review of a Commission decision issued under R20-5-737 by filing with the Commission a written request for review no later than 15 days after the written decision is mailed to the parties.
- B.** A request for review shall be based upon one or more of the following grounds which have materially affected the rights of a party:
  1. Irregularities in the hearing proceedings or any order or abuse of discretion that deprives a party seeking review of a fair hearing;
  2. Accident or surprise which could not have been prevented by ordinary prudence;
  3. Newly discovered material evidence that could not have been discovered with reasonable diligence and produced at the hearing;
  4. Error in the admission or rejection of evidence, or errors of law occurring at, or during the course of, the hearing;
  5. Bias or prejudice of the Division or Commission; and
  6. The order, decision, or findings of fact are not justified by the evidence or are contrary to law.
- C.** A request for review shall state the specific facts and law in support of the request and shall specify the relief sought by the request.
- D.** The Commission shall issue a decision upon review no later than 30 days after receiving a request for review.



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- E. The Commission's decision upon review is final unless an applicant or pool seeks judicial review as provided in A.R.S. § 23-946.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3).

**R20-5-739. Revocation of Authority to Self-insure**

- A. In addition to those specific grounds set forth in this Article, the following constitute grounds for revocation of authority to self-insure for workers' compensation:
1. Failure to comply with requirements of this Article or applicable requirements of 20 A.A.C. 5, Article 1;
  2. Failure to comply with applicable requirements of A.R.S. § 23-901 et seq.;
  3. Unless otherwise provided, failure to comply with an order or award of the Commission within 30 days after the order or award becomes final;
  4. An inability to process and pay claims under the Arizona Workers' Compensation Act;
  5. The failure of a pool to provide the Commission the reports and taxes required under this Article; and
  6. The willful misstatement of any material fact in an application, report, or statement made to the Commission.
- B. Upon receipt of information demonstrating that a pool has committed an act described in subsection (A), the Division shall conduct an investigation of the facts of the alleged misconduct. If, upon completion of the investigation, the Division determines that sufficient evidence exists to warrant revocation of a pool's authority to self-insure, then the Division shall present its findings to the Commission.
- C. The Commission shall consider the findings and recommendation of the Division before revoking a pool's authority to self-insure.
- D. The Commission shall revoke a pool's authority to self-insure if the Commission finds one or more of the grounds set forth in subsection (A). The Commission shall issue written findings and an order revoking the authority to self-insure and shall serve a copy of the findings and order upon the pool.
- E. A pool shall have 10 days from the date the Commission serves the findings and order described in subsection (D) to request a hearing. The request for hearing shall comply with the requirements of A.R.S. § 23-945.
- F. R20-5-736, R20-5-737, and R20-5-738 govern hearing rights and procedures for revocation hearings.
- G. A pool shall immediately inform each of its members, in writing, of the Commission's order of revocation.

**Historical Note**

Adopted effective September 9, 1998 (Supp. 98-3).

## ARTICLE 8. OCCUPATIONAL SAFETY AND HEALTH RULES OF PROCEDURE BEFORE THE INDUSTRIAL COMMISSION OF ARIZONA

**R20-5-801. Notice of Rules**

Sections R20-5-801 et seq. apply to all actions and proceedings of or before the Commission and Review Board pertaining to those issues arising out of Title 23, Chapter 2, Article 10.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-801 recodified from R4-13-801 (Supp. 95-1).

**R20-5-802. Location of Office and Office Hours**

The main office of the Industrial Commission of Arizona is located in Phoenix, Arizona. An office is also located in Tucson, Arizona. The offices are open for the transaction of business from 8:00 a.m. until 5:00 p.m. every day except Saturdays, Sundays and legal holidays.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-802 recodified from R4-13-802 (Supp. 95-1).

**R20-5-803. Definitions**

In these Rules of Procedures, unless the context otherwise requires, the following words and terms shall have the following meanings:

1. "Commission" means the Industrial Commission of Arizona.
2. "Affected employee" means an employee of a cited employer who is exposed to the alleged hazard described in the citation, as a result of his assigned duties.
3. "Authorized employee representative" means a labor organization which has a collective bargaining relationship with the cited employer and which represents affected employees.
4. "Representative" means any person, including an authorized employee representative, authorized by a party to represent him in a proceeding.
5. "Citation" means a written communication issued by the Division of Occupational Safety and Health of the Industrial Commission of Arizona pursuant to A.R.S. § 23-415.
6. "Notification of proposed penalty" means a written communication issued by the Industrial Commission of Arizona pursuant to A.R.S. § 23-418.
7. "Party" means the Occupational Safety and Health Division of the Commission, the affected employer and affected employees.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-803 recodified from R4-13-803 (Supp. 95-1).

**R20-5-804. Computation of Time**

In computing any period of time prescribed or allowed in these rules, the day from which the designated period begins to run shall not be included. The last day of the period so computed shall be included unless it is a Saturday, Sunday, or legal holiday. When the period of time prescribed or allowed is less than seven days, intermediate Saturdays, Sundays, and legal holidays shall be excluded in the computation.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-804 recodified from R4-13-804 (Supp. 95-1).

**R20-5-805. Record Address**

The initial pleading filed by any person shall contain his name, address and telephone number. Any change in such information must be communicated promptly in writing to the Commission and to all other parties. A party who fails to furnish such correct and current information shall be deemed to have waived his right to object to the validity of any notice and/or service which has been made to the last known address of the party as shown by the records of the Commission.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-805 recodified from R4-13-805 (Supp. 95-1).

**R20-5-806. Service and Notice**

- A. At the time of filing pleadings or other documents a copy thereof shall be served by the filing party on every other party.
- B. Service upon a party who has appeared through a representative shall be made only upon such representative.
- C. Unless otherwise herein indicated, service may be accomplished by postage prepaid first class mail or by personal delivery. Service is deemed effected at the time of mailing (if

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by mail) or at the time of personal delivery (if by personal delivery).

- D. Proof of service shall be accomplished by a written statement of the same which sets forth the date and manner of service. Such statement shall be filed with the pleading or document.
- E. Service and notice to employees represented by an authorized employee representative shall be deemed accomplished by serving the representative in the manner prescribed in subsection (C).
- F. In the event that there are any affected employees who are not represented by an authorized employee representative, the employer shall, immediately upon receipt of Notice of the Date of Hearing, post, where the citation is required to be posted, a copy of the Notice of Date of Hearing and a notice informing such affected employees of their right to appear at the hearing and state their position and of the availability of all pleadings for inspection and copying at reasonable times. A notice in the following form shall be deemed to comply with this subsection:  
(Name of employer)

Your employer has been cited by the Industrial Commission of Arizona for violation of the Arizona Occupational Safety and Health Act of 1972. The citation has been contested and will be the subject of a hearing before the Industrial Commission. Affected employees are entitled to appear in this hearing under the terms and conditions established by the Industrial Commission in its Rules of Procedure. Notice of Intent to Participate should be sent to:

THE INDUSTRIAL COMMISSION  
OF ARIZONA  
1601 West Jefferson Street,  
Phoenix, Arizona 85007.

All papers relevant to this matter may be inspected at:  
(Place reasonably convenient to employees, preferably at or near workplace.)

Where appropriate, the second sentence of the above Notice will be deleted and the following sentence will be substituted:

The reasonableness of the period prescribed by the Industrial Commission for abatement of the violation has been contested and will be the subject of a hearing before the Industrial Commission.

- G. Where service is accomplished by posting, proof of such posting shall be filed not later than the first working day following the posting.
- H. The authorized employee representative, if any, shall be served with the notice set forth in subsection (G) and with a copy of the Notice of the Date of Hearing.
- I. A copy of the Notice of the Date of Hearing shall be served by the employer on affected employees who are not represented by an authorized employee representative by posting a copy of the Notice of such hearing at or near the place where the citation is required to be posted.
- J. A copy of the Notice of the Date of Hearing shall be served by the employer on the authorized employee representative of affected employees in the manner prescribed in subsection (C) of this Section, if the employer has not been informed that the authorized employee representative has entered an appearance as of the date such Notice is received by the employer.
- K. Where a petition for hearing is filed by an affected employee who is not represented by an authorized employee representative and there are other affected employees who are represented by an authorized employee representative, the

unrepresented employee shall, upon receipt of the Notice of the Date of Hearing, serve a copy thereof on such authorized employee representative in the manner prescribed in subsection (C) of this Section and shall file proof of such service.

- L. Where a Petition for Hearing is filed by an affected employee or an authorized employee representative, a copy of the Petition for Hearing shall be provided to the employer for posting by the employer at the place the citation is required to be posted.
- M. An authorized employee representative who files a Notice of Contest shall be responsible for serving any other authorized employee representative whose members are affected employees.
- N. Where posting is required by this Section, such posting shall be maintained until the commencement of the hearing or until earlier disposition.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-806 recodified from R4-13-806 (Supp. 95-1).

**R20-5-807. Consolidation**

Cases may be consolidated on the motion of any party, or on the hearing officer's own motion, where there exist common parties, common questions of law or fact, or both, or in such other circumstances as justice and the administration of the Act require.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-807 recodified from R4-13-807 (Supp. 95-1).

**R20-5-808. Severance**

Upon its own motion, or upon motion of any party, the hearing officer may, for good cause, order any proceeding severed with respect to some or all issues or parties.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-808 recodified from R4-13-808 (Supp. 95-1).

**R20-5-809. Election to Appear**

- A. Affected employees may elect to appear at a hearing for the purpose of testifying or stating their position concerning the subject matter of the hearing.
- B. If affected employees desire to appear at the hearing they must so notify in writing the Commission or the hearing officer, if the case has been assigned.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-809 recodified from R4-13-809 (Supp. 95-1).

**R20-5-810. Employee Representatives**

- A. Employees may appear in person or through a representative.
- B. An authorized employee representative shall be deemed to control all matters respecting the interest of such employees in the proceeding.
- C. Affected employees who are represented by an authorized employee representative may appear only through such authorized employee representative.
- D. Withdrawal of appearance of any representative may be effected by filing a written Notice of Withdrawal and by serving a copy thereof on all parties.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-810 recodified from R4-13-810 (Supp. 95-1).

**R20-5-811. Form of Pleadings**

- A. Except as provided herein, there are no specific requirements as to the form of any pleading. A pleading is simply required

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to contain a caption sufficient to identify the parties in accordance with R20-5-812, which shall include the Commission's citation number, and a clear and plain statement of the relief that is sought, together with the grounds therefor.

- B. Pleadings and other documents (other than exhibits and petitions for hearing) shall be typewritten and double spaced, on letter size opaque paper (approximately 8 1/2 inches by 11 inches). The left margin shall be 1 1/2 inches and the right margin 1 inch. Pleadings and other documents shall be fastened at the upper left corner.
- C. Pleadings shall be signed by the party filing or by his representative. Such signing constitutes a representation by the signer that he has read the document or pleading, that to the best of his knowledge, information and belief the statements made therein are true, and that it is not interposed for delay.
- D. The Commission may refuse for filing any pleading or document which does not comply with the requirements of subsections (A), (B), and (C) of this Section.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-811 recodified from R4-13-811 (Supp. 95-1).

**R20-5-812. Caption; Titles of Cases**

- A. Cases initiated by the cited employer filing a Petition for Hearing contesting the violations cited shall be titled:  
Division of Occupational Safety and Health of the Industrial Commission of Arizona, Complainant, vs. (name of employer), Respondent.
- B. Cases initiated by the cited employer filing a Petition of Hearing for modification of the abatement period shall be titled:  
(name of employer), Petitioner vs. Division of Occupational Safety and Health of the Industrial Commission of Arizona, Respondent.
- C. Cases initiated by an affected employee filing a Petition for Hearing for modification of the abatement period shall be titled:  
(name of affected employee or authorized employee representative), Petition vs. Division of Occupational Safety and Health of the Industrial Commission of Arizona, Respondent, and (employer), Respondent.
- D. The Titles listed in subsections (A) and (B) of this Section shall appear at the left upper portion of the initial page of any pleading or document (other than exhibits and Petitions for Hearing filed).
- E. The initial page of any pleading or document (other than exhibits and requests for hearing) shall show the citation number at the upper right of the page, opposite the title.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-812 recodified from R4-13-811 (Supp. 95-1).

**R20-5-813. Requests for Hearing**

- A. Requests for hearing shall be filed with the Commission.
- B. Requests for hearing shall be in writing and contain a clear and plain statement of the relief that is sought, together with the grounds thereof.
- C. The Commission shall, after receipt of a request for hearing, refer the file to the Hearing Officer Division for determination.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-813 recodified from R4-13-813 (Supp. 95-1).

**R20-5-814. Pre-hearing Conference**

- A. At any time before a hearing, the hearing officer, on his own motion or on motion of a party, may direct the parties, or their representatives, to exchange information or to participate in a

pre-hearing conference for the purpose of considering matters which will tend to simplify the issues or expedite the proceedings.

- B. The hearing officer may issue a pre-hearing order which includes the agreements reached by the parties. Such order shall be served on all parties and shall be part of the record.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-814 recodified from R4-13-814 (Supp. 95-1).

**R20-5-815. Payment of Witness Fees and Mileage**

Witnesses summoned before the hearing officer shall be paid the same fees and mileage that are paid witnesses in the courts of Arizona. Witness fees and mileage shall be paid by the party at whose instance the witness appears.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-815 recodified from R4-13-815 (Supp. 95-1).

**R20-5-816. Expired****Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-816 recodified from R4-13-816 (Supp. 95-1). Section expired under A.R.S. § 41-1056(J) at 22 A.A.R. 3475, effective November 8, 2016 (Supp. 16-4).

**R20-5-817. Failure to Appear -- Withdrawal of Request for Hearing**

- A. The failure of a party who has requested a hearing to appear at such scheduled hearing shall be deemed to be an admission of the validity of any citation, abatement period, or penalty issued or proposed, and additionally a waiver of all rights except the right to be served with a copy of the decision of the hearing officer and to request review.
- B. Withdrawal of request for hearing shall be construed as an admission of the validity of any citation, abatement period or penalty issued or proposed. No decision need be issued in this case as the subject instrument is deemed to be admitted.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-817 recodified from R4-13-817 (Supp. 95-1).

**R20-5-818. Duties and Powers of Hearing Officers**

It shall be the duty of the hearing officer to conduct a fair and impartial hearing, to assure that the facts are fully elicited, to adjudicate all issues and avoid delay. The hearing officer shall have authority with respect to cases assigned to him, between the time he is designated and the time he issued his decision, subject to the rules and regulations of the Commission, to:

1. Administer oaths and affirmations;
2. Rule upon admissibility of exhibits;
3. Rule upon applications for depositions;
4. Regulate the course of the hearing and, if appropriate or necessary, exclude persons or counsel from the hearing for contemptuous conduct and strike all related testimony of witnesses refusing to answer any proper questions;
5. Call and examine witnesses;
6. Request the parties at any time during the hearing to state their respective positions concerning any issue in the case or theory in support thereof;
7. Adjourn the hearing as the needs of justice and good administration require;
8. Issue appropriate orders for protection of trade secrets;
9. Take any other action necessary under the foregoing and authorized by the rules and regulations of the Commission.

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**Historical Note**

Adopted effective August 27, 1975 (Supp. 75-1). R20-5-818 recodified from R4-13-818 (Supp. 95-1).

**R20-5-819. Witnesses' Oral Deposition; In State**

- A. After a request for hearing has been filed with the Commission, any party desiring to take the oral deposition of any other party or witness residing within the state of Arizona shall file with the hearing officer, in duplicate, notice of taking deposition by oral examination. Copies of such Notice shall be served at least five days prior to the date of the deposition upon the deponent and upon every party by the party desiring to take the oral deposition.
- B. If any party or the deponent has any objection to the taking of the oral deposition of the party or witness, he shall file with the presiding hearing officer and serve on all parties written objections thereto setting forth the basis of the opposition to the deposition. Such objection shall be filed with the hearing officer within two days after the notice of taking deposition by oral examination is served.
- C. If objections to the taking of the oral deposition are filed with the hearing officer as provided in subsection (B) hereof, the hearing officer shall rule on the objections within five days after the filing of the objections. The taking of the oral deposition shall be held in abeyance pending the ruling of the hearing officer. The hearing officer shall either order the deposition to proceed, order that the deposition not be taken, or enter such other protective order as may be appropriate.
- D. The party taking the deposition shall comply with the Arizona Rules of Civil Procedure governing the taking of depositions.
- E. The expense of any deposition shall be borne by the party taking the deposition but shall not include the expense of any other party.
- F. No scheduled hearing shall be cancelled or continued for failure to take or complete a deposition taken pursuant to the provisions of this rule.
- G. Depositions taken pursuant to the provisions of this rule shall only be used at the time of a hearing for impeachment of a witness, unless the deponent is deceased at the time of the scheduled hearing, in which event it may be admitted into evidence.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-819 recodified from R4-13-819 (Supp. 95-1).

**R20-5-820. Witnesses' Oral Deposition; Out-of-State**

- A. After a request for hearing is filed with the Commission, any party desiring to take the oral deposition of any other party or witness residing without the state of Arizona shall file with the hearing officer, in duplicate, a request for permission to take the deposition of such witness or witnesses. Such request shall show the name and address of such witness or witnesses and set forth the reason why said witness or witnesses' testimony is necessary for an adjudication of the issue. Copies of such request shall be served upon each party by the party requesting permission to take the deposition. If no objection to the request for permission to take the deposition is filed as provided in subsection (B) hereof, the hearing officer may, within 10 days, in his discretion, grant or deny the permission to take the deposition. If the hearing officer permits the taking of the deposition, the party may proceed in the manner provided by and subject to the limitations of subsections (A), (D), (E), and (F).
- B. If any party has any objections to the taking of the oral deposition of the party or witness, he shall file with the hearing officer and serve on all other parties written objections thereto setting forth the basis for the opposition to the deposition. Such objection shall be filed with the hearing officer within five days after the request to take the deposition is served.

- C. If objections to the taking of the oral deposition are filed with the hearing officer as provided in subsection (B) hereof, the hearing officer shall rule on the objections within five days after the filing of the objections. The taking of the oral deposition shall be held in abeyance pending the ruling of the hearing officer. The hearing officer shall either order the deposition to proceed, order that the deposition not be taken, or enter such other protective order as may be appropriate. If the hearing officer orders that the deposition proceed, the party may proceed to take the deposition in the manner provided by and subject to the limitation of R20-5-819, subsections (A), (D), (E), and (F).
- D. Any deposition taken pursuant to the provisions of this rule shall be filed with the Commission at least five days prior to the hearing date or any scheduled hearing and may be admitted into evidence. If the deposition is not filed within the time prescribed herein, it shall not be considered for any purpose except by stipulation of all interested parties, and then only with the concurrence of the hearing officer.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-820 recodified from R4-13-820 (Supp. 95-1).

**R20-5-821. Parties' Disposition upon Written Interrogatories**

- A. After a request for hearing is filed with the Commission, any party desiring to take the deposition of another party upon written interrogatories shall file with the hearing officer, in duplicate, copies of the interrogatories sought to be submitted to the party. The written interrogatories submitted pursuant to this rule shall be limited to 25 in number with no subsections. Copies of such interrogatories shall be filed at least five days prior to any scheduled hearing.
- B. Answers to the interrogatories shall be served on all parties by the party answering the interrogatories within 10 days after service of the interrogatories, or within 10 days after a ruling by the hearing officer that the interrogatories be answered.
- C. No scheduled hearing shall be cancelled or continued for failure to take or complete the taking of a deposition taken pursuant to the provisions of this rule.
- D. Depositions taken pursuant to the provisions of this rule shall only be used at the time of hearing for impeachment of a witness unless the deponent is deceased at the time of the scheduled hearing in which event they may be admitted into evidence.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-821 recodified from R4-13-821 (Supp. 95-1).

**R20-5-822. Refusal to Answer; Refusal to Attend**

- A. If a party or other deponent refuses to answer any question propounded upon oral examination pursuant to R20-5-819 and R20-5-820, the examination shall be completed in other matters or adjourned, as the proponent of the question may prefer. Thereafter on reasonable notice to all persons affected thereby the proponent of the question may apply to the hearing officer for an order compelling an answer. Upon the refusal of a deponent to answer any interrogatory submitted under R20-5-821, the proponent of the question may on like notice make like application for such an order. If the motion is granted and if the hearing officer finds that the refusal was without substantial justification, the hearing officer shall require the refusing party, or deponent and the party, or representative advising the refusal or either of them to pay to the examining party the amount of the reasonable attorney's fees incurred in obtaining the order and the reasonable expenses which will be incurred to obtain the requested answers. If the motion is denied and if

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the hearing officer finds that the motion was made without substantial justification, the hearing officer shall require the examining party or the representative advising the motion, or both of them, to pay to the refusing party or witness the amount of the reasonable attorney's fees incurred in opposing the motion.

- B.** If a party or an officer or managing agent of a party wilfully fails to appear before an officer who is to take his deposition after being served with the proper notice, or fails to serve answers to interrogatories after proper service of such interrogatories, the hearing officer, on motion and notice, may strike out all or any part of any pleading of that party, dismiss the action or proceeding or any part thereof, or preclude the introduction of evidence.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-822 recodified from R4-13-822 (Supp. 95-1).

**R20-5-823. Burden of Proof**

- A.** In all proceedings other than those stated in subsection (B) commenced by the filing of a request for hearing, the burden of proof shall rest with the Commission.
- B.** In proceedings commenced by a request for hearing requesting modification of the abatement period, the burden of establishing the necessity for such modification shall rest with the petitioner.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-823 recodified from R4-13-823 (Supp. 95-1).

**R20-5-824. Intermediary Rulings or Orders by the Hearing Officer**

No intermediary rulings or orders by the hearing officer may be appealed to the Review Board but shall become a part of the record.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-824 recodified from R4-13-824 (Supp. 95-1).

**R20-5-825. Legal Memoranda**

Legal memoranda may be filed if request is granted by the hearing officer. If such request is granted the hearing officer shall establish a reasonable time for such filing and response or simultaneous filing.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-825 recodified from R4-13-825 (Supp. 95-1).

**R20-5-826. Decisions of Hearing Officers**

- A.** The decision of the hearing officer shall include findings and conclusions of fact and law, and an order.
- B.** The hearing officer shall sign the decision. Upon issuance of the decision, jurisdiction shall rest solely in the Commission, and if a request for review is filed it shall be addressed to the Commission.

**Historical Note**

Amended effective August 27, 1975 (Supp. 75-1). R20-5-826 recodified from R4-13-826 (Supp. 95-1).

**R20-5-827. Settlement**

- A.** Settlement is encouraged at any stage of the proceedings where such settlement is consistent with the provisions and objectives of the Act.
- B.** Settlement agreement submitted by the parties shall be accompanied by an appropriate proposed order which shall be signed by the assigned hearing officer or chief hearing officer.

- C.** Where parties to the settlement agree upon a proposal, it shall be served upon represented and unrepresented affected employees in the manner set forth in R20-5-806. Proof of such service shall accompany the proposed settlement when submitted to the Commission or the hearing officer.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-827 recodified from R4-13-827 (Supp. 95-1).

**R20-5-828. Special Circumstances; Waiver of Rules**

In special circumstances, or for good cause shown, the hearing officer may, upon application by any party, or on his own motion, waive any rule or make such orders as justice or the administration of the Act requires.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-828 recodified from R4-13-828 (Supp. 95-1).

**R20-5-829. Variances**

- A.** Any hearing concerning variances shall be filed before the Commissioners at a time set by the Commission.
- B.** Such proceeding shall be informal but shall be transcribed at the expense of the person seeking the variance if a written record of the proceeding is desired.

**Historical Note**

Adopted effective March 20, 1975 (Supp. 75-1). R20-5-829 recodified from R4-13-829 (Supp. 95-1).

**ARTICLE 9. EXPIRED****R20-5-901. Expired****Historical Note**

Adopted effective January 13, 1976 (Supp. 76-1). Former Section R4-13-901 repealed, new Section R4-13-901 adopted effective May 27, 1977 (Supp. 77-3). R20-5-901 recodified from R4-13-901 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1).

**R20-5-902. Expired****Historical Note**

Adopted effective January 13, 1976 (Supp. 76-1). Former Section R4-13-902 repealed, new Section R4-13-902 adopted effective May 27, 1977 (Supp. 77-3). R20-5-902 recodified from R4-13-902 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1).

**R20-5-903. Expired****Historical Note**

Adopted effective January 13, 1976 (Supp. 76-1). Former Section R4-13-903 repealed, new Section R4-13-903 adopted effective May 27, 1977 (Supp. 77-3). R20-5-903 recodified from R4-13-903 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1).

**R20-5-904. Expired****Historical Note**

Adopted effective January 13, 1976 (Supp. 76-1). Former Section R4-13-904 repealed, new Section R4-13-904 adopted effective May 27, 1977 (Supp. 77-3). R20-5-904 recodified from R4-13-904 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the

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Secretary of State February 4, 2000 (Supp. 00-1).

**R20-5-905. Expired****Historical Note**

Adopted effective January 13, 1976 (Supp. 76-1). Former Section R4-13-905 repealed, new Section R4-13-905 adopted effective May 27, 1977 (Supp. 77-3). R20-5-905 recodified from R4-13-905 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1).

**R20-5-906. Expired****Historical Note**

Adopted effective January 13, 1976 (Supp. 76-1). Former Section R4-13-906 repealed, new Section R4-13-906 adopted effective May 27, 1977 (Supp. 77-3). R20-5-906 recodified from R4-13-906 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1).

**R20-5-907. Expired****Historical Note**

Adopted effective May 27, 1977 (Supp. 77-3). R20-5-907 recodified from R4-13-907 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1).

**R20-5-908. Expired****Historical Note**

Adopted effective May 27, 1977 (Supp. 77-3). R20-5-908 recodified from R4-13-908 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1).

**R20-5-909. Expired****Historical Note**

Adopted effective May 27, 1977 (Supp. 77-3). R20-5-909 recodified from R4-13-909 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1).

**R20-5-910. Expired****Historical Note**

Adopted effective May 27, 1977 (Supp. 77-3). R20-5-910 recodified from R4-13-910 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1).

**R20-5-911. Expired****Historical Note**

Adopted effective May 27, 1977 (Supp. 77-3). R20-5-911 recodified from R4-13-911 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1).

**R20-5-912. Expired****Historical Note**

Adopted effective May 27, 1977 (Supp. 77-3). R20-5-912 recodified from R4-13-912 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1).

**R20-5-913. Expired****Historical Note**

Adopted effective May 27, 1977 (Supp. 77-3). R20-5-913

recodified from R4-13-913 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1).

**R20-5-914. Expired****Historical Note**

Adopted effective May 27, 1977 (Supp. 77-3). R20-5-914 recodified from R4-13-914 (Supp. 95-1). Section expired pursuant to A.R.S. § 41-1056(E), filed in the Office of the Secretary of State February 4, 2000 (Supp. 00-1).

**ARTICLE 10. WAGE CLAIMS****R20-5-1001. Definitions**

In this Article, unless the context otherwise requires:

1. "Claim" means a wage claim pursuant to A.R.S. § 23-356.
2. "Claimant" means an individual who files a claim.
3. "Day" means calendar day.
4. "Department" means the Labor Department of the Industrial Commission of Arizona.
5. "Determination" means a finding by the Department under A.R.S. § 23-357 that a claim is either valid or invalid or that the Department cannot resolve the dispute.
6. "Director" means the Director of the Department.
7. "Dismissal" means an action by the Department in which the Department dismisses the claim and refers the claimant to other statutory remedies.
8. "Notice" or "notification" when made by the Department or the Director means a written communication served on the employer or claimant, or both.

**Historical Note**

Adopted effective January 26, 1988 (Supp. 88-1). R20-5-1001 recodified from R4-13-1001 (Supp. 95-1). Amended by final rulemaking at 12 A.A.R. 1416, effective June 4, 2006 (Supp. 06-2). Amended by final rulemaking 27 A.A.R. 515, effective May 14, 2021 (Supp. 21-1).

**R20-5-1002. Forms**

The following forms are available upon request from the Department or from the Industrial Commission of Arizona's website at [www.azica.gov](http://www.azica.gov):

1. Wage claim. When making a claim, a claimant shall provide the following information to the Department:
  - a. Claimant's name, mailing address, e-mail address, telephone number, and date of birth;
  - b. Employer's name, address, telephone number, and description of business;
  - c. Claimant's dates of employment, position, and pay;
  - d. The amount of the wages owed and the time period worked related to the unpaid wages; and
  - e. Claimant's signature or electronic signature and signature date.
2. Employer response. The employer responding to a claim shall provide the following information to the Department:
  - a. Employer's legal name, including any trade names, legal domicile state, address, telephone number, description of business, and an e-mail address for the designated representative of employer;
  - b. Claimant's dates of employment, position, and pay;
  - c. Whether claimant is owed any wages, and, if so, employer's reason for nonpayment; and
  - d. Employer's signature or electronic signature and signature date.

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**Historical Note**

Adopted effective January 26, 1988 (Supp. 88-1). R20-5-1002 recodified from R4-13-1002 (Supp. 95-1). Section repealed; new Section made by final rulemaking at 12 A.A.R. 1416, effective June 4, 2006 (Supp. 06-2). Amended by final rulemaking 27 A.A.R. 515, effective May 14, 2021 (Supp. 21-1).

**R20-5-1003. Filing Requirements; Time for Filing; Computation of Time**

- A. A claimant shall file a claim with the Department within one year of the date of the accrual of the claim.
- B. In computing any period of time prescribed or allowed by this Article, the day of the act or event from which the designated period of time begins to run is not included. The last day of the period and Saturdays, Sundays, and legal holidays are included in the computation of time.
- C. The date of filing of the claim is the date the claimant's wage claim form is received by the Department.
- D. The Department shall deem a form, document, instrument, or other written record filed at the Tucson office as filed at the Phoenix office for the purpose of computing time.
- E. An individual filing a form or document related to a claim shall legibly fill out the form or document.
- F. If the wage claim form received from a claimant does not include the information required by R20-5-1002(1), the Department shall return the wage claim form to the claimant with a request that the claimant provide the required information and return the completed wage claim form to the Department within 14 days of the date of service of the Department's request. If the Department does not receive the completed wage claim form within 14 days, the Department shall not initiate an investigation of the claim and the Department shall consider the claim withdrawn without prejudice. The claimant may re-file a withdrawn wage claim with the information required by R20-5-1002(1), if the claim is re-filed within one year of the date of the accrual of the claim.

**Historical Note**

Adopted effective January 26, 1988 (Supp. 88-1). R20-5-1003 recodified from R4-13-1003 (Supp. 95-1). Former R20-5-1003 renumbered to R20-5-1004; new R20-5-1003 made by final rulemaking at 12 A.A.R. 1416, effective June 4, 2006 (Supp. 06-2). Amended by final rulemaking 27 A.A.R. 515, effective May 14, 2021 (Supp. 21-1).

**R20-5-1004. Investigation of Claim**

- A. The Department shall serve a copy of a claimant's wage claim form on the employer listed on the wage claim, with a request that the employer complete and file the employer response form within 14 days of the date of service of the Department's request.
- B. If the Department does not receive the employer response form under subsection (A), the Department shall serve written notice on the employer stating that the employer must pay the amount claimed or file a written response to the wage claim within 14 days of the date of service of the Department's written notice.
- C. The Department shall serve a copy of the employer's response on the claimant and offer the claimant the opportunity to file a written reply to the employer's response within 14 days from the date of service. If the Department does not receive claimant's reply within 14 days, the Department shall make a determination of the claim based on the evidence in the file.
- D. If the employer fails or refuses to pay the amount claimed or submit a written response to the claim in accordance with sub-

section (B), the Department shall make a determination of the claim based on the evidence in the file.

- E. Upon request from the Department, and if necessary to complete the Department's investigation, the claimant, the employer, or both, shall submit further written information or meet with the Director or the Director's designee. Except for statements made during settlement, mediation, or an informal conference, the Director or the Director's designee may administer oaths for the purpose of taking affidavits and may record the meeting.
- F. Upon completion of its investigation, the Department shall serve the Department's determination in writing on the parties.

**Historical Note**

Adopted effective January 26, 1988 (Supp. 88-1). R20-5-1004 recodified from R4-13-1004 (Supp. 95-1). Former R20-5-1004 renumbered to R20-5-1005; new R20-5-1004 renumbered from R20-5-1003 and amended by final rulemaking at 12 A.A.R. 1416, effective June 4, 2006 (Supp. 06-2). Amended by final rulemaking 27 A.A.R. 515, effective May 14, 2021 (Supp. 21-1).

**R20-5-1005. Mediation of Disputes**

- A. During the investigation of a claim, the Department may mediate and conciliate a dispute between the claimant and the employer.
- B. If mediation results in an informal resolution of the claim, the Director or the Director's designee shall prepare and ensure execution of documents providing for the resolution of the claim.

**Historical Note**

Adopted effective January 26, 1988 (Supp. 88-1). R20-5-1005 recodified from R4-13-1005 (Supp. 95-1). Former R20-5-1005 renumbered to R20-5-1006; new R20-5-1005 renumbered from R20-5-1004 and amended by final rulemaking at 12 A.A.R. 1416, effective June 4, 2006 (Supp. 06-2).

**R20-5-1006. Dismissal of Claim**

- A. The Department shall dismiss a claim if:
  1. The claim is filed more than one year after the date of the accrual of the claim,
  2. The claimant does not comply with R20-5-1003(F),
  3. The amount of wages owed exceeds \$5,000.00,
  4. The Department's investigation of the claimant's evidence reveals no possible violation of A.R.S. § 23-350 et seq.,
  5. The claimant has filed a civil action regarding the same claim,
  6. The employer listed on the claim is in bankruptcy,
  7. The Department is unable to locate the employer based on the information provided by the claimant, or
  8. The wages in question have been withheld from the claimant pursuant to the claimant's prior written authorization.
- B. The Department shall send a notice of dismissal to the claimant and, except as provided in subsections (A)(1) through (A)(3) and (7), the Department shall send a notice of dismissal to the employer. Notices of dismissal shall notify the claimant of the availability of other remedies.

**Historical Note**

Adopted effective January 26, 1988 (Supp. 88-1). R20-5-1006 recodified from R4-13-1006 (Supp. 95-1). Former R20-5-1006 renumbered to R20-5-1007; new R20-5-1006 renumbered from R20-5-1005 and amended by final rulemaking at 12 A.A.R. 1416, effective June 4, 2006 (Supp. 06-2). Amended by final rulemaking 27 A.A.R.

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515, effective May 14, 2021 (Supp. 21-1).

**R20-5-1007. Notice of Right of Review**

A determination issued under A.R.S. § 23-357 shall include a notice informing the parties of their right to seek review under A.R.S. § 23-358 and § 12-901 et seq.

**Historical Note**

Adopted effective January 26, 1988 (Supp. 88-1). R20-5-1007 recodified from R4-13-1007 (Supp. 95-1). Former R20-5-1007 renumbered to R20-5-1008; new R20-5-1007 renumbered from R20-5-1006 and amended by final rulemaking at 12 A.A.R. 1416, effective June 4, 2006 (Supp. 06-2). Amended by final rulemaking 27 A.A.R. 515, effective May 14, 2021 (Supp. 21-1).

**R20-5-1008. Payment of Claim**

- A. The Department shall send any payment of a wage claim received by the Department to the claimant by certified mail, return receipt requested, unless the claimant elects to pick up the check in person at the Department.
- B. If the Department discovers that payment of a wage claim is alleged to have been made directly to the claimant, the Department shall verify the payment by serving the claimant with notice that payment of the wage claim is alleged to have been made directly to the claimant. If the claimant confirms that payment of the wage claim was made directly to the claimant or does not respond to the Department's notice within 14 days of the date of service of the Department's notice, the Department shall deem the claim to have been paid and shall dismiss the wage claim.
- C. Payment of a partial amount of a wage claim does not preclude the Department from completing its investigation of the balance of the claim.
- D. In the case of a determination and directive for payment issued by the Department under A.R.S. § 23-357, the Department shall, if the employer agrees and with the written consent of the claimant, enter into a payment agreement with the employer for payment of the amount of wages found to be owed the claimant.

**Historical Note**

New R20-5-1008 renumbered from R20-5-1007; Section amended by final rulemaking at 12 A.A.R. 1416, effective June 4, 2006 (Supp. 06-2). Amended by final rulemaking 27 A.A.R. 515, effective May 14, 2021 (Supp. 21-1).

**R20-5-1009. Service of Determinations, Notices, and Other Documents**

- A. A determination, notice, or other document required by this Article or other law to be served upon a party, shall be made upon the party, or, if represented by legal counsel, the party's legal counsel. Service upon legal counsel is considered service upon the party.
- B. Service may be made and is deemed complete by:
  1. Depositing the document in regular or certified mail, addressed to the party served at the address shown in the records of the Department, or by personal delivery upon the party.
  2. With a party's consent, transmission by e-mail to the e-mail address shown in the records of the Department.

**Historical Note**

New Section made by final rulemaking at 12 A.A.R. 1416, effective June 4, 2006 (Supp. 06-2). Amended by final rulemaking 27 A.A.R. 515, effective May 14, 2021 (Supp. 21-1).

**ARTICLE 11. SELF-INSURANCE FOR INDIVIDUAL EMPLOYERS****R20-5-1101. Definitions**

In addition to the definitions provided in A.R.S. § 23-901, the following definitions apply to this Article:

"Act" means the Arizona Workers' Compensation Act, A.R.S. § 23-901 et seq.

"Affiliate" or "affiliate relationship" means a person or entity that has the power to control, directly or indirectly, through one or more intermediaries, another person or entity.

"Anniversary date" means the date beginning one year from the initial effective date of the Authorization to Self-insure.

"Applicant" means an individual employer filing an initial application for authority to self-insure under A.R.S. § 23-961.

"Authorized signature" means the signature of an officer of the self-insurer.

"Cash-flow ratio" means a numerical relationship that reflects an ability to meet current financial obligations out of cash flow and is calculated by dividing funds provided by operations of a business by current liabilities.

"Chief counsel" means the chief counsel for the Industrial Commission of Arizona.

"Claim" means a worker's compensation claim.

"Claims Division," means the Claims Division of the Industrial Commission of Arizona.

"Classification code" means a number assigned by an approved rating organization that classifies employees by type of job performed.

"Control" means the possession, direct or indirect, of power to direct or cause the direction of, the management and policies of a person or entity, whether through the ownership of voting securities, by contract, or otherwise.

"Current ratio" means a numerical relationship that reflects an ability to pay current obligations and is calculated by dividing current assets by current liabilities.

"Debt-status ratio" means a numerical relationship that reflects the proportion of funds supplied internally relative to the funds contributed by creditors and is calculated by dividing net worth by total liabilities.

"Division" means the Accounting Division of the Industrial Commission of Arizona.

"Ex-medical plan" means a method of determining the premium upon which taxes are calculated that provides for rate revisions based upon the self-insurer operating a medical facility with a program for providing medical, surgical, or hospital services to a majority of the self-insurer's employees and that complies with the requirements of A.R.S. § 23-1070. Neither losses nor incurred loss reserves are used in this plan.

"Excess insurance carrier" means an insurance carrier authorized to issue policies of excess insurance coverage to a self-insured employer.

"Experience modification rate" means a ratio comparing actual losses to expected losses based on a formula determined by an approved rating organization and which includes three years of loss information.

"Fixed premium plan" means a method of determining the premium upon which taxes are calculated in which neither losses



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nor incurred loss reserves are used for calculation. The only discount is for premium size.

“Fully-funded risk management fund” means a fund that maintains a positive equity balance that is sufficient to cover all of the fund’s actuarial losses.

“Guaranteed cost plan” means a method of determining the premium upon which taxes are calculated that provides for a direct relationship, on an annual basis, of the premium for tax purposes and the experience modification rate developed to reflect the loss payment and incurred loss experience of the self-insured employer.

“Individual employer” means an employer under the Act that is applying for authority to self-insure, or is approved to self-insure, that is not an entity described in A.R.S. § 23-961.01; § 11-952.01; or § 41-621.01.

“Parent company” means one that owns sufficient stock in a subsidiary company to have voting control of the subsidiary company, as “control” is defined in this Article.

“Profitability ratio” means a numerical relationship that represents the return on assets and the efficiency of assets and is calculated by dividing profit before taxes by total assets, multiplied by 100 expressed as a percentage.

“Public entity” means an individual employer that is a state, county, municipality, school district, or any other entity with taxing authority.

“Quick ratio” means a numerical relationship that represents the degree to which liabilities are covered by the most liquid current assets and is calculated by dividing cash and equivalents, plus receivables, by current liabilities.

“Rating organization,” means an entity that meets the requirements of A.R.S. § 20-363, and is approved by the Arizona Department of Insurance to establish rates, codes, and formulas used to calculate worker compensation premiums.

“Resolution of Authorization” means a document issued by the Commission that grants authority to self-insure for purposes of workers’ compensation.

“Retrospective rating plan” means a method of determining the premium upon which taxes are calculated that provides for the relationship between the premium for tax purposes, the experience modification rate developed to reflect the loss payment and incurred loss experience of the self-insured employer, and the actual incurred losses for the tax year.

“Securities” or “security” means a guaranty bond, a bond of the United States or its agencies, United States’ Treasury Notes, a letter of credit, or Local Government Investment Pool (LGIP) funds, or appropriate documents renewing or continuing any of these.

“Self-insurer” or “self-insured” means an individual employer that the Commission authorizes to self-insure for workers’ compensation insurance under A.R.S. § 23-961.

“Working capital ratio” means a numerical relationship that measures the sufficiency of working capital to support sales and is calculated by dividing working capital by sales. Working capital is calculated by subtracting current liabilities from current assets.

#### Historical Note

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

- A. In computing any period of time prescribed or allowed by this Article, the day of the act or event from which the designated period of time begins to run is not included. The last day of the period computed is included unless it is a Saturday, Sunday, or legal holiday, in which event the period runs until the end of the next day which is not a Saturday, Sunday, or legal holiday. When the period of time prescribed or allowed is less than 11 days, intermediate Saturdays, Sundays, and legal holidays are excluded in the computation.
- B. Except as otherwise provided by law, the Division may extend time limits prescribed by this Article for good cause. Any request for an extension of a time limit shall be submitted to the Division in writing at least 10 days before the expiration of the time limit for which an extension is sought.

#### Historical Note

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

#### R20-5-1103. Forms

The following forms are available upon request from the Division or from the Commission’s Internet site at [www.ica.state.az.us](http://www.ica.state.az.us), and include the following information for each:

- A. Initial application for authority to self-insure:
  1. Legal name of the applicant and requested effective date for authority to self-insure;
  2. Mailing address and telephone number of applicant’s principal Arizona office and home office;
  3. Name of state under which applicant is incorporated, if applicant is a corporation;
  4. Name of parent company, if applicant is a subsidiary;
  5. Name, address, and status of partners (general, special, and limited), if applicant is a partnership;
  6. Length of time in business in Arizona and elsewhere, if applicable;
  7. Nature or type of business in Arizona;
  8. Arizona payroll data;
  9. Current workers’ compensation insurance data, including current expiration date;
  10. Statement of reasons for rejection or cancellation if an application for worker’s compensation insurance submitted by applicant has ever been rejected or a policy of workers’ compensation insurance held by the applicant has ever been cancelled;
  11. Listing of states where self-insurance was denied, if any, and where the applicant is currently self-insured;
  12. Arizona claims history and data for three years preceding application date;
  13. Arizona loss history and experience modification rates for three years preceding application date;
  14. Name of excess insurance carrier;
  15. Name, address, and telephone number of third-party administrator or individual responsible for processing Arizona workers’ compensation claims;
  16. Name and address of Arizona agent upon whom legal notice may be served;
  17. Selection of tax plan;
  18. Name, address, telephone and facsimile number, and e-mail address of person responsible for completing the premium tax information;
  19. Name, address, and telephone number of claims office where Arizona workers’ compensation claims will be processed;
  20. Name, address, telephone and facsimile number, and e-mail address of the primary and secondary points of contact for the application and self-insurance process;

#### R20-5-1102. Computation of Time

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21. Statement that all information and assertions contained in the application and the documents accompanying the application are factually correct and true; and
  22. Listing of required attachments.
- B. Workers' compensation liability form:**
1. Name of self-insurer;
  2. Selection and calculation of required securities and excess insurance, which includes calculation and reporting the following:
    - a. For all claims reported in the current calendar year, the number of open claims, total incurred liability, both medical and compensation, less the amount paid on these claims to equal the remaining liability or amount owing on these claims;
    - b. For all open claims incurred in prior years and remaining open in the current year, the number of open claims, the total incurred liability, both medical and compensation, less the amount paid on these claims to equal the remaining liability or amount owing on these claims;
    - c. The total remaining liability on all open claims less any reimbursement for excess insurance ceded to equal the net remaining liability owing on all claims; and
    - d. The amount calculated in subsection (B)(2)(c) multiplied by 125%;
  3. Name of excess insurance carrier that provides reimbursement to self-insurer; and
  4. A statement by the Chief Financial Officer or Chief Executive Officer attesting to the truthfulness of the information contained in the Workers' Compensation Liability Form;
- C. Self-insurance workers' compensation guaranty bond:**
1. Name of self-insurer;
  2. Name of the surety insurance company;
  3. Description of the bond, bond number, amount, and conditions of obligation;
  4. Statement regarding the responsibility for fees and costs associated with the collection of the bond and the responsibility for payment of any award or judgment against the surety; and
  5. Request for authorized signatures and titles of self-insurer, surety, and agent or attorney-in-fact, and a notarized power of attorney, and date of signing.
- D. Parent company guaranty:**
1. Name and state of incorporation of parent company;
  2. Name of self-insured subsidiary to be included in the guaranty;
  3. Statement that the parent company will assume the workers' compensation liabilities of the subsidiary if the subsidiary is unable to honor these liabilities, which guarantee is for the benefit of and may be enforced by any and all employees of subsidiary; and
  4. Corporate seal.
- E. Self-insured payroll report:**
1. Name of self-insured;
  2. Tax plan selection;
  3. Period covered by report;
  4. Payroll description (classification codes, methods, and types of pay);
  5. Amount paid for period covered by the report;
  6. Statement that all information contained in the report is correct; and
  7. Request for authorized signature, date, title, and telephone number of person signing the form.
- F. Self-insured medical report:**
1. Name of self-insured;
  2. Period covered by report;
  3. Amount paid relating to treatment of industrial injuries, including payment of medical personnel employed by the self-insurer and medical providers providing outside services;
  4. Compensation paid to worker's compensation claimants;
  5. Insurance premiums paid;
  6. Total expenditures for workers' compensation and occupational disease claims;
  7. Statement that all information contained in the report is correct; and
  8. Request for authorized signature, date, title, and telephone number of person signing the form.
- G. Self-insured hospital report:**
1. Name of self-insurer;
  2. Period covered by report;
  3. Amount paid for operational expenses, including payroll, employee benefits, surgeon and physician fees, pharmacy costs, miscellaneous supplies and services, utilities, depreciation, licenses, and taxes;
  4. Amount of revenue, including charges for inpatient and outpatient care, miscellaneous revenue, employee-paid premiums, and employer-paid premiums;
  5. Reconciliation of cash account, including cash balance, total cash available, investments, operating expenses, disbursements, and net cash balance;
  6. Statement that all information contained in the report is correct; and
  7. Request for authorized signature, date, title, and telephone number of person signing the form.
- H. Self-insured injury report:**
1. Name of self-insurer;
  2. Period covered by report;
  3. Description of individual claims for the current year and three preceding years requiring payment greater than \$5,000.00 for each claim, including name of claimant, date of injury, nature of injury, accumulated amount paid, and the amount of any expenses incurred but not paid;
  4. The total amount paid, and the amount of any expenses incurred but not paid, for the current year and three preceding years for all claims requiring a total payment less than \$5,000.00 for each claim;
  5. Statement that all information contained in the report is correct; and
  6. Request for authorized signature, date, title, and telephone number of person signing the form.
- I. Quarterly tax payment:**
1. Name and address of the self-insurer;
  2. Designation of the applicable quarter;
  3. Amount of annual tax paid in the previous calendar year; amount of the quarterly tax paid adjusted for any change in the tax rate for the applicable quarter;
  4. Statement that all information contained in the form is correct; and
  5. Request for authorized signature, date, title, and telephone number of person signing the form.
- J. Notice of self-insurer's termination of self-insurance:**
1. Name, address, and telephone number of self-insurer and all Arizona subsidiaries covered under the authority to self-insure, including if applicable:
    - a. Names and addresses of all Arizona operations or locations covered by self-insurance authority;
    - b. Names and addresses of all partners, if self-insurer is a partnership; and

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- c. Current and former names of self-insurer if the self-insurer has undergone a name change since the most recent effective date of the authority to self-insure;
  - 2. Effective date of termination of authority to self-insure;
  - 3. Name and address of workers' compensation insurance carrier providing coverage after the effective date of termination;
  - 4. For the new coverage; effective date of workers' compensation coverage;
  - 5. Statement that all information contained in the form is correct; and
  - 6. Request for authorized signature, date, title, and telephone number of person signing the form.
- K. Self-provider of medical benefits:**
- 1. Indication of whether the self-insurer is, or is not, directing medical care for all of its employees;
  - 2. If the self-insurer is directing medical care for its employees, the self-insurer shall:
    - (a) Attach a copy of all contracts between the self-insurer and the medical providers; or
    - (b) Submit a list of names and addresses of all medical providers with whom the self-insurer contracts; and
    - (c) The effective date of the agreements between the employer and medical provider; and
  - 3. Authorized signature, date, and title of person signing the form.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

**R20-5-1104. Commission Approval to Act as Self-insurer**

An employer does not have authority to act as a self-insurer under A.R.S. § 23-961 unless:

- 1. The Commission authorizes the employer to be self-insured; and
- 2. Except as provided in R20-5-1114, the employer posts security in an amount as required under this Article.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

**R20-5-1105. Resolution of Authorization**

The Commission shall issue a Resolution of Authorization to an applicant that meets the requirements of this Article. The Commission shall annually review and renew a Resolution of Authorization to self-insure. The authority to self-insure is valid and continues in effect until the Commission takes action under this Article or the self-insured terminates its authorization to self-insure under R20-5-1136.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

**R20-5-1106. Time-frames****A. Administrative completeness review.**

- 1. Initial application.
  - a. The Division shall review an initial application for authority to self-insure within 20 days of receipt of the application to determine whether the application contains the information required by A.R.S. § 23-961 and this Article.
  - b. The Division shall inform the applicant by written notice if the application is incomplete. The Division shall include in its written notice to the applicant, a list of the missing information necessary to comply with this Article.

- c. The Division shall deem the application withdrawn if the applicant fails to post security as required under this Article or fails to file a completed application within 10 days of being notified by the Division that the application is incomplete, unless the applicant obtains an extension to provide the missing information under subsection (D).
- 2. Request for renewal.
  - a. The Division shall review a request for renewal within 10 days of receipt of the request to determine whether the request contains the information in A.R.S. § 23-961 and this Article.
  - b. The Division shall inform a self-insurer by written notice if the request for renewal is incomplete. The Division shall include in its written notice to the self-insurer, a list of the missing information necessary to comply with this Article, and the right to request an extension under subsection (D).

**B. Substantive review.**

- 1. Initial application. Within 70 days after the Division determines an initial application complete, the Commission shall determine whether the initial application for authority to self-insure meets the substantive criteria of A.R.S. § 23-961 and this Article and shall issue either a Resolution of Authorization granting authority to self-insure, or an order denying authority to self-insure.
- 2. Request for renewal. Within 60 days after the Division receives all the required information under this Article, the Commission shall determine whether a request for renewal for authority to self-insure meets the substantive criteria of A.R.S. § 23-961 and this Article and shall renew the self-insurer's authority to self-insure, or issue an order denying or revoking authority to self-insure.

**C. Overall time-frame.**

- 1. Initial application. The overall time-frame is 90 days, unless extended under A.R.S. § 41-1072 et seq.
- 2. Request for renewal. The overall time-frame is 70 days, unless extended under A.R.S. § 41-1072 et seq.

- D.** If an applicant or self-insurer cannot timely submit to the Division information to complete an initial application or a request for renewal, the applicant or self-insurer may obtain an extension to submit the missing information by filing a written request with the Division. The written request for extension shall be filed no later than 10 days after receipt of the deficiency notice from the Division. The written request for an extension shall state the reasons the applicant or self-insurer is unable to meet the deadline. If an extension will enable the applicant or self-insurer to assemble and submit the missing information, the Division shall grant an extension of not more than 30 days and provide written notice of the extension to the applicant or self-insurer.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

**R20-5-1107. Initial Application under A.R.S. § 23-961**

- A.** A public entity may file an initial application for authority to self-insure under A.R.S. § 23-961 if the public entity:
  - 1. Provides an annual payroll in Arizona of at least \$2,000,000; and
  - 2. Has total assets of at least \$50,000,000.
- B.** An individual employer that is not a public entity may file an initial application for authority to self-insure under A.R.S. § 23-961 if the employer:
  - 1. Is engaged in business in Arizona and has been for at least five years before the date of the initial application;

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2. Provides an annual payroll in Arizona of at least \$2,000,000, including the combined payrolls of all subsidiary companies that will be under the self-insurance authorization;
3. Meets either of the following thresholds:
  - a. Has assets of at least \$50,000,000; or
  - b. Has \$10,000,000 in net worth and a cash flow ratio of at least .25.
- C. The applicant for authority to self-insure shall complete and file with the Division a typewritten application form approved by the Division. An application is considered filed when it is received at the Division.
- D. The authorized representative of the applicant shall sign and date the initial application.
- E. The authorized representative signing the initial application shall verify, in writing, that the information submitted with the application is correct.
- F. The Division shall deem an initial application for authority to self-insure complete if an applicant that is not a subsidiary company provides the following information with the initial application:
  1. A statement from the board of directors or governing body:
    - a. Authorizing the filing of the application, and
    - b. Designating the person given authority to sign the application on behalf of the applicant;
  2. A statement classifying the applicant's Arizona employees using the workers' compensation classification codes of the approved rating organization used by the Arizona State Compensation Fund;
  3. A copy of the applicable hospital or medical agreement or a detailed statement of the arrangements between the employer and the medical provider, if medical care is directed under A.R.S. § 23-1070;
  4. If the applicant is not a public entity, a copy of the applicant's audited financial statements or internally-reviewed and signed financial statements for the most current and prior two fiscal years, including any notes to the financial statements;
  5. If the applicant is a public entity, a copy of the applicant's audited financial statement for the most current and prior fiscal year; and
  6. If the applicant is a public entity that qualifies for exemption under R20-5-1114(A), the certified statement required under R20-5-1114(B).
- G. The Division shall deem an initial application for authority to self-insure complete if an applicant that is a subsidiary company provides the following information with the initial application:
  1. The information required in Section (F);
  2. A completed Parent Company Guaranty form signed by the authorized representative of the subsidiary's parent company;
  3. A certified copy of the resolution of the parent company's board of directors authorizing a designated officer to complete, sign, and file the Parent Company Guaranty form; and
  4. A copy of the parent company's audited financial statements for the most current and prior two fiscal years, including any notes to the financial statements.
- A. A self-insurer that is required to post security under this Article shall request renewal of authorization to self-insure with the Division 30 days before the self-insurer's anniversary date, by filing a Workers' Compensation Liability form. The Commission shall deem the request for renewal complete if the self-insurer provides the following:
  1. A copy of the self-insurer's most recent audited annual financial statement or internally reviewed and signed financial statement or annual report. A parent company shall submit a copy of its most recent audited annual financial statement or annual report;
  2. If the self-insured company is a subsidiary, a completed Parent Company Guaranty form signed and dated by the authorized representative of the parent company, or if the parent company of the subsidiary is different from the last filing approved by the Commission, a certified copy of the parent company board of director's resolution authorizing a designated officer to complete, sign, and file the Parent Company Guaranty form;
  3. Per claim data to support the summary information on the Workers' Compensation Liability form. The self-insurer shall provide this information in the same format as in R20-5-1103(B)(2)(a) and (b);
  4. Deposit of security as shown on the completed Worker's Compensation Liability form no later than the self-insurer's anniversary date subject to R20-5-1127 and R20-5-1128;
  5. A certificate of excess insurance or a continuing certificate of existing excess insurance if the self-insurer takes a credit for excess insurance under R20-5-1109;
  6. If medical care is directed under A.R.S. § 23-1070, a copy of the current medical or hospital medical agreement, or detailed statement of the arrangements, if not previously provided;
  7. A statement of the total number of full-time and part-time Arizona employees;
  8. If the Division determines that the self-insurer's denial rate exceeds 12% of claims filed, a statement from the self-insurer identifying the reason for each denial of a workers' compensation claim;
  9. If the Division determines that the self-insurer's experience modification rate is greater than 1.10, a statement from the self-insurer identifying the reasons for that level of losses;
  10. Name of the third-party administrator;
  11. Principal location of the self-insurer in Arizona;
  12. A description of the self-insurer's current business in Arizona and a description of any changes in the nature of business in Arizona in the past year;
  13. List of any subsidiary company located in Arizona; and
  14. Primary and secondary points of contact, including addresses, telephone numbers, facsimile numbers, and e-mail information.
- B. A self-insurer that is exempt from the requirement to post security, shall request renewal of authorization to self-insure by filing an annual statement described under R20-5-1114(B) no later than the employer's anniversary date. The Commission shall deem the request for renewal complete if the self-insurer provides the following:
  1. Information required under subsections (A)(1), (A)(7) through (A)(10) and (A)(14); and
  2. A certified statement that contains the information described in R20-5-1114 (A) and (B).

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

**R20-5-1108. Self-insurance Renewal****Historical Note**

New Section made by final rulemaking at 11 A.A.R.

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1008, effective April 4, 2005 (Supp. 05-1).

**R20-5-1109. Security Deposit; Excess Insurance Policy**

- A. Except as provided in R20-5-1114, an applicant authorized to self-insure under this Article shall post security in the amount of at least \$100,000.00 under A.R.S. § 23-961. The self-insurer shall not reduce or offset this minimum amount by any credit for excess insurance.
- B. Except as provided in R20-5-1114, and subject to the minimum security requirement of A.R.S. § 23-961, a self-insurer filing a request to renew its authority to self-insure under R20-5-1108 shall post security in an amount equal to 125% of its total estimated future liability, or in an amount determined by the Division under R20-5-1127.
- C. Subject to review by the Commission, the self-insurer shall determine its total estimated liability by using the Workers' Compensation Liability form.
- D. The Commission shall approve a credit for excess insurance against the amount of security required under this Article only if the following criteria are met:
  1. The self-insurer satisfies the minimum-security requirement of A.R.S. § 23-961,
  2. The self-insurer does not reduce or offset the minimum-security amount by an excess insurance,
  3. The self-insurer calculates the credit on the Workers' Compensation Liability form,
  4. The excess insurance policy contains a 60-day notice of termination,
  5. The excess insurer does not have an affiliate relationship with the self-insurer,
  6. The excess insurance policy provides that the insolvency of the self-insurer does not relieve the excess insurer of liability under the policy, and
  7. The excess insurer posts a deposit under A.R.S. § 23-961(D).
- E. If an excess insurance provider gives the self-insurer notice of its intent to terminate the policy, the self-insurer shall immediately:
  1. Provide written notice of the notice of termination to the Division, and
  2. Deposit security as shown on the Worker's Compensation Liability form without credit for the excess insurance.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R.  
1008, effective April 4, 2005 (Supp. 05-1).

**R20-5-1110. Posting of Guaranty Bond; Bond Amount; Effective Date**

- A. A self-insurer shall ensure that a guaranty bond or rider for the guaranty bond filed with the Division bears the same effective date as the effective date of the Resolution of Authorization to self-insure.
- B. The Commission shall permit the self-insurer to post a guaranty bond or rider of the guaranty bond instead of other security if:
  1. The insurance carrier providing the guaranty bond or rider submits the bond or rider to the Division on a form approved for use by the Division;
  2. The guaranty bond is continuous in form;
  3. The penal sum of the guaranty bond or rider equals the amount the self-insured must post as security under this Article;
  4. The company issuing the guaranty bond or rider is authorized and licensed to transact the business of surety insurance in Arizona;
  5. An authorized agent of the surety executes the guaranty bond or rider;

6. The bond is signed and dated by an authorized representative of the self-insurer;
  7. The surety issuing the bond or rider does not have an affiliate relationship with the applicant or self-insurer; and
  8. The surety issuing the guaranty bond or rider has a rating with A.M. Best of at least A-.
- C. A guaranty bond or rider is subject to annual change based on unpaid liabilities as reported by the self-insurer on the Workers' Compensation Liability form.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R.  
1008, effective April 4, 2005 (Supp. 05-1).

**R20-5-1111. Posting of Other Bonds or Treasury Notes of the United States Instead of Guaranty Bond; Registration; Deposit**

- A. Instead of providing a guaranty bond under R20-5-1110, a self-insurer may deposit with the Commission for transmittal through the Arizona State Treasurer to the Treasurer's designated bank, bonds or treasury notes of the United States of America if the bonds or treasury notes are guaranteed as to principal and interest by the United States of America or by any agency or instrumentality of the United States of America.
- B. The self-insurer shall ensure that bonds or treasury notes of the United States of America deposited with Commission under this subsection are registered to: "The Industrial Commission of Arizona, in trust for the fulfillment by ----- of its obligations under the Arizona Workers' Compensation Laws." The self-insured shall ensure that any contract between the self-insured and the custodial bank provides that the bonds or treasury notes are held for: "The Industrial Commission of Arizona, in trust for the fulfillment by ----- of its obligations under the Arizona Workers' Compensation Laws."
- C. If one or more of the self-insurer's claims are assigned to the state compensation fund under A.R.S. § 23-966, the Commission shall:
  1. Collect or order collection of the principal, or market value of the security, whichever is greater, as it becomes due;
  2. Sell or order the sale of the security or any part of the security; or
  3. Apply or order the application of the proceeds to the payment of any unpaid obligations of the self-insurer, as determined by the Commission, in the event of the default in the payment of its obligations.
- D. The self-insurer may arrange for interest on bonds or treasury notes of the United States of America deposited under this subsection to be paid to the self-insurer.
- E. Bonds or treasury notes deposited according to this Article by a self-insurer shall be in an amount not less than the security deposit amount required under R20-5-1109.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R.  
1008, effective April 4, 2005 (Supp. 05-1).

**R20-5-1112. Letter of Credit or Local Government Investment Pool Funds (LGIP)**

- A. Letter of Credit:
  1. A self-insurer may satisfy the provision of R20-5-1110 by filing a letter of credit.
  2. The self-insurer shall ensure that the letter of credit is registered to: "The Industrial Commission of Arizona, in trust for the fulfillment by ----- of its obligations under the Arizona Workers' Compensation Laws."
  3. The self-insurer shall ensure that the letter of credit is issued by a federal or Arizona chartered bank with an

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Arizona branch office or correspondent bank in Arizona upon which demand may be made and from which funds will be immediately payable on demand.

4. The letter of credit is acceptable only if:
  - a. The letter includes the name and address of the self-insurer, including all Arizona subsidiaries;
  - b. Is for a period of one year from the effective date;
  - c. Includes a provision that the letter of credit automatically extends for consecutive periods of one year, unless the issuing bank provides written notice to the Division 30 days before the expiration of any one-year term that the issuing bank will not renew the letter of credit for the additional period;
  - d. Includes a provision that the written notice required in subsection (A)(4)(d) may be delivered to the Division or sent to the Division by United States Mail, certified mail return receipt requested;
  - e. The letter of credit states the amount available under the letter of credit; and
  - f. The self-insurer ensures that the letter of credit includes a statement that the sum available under the letter of credit shall be paid to the Industrial Commission of Arizona upon receipt by the issuing bank of a signed statement by an official of the Commission stating the following:
    - i. The self-insurer has failed to comply with its workers' compensation obligations; or
    - ii. The self-insurer has failed to renew or substitute acceptable security for its workers' compensation liability 15 days before the expiration of the letter of credit.

**B. Local Government Investment Pool Funds (LGIP):**

1. Instead of posting a guaranty bond, letter of credit, or United States of America bonds or Treasury Notes, a self-insured public agency may post a local government investment pool (LGIP) fund only if:
  - a. The self-insurer ensures that the funds are deposited through the Arizona State Treasurer as custodian subject to the order of, and in trust for, the Industrial Commission of Arizona, registered and assigned to: "The Industrial Commission of Arizona, in trust for the fulfillment by ----- of its obligations under the Arizona Workers' Compensation Laws;"
  - b. The LGIP funds posted as security in compliance with this Section are in an amount not less than the security deposit amount required under R20-5-1109;
  - c. The Commission has the ability to:
    - i. Collect or order collection of the funds; and
    - ii. Apply or order the application of the funds to the payment of any award rendered against the self-insurer, as determined by the Commission, if the self-insurer defaults in any of its obligations;
  - d. The self-insurer submits an assignment for the benefit of the Industrial Commission of Arizona, and an Endorsement-Receipt for Notice of Assignment, signed by the State of Arizona Treasurer and notarized. The Endorsement-Receipt shall contain the following language: Receipt is hereby acknowledged by the Treasurer of the State of Arizona of written notice of the assignment to the Industrial Commission ("Commission") of the above-identified account. We have noted our records to show the interest of the Commission in said account as shown in and by the above assignment. We have retained a copy of this document. We hereby certify that we

have not received any notice of lien, encumbrance, hold, claim, or other obligation against the above-identified account prior to its assignment to the Commission. We further hereby waive any current or future right of set-off against such account. We agree to make payment as required by the Rules and Regulations of the Commission adopted in accordance with applicable laws and the law applicable to this institution.

2. Interest on the funds deposited under this Section may be remitted by the State of Arizona Treasurer directly to the self-insurer.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

**R20-5-1113. Substitution of Securities**

The Commission may authorize the return a self-insurer's security deposit with written approval from the Division. The Commission shall not authorize the return or release of security unless the self-insurer substitutes the security with new security in an amount sufficient to satisfy the self-insurer's obligations under R20-5-1109.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

**R20-5-1114. Exemption from Requirement to Post Security**

- A. Conditions to qualify for exemption. A public entity applicant or public entity self-insurer is exempt from the requirements under this Article to post or provide security if the public entity:
  1. Has a fully-funded risk management fund sufficient to cover actuarial liabilities for workers' compensation as determined by the self-insurer in accordance with Government Accounting Standards Board Statement #10; and
  2. Provides funding to the risk management fund each year sufficient to cover actuarial liabilities for workers' compensation as determined by the self-insurer in accordance with Government Accounting Standards Board Statement #10.
- B. Written request for exemption. A public entity applicant or public entity self-insurer that requests exemption from posting security shall file a certified statement along with its Workers' Compensation Liability form with the Commission before the effective date of initial self-insurance or before the anniversary date, if a renewal, that contains the following:
  1. A statement that the public entity meets the conditions required under subsection (A);
  2. A statement that the governing body of the public entity shall immediately notify the Commission and provide security required under this Article if the governing body learns that the risk management fund has insufficient funds to cover all workers' compensation liabilities of the public entity self-insurer;
  3. The signatures of a majority of the members of the public entities' governing body; and
  4. If the Commission has previously authorized the public entity to self-insure its workers' compensation obligations, a statement requesting the return of security previously posted or provided to the Commission, including a specific description of the type and amount of security previously posted or provided.
- C. Approval or denial of request for exemption.
  1. If the Commission determines that a self-insurer qualifies for exemption under this Section, the Division shall return to the self-insurer security previously posted or

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provided to the Commission, within 30 days after receiving written notice under subsection (B).

2. If the Commission denies a request for exemption under this subsection, the Commission shall provide written notice to the public entity within 10 days of the initial written request. The applicant or self-insurer has 10 days from the date the Commission's notice is received to request a hearing under A.R.S. § 23-945.
- D. Failure to comply with conditions of exemption. The Commission shall order a self-insurer exempt under subsection (A) to immediately file with the Commission a completed, dated, and signed Workers' Compensation Liability form and post or provide security as required under this Article if any of the following occurs:
  1. The self-insurer fails to file the certified statement to request renewal of self-insurance authority;
  2. The self-insurer fails to comply with the conditions in subsection (A); or
  3. The Commission determines, based upon receipt of information under subsection (B), or its own review, that the self-insurer's risk management fund has insufficient funds to cover all actuarial liabilities for workers' compensation liabilities of the self-insurer.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

**R20-5-1115. Rating Plans Available for a Self-insurer**

- A. A self-insurer shall use one of the following rating plans to calculate the premium taxes required under A.R.S. §§ 23-961 and 23-1065:
  1. Fixed-premium plan;
  2. Ex-medical plan;
  3. Guaranteed-cost plan; or
  4. Retrospective-rating plan.
- B. The provisions of the rating plans apply only to operations and payroll in Arizona. The self-insurer shall combine all operations in Arizona as a single base to calculate any premium modification.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

**R20-5-1116. Fixed-Premium Plan; Formula; Eligibility; Necessary Information for Plan**

- A. The Division shall calculate the net taxable premium under a fixed-premium plan as follows: payroll multiplied by the applicable workers' compensation rate minus the premium discount.
- B. A self-insurer shall use a fixed-premium plan to calculate its net taxable premium if:
  1. The self-insurer elects this plan;
  2. The self-insurer's annual net taxable premium does not exceed \$100,000; or
  3. The self-insurer is not eligible for any other plan authorized by the Commission under this Article.
- C. A self-insurer shall provide the following information in support of the fixed-premium plan:
  1. Self-insurer's Payroll Report,
  2. Self-insurer's Medical Report, and
  3. Self-insurer's Quarterly Tax Payment form.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

**R20-5-1117. Ex-medical Plan; Formula; Eligibility; Necessary****Information for Plan**

- A. The Division shall calculate the net taxable premium under an ex-medical plan as follows: [(payroll multiplied by the applicable workers' compensation rate) multiplied by (1 minus the ex-medical factor)] minus the premium discount.
- B. A self-insurer may use the ex-medical plan if:
  1. The self-insurer's program for medical, surgical, or hospital services meets the requirements of A.R.S. § 23-1070; and
  2. The self-insurer's annual net taxable premium exceeds \$100,000.
- C. A self-insurer shall provide the following information in support of the plan submitted under this Section:
  1. Self-insurer's Payroll Report,
  2. Self-insurer's Hospital Report,
  3. Self-insurer's Medical Report, and
  4. Self-insurer's Quarterly Tax Payment form.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

**R20-5-1118. Guaranteed-Cost Plan; Formula; Eligibility; Necessary Information for Plan**

- A. The Division shall calculate the net taxable premium under a guaranteed-cost plan as follows: [(payroll multiplied by the applicable worker's compensation rate) multiplied by (the experience modification rate) minus the premium discount].
- B. A self-insurer may use the guaranteed-cost plan if:
  1. The self-insurer has an annual net taxable premium exceeding \$100,000; and
  2. Uses an experience modification rate calculated as follows:
    - a. In the first year of self-insurance, the experience modification rate is 1.0;
    - b. In the second and third years of self-insurance, the Division calculates the experience modification rate based upon the loss data accumulated by the self-insurer during its term of self-insurance; and
    - c. In the fourth year of self-insurance and all following years, the Division calculates the experience modification rate based upon the most recent three years of loss data provided on the Self-insured Injury Report, excluding the most recent year.
- C. A self-insurer shall provide the following information in support of the guaranteed-cost plan:
  1. Self-insurer's Payroll Report,
  2. Self-insurer's Medical Report,
  3. Self-insurer's Injury Report, and
  4. Self-insurer's Quarterly Tax Payment form.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

**R20-5-1119. Retrospective-Rating Plan; Formula; Eligibility; Necessary Information for Plan**

- A. The Division shall calculate the net taxable premium under a retrospective-rating plan as follows: [(payroll multiplied by the applicable worker's compensation rate multiplied by the experience modification rate multiplied by the basic premium factor) added to (losses for the current year plus adjusted losses from the previous year) multiplied by (the loss conversion factor)] multiplied by the tax multiplier. The net taxable premium is subject to a maximum and minimum premium level.
- B. A self-insurer may use the retrospective-rating plan if:

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1. The self-insurer has an annual net taxable premium exceeding \$100,000; and
2. The Division calculates the experience modification rate as follows:
  - a. In the first year of self-insurance, the experience modification rate is 1.0;
  - b. In the second and third years of self-insurance, the Division calculates the experience modification rate based upon the loss data accumulated by the self-insurer during its term of self-insurance; and
  - c. In the fourth year of self-insurance and all following years, the Division calculates the experience modification rate based upon the most recent three years of loss data provided on the Self-insured Injury Report, excluding the most recent year. The Division shall use the most recent year's data to calculate the actual premium tax.
- C. A self-insurer shall provide the following information in support of the retrospective-rating plan:
  1. Self-insurer's Payroll Report;
  2. Self-insurer's Medical Report;
  3. Self-insurer's Injury Report; and
  4. Self-insurer's Quarterly Tax Payment form.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

**R20-5-1120. Completion of Reports in Support of Tax Rating Plan; Calculation and Payment of Taxes Owed by Self-insurer under A.R.S. §§ 23-961 and 23-1065**

- A. A self-insurer shall submit to the Division the information required in R20-5-1116, R20-5-1117, R20-5-1118, or R20-5-1119 by February 15 of each year.
- B. After receiving the information required under A.R.S. § 23-961, § 23-1065, and this Article, the Division shall determine the annual taxes owed by the self-insurer. The Division shall determine whether the self-insurer has overpaid or underpaid its taxes for the previous calendar year. If the total of the quarterly payments is less than the actual taxes for the year, the self-insurer shall pay the difference on or before March 31 of the calendar year in which the taxes are due. If the total of the quarterly payments exceeds the amount of the actual taxes for the year, then the Division shall refund the amount described in A.R.S. § 23-961 or § 23-1065 as applicable.
- C. A self-insurer shall pay to the Commission the self-insurer's annual workers' compensation premium taxes on or before March 31 based on the net taxable premium calculated for the preceding calendar year. A self-insurer shall pay a premium tax of at least \$250.00 per calendar year.
- D. The Division shall calculate a self-insurer's quarterly taxes owed under A.R.S. §§ 23-961 and 23-1065 in one of the following ways:
  1. 25% of the tax calculated for the previous year; or
  2. A calculation based on actual payroll and losses calculated for each quarter, using the same rating plan to calculate the quarterly payment as used to calculate the taxes required under A.R.S. §§ 23-961 and 23-1065. If the Division selects this method, the self-insurer shall submit quarterly payroll and loss information by classification code.
- E. Quarterly tax payments are due April 30, July 31, October 31, and January 31 for the periods ending March 31, June 30, September 30, and December 31, respectively.
- F. If the self-insurer fails to pay the annual or quarterly taxes to the Commission when due, the self-insurer shall pay a penalty of \$25.00 or 5% of the tax or payment due, whichever is more,

plus interest at the rate of 1% per month from the date the tax or payment was due until paid.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

**R20-5-1121. Basis for Definitions, Classifications, Rating Procedures, and Plans**

The Division shall use the definitions, classifications, rating procedures, and plans specified in the rating systems filed by the rating organization used by the State Compensation Fund under A.R.S. Title 20, Chapter 2, Article 4 in calculating the net taxable premium under A.R.S. §§ 23-961 and 23-1065.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

**R20-5-1122. Report, Book, Record, and Data Review by the Commission**

- A. All reports, books, records, and data of a self-insurer relating to classifications, payroll, incurred-loss reserves, calculation of premiums, completion of Workers' Compensation Liability form, and procedures for development of statistical information for the development of rating information are subject to review by the Commission or its authorized representative upon request.
- B. A self-insurer shall ensure that the reports, books, records, and data described in subsection (A) are readily available for review by the Commission.
- C. A self-insurer shall ensure that the reports, books, records, and data described in subsection (A) are clear, valid, and understandable.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

**R20-5-1123. Audit and Cost of Audit**

The Commission may, at any time, perform or have performed for its benefit an audit of the payroll, loss payment, and loss reserve records for incurred losses of a self-insurer for the purpose of determining the scope and adequacy of the records. The entire cost of the audit shall be borne by the self-insurer.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

**R20-5-1124. Requirement to Provide Information to the Commission**

A self-insurer shall make available to the Commission, upon request and at an office of the Commission, information described in this Article.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

**R20-5-1125. Notice to Commission of Location of Self-insurer's Claims Files**

In addition to the requirements found in 20 A.A.C. 5, Article 1, a self-insurer shall advise the Claims Manager of the location of the self-insurer's open and closed workers' compensation claims files. Except for a claims file that is made available for copying and inspection under R20-5-131(C), if a self-insurer or third-party administrator intends to change the location of its claims files, the self-insurer shall provide written notice to the Claims Manager of the change in location at least 30 days before the files are moved.



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**Historical Note**

New Section made by final rulemaking at 11 A.A.R.  
1008, effective April 4, 2005 (Supp. 05-1).

**R20-5-1126. Processing of Workers' Compensation Claims by a Self-insured Employer**

The Claims Division shall permit a self-insurer to process its own workers' compensation claims if the self-insurer provides information and supporting documentation establishing the following:

1. The self-insurer has facilities and equipment to manage, process, and store its own information pertaining to the self-insurer's workers' compensation claims;
2. The self-insurer's workers' compensation claims are processed by persons with experience, training by the Claims Division, or knowledge regarding the Arizona Workers' Compensation Act; and
3. The persons processing the self-insurer's workers' compensation claims attend and complete training provided by the Claims Division.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R.  
1008, effective April 4, 2005 (Supp. 05-1).

**R20-5-1127. Review of Initial Application and Request for Renewal to Self-insure**

A. Upon the filing of a completed initial application or request for renewal, the Division shall:

1. Determine whether the applicant or self-insurer meets the requirements of A.R.S. § 23-961;
2. Determine whether the applicant or self-insurer meets the requirements of this Article. Except for a self-insurer that is exempt under R20-5-1114, the self-insurer shall post security according to R20-5-1109 that is adequate to provide for the self-insurer's future estimated liability. If applicable, the Division shall advise the applicant or self-insurer of the need for additional security, and the self-insurer shall post the additional security before the Commission makes its decision under R20-5-1128;
3. If a self-insurer requests a decrease of 10% or greater in the value or amount of security provided in the prior year, perform an additional review to determine the adequacy of the security deposit, including:
  - a. Mathematical verification of the accuracy of amounts reported on the Workers' Compensation Liability form;
  - b. Review of claims filed for the three preceding years;
  - c. Review of changes in the payroll of the self-insurer to determine changes in employment levels;
  - d. Review of changes in workers' compensation classification codes to determine changes in operations of the company in Arizona; and
  - e. Review of the financial condition of the self-insurer to determine changes in financial stability, including a review of the total incurred liability expenses for the past three years;
4. Determine whether the applicant or self-insurer has the ability to process and pay benefits required under the Arizona Workers' Compensation Act.
  - a. For an applicant that is not a public entity, the Division shall determine whether the self-insurer has the ability to process and pay by:
    - i. Reviewing the financial statements to determine the current ratio, quick ratio, cash-flow ratio, working-capital ratio, debt-status ratio, profitability ratio, and the applicant's net profit or loss;

- ii. Comparing the applicant's ratios with the ratios of existing self-insurers in the same or a closely related industry;
  - iii. Reviewing notes to the financial statements;
  - iv. Reviewing management reports of operations and other information provided by the self-insurer; and
  - v. Comparing the applicant's ratio of claims filed to total employees with that of other employers within the same or closely related industry;
- b. For an applicant that is a public entity, the Division shall determine whether the self-insurer has the ability to process and pay by:
- i. Reviewing the public entity's general fund financial statement to determine the cash ratio and fund equity ratio;
  - ii. Reviewing excess revenues over expenditures and the ending balances in the general fund and all fund accounts for the past two years;
  - iii. Reviewing notes to the self-insurer's financial statements;
  - iv. Reviewing management reports of operations and other information provided by the self-insurer;
  - v. Comparing the public entity's ratio of claims filed to total employees with that of other public entities;
  - vi. Comparing cash and fund equity ratios with that of other self-insured public entities; and
  - vii. Reviewing the risk management fund to determine if it is sufficient to pay all workers' compensation liabilities;
- c. For a self-insurer requesting renewal that is not a public entity, the Division shall determine whether the self-insurer has the ability to process and pay by:
- i. Reviewing the information in subsection (A)(4)(a);
  - ii. Reviewing the claims profile for the past three years, which includes a review of the claims filed, claims denied, and denial rate;
  - iii. Reviewing of the self-insurer's experience modification rate;
  - iv. Comparing of the self-insurer's ratio of claims filed to total employees with that of other self-insurer's; and
  - v. Reviewing the Parent Company Guaranty form; and
- d. For a self-insurer requesting renewal that is a public entity, the Division shall determine whether the self-insurer has the ability to process and pay by:
- i. Reviewing the information in subsection (A)(4)(b);
  - ii. Reviewing the claims profile for the past three years, including a review of the claims filed, claims denied, and denial rate;
  - iii. Reviewing the self-insured's experience modification rate; and
  - iv. Comparing the self-insurer's ratio of claims filed to total employees with that of other self-insured public entities of similar size.

B. The Division shall present the findings and recommendations of its review to the Commission, and may include a recommendation regarding the adequacy of the security based on its review and determination whether the self-insurer has the ability to process and pay as set forth in subsection (A)(3).

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**Historical Note**

New Section made by final rulemaking at 11 A.A.R.  
1008, effective April 4, 2005 (Supp. 05-1).

**R20-5-1128. Decision by the Commission on Initial Application or Request for Renewal of Authorization to Self-insure**

- A.** The Commission shall consider the following before granting or denying an initial application or request for renewal to self-insure:
  - 1. The information submitted by an applicant or self-insurer;
  - 2. The information and recommendations of the Division; and
  - 3. The requirements of A.R.S. § 23-961 and this Article, including compliance with the requirement for posting additional security as recommended by the Division under R20-5-1127.
- B.** The Commission shall deny authority to self-insure if the Commission finds one or more of the following conditions:
  - 1. The applicant or self-insurer does not meet the requirements of A.R.S. § 23-961,
  - 2. The applicant or self-insurer does not meet the requirements of this Article, or
  - 3. The applicant or self-insurer is unable to process and pay benefits under the Arizona Workers' Compensation Act.
- C.** The Commission may table consideration of, or action on, a request for renewal pending the self-insurer posting additional security based on a Division decision under R20-5-1127 that the posted security is insufficient.
- D.** Whether to grant, deny, or table an application for self-insurance authority shall be made by a majority vote of a quorum of Commission members present when the application for initial authority or renewal is presented at a public meeting.
- E.** If the Commission approves an initial application of an applicant that is not exempt under R20-5-1114:
  - 1. The approval is contingent upon the self-insurer posting the required security;
  - 2. After the Commission takes action under subsection (D), the Division shall provide written notice to the applicant that the Commission approves the application for self-insurance authority effective on a date certain;
  - 3. The applicant shall provide to the Commission the required security before the effective date of the authority to self-insure; and
  - 4. After the applicant complies with the requirements of subsection (E)(3), the Division shall mail a Resolution of Authorization to Self-insure to the last known business address of the applicant.
- F.** If an applicant fails to comply with the requirements of subsection (E)(3), the Commission shall not grant authority to self-insure and the Commission shall deem the initial application withdrawn.
- G.** If the Commission approves an initial application of an applicant exempt under R20-5-1114, the Division shall mail a Resolution of Authorization to Self-insure, to the last known business address of the applicant.
- H.** If the Commission approves a request for renewal of authority to self-insure, or tables consideration of the request for renewal, the Division shall mail written notice of the Commission's action on the request for renewal to the last known business address of the self-insurer.
- I.** If the Commission denies authority to self-insure, the Commission shall issue and mail written findings and an order to the last known business address of the applicant or self-insurer no later than 10 days after the Commission denies authority to self-insure.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R.  
1008, effective April 4, 2005 (Supp. 05-1).

**R20-5-1129. Right to Request a Hearing**

- A.** An applicant or self-insurer has 15 days from the date the Commission's findings and order is mailed to request a hearing.
- B.** A request for hearing shall comply with A.R.S. § 23-945 and be signed by an authorized representative of the applicant or self-insurer or the applicant's or self-insurer's legal representative. The applicant or self-insurer shall file the request for hearing with the Division.
- C.** The Commission shall deem its findings and order final if a request for hearing is not received by the Division within the time specified in subsection (A).

**Historical Note**

New Section made by final rulemaking at 11 A.A.R.  
1008, effective April 4, 2005 (Supp. 05-1).

**R20-5-1130. Hearing Rights and Procedures**

- A.** Burden of proof.
  - 1. Except as provided in subsection (A)(2), in all proceedings arising out of this Article, the applicant or self-insurer has the burden of proof to establish that it has met the requirements of A.R.S. § 23-901 et seq. and this Article.
  - 2. In a revocation hearing, the Commission has the burden of proof to establish that the self-insurer has committed the acts described in R20-5-1133.
- B.** Roles of Chair and Chief Counsel.
  - 1. The Chair of the Commission or designee shall preside over hearings held under this Article. Except as otherwise provided in this Section, the Chair shall apply the provisions of A.R.S. § 41-1062 to hearings held under this Article and shall have the authority and power of a presiding officer as described in A.R.S. § 41-1062.
  - 2. The Chief Counsel of the Commission shall represent the Commission in hearings held before the Commission and upon direction of the Chair of the Commission shall issue on behalf of the Commission all notices and subpoenas required under this Section.
- C.** Appearance by a party.
  - 1. Except as otherwise provided by law, a party to a hearing may appear on its own behalf or through counsel.
  - 2. When an attorney appears or intends to appear before the Commission, the attorney shall file a notice of appearance.
- D.** Filing and service.
  - 1. For purposes of this Section, a document is considered filed when the Commission receives the document. All documents required to be filed under this Section with the Commission shall be served upon the Chief Counsel of the Commission and upon all parties to the proceeding.
  - 2. Except as otherwise provided in A.R.S. § 23-901, et seq. and this Article, service of all documents upon the Commission, applicant, or self-insurer shall be by personal service or mail. Personal service includes delivery upon the Commission or party. Service by mail includes every type of service except personal service and is complete on mailing.
- E.** Notice of hearing.
  - 1. The Commission shall give the parties at least 20 days notice of hearing.
  - 2. A notice of hearing shall be in writing and mailed to the last known address of the applicant or self-insurer as shown on the records of the Commission, or upon the

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applicant's or self-insurer's representative if a notice of appearance has been filed by a representative.

3. A notice of hearing shall comply with the requirements in A.R.S. § 41-1061.

**F. Evidence.**

1. The civil rules of evidence do not apply to hearings held under this Section.
2. A party may make an opening and closing statement with the permission of the Chair if the Chair determines that the statement will be helpful to a determination of the issues.
3. All witnesses at a hearing shall testify under oath or affirmation.
4. A party may present evidence and conduct cross-examination of witnesses.
5. The Commission Chair may admit documents into evidence if filed no later than 15 days before the date of the hearing. Upon request or upon direction from the Commission Chair, the Commission may issue a subpoena to the author of any document submitted into evidence to appear and testify at the hearing.
6. Upon written request by a party or upon direction from the Commission Chair, the Commission may issue a subpoena requiring the attendance and testimony of a witness whose testimony is material. A party shall submit its subpoena request no later than 10 days before the date of the hearing.
7. Upon written request by a party or upon direction from the Commission Chair, the Commission may issue a subpoena duces tecum requiring the production of documents or other tangible evidence. The written request by a party shall contain a statement explaining the general relevance, materiality, and reasonable particularity of the documentary or other tangible evidence and the facts to be proved by them.

- G. Transcript of Proceedings.** The Commission shall stenographically report or electronically record hearings. Any party desiring a copy of transcript shall obtain a copy from the court reporter. Any party desiring a copy of an electronic recording may obtain a copy from the Commission.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

**R20-5-1131. Decision Upon Hearing by the Commission**

- A.** A decision of the Commission to deny authority to self-insure shall be based upon the grounds in R20-5-1128 and shall be made by a majority vote of the quorum of Commission members present at a public meeting.
- B.** A decision of the Commission to revoke authority to self-insure shall be based upon the grounds in R20-5-1133 and shall be made by a majority vote of the quorum of Commission members present at a public meeting.
- C.** The Commission shall issue a written decision after the hearing that shall include findings of fact and conclusions of law, separately stated.
- D.** The Commission decision is final unless an applicant or self-insurer requests review under R20-5-1132 no later than 15 days after the written decision is mailed to the parties.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

**R20-5-1132. Request for Review**

- A.** A party may request review of a Commission decision issued under R20-5-1131 by filing with the Commission a written

request for review no later than 15 days after the written decision is mailed to the parties.

- B.** A request for review of a Commission Decision shall be based upon one or more of the following grounds, which have materially affected the rights of a party:

1. Irregularities in the hearing proceedings or any order or abuse of discretion that deprives a party seeking review of a fair hearing;
2. Accident or surprise, which could not have been prevented by ordinary prudence;
3. Newly discovered material evidence that could not have been discovered with reasonable diligence and produced at the hearing;
4. Error in the admission or rejection of evidence, or errors of law occurring at, or during the course of the hearing;
5. Bias or prejudice of the Division or Commission; and
6. The order, decision, or findings of fact are not justified by the evidence or are contrary to law.

- C.** The request for review shall state the specific facts and law in support of the request and shall specify the relief sought.

- D.** The Commission shall issue a decision upon review no later than 30 days after receiving a request for review.

- E.** The Commission's decision upon review is final unless an applicant or self-insurer seeks judicial review as provided in A.R.S. § 23-946.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

**R20-5-1133. Revocation of Authorization to Self-insure**

- A.** The Commission may revoke a Resolution of Authorization to Self-insure for good cause. Good cause includes any of the following:

1. An inability or failure to process and pay any claim under the Arizona Workers' Compensation Act;
2. Failure of the self-insurer to pay any taxes levied by the Commission as required under A.R.S. §§ 23-961 and 23-1065 and this Article;
3. Failure of the self-insurer to comply with the requirements of this Article, including the failure of the self-insurer to:
  - a. Promptly provide the Commission reports or other information required under this Article; and
  - b. File the written Letter of Intent required under R20-5-1135;
4. Failure or deliberate refusal to comply with the applicable requirements of A.R.S. § 23-901 et seq.;
5. Failure to pay or comply with any award or order of the Commission after the award or order becomes final;
6. Willful misstating of any material fact in a tax report, application, renewal documentation, or other report or statement made to or filed with the Commission;
7. Failure or deliberate refusal to comply with the requirements of 20 A.A.C. 5, Article 1;
8. Failure to deposit or file security timely as specified in this Article; or
9. Failure to provide information or documentation necessary to timely renew the Authorization to Self-insure.

- B.** Upon receiving information that a self-insurer has committed an act described in subsection (A), the Division shall conduct an investigation of the facts of the alleged misconduct. If, upon completion of the investigation, the Division determines that sufficient evidence exists to warrant revocation of a self-insurer's authority to self-insure, the Division shall present its findings to the Commission.

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- C. The Commission shall consider the findings and recommendation of the Division before revoking a self-insurer's authorization to self-insure.
- D. The Commission shall revoke a self-insurer's authority to self-insure if the Commission finds one or more of the grounds in subsection (A). The Commission shall issue written findings and an order revoking the Resolution of Authorization to Self-insure and shall serve a copy of the findings and order upon the self-insurer addressed to the last known address of the self-insurer as shown by the records of the Commission.
- E. A self-insurer has 15 days from the date the Commission serves the findings and order described in subsection (D) to request a hearing. The request for hearing shall comply with the requirements of A.R.S. § 23-945.
- F. R20-5-1130, R20-5-1131, and R20-5-1132 govern hearing rights and procedures for revocation hearings and review.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

**R20-5-1134. Notice of Bankruptcy, Change in Ownership Status, or Change in Business Address**

- A. A self-insurer shall notify the Commission in writing within 24 hours of any bankruptcy filing under federal law or insolvency proceeding under any state's laws.
- B. A self-insurer shall notify the Commission in writing within 24 hours of any change in the ownership status or business address of the employer.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

**R20-5-1135. Plan of Action for Retaining Self-insurance Authority in the Event of Insolvency or Bankruptcy**

- A. If a self-insurer becomes insolvent or files for protection under the United States Bankruptcy Code seeking to reorganize, and desires to remain self-insured, it shall file with the Division a written Letter of Intent regarding its intent to reorganize under the applicable provisions of the United States Bankruptcy Code.
  - 1. If the self-insurer is incorporated, the chief executive officer shall sign the Letter of Intent and the board of directors shall approve the Letter if the corporation is still operating;
  - 2. If the self-insurer is not incorporated, an authorized representative of the self-insurer shall sign the Letter of Intent; or
  - 3. An attorney representing the entity in its bankruptcy reorganization case may sign the Letter of Intent instead of the chief executive officer or authorized representative.
- B. The self-insurer shall file the Letter of Intent with the Division within 10 days of the initial bankruptcy filing or insolvency proceeding.
- C. The self-insurer shall ensure that a provision addressing the self-insurer's obligations to workers' compensation claimants and the Commission is included in the Plan of Reorganization filed with the United States Bankruptcy Court. This Plan shall state the self-insurer's intentions and financial ability to continue self-insurance.
- D. During the period between the initial bankruptcy filing and the approval of a Plan of Reorganization or Plan of Liquidation, the self-insurer may continue its self-insurance status only upon the demonstration of adequate protection to cover its current workers' compensation claims, or those claims that may come due before the Bankruptcy Court approves the Reorganization or Insolvency Plan. As part of the adequate protection

for the Commission, the self-insurer shall post or deposit additional security in an amount the Commission deems necessary to pay claims currently pending or anticipated before the approval of the Plan of Reorganization or liquidation.

- E. The self-insurer, or its legal representative, shall send a copy of the proposed Plan of Reorganization or Liquidation, including amendments to the Division.
- F. The Commission may file an Objection to the Plan of Reorganization in the appropriate bankruptcy court and take other actions as permitted under the United States Bankruptcy Code if it determines that the Plan of Reorganization or Liquidation does not adequately provide for the processing and payment of the self-insurer's workers' compensation claims.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

**R20-5-1136. Notice of Self-insurer's Termination of Self-insurance**

- A. A self-insurer shall file with the Division a completed and signed Notice of Self-insurer's Termination of Self-insurance form, if the self-insurer decides to terminate its self-insurance. The Notice of Self-insurer's Termination shall be filed with the Division 30 days before the effective date of termination of self-insurance.
- B. Before the effective date of the termination of self-insurance, the self-insurer shall file a certificate with the Claims Division designating an insurance carrier, or other proof, satisfactory to the Commission, of compliance with the requirements of A.R.S. § 23-961, to cover claims of the self-insurer that:
  - 1. Are pending at that time the self-insurer terminates self-insurance; and
  - 2. Occur after the effective date of the termination of self-insurance.

**Historical Note**

New Section made by final rulemaking at 11 A.A.R. 1008, effective April 4, 2005 (Supp. 05-1).

**ARTICLE 12. ARIZONA MINIMUM WAGE AND EARNED PAID SICK TIME PRACTICE AND PROCEDURE****R20-5-1201. Notice of Rules**

- A. This Article applies to all actions and proceedings before the Industrial Commission of Arizona arising under A.R.S. Title 23, Articles 8 and 8.1.
- B. The Industrial Commission of Arizona shall provide a copy of this Article upon request to any person free of charge.

**Historical Note**

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4). Amended by final rulemaking at 23 A.A.R. 2907, effective October 3, 2017 (Supp. 17-4).

**R20-5-1202. Definitions**

In this Article, the definitions of A.R.S. §§ 23-362 (version two), 23-371, and 23-364 apply. In addition, unless the context otherwise requires, the following definitions shall apply to both the Act and this Article:

- 1. "Act" means A.R.S. Title 23, Chapter 2, Articles 8 and 8.1.
- 2. "Affected employee" means an employee or employees on whose behalf a complaint may be filed alleging a violation under the Act.

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3. "Amount of earned paid sick time available to the employee" means the amount of earned paid sick time or equivalent paid time off that is available to the employee for use in the current year.
4. "Amount of earned paid sick time taken by the employee to date in the year" means the amount of earned paid sick time or equivalent paid time off taken by the employee to date in the current year. Where an employee has used available equivalent paid time off for either the purposes enumerated in A.R.S. § 23-373 or other purposes, the employer may count that usage towards the "amount of earned paid sick time taken by the employee to date in the year."
5. "Amount of pay the employee has received as earned paid sick time" means the amount of pay the employee has received as earned paid sick time or equivalent paid time off to date in the current year. Where an employee has received pay for equivalent paid time off for the purposes enumerated in A.R.S. § 23-373 or other purposes, the employer may count that pay towards the "amount of pay the employee has received as earned paid sick time."
6. "Authorized representative" means a person prescribed by law to act on behalf of a party who files with the Department a written instrument advising of the person's authority to act on behalf of the party.
7. "Casual Basis," when applied to babysitting services, means employment which is irregular or intermittent.
8. "Commission" means monetary compensation based on:
  - a. A percentage of total sales,
  - b. A percentage of sales in excess of a specified amount,
  - c. A fixed allowance per unit, or
  - d. Some other formula the employer and employee agree to as a measure of accomplishment.
9. "Communicable disease" has the meaning prescribed by A.R.S. § 36-661.
10. "Complainant" means a person or organization filing an administrative complaint under the Act.
11. "Department" means the Labor Department of the Industrial Commission of Arizona or other authorized division of the Industrial Commission as designated by the Industrial Commission.
12. "Earned sick time" under A.R.S. § 23-364(G) means earned paid sick time.
13. "Employee's regular paycheck" means a regular payroll record that is readily available to employees and contains the information required by A.R.S. § 23-375(C), including physical or electronic paychecks or paystubs.
14. "Equivalent paid time off" means paid time off provided under a paid leave policy, such as a paid time off policy, that makes available an amount of paid leave sufficient to meet the accrual requirements of the Act that may be used for the same purposes and under the same conditions as earned paid sick time.
15. "Filing" means receipt of a report, document, instrument, videotape, audiotape, or other written matter at an office of the Department.
16. The term "health care professional" in A.R.S. § 23-373(G) has the same meaning as "health care professional," as defined in this Section.
17. "Health care professional" means any of the following:
  - a. A "physician" as defined by A.R.S. § 36-2351;
  - b. A "physician assistant" as defined by A.R.S. § 32-2501;
  - c. A "registered nurse practitioner" as defined by A.R.S. § 32-1601.
  - d. A certified nurse midwife who is a registered nurse practitioner approved by the Arizona State Board of Nursing to provide primary care services during pregnancy, childbirth, and the postpartum period;
  - e. A dentist licensed under A.R.S. Title 32, Chapter 11, Article 2; or
  - f. A behavioral health provider practicing as:
    - i. A psychologist licensed under A.R.S. Title 32, Chapter 19.1;
    - ii. A clinical social worker licensed under A.R.S. § 32-3293;
    - iii. A marriage and family therapist licensed under A.R.S. § 32-3311; or
    - iv. A professional counselor licensed under A.R.S. § 32-3301.
18. "Health care provider" has the meaning prescribed by A.R.S. § 36-661.
19. "Hours worked" means all hours for which an employee covered under the Act is employed and required to give to the employer, including all time during which an employee is on duty or at a prescribed work place and all time the employee is suffered or permitted to work.
20. "Minimum wage" means the lowest rate of monetary compensation required under the Act.
21. "Monetary compensation" means cash or its equivalent due to an employee by reason of employment.
22. "On duty" means time spent working or waiting that the employer controls and that the employee is not permitted to use for the employee's own purpose.
23. "Public benefits" has the same meaning as "state or local public benefit," as prescribed by A.R.S. § 1-502(I).
24. "Public health emergency" means a state of emergency declared by the governor in which there is an occurrence or imminent threat of an illness or health condition caused by bioterrorism, an epidemic or pandemic disease or a highly fatal infectious agent or biological toxin and that poses a substantial risk of a significant number of human fatalities or incidents of permanent or long-term disability.
25. "Same hourly rate" means the following:
  - a. For employees paid on the basis of a single hourly rate, "same hourly rate" shall be the hourly rate the employee would have earned for the period of time in which earned paid sick time or equivalent paid time off is used, but shall in no case be less than minimum wage.
  - b. For employees who are paid multiple hourly rates of pay, "same hourly rate" shall be determined in the following order of priority, but shall in no case be less than minimum wage:
    - i. The hourly rate the employee would have earned, if known, for each hour of earned paid sick time or equivalent paid time off used.
    - ii. The weighted average of all hourly rates of pay during the previous pay period.
  - c. For employees who are paid a salary, no additional pay is due when the employee's use of earned paid sick time or equivalent paid time off results in no reduction in the employee's regular salary during the pay period in which the earned paid sick time or equivalent paid time off is used. "Same hourly rate" for salaried employees shall be determined in the following order of priority, but shall in no case be less than minimum wage:
    - i. The wages an employee earns during each pay period covered by the salary divided by the

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- number of hours agreed to be worked during each pay period, if the number of hours to be worked during each pay period was previously established.
- ii. The wages an employee earns during each workweek covered by the salary in the current year divided by 40 hours.
  - d. For employees paid on a commission, piece-rate, or fee-for-service basis, "same hourly rate" shall be determined in the following order of priority, but shall in no case be less than minimum wage:
    - i. The hourly rate of pay previously agreed upon by the employer and the employee as:
      - (1) A minimum hourly rate for work performed; or
      - (2) An hourly rate for payment of earned paid sick time or equivalent paid time off.
    - ii. The wages that the employee would have been paid, if known, for the period of time in which earned paid sick time or equivalent paid time off is used, divided by the number of hours of earned paid sick time or equivalent paid time off used.
    - iii. A reasonable estimation of the commission, piece-rate, or fee-for-service compensation that the employee would have been paid for the period of time in which the earned paid sick time or equivalent paid time off is used, divided by the number of hours of earned paid sick time or equivalent paid time off used.
    - iv. The hourly average of all commission, piece-rate, or fee-for-service compensation that the employee earned during the previous 90 days, if the employee worked regularly during the previous 90-day period, based on: (1) hours that the employee actually worked; or (2) a 40-hour workweek.
    - v. The hourly average of all commission, piece-rate, or fee-for-service compensation that the employee earned during the previous 365 days, based on: (1) hours that the employee actually worked; or (2) a 40-hour workweek.
  - e. "Same hourly rate" includes shift differentials and premiums meant to compensate an employee for work performed under differing conditions (such as hazard pay or a shift differential for working at night) if the employee would have been entitled to the shift differential or premium for the period of time in which earned paid sick time or equivalent paid time off is used.
  - f. "Same hourly rate" does not include:
    - i. Additions to an employee's base rate for over-time or holiday pay;
    - ii. Subject to subsection (c), bonuses or other types of incentive pay; and
    - iii. Tips or gifts.
  26. "Smallest increment that the employer's payroll system uses to account for absences or use of other time" means the smallest increment of time that an employer utilizes, by policy or practice, to account for absences or use of other paid time off.
  27. "Tip" means a sum that a customer presents as a gift in recognition of some service performed, and includes gratuities. The sum may be in the form of cash, amounts paid by bank check or other negotiable instrument payable at

par, or amounts the employer transfers to the employee under directions from a credit customer who designates an amount to be added to a bill as a tip. Gifts in forms other than cash or its equivalent as described in this definition, such as event tickets, passes, or merchandise, are not tips.

28. "Violation" means a transgression of any statute or rule, or any part of a statute or rule, including both acts and omissions.
29. "Willfully" means acting with actual knowledge of the requirements of the Act or this Article, or acting with reckless disregard of the requirements of the Act or this Article.
30. "Workday" means any fixed period of 24 consecutive hours.
31. "Workweek" means any fixed and regularly recurring period of seven consecutive workdays.

**Historical Note**

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4). Amended by final rulemaking at 23 A.A.R. 2907, effective October 3, 2017 (Supp. 17-4).

**R20-5-1203. Duty to Provide Current Address**

- A. A complainant shall provide and keep the Labor Department advised of the complainant's current mailing address and telephone number.
- B. An employer under investigation by the Department shall provide and keep the Labor Department advised of the employer's current mailing address and telephone number.

**Historical Note**

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4).

**R20-5-1204. Forms Prescribed by the Department**

Forms prescribed by the Department, including the poster required under R20-5-1208, shall not be changed, amended, or otherwise altered without the prior written approval of the Department.

**Historical Note**

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4).

**R20-5-1205. Determination of Employment Relationship**

- A. Determination of an employment relationship under the Act, which includes whether an individual is an independent contractor, shall be based upon the economic realities of the relationship. Consideration of whether an individual is economically dependent on the employer for which the individual performs work shall be determined by factors showing dependence, which non-exclusive factors shall include those factors identified in A.R.S. §§ 23-902(D) and 23-1601(B).
- B. An individual who works for another person without any express or implied compensation agreement is not an employee under the Act. This may include an individual that

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volunteers to work for civic, charitable, or humanitarian reasons that are offered freely and without direct or implied pressure or coercion from an employer, provided that the volunteer is not otherwise employed by the employer to perform the same type of services as those which the individual proposes to volunteer.

- C. An individual who works for another individual as a babysitter on a casual basis and whose vocation is not babysitting, is not an employee under the Act even if the individual performs other household work not related to caring for the children, provided the household work does not exceed 20% of the total hours worked on the particular babysitting assignment.

**Historical Note**

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4). Amended by final rulemaking at 23 A.A.R. 2907, effective October 3, 2017 (Supp. 17-4).

**R20-5-1206. Payment of Minimum Wage; Commissions; Tips; Front Loading Earned Paid Sick Time; Limitation on Carry Over of Unused Earned Paid Sick Time**

- A. Subject to the requirements of the Act and this Article, no less than the minimum wage shall be paid for all hours worked, regardless of the frequency of payment and regardless of whether the wage is paid on an hourly, salaried, commissioned, piece rate, or any other basis.
- B. If the combined wages of an employee are less than the applicable minimum wage for a work week, the employer shall pay monetary compensation already earned, and no less than the difference between the amounts earned and the minimum wage as required under the Act.
- C. The workweek is the basis for determining an employee's hourly wage. Upon hire, an employer shall advise the employee of the employee's designated workweek. Once established, an employer shall not change or manipulate an employee's workweek to evade the requirements of the Act.
- D. In computing the minimum wage, an employer shall consider only monetary compensation and shall count tips and commissions in the workweek in which the tip or commission is earned.
- E. An employer is allowed to:
1. Require or permit employees to pool, share, or split tips; and
  2. Require an employee to report tips to the employer in order to meet reporting requirements of this Article and federal law.
- F. An employer who hires an employee after the beginning of the employer's year is not required to provide additional earned paid sick time or equivalent paid time off during that year if the employer provides the employee for immediate use on the employee's ninetieth calendar day after commencing employment an amount of earned paid sick time or equivalent paid time off that meets or exceeds the employer's reasonable projection of the amount of earned paid sick time or equivalent paid time off that the employee would have accrued from the date of hire through the end of the employer's year at a rate of one hour for every 30 hours worked. If the amount of earned paid sick time or equivalent paid time off provided is less than the employee would have accrued based on hours actually worked during the employer's year, the employer shall immediately provide an amount of earned paid sick time or equivalent paid time off that reflects the difference between the

employer's projection and the amount of earned paid sick time or equivalent paid time off that the employee would have accrued for hours actually worked in the year.

- G. Subject to subsection (F), an employer with 15 or more employees that provides its employees for immediate use at the beginning of each year 40 or more hours of earned paid sick time or 40 or more hours of equivalent paid time off is not required to provide carryover or additional accrual.
- H. Subject to subsection (F), an employer with fewer than 15 employees that provides its employees for immediate use at the beginning of each year 24 or more hours of earned paid sick time or 24 or more hours of equivalent paid time off is not required to provide carryover or additional accrual.
- I. Unless an employer: (1) elects to pay an employee for unused earned paid sick time or equivalent paid time off at the end of a year pursuant to A.R.S. § 23-372(D)(4); or (2) meets the requirements of subsections (G) or (H), unused earned paid sick time and equivalent paid time off may be carried over to the next year, as follows:
1. Subject to an employer's entitlement to permit greater carry over, an employee of an employer with 15 or more employees may carry over to the following year up to 40 hours of unused earned paid sick time or equivalent paid time off.
  2. Subject to an employer's entitlement to permit greater carry over, an employee of an employer with fewer than 15 employees may carryover to the following year up to 24 hours of unused earned paid sick time or equivalent paid time off.
  3. Carry over shall not affect accrual, usage rights, or usage limits under the Act.

**Historical Note**

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4). Amended by final rulemaking at 23 A.A.R. 2907, effective October 3, 2017 (Supp. 17-4).

**R20-5-1207. Tip Credit Toward Minimum Wage**

- A. In this Section, unless the context otherwise requires, "customarily and regularly" means receiving tips on a consistent and recurrent basis, the frequency of which may be greater than occasional, but less than constant, and includes the occupations of waiter, waitress, bellhop, busboy, car wash attendant, hairdresser, barber, valet, and service bartender.
- B. For purposes of calculating the permissible credit for tips under A.R.S. § 23-363(C), the following applies:
1. Tips are customarily and regularly received in the occupation in which the employee is engaged;
  2. Except as provided in R20-5-1206(E), the employee actually receives the tip free of employer control as to how the employee uses the tip and the tip becomes the employee's property;
  3. Employees who customarily and regularly receive tips may pool, share, or split tips between them, and the amount each employee actually retains is considered the tip of the employee who retains it;
  4. Employer-required sharing of tips with employees who do not customarily and regularly receive tips in the occupation in which the employee is engaged, including management or food preparers, are not credited toward that employee's minimum wage; and

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5. A compulsory charge for service imposed on a customer by an employer's establishment are not credited toward an employee's minimum wage unless the employer actually distributes the charge to the employee in the pay period in which the charge is earned.
- C. Upon hiring or assigning an individual to a position that customarily and regularly receives tips, an employer intending to exercise a tip credit shall provide written notice to the employee prior to exercising the tip credit. Thereafter, the employer shall notify the employee in writing each pay period of the amount per hour that the employer takes as a tip credit.

**Historical Note**

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4).

**R20-5-1208. Posting Requirements; Small Employer Exemption**

- A. With the exception of small employers, every employer subject to the Act shall place the posters prescribed by the Department informing employees of their rights under the Act in a conspicuous place in every establishment where employees are employed and where notices to employees are customarily placed. The employer shall ensure that the notices are not removed, altered, defaced, or covered by other material.
- B. In this Section, unless context otherwise requires, "small employer" means a corporation, proprietorship, partnership, joint venture, limited liability company, trust, or association that has less than \$500,000 in gross annual revenue.

**Historical Note**

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4). Amended by final rulemaking at 23 A.A.R. 2907, effective October 3, 2017 (Supp. 17-4).

**R20-5-1209. Records Availability**

- A. Each employer shall keep the records required under the Act and this Article safe and accessible at the place or places of employment, or at one or more established central recordkeeping offices where the records are customarily maintained. When the employer maintains the records at a central recordkeeping office other than in the place or places of employment, the employer shall make the records available to the Department within 72 hours following notice from the Department.
- B. Employers shall make available to the Department any equipment or technology that is necessary to facilitate inspection and copying of the records.
- C. Each employer required to maintain records under the Act shall make enlargement, recomputation, or transcription of the records and shall submit to the Department the records or reports in a readable format upon the Department's written request.

**Historical Note**

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4). Amended by

final rulemaking at 23 A.A.R. 2907, effective October 3, 2017 (Supp. 17-4).

**R20-5-1210. General Recordkeeping Requirements**

- A. Payroll records required to be kept under the Act include:
  1. All time and earning cards or sheets on which are entered the daily starting and stopping time of individual employees, or of separate work forces, or the amounts of work accomplished by individual employees on a daily, weekly, or pay period basis (for example, units produced) when those amounts determine in whole or in part: (1) those employees' pay period wages; and (2) those employees' earned paid sick time or equivalent paid time off;
  2. From their last effective date, all wage-rate tables or schedules of the employer that provide the piece rates or other rates used in computing wages; and
  3. Records of additions to or deductions from wages paid and records that support or corroborate the additions or deductions.
- B. Subject to A.R.S. § 23-381 and except as otherwise provided in this Section, every employer shall maintain and preserve payroll or other records containing the following information and data with respect to each employee to whom the Act applies:
  1. Name in full, and on the same record, the employee's identifying symbol or number if it is used in place of the employee's name on any time, work, or payroll record;
  2. Home address, including zip code;
  3. Date of birth, if under 19;
  4. Occupation in which employed;
  5. Time of day and day of week on which the employee's workweek begins. If the employee is part of a workforce or employed in or by an establishment all of whose workers have a workweek beginning at the same time on the same day, then a single notation of the time of the day and beginning day of the workweek for the whole workforce or establishment is permitted;
  6. Regular hourly rate of pay for any workweek and an explanation of the basis of pay by indicating the monetary amount paid on a per hour, per day, per week, per piece, commission on sales, or other basis, including the amount and nature of each payment;
  7. Hours worked each workday and total hours worked each workweek;
  8. Total daily or weekly straight-time wages due for hours worked during the workday or workweek, exclusive of premium overtime compensation;
  9. Total premium pay for overtime hours and an explanation of how the premium pay was calculated exclusive of straight-time wages for overtime hours recorded under subsection (B)(8) of this Section;
  10. Total additions to or deductions from wages paid each pay period including employee purchase orders or wage assignments, including, for individual employee records, the dates, amounts, and nature of the items that make up the total additions and deductions;
  11. Total wages paid each pay period;
  12. Date of payment and the pay period covered by payment;
  13. The amount of earned paid sick time available to the employee;
  14. The amount of earned paid sick time taken by the employee to date in the year;
  15. The amount of pay the employee has received as earned paid sick time; and
  16. The employee's earned paid sick time balance. "The employee's earned paid sick time balance" means the



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sum of earned paid sick time or equivalent paid time off that is: (1) carried over to the current year; (2) accrued to date in the current year; and (3) provided to date in the current year pursuant to A.R.S. § 23-372(D)(4) or A.A.C. R20-5-1206(F), (G), or (H).

- C. For an employee who is compensated on a salary basis at a rate that exceeds the minimum wage required under the Act and who, under 29 CFR 541, is an exempt bona fide executive, administrative, or professional employee, including an employee employed in the capacity of academic administrative personnel or teachers in elementary or secondary schools, or in outside sales, an employer shall maintain and preserve:
  1. Records containing the information and data required under subsections (B)(1) through (B)(5), and (B)(11) through (B)(16) of this Section; and
  2. Records containing the basis on which wages are paid in sufficient detail to permit a determination or calculation of whether the salary received exceeds the minimum wage required under the Act, including a record of the hours upon which payment of the salary is based, whether full time or part time.
- D. With respect to employees working on fixed schedules, an employer may maintain records showing instead of the hours worked each day and each workweek as required under this Section, the schedule of daily and weekly hours the employee normally works, provided:
  1. In weeks in which an employee adheres to this schedule, the employer indicates by check mark, statement, or other method, that the employee actually worked the hours; and
  2. In weeks in which more or fewer than the scheduled hours are worked, the employer records the number of hours actually worked each day and each week.
- E. With respect to an employee who customarily and regularly receives tips, the employer shall ensure that the records required under this Article include the following information:
  1. A symbol, letter, or other notation placed on the pay records identifying each employee whose wage is determined in part by tips;
  2. Amount of tips the employee reports to the employer;
  3. The hourly wage of each tipped employee after taking into consideration the employee's tips;
  4. Hours worked each workday in any occupation in which the employee does not receive tips, and total daily or week straight-time payment made by the employer for the hours;
  5. Hours worked each workday in occupations in which the employee receives tips and total daily or weekly straight-time wages for the hours; and
  6. Copy of the notice required under R20-5-1207(C).
- F. An employer who makes retroactive payment of wages, voluntarily or involuntarily, shall record on the pay records, the amount of the payment to each employee, the period covered by the payment, and the date of payment.

**Historical Note**

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4). Amended by final rulemaking at 23 A.A.R. 2907, effective October 3, 2017 (Supp. 17-4).

**R20-5-1211. Administrative Complaints**

- A. A person or organization alleging a minimum wage, earned paid sick time, or equivalent paid time off violation shall file a

complaint with the Labor Department within one year from the date the wages, earned paid sick time, or equivalent paid time off were due.

- B. A person or organization alleging retaliation, discrimination, or a violation of A.R.S. § 23-377 shall file a complaint with the Labor Department within one year from the date the alleged violation occurred or when the employee knew or should have known of the alleged violation.
- C. The person or organization filing a complaint with the Labor Department shall sign the complaint.
- D. Any person or organization other than an affected employee who files a complaint shall include the names of affected employees.
- E. Upon its own complaint, the Department may investigate violations under the Act.

**Historical Note**

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4). Amended by final rulemaking at 23 A.A.R. 2907, effective October 3, 2017 (Supp. 17-4).

**R20-5-1212. Conduct that Hinders Investigation**

An employer hinders an investigation under the Act if the employer engages in conduct, or causes another person to engage in conduct, that delays or otherwise interferes with the Department's investigation, including:

1. Obstructing or refusing to admit the Department to any place of employment authorized under the Act;
2. Obstructing or refusing to permit interviews authorized under the Act;
3. Failing to make, keep, or preserve records required under the Act or this Article;
4. Failing to permit the review and copying of records required under the Act and this Article; and
5. Falsifying any record required under the Act or this Article.

**Historical Note**

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4).

**R20-5-1213. Findings and Order Issued by the Department**

- A. Except as provided in R20-5-1219, after receipt of a complaint alleging a violation of the Act, the Department shall issue a Findings and Order of its determination. The Department shall send its Findings and Order to both the employer and the complainant at their last known addresses served personally or by regular first class mail. If the complaint named affected employees, the Department may send a copy of its Findings and Order to the affected employees.
- B. If the Department determines that an employer has violated the minimum wage, earned paid sick time, or equivalent paid time off requirements, the Department shall order the employer to pay the employee, and if applicable, affected employees, the balance of the wages, earned paid sick time, or equivalent paid time off owed, including interest at the legal rate and an additional amount equal to twice the underpaid wages, earned paid sick time, or equivalent paid time off owed.

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- C. If the Department determines that a retaliation, discrimination, confidentiality, or nondisclosure violation has occurred, the Department shall direct the employer or other person to cease and desist from the violation and may take action necessary to remedy the violation, including:
  1. Rehiring or reinstatement,
  2. Reimbursement of lost wages and interest,
  3. Payment of penalty to employees or affected employees as provided for in the Act and this Article, and
  4. Posting of notices to employees.
- D. If the Department determines that no violation of the Act has occurred the Department shall notify the parties and shall dismiss the complaint without prejudice. After notification of the Department's determination, the complainant may bring a civil action under A.R.S. § 23-364(E).
- E. The Department may assess civil penalties for recordkeeping, posting, and other violations under the Act and this Article as part of a Findings and Order issued under subsection (A) or the civil penalties and other violations may be assessed as a separate Findings and Order. If issued as a separate Findings and Order, the Department shall serve, personally or by regular first class mail, the Findings and Order on the employer and, if a complaint has been filed, the complainant.
- F. The Director of the Department shall sign the written Findings and Order issued by the Department.
- G. If an employer does not comply with a Findings and Order issued by the Department within 10 days following finality of the Findings and Order, the Department may refer the matter to a law enforcement officer.
- F. The administrative law judge may dismiss a request for hearing when it appears to the judge's satisfaction that the parties have resolved the disputed issue or issues.
- G. The administrative law judge shall issue a written decision upon hearing containing findings of fact and conclusions of law no later than 30 days after the matter is submitted for decision. The decision shall be sent to the parties at their last known addresses served personally or by regular first class mail.
- H. A decision issued under this Section is final when entered unless a party files a request for rehearing or review as provided in R20-5-1215 or commences an action in the Superior Court as provided in R20-5-1216 and A.R.S. § 12-901 et seq. The decision shall contain a statement explaining the review rights of a party.

**Historical Note**

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4).

**R20-5-1215. Request for Rehearing or Review of Decision Upon Hearing**

- A. A party may request rehearing or review of a decision issued under R20-5-1214 by filing with the Administrative Law Judge a written request for rehearing or review no later than 15 days after the written decision is served personally or by regular first class mail upon the parties.
- B. A request for rehearing or review shall be based upon any of the following causes that materially affected the rights of an aggrieved party:
  1. Irregularities in the hearing proceeding or any order, or abuse of discretion that deprives a party seeking review of a fair hearing;
  2. Accident or surprise that could not have been prevented by ordinary prudence;
  3. Newly discovered material evidence that could not have been discovered with reasonable diligence and produced at the hearing;
  4. Error in the admission or rejection of evidence, or errors of law occurring at the hearing;
  5. Bias or prejudice of the Department or administrative law judge; and
  6. The findings of fact or conclusions of law contained in the decision are not justified by the evidence or are contrary to law.
- C. A request for rehearing or review shall state the specific facts and law in support of the request and shall specify the relief sought by the request.
- D. A party shall have 15 days from the date of the filing of a request for rehearing or review to file a written response. Failure to respond shall not be deemed an admission against interest.
- E. The administrative law judge shall issue a decision upon review no later than 30 days after receiving a request for review or response, if one is filed.
- F. A decision upon review is final unless a party seeks judicial review as provided in R20-5-1216.

**Historical Note**

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315,

**Historical Note**

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4). Amended by final rulemaking at 23 A.A.R. 2907, effective October 3, 2017 (Supp. 17-4).

**R20-5-1214. Review of Department Findings and Order; Hearings; Issuance of Decision Upon Hearing**

- A. Except as provided in R20-5-1213(D), a party aggrieved by a Findings and Order issued by the Department may request a hearing by filing a written request for hearing with the Department within 30 days after the Findings and Order is served upon the party. Failure to timely file a request for hearing means that the Findings and Order issued by the Department is final and res judicata to all parties.
- B. A request for hearing shall be in writing and contain:
  1. The name and address of the party requesting the hearing,
  2. The signature of the party or the party's authorized representative, and
  3. A statement that a hearing is requested.
- C. Upon receipt of a timely filed request for hearing, the Department shall refer the matter to the Administrative Law Judge Division of the Commission for hearing.
- D. Except as otherwise provided in this Section, the hearing shall be conducted under A.R.S. § 41-1061 et seq.
- E. A person submitting correspondence or other documents, including subpoena requests, to an administrative law judge concerning a matter pending before the administrative law judge, shall contemporaneously serve a copy of the correspondence or other document upon all other parties, or if represented, the parties' authorized representative.

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effective January 13, 2008 (Supp. 07-4).

**R20-5-1216. Judicial Review of Decision Upon Hearing or Decision Upon Review**

- A. A party aggrieved by a decision upon hearing issued under R20-5-1214 or a decision upon review issued under R20-5-1215 may seek review by commencing an action in the Superior Court as provided in A.R.S. § 12-901 et seq. within 35 days from the date a copy of the decision sought to be reviewed is served personally or by regular first class mail upon the party affected.
- B. A decision upon hearing issued under R20-5-1214 or a decision upon review issued under R20-5-1215 is final unless a party seeks judicial review as provided under A.R.S. § 12-901 et seq.

**Historical Note**

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4).

**R20-5-1217. Assessment of Civil Penalties Under A.R.S. § 23-364(F)**

The Department may assess civil penalties for violations of the Act and this Article, including the assessment of civil penalties for engaging in conduct that hinders an investigation of the Department as specified in R20-5-1212.

**Historical Note**

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4).

**R20-5-1218. Collection of Wages, Earned Paid Sick Time, Equivalent Paid Time Off, or Penalty Payments Owed**

- A. Upon determination that wages, earned paid sick time, equivalent paid time off, or penalty payments are due and unpaid to any employee, the employee may, or the Department may on behalf of an employee, obtain judgment and execution, garnishment, attachment, or other available remedies for collection of unpaid wages and penalty payments established by a final Findings and Order of the Department.
- B. If payment cannot be made to the employee, the Department shall receive monetary compensation or penalty payments on behalf of the employee and transmit monies it receives as payment in a special state fund as provided in A.R.S. § 23-356(C).
- C. The Department may amend a Findings and Order to conform to the legal name of the business or the person who is the defendant employer to a complaint under the Act, provided service of the Findings and Order was made on the defendant or the defendant's agent. If a judgment has been entered on the order, the Department may apply to the clerk of the superior court to amend a judgment that has been issued under a final order, provided service was made on the defendant or the defendant's agent.

**Historical Note**

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4). Amended by

final rulemaking at 23 A.A.R. 2907, effective October 3, 2017 (Supp. 17-4).

**R20-5-1219. Resolution of Disputes**

Notwithstanding any other provision of law, the Department may mediate and conciliate a dispute between the parties.

**Historical Note**

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4).

**R20-5-1220. Small Employer Request for Exception to Recordkeeping Requirements**

- A. In this Section, unless context otherwise requires, "small employer" means a corporation, proprietorship, partnership, joint venture, limited liability company, trust, or association that has less than \$500,000 in gross annual revenue.
- B. A small employer, or any category of small employer that is unreasonably burdened by the recordkeeping requirements of the Act and this Article may file a written petition for exception with the Department requesting relief from certain recordkeeping requirements under this Article. The petition shall:
1. State the reasons for the request for relief;
  2. State an alternate manner or method of making, keeping, and preserving records that will enable the Department to determine hours worked and wages paid; and
  3. Include the signature of the employer or an authorized representative of the employer.
- C. Subject to any conditions or limitations necessary to ensure fulfillment of the purpose and intent of Act, the Department may grant a petition for exception if it finds that:
1. The small employer, or category of small employer is unreasonably burdened by the recordkeeping requirements of the Act and this Article; and
  2. The relief requested and alternative proposed will not hinder the Department's enforcement of the Act and this Article.
- D. For good cause, the Department may rescind a prior order granting relief under this Section.
- E. Relief under this Section is effective upon the Department's written authorization.

**Historical Note**

New Section made by emergency rulemaking at 13 A.A.R. 473, effective January 25, 2007 for 180 days (Supp. 07-1). Emergency renewed at 13 A.A.R. 2785, effective July 17, 2007 for 180 days (Supp. 07-3). New Section made by final rulemaking at 13 A.A.R. 4315, effective January 13, 2008 (Supp. 07-4).

**ARTICLE 13. TREATMENT GUIDELINES****R20-5-1301. Adoption and Applicability of the Article**

- A. The Industrial Commission of Arizona (Commission) has adopted the Work Loss Data Institute's *Official Disability Guidelines – Treatment in Workers Compensation* (ODG) as the standard reference for evidence-based medicine used in treating injured workers within the context of Arizona's workers' compensation system. By adopting and referencing the most recent edition (at the time of treatment), and continuously updated Official Disability Guidelines, the Commission can ensure the latest available medical evidence is used in making medical treatment decisions for injured workers.
- B. Until further action of the Commission, the guidelines shall apply to all body parts and conditions.

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- C. The Commission may modify or change the applicability of the guidelines as described in subsection (B) if the Commission determines that modification or changing the applicability of the guidelines will: 1) improve medical treatment for injured workers, 2) make treatment and claims processing more efficient and cost effective, and 3) if the Commission's modification expands the applicability of the guidelines, the guidelines adequately cover the relevant body parts or conditions. Before taking action to modify or change the applicability of the guidelines, the Commission shall provide an opportunity for public comment and hold a public hearing. A decision of the Commission under this subsection shall be made by a majority vote of a quorum of Commission members present at a public meeting.
- D. Action taken by the Commission to modify or change the applicability of the guidelines under subsection (C) shall be published in the minutes of the Commission meeting when such action was taken. The minutes of this action shall be published on the Commission's website and shall be available from the Commission upon request.
- E. The guidelines shall apply prospectively. Recommendations provided in the guidelines related to the management of chronic pain and the use of opioids for all stages of pain management shall apply to medical treatment or services occurring on or after October 1, 2016. For purposes of this process, chronic pain shall be defined by the guidelines. Recommendations provided in the guidelines related to all other body parts and conditions shall apply to medical treatment or services occurring on or after October 1, 2018.
- F. This Article applies to all claims filed with the Commission.
- G. This Article only applies to medical treatment and services for body parts and conditions that have been accepted as compensable.
- H. The guidelines are to be used as a tool to support clinical decision making and quality health care delivery to injured employees. The guidelines set forth care that is generally considered reasonable and are presumed correct if the guidelines provide recommendations related to the requested treatment or service. This is a rebuttable presumption and reasonable medical care may include deviations from the guidelines. To support a request to deviate from the guidelines, the provider must produce documentation and justification that demonstrates by a preponderance of credible medical evidence a medical basis for departing from the guidelines. Credible medical evidence may include clinical expertise and judgment.
- I. The Commission shall provide administrative review and oversight of this Article.

**Historical Note**

New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2). Amended by final rulemaking at 24 A.A.R. 2069, effective October 1, 2018 (Supp. 18-3).

**R20-5-1302. Definitions**

In this Article and R20-5-106(A)(12), unless the context otherwise requires:

- "Act" means the Arizona Workers' Compensation Act, A.R.S. Title 23, Chapter 6.
- "Active Practice" means performing patient care for a minimum of eight hours per week in one of the five preceding years.
- "Administrative Law Judge" or "ALJ" means a hearing officer appointed under A.R.S. § 23-108.02.
- "Administrative Review" means a process that includes a peer review for preauthorization of a request for medical

treatment or services conducted pursuant to R20-5-1311. The administrative review process will be managed by the Medical Resource Office (MRO) at the Industrial Commission of Arizona.

"American Board of Medical Specialties" means the organization that develops a uniform system for specialty boards to administer examinations for certification of physicians within specific medicine specialties.

"American Osteopathic Association" means the organization that develops a uniform system for specialty boards to administer examinations for certification of osteopathic physicians within specific osteopathic medicine specialties.

"Applicability" means the body parts and medical conditions that are covered under this Article and authorized by the Commission under R20-5-1301(B) and (C).

"Claim" means the workers' compensation claim filed by the injured employee under the Act.

"Contractor" means an independent peer review organization accredited by URAC.

"Fast Track ALJ Dispute Resolution Program" or "fast track process" means the voluntary dispute resolution process set forth in R20-5-1312(B).

"International Classification of Diseases Code" or "ICD Code" means a set of medical diagnostic codes that creates a universal language for reporting diseases and injury.

"International Classification of Diseases" or "ICD" means an official list of categories of diseases, physical and mental, that is issued and maintained by the World Health Organization.

"IME" means an independent medical examination scheduled under R20-5-114.

"Injured Employee" means a person defined in A.R.S. § 23-901 whose claim has been accepted for workers' compensation benefits.

"Medical File Review Opinions" means a formal examination of patient data and medical records for the purpose of determining the need for medical treatment, services or both.

"Payer" means an insurance carrier defined under A.R.S. § 23-901, a self-insured employer defined in R20-5-102, a third-party administrator, and the Special Fund of the Industrial Commission of Arizona.

"Peer Review" means an independent medical review conducted by an individual meeting the requirements of R20-5-1311(I).

"Preauthorization" means the written request prescribed by R20-5-1303 from a provider to a payer requesting approval to provide medical treatment or services to an injured employee.

"Provider" means a physician as defined in R20-5-102.

"Reconsideration" means a written request to the payer or identified review organization by an injured employee or medical provider to reconsider a previous payer decision to deny medical treatment or services and that identifies the specific justification to support the request.

"Third-Party Administrator" means an organization that processes insurance or employee benefit claims for a separate entity.

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“Treatment Guidelines” or “guidelines” means medical treatment guidelines that are used as a tool to support clinical decision making and quality health care delivery to injured employees.

“URAC” refers to URAC, a non-profit organization formerly known as the Utilization Review Accreditation Commission.

**Historical Note**

New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2). Amended by final rulemaking at 24 A.A.R. 2069, effective October 1, 2018 (Supp. 18-3).

**R20-5-1303. Provider Request for Preauthorization**

- A. No preauthorization is required under the Act to ensure payment for reasonably required medical treatment or services. While preauthorization is not required under the Act, a provider may seek preauthorization as provided in this subsection.
- B. A provider shall submit a request for preauthorization in writing using Section I (Provider Request for Preauthorization) of the Medical Treatment Preauthorization Form approved by the Commission under R20-5-106(A)(12). A provider shall attach documentation to a request for preauthorization that supports the medical necessity and appropriateness of the treatment or services requested, such as office notes and diagnostic reports.
- C. A provider may submit the request for preauthorization by mail, electronically or by fax.

**Historical Note**

New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2). Amended by final rulemaking at 24 A.A.R. 2069, effective October 1, 2018 (Supp. 18-3).

**R20-5-1304. Payer Denial of Request for Preauthorization**

- A. A payer shall not deny a request for preauthorization solely because the guidelines do not address the requested treatment or services.
- B. A payer shall not deny a request for preauthorization that is supported by the guidelines, unless the payer can rebut the presumption of reasonableness and correctness with a medical or psychological opinion establishing by a preponderance of the evidence that there is a contraindication or significant medical or psychological reason not to authorize the requested treatment or services. Upon request by the provider or injured employee, a denial of preauthorization in this situation shall be processed as an immediate referral to the Commission for administrative review as provided in R20-5-1311 unless the payer obtains an IME in support of its denial. If the payer obtains an IME which serves as the basis for the denial, then review of the payer’s decision shall be processed as a request for investigation under A.R.S. § 23-1061(J) if filed by the injured employee.

**Historical Note**

New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2).

**R20-5-1305. Payer Denial of Payment for Provided Treatment or Services**

- A. A payer shall not deny payment for provided treatment or services solely because the guidelines do not address the requested treatment or services.
- B. A payer shall not deny payment for provided treatment or services supported by the guidelines, unless the payer can rebut the presumption of reasonableness and correctness with a medical or psychological opinion establishing by a preponderance of the evidence that there is a medical contraindication or

significant medical or psychological reason not to pay for the treatment or services.

- C. A dispute related to a payer’s failure to pay for provided treatment or services may be processed as a request for investigation under A.R.S. § 23-1061(J) if filed by an injured employee.

**Historical Note**

New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2).

**R20-5-1306. Payer Reversal of Decision to Deny Treatment or Services**

A payer may reverse its decision to deny treatment or services at any time throughout the process described in this Article. In this situation, the payer’s subsequent authorization or agreement to pay for the treatment or services at issue shall end this process.

**Historical Note**

New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2).

**R20-5-1307. Payer Decision, In Whole or In Part**

A payer may issue a decision approving or denying a request for preauthorization in whole, or in part.

**Historical Note**

New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2).

**R20-5-1308. Failure to Comply with Required Time Limits**

A payer’s failure to comply with the required time limits of this process may be considered unreasonable delay under R20-5-163.

**Historical Note**

New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2).

**R20-5-1309. Payer Decision on Request for Preauthorization**

- A. Except as provided in subsections (C) or (D), a payer shall communicate to the provider its decision on a request for preauthorization no later than 7 business days after the request is received. The decision shall be issued in writing using Section II (Payer Decision on Request for Preauthorization) of the Medical Treatment Preauthorization Form approved by the Commission under R20-5-106(A)(12). A payer shall attach to the decision a statement of what has been authorized, including, if applicable, a partial authorization, and, if the request for preauthorization is denied, in whole or in part, a statement of explanation that includes the medical reason supporting the payer’s decision. For purposes of this Section, the 7 business days begin to run the day after the payer receives the request.
- B. If a payer fails to communicate to a provider its decision on request for preauthorization within 7 business days, then the payer’s failure to take action is deemed a “no response” and the provider or injured employee may submit a request for administrative review directly to the Commission as provided in R20-5-1311.
- C. If a payer receives a request for preauthorization not submitted on Section I (Provider Request for Preauthorization) of the Medical Treatment Preauthorization Form approved by the Commission under R20-5-106(A)(12) or an incomplete request for preauthorization using Section I (Provider Request for Preauthorization) of the Medical Treatment Preauthorization Form approved by the Commission under R20-5-106(A)(12), the payer shall:
  1. No later than 7 business days after the request is received and identified, act on the request for preauthorization pursuant to subsection (A); or
  2. No later than 7 business days after the request is received and identified, notify the provider in writing that the

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request for preauthorization is incomplete or, if applicable, that a request for preauthorization must be submitted on Section I (Provider Request for Preauthorization) of the Medical Treatment Preauthorization Form approved by the Commission under R20-5-106(A)(12).

- D. If, no later than 7 business days after a request for preauthorization has been received, a payer provides written notice to the provider that an IME has been requested under R20-5-114 using Section II (Payer Decision on Request for Preauthorization) of the Medical Treatment Preauthorization Form approved by the Commission under R20-5-106(A)(12), then the payer's decision on a request for preauthorization shall be issued no later than 7 business days after the final IME report has been received by the payer. The payer shall provide a copy of the final IME report to the provider upon receipt of the IME report.
- E. Unless the payer decision was supported by an IME or otherwise falls within subsection R20-5-1304(B), an injured employee or provider may seek reconsideration of a payer decision by submitting a written request to the payer (or review organization identified by the payer) using Section III (Provider or Employee Request for Reconsideration) of the Medical Treatment Preauthorization Form approved by the Commission under R20-5-106(A)(12). A provider shall attach to a request for reconsideration a statement of the specific reasons and justifications to support the request. If not previously provided, the injured employee or provider shall attach supporting medical documentation with the request for reconsideration.
- F. An injured employee may seek review of a payer decision that is supported by an IME by requesting an investigation under A.R.S. § 23-1061(J).
- G. Unless the decision was supported by an IME, an injured employee or provider may seek review of a payer decision issued under R20-5-1304(B) by requesting administrative review by the Commission as provided in R20-5-1311.
- H. A payer shall provide a copy of its written decision to deny treatment or services to the injured employee or, if represented, to the injured employee's authorized representative.

**Historical Note**

New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2). Amended by final rulemaking at 24 A.A.R. 2069, effective October 1, 2018 (Supp. 18-3).

**R20-5-1310. Payer Reconsideration on Request for Preauthorization**

- A. Except as provided in subsection (C), a payer shall communicate to the provider its decision on a request for reconsideration no later than 7 business days after the request is received. This decision shall be issued in writing using Section IV (Payer Decision on Request for Reconsideration) of the Medical Treatment Preauthorization Form approved by the Commission under R20-5-106(A)(12). A payer shall attach to the decision a statement of what has been authorized, including, if applicable, a partial authorization, and, if the request for preauthorization is denied, in whole or in part, a statement of explanation that includes the medical reason supporting the payer's decision. For purposes of this subsection, the 7 business days begin to run the day after the payer receives the request for reconsideration.
- B. If a payer fails to respond to a request for reconsideration within 7 business days, the provider or injured employee may submit a request for administrative review directly to the Commission as provided in R20-5-1311.

- C. If, no later than 7 business days after a request for reconsideration has been received, a payer provides written notice to the provider that an IME has been requested under R20-5-114 using Section IV (Payer Decision on Request for Reconsideration) of the Medical Treatment Preauthorization Form approved by the Commission under R20-5-106(A)(12), then the payer's decision on a request for reconsideration shall be issued no later than 7 business days after the final IME report has been received by the payer. The payer shall provide a copy of the final IME report to the provider upon receipt of the report.
- D. Commission Review of Payer Reconsideration Decision:
  1. An injured employee or provider may seek review of a payer reconsideration decision by requesting an administrative review by the Commission as provided in R20-5-1311 unless the payer decision was supported by an IME.
  2. An injured employee may seek review of a payer reconsideration decision that is supported by an IME by requesting an investigation under A.R.S. § 23-1061(J).
- E. A payer shall provide a copy of its written reconsideration decision to deny treatment or services to the injured employee or, if represented, to the injured employee's authorized representative.

**Historical Note**

New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2). Amended by final rulemaking at 24 A.A.R. 2069, effective October 1, 2018 (Supp. 18-3).

**R20-5-1311. Administrative Review by Commission**

- A. Absent further action of the Commission under R20-5-1301(C), administrative review under this Article is available for requests for medical treatment or services related to all body parts and conditions.
- B. A request for administrative review shall be in writing using Section V (Provider or Employee Request for Administrative Peer Review) of the Medical Treatment Preauthorization Form approved by the Commission under R20-5-106(A)(12). A request for administrative review must attach copies of relevant medical information or records and copies of all documentation related to the payer's decision or non-response. A request for administrative review must be submitted to the Commission by mail, electronically or by fax.
- C. Upon receipt of a request for administrative review, the Commission shall determine whether the administrative review is available under this Article.
  1. If administrative review is not available, then no later than three business days after receiving a request for administrative review, the Commission shall send notice to the injured employee and payer that administrative review is not available.
  2. If administrative review is available, then no later than three business days after receiving the request, the Commission shall send notice to the payer that a request for administrative review has been received and provide information on how to participate in the process.
- D. The administrative review conducted under this Section shall apply the guidelines as described in this Article and include a peer review performed by an individual meeting the requirements of subsection (I). The peer review shall consist of a records review and, when possible as described in subsection (I)(5), a conversation between the provider and individual conducting the peer review.
- E. The Commission may enter into an agreement with one or more contractors, who shall be URAC accredited, to provide the review described in subsection (D).

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- F. The payer shall pay for the costs of the peer review conducted by the contractor.
- G. To assist in its review, the Commission or its contractor may request or receive additional information and documentation from the provider, injured employee or payer, who shall cooperate and provide the Commission or its contractor with any necessary medical information, including information pertaining to the payer's decision.
- H. Before the Commission or its contractor issues a determination denying the request for treatment or services, a good faith effort shall be made to conduct a peer review with the provider requesting authorization to perform the treatment or services.
- I. The individual conducting the peer review shall:
  - 1. Hold an active, unrestricted license or certification to practice medicine or a health profession and be involved in the active practice of medicine or a health profession during the five preceding years. For purposes of this subsection, "active practice" means performing patient care for a minimum of eight hours per week in one of the five preceding years;
  - 2. Be licensed in Arizona, unless the Commission or its contractor is unable to find such an individual, in which case the peer review may be conducted by an individual who is licensed in another state of the United States and who meets the other requirements of this subsection;
  - 3. For a review of a request from an allopathic or osteopathic physician, nurse practitioner, physician assistant, or other mid-level provider, hold a current certification from the American Board of Medical Specialties or the American Osteopathic Association in the area or areas appropriate to the condition, procedure or treatment under review;
  - 4. Be in the same profession and the same specialty or subspecialty as typically performs or prescribes the medical procedure or treatment requested; and
  - 5. Make a good faith effort to contact the provider requesting the preauthorization. This good faith effort shall include making telephone contact during the provider's normal business hours and offering to schedule the peer review at a time convenient for the provider.
- J. A provider may bill the payer for time spent participating in a peer review under this Section.
- K. The Commission or its contractor shall issue a written determination of its administrative review that contains the name and title of the person that performed the administrative review, and includes the following information:
  - 1. Whether the request for treatment or services is authorized or denied, in whole or in part;
  - 2. The information reviewed;
  - 3. The principle reason for the decision; and
  - 4. The clinical basis and rationale for the decision.
- L. An interested party dissatisfied with the administrative review determination may request that the dispute be referred to the Commission's Administrative Law Judge Division for hearing. This request for hearing shall:
  - 1. Be in writing;
  - 2. Filed no later than 10 business days after the administrative review determination is issued; and
  - 3. State whether the party requests to participate in the Fast Track ALJ Dispute Resolution Program by stipulation, or declines to participate in the Fast Track ALJ Dispute Resolution Program.
- M. If a timely request for hearing is filed, the administrative review determination is deemed null and void and shall serve no evidentiary purpose.
- N. The information provided by the parties under this Section and the determination issued by the Commission shall become a part of the Commission claims file for the injured employee.

**Historical Note**

New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2). Amended by final rulemaking at 24 A.A.R. 2069, effective October 1, 2018 (Supp. 18-3).

**R20-5-1312. Hearing Process**

- A. A referral of a request for hearing under R20-5-1311(L) shall be processed as provided for in the Act unless all parties agree to participate in the fast track process.
- B. The following applies only to the Fast Track ALJ Dispute Resolution Program:
  - 1. Parties must agree to participate in the Fast Track ALJ Dispute Resolution Program with the understanding that a short form decision will be issued.
  - 2. Review by the presiding ALJ shall be limited to the treatment or service dispute considered at the administrative review under R20-5-1311.
  - 3. The presiding ALJ shall issue a notice of hearing within 10 business days of the receipt of the fully executed agreement to participate and certificate of readiness.
  - 4. The hearing shall be held within 30 calendar days from the day that the notice of hearing is issued to the extent practicable.
  - 5. Discovery is limited to five interrogatories and no depositions are permitted.
  - 6. The presiding ALJ shall take all lay witness testimony at the time of the hearing and will not hold any further hearings.
  - 7. The presiding ALJ shall consider documentary medical evidence only; no medical testimony shall be taken.
  - 8. Medical file review opinions shall be deemed to constitute substantial evidence to support the requested treatment or service.
  - 9. All documentary evidence shall be submitted no later than 10 business days before the scheduled hearing.
  - 10. The hearing shall be recorded, but not transcribed, unless one or more of the parties files a request for review under A.R.S. § 23-942 and A.R.S. § 23-943.
  - 11. The presiding ALJ shall issue a short form decision within five business days after the matter is deemed submitted.

**Historical Note**

New Section made by final rulemaking at 22 A.A.R. 1730, effective October 1, 2016 (Supp. 16-2).

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## APPENDIX A. ARIZONA PHYSICIANS' AND PHARMACEUTICAL FEE SCHEDULE 2021/2022

Adopted by  
The Industrial Commission of Arizona

Contact Medical Resource Office  
Phone (602) 542-4308 / Fax (602) 542-4797  
mro@azica.gov

Effective October 1, 2021 through September 30, 2022

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## INTRODUCTION

Since 1925, when the Arizona Legislature passed the state's first Workers' Compensation Act ("Act"), the Industrial Commission of Arizona ("Commission") has administered the workers' compensation laws of that Act. The Act includes the authority of the Commission to set a schedule of fees to be charged by healthcare providers attending injured employees (also referred to in this document as "injured worker" or "claimant." A.R.S. § 23-908(B). In 2004, the Act was amended to include the setting of fees for prescription medicines required to treat an injured employee. A.R.S. § 23-908(C). This fee schedule is referred to as the Arizona Physicians' and Pharmaceutical Fee Schedule (Fee Schedule).

Any reference to "healthcare providers" in the Fee Schedule is intended to include all licensed professionals whose scope of practice allows them to legally provide services to injured workers. Any reference to "physician" in relation to workers' compensation cases includes the following: doctors of medicine, doctors of osteopathy, doctors of podiatric medicine, doctors of chiropractic, doctors of naturopathic medicine, certified registered nurse anesthesiologists, physician assistants and nurse practitioners. Healthcare providers treating employees under industrial coverage are entitled by law to charge according to the schedule of fees adopted by the Commission. Accurate calculation of fees based upon this schedule, the monthly filing of reports and bills for payment, and the use of forms prescribed are essential to timely and correct payment for a provider's services and can be vital in the award of benefits to the injured worker and their dependents.

This Fee Schedule has been updated to incorporate by reference the 2021 Edition of the American Medical Association's *Current Procedural Terminology* (CPT®) publication, including the general guidelines, identifiers, modifiers, and terminology changes associated with the adopted codes. In this Fee Schedule CPT® codes that contain explanatory language specific to Arizona are preceded by Δ. Codes, however, that are unique to Arizona and not otherwise found in CPT® are preceded by an AZ identifier and numbered in the following format: AZxxx. To the extent that a conflict may exist between an adopted portion of the CPT® and a code, guideline, identifier or modifier unique to Arizona, then the Arizona code, guideline, identifier or modifier shall control.

- a. The Commission has also adopted by reference: 1) The unit values and guidance for consultative, diagnostic and therapeutic services published in the most recent edition of *Relative Value Guide*, American Society of Anesthesiologists <https://www.asahq.org>; 2) The *1995 and 1997 Documentation Guidelines for Evaluation and Management Services*, Centers for Medicare and Medicaid Services (CMS) <https://www.cms.gov>; 3) The *2021 Clinical Diagnostic Laboratory Fee Schedule*, Centers for Medicare and Medicaid Services (CMS) Clinical Laboratory fee Schedule <https://www.cms.gov>; 4) The *National Correct Coding Initiative Edits*, CMS; <https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/index.html>; 5) *2021 Optum360 The Essential RBRVS* <https://www.optum360.com/>; and 6) *Physicians as Assistants at Surgery: 2020 Update* <https://www.facs.org/>. The RBRVS based fee schedule adopts surgical global periods published by CMS.

Except as otherwise noted, unit values assigned to the service codes listed in this document are the product of the Industrial Commission of Arizona and are not associated in any way with the American Medical Association or any other entity or organization.

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**A. GENERAL GUIDANCE**

1. Reimbursements and billing associated with Pharmaceuticals are found in the Pharmaceutical Fee Schedule Section of this document.
2. This Fee Schedule establishes the fees that can be charged by healthcare providers for services performed for injured workers under Arizona's workers' compensation law.
3. If a healthcare provider or insurance carrier is referring an injured worker to a medical specialist for evaluation and/or treatment, the medical specialist's diagnosis becomes the foundational diagnosis for billing purposes.
4. Routine progress and routine final reports filed by the attending healthcare provider do not ordinarily command a fee.
5. Payment will be made for only one professional visit in any one day except when the submitted report clearly demonstrates the need for the additional visit and fee.
6. Fees for hospital, office, or home visits, subsequent to the initial visit, are not to be added to coded surgical procedures performed on the same day.
7. Routine office treatment principally by injection of drugs, other than antibiotics, requires authorization by the carrier or self-insured employer for each series of 10 after the first series of 10.
8. Except in emergencies, a carrier must be given notice regarding a consultation and the consultant must provide his/her report to the carrier and the attending healthcare provider within a reasonable period of time to facilitate processing of the claim.
9. The Commission requests that carriers notify attending healthcare providers at the same time the claimant is notified that their claim is closed with or without supportive care. If a claim is approved for reopening, the carrier should also notify the attending healthcare provider of that approval.
10. Missed individual appointments for consultants, without prior notification, will be compensated at 50% of consultation fee.
11. No fees may be charged for services not personally rendered by the healthcare provider, unless otherwise specified.
12. The Commission will investigate an injured workers' complaint of bad faith/unfair claims processing practices, and if appropriate, impose penalties under A.R.S. § 23-930, in those circumstances where a "peer to peer" review was not conducted by a healthcare provider with appropriate skill, training, and knowledge or where the individual performing the "peer to peer" review was not licensed. The Commission will also investigate an injured workers' complaint of bad faith/unfair claims processing practice, and if appropriate, impose penalties under A.R.S. § 23-930, for a denial of treatment based on the failure of the treating doctor to participate in a "peer to peer"

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- review, when the treating doctor has not been given reasonable time or opportunity to participate in the “peer to peer” review.
13. As authorized under A.A.C. R20-5-128, the fee for the reproduction of medical records for workers’ compensation purposes shall be 25¢ per page and \$10.00 per hour per person for reasonable clerical costs associated with locating and reproducing the documents.
  14. Reimbursement values for telehealth services are governed by the Fee Schedule. Performance of telehealth services are governed by Arizona Revised Statutes, Title 36, Chapter 36.

**B. PAYMENT AND REVIEW OF BILLINGS**

1. Under Arizona workers’ compensation law, an insurance carrier, self-insured employer or their representative is not responsible for payment of a billing for medical, surgical, and hospital benefits that the insurance carrier, employer or representative received more than 24 months from the date that the medical service was rendered, or from the date on which the provider knew or should have known that the service was rendered, whichever occurs later. A subsequent billing or corrective billing does not restart the limitations period. *See* A.R.S. § 23-1062.01.
2. It is incumbent upon the insurance carrier, self-insured employer and third party processing service to inform all parties, including the Commission, regarding changes in addresses for bill processing locations.
3. Under Arizona workers’ compensation law, a healthcare provider is entitled to timely payment for services rendered. An insurance carrier, self-insured employer or claims processing representative shall make a determination whether to deny or pay a medical bill on an accepted claim, in whole or in part, including the decision as to the amount to pay, within thirty days from the date the claim is accepted, if the billing is received before the date of acceptance, or within thirty days from the date of the receipt of the billing if the billing is received after the date of acceptance. All billing denials shall be based on reasonable justification. The insurance carrier, self-insured employer, or claims processing representative shall pay the approved portion of the billing within thirty days after the determination for payment is made. If the billing is not paid within the applicable time period, the insurance carrier, self-insured employer, or claims processing representative shall pay interest to the health provider on the billing at a rate that is equal to the legal rate. Interest shall be calculated beginning on the date that the payment to the healthcare provider is due. *See* A.R.S. § 23-1062.01.

To ensure timely payment of a medical billing, a billing must contain the information required under A.R.S. § 23-1062.01. A billing must contain at least the following information: Correct demographic patient information including claim number, if known; Correct provider information, including name, address, telephone number, and federal taxpayer identification number; Appropriate medical coding with dollar amounts and units clearly stated with all descriptions and dates of services clearly printed; and Legible medical reports required for each date of service if the billing is for direct treatment of the injured worker.

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4. Payment of a workers' compensation medical billing is governed by A.R.S. § 23-1062.01, which includes:
  - a. Timeframes for processing and payment of medical bills;
  - b. Criteria for billing denials;
  - c. A provision that the injured worker is not responsible for payment of any portion of a medical bill on an accepted claim or payment of any portion of a medical billing that is being disputed;
  - d. A provision that the insurance carrier or self-insured employer may establish an internal system for resolving payment disputes;
  - e. A provision that A.R.S. § 23-1062.01 does not apply to written contracts entered into between medical providers and insurance carriers and self-insured employers or their representatives that specify payment periods or contractual remedies for untimely payments; and
  - f. A provision that the Industrial Commission does not have jurisdiction over contract disputes between the parties.
5. "Reasonable justification" to deny a bill does not include that the payment/billing policies of other private or public entities (publications) do not allow it unless the publication has been adopted by reference in the Fee Schedule.
6. Excluding bundling and unbundling issues, it is not the Commission's intent to restrict an insurance carrier's, self-insured employers or third party processing service's ability to address issues not addressed by the Fee Schedule. This includes evaluating unlisted procedures, establishment of values for unlisted procedures, establishment of values for codes that are listed as "BR" or "RNE", new CPT® codes that have not been adopted by the Industrial Commission, or issues outside the jurisdiction of the Fee Schedule, such as hospital billings.
7. Healthcare providers shall provide legible medical documentation and reports that are sufficient for insurance carriers/self-insured employers to determine if treatment is being directed towards injuries sustained in an industrial accident or incident. The healthcare provider shall ensure that their patients' medical files include the information required by A.R.S. § 32-1401.2. The healthcare provider is not required to provide copies of documents or reports that they did not author and that are not in their possession (i.e., Employers' First Report of Injury).
8. Treating physicians shall submit a narrative that justifies the billing of a level 4 or 5 E/M service.
9. The Commission has adopted by reference the 1995 and 1997 Documentation Guidelines for Evaluation and Management Services. Medical billings shall be prepared and reviewed consistent with how these guidelines are used and interpreted

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- by CMS. Additionally, payers are required to disclose the guideline utilized in their Explanation of Reviews (or other similar document).
10. A payer's Explanation of Review (or other similar document) shall contain sufficient information to allow the healthcare provider to determine whether the amount of payment is correct and whom to contact regarding any questions related to the payment. Information in the Explanation of Review (or other similar document) shall include the following:
- a. The name of the injured worker;
  - b. The name of the payer and the name of the third party administrator ("TPA"), if applicable;
  - c. If applicable, the name, telephone number, and address of all entities that reviewed the medical billing on behalf of the payer;
  - d. If applicable, the name, telephone number and address of the party that has a written contract signed by the healthcare provider that allows the contracting party or other third party to access and pay rates that are different from those provided under this Fee Schedule;
  - e. The amount billed by the healthcare provider;
  - f. The amount of any reduction due to a written contract with the healthcare provider; and
  - g. The amount of payment.
11. Nothing in this Fee Schedule precludes a healthcare provider from entering into a separate contract that governs fees. In this instance, reimbursement shall be made according to the applicable contracted charge. In the absence of a separate contract that governs a healthcare provider's fees, reimbursement shall be made according to this Fee Schedule. A payer shall demonstrate that it is entitled to pay the contracted rate in the event of a dispute by providing a valid copy of the governing contract to the healthcare provider. If a payer fails to provide evidence that it is entitled to pay a contracted rate, then the payer shall be required to make payment as provided in this Fee Schedule.
12. Billing for Pharmaceuticals is found in the Pharmaceutical Fee Schedule Section of this document.
13. The Fee Schedule does not apply to ambulance service providers. Service fees for ground ambulance transportation are set and mandated by the Arizona Department of Health Services through its Arizona Ground Ambulance Service Rate Schedule. A.R.S. § 36-2239(D) states "an ambulance service shall not charge, demand or collect any remuneration for any service greater or less than or different from the rate or charge determined and fixed by the department as the rate or charge for that service." Service

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fees published in the Arizona Ground Ambulance Service Rate Schedule are applicable in the workers' compensation setting.

**C. REIMBURSEMENT OF MID-LEVEL PROVIDERS**

1. Certified Registered Nurse Anesthetists ("CRNA's") are reimbursed at 85% of the fee schedule.
2. Physician Assistants and Nurse Practitioners are reimbursed at 85% of the fee schedule *except* if services are provided "incident to" a physician's professional services. In that instance, reimbursement is required to be at 100% of the fee schedule. The following criteria are identified as establishing the "incident to" exception:
  - a. The Physician Assistant and Nurse Practitioner must work under the direct supervision of an appropriately licensed physician,
  - b. The Physician must initially see that patient and establish a plan of care for that patient ("treatment plan"),
  - c. Subsequent service provided by the Physician Assistant and Nurse Practitioner must be a part of the documented treatment plan, and
  - d. The Physician must always be involved in the patient's treatment plan and see the patient often enough to demonstrate that the Physician is actively participating in and managing the patient's care.
3. For purposes of the Fee Schedule, the Commission recognizes that direct supervision of a Physician Assistant or Nurse Practitioner by a Physician can be accomplished through the use modern technology and telecommunications (telemedicine) and may not require the on-site presence of the Physician when the Physician Assistant or Nurse Practitioner sees the patient. In all instances, however, and regardless of the extent to which telemedicine is used, the Physician must actively participate in and manage the patient's care if services provided by a Physician Assistant or Nurse Practitioner are billed at 100% of the fee schedule under the "incident to" exception.
4. It is the responsibility of the Physician to document if the services provided by a Physician Assistant and Nurse Practitioner are "incident to" the Physician's professional service. If either the incident to criteria is not met, or the documentation submitted fails to support the "incident to" criteria, the reimbursement should be made at 85% of the fee schedule.

**D. DIRECTED CARE AND USE OF NETWORKS**

The Arizona Workers' Compensation Act only permits private self-insured employers to direct medical care. A.R.S. § 23-1070(A); See also *Southwest Gas Corp. v. Industrial Commission of Arizona*, 200 Ariz. 292, 25 P.3d 1164 (2001). This limitation on the scope of directed care means that employees of private self-insured employers do not have an unrestricted right to choose their own medical providers, while employees of all other

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employers do (including public self-insured employers).<sup>1</sup> Notwithstanding an employee's right to choose, many workers' compensation insurance carriers ("carriers") and public self-insured employers ("employers") have taken advantage of "networks" to reduce their costs. This is done by either creating their own network of "preferred providers" or by contracting with a third party to access private health-care networks.

Actions or conduct that impair or limit the right of an employee to choose their medical provider may rise to the level of bad faith and/or unfair claims processing practices under A.R.S. § 23-930. The Commission will investigate a complaint of bad faith/unfair claims processing practices, and if appropriate, impose penalties under A.R.S. § 23-930, in those circumstances where a carrier, employer, or TPA has engaged in conduct that results in directing a claimant to a "network" provider. The following are examples of conduct that the Commission would consider appropriate for investigation under A.R.S. § 23-930.

- A claimant is told that they must see a healthcare provider that is "in the network;"
- A claimant is told that care from a "non-network" healthcare provider is not authorized;
- A "network" healthcare provider is told that referrals are required to be made to another "network" healthcare provider;
- A "network" healthcare provider is told that they may not recommend a "non-network" healthcare provider to a patient;
- A "non-network" healthcare provider is told that care will only be authorized if provided by a "network" provider; and
- A "non-network" healthcare provider is told that reimbursement will be made according to "network" discounts.

## E. TREATMENT OF INDUSTRIAL INJURIES AND DISEASES

1. Only physicians and surgeons licensed in the State of Arizona are permitted to treat injured or disabled employees under the jurisdiction of the Commission, unless others are specifically authorized.
2. An employee who sustains an injury arising out of, or in the course of, employment is entitled, under Arizona law, to select a healthcare provider of his/her own choice unless that employee is employed by a private self-insured employer as described in A.R.S. § 23-

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<sup>1</sup> It should be noted that the law governing directed care is not limited to "medical doctors," but instead applies to medical, surgical, and hospital benefits. See A.R.S. § 23-1070. The phrase, "medical, surgical, and hospital benefits" is defined in A.R.S. § 23-1062(A), which states: "Promptly, upon notice to the employer, every injured employee shall receive medical, surgical and hospital benefits or other treatment, nursing, medicine, surgical supplies, crutches and other apparatus, including artificial members, reasonable required at the time of the injury, and during the period of disability. Such benefits shall be termed 'medical, surgical and hospital benefits.'"



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1070. Employers described in A.R.S. § 23-1070, excluding the State or Political Subdivisions thereof, are allowed to direct medical care.

3. The attending healthcare provider's promptness and professional exactness in the completion and filing of workers' compensation forms are extremely important to the employee being treated. The injured or disabled employee's claim to medical benefits and compensation can rest on the conscientious attention of the healthcare provider in processing the required reports. Rules addressing the completion of these forms are found in the Title 20, Chapter 5, Article 1 of the Arizona Administrative Code, which can be obtained at: [http://apps.azsos.gov/public\\_services/Title\\_20/20-05.pdf](http://apps.azsos.gov/public_services/Title_20/20-05.pdf)
4. The Commission, the employer and the insurance carrier may, at any time, designate a healthcare provider or healthcare providers to examine an employee. Additionally, upon application of the employer, employee, or insurance carrier, the Commission may order a change of healthcare provider or a change of conditions of treatment when there are reasonable grounds or a belief that the employee's health or progress can thus be improved.
5. A claimant may not change doctors without the written authorization of the insurance carrier, the Commission or the attending physician. A claimant may not transfer from one hospital to another without the written authorization of the insurance carrier or the Commission. If the patient's employment requires leaving the locale in which he/she is receiving treatment, the attending physician should arrange for continued treatment and notify the carrier of such arrangement. It is the responsibility of the physician or the hospital to which a patient has transferred to ascertain whether such a change has been authorized.
6. Treatment of conditions unrelated to the injuries sustained in the industrial accident may be denied as unauthorized if the treatment seems directed principally toward the non-industrial condition or if the treatment does not seem necessary for the patient's physical rehabilitation from the industrial injury.
7. If the patient refuses to submit to medical examination or to cooperate with the healthcare provider's treatments, the carrier or self-insured employer should be notified.
8. If an employee is capable of some form of gainful employment, it is proper for the healthcare provider to release the employee to light work and make a specific report to the carrier or self-insured employer as to the date of such release. It can be to the employee's economic advantage to be released to light work, since he/she can receive compensation based on 66 2/3% of the difference between one's earnings and one's established wage. On the other hand, it would not be to the employee's economic advantage to be released to light work if, in fact, the employee is not capable of performing such work. The healthcare provider's judgment in such matters is extremely important.
9. If the employee no longer requires active medical care for the industrial injury and is discharged from treatment, the healthcare provider is required to provide a signed report with the date of discharge to the carrier or self-insured employer, even if, as a private patient, the employee may require further medical care for conditions unrelated to the industrial accident. This final report and discharge date are necessary for closing the claim file.

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10. When a healthcare provider discharges a claimant from treatment, the healthcare provider shall determine whether the employee has suffered any impairment of function, or disfigurement about the head or face, including injury to or loss of teeth, and include this information in the final signed report provided to the carrier or self-insured employer. The Rules of Procedure Before the Industrial Commission of Arizona require that any rating of the percentage of functional impairment should be made in accordance with the standards of evaluation published in the most recent edition of the American Medical Association Guides to the Evaluation of Permanent Impairment.
11. Once an exposure to blood-borne pathogen occurs, the workers' compensation insurance carrier/self-insured employer is responsible for payment of the accepted treatment protocol which includes the HBIG vaccination (Hepatitis B Immune Globulin), and, if necessary, the three (3) Hepatitis B vaccinations.

When a work-related incident occurs that may have exposed an employee to Hepatitis, the insurance carrier/self-insured employer is responsible for paying for the testing and/or treatment of Hepatitis B or C. As to treatment of HIV, if a bona fide claim exists under A.R.S. § 23-1043.02, then the insurance carrier/self-insured employer is responsible for paying for the treatment.

12. It is the employer's responsibility, in accordance with existing OSHA standards, to pay for HIV testing. The insurance carrier may seek reimbursement from the employer for the costs associated with providing the series of three (3) Hepatitis B vaccinations if the employer failed to provide them in violation of federal and state laws.

**F. REOPENING OF CLAIMS**

1. Whether or not the employee has suffered a permanent disability, on a claim that has been previously accepted, the claim may be reopened on the basis of a new, additional or previously undiscovered disability or condition, but:
  - a. The claimant should use the form of petition prescribed by the Commission;
  - b. The petition must be personally signed by the worker or his authorized representative and must be filed at any office of the Industrial Commission of Arizona;
  - c. The petition, in order to be considered, must be accompanied by the healthcare provider's medical report.
2. If the claim is reopened, the payment for such reasonable and necessary medical, hospital and laboratory work expenses shall be paid by the insurance carrier if such expenses are incurred within 15 days of the filing of the petition to reopen.
3. No monetary compensation is payable for any period prior to the date of filing of the petition to reopen. Surgical benefits are not payable for any period prior to the date of filing of a petition to reopen, except that surgical benefits are payable for a period prior to the date of filing not to exceed seven (7) days if a bona fide medical emergency

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precludes the employee from filing a petition to reopen prior to the surgery. Other information relative to reopening rights may be found at A.R.S. § 23-1061(H).

4. If a claim is approved for reopening, the carrier must notify the attending healthcare provider of that approval.

## G. NO-INSURANCE CLAIMS

“No-Insurance” claims are workers’ compensation claims involving injuries to employees of employers who do not have workers’ compensation insurance coverage as required by Arizona law. In such cases, all claims and reports are to be addressed to the No-Insurance Section of the Special Fund of The Industrial Commission of Arizona.

## H. CONSULTATIONS

Workers’ compensation cases can present additional medical and legal problems that justify consultation sooner and more frequently than for the average private patient. In complex cases and in cases requiring an estimate of general or unscheduled disability, consultation with specialists in the appropriate field may be requested by any interested party. The Industrial Commission continues to recognize the necessity for consultations in workers’ compensation and establishes relative value units and rates for consultation codes.

## I. DEFINITIONS OF SELECT UNIT VALUES

1. BY REPORT “BR” ITEMS: “BR” in the value column indicates that the value of this service is to be determined “by report”, because the service is too unusual or variable to be assigned a unit relativity. Pertinent information concerning the nature, intent and need for the procedure or service, the time, the skill and equipment necessary, etc., is to be furnished. A detailed clinical record is not necessary.
2. RELATIVITY NOT ESTABLISHED “RNE” ITEMS: “RNE” in the value column indicates new or infrequently performed services for which sufficient data has not been collected to allow establishment of a relativity. “RNE” items are clearly definable and not inherently variable as are BR procedures. A report may be necessary.
3. SERVICE “SV” ITEMS: “SV” in the value column indicates the value is to be calculated as the sum of the various services rendered (e.g., office, home, nursing home or hospital visits, consultation or detention, etc.), according to the ground rules covering those services. Identify by using the code number of the “SV” item. The Value is established by identifying each individual service, listing the code number and its value.
4. MATERIALS AND SUPPLIES: A healthcare provider is not entitled to be reimbursed for supplies and materials normally necessary to perform the service. A healthcare provider may charge for other supplies and materials using code 99070<sup>2</sup>. A healthcare provider may use an applicable HCPCS code in lieu of code 99070 if the HCPCS code more accurately describes the materials and supplies provided by the healthcare

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provider; however, the Commission has **not** adopted the RVUs for HCPCS codes. Examples of those items that are and are not reimbursable are listed below. Documentation showing actual costs (i.e., manufacturer's invoice) associated with providing supplies and materials plus fifteen percent (15%) to cover overhead costs and is adequate justification for payment only when the documentation is dated within one year of the billed date. This provision does not apply to retail operations involving drugs or supplies. Drugs that are administered to patients in a clinical setting are covered under code 99070 and reimbursed according to the Pharmaceutical Fee Schedule Guidelines. Prescription drugs provided to patients as a part of the overall treatment regimen but outside of the clinical setting are not included under this code.

Examples of supplies that are usually not separately reimbursable include:

- Applied hot or cold packs
- Eye patches, injections or debridement trays
- Steristrips
- Needles
- Syringes
- Eye/ear trays
- Drapes
- Sterile gloves
- Applied eye wash or eye drops
- Creams (massage)
- Fluorescein
- Ultrasound pads and gel
- Tissues
- Urine collection kits
- Gauze
- Cotton balls/fluff
- Sterile water
- Band-Aids and dressings for simple wound occlusion
- Head sheets
- Aspiration trays
- Sterile trays for laceration repair and more complex surgeries
- Tape for dressings

Examples of material and supplies that are generally reimbursable include:

- Cast and strapping materials
- Applied dressings beyond simple wound occlusion
- Taping supplies for sprains
- Iontophoresis electrodes
- Reusable patient specific electrodes
- Dispensed items, including:
  - Canes
  - Braces
  - Slings
  - Ace wraps
  - TENS electrodes

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Crutches  
 Splints  
 Back support  
 Dressings  
 Hot or cold packs

5. “Modifiers: A two-digit (numeric or alpha) sequence that provides the means by which the reporting healthcare provider can specify that a procedure performed has been altered under a procedure performed has been altered under a special circumstance. This allows defining the modifying circumstance of the service or procedure without creating a separate procedure or listing.

#### Modifier Examples

*Professional Component (PC):* Certain procedures are a combination of a physician, or Professional component and a technical component. When modifier “-26” is added to an Appropriate code a PC allowable amount will be paid.

*Technical Component (TC):* The TC component reflects the technical portion of the procedure code. When the technical component is provided by a healthcare provider other than the one providing the professional component, the healthcare provider bills for the technical component by adding Modifier “-TC” to the applicable code.

#### J. LIST OF ACRONYMS

AMA	American Medical Association
AS	Assistant Surgeon
AWP	Average Wholesale Price
BR	By Report
CCI	Current Coding Initiative (National)
CF	Conversion Factor
CMS	Centers for Medicare & Medicaid Services
CPT	Current Procedural Terminology
CRNA	Certified Registered Nurse Anesthetist
DME	Durable Medical Equipment
E/M	Evaluation and management services
FCE	Functional Capacity Evaluation
FUD	Follow-up day(s)
HCPCS	Healthcare Common Procedure Coding System
ICD-10-CM	International Classification of Diseases, Tenth Revision, Clinical Modification
IME	Independent medical examination
MPFS	Medicare physician fee schedule
MRI	Magnetic resonance imaging

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NCCI	(see CCI)
NP	Nurse practitioner
OTC	Over-the-counter
PA	Physician assistant
RBRVS	Resource based relative value scale
RVU	Relative value unit

**Historical Note**

New Appendix A, Introduction made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Introduction will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Introduction repealed; new Appendix A, Introduction made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Introduction repealed; new Appendix A, Introduction made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3).

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## PHARMACEUTICAL FEE SCHEDULE

**I. GENERAL PROVISIONS AND APPLICABILITY OF THE PHARMACEUTICAL FEE SCHEDULE.**

- A. The Pharmaceutical Fee Schedule (PFS) applies to prescription and over-the-counter (OTC) medications required to treat an injured employee, whether dispensed by a pharmacy (including online or mail order pharmacies) or by a medical practitioner.
- B. Medications are not reimbursable unless “reasonably required” at the time of injury or during the period of disability. *See* A.R.S. § 23-1062(A); A.A.C. R20-5-1303(A). The Industrial Commission of Arizona has adopted the Official Disability Guidelines (ODG), including ODG’s Drug Formulary Appendix A (ODG Formulary), as the standard reference for evidence-based medicine used in treating injured employees within the context of Arizona’s workers’ compensation system. Effective October 1, 2018, ODG applies to all body parts and conditions. *See* A.A.C. R20-5-1301(B), (E). ODG is to be used as a tool to support clinical decision making and quality health care delivery to injured employees. The ODG Formulary sets forth pharmaceutical guidelines that are generally considered reasonable and are presumed correct if the guidelines provide recommendations related to a particular medication. *See* A.A.C. R20-5-1301(H). Medical practitioners are encouraged to consult the ODG Formulary before dispensing or prescribing medications to injured employees.
- C. Generic drugs must be dispensed to injured employees when appropriate, consistent with A.R.S. § 32-1963.01(A),<sup>1</sup> (B), and (D) through (L).<sup>2</sup> *See* A.R.S. § 23-908(C). For purposes of this subsection, the definitions in A.R.S. § 32-1963.01(L) apply.<sup>3</sup> Whenever possible: (1) medical practitioners should prescribe less costly drugs; and (2) pharmacies and medical practitioners (under Section VII) should dispense generic drugs with lower AWP values.

<sup>1</sup> A.R.S. § 32-1963.01(A) states: “If a medical practitioner prescribes a brand name drug and does not indicate an intent to prevent substitution as prescribed in subsection E of this section, a pharmacist may fill the prescription with a generic equivalent drug.”

<sup>2</sup> A.R.S. § 32-1963.01(E) states: “A prescription generated in this state must be dispensed as written only if the prescriber writes or clearly displays ‘DAW’, ‘dispense as written’, ‘do not substitute’ or ‘medically necessary’ or any statement by the prescriber that clearly indicates an intent to prevent substitution on the face of the prescription form. A prescription from out of state or from agencies of the United States government must be dispensed as written only if the prescriber writes or clearly displays ‘do not substitute’, ‘dispense as written’ or ‘medically necessary’ or any statement by the prescriber that clearly indicates an intent to prevent substitution on the face of the prescription form.”

<sup>3</sup> A.R.S. § 32-1963.01(L) states, in part:

2. “Brand name drug” means a drug with a proprietary name assigned to it by the manufacturer or distributor.

\* \* \* \*

4. “Generic equivalent” or “generically equivalent” means a drug that has an identical amount of the same active chemical ingredients in the same dosage form, that meets applicable standards of strength, quality and purity according to the United States pharmacopeia or other nationally recognized compendium and that, if administered in the same amounts, will provide comparable therapeutic effects. Generic equivalent or generically equivalent does not include a drug that is listed by the United States food and drug administration as having unresolved bioequivalence concerns according to the administration’s most recent publication of approved drug products with therapeutic equivalence evaluations.

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**II. DEFINITIONS.**

- A. “Administer” has the meaning set forth in A.R.S. 32-1901(1).
- B. “Average Wholesale Price” or “AWP” means the wholesale price charged on a specific commodity that is assigned by the drug manufacturer and is listed in a nationally-recognized drug pricing file.
- C. “Commercially available” means a drug product is widely available for purchase in pharmacies accessible to the general public, including in brick and mortar pharmacies accessible to the general public.
- D. “Compound medication” means a pharmaceutical product created by virtue of mixing or combining drugs and/or components to meet the unique needs of an individual patient when the finished product does not recreate a commercially-available product.
- E. “Dispense” or “dispensing” means to deliver to an ultimate user by or pursuant to the lawful order of a medical practitioner, including the prescribing, administering, packaging, labeling, or compounding necessary to prepare for that delivery. *See* A.R.S. § 32-1901(27).
- F. “Drug” has the meaning set forth in A.R.S. § 32-1901(31).
- G. “Hospital” means any institution for the care and treatment of the sick and injured that is approved and licensed as a hospital by: (1) the Arizona Department of Health Services; or (2) an equivalent regulatory agency in another U.S. state, territory, or district. *See* A.R.S. (3) 32-1901(42).
- H. “Medical practitioner” means any person who is permitted/licensed and authorized by law to use and prescribe prescription medications, acting within the scope of such authority, for the treatment of sick and injured human beings or for the diagnosis or prevention of sickness in human beings in the State of Arizona or any U.S. state, territory or district. *See* A.R.S. § 32-1901(53).
- I. “Non-traditional strength” medication means a finished drug product in a strength (*i.e.* dosage) that is not commercially available in pharmacies accessible to the general public.
- J. “Over-the-counter medication” or “OTC medication” means a finished drug product, including label and container according to context, which does not require a prescription order.
- K. “Pharmacy” has the meaning set forth in A.R.S. § 32-1901(71).
- L. “Pharmacy accessible to the general public” means a pharmacy that is readily accessible and provides pharmaceutical services (including prescription medication services) to all segments of the general public without restricting services to a defined or exclusive group of consumers, including but not limited to consumers who have access to services because they are treated by or have an affiliation with a specific entity or medical practitioner. This definition includes mail order pharmacies delivering pharmaceutical services to workers’ compensation claimants if both of the following apply:

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1. The pharmacy does not limit or restrict access to claimants with an affiliation to a medical provider or other entity.
  2. Any medical provider or other entity referring a claimant to the pharmacy does not receive or accept any rebate, refund, commission, preference, or other consideration as compensation for the referral.
- M. "Pharmacy not accessible to the general public" means a pharmacy that provides pharmaceutical services (including prescription medication services) only to a defined or exclusive group of consumers, including but not limited to consumers who have access to services because they are treated by or have an affiliation with a specific entity or medical practitioner. "Pharmacy not accessible to the general public" does not include a hospital pharmacy. This definition does not include mail order pharmacies delivering pharmaceutical services to workers' compensation claimants if both of the following apply:
1. The pharmacy does not limit or restrict access to claimants with an affiliation to a medical provider or other entity.
  2. Any medical provider or other entity referring a claimant to the pharmacy does not receive or accept any rebate, refund, commission, preference, or other consideration as compensation for the referral.
- N. "Prescription" means either a prescription order or a prescription medication. *See* A.R.S. § 32-1901(80).
- O. "Prescription medication" means any drug, including label and container according to context, which is dispensed pursuant to a prescription order. *See* A.R.S. § 32-1901(81).
- P. "Prescription order" shall have the meaning set forth in A.R.S. § 32-1901(84).
- Q. "Repackaged medication" means a finished drug product removed from the container in which it was distributed by the original manufacturer and placed into a different container without further manipulation of the drug. The term also includes the act of placing the contents of multiple containers of the same finished drug product into one container. The term also includes "co-pack drug" products which contain two or more separate finished medications that are contained in a single package or unit. The term does not include a drug that is manipulated in any other way, including if the drug is reconstituted, diluted, mixed, or combined with another ingredient.
- R. "Therapeutically-similar" medication means a medication that is expected to produce a clinical effect comparable to the original product. Key considerations for determining the "most therapeutically-similar" medications are: (1) the similarity of the clinical effects; (2) the extent to which active ingredients overlap; (3) the similarity of the dosage profiles; (4) the similarity of the mode of administration; and (5) the similarity of the intended strength.
- S. "Traditional strength" medication means a finished drug product in a formulation that is commercially available in pharmacies accessible to the general public.

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- T. "Ultimate user" means a person who lawfully possesses a prescription medication for that person's own use or for the use of a member of that person's household. *See* A.R.S. § 32-1901(95).

**III. GENERAL GUIDELINES FOR BILLING AND REIMBURSEMENT OF PRESCRIPTION MEDICATIONS.**

- A. Except as permitted in Sections VI and VII of the current PFS, an insurance carrier, self-insured employer, or the Special Fund of the Commission is responsible for the payment of prescription medications only if all of the following apply:
1. The prescription medication is dispensed by an individual who is currently licensed to practice the profession of pharmacy by either: (i) the Arizona State Board of Pharmacy; or (ii) an equivalent regulatory agency in another U.S. state, territory, or district; and
  2. The prescription medication is dispensed by a pharmacy accessible to the general public, including online or mail-order pharmacies that are accessible to the general public.
- B. Subject to Sections III(G), IV, V, and VI(B), reimbursement for prescription medications shall be based on the actual medication dispensed, including a substituted medication that is dispensed pursuant to A.R.S. § 32-1963.01.
- C. Except as specified in Sections IV and V of the current PFS, a pharmaceutical bill submitted for a prescription medication must include the National Drug Code (NDC) of the original manufacturer registered with the U.S. Food & Drug Administration (FDA), the quantity dispensed, and the reimbursement value of the medication. Under no circumstance shall an NDC other than the original manufacturer's NDC be used.
- D. The reimbursement value for prescription medications shall be based on the current PFS reimbursement methodology in the absence of a contractual agreement between the pharmacy or medical practitioner and payer governing reimbursement. Network discounts may not be applied in the absence of a contractual agreement with the pharmacy or medical practitioner authorizing such discounts.
- E. The reimbursement value for a prescription medication shall be determined on the date a drug is dispensed from pricing published in the most recent issue, as updated in the most-recent update, of a nationally-recognized pharmaceutical publication designated by the Commission. For purposes of determining AWP, the Commission has selected Medi-span®.
- F. The reimbursement value for a prescription medication shall be determined by reference to the original manufacturer's NDC and shall be calculated on a per unit basis as follows:
1. Generic drugs:
    - a. (75% of AWP per unit) x (number of units dispensed).

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## 2. Brand name drugs:

- a.  $(85\% \text{ of AWP per unit}) \times (\text{number of units dispensed})$ .

- G. Reimbursement for non-traditional strength prescription medications shall be calculated on a per unit basis, as of the date of dispensing, based on the original manufacturer's NDC and corresponding AWP of the most therapeutically-similar traditional strength form of the same medication. Under no circumstance shall the NDC of the non-traditional strength medication be used.
- H. The reimbursement value for OTC medications shall be calculated on a per unit basis, as of the date of dispensing, based on the retail price (per unit) of the OTC medication in settings where the medication is commercially available.
- I. Subject to Section III(J), the reimbursement value for OTC medications that are not commercially available in pharmacies accessible to the general public shall be calculated on a per unit basis, as of the date of dispensing, based on the retail price (per unit) of the most therapeutically-similar OTC medication commercially available in pharmacies accessible to the general public. Under no circumstance shall the NDC or AWP of the non-commercially available OTC medication be used.
- J. The reimbursement value for OTC medications that are not commercially available may not exceed:
  1. Thirty dollars (\$30.00) for a thirty-day supply (or a pro-rated amount if the supply is greater or less than thirty days) for a topical cream or lotion.
  2. Seventy-five dollars (\$75.00) for a thirty-day supply (or a pro-rated amount if the supply is greater or less than thirty days) for topical patches.

**IV. BILLING AND REIMBURSEMENT FOR REPACKAGED MEDICATIONS.**

- A. A pharmaceutical bill submitted for a repackaged medication must identify the NDC of the repackaged medication, the NDC of the original manufacturer registered with the U.S. FDA, the quantity dispensed, and the reimbursement value of the repackaged medication. Under no circumstances shall the reimbursement value of a repackaged medication be based upon an NDC other than the original manufacturer's NDC. A repackaged NDC shall not be used for calculating the reimbursement value of a repackaged medication and shall not be considered the original manufacturer's NDC.
- B. If a pharmaceutical bill for a repackaged medication is submitted without the original manufacturer's NDC, the payer has the discretion to determine the appropriate NDC (and corresponding AWP) to use or, alternatively, may deny coverage until the appropriate NDC is furnished.
- C. The reimbursement value for a repackaged medication shall be based on the current PFS reimbursement methodology contained in Section III of the PFS, utilizing the NDC(s) and corresponding AWP(s) of the original manufacturer(s).

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- D. Any component of a co-pack drug product for which there is no NDC shall not be reimbursed.

**V. BILLING AND REIMBURSEMENT FOR COMPOUND MEDICATIONS.**

- A. A pharmaceutical bill submitted for a compound medication must identify each reimbursable component ingredient, the applicable NDC of each reimbursable component ingredient, the corresponding quantity of each component ingredient, and the calculated reimbursement value of each component ingredient. All component ingredients of a compound medication must be billed on a single bill.
- B. The reimbursement value for a compound medication shall be calculated at the component ingredient level. The reimbursement value for a compound medication shall be based on the sum of the reimbursement values of each component ingredient and the corresponding component ingredient's NDC, based on the current PFS reimbursement methodology set forth in Section III.
- C. Any component ingredient in a compound medication for which there is no NDC shall not be reimbursed.
- D. Any component ingredient in a topical compound medication that is not FDA approved for topical use shall not be reimbursed.
- E. If any component ingredient in a compound medication is a repackaged medication, the reimbursement value for the repackaged medication ingredient shall be determined based on the current PFS reimbursement methodology set forth in Section III, using the AWP corresponding to the NDC of the original manufacturer. *See* Section IV.
- F. The maximum reimbursement value for a topical compound medication shall be the lesser of:
  - 1. Two hundred dollars (\$200.00) for a thirty-day supply (or a pro-rated amount if the supply is greater or less than thirty days), or
  - 2. The reimbursement value of the compound medication calculated under this section.

**VI. BILLING AND REIMBURSEMENT FOR MEDICATIONS ADMINISTERED BY A MEDICAL PRACTITIONER.**

- A. A pharmaceutical bill submitted for a medication administered by a medical practitioner must comply with billing procedures outlined in Sections III, IV, and V of the current PFS, as applicable.
- B. The reimbursement value for a medication administered by a medical practitioner shall be based on the current PFS reimbursement methodology contained in Sections III, IV, and V of the PFS, as applicable.

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**VII. REIMBURSEMENT FOR MEDICATIONS DISPENSED BY A MEDICAL PRACTITIONER OR IN A PHARMACY NOT ACCESSIBLE TO THE GENERAL PUBLIC.<sup>4,5</sup>**

- A. An insurance carrier, self-insured employer, or the Special Fund of the Commission is responsible for the payment of prescription medications that are dispensed by a medical practitioner or in a pharmacy not accessible to the general public if all of the following apply:
1. The prescription medication is dispensed by a medical practitioner or a pharmacy not accessible to the general public to the injured employee within seven days of the date of the industrial injury;
  2. The prescription medication is limited to no more than a one-time, ten-day supply;
  3. The prescription medication conforms to dosages and formulations that are commercially available in pharmacies accessible to the general public.
- B. An insurance carrier, self-insured employer, or the Special Fund of the Commission is responsible for the payment of prescription medications that are dispensed by a medical practitioner or in a pharmacy not accessible to the general public if all of the following apply:
1. The injured employee does not have access to a pharmacy accessible to the general public within 20 miles of the injured employee's home address, work address, or the address of the prescribing medical practitioner;
  2. The injured employee cannot reasonably acquire the prescription medication from an online or mail order pharmacy accessible to the general public; and
  3. The prescription medication conforms to dosages and formulations which are commercially available in pharmacies accessible to the general public.
- C. An insurance carrier, self-insured employer, or the Special Fund of the Commission is responsible for the payment of prescription medications that are dispensed by a medical practitioner or in a pharmacy not accessible to the general public if the dispensing of a prescription medication for an individual claim and specified duration has been pre-approved in writing by the insurance carrier, self-insured employer, or the Special Fund of the Commission. Nothing in this section requires an insurance carrier, self-insured employer, or the Special Fund of the Commission to pre-approve the dispensing of prescription medications under this subsection.

<sup>4</sup> Dispensing pursuant to Section VII is subject to the Arizona Opioid Epidemic Act, which imposes statutory limits on the prescribing and dispensing of schedule II opioids. For more information about the Arizona Opioid Epidemic Act, please see the FAQs published by the Arizona State Board of Pharmacy, available at <https://drive.google.com/file/d/1JCIs8VwtdJ1T-DyGfJN3WWUm4KhDMXe-/view>.

<sup>5</sup> Section VII sets forth reimbursement guidelines for medications dispensed in settings that are not accessible to the general public in Arizona's worker's compensation system and does not interfere with a medical practitioner's ability to dispense medications pursuant to A.R.S. § 32-1491 or seek payment from sources unrelated to workers' compensation.

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- D. An insurance carrier, self-insured employer, or the Special Fund of the Commission is responsible for the payment of prescription medications that are dispensed by a pharmacy not accessible to the general public if all of the following apply:
1. The prescription medication was dispensed to an injured employee whose workers' compensation claim was initially denied by the carrier, self-insured employer, or the Special Fund of the Commission;
  2. The injured employee protested the claim denial by filing a timely request for hearing;
  3. The workers' compensation claim was either: (a) subsequently accepted by the carrier, self-insured employer, or the Special Fund of the Commission; or (b) the claim was found to be compensable by the Commission's Administrative Law Judge Division, the Arizona Court of Appeals, or the Arizona Supreme Court;
  4. The prescription medication was dispensed during the time period between: (a) the initial claim denial and (b) the subsequent acceptance of the claim or the compensability determination by the Commission's Administrative Law Judge Division, the Arizona Court of Appeals, or the Arizona Supreme Court; and
  5. The prescription medication conforms to dosages and formulations that are commercially available in pharmacies accessible to the general public.
- E. The guidelines in Section III(A) and this section do not apply to prescription medications dispensed during in-patient hospital care or upon discharge from in-patient hospital care.
- F. Subject to the limitations in this section, medications that have been provided as free samples to a medical practitioner may be dispensed to an injured employee when appropriate, but are not reimbursable.

**VIII. DISPENSING FEE.**

- A. If a prescription medication is dispensed by a pharmacy accessible to the general public pursuant to a prescription order, a dispensing fee of up to seven dollars (\$7.00) per prescription medication, repackaged medication, or compound medication may be charged. The dispensing fee does not apply to OTC medications that are not prescribed by a medical practitioner.
- B. If a prescription medication is dispensed by a medical practitioner or in a pharmacy not accessible to the general public pursuant to Section VII(A), (B), or (C), a dispensing fee of up to seven dollars (\$7.00) per prescription medication, repackaged medication, or compound medication may be charged. If an OTC medication is dispensed by a medical practitioner or by a pharmacy not accessible to the general public, a dispensing fee is not permitted.
- C. If a prescription or OTC medication is administered by a medical practitioner, a dispensing fee is not permitted.

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**IX. ADDITIONAL BILLING GUIDELINES.****A. Paper billing by a medical practitioner:**

The following is an example of how to report both the repackaged NDC and original NDC on the CMS 1500 form using the shaded area of line 24. The information is reported in the following order: qualifier (N4), NDC code, one space, unit/basis of measurement qualifier, quantity, one space, ORIG, qualifier (N4), NDC code.”

24. A. DATE(S) OF SERVICE						B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS   MODIFIER				E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OR UNITS	H. ICD-10 Only Pte	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
MM	DD	YY	MM	DD	YY												
N4	55	28	90	47	590	UN30	ORIG	N4	00	02	51	52	53	1	N	G2	12345678901
10	01	05	10	01	05	11		J3490				A	500	00	30	N	NP1 0123456789

If a physician does not bill using the CMS 1500 form, or is not able to include all the required information on the CMS 1500 form (due to software/system limitations), then the physician may provide the required information (in the required order) separately or as an attachment to the CMS 1500 form.

**B. Paper billing by non-physician entities.**

A non-physician entity using paper billing to bill for medications shall use the most recent version of the Workers' Compensation/Property & Casualty Universal claim Form (WC/PC UCF) adopted by the National Council for Prescription Drug Programs.

**X. SEVERABILITY CLAUSE.**

If any provision of Pharmaceutical Fee Schedule or the application thereof to any person or circumstances is held invalid, such invalidity shall not affect other provisions or application of the Pharmaceutical Fee Schedule which can be given effect without the invalid provisions or application, and to this end the provisions of this Pharmaceutical Fee Schedule are severable.

**Historical Note**

New Appendix A, Pharmaceutical Fee Schedule made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Pharmaceutical Fee Schedule will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Pharmaceutical Fee Schedule repealed; new Appendix A, Pharmaceutical Fee Schedule made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Pharmaceutical Fee Schedule repealed; new Appendix A, Pharmaceutical Fee Schedule made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3).

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## ANESTHESIA GUIDELINES

This Fee Schedule has been updated to incorporate by reference the 2021 Edition of the American Medical Association's *Current Procedural Terminology* (CPT®) publication, including the general guidelines, identifiers, modifiers, and terminology changes associated with the adopted codes. In this Fee Schedule CPT® codes that contain explanatory language specific to Arizona are preceded by Δ. Codes, however, that are unique to Arizona and not otherwise found in CPT® are preceded by an AZ identifier and numbered in the following format: AZxxx.

The Commission has also adopted by reference the unit values and guidance for consultative, diagnostic and therapeutic services published in the most recent edition of *Relative Value Guide*, American Society of Anesthesiologists. Additional information regarding publications adopted by reference is found in the Introduction of the Fee Schedule.

The following Commission guidelines are in addition to the CPT® guidelines and represent additional guidance from the Commission relative to unit values for anesthesia services. To the extent that a conflict may exist between an adopted portion of the CPT® and a code, guideline, identifier or modifier unique to Arizona, then the Arizona code, guideline, identifier or modifier shall control.

- A. CERTIFIED REGISTERED NURSE ANESTHETISTS: Are reimbursed at 85% of the fee schedule when billed with modifier QZ.
- B. ANESTHESIA MODIFIERS: Anesthesia modifiers, which may include physical status and other optional modifiers, may be added to the basic values. Unit values for physical status modifiers are as follows:

	Unit Values
P1 – A normal healthy patient	0
P2 – A patient with mild systemic disease	0
P3 – A patient with severe systemic disease	1
P4 – A patient with severe systemic disease that is a constant threat to life	2
P5 – A moribund patient who is not expected to survive without the operation	3
P6 – A declared brain-dead patient whose organs are being removed for donor purposes	0



## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

AA- Anesthesia services personally performed by an anesthesiologist Reimbursed at 100% of the lesser of billed charges or fee schedule Calculation

AD- Medical supervision by a physician: more than four (4) concurrent Anesthesia reimbursed at 50% of the lesser of billed charges or fee schedule calculation

QK- Medical direction of two, three or four concurrent anesthesia procedures Involving qualified individuals reimbursed at 50% of the lesser of billed charges or fee schedule

QX- Qualified nonphysician anesthetist with medical direction by a physician reimbursed at 50% of fee schedule calculation

QZ- CRNA without medical direction by a physician reimbursed at 85% of the lesser of billed charges or fee schedule calculation

C. REPORTING OF TIME: Time reporting is described in the Anesthesia Guidelines of the CPT® publication. IN ARIZONA, TIME UNITS WILL BE ADDED TO THE BASIC VALUE AND MODIFYING UNITS AS IS CUSTOMARY IN THE LOCAL AREA USING THE FOLLOWING UNIT VALUES:

1 unit value is equal to Fifteen (15) minutes or any Seven (7) minute portion thereof.

D. UNIT VALUES FOR OTHER QUALIFYING CIRCUMSTANCES: (more than one may be selected)

Qualifying circumstances are described in the Anesthesia Guidelines of the CPT® book. The unit values for these procedures, which are reported as an additional service and may be added to the basic unit values, are as follows:

Code	Unit Value
99100	1
99116	5
99135	5
99140	2

#### Historical Note

New Appendix A. Anesthesia Guidelines made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A Anesthesia Guidelines will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Anesthesia Guidelines repealed; new Appendix A, Anesthesia Guidelines made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Anesthesia Guidelines repealed; new Appendix A, Anesthesia Guidelines made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3).

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## ARIZONA PHYSICIANS' FEE SCHEDULE

## Anesthesia Codes 2021-2022

## Anesthesia Conversion Factor \$61.00

Code	Category	MPFS Basic Unit	RBRVS Rate
00100	Anesthesia	5	\$ 305.00
00102	Anesthesia	6	\$ 366.00
00103	Anesthesia	5	\$ 305.00
00104	Anesthesia	4	\$ 244.00
00120	Anesthesia	5	\$ 305.00
00124	Anesthesia	4	\$ 244.00
00126	Anesthesia	4	\$ 244.00
00140	Anesthesia	5	\$ 305.00
00142	Anesthesia	4	\$ 244.00
00144	Anesthesia	6	\$ 366.00
00145	Anesthesia	6	\$ 366.00
00147	Anesthesia	4	\$ 244.00
00148	Anesthesia	4	\$ 244.00
00160	Anesthesia	5	\$ 305.00
00162	Anesthesia	7	\$ 427.00
00164	Anesthesia	4	\$ 244.00
00170	Anesthesia	5	\$ 305.00
00172	Anesthesia	6	\$ 366.00
00174	Anesthesia	6	\$ 366.00
00176	Anesthesia	7	\$ 427.00
00190	Anesthesia	5	\$ 305.00
00192	Anesthesia	7	\$ 427.00
00210	Anesthesia	11	\$ 671.00
00211	Anesthesia	10	\$ 610.00
00212	Anesthesia	5	\$ 305.00
00214	Anesthesia	9	\$ 549.00
00215	Anesthesia	9	\$ 549.00
00216	Anesthesia	15	\$ 915.00
00218	Anesthesia	13	\$ 793.00
00220	Anesthesia	10	\$ 610.00
00222	Anesthesia	6	\$ 366.00
00300	Anesthesia	5	\$ 305.00
00320	Anesthesia	6	\$ 366.00
00322	Anesthesia	3	\$ 183.00
00326	Anesthesia	7	\$ 427.00
00350	Anesthesia	10	\$ 610.00
00352	Anesthesia	5	\$ 305.00
00400	Anesthesia	3	\$ 183.00
00402	Anesthesia	5	\$ 305.00
00404	Anesthesia	5	\$ 305.00
00406	Anesthesia	13	\$ 793.00
00410	Anesthesia	4	\$ 244.00
00450	Anesthesia	5	\$ 305.00
00454	Anesthesia	3	\$ 183.00
00470	Anesthesia	6	\$ 366.00
00472	Anesthesia	10	\$ 610.00
00474	Anesthesia	13	\$ 793.00
00500	Anesthesia	15	\$ 915.00
00520	Anesthesia	6	\$ 366.00
00522	Anesthesia	4	\$ 244.00
00524	Anesthesia	4	\$ 244.00
00528	Anesthesia	8	\$ 488.00
00529	Anesthesia	11	\$ 671.00
00530	Anesthesia	4	\$ 244.00
00532	Anesthesia	4	\$ 244.00

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Code	Category	MPFS Basic Unit	RBRVS Rate
00534	Anesthesia	7	\$ 427.00
00537	Anesthesia	7	\$ 427.00
00539	Anesthesia	18	\$ 1,098.00
00540	Anesthesia	12	\$ 732.00
00541	Anesthesia	15	\$ 915.00
00542	Anesthesia	15	\$ 915.00
00546	Anesthesia	15	\$ 915.00
00548	Anesthesia	17	\$ 1,037.00
00550	Anesthesia	10	\$ 610.00
00560	Anesthesia	15	\$ 915.00
00561	Anesthesia	25	\$ 1,525.00
00562	Anesthesia	20	\$ 1,220.00
00563	Anesthesia	25	\$ 1,525.00
00566	Anesthesia	25	\$ 1,525.00
00567	Anesthesia	18	\$ 1,098.00
00580	Anesthesia	20	\$ 1,220.00
00600	Anesthesia	10	\$ 610.00
00604	Anesthesia	13	\$ 793.00
00620	Anesthesia	10	\$ 610.00
00625	Anesthesia	13	\$ 793.00
00626	Anesthesia	15	\$ 915.00
00630	Anesthesia	8	\$ 488.00
00632	Anesthesia	7	\$ 427.00
00635	Anesthesia	4	\$ 244.00
00640	Anesthesia	3	\$ 183.00
00670	Anesthesia	13	\$ 793.00
00700	Anesthesia	4	\$ 244.00
00702	Anesthesia	4	\$ 244.00
00730	Anesthesia	5	\$ 305.00
00731	Anesthesia	5	\$ 305.00
00732	Anesthesia	6	\$ 366.00
00750	Anesthesia	4	\$ 244.00
00752	Anesthesia	6	\$ 366.00
00754	Anesthesia	7	\$ 427.00
00756	Anesthesia	7	\$ 427.00
00770	Anesthesia	15	\$ 915.00
00790	Anesthesia	7	\$ 427.00
00792	Anesthesia	13	\$ 793.00
00794	Anesthesia	8	\$ 488.00
00796	Anesthesia	30	\$ 1,830.00
00797	Anesthesia	11	\$ 671.00
00800	Anesthesia	4	\$ 244.00
00802	Anesthesia	5	\$ 305.00
00811	Anesthesia	4	\$ 244.00
0812	Anesthesia	3	\$ 183.00
00813	Anesthesia	5	\$ 305.00
00820	Anesthesia	5	\$ 305.00
00830	Anesthesia	4	\$ 244.00
00832	Anesthesia	6	\$ 366.00
00834	Anesthesia	5	\$ 305.00
00836	Anesthesia	6	\$ 366.00
00840	Anesthesia	6	\$ 366.00
00842	Anesthesia	4	\$ 244.00
00844	Anesthesia	7	\$ 427.00
00846	Anesthesia	8	\$ 488.00
00848	Anesthesia	8	\$ 488.00
00851	Anesthesia	6	\$ 366.00
00860	Anesthesia	6	\$ 366.00
00862	Anesthesia	7	\$ 427.00

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Code	Category	MPFS Basic Unit	RBRVS Rate
00864	Anesthesia	8	\$ 488.00
00865	Anesthesia	7	\$ 427.00
00866	Anesthesia	10	\$ 610.00
00868	Anesthesia	10	\$ 610.00
00870	Anesthesia	5	\$ 305.00
00872	Anesthesia	7	\$ 427.00
00873	Anesthesia	5	\$ 305.00
00880	Anesthesia	15	\$ 915.00
00882	Anesthesia	10	\$ 610.00
00902	Anesthesia	5	\$ 305.00
00904	Anesthesia	7	\$ 427.00
00906	Anesthesia	4	\$ 244.00
00908	Anesthesia	6	\$ 366.00
00910	Anesthesia	3	\$ 183.00
00912	Anesthesia	5	\$ 305.00
00914	Anesthesia	5	\$ 305.00
00916	Anesthesia	5	\$ 305.00
00918	Anesthesia	5	\$ 305.00
00920	Anesthesia	3	\$ 183.00
00921	Anesthesia	3	\$ 183.00
00922	Anesthesia	6	\$ 366.00
00924	Anesthesia	4	\$ 244.00
00926	Anesthesia	4	\$ 244.00
00928	Anesthesia	6	\$ 366.00
00930	Anesthesia	4	\$ 244.00
00932	Anesthesia	4	\$ 244.00
00934	Anesthesia	6	\$ 366.00
00936	Anesthesia	8	\$ 488.00
00938	Anesthesia	4	\$ 244.00
00940	Anesthesia	3	\$ 183.00
00942	Anesthesia	4	\$ 244.00
00944	Anesthesia	6	\$ 366.00
00948	Anesthesia	4	\$ 244.00
00950	Anesthesia	5	\$ 305.00
00952	Anesthesia	4	\$ 244.00
01112	Anesthesia	5	\$ 305.00
01120	Anesthesia	6	\$ 366.00
01130	Anesthesia	3	\$ 183.00
01140	Anesthesia	15	\$ 915.00
01150	Anesthesia	10	\$ 610.00
01160	Anesthesia	4	\$ 244.00
01170	Anesthesia	8	\$ 488.00
01173	Anesthesia	12	\$ 732.00
01200	Anesthesia	4	\$ 244.00
01202	Anesthesia	4	\$ 244.00
01210	Anesthesia	6	\$ 366.00
01212	Anesthesia	10	\$ 610.00
01214	Anesthesia	8	\$ 488.00
01215	Anesthesia	10	\$ 610.00
01220	Anesthesia	4	\$ 244.00
01230	Anesthesia	6	\$ 366.00
01232	Anesthesia	5	\$ 305.00
01234	Anesthesia	8	\$ 488.00
01250	Anesthesia	4	\$ 244.00
01260	Anesthesia	3	\$ 183.00
01270	Anesthesia	8	\$ 488.00
01272	Anesthesia	4	\$ 244.00
01274	Anesthesia	6	\$ 366.00
01320	Anesthesia	4	\$ 244.00

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Code	Category	MPFS Basic Unit	RBRVS Rate
01340	Anesthesia	4	\$ 244.00
01360	Anesthesia	5	\$ 305.00
01380	Anesthesia	3	\$ 183.00
01382	Anesthesia	3	\$ 183.00
01390	Anesthesia	3	\$ 183.00
01392	Anesthesia	4	\$ 244.00
01400	Anesthesia	4	\$ 244.00
01402	Anesthesia	7	\$ 427.00
01404	Anesthesia	5	\$ 305.00
01420	Anesthesia	3	\$ 183.00
01430	Anesthesia	3	\$ 183.00
01432	Anesthesia	6	\$ 366.00
01440	Anesthesia	8	\$ 488.00
01442	Anesthesia	8	\$ 488.00
01444	Anesthesia	8	\$ 488.00
01462	Anesthesia	3	\$ 183.00
01464	Anesthesia	3	\$ 183.00
01470	Anesthesia	3	\$ 183.00
01472	Anesthesia	5	\$ 305.00
01474	Anesthesia	5	\$ 305.00
01480	Anesthesia	3	\$ 183.00
01482	Anesthesia	4	\$ 244.00
01484	Anesthesia	4	\$ 244.00
01486	Anesthesia	7	\$ 427.00
01490	Anesthesia	3	\$ 183.00
01500	Anesthesia	8	\$ 488.00
01502	Anesthesia	6	\$ 366.00
01520	Anesthesia	3	\$ 183.00
01522	Anesthesia	5	\$ 305.00
01610	Anesthesia	5	\$ 305.00
01620	Anesthesia	4	\$ 244.00
01622	Anesthesia	4	\$ 244.00
01630	Anesthesia	5	\$ 305.00
01634	Anesthesia	9	\$ 549.00
01636	Anesthesia	15	\$ 915.00
01638	Anesthesia	10	\$ 610.00
01650	Anesthesia	6	\$ 366.00
01652	Anesthesia	10	\$ 610.00
01654	Anesthesia	8	\$ 488.00
01656	Anesthesia	10	\$ 610.00
01670	Anesthesia	4	\$ 244.00
01680	Anesthesia	3	\$ 183.00
01710	Anesthesia	3	\$ 183.00
01712	Anesthesia	5	\$ 305.00
01714	Anesthesia	5	\$ 305.00
01716	Anesthesia	5	\$ 305.00
01730	Anesthesia	3	\$ 183.00
01732	Anesthesia	3	\$ 183.00
01740	Anesthesia	4	\$ 244.00
01742	Anesthesia	5	\$ 305.00
01744	Anesthesia	5	\$ 305.00
01756	Anesthesia	6	\$ 366.00
01758	Anesthesia	5	\$ 305.00
01760	Anesthesia	7	\$ 427.00
01770	Anesthesia	6	\$ 366.00
01772	Anesthesia	6	\$ 366.00
01780	Anesthesia	3	\$ 183.00
01782	Anesthesia	4	\$ 244.00
01810	Anesthesia	3	\$ 183.00

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Code	Category	MPFS Basic Unit	RBRVS Rate
01820	Anesthesia	3	\$ 183.00
01829	Anesthesia	3	\$ 183.00
01830	Anesthesia	3	\$ 183.00
01832	Anesthesia	6	\$ 366.00
01840	Anesthesia	6	\$ 366.00
01842	Anesthesia	6	\$ 366.00
01844	Anesthesia	6	\$ 366.00
01850	Anesthesia	3	\$ 183.00
01852	Anesthesia	4	\$ 244.00
01860	Anesthesia	3	\$ 183.00
01916	Anesthesia	5	\$ 305.00
01920	Anesthesia	7	\$ 427.00
01922	Anesthesia	7	\$ 427.00
01924	Anesthesia	5	\$ 305.00
01925	Anesthesia	7	\$ 427.00
01926	Anesthesia	8	\$ 488.00
01930	Anesthesia	5	\$ 305.00
01931	Anesthesia	7	\$ 427.00
01932	Anesthesia	6	\$ 366.00
01933	Anesthesia	7	\$ 427.00
01935	Anesthesia	5	\$ 305.00
01936	Anesthesia	5	\$ 305.00
01951	Anesthesia	3	\$ 183.00
01952	Anesthesia	5	\$ 305.00
01953	Anesthesia	1	\$ 61.00
01958	Anesthesia	5	\$ 305.00
01960	Anesthesia	5	\$ 305.00
01961	Anesthesia	7	\$ 427.00
01962	Anesthesia	8	\$ 488.00
01963	Anesthesia	8	\$ 488.00
01965	Anesthesia	4	\$ 244.00
01966	Anesthesia	4	\$ 244.00
01967	Anesthesia	5	\$ 305.00
01968	Anesthesia	2	\$ 122.00
01969	Anesthesia	5	\$ 305.00
01990	Anesthesia	7	\$ 427.00
01991	Anesthesia	3	\$ 183.00
01992	Anesthesia	5	\$ 305.00
01996	Anesthesia	3	\$ 183.00
01999	Anesthesia	0	BR
99100	Anesthesia	1	\$ 61.00
99116	Anesthesia	5	\$ 305.00
99135	Anesthesia	5	\$ 305.00
99140	Anesthesia	2	\$ 122.00

**Historical Note**

Anesthesia Codes 2019-2020 made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Anesthesia Codes 2019-2020 will remain in effect through September 30, 2020 (Supp. 19-3). Anesthesia Codes 2019-2020 repealed; new Anesthesia Codes 2020-2021 made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Anesthesia Codes 2020-2021 repealed; new Appendix A, Anesthesia Codes 2021-2022 made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3).

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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA  
SURGERY GUIDELINES

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This Fee Schedule has been updated to incorporate by reference the 2021 Editions of the American Medical Association's *Current Procedural Terminology* (CPT®) publication, including the general guidelines, identifiers, modifiers, and terminology changes associated with the adopted codes. In this Fee Schedule CPT® codes that contain explanatory language specific to Arizona are preceded by Δ. Codes, however, that are unique to Arizona and not otherwise found in CPT® are preceded by an AZ identifier and numbered in the following format: AZxxx.

The Commission has also adopted by reference: 1) *The 1995 and 1997 Documentation Guidelines for Evaluation and Management Services*, Centers for Medicare and Medicaid Services (CMS) <https://www.cms.gov>; 2) *2021 Optum 360 The Essential RBRVS* <https://www.optum360.com/>; 3) *The National Correct Coding Initiative Edits*, CMS <https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/index.html>; and, 4) *Physicians as Assistants at Surgery Update 2020* <https://www.facs.org>. The RBRVS-based fee schedule adopts surgical global periods published by CMS. Additional information regarding publications adopted by reference is found in the Introduction of the Fee Schedule.

The following Commission guidelines are in addition to the CPT® guidelines and represent additional guidance from the Commission relative to unit values for surgical services. To the extent that a conflict may exist between CMS, an adopted portion of the CPT® and a code, guideline, identifier or modifier unique to Arizona, then the Arizona code, guideline, identifier or modifier shall control.

- A. **MATERIALS AND SUPPLIES:** A healthcare provider may charge for materials and supplies as described in subsection (I)(4) of the Introduction Section of the Physician's Fee Schedule.
- B. **MULTIPLE PROCEDURES:** It is appropriate to designate multiple procedures that are rendered on the same date by separate entries. The additional procedure(s) or service(s) may be identified by appending modifier -51 to the additional procedure or service code(s).  
**Note:** This modifier should not be appended to designated "add-on" codes.
- C. **SPECIAL REPORT:** A typical request for more detailed information from an insurance carrier regarding a billing does not constitute a "special report", which is defined in the CPT® book.
- D. **MODIFIERS:** Listed services and procedures may be modified under certain circumstances. When applicable, the modifying circumstance should be identified by the addition of the appropriate modifier code, which may be reported in either of two ways. The modifier may be reported by a two-digit number placed after the usual procedure number from which it is separated by a hyphen. Or the modifier may be reported by a separate five-digit code that is used in addition to the procedure code. If more than one modifier is used, the "Multiple Modifiers" code placed first after the procedure code

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indicates that one or more additional modifier codes will follow.

Modifiers either unique to Arizona or containing explanatory language specific to Arizona are as follows:

Δ-22 Increased Procedural Services: Use of this modifier will result in a twenty-five percent (25%) increase in the listed value for the listed procedure.

Δ-25 Separately Identifiable Evaluation and Management Service by the same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service. It may be necessary to indicate that on the day a procedure or service identified by a CPT® code was performed, the patient's condition required a significant, separately identifiable E/M service above and beyond the other service provided or beyond the other service provided or beyond the usual preoperative and postoperative care associated with the procedure that was performed (see Evaluation and Management Services Guidelines for instructions on determining level of E/M service). As such, different diagnoses are not required for reporting of the E/M services on the same date. The circumstance may be reported by adding modifier 25 to the appropriate level of E/M service.

Δ-47 Anesthesia by Surgeon: The value shall be fifty percent (50%) of the calculated American Society of Anesthesiologists Relative Value Guide value.

Δ-50 Bilateral Procedure: Unless otherwise identified in the listings, when bilateral procedures which add significant time or complexity to patient care are provided at the same operative session, identify and value the first or major procedure as listed. Identify the secondary or lesser procedure(s) by adding this modifier '-50' to the usual procedure number(s) and value at fifty percent (50%) of the listed value(s). If, however, the procedures are independently complex and involve different parts of the body, including digits, the bilateral procedure rule would not apply. In such cases, independent procedures would be billed at one hundred percent (100%) of their listed value.

Δ-51 Multiple Procedures: When multiple procedures are performed during the same operative session\*, the procedures should be valued at the appropriate percent of its listed value, as shown below:

100% (full value) for the first or major procedure

50% for the second and multiple procedure(s)

Sixth and subsequent procedures – by report

\*Multiple Procedure Guidelines do not apply to codes specifically identified as "Add-on/Additional Procedures, Global indicator ZZZ".

The major or primary procedure is defined as the procedure with the highest value and is the code that determines the follow-up days when a surgery has multiple procedures. The second procedure is the procedure with the next highest value, the third the next highest value, and so on. If, however, the procedures are independently complex such as digits, tendons, nerves or artery repair, the multiple procedure rule would not apply. In such cases, independent



procedures would be billed at one hundred percent (100%) of their listed value.

When performing multiple procedures with different global period values during the same operative session, the global period value for the session is the largest global period value.

Δ-57 Decision for Surgery: An evaluation and management service that resulted in the initial decision to perform the surgery may be identified by adding modifier 57 to the appropriate level of E/M service.

Δ-62 Two Surgeons: By prior agreement, the total value of services performed by two surgeons working together as primary surgeons may be apportioned in relation to the responsibility and work done, provided the patient is made aware of the fee distribution according to medical ethics. If no apportionment is listed, the fee should be split evenly between the co-surgeons. The total value may be increased by twenty-five percent (25%) in lieu of the usual assistant's charge. Under these circumstances the services of each surgeon should be identified by adding this modifier '-62' to the joint procedure number(s) and valued as agreed upon. (Usual charges for surgical assistance may be warranted if still another physician is required as part of the surgical team.) The value of the procedure should be 125 percent of the customary value listed. Payment of 125% of the maximum allowable would be divided between the participating surgeons.

Two Surgeons – When 2 surgeons work together as primary surgeons performing distinct part(s) of a procedure, each surgeon should report his/her distinct operative work by adding modifier 62 to the procedure code and any associated add-on codes(s) for that procedure as long as both surgeons continue to work together as primary surgeons. Each surgeon should report the co-surgery once using the same procedure code. If additional procedure(s) (including add-on procedure(s)) are performed during the same surgical session, separate code(s) may be reported with modifier -62 added. **Note:** If a co-surgeon acts as an assistant in the performance of additional procedure(s), other than those reported with modifier 62, during the same surgical session, those services may be reported using separate procedure code(s) with modifier 80 or modifier 82 added, as appropriate.

Δ-80 Assistant Surgeons: These services are valued at twenty percent (20%) of the listed value of the surgical procedure(s).

– OR –

Δ-81 Minimum Assistant Surgeons: These services are valued at ten percent (10%) of the listed value of the surgical procedure(s).

#### Historical Note

New Appendix A. Surgery Guidelines made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A., Surgery Guidelines will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A. Surgery Guidelines repealed; new Appendix A. Surgery Guidelines made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Surgery Guidelines repealed; new Appendix A, Surgery Guidelines made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3).

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Surgery Codes 2021-2022

## Surgery Conversion Factor \$70.00

Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
10004 00	Surgery	1.50	1.25	\$ 105.00	\$ 87.50
10005 00	Surgery	3.99	2.11	\$ 279.30	\$ 147.70
10006 00	Surgery	1.77	1.47	\$ 123.90	\$ 102.90
10007 00	Surgery	9.06	2.67	\$ 634.20	\$ 186.90
10008 00	Surgery	4.81	1.70	\$ 336.70	\$ 119.00
10009 00	Surgery	13.91	3.25	\$ 973.70	\$ 227.50
10010 00	Surgery	8.22	2.36	\$ 575.40	\$ 165.20
10011 00	Surgery	-	-	\$ 709.10	\$ 709.10
10012 00	Surgery	-	-	\$ 402.50	\$ 402.50
10021 00	Surgery	3.02	1.61	\$ 211.40	\$ 112.70
10030 00	Surgery	19.53	3.95	\$ 1,367.10	\$ 276.50
10035 00	Surgery	12.57	2.46	\$ 879.90	\$ 172.20
10036 00	Surgery	10.77	1.25	\$ 753.90	\$ 87.50
10040 00	Surgery	3.42	1.52	\$ 239.40	\$ 106.40
10060 00	Surgery	3.62	3.01	\$ 253.40	\$ 210.70
10061 00	Surgery	6.21	5.33	\$ 434.70	\$ 373.10
10080 00	Surgery	7.24	3.06	\$ 506.80	\$ 214.20
10081 00	Surgery	10.00	5.06	\$ 700.00	\$ 354.20
10120 00	Surgery	4.50	3.04	\$ 315.00	\$ 212.80
10121 00	Surgery	7.98	5.40	\$ 558.60	\$ 378.00
10140 00	Surgery	5.05	3.46	\$ 353.50	\$ 242.20
10160 00	Surgery	3.83	2.77	\$ 268.10	\$ 193.90
10180 00	Surgery	7.77	5.22	\$ 543.90	\$ 365.40
11000 00	Surgery	1.69	0.81	\$ 118.30	\$ 56.70
11001 00	Surgery	0.74	0.42	\$ 51.80	\$ 29.40
11004 00	Surgery	16.73	16.73	\$ 1,171.10	\$ 1,171.10
11005 00	Surgery	22.84	22.84	\$ 1,598.80	\$ 1,598.80
11006 00	Surgery	20.59	20.59	\$ 1,441.30	\$ 1,441.30
11008 00	Surgery	8.03	8.03	\$ 562.10	\$ 562.10
11010 00	Surgery	13.90	8.03	\$ 973.00	\$ 562.10
11011 00	Surgery	15.40	8.74	\$ 1,078.00	\$ 611.80
11012 00	Surgery	19.74	12.19	\$ 1,381.80	\$ 853.30
11042 00	Surgery	3.82	1.76	\$ 267.40	\$ 123.20
11043 00	Surgery	6.90	4.52	\$ 483.00	\$ 316.40
11044 00	Surgery	9.16	6.57	\$ 641.20	\$ 459.90
11045 00	Surgery	1.21	0.77	\$ 84.70	\$ 53.90
11046 00	Surgery	2.17	1.63	\$ 151.90	\$ 114.10
11047 00	Surgery	3.58	2.85	\$ 250.60	\$ 199.50
11055 00	Surgery	2.05	0.47	\$ 143.50	\$ 32.90
11056 00	Surgery	2.35	0.65	\$ 164.50	\$ 45.50
11057 00	Surgery	2.58	0.84	\$ 180.60	\$ 58.80
11102 00	Surgery	3.05	1.09	\$ 213.50	\$ 76.30
11103 00	Surgery	1.55	0.64	\$ 108.50	\$ 44.80
11104 00	Surgery	3.82	1.38	\$ 267.40	\$ 96.60
11105 00	Surgery	1.79	0.75	\$ 125.30	\$ 52.50
11106 00	Surgery	4.67	1.68	\$ 326.90	\$ 117.60
11107 00	Surgery	2.14	0.90	\$ 149.80	\$ 63.00
11200 00	Surgery	2.63	2.18	\$ 184.10	\$ 152.60
11201 00	Surgery	0.54	0.48	\$ 37.80	\$ 33.60
11300 00	Surgery	3.03	0.98	\$ 212.10	\$ 68.60
11301 00	Surgery	3.66	1.49	\$ 256.20	\$ 104.30
11302 00	Surgery	4.18	1.75	\$ 292.60	\$ 122.50
11303 00	Surgery	4.60	2.07	\$ 322.00	\$ 144.90
11305 00	Surgery	3.18	1.10	\$ 222.60	\$ 77.00
11306 00	Surgery	3.68	1.44	\$ 257.60	\$ 100.80

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
11307 00	Surgery	4.26	1.85	\$ 298.20	\$ 129.50
11308 00	Surgery	4.52	2.10	\$ 316.40	\$ 147.00
11310 00	Surgery	3.49	1.33	\$ 244.30	\$ 93.10
11311 00	Surgery	4.12	1.84	\$ 288.40	\$ 128.80
11312 00	Surgery	4.70	2.17	\$ 329.00	\$ 151.90
11313 00	Surgery	5.45	2.79	\$ 381.50	\$ 195.30
11400 00	Surgery	3.79	2.42	\$ 265.30	\$ 169.40
11401 00	Surgery	4.61	3.05	\$ 322.70	\$ 213.50
11402 00	Surgery	5.09	3.36	\$ 356.30	\$ 235.20
11403 00	Surgery	5.85	4.31	\$ 409.50	\$ 301.70
11404 00	Surgery	6.66	4.76	\$ 466.20	\$ 333.20
11406 00	Surgery	9.44	7.24	\$ 660.80	\$ 506.80
11420 00	Surgery	3.80	2.39	\$ 266.00	\$ 167.30
11421 00	Surgery	4.73	3.17	\$ 331.10	\$ 221.90
11422 00	Surgery	5.33	3.93	\$ 373.10	\$ 275.10
11423 00	Surgery	6.06	4.52	\$ 424.20	\$ 316.40
11424 00	Surgery	6.95	5.16	\$ 486.50	\$ 361.20
11426 00	Surgery	9.94	8.00	\$ 695.80	\$ 560.00
11440 00	Surgery	4.24	3.03	\$ 296.80	\$ 212.10
11441 00	Surgery	5.14	3.82	\$ 359.80	\$ 267.40
11442 00	Surgery	5.70	4.22	\$ 399.00	\$ 295.40
11443 00	Surgery	6.75	5.18	\$ 472.50	\$ 362.60
11444 00	Surgery	8.41	6.58	\$ 588.70	\$ 460.60
11446 00	Surgery	11.46	9.37	\$ 802.20	\$ 655.90
11450 00	Surgery	12.78	7.60	\$ 894.60	\$ 532.00
11451 00	Surgery	15.69	9.66	\$ 1,098.30	\$ 676.20
11462 00	Surgery	12.36	7.21	\$ 865.20	\$ 504.70
11463 00	Surgery	15.84	9.70	\$ 1,108.80	\$ 679.00
11470 00	Surgery	13.44	8.32	\$ 940.80	\$ 582.40
11471 00	Surgery	16.21	10.25	\$ 1,134.70	\$ 717.50
11600 00	Surgery	5.92	3.56	\$ 414.40	\$ 249.20
11601 00	Surgery	6.81	4.31	\$ 476.70	\$ 301.70
11602 00	Surgery	7.27	4.68	\$ 508.90	\$ 327.60
11603 00	Surgery	8.26	5.59	\$ 578.20	\$ 391.30
11604 00	Surgery	9.22	6.19	\$ 645.40	\$ 433.30
11606 00	Surgery	13.19	9.23	\$ 923.30	\$ 646.10
11620 00	Surgery	5.94	3.58	\$ 415.80	\$ 250.60
11621 00	Surgery	6.83	4.32	\$ 478.10	\$ 302.40
11622 00	Surgery	7.50	4.89	\$ 525.00	\$ 342.30
11623 00	Surgery	8.77	6.08	\$ 613.90	\$ 425.60
11624 00	Surgery	9.96	6.90	\$ 697.20	\$ 483.00
11626 00	Surgery	12.04	8.52	\$ 842.80	\$ 596.40
11640 00	Surgery	6.07	3.67	\$ 424.90	\$ 256.90
11641 00	Surgery	7.05	4.50	\$ 493.50	\$ 315.00
11642 00	Surgery	7.95	5.27	\$ 556.50	\$ 368.90
11643 00	Surgery	9.34	6.61	\$ 653.80	\$ 462.70
11644 00	Surgery	11.51	8.22	\$ 805.70	\$ 575.40
11646 00	Surgery	14.95	11.40	\$ 1,046.50	\$ 798.00
11719 00	Surgery	0.41	0.22	\$ 28.70	\$ 15.40
11720 00	Surgery	0.97	0.43	\$ 67.90	\$ 30.10
11721 00	Surgery	1.30	0.70	\$ 91.00	\$ 49.00
11730 00	Surgery	3.43	1.57	\$ 240.10	\$ 109.90
11732 00	Surgery	1.00	0.51	\$ 70.00	\$ 35.70
11740 00	Surgery	1.65	0.91	\$ 115.50	\$ 63.70
11750 00	Surgery	4.77	2.96	\$ 333.90	\$ 207.20
11755 00	Surgery	3.73	1.78	\$ 261.10	\$ 124.60
11760 00	Surgery	5.74	3.32	\$ 401.80	\$ 232.40
11762 00	Surgery	8.73	5.55	\$ 611.10	\$ 388.50
11765 00	Surgery	4.99	2.69	\$ 349.30	\$ 188.30

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
11770 00	Surgery	10.35	5.49	\$ 724.50	\$ 384.30
11771 00	Surgery	18.59	13.12	\$ 1,301.30	\$ 918.40
11772 00	Surgery	22.93	17.29	\$ 1,605.10	\$ 1,210.30
11900 00	Surgery	1.65	0.87	\$ 115.50	\$ 60.90
11901 00	Surgery	2.06	1.35	\$ 144.20	\$ 94.50
11920 00	Surgery	5.69	3.22	\$ 398.30	\$ 225.40
11921 00	Surgery	6.46	3.81	\$ 452.20	\$ 266.70
11922 00	Surgery	1.77	0.86	\$ 123.90	\$ 60.20
11950 00	Surgery	2.35	1.53	\$ 164.50	\$ 107.10
11951 00	Surgery	3.14	2.14	\$ 219.80	\$ 149.80
11952 00	Surgery	4.21	3.02	\$ 294.70	\$ 211.40
11954 00	Surgery	4.63	3.31	\$ 324.10	\$ 231.70
11960 00	Surgery	29.95	29.95	\$ 2,096.50	\$ 2,096.50
11970 00	Surgery	16.49	16.49	\$ 1,154.30	\$ 1,154.30
11971 00	Surgery	16.07	16.07	\$ 1,124.90	\$ 1,124.90
11976 00	Surgery	4.27	2.73	\$ 298.90	\$ 191.10
11980 00	Surgery	2.78	1.63	\$ 194.60	\$ 114.10
11981 00	Surgery	3.05	1.87	\$ 213.50	\$ 130.90
11982 00	Surgery	3.44	2.20	\$ 240.80	\$ 154.00
11983 00	Surgery	4.26	3.04	\$ 298.20	\$ 212.80
12001 00	Surgery	2.76	1.30	\$ 193.20	\$ 91.00
12002 00	Surgery	3.34	1.72	\$ 233.80	\$ 120.40
12004 00	Surgery	3.88	2.14	\$ 271.60	\$ 149.80
12005 00	Surgery	5.19	2.81	\$ 363.30	\$ 196.70
12006 00	Surgery	6.06	3.43	\$ 424.20	\$ 240.10
12007 00	Surgery	6.90	4.29	\$ 483.00	\$ 300.30
12011 00	Surgery	3.34	1.63	\$ 233.80	\$ 114.10
12013 00	Surgery	3.47	1.71	\$ 242.90	\$ 119.70
12014 00	Surgery	4.24	2.20	\$ 296.80	\$ 154.00
12015 00	Surgery	5.10	2.78	\$ 357.00	\$ 194.60
12016 00	Surgery	6.49	3.78	\$ 454.30	\$ 264.60
12017 00	Surgery	4.49	4.49	\$ 314.30	\$ 314.30
12018 00	Surgery	5.09	5.09	\$ 356.30	\$ 356.30
12020 00	Surgery	8.92	5.53	\$ 624.40	\$ 387.10
12021 00	Surgery	5.16	4.10	\$ 361.20	\$ 287.00
12031 00	Surgery	7.79	4.40	\$ 545.30	\$ 308.00
12032 00	Surgery	9.06	5.49	\$ 634.20	\$ 384.30
12034 00	Surgery	9.91	5.98	\$ 693.70	\$ 418.60
12035 00	Surgery	11.72	7.06	\$ 820.40	\$ 494.20
12036 00	Surgery	12.93	8.29	\$ 905.10	\$ 580.30
12037 00	Surgery	14.47	9.63	\$ 1,012.90	\$ 674.10
12041 00	Surgery	7.82	4.22	\$ 547.40	\$ 295.40
12042 00	Surgery	9.15	5.68	\$ 640.50	\$ 397.60
12044 00	Surgery	11.32	6.21	\$ 792.40	\$ 434.70
12045 00	Surgery	12.08	7.87	\$ 845.60	\$ 550.90
12046 00	Surgery	15.01	9.33	\$ 1,050.70	\$ 653.10
12047 00	Surgery	16.42	10.39	\$ 1,149.40	\$ 727.30
12051 00	Surgery	8.37	4.90	\$ 585.90	\$ 343.00
12052 00	Surgery	9.31	5.79	\$ 651.70	\$ 405.30
12053 00	Surgery	10.88	6.26	\$ 761.60	\$ 438.20
12054 00	Surgery	11.49	6.36	\$ 804.30	\$ 445.20
12055 00	Surgery	15.01	8.72	\$ 1,050.70	\$ 610.40
12056 00	Surgery	17.29	11.27	\$ 1,210.30	\$ 788.90
12057 00	Surgery	18.32	12.35	\$ 1,282.40	\$ 864.50
13100 00	Surgery	10.24	5.85	\$ 716.80	\$ 409.50
13101 00	Surgery	11.94	7.27	\$ 835.80	\$ 508.90
13102 00	Surgery	3.52	2.11	\$ 246.40	\$ 147.70
13120 00	Surgery	10.64	6.82	\$ 744.80	\$ 477.40
13121 00	Surgery	12.77	7.51	\$ 893.90	\$ 525.70

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
13122 00	Surgery	3.82	2.42	\$ 267.40	\$ 169.40
13131 00	Surgery	11.62	7.06	\$ 813.40	\$ 494.20
13132 00	Surgery	14.08	8.79	\$ 985.60	\$ 615.30
13133 00	Surgery	5.03	3.67	\$ 352.10	\$ 256.90
13151 00	Surgery	12.64	8.11	\$ 884.80	\$ 567.70
13152 00	Surgery	14.88	9.78	\$ 1,041.60	\$ 684.60
13153 00	Surgery	5.52	4.00	\$ 386.40	\$ 280.00
13160 00	Surgery	23.40	23.40	\$ 1,638.00	\$ 1,638.00
14000 00	Surgery	18.57	14.56	\$ 1,299.90	\$ 1,019.20
14001 00	Surgery	23.66	18.95	\$ 1,656.20	\$ 1,326.50
14020 00	Surgery	20.48	16.35	\$ 1,433.60	\$ 1,144.50
14021 00	Surgery	25.26	20.51	\$ 1,768.20	\$ 1,435.70
14040 00	Surgery	22.14	18.05	\$ 1,549.80	\$ 1,263.50
14041 00	Surgery	26.92	22.06	\$ 1,884.40	\$ 1,544.20
14060 00	Surgery	22.39	19.20	\$ 1,567.30	\$ 1,344.00
14061 00	Surgery	29.00	23.68	\$ 2,030.00	\$ 1,657.60
14301 00	Surgery	31.83	25.29	\$ 2,228.10	\$ 1,770.30
14302 00	Surgery	6.33	6.33	\$ 443.10	\$ 443.10
14350 00	Surgery	19.85	19.85	\$ 1,389.50	\$ 1,389.50
15002 00	Surgery	10.45	6.46	\$ 731.50	\$ 452.20
15003 00	Surgery	2.12	1.33	\$ 148.40	\$ 93.10
15004 00	Surgery	11.83	7.66	\$ 828.10	\$ 536.20
15005 00	Surgery	3.54	2.67	\$ 247.80	\$ 186.90
15040 00	Surgery	8.03	3.64	\$ 562.10	\$ 254.80
15050 00	Surgery	17.62	13.52	\$ 1,233.40	\$ 946.40
15100 00	Surgery	25.69	20.94	\$ 1,798.30	\$ 1,465.80
15101 00	Surgery	5.67	3.30	\$ 396.90	\$ 231.00
15110 00	Surgery	24.24	20.55	\$ 1,696.80	\$ 1,438.50
15111 00	Surgery	3.31	2.99	\$ 231.70	\$ 209.30
15115 00	Surgery	23.84	20.26	\$ 1,668.80	\$ 1,418.20
15116 00	Surgery	4.84	4.41	\$ 338.80	\$ 308.70
15120 00	Surgery	24.98	20.16	\$ 1,748.60	\$ 1,411.20
15121 00	Surgery	6.35	3.99	\$ 444.50	\$ 279.30
15130 00	Surgery	21.41	17.47	\$ 1,498.70	\$ 1,222.90
15131 00	Surgery	2.87	2.64	\$ 200.90	\$ 184.80
15135 00	Surgery	25.75	22.00	\$ 1,802.50	\$ 1,540.00
15136 00	Surgery	2.83	2.64	\$ 198.10	\$ 184.80
15150 00	Surgery	21.03	18.88	\$ 1,472.10	\$ 1,321.60
15151 00	Surgery	3.50	3.22	\$ 245.00	\$ 225.40
15152 00	Surgery	4.32	4.05	\$ 302.40	\$ 283.50
15155 00	Surgery	23.56	21.41	\$ 1,649.20	\$ 1,498.70
15156 00	Surgery	4.73	4.45	\$ 331.10	\$ 311.50
15157 00	Surgery	5.26	4.86	\$ 368.20	\$ 340.20
15200 00	Surgery	24.69	19.59	\$ 1,728.30	\$ 1,371.30
15201 00	Surgery	4.34	2.27	\$ 303.80	\$ 158.90
15220 00	Surgery	22.61	17.72	\$ 1,582.70	\$ 1,240.40
15221 00	Surgery	4.00	2.04	\$ 280.00	\$ 142.80
15240 00	Surgery	27.23	23.06	\$ 1,906.10	\$ 1,614.20
15241 00	Surgery	5.24	3.09	\$ 366.80	\$ 216.30
15260 00	Surgery	29.15	24.46	\$ 2,040.50	\$ 1,712.20
15261 00	Surgery	6.15	3.99	\$ 430.50	\$ 279.30
15271 00	Surgery	4.55	2.45	\$ 318.50	\$ 171.50
15272 00	Surgery	0.74	0.50	\$ 51.80	\$ 35.00
15273 00	Surgery	9.36	5.81	\$ 655.20	\$ 406.70
15274 00	Surgery	2.44	1.32	\$ 170.80	\$ 92.40
15275 00	Surgery	4.70	2.74	\$ 329.00	\$ 191.80
15276 00	Surgery	0.96	0.73	\$ 67.20	\$ 51.10
15277 00	Surgery	10.23	6.59	\$ 716.10	\$ 461.30
15278 00	Surgery	2.85	1.66	\$ 199.50	\$ 116.20

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
15570 00	Surgery	26.91	21.42	\$ 1,883.70	\$ 1,499.40
15572 00	Surgery	25.81	21.45	\$ 1,806.70	\$ 1,501.50
15574 00	Surgery	25.83	21.49	\$ 1,808.10	\$ 1,504.30
15576 00	Surgery	23.26	19.11	\$ 1,628.20	\$ 1,337.70
15600 00	Surgery	10.02	6.15	\$ 701.40	\$ 430.50
15610 00	Surgery	10.87	7.09	\$ 760.90	\$ 496.30
15620 00	Surgery	13.15	9.48	\$ 920.50	\$ 663.60
15630 00	Surgery	13.56	9.94	\$ 949.20	\$ 695.80
15650 00	Surgery	14.88	11.01	\$ 1,041.60	\$ 770.70
15730 00	Surgery	43.78	26.65	\$ 3,064.60	\$ 1,865.50
15731 00	Surgery	32.90	29.08	\$ 2,303.00	\$ 2,035.60
15733 00	Surgery	30.24	30.24	\$ 2,116.80	\$ 2,116.80
15734 00	Surgery	44.18	44.18	\$ 3,092.60	\$ 3,092.60
15736 00	Surgery	35.78	35.78	\$ 2,504.60	\$ 2,504.60
15738 00	Surgery	37.68	37.68	\$ 2,637.60	\$ 2,637.60
15740 00	Surgery	29.40	24.34	\$ 2,058.00	\$ 1,703.80
15750 00	Surgery	27.17	27.17	\$ 1,901.90	\$ 1,901.90
15756 00	Surgery	66.81	66.81	\$ 4,676.70	\$ 4,676.70
15757 00	Surgery	66.48	66.48	\$ 4,653.60	\$ 4,653.60
15758 00	Surgery	66.74	66.74	\$ 4,671.80	\$ 4,671.80
15760 00	Surgery	24.81	20.38	\$ 1,736.70	\$ 1,426.60
15769 00	Surgery	14.07	14.07	\$ 984.90	\$ 984.90
15770 00	Surgery	19.51	19.51	\$ 1,365.70	\$ 1,365.70
15771 00	Surgery	16.85	13.96	\$ 1,179.50	\$ 977.20
15772 00	Surgery	5.27	4.08	\$ 368.90	\$ 285.60
15773 00	Surgery	16.99	14.10	\$ 1,189.30	\$ 987.00
15774 00	Surgery	5.12	3.93	\$ 358.40	\$ 275.10
15775 00	Surgery	11.15	7.48	\$ 780.50	\$ 523.60
15776 00	Surgery	15.15	10.26	\$ 1,060.50	\$ 718.20
15777 00	Surgery	6.30	6.30	\$ 441.00	\$ 441.00
15780 00	Surgery	25.34	19.32	\$ 1,773.80	\$ 1,352.40
15781 00	Surgery	16.14	12.55	\$ 1,129.80	\$ 878.50
15782 00	Surgery	15.06	11.04	\$ 1,054.20	\$ 772.80
15783 00	Surgery	13.38	10.29	\$ 936.60	\$ 720.30
15786 00	Surgery	7.03	3.86	\$ 492.10	\$ 270.20
15787 00	Surgery	1.06	0.50	\$ 74.20	\$ 35.00
15788 00	Surgery	12.23	6.43	\$ 856.10	\$ 450.10
15789 00	Surgery	15.73	11.83	\$ 1,101.10	\$ 828.10
15792 00	Surgery	10.68	6.39	\$ 747.60	\$ 447.30
15793 00	Surgery	14.02	10.24	\$ 981.40	\$ 716.80
15819 00	Surgery	23.37	23.37	\$ 1,635.90	\$ 1,635.90
15820 00	Surgery	16.84	14.94	\$ 1,178.80	\$ 1,045.80
15821 00	Surgery	18.02	15.94	\$ 1,261.40	\$ 1,115.80
15822 00	Surgery	13.48	11.59	\$ 943.60	\$ 811.30
15823 00	Surgery	18.11	16.00	\$ 1,267.70	\$ 1,120.00
15824 00	Surgery	-	-	\$ 2,321.90	\$ 2,321.90
15825 00	Surgery	-	-	\$ 2,611.70	\$ 2,611.70
15826 00	Surgery	-	-	\$ 1,886.50	\$ 1,886.50
15828 00	Surgery	-	-	\$ 4,933.60	\$ 4,933.60
15829 00	Surgery	-	-	\$ 5,513.90	\$ 5,513.90
15830 00	Surgery	34.41	34.41	\$ 2,408.70	\$ 2,408.70
15832 00	Surgery	26.91	26.91	\$ 1,883.70	\$ 1,883.70
15833 00	Surgery	25.67	25.67	\$ 1,796.90	\$ 1,796.90
15834 00	Surgery	26.13	26.13	\$ 1,829.10	\$ 1,829.10
15835 00	Surgery	27.28	27.28	\$ 1,909.60	\$ 1,909.60
15836 00	Surgery	22.22	22.22	\$ 1,555.40	\$ 1,555.40
15837 00	Surgery	25.57	21.02	\$ 1,789.90	\$ 1,471.40
15838 00	Surgery	18.94	18.94	\$ 1,325.80	\$ 1,325.80
15839 00	Surgery	26.29	21.67	\$ 1,840.30	\$ 1,516.90

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
15840 00	Surgery	29.54	29.54	\$ 2,067.80	\$ 2,067.80
15841 00	Surgery	52.19	52.19	\$ 3,653.30	\$ 3,653.30
15842 00	Surgery	79.25	79.25	\$ 5,547.50	\$ 5,547.50
15845 00	Surgery	29.28	29.28	\$ 2,049.60	\$ 2,049.60
15847 00	Surgery	-	-	\$ 1,015.70	\$ 1,015.70
15850 00	Surgery	0.00	0.00	Bundled Code	Bundled Code
15851 00	Surgery	3.17	1.33	\$ 221.90	\$ 93.10
15852 00	Surgery	1.36	1.36	\$ 95.20	\$ 95.20
15860 00	Surgery	3.12	3.12	\$ 218.40	\$ 218.40
15876 00	Surgery	0.00	0.00	BR	BR
15877 00	Surgery	0.00	0.00	BR	BR
15878 00	Surgery	0.00	0.00	BR	BR
15879 00	Surgery	0.00	0.00	BR	BR
15920 00	Surgery	18.52	18.52	\$ 1,296.40	\$ 1,296.40
15922 00	Surgery	23.32	23.32	\$ 1,632.40	\$ 1,632.40
15931 00	Surgery	20.77	20.77	\$ 1,453.90	\$ 1,453.90
15933 00	Surgery	25.51	25.51	\$ 1,785.70	\$ 1,785.70
15934 00	Surgery	27.89	27.89	\$ 1,952.30	\$ 1,952.30
15935 00	Surgery	33.85	33.85	\$ 2,369.50	\$ 2,369.50
15936 00	Surgery	26.61	26.61	\$ 1,862.70	\$ 1,862.70
15937 00	Surgery	30.73	30.73	\$ 2,151.10	\$ 2,151.10
15940 00	Surgery	20.73	20.73	\$ 1,451.10	\$ 1,451.10
15941 00	Surgery	27.24	27.24	\$ 1,906.80	\$ 1,906.80
15944 00	Surgery	27.00	27.00	\$ 1,890.00	\$ 1,890.00
15945 00	Surgery	29.86	29.86	\$ 2,090.20	\$ 2,090.20
15946 00	Surgery	47.57	47.57	\$ 3,329.90	\$ 3,329.90
15950 00	Surgery	18.05	18.05	\$ 1,263.50	\$ 1,263.50
15951 00	Surgery	26.34	26.34	\$ 1,843.80	\$ 1,843.80
15952 00	Surgery	26.83	26.83	\$ 1,878.10	\$ 1,878.10
15953 00	Surgery	29.56	29.56	\$ 2,069.20	\$ 2,069.20
15956 00	Surgery	34.34	34.34	\$ 2,403.80	\$ 2,403.80
15958 00	Surgery	34.87	34.87	\$ 2,440.90	\$ 2,440.90
15999 00	Surgery	0.00	0.00	BR	BR
16000 00	Surgery	2.18	1.32	\$ 152.60	\$ 92.40
16020 00	Surgery	2.50	1.61	\$ 175.00	\$ 112.70
16025 00	Surgery	4.58	3.22	\$ 320.60	\$ 225.40
16030 00	Surgery	5.73	3.83	\$ 401.10	\$ 268.10
16035 00	Surgery	5.66	5.66	\$ 396.20	\$ 396.20
16036 00	Surgery	2.30	2.30	\$ 161.00	\$ 161.00
17000 00	Surgery	1.93	1.56	\$ 135.10	\$ 109.20
17003 00	Surgery	0.19	0.06	\$ 13.30	\$ 4.20
17004 00	Surgery	4.85	2.84	\$ 339.50	\$ 198.80
17106 00	Surgery	10.00	7.95	\$ 700.00	\$ 556.50
17107 00	Surgery	13.09	10.35	\$ 916.30	\$ 724.50
17108 00	Surgery	18.51	15.19	\$ 1,295.70	\$ 1,063.30
17110 00	Surgery	3.33	1.91	\$ 233.10	\$ 133.70
17111 00	Surgery	3.90	2.35	\$ 273.00	\$ 164.50
17250 00	Surgery	2.63	1.06	\$ 184.10	\$ 74.20
17260 00	Surgery	2.90	2.04	\$ 203.00	\$ 142.80
17261 00	Surgery	4.35	2.52	\$ 304.50	\$ 176.40
17262 00	Surgery	5.23	3.18	\$ 366.10	\$ 222.60
17263 00	Surgery	5.66	3.53	\$ 396.20	\$ 247.10
17264 00	Surgery	6.07	3.78	\$ 424.90	\$ 264.60
17266 00	Surgery	6.91	4.44	\$ 483.70	\$ 310.80
17270 00	Surgery	4.39	2.75	\$ 307.30	\$ 192.50
17271 00	Surgery	4.87	3.04	\$ 340.90	\$ 212.80
17272 00	Surgery	5.53	3.50	\$ 387.10	\$ 245.00
17273 00	Surgery	6.15	3.98	\$ 430.50	\$ 278.60
17274 00	Surgery	7.19	4.85	\$ 503.30	\$ 339.50

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
17276 00	Surgery	8.34	5.84	\$ 583.80	\$ 408.80
17280 00	Surgery	4.13	2.51	\$ 289.10	\$ 175.70
17281 00	Surgery	5.26	3.41	\$ 368.20	\$ 238.70
17282 00	Surgery	6.04	3.96	\$ 422.80	\$ 277.20
17283 00	Surgery	7.15	4.94	\$ 500.50	\$ 345.80
17284 00	Surgery	8.14	5.77	\$ 569.80	\$ 403.90
17286 00	Surgery	10.44	7.84	\$ 730.80	\$ 548.80
17311 00	Surgery	19.78	10.36	\$ 1,384.60	\$ 725.20
17312 00	Surgery	12.02	5.50	\$ 841.40	\$ 385.00
17313 00	Surgery	18.57	9.28	\$ 1,299.90	\$ 649.60
17314 00	Surgery	11.50	5.10	\$ 805.00	\$ 357.00
17315 00	Surgery	2.26	1.46	\$ 158.20	\$ 102.20
17340 00	Surgery	1.53	1.43	\$ 107.10	\$ 100.10
17360 00	Surgery	3.61	2.67	\$ 252.70	\$ 186.90
17380 00	Surgery	-	-	\$ 161.00	\$ 161.00
17999 00	Surgery	0.00	0.00	BR	BR
19000 00	Surgery	3.17	1.26	\$ 221.90	\$ 88.20
19001 00	Surgery	0.79	0.62	\$ 55.30	\$ 43.40
19020 00	Surgery	14.26	9.19	\$ 998.20	\$ 643.30
19030 00	Surgery	4.98	2.21	\$ 348.60	\$ 154.70
19081 00	Surgery	16.87	4.80	\$ 1,180.90	\$ 336.00
19082 00	Surgery	13.51	2.41	\$ 945.70	\$ 168.70
19083 00	Surgery	16.89	4.54	\$ 1,182.30	\$ 317.80
19084 00	Surgery	13.27	2.26	\$ 928.90	\$ 158.20
19085 00	Surgery	25.95	5.26	\$ 1,816.50	\$ 368.20
19086 00	Surgery	20.56	2.63	\$ 1,439.20	\$ 184.10
19100 00	Surgery	4.68	2.05	\$ 327.60	\$ 143.50
19101 00	Surgery	10.16	6.60	\$ 711.20	\$ 462.00
19105 00	Surgery	80.00	6.22	\$ 5,600.00	\$ 435.40
19110 00	Surgery	14.86	10.39	\$ 1,040.20	\$ 727.30
19112 00	Surgery	14.02	9.47	\$ 981.40	\$ 662.90
19120 00	Surgery	15.32	12.30	\$ 1,072.40	\$ 861.00
19125 00	Surgery	16.89	13.62	\$ 1,182.30	\$ 953.40
19126 00	Surgery	4.74	4.74	\$ 331.80	\$ 331.80
19281 00	Surgery	7.24	2.88	\$ 506.80	\$ 201.60
19282 00	Surgery	5.17	1.45	\$ 361.90	\$ 101.50
19283 00	Surgery	8.00	2.92	\$ 560.00	\$ 204.40
19284 00	Surgery	6.11	1.49	\$ 427.70	\$ 104.30
19285 00	Surgery	12.68	2.47	\$ 887.60	\$ 172.90
19286 00	Surgery	10.71	1.25	\$ 749.70	\$ 87.50
19287 00	Surgery	21.78	3.68	\$ 1,524.60	\$ 257.60
19288 00	Surgery	17.21	1.85	\$ 1,204.70	\$ 129.50
19294 00	Surgery	4.85	4.85	\$ 339.50	\$ 339.50
19296 00	Surgery	123.51	6.17	\$ 8,645.70	\$ 431.90
19297 00	Surgery	2.80	2.80	\$ 196.00	\$ 196.00
19298 00	Surgery	29.41	9.28	\$ 2,058.70	\$ 649.60
19300 00	Surgery	17.16	12.62	\$ 1,201.20	\$ 883.40
19301 00	Surgery	19.49	19.49	\$ 1,364.30	\$ 1,364.30
19302 00	Surgery	26.79	26.79	\$ 1,875.30	\$ 1,875.30
19303 00	Surgery	28.33	28.33	\$ 1,983.10	\$ 1,983.10
19305 00	Surgery	33.84	33.84	\$ 2,368.80	\$ 2,368.80
19306 00	Surgery	36.04	36.04	\$ 2,522.80	\$ 2,522.80
19307 00	Surgery	35.01	35.01	\$ 2,450.70	\$ 2,450.70
19316 00	Surgery	23.25	23.25	\$ 1,627.50	\$ 1,627.50
19318 00	Surgery	32.14	32.14	\$ 2,249.80	\$ 2,249.80
19325 00	Surgery	18.02	18.02	\$ 1,261.40	\$ 1,261.40
19328 00	Surgery	16.27	16.27	\$ 1,138.90	\$ 1,138.90
19330 00	Surgery	18.97	18.97	\$ 1,327.90	\$ 1,327.90
19340 00	Surgery	22.23	22.23	\$ 1,556.10	\$ 1,556.10

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
19342 00	Surgery	22.36	22.36	\$ 1,565.20	\$ 1,565.20
19350 00	Surgery	24.51	19.73	\$ 1,715.70	\$ 1,381.10
19355 00	Surgery	22.35	18.12	\$ 1,564.50	\$ 1,268.40
19357 00	Surgery	34.20	34.20	\$ 2,394.00	\$ 2,394.00
19361 00	Surgery	45.85	45.85	\$ 3,209.50	\$ 3,209.50
19364 00	Surgery	80.17	80.17	\$ 5,611.90	\$ 5,611.90
19367 00	Surgery	52.05	52.05	\$ 3,643.50	\$ 3,643.50
19368 00	Surgery	63.96	63.96	\$ 4,477.20	\$ 4,477.20
19369 00	Surgery	59.42	59.42	\$ 4,159.40	\$ 4,159.40
19370 00	Surgery	19.67	19.67	\$ 1,376.90	\$ 1,376.90
19371 00	Surgery	20.92	20.92	\$ 1,464.40	\$ 1,464.40
19380 00	Surgery	23.70	23.70	\$ 1,659.00	\$ 1,659.00
19396 00	Surgery	8.51	4.20	\$ 595.70	\$ 294.00
19499 00	Surgery	0.00	0.00	BR	BR
20100 00	Surgery	17.72	17.72	\$ 1,240.40	\$ 1,240.40
20101 00	Surgery	17.99	6.21	\$ 1,259.30	\$ 434.70
20102 00	Surgery	18.67	7.52	\$ 1,306.90	\$ 526.40
20103 00	Surgery	17.15	10.15	\$ 1,200.50	\$ 710.50
20150 00	Surgery	29.58	29.58	\$ 2,070.60	\$ 2,070.60
20200 00	Surgery	6.69	2.76	\$ 468.30	\$ 193.20
20205 00	Surgery	9.24	4.54	\$ 646.80	\$ 317.80
20206 00	Surgery	7.12	1.66	\$ 498.40	\$ 116.20
20220 00	Surgery	7.38	2.55	\$ 516.60	\$ 178.50
20225 00	Surgery	12.16	3.78	\$ 851.20	\$ 264.60
20240 00	Surgery	4.17	4.17	\$ 291.90	\$ 291.90
20245 00	Surgery	10.19	10.19	\$ 713.30	\$ 713.30
20250 00	Surgery	11.55	11.55	\$ 808.50	\$ 808.50
20251 00	Surgery	12.60	12.60	\$ 882.00	\$ 882.00
20500 00	Surgery	3.49	2.55	\$ 244.30	\$ 178.50
20501 00	Surgery	4.29	1.08	\$ 300.30	\$ 75.60
20520 00	Surgery	6.41	4.32	\$ 448.70	\$ 302.40
20525 00	Surgery	14.25	7.26	\$ 997.50	\$ 508.20
20526 00	Surgery	2.37	1.67	\$ 165.90	\$ 116.90
20527 00	Surgery	2.54	1.91	\$ 177.80	\$ 133.70
20550 00	Surgery	1.64	1.14	\$ 114.80	\$ 79.80
20551 00	Surgery	1.68	1.15	\$ 117.60	\$ 80.50
20552 00	Surgery	1.59	1.11	\$ 111.30	\$ 77.70
20553 00	Surgery	1.82	1.25	\$ 127.40	\$ 87.50
20555 00	Surgery	9.66	9.66	\$ 676.20	\$ 676.20
20560 00	Surgery	0.77	0.48	\$ 53.90	\$ 33.60
20561 00	Surgery	1.11	0.71	\$ 77.70	\$ 49.70
20600 00	Surgery	1.52	1.05	\$ 106.40	\$ 73.50
20604 00	Surgery	2.37	1.35	\$ 165.90	\$ 94.50
20605 00	Surgery	1.58	1.09	\$ 110.60	\$ 76.30
20606 00	Surgery	2.60	1.55	\$ 182.00	\$ 108.50
20610 00	Surgery	1.88	1.34	\$ 131.60	\$ 93.80
20611 00	Surgery	2.90	1.76	\$ 203.00	\$ 123.20
20612 00	Surgery	1.86	1.21	\$ 130.20	\$ 84.70
20615 00	Surgery	7.53	4.71	\$ 527.10	\$ 329.70
20650 00	Surgery	6.44	4.64	\$ 450.80	\$ 324.80
20660 00	Surgery	7.12	7.12	\$ 498.40	\$ 498.40
20661 00	Surgery	15.01	15.01	\$ 1,050.70	\$ 1,050.70
20662 00	Surgery	15.30	15.30	\$ 1,071.00	\$ 1,071.00
20663 00	Surgery	14.08	14.08	\$ 985.60	\$ 985.60
20664 00	Surgery	25.97	25.97	\$ 1,817.90	\$ 1,817.90
20665 00	Surgery	3.34	2.77	\$ 233.80	\$ 193.90
20670 00	Surgery	11.21	4.25	\$ 784.70	\$ 297.50
20680 00	Surgery	18.20	12.34	\$ 1,274.00	\$ 863.80
20690 00	Surgery	17.57	17.57	\$ 1,229.90	\$ 1,229.90

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
20692 00	Surgery	32.90	32.90	\$ 2,303.00	\$ 2,303.00
20693 00	Surgery	13.04	13.04	\$ 912.80	\$ 912.80
20694 00	Surgery	12.75	9.98	\$ 892.50	\$ 698.60
20696 00	Surgery	35.04	35.04	\$ 2,452.80	\$ 2,452.80
20697 00	Surgery	61.22	61.22	\$ 4,285.40	\$ 4,285.40
20700 00	Surgery	2.44	2.44	\$ 170.80	\$ 170.80
20701 00	Surgery	1.85	1.85	\$ 129.50	\$ 129.50
20702 00	Surgery	4.09	4.09	\$ 286.30	\$ 286.30
20703 00	Surgery	2.94	2.94	\$ 205.80	\$ 205.80
20704 00	Surgery	4.26	4.26	\$ 298.20	\$ 298.20
20705 00	Surgery	3.52	3.52	\$ 246.40	\$ 246.40
20802 00	Surgery	80.81	80.81	\$ 5,656.70	\$ 5,656.70
20805 00	Surgery	96.03	96.03	\$ 6,722.10	\$ 6,722.10
20808 00	Surgery	115.99	115.99	\$ 8,119.30	\$ 8,119.30
20816 00	Surgery	60.51	60.51	\$ 4,235.70	\$ 4,235.70
20822 00	Surgery	52.17	52.17	\$ 3,651.90	\$ 3,651.90
20824 00	Surgery	60.61	60.61	\$ 4,242.70	\$ 4,242.70
20827 00	Surgery	53.59	53.59	\$ 3,751.30	\$ 3,751.30
20838 00	Surgery	82.02	82.02	\$ 5,741.40	\$ 5,741.40
20900 00	Surgery	12.11	5.36	\$ 847.70	\$ 375.20
20902 00	Surgery	8.19	8.19	\$ 573.30	\$ 573.30
20910 00	Surgery	13.96	13.96	\$ 977.20	\$ 977.20
20912 00	Surgery	13.98	13.98	\$ 978.60	\$ 978.60
20920 00	Surgery	11.50	11.50	\$ 805.00	\$ 805.00
20922 00	Surgery	17.74	14.28	\$ 1,241.80	\$ 999.60
20924 00	Surgery	14.93	14.93	\$ 1,045.10	\$ 1,045.10
20930 00	Surgery	0.00	0.00	Bundled Code	Bundled Code
20931 00	Surgery	3.25	3.25	\$ 227.50	\$ 227.50
20932 00	Surgery	22.27	22.27	\$ 1,558.90	\$ 1,558.90
20933 00	Surgery	20.43	20.43	\$ 1,430.10	\$ 1,430.10
20934 00	Surgery	22.26	22.26	\$ 1,558.20	\$ 1,558.20
20936 00	Surgery	0.00	0.00	Bundled Code	Bundled Code
20937 00	Surgery	4.90	4.90	\$ 343.00	\$ 343.00
20938 00	Surgery	5.42	5.42	\$ 379.40	\$ 379.40
20939 00	Surgery	2.05	2.05	\$ 143.50	\$ 143.50
20950 00	Surgery	8.08	2.57	\$ 565.60	\$ 179.90
20955 00	Surgery	72.17	72.17	\$ 5,051.90	\$ 5,051.90
20956 00	Surgery	77.73	77.73	\$ 5,441.10	\$ 5,441.10
20957 00	Surgery	80.94	80.94	\$ 5,665.80	\$ 5,665.80
20962 00	Surgery	78.31	78.31	\$ 5,481.70	\$ 5,481.70
20969 00	Surgery	79.17	79.17	\$ 5,541.90	\$ 5,541.90
20970 00	Surgery	83.85	83.85	\$ 5,869.50	\$ 5,869.50
20972 00	Surgery	83.63	83.63	\$ 5,854.10	\$ 5,854.10
20973 00	Surgery	88.33	88.33	\$ 6,183.10	\$ 6,183.10
20974 00	Surgery	2.39	1.48	\$ 167.30	\$ 103.60
20975 00	Surgery	5.19	5.19	\$ 363.30	\$ 363.30
20979 00	Surgery	1.60	0.93	\$ 112.00	\$ 65.10
20982 00	Surgery	115.22	10.66	\$ 8,065.40	\$ 746.20
20983 00	Surgery	169.57	9.95	\$ 11,869.90	\$ 696.50
20985 00	Surgery	4.26	4.26	\$ 298.20	\$ 298.20
20999 00	Surgery	0.00	0.00	BR	BR
21010 00	Surgery	21.77	21.77	\$ 1,523.90	\$ 1,523.90
21011 00	Surgery	10.98	7.55	\$ 768.60	\$ 528.50
21012 00	Surgery	9.94	9.94	\$ 695.80	\$ 695.80
21013 00	Surgery	15.89	11.77	\$ 1,112.30	\$ 823.90
21014 00	Surgery	15.35	15.35	\$ 1,074.50	\$ 1,074.50
21015 00	Surgery	20.59	20.59	\$ 1,441.30	\$ 1,441.30
21016 00	Surgery	29.48	29.48	\$ 2,063.60	\$ 2,063.60
21025 00	Surgery	23.50	19.53	\$ 1,645.00	\$ 1,367.10

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
21026 00	Surgery	16.03	12.70	\$ 1,122.10	\$ 889.00
21029 00	Surgery	22.68	18.17	\$ 1,587.60	\$ 1,271.90
21030 00	Surgery	14.06	10.87	\$ 984.20	\$ 760.90
21031 00	Surgery	11.49	8.03	\$ 804.30	\$ 562.10
21032 00	Surgery	11.40	7.82	\$ 798.00	\$ 547.40
21034 00	Surgery	38.31	33.11	\$ 2,681.70	\$ 2,317.70
21040 00	Surgery	14.25	10.96	\$ 997.50	\$ 767.20
21044 00	Surgery	25.22	25.22	\$ 1,765.40	\$ 1,765.40
21045 00	Surgery	35.03	35.03	\$ 2,452.10	\$ 2,452.10
21046 00	Surgery	29.79	29.79	\$ 2,085.30	\$ 2,085.30
21047 00	Surgery	37.00	37.00	\$ 2,590.00	\$ 2,590.00
21048 00	Surgery	30.18	30.18	\$ 2,112.60	\$ 2,112.60
21049 00	Surgery	35.35	35.35	\$ 2,474.50	\$ 2,474.50
21050 00	Surgery	25.59	25.59	\$ 1,791.30	\$ 1,791.30
21060 00	Surgery	23.21	23.21	\$ 1,624.70	\$ 1,624.70
21070 00	Surgery	18.15	18.15	\$ 1,270.50	\$ 1,270.50
21073 00	Surgery	11.10	7.23	\$ 777.00	\$ 506.10
21076 00	Surgery	25.52	20.99	\$ 1,786.40	\$ 1,469.30
21077 00	Surgery	62.39	51.51	\$ 4,367.30	\$ 3,605.70
21079 00	Surgery	42.64	34.65	\$ 2,984.80	\$ 2,425.50
21080 00	Surgery	49.29	39.48	\$ 3,450.30	\$ 2,763.60
21081 00	Surgery	45.38	36.11	\$ 3,176.60	\$ 2,527.70
21082 00	Surgery	41.52	32.82	\$ 2,906.40	\$ 2,297.40
21083 00	Surgery	39.61	30.46	\$ 2,772.70	\$ 2,132.20
21084 00	Surgery	45.27	35.26	\$ 3,168.90	\$ 2,468.20
21085 00	Surgery	19.84	14.26	\$ 1,388.80	\$ 998.20
21086 00	Surgery	46.49	38.00	\$ 3,254.30	\$ 2,660.00
21087 00	Surgery	46.49	38.00	\$ 3,254.30	\$ 2,660.00
21088 00	Surgery	-	-	\$ 6,972.70	\$ 6,972.70
21089 00	Surgery	0.00	0.00	BR	BR
21100 00	Surgery	19.03	10.44	\$ 1,332.10	\$ 730.80
21110 00	Surgery	25.71	21.32	\$ 1,799.70	\$ 1,492.40
21116 00	Surgery	6.41	1.34	\$ 448.70	\$ 93.80
21120 00	Surgery	20.24	15.47	\$ 1,416.80	\$ 1,082.90
21121 00	Surgery	19.28	16.06	\$ 1,349.60	\$ 1,124.20
21122 00	Surgery	22.66	22.66	\$ 1,586.20	\$ 1,586.20
21123 00	Surgery	25.63	25.63	\$ 1,794.10	\$ 1,794.10
21125 00	Surgery	83.38	19.84	\$ 5,836.60	\$ 1,388.80
21127 00	Surgery	123.66	22.72	\$ 8,656.20	\$ 1,590.40
21137 00	Surgery	22.07	22.07	\$ 1,544.90	\$ 1,544.90
21138 00	Surgery	26.89	26.89	\$ 1,882.30	\$ 1,882.30
21139 00	Surgery	32.50	32.50	\$ 2,275.00	\$ 2,275.00
21141 00	Surgery	39.11	39.11	\$ 2,737.70	\$ 2,737.70
21142 00	Surgery	40.16	40.16	\$ 2,811.20	\$ 2,811.20
21143 00	Surgery	41.56	41.56	\$ 2,909.20	\$ 2,909.20
21145 00	Surgery	45.52	45.52	\$ 3,186.40	\$ 3,186.40
21146 00	Surgery	47.51	47.51	\$ 3,325.70	\$ 3,325.70
21147 00	Surgery	50.04	50.04	\$ 3,502.80	\$ 3,502.80
21150 00	Surgery	48.22	48.22	\$ 3,375.40	\$ 3,375.40
21151 00	Surgery	53.05	53.05	\$ 3,713.50	\$ 3,713.50
21154 00	Surgery	57.05	57.05	\$ 3,993.50	\$ 3,993.50
21155 00	Surgery	63.22	63.22	\$ 4,425.40	\$ 4,425.40
21159 00	Surgery	75.72	75.72	\$ 5,300.40	\$ 5,300.40
21160 00	Surgery	82.09	82.09	\$ 5,746.30	\$ 5,746.30
21172 00	Surgery	62.33	62.33	\$ 4,363.10	\$ 4,363.10
21175 00	Surgery	65.12	65.12	\$ 4,558.40	\$ 4,558.40
21179 00	Surgery	44.75	44.75	\$ 3,132.50	\$ 3,132.50
21180 00	Surgery	49.99	49.99	\$ 3,499.30	\$ 3,499.30
21181 00	Surgery	21.77	21.77	\$ 1,523.90	\$ 1,523.90

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
21182 00	Surgery	62.23	62.23	\$ 4,356.10	\$ 4,356.10
21183 00	Surgery	67.73	67.73	\$ 4,741.10	\$ 4,741.10
21184 00	Surgery	72.86	72.86	\$ 5,100.20	\$ 5,100.20
21188 00	Surgery	47.17	47.17	\$ 3,301.90	\$ 3,301.90
21193 00	Surgery	36.19	36.19	\$ 2,533.30	\$ 2,533.30
21194 00	Surgery	41.83	41.83	\$ 2,928.10	\$ 2,928.10
21195 00	Surgery	40.11	40.11	\$ 2,807.70	\$ 2,807.70
21196 00	Surgery	41.07	41.07	\$ 2,874.90	\$ 2,874.90
21198 00	Surgery	31.51	31.51	\$ 2,205.70	\$ 2,205.70
21199 00	Surgery	29.97	29.97	\$ 2,097.90	\$ 2,097.90
21206 00	Surgery	29.28	29.28	\$ 2,049.60	\$ 2,049.60
21208 00	Surgery	50.60	21.84	\$ 3,542.00	\$ 1,528.80
21209 00	Surgery	23.53	17.76	\$ 1,647.10	\$ 1,243.20
21210 00	Surgery	56.35	22.45	\$ 3,944.50	\$ 1,571.50
21215 00	Surgery	125.84	23.29	\$ 8,808.80	\$ 1,630.30
21230 00	Surgery	21.94	21.94	\$ 1,535.80	\$ 1,535.80
21235 00	Surgery	21.45	16.48	\$ 1,501.50	\$ 1,153.60
21240 00	Surgery	30.89	30.89	\$ 2,162.30	\$ 2,162.30
21242 00	Surgery	29.65	29.65	\$ 2,075.50	\$ 2,075.50
21243 00	Surgery	47.13	47.13	\$ 3,299.10	\$ 3,299.10
21244 00	Surgery	29.84	29.84	\$ 2,088.80	\$ 2,088.80
21245 00	Surgery	36.87	28.13	\$ 2,580.90	\$ 1,969.10
21246 00	Surgery	24.96	24.96	\$ 1,747.20	\$ 1,747.20
21247 00	Surgery	46.43	46.43	\$ 3,250.10	\$ 3,250.10
21248 00	Surgery	29.63	23.59	\$ 2,074.10	\$ 1,651.30
21249 00	Surgery	40.16	33.10	\$ 2,811.20	\$ 2,317.00
21255 00	Surgery	39.97	39.97	\$ 2,797.90	\$ 2,797.90
21256 00	Surgery	36.38	36.38	\$ 2,546.60	\$ 2,546.60
21260 00	Surgery	40.88	40.88	\$ 2,861.60	\$ 2,861.60
21261 00	Surgery	72.17	72.17	\$ 5,051.90	\$ 5,051.90
21263 00	Surgery	66.78	66.78	\$ 4,674.60	\$ 4,674.60
21267 00	Surgery	47.83	47.83	\$ 3,348.10	\$ 3,348.10
21268 00	Surgery	59.84	59.84	\$ 4,188.80	\$ 4,188.80
21270 00	Surgery	29.89	21.98	\$ 2,092.30	\$ 1,538.60
21275 00	Surgery	24.83	24.83	\$ 1,738.10	\$ 1,738.10
21280 00	Surgery	16.90	16.90	\$ 1,183.00	\$ 1,183.00
21282 00	Surgery	11.47	11.47	\$ 802.90	\$ 802.90
21295 00	Surgery	5.60	5.60	\$ 392.00	\$ 392.00
21296 00	Surgery	12.02	12.02	\$ 841.40	\$ 841.40
21299 00	Surgery	0.00	0.00	BR	BR
21310 00	Surgery	3.93	0.82	\$ 275.10	\$ 57.40
21315 00	Surgery	8.44	4.50	\$ 590.80	\$ 315.00
21320 00	Surgery	7.75	3.91	\$ 542.50	\$ 273.70
21325 00	Surgery	13.15	13.15	\$ 920.50	\$ 920.50
21330 00	Surgery	15.75	15.75	\$ 1,102.50	\$ 1,102.50
21335 00	Surgery	21.13	21.13	\$ 1,479.10	\$ 1,479.10
21336 00	Surgery	19.11	19.11	\$ 1,337.70	\$ 1,337.70
21337 00	Surgery	12.36	8.68	\$ 865.20	\$ 607.60
21338 00	Surgery	19.79	19.79	\$ 1,385.30	\$ 1,385.30
21339 00	Surgery	22.34	22.34	\$ 1,563.80	\$ 1,563.80
21340 00	Surgery	21.78	21.78	\$ 1,524.60	\$ 1,524.60
21343 00	Surgery	31.82	31.82	\$ 2,227.40	\$ 2,227.40
21344 00	Surgery	40.68	40.68	\$ 2,847.60	\$ 2,847.60
21345 00	Surgery	23.26	18.43	\$ 1,628.20	\$ 1,290.10
21346 00	Surgery	29.80	29.80	\$ 2,086.00	\$ 2,086.00
21347 00	Surgery	30.30	30.30	\$ 2,121.00	\$ 2,121.00
21348 00	Surgery	31.71	31.71	\$ 2,219.70	\$ 2,219.70
21355 00	Surgery	13.00	9.48	\$ 910.00	\$ 663.60
21356 00	Surgery	14.97	11.06	\$ 1,047.90	\$ 774.20

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
21360 00	Surgery	15.09	15.09	\$ 1,056.30	\$ 1,056.30
21365 00	Surgery	31.94	31.94	\$ 2,235.80	\$ 2,235.80
21366 00	Surgery	37.52	37.52	\$ 2,626.40	\$ 2,626.40
21385 00	Surgery	21.91	21.91	\$ 1,533.70	\$ 1,533.70
21386 00	Surgery	20.33	20.33	\$ 1,423.10	\$ 1,423.10
21387 00	Surgery	22.87	22.87	\$ 1,600.90	\$ 1,600.90
21390 00	Surgery	23.49	23.49	\$ 1,644.30	\$ 1,644.30
21395 00	Surgery	29.71	29.71	\$ 2,079.70	\$ 2,079.70
21400 00	Surgery	6.13	4.79	\$ 429.10	\$ 335.30
21401 00	Surgery	15.32	9.54	\$ 1,072.40	\$ 667.80
21406 00	Surgery	17.16	17.16	\$ 1,201.20	\$ 1,201.20
21407 00	Surgery	18.80	18.80	\$ 1,316.00	\$ 1,316.00
21408 00	Surgery	26.55	26.55	\$ 1,858.50	\$ 1,858.50
21421 00	Surgery	19.69	16.53	\$ 1,378.30	\$ 1,157.10
21422 00	Surgery	18.85	18.85	\$ 1,319.50	\$ 1,319.50
21423 00	Surgery	23.85	23.85	\$ 1,669.50	\$ 1,669.50
21431 00	Surgery	20.71	20.71	\$ 1,449.70	\$ 1,449.70
21432 00	Surgery	21.34	21.34	\$ 1,493.80	\$ 1,493.80
21433 00	Surgery	50.98	50.98	\$ 3,568.60	\$ 3,568.60
21435 00	Surgery	41.30	41.30	\$ 2,891.00	\$ 2,891.00
21436 00	Surgery	59.83	59.83	\$ 4,188.10	\$ 4,188.10
21440 00	Surgery	19.95	16.01	\$ 1,396.50	\$ 1,120.70
21445 00	Surgery	23.64	19.02	\$ 1,654.80	\$ 1,331.40
21450 00	Surgery	17.77	14.39	\$ 1,243.90	\$ 1,007.30
21451 00	Surgery	23.06	19.21	\$ 1,614.20	\$ 1,344.70
21452 00	Surgery	22.76	13.78	\$ 1,593.20	\$ 964.60
21453 00	Surgery	32.31	27.46	\$ 2,261.70	\$ 1,922.20
21454 00	Surgery	14.34	14.34	\$ 1,003.80	\$ 1,003.80
21461 00	Surgery	58.34	31.15	\$ 4,083.80	\$ 2,180.50
21462 00	Surgery	63.74	34.81	\$ 4,461.80	\$ 2,436.70
21465 00	Surgery	23.48	23.48	\$ 1,643.60	\$ 1,643.60
21470 00	Surgery	33.99	33.99	\$ 2,379.30	\$ 2,379.30
21480 00	Surgery	4.05	0.93	\$ 283.50	\$ 65.10
21485 00	Surgery	28.93	23.57	\$ 2,025.10	\$ 1,649.90
21490 00	Surgery	23.13	23.13	\$ 1,619.10	\$ 1,619.10
21497 00	Surgery	21.22	17.65	\$ 1,485.40	\$ 1,235.50
21499 00	Surgery	0.00	0.00	BR	BR
21501 00	Surgery	14.36	9.67	\$ 1,005.20	\$ 676.90
21502 00	Surgery	15.01	15.01	\$ 1,050.70	\$ 1,050.70
21510 00	Surgery	13.35	13.35	\$ 934.50	\$ 934.50
21550 00	Surgery	8.01	4.55	\$ 560.70	\$ 318.50
21552 00	Surgery	13.18	13.18	\$ 922.60	\$ 922.60
21554 00	Surgery	21.50	21.50	\$ 1,505.00	\$ 1,505.00
21555 00	Surgery	12.92	8.99	\$ 904.40	\$ 629.30
21556 00	Surgery	15.59	15.59	\$ 1,091.30	\$ 1,091.30
21557 00	Surgery	28.05	28.05	\$ 1,963.50	\$ 1,963.50
21558 00	Surgery	39.51	39.51	\$ 2,765.70	\$ 2,765.70
21600 00	Surgery	16.42	16.42	\$ 1,149.40	\$ 1,149.40
21601 00	Surgery	34.53	34.53	\$ 2,417.10	\$ 2,417.10
21602 00	Surgery	46.55	46.55	\$ 3,258.50	\$ 3,258.50
21603 00	Surgery	50.74	50.74	\$ 3,551.80	\$ 3,551.80
21610 00	Surgery	35.46	35.46	\$ 2,482.20	\$ 2,482.20
21615 00	Surgery	18.04	18.04	\$ 1,262.80	\$ 1,262.80
21616 00	Surgery	20.85	20.85	\$ 1,459.50	\$ 1,459.50
21620 00	Surgery	14.97	14.97	\$ 1,047.90	\$ 1,047.90
21627 00	Surgery	15.96	15.96	\$ 1,117.20	\$ 1,117.20
21630 00	Surgery	35.14	35.14	\$ 2,459.80	\$ 2,459.80
21632 00	Surgery	35.63	35.63	\$ 2,494.10	\$ 2,494.10
21685 00	Surgery	28.90	28.90	\$ 2,023.00	\$ 2,023.00

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
21700 00	Surgery	10.43	10.43	\$ 730.10	\$ 730.10
21705 00	Surgery	15.62	15.62	\$ 1,093.40	\$ 1,093.40
21720 00	Surgery	15.60	15.60	\$ 1,092.00	\$ 1,092.00
21725 00	Surgery	16.03	16.03	\$ 1,122.10	\$ 1,122.10
21740 00	Surgery	30.17	30.17	\$ 2,111.90	\$ 2,111.90
21742 00	Surgery	-	-	\$ 2,519.30	\$ 2,519.30
21743 00	Surgery	-	-	\$ 3,314.50	\$ 3,314.50
21750 00	Surgery	19.92	19.92	\$ 1,394.40	\$ 1,394.40
21811 00	Surgery	17.46	17.46	\$ 1,222.20	\$ 1,222.20
21812 00	Surgery	21.14	21.14	\$ 1,479.80	\$ 1,479.80
21813 00	Surgery	29.01	29.01	\$ 2,030.70	\$ 2,030.70
21820 00	Surgery	4.38	4.31	\$ 306.60	\$ 301.70
21825 00	Surgery	16.09	16.09	\$ 1,126.30	\$ 1,126.30
21899 00	Surgery	0.00	0.00	BR	BR
21920 00	Surgery	7.79	4.56	\$ 545.30	\$ 319.20
21925 00	Surgery	14.35	10.86	\$ 1,004.50	\$ 760.20
21930 00	Surgery	14.91	10.73	\$ 1,043.70	\$ 751.10
21931 00	Surgery	13.88	13.88	\$ 971.60	\$ 971.60
21932 00	Surgery	19.55	19.55	\$ 1,368.50	\$ 1,368.50
21933 00	Surgery	21.81	21.81	\$ 1,526.70	\$ 1,526.70
21935 00	Surgery	30.25	30.25	\$ 2,117.50	\$ 2,117.50
21936 00	Surgery	41.63	41.63	\$ 2,914.10	\$ 2,914.10
22010 00	Surgery	28.57	28.57	\$ 1,999.90	\$ 1,999.90
22015 00	Surgery	28.00	28.00	\$ 1,960.00	\$ 1,960.00
22100 00	Surgery	25.48	25.48	\$ 1,783.60	\$ 1,783.60
22101 00	Surgery	25.59	25.59	\$ 1,791.30	\$ 1,791.30
22102 00	Surgery	24.41	24.41	\$ 1,708.70	\$ 1,708.70
22103 00	Surgery	4.16	4.16	\$ 291.20	\$ 291.20
22110 00	Surgery	30.94	30.94	\$ 2,165.80	\$ 2,165.80
22112 00	Surgery	33.31	33.31	\$ 2,331.70	\$ 2,331.70
22114 00	Surgery	33.31	33.31	\$ 2,331.70	\$ 2,331.70
22116 00	Surgery	4.16	4.16	\$ 291.20	\$ 291.20
22206 00	Surgery	72.09	72.09	\$ 5,046.30	\$ 5,046.30
22207 00	Surgery	70.61	70.61	\$ 4,942.70	\$ 4,942.70
22208 00	Surgery	17.27	17.27	\$ 1,208.90	\$ 1,208.90
22210 00	Surgery	52.91	52.91	\$ 3,703.70	\$ 3,703.70
22212 00	Surgery	44.40	44.40	\$ 3,108.00	\$ 3,108.00
22214 00	Surgery	44.50	44.50	\$ 3,115.00	\$ 3,115.00
22216 00	Surgery	10.69	10.69	\$ 748.30	\$ 748.30
22220 00	Surgery	47.78	47.78	\$ 3,344.60	\$ 3,344.60
22222 00	Surgery	51.68	51.68	\$ 3,617.60	\$ 3,617.60
22224 00	Surgery	46.88	46.88	\$ 3,281.60	\$ 3,281.60
22226 00	Surgery	10.63	10.63	\$ 744.10	\$ 744.10
22310 00	Surgery	9.12	8.72	\$ 638.40	\$ 610.40
22315 00	Surgery	26.12	22.78	\$ 1,828.40	\$ 1,594.60
22318 00	Surgery	48.37	48.37	\$ 3,385.90	\$ 3,385.90
22319 00	Surgery	53.93	53.93	\$ 3,775.10	\$ 3,775.10
22325 00	Surgery	43.24	43.24	\$ 3,026.80	\$ 3,026.80
22326 00	Surgery	44.36	44.36	\$ 3,105.20	\$ 3,105.20
22327 00	Surgery	45.06	45.06	\$ 3,154.20	\$ 3,154.20
22328 00	Surgery	8.30	8.30	\$ 581.00	\$ 581.00
22505 00	Surgery	3.85	3.85	\$ 269.50	\$ 269.50
22510 00	Surgery	56.39	12.58	\$ 3,947.30	\$ 880.60
22511 00	Surgery	56.20	11.83	\$ 3,934.00	\$ 828.10
22512 00	Surgery	24.44	6.03	\$ 1,710.80	\$ 422.10
22513 00	Surgery	195.32	14.99	\$ 13,672.40	\$ 1,049.30
22514 00	Surgery	194.59	14.00	\$ 13,621.30	\$ 980.00
22515 00	Surgery	104.94	6.42	\$ 7,345.80	\$ 449.40
22526 00	Surgery	66.12	9.51	\$ 4,628.40	\$ 665.70

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
22527 00	Surgery	55.12	4.45	\$ 3,858.40	\$ 311.50
22532 00	Surgery	53.02	53.02	\$ 3,711.40	\$ 3,711.40
22533 00	Surgery	48.85	48.85	\$ 3,419.50	\$ 3,419.50
22534 00	Surgery	10.57	10.57	\$ 739.90	\$ 739.90
22548 00	Surgery	57.82	57.82	\$ 4,047.40	\$ 4,047.40
22551 00	Surgery	50.23	50.23	\$ 3,516.10	\$ 3,516.10
22552 00	Surgery	11.64	11.64	\$ 814.80	\$ 814.80
22554 00	Surgery	37.13	37.13	\$ 2,599.10	\$ 2,599.10
22556 00	Surgery	49.09	49.09	\$ 3,436.30	\$ 3,436.30
22558 00	Surgery	45.12	45.12	\$ 3,158.40	\$ 3,158.40
22585 00	Surgery	9.59	9.59	\$ 671.30	\$ 671.30
22586 00	Surgery	59.84	59.84	\$ 4,188.80	\$ 4,188.80
22590 00	Surgery	46.69	46.69	\$ 3,268.30	\$ 3,268.30
22595 00	Surgery	44.55	44.55	\$ 3,118.50	\$ 3,118.50
22600 00	Surgery	38.26	38.26	\$ 2,678.20	\$ 2,678.20
22610 00	Surgery	37.62	37.62	\$ 2,633.40	\$ 2,633.40
22612 00	Surgery	46.82	46.82	\$ 3,277.40	\$ 3,277.40
22614 00	Surgery	11.50	11.50	\$ 805.00	\$ 805.00
22630 00	Surgery	46.59	46.59	\$ 3,261.30	\$ 3,261.30
22632 00	Surgery	9.41	9.41	\$ 658.70	\$ 658.70
22633 00	Surgery	54.60	54.60	\$ 3,822.00	\$ 3,822.00
22634 00	Surgery	14.57	14.57	\$ 1,019.90	\$ 1,019.90
22800 00	Surgery	40.03	40.03	\$ 2,802.10	\$ 2,802.10
22802 00	Surgery	62.38	62.38	\$ 4,366.60	\$ 4,366.60
22804 00	Surgery	71.76	71.76	\$ 5,023.20	\$ 5,023.20
22808 00	Surgery	53.75	53.75	\$ 3,762.50	\$ 3,762.50
22810 00	Surgery	61.46	61.46	\$ 4,302.20	\$ 4,302.20
22812 00	Surgery	64.89	64.89	\$ 4,542.30	\$ 4,542.30
22818 00	Surgery	63.48	63.48	\$ 4,443.60	\$ 4,443.60
22819 00	Surgery	73.04	73.04	\$ 5,112.80	\$ 5,112.80
22830 00	Surgery	24.24	24.24	\$ 1,696.80	\$ 1,696.80
22840 00	Surgery	22.31	22.31	\$ 1,561.70	\$ 1,561.70
22841 00	Surgery	-	-	\$ 808.50	\$ 808.50
22842 00	Surgery	22.41	22.41	\$ 1,568.70	\$ 1,568.70
22843 00	Surgery	23.98	23.98	\$ 1,678.60	\$ 1,678.60
22844 00	Surgery	29.03	29.03	\$ 2,032.10	\$ 2,032.10
22845 00	Surgery	21.40	21.40	\$ 1,498.00	\$ 1,498.00
22846 00	Surgery	22.24	22.24	\$ 1,556.80	\$ 1,556.80
22847 00	Surgery	23.59	23.59	\$ 1,651.30	\$ 1,651.30
22848 00	Surgery	10.58	10.58	\$ 740.60	\$ 740.60
22849 00	Surgery	38.60	38.60	\$ 2,702.00	\$ 2,702.00
22850 00	Surgery	21.67	21.67	\$ 1,516.90	\$ 1,516.90
22852 00	Surgery	20.84	20.84	\$ 1,458.80	\$ 1,458.80
22853 00	Surgery	7.60	7.60	\$ 532.00	\$ 532.00
22854 00	Surgery	9.84	9.84	\$ 688.80	\$ 688.80
22855 00	Surgery	32.76	32.76	\$ 2,293.20	\$ 2,293.20
22856 00	Surgery	48.13	48.13	\$ 3,369.10	\$ 3,369.10
22857 00	Surgery	52.09	52.09	\$ 3,646.30	\$ 3,646.30
22858 00	Surgery	14.92	14.92	\$ 1,044.40	\$ 1,044.40
22859 00	Surgery	9.81	9.81	\$ 686.70	\$ 686.70
22861 00	Surgery	68.26	68.26	\$ 4,778.20	\$ 4,778.20
22862 00	Surgery	68.19	68.19	\$ 4,773.30	\$ 4,773.30
22864 00	Surgery	60.93	60.93	\$ 4,265.10	\$ 4,265.10
22865 00	Surgery	66.56	66.56	\$ 4,659.20	\$ 4,659.20
22867 00	Surgery	29.06	29.06	\$ 2,034.20	\$ 2,034.20
22868 00	Surgery	7.21	7.21	\$ 504.70	\$ 504.70
22869 00	Surgery	12.88	12.88	\$ 901.60	\$ 901.60
22870 00	Surgery	3.52	3.52	\$ 246.40	\$ 246.40
22899 00	Surgery	0.00	0.00	BR	BR

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
22900 00	Surgery	16.69	16.69	\$ 1,168.30	\$ 1,168.30
22901 00	Surgery	19.70	19.70	\$ 1,379.00	\$ 1,379.00
22902 00	Surgery	14.04	9.84	\$ 982.80	\$ 688.80
22903 00	Surgery	13.00	13.00	\$ 910.00	\$ 910.00
22904 00	Surgery	30.75	30.75	\$ 2,152.50	\$ 2,152.50
22905 00	Surgery	38.92	38.92	\$ 2,724.40	\$ 2,724.40
22999 00	Surgery	0.00	0.00	BR	BR
23000 00	Surgery	16.96	10.63	\$ 1,187.20	\$ 744.10
23020 00	Surgery	20.38	20.38	\$ 1,426.60	\$ 1,426.60
23030 00	Surgery	13.36	7.50	\$ 935.20	\$ 525.00
23031 00	Surgery	12.82	6.39	\$ 897.40	\$ 447.30
23035 00	Surgery	20.17	20.17	\$ 1,411.90	\$ 1,411.90
23040 00	Surgery	21.21	21.21	\$ 1,484.70	\$ 1,484.70
23044 00	Surgery	16.68	16.68	\$ 1,167.60	\$ 1,167.60
23065 00	Surgery	6.71	4.75	\$ 469.70	\$ 332.50
23066 00	Surgery	17.26	10.82	\$ 1,208.20	\$ 757.40
23071 00	Surgery	12.42	12.42	\$ 869.40	\$ 869.40
23073 00	Surgery	20.59	20.59	\$ 1,441.30	\$ 1,441.30
23075 00	Surgery	15.40	9.67	\$ 1,078.00	\$ 676.90
23076 00	Surgery	16.00	16.00	\$ 1,120.00	\$ 1,120.00
23077 00	Surgery	33.36	33.36	\$ 2,335.20	\$ 2,335.20
23078 00	Surgery	42.27	42.27	\$ 2,958.90	\$ 2,958.90
23100 00	Surgery	14.98	14.98	\$ 1,048.60	\$ 1,048.60
23101 00	Surgery	13.55	13.55	\$ 948.50	\$ 948.50
23105 00	Surgery	18.98	18.98	\$ 1,328.60	\$ 1,328.60
23106 00	Surgery	14.88	14.88	\$ 1,041.60	\$ 1,041.60
23107 00	Surgery	19.58	19.58	\$ 1,370.60	\$ 1,370.60
23120 00	Surgery	17.37	17.37	\$ 1,215.90	\$ 1,215.90
23125 00	Surgery	21.00	21.00	\$ 1,470.00	\$ 1,470.00
23130 00	Surgery	18.27	18.27	\$ 1,278.90	\$ 1,278.90
23140 00	Surgery	16.45	16.45	\$ 1,151.50	\$ 1,151.50
23145 00	Surgery	20.60	20.60	\$ 1,442.00	\$ 1,442.00
23146 00	Surgery	18.46	18.46	\$ 1,292.20	\$ 1,292.20
23150 00	Surgery	19.49	19.49	\$ 1,364.30	\$ 1,364.30
23155 00	Surgery	23.57	23.57	\$ 1,649.90	\$ 1,649.90
23156 00	Surgery	20.10	20.10	\$ 1,407.00	\$ 1,407.00
23170 00	Surgery	16.71	16.71	\$ 1,169.70	\$ 1,169.70
23172 00	Surgery	16.87	16.87	\$ 1,180.90	\$ 1,180.90
23174 00	Surgery	22.54	22.54	\$ 1,577.80	\$ 1,577.80
23180 00	Surgery	19.60	19.60	\$ 1,372.00	\$ 1,372.00
23182 00	Surgery	19.85	19.85	\$ 1,389.50	\$ 1,389.50
23184 00	Surgery	21.87	21.87	\$ 1,530.90	\$ 1,530.90
23190 00	Surgery	17.03	17.03	\$ 1,192.10	\$ 1,192.10
23195 00	Surgery	22.07	22.07	\$ 1,544.90	\$ 1,544.90
23200 00	Surgery	44.38	44.38	\$ 3,106.60	\$ 3,106.60
23210 00	Surgery	52.12	52.12	\$ 3,648.40	\$ 3,648.40
23220 00	Surgery	57.00	57.00	\$ 3,990.00	\$ 3,990.00
23330 00	Surgery	8.99	4.93	\$ 629.30	\$ 345.10
23333 00	Surgery	14.01	14.01	\$ 980.70	\$ 980.70
23334 00	Surgery	31.41	31.41	\$ 2,198.70	\$ 2,198.70
23335 00	Surgery	37.35	37.35	\$ 2,614.50	\$ 2,614.50
23350 00	Surgery	4.89	1.46	\$ 342.30	\$ 102.20
23395 00	Surgery	37.79	37.79	\$ 2,645.30	\$ 2,645.30
23397 00	Surgery	33.37	33.37	\$ 2,335.90	\$ 2,335.90
23400 00	Surgery	28.73	28.73	\$ 2,011.10	\$ 2,011.10
23405 00	Surgery	18.31	18.31	\$ 1,281.70	\$ 1,281.70
23406 00	Surgery	22.42	22.42	\$ 1,569.40	\$ 1,569.40
23410 00	Surgery	24.22	24.22	\$ 1,695.40	\$ 1,695.40
23412 00	Surgery	25.16	25.16	\$ 1,761.20	\$ 1,761.20

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
23415 00	Surgery	20.63	20.63	\$ 1,444.10	\$ 1,444.10
23420 00	Surgery	28.74	28.74	\$ 2,011.80	\$ 2,011.80
23430 00	Surgery	21.99	21.99	\$ 1,539.30	\$ 1,539.30
23440 00	Surgery	22.35	22.35	\$ 1,564.50	\$ 1,564.50
23450 00	Surgery	27.97	27.97	\$ 1,957.90	\$ 1,957.90
23455 00	Surgery	29.32	29.32	\$ 2,052.40	\$ 2,052.40
23460 00	Surgery	32.17	32.17	\$ 2,251.90	\$ 2,251.90
23462 00	Surgery	31.50	31.50	\$ 2,205.00	\$ 2,205.00
23465 00	Surgery	33.02	33.02	\$ 2,311.40	\$ 2,311.40
23466 00	Surgery	32.95	32.95	\$ 2,306.50	\$ 2,306.50
23470 00	Surgery	35.39	35.39	\$ 2,477.30	\$ 2,477.30
23472 00	Surgery	42.67	42.67	\$ 2,986.90	\$ 2,986.90
23473 00	Surgery	47.60	47.60	\$ 3,332.00	\$ 3,332.00
23474 00	Surgery	51.32	51.32	\$ 3,592.40	\$ 3,592.40
23480 00	Surgery	24.25	24.25	\$ 1,697.50	\$ 1,697.50
23485 00	Surgery	28.02	28.02	\$ 1,961.40	\$ 1,961.40
23490 00	Surgery	25.44	25.44	\$ 1,780.80	\$ 1,780.80
23491 00	Surgery	29.99	29.99	\$ 2,099.30	\$ 2,099.30
23500 00	Surgery	6.60	6.73	\$ 462.00	\$ 471.10
23505 00	Surgery	10.63	9.89	\$ 744.10	\$ 692.30
23515 00	Surgery	21.28	21.28	\$ 1,489.60	\$ 1,489.60
23520 00	Surgery	7.14	7.06	\$ 499.80	\$ 494.20
23525 00	Surgery	11.71	10.73	\$ 819.70	\$ 751.10
23530 00	Surgery	17.05	17.05	\$ 1,193.50	\$ 1,193.50
23532 00	Surgery	18.54	18.54	\$ 1,297.80	\$ 1,297.80
23540 00	Surgery	7.01	6.93	\$ 490.70	\$ 485.10
23545 00	Surgery	10.30	9.27	\$ 721.00	\$ 648.90
23550 00	Surgery	16.94	16.94	\$ 1,185.80	\$ 1,185.80
23552 00	Surgery	19.36	19.36	\$ 1,355.20	\$ 1,355.20
23570 00	Surgery	6.97	7.18	\$ 487.90	\$ 502.60
23575 00	Surgery	12.15	11.24	\$ 850.50	\$ 786.80
23585 00	Surgery	28.80	28.80	\$ 2,016.00	\$ 2,016.00
23600 00	Surgery	9.91	9.35	\$ 693.70	\$ 654.50
23605 00	Surgery	14.01	12.71	\$ 980.70	\$ 889.70
23615 00	Surgery	26.10	26.10	\$ 1,827.00	\$ 1,827.00
23616 00	Surgery	36.43	36.43	\$ 2,550.10	\$ 2,550.10
23620 00	Surgery	8.02	7.69	\$ 561.40	\$ 538.30
23625 00	Surgery	11.32	10.39	\$ 792.40	\$ 727.30
23630 00	Surgery	23.04	23.04	\$ 1,612.80	\$ 1,612.80
23650 00	Surgery	9.60	8.70	\$ 672.00	\$ 609.00
23655 00	Surgery	12.10	12.10	\$ 847.00	\$ 847.00
23660 00	Surgery	17.32	17.32	\$ 1,212.40	\$ 1,212.40
23665 00	Surgery	12.82	11.82	\$ 897.40	\$ 827.40
23670 00	Surgery	25.72	25.72	\$ 1,800.40	\$ 1,800.40
23675 00	Surgery	16.34	14.81	\$ 1,143.80	\$ 1,036.70
23680 00	Surgery	27.37	27.37	\$ 1,915.90	\$ 1,915.90
23700 00	Surgery	5.76	5.76	\$ 403.20	\$ 403.20
23800 00	Surgery	30.30	30.30	\$ 2,121.00	\$ 2,121.00
23802 00	Surgery	37.81	37.81	\$ 2,646.70	\$ 2,646.70
23900 00	Surgery	40.84	40.84	\$ 2,858.80	\$ 2,858.80
23920 00	Surgery	33.14	33.14	\$ 2,319.80	\$ 2,319.80
23921 00	Surgery	13.94	13.94	\$ 975.80	\$ 975.80
23929 00	Surgery	0.00	0.00	BR	BR
23930 00	Surgery	10.99	6.38	\$ 769.30	\$ 446.60
23931 00	Surgery	9.16	4.71	\$ 641.20	\$ 329.70
23935 00	Surgery	15.15	15.15	\$ 1,060.50	\$ 1,060.50
24000 00	Surgery	14.12	14.12	\$ 988.40	\$ 988.40
24006 00	Surgery	21.04	21.04	\$ 1,472.80	\$ 1,472.80
24065 00	Surgery	7.77	4.79	\$ 543.90	\$ 335.30

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
24066 00	Surgery	18.77	12.39	\$ 1,313.90	\$ 867.30
24071 00	Surgery	11.99	11.99	\$ 839.30	\$ 839.30
24073 00	Surgery	20.49	20.49	\$ 1,434.30	\$ 1,434.30
24075 00	Surgery	15.96	9.71	\$ 1,117.20	\$ 679.70
24076 00	Surgery	16.06	16.06	\$ 1,124.20	\$ 1,124.20
24077 00	Surgery	30.30	30.30	\$ 2,121.00	\$ 2,121.00
24079 00	Surgery	38.93	38.93	\$ 2,725.10	\$ 2,725.10
24100 00	Surgery	12.44	12.44	\$ 870.80	\$ 870.80
24101 00	Surgery	14.91	14.91	\$ 1,043.70	\$ 1,043.70
24102 00	Surgery	18.30	18.30	\$ 1,281.00	\$ 1,281.00
24105 00	Surgery	10.62	10.62	\$ 743.40	\$ 743.40
24110 00	Surgery	17.20	17.20	\$ 1,204.00	\$ 1,204.00
24115 00	Surgery	21.81	21.81	\$ 1,526.70	\$ 1,526.70
24116 00	Surgery	25.42	25.42	\$ 1,779.40	\$ 1,779.40
24120 00	Surgery	15.77	15.77	\$ 1,103.90	\$ 1,103.90
24125 00	Surgery	18.44	18.44	\$ 1,290.80	\$ 1,290.80
24126 00	Surgery	19.26	19.26	\$ 1,348.20	\$ 1,348.20
24130 00	Surgery	15.11	15.11	\$ 1,057.70	\$ 1,057.70
24134 00	Surgery	22.11	22.11	\$ 1,547.70	\$ 1,547.70
24136 00	Surgery	18.73	18.73	\$ 1,311.10	\$ 1,311.10
24138 00	Surgery	20.28	20.28	\$ 1,419.60	\$ 1,419.60
24140 00	Surgery	20.80	20.80	\$ 1,456.00	\$ 1,456.00
24145 00	Surgery	17.62	17.62	\$ 1,233.40	\$ 1,233.40
24147 00	Surgery	18.61	18.61	\$ 1,302.70	\$ 1,302.70
24149 00	Surgery	34.70	34.70	\$ 2,429.00	\$ 2,429.00
24150 00	Surgery	45.56	45.56	\$ 3,189.20	\$ 3,189.20
24152 00	Surgery	39.64	39.64	\$ 2,774.80	\$ 2,774.80
24155 00	Surgery	25.20	25.20	\$ 1,764.00	\$ 1,764.00
24160 00	Surgery	37.06	37.06	\$ 2,594.20	\$ 2,594.20
24164 00	Surgery	21.29	21.29	\$ 1,490.30	\$ 1,490.30
24200 00	Surgery	6.56	4.16	\$ 459.20	\$ 291.20
24201 00	Surgery	16.51	10.77	\$ 1,155.70	\$ 753.90
24220 00	Surgery	5.73	1.97	\$ 401.10	\$ 137.90
24300 00	Surgery	12.78	12.78	\$ 894.60	\$ 894.60
24301 00	Surgery	22.19	22.19	\$ 1,553.30	\$ 1,553.30
24305 00	Surgery	17.15	17.15	\$ 1,200.50	\$ 1,200.50
24310 00	Surgery	14.05	14.05	\$ 983.50	\$ 983.50
24320 00	Surgery	23.08	23.08	\$ 1,615.60	\$ 1,615.60
24330 00	Surgery	21.23	21.23	\$ 1,486.10	\$ 1,486.10
24331 00	Surgery	23.25	23.25	\$ 1,627.50	\$ 1,627.50
24332 00	Surgery	18.21	18.21	\$ 1,274.70	\$ 1,274.70
24340 00	Surgery	18.31	18.31	\$ 1,281.70	\$ 1,281.70
24341 00	Surgery	22.02	22.02	\$ 1,541.40	\$ 1,541.40
24342 00	Surgery	22.93	22.93	\$ 1,605.10	\$ 1,605.10
24343 00	Surgery	21.08	21.08	\$ 1,475.60	\$ 1,475.60
24344 00	Surgery	32.26	32.26	\$ 2,258.20	\$ 2,258.20
24345 00	Surgery	20.95	20.95	\$ 1,466.50	\$ 1,466.50
24346 00	Surgery	32.56	32.56	\$ 2,279.20	\$ 2,279.20
24357 00	Surgery	12.34	12.34	\$ 863.80	\$ 863.80
24358 00	Surgery	15.62	15.62	\$ 1,093.40	\$ 1,093.40
24359 00	Surgery	19.58	19.58	\$ 1,370.60	\$ 1,370.60
24360 00	Surgery	26.67	26.67	\$ 1,866.90	\$ 1,866.90
24361 00	Surgery	29.75	29.75	\$ 2,082.50	\$ 2,082.50
24362 00	Surgery	31.32	31.32	\$ 2,192.40	\$ 2,192.40
24363 00	Surgery	42.69	42.69	\$ 2,988.30	\$ 2,988.30
24365 00	Surgery	19.00	19.00	\$ 1,330.00	\$ 1,330.00
24366 00	Surgery	20.15	20.15	\$ 1,410.50	\$ 1,410.50
24370 00	Surgery	45.26	45.26	\$ 3,168.20	\$ 3,168.20
24371 00	Surgery	52.12	52.12	\$ 3,648.40	\$ 3,648.40

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
24400 00	Surgery	24.39	24.39	\$ 1,707.30	\$ 1,707.30
24410 00	Surgery	31.23	31.23	\$ 2,186.10	\$ 2,186.10
24420 00	Surgery	31.16	31.16	\$ 2,181.20	\$ 2,181.20
24430 00	Surgery	31.14	31.14	\$ 2,179.80	\$ 2,179.80
24435 00	Surgery	31.88	31.88	\$ 2,231.60	\$ 2,231.60
24470 00	Surgery	19.88	19.88	\$ 1,391.60	\$ 1,391.60
24495 00	Surgery	22.57	22.57	\$ 1,579.90	\$ 1,579.90
24498 00	Surgery	25.59	25.59	\$ 1,791.30	\$ 1,791.30
24500 00	Surgery	10.73	9.86	\$ 751.10	\$ 690.20
24505 00	Surgery	14.95	13.42	\$ 1,046.50	\$ 939.40
24515 00	Surgery	26.00	26.00	\$ 1,820.00	\$ 1,820.00
24516 00	Surgery	25.40	25.40	\$ 1,778.00	\$ 1,778.00
24530 00	Surgery	11.36	10.39	\$ 795.20	\$ 727.30
24535 00	Surgery	18.46	16.95	\$ 1,292.20	\$ 1,186.50
24538 00	Surgery	23.11	23.11	\$ 1,617.70	\$ 1,617.70
24545 00	Surgery	27.40	27.40	\$ 1,918.00	\$ 1,918.00
24546 00	Surgery	30.59	30.59	\$ 2,141.30	\$ 2,141.30
24560 00	Surgery	9.91	8.78	\$ 693.70	\$ 614.60
24565 00	Surgery	16.06	14.65	\$ 1,124.20	\$ 1,025.50
24566 00	Surgery	21.34	21.34	\$ 1,493.80	\$ 1,493.80
24575 00	Surgery	21.62	21.62	\$ 1,513.40	\$ 1,513.40
24576 00	Surgery	10.42	9.27	\$ 729.40	\$ 648.90
24577 00	Surgery	16.52	15.05	\$ 1,156.40	\$ 1,053.50
24579 00	Surgery	24.61	24.61	\$ 1,722.70	\$ 1,722.70
24582 00	Surgery	24.09	24.09	\$ 1,686.30	\$ 1,686.30
24586 00	Surgery	32.08	32.08	\$ 2,245.60	\$ 2,245.60
24587 00	Surgery	32.10	32.10	\$ 2,247.00	\$ 2,247.00
24600 00	Surgery	11.05	10.01	\$ 773.50	\$ 700.70
24605 00	Surgery	14.17	14.17	\$ 991.90	\$ 991.90
24615 00	Surgery	21.09	21.09	\$ 1,476.30	\$ 1,476.30
24620 00	Surgery	16.65	16.65	\$ 1,165.50	\$ 1,165.50
24635 00	Surgery	19.98	19.98	\$ 1,398.60	\$ 1,398.60
24640 00	Surgery	3.04	2.33	\$ 212.80	\$ 163.10
24650 00	Surgery	7.86	7.28	\$ 550.20	\$ 509.60
24655 00	Surgery	13.19	11.90	\$ 923.30	\$ 833.00
24665 00	Surgery	19.47	19.47	\$ 1,362.90	\$ 1,362.90
24666 00	Surgery	21.68	21.68	\$ 1,517.60	\$ 1,517.60
24670 00	Surgery	8.69	7.93	\$ 608.30	\$ 555.10
24675 00	Surgery	13.63	12.34	\$ 954.10	\$ 863.80
24685 00	Surgery	19.36	19.36	\$ 1,355.20	\$ 1,355.20
24800 00	Surgery	24.62	24.62	\$ 1,723.40	\$ 1,723.40
24802 00	Surgery	29.61	29.61	\$ 2,072.70	\$ 2,072.70
24900 00	Surgery	21.78	21.78	\$ 1,524.60	\$ 1,524.60
24920 00	Surgery	21.67	21.67	\$ 1,516.90	\$ 1,516.90
24925 00	Surgery	16.85	16.85	\$ 1,179.50	\$ 1,179.50
24930 00	Surgery	22.89	22.89	\$ 1,602.30	\$ 1,602.30
24931 00	Surgery	27.51	27.51	\$ 1,925.70	\$ 1,925.70
24935 00	Surgery	35.82	35.82	\$ 2,507.40	\$ 2,507.40
24940 00	Surgery	-	-	\$ 2,242.10	\$ 2,242.10
24999 00	Surgery	0.00	0.00	BR	BR
25000 00	Surgery	10.16	10.16	\$ 711.20	\$ 711.20
25001 00	Surgery	10.20	10.20	\$ 714.00	\$ 714.00
25020 00	Surgery	21.15	21.15	\$ 1,480.50	\$ 1,480.50
25023 00	Surgery	38.13	38.13	\$ 2,669.10	\$ 2,669.10
25024 00	Surgery	23.08	23.08	\$ 1,615.60	\$ 1,615.60
25025 00	Surgery	35.04	35.04	\$ 2,452.80	\$ 2,452.80
25028 00	Surgery	19.68	19.68	\$ 1,377.60	\$ 1,377.60
25031 00	Surgery	10.89	10.89	\$ 762.30	\$ 762.30
25035 00	Surgery	17.32	17.32	\$ 1,212.40	\$ 1,212.40

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
25040 00	Surgery	16.56	16.56	\$ 1,159.20	\$ 1,159.20
25065 00	Surgery	7.69	4.64	\$ 538.30	\$ 324.80
25066 00	Surgery	10.69	10.69	\$ 748.30	\$ 748.30
25071 00	Surgery	12.51	12.51	\$ 875.70	\$ 875.70
25073 00	Surgery	15.81	15.81	\$ 1,106.70	\$ 1,106.70
25075 00	Surgery	15.58	9.31	\$ 1,090.60	\$ 651.70
25076 00	Surgery	15.26	15.26	\$ 1,068.20	\$ 1,068.20
25077 00	Surgery	26.19	26.19	\$ 1,833.30	\$ 1,833.30
25078 00	Surgery	34.23	34.23	\$ 2,396.10	\$ 2,396.10
25085 00	Surgery	13.30	13.30	\$ 931.00	\$ 931.00
25100 00	Surgery	10.35	10.35	\$ 724.50	\$ 724.50
25101 00	Surgery	11.98	11.98	\$ 838.60	\$ 838.60
25105 00	Surgery	14.41	14.41	\$ 1,008.70	\$ 1,008.70
25107 00	Surgery	18.25	18.25	\$ 1,277.50	\$ 1,277.50
25109 00	Surgery	15.81	15.81	\$ 1,106.70	\$ 1,106.70
25110 00	Surgery	10.19	10.19	\$ 713.30	\$ 713.30
25111 00	Surgery	9.58	9.58	\$ 670.60	\$ 670.60
25112 00	Surgery	11.51	11.51	\$ 805.70	\$ 805.70
25115 00	Surgery	22.32	22.32	\$ 1,562.40	\$ 1,562.40
25116 00	Surgery	17.82	17.82	\$ 1,247.40	\$ 1,247.40
25118 00	Surgery	11.30	11.30	\$ 791.00	\$ 791.00
25119 00	Surgery	14.76	14.76	\$ 1,033.20	\$ 1,033.20
25120 00	Surgery	14.84	14.84	\$ 1,038.80	\$ 1,038.80
25125 00	Surgery	17.63	17.63	\$ 1,234.10	\$ 1,234.10
25126 00	Surgery	17.76	17.76	\$ 1,243.20	\$ 1,243.20
25130 00	Surgery	13.34	13.34	\$ 933.80	\$ 933.80
25135 00	Surgery	16.63	16.63	\$ 1,164.10	\$ 1,164.10
25136 00	Surgery	14.77	14.77	\$ 1,033.90	\$ 1,033.90
25145 00	Surgery	15.44	15.44	\$ 1,080.80	\$ 1,080.80
25150 00	Surgery	16.80	16.80	\$ 1,176.00	\$ 1,176.00
25151 00	Surgery	17.33	17.33	\$ 1,213.10	\$ 1,213.10
25170 00	Surgery	43.30	43.30	\$ 3,031.00	\$ 3,031.00
25210 00	Surgery	14.57	14.57	\$ 1,019.90	\$ 1,019.90
25215 00	Surgery	18.30	18.30	\$ 1,281.00	\$ 1,281.00
25230 00	Surgery	12.80	12.80	\$ 896.00	\$ 896.00
25240 00	Surgery	12.72	12.72	\$ 890.40	\$ 890.40
25246 00	Surgery	5.87	2.16	\$ 410.90	\$ 151.20
25248 00	Surgery	12.41	12.41	\$ 868.70	\$ 868.70
25250 00	Surgery	15.83	15.83	\$ 1,108.10	\$ 1,108.10
25251 00	Surgery	21.27	21.27	\$ 1,488.90	\$ 1,488.90
25259 00	Surgery	12.62	12.62	\$ 883.40	\$ 883.40
25260 00	Surgery	18.71	18.71	\$ 1,309.70	\$ 1,309.70
25263 00	Surgery	18.76	18.76	\$ 1,313.20	\$ 1,313.20
25265 00	Surgery	22.26	22.26	\$ 1,558.20	\$ 1,558.20
25270 00	Surgery	14.62	14.62	\$ 1,023.40	\$ 1,023.40
25272 00	Surgery	16.60	16.60	\$ 1,162.00	\$ 1,162.00
25274 00	Surgery	19.67	19.67	\$ 1,376.90	\$ 1,376.90
25275 00	Surgery	19.84	19.84	\$ 1,388.80	\$ 1,388.80
25280 00	Surgery	16.76	16.76	\$ 1,173.20	\$ 1,173.20
25290 00	Surgery	12.91	12.91	\$ 903.70	\$ 903.70
25295 00	Surgery	15.59	15.59	\$ 1,091.30	\$ 1,091.30
25300 00	Surgery	20.42	20.42	\$ 1,429.40	\$ 1,429.40
25301 00	Surgery	19.04	19.04	\$ 1,332.80	\$ 1,332.80
25310 00	Surgery	18.35	18.35	\$ 1,284.50	\$ 1,284.50
25312 00	Surgery	21.09	21.09	\$ 1,476.30	\$ 1,476.30
25315 00	Surgery	22.77	22.77	\$ 1,593.90	\$ 1,593.90
25316 00	Surgery	27.08	27.08	\$ 1,895.60	\$ 1,895.60
25320 00	Surgery	29.00	29.00	\$ 2,030.00	\$ 2,030.00
25332 00	Surgery	24.93	24.93	\$ 1,745.10	\$ 1,745.10

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
25335 00	Surgery	27.90	27.90	\$ 1,953.00	\$ 1,953.00
25337 00	Surgery	26.17	26.17	\$ 1,831.90	\$ 1,831.90
25350 00	Surgery	19.94	19.94	\$ 1,395.80	\$ 1,395.80
25355 00	Surgery	22.64	22.64	\$ 1,584.80	\$ 1,584.80
25360 00	Surgery	19.33	19.33	\$ 1,353.10	\$ 1,353.10
25365 00	Surgery	27.10	27.10	\$ 1,897.00	\$ 1,897.00
25370 00	Surgery	29.87	29.87	\$ 2,090.90	\$ 2,090.90
25375 00	Surgery	28.20	28.20	\$ 1,974.00	\$ 1,974.00
25390 00	Surgery	22.72	22.72	\$ 1,590.40	\$ 1,590.40
25391 00	Surgery	29.44	29.44	\$ 2,060.80	\$ 2,060.80
25392 00	Surgery	29.95	29.95	\$ 2,096.50	\$ 2,096.50
25393 00	Surgery	33.35	33.35	\$ 2,334.50	\$ 2,334.50
25394 00	Surgery	23.19	23.19	\$ 1,623.30	\$ 1,623.30
25400 00	Surgery	23.72	23.72	\$ 1,660.40	\$ 1,660.40
25405 00	Surgery	30.58	30.58	\$ 2,140.60	\$ 2,140.60
25415 00	Surgery	28.62	28.62	\$ 2,003.40	\$ 2,003.40
25420 00	Surgery	34.45	34.45	\$ 2,411.50	\$ 2,411.50
25425 00	Surgery	28.49	28.49	\$ 1,994.30	\$ 1,994.30
25426 00	Surgery	33.16	33.16	\$ 2,321.20	\$ 2,321.20
25430 00	Surgery	21.62	21.62	\$ 1,513.40	\$ 1,513.40
25431 00	Surgery	23.30	23.30	\$ 1,631.00	\$ 1,631.00
25440 00	Surgery	22.70	22.70	\$ 1,589.00	\$ 1,589.00
25441 00	Surgery	27.72	27.72	\$ 1,940.40	\$ 1,940.40
25442 00	Surgery	23.86	23.86	\$ 1,670.20	\$ 1,670.20
25443 00	Surgery	23.21	23.21	\$ 1,624.70	\$ 1,624.70
25444 00	Surgery	24.46	24.46	\$ 1,712.20	\$ 1,712.20
25445 00	Surgery	21.29	21.29	\$ 1,490.30	\$ 1,490.30
25446 00	Surgery	34.53	34.53	\$ 2,417.10	\$ 2,417.10
25447 00	Surgery	24.49	24.49	\$ 1,714.30	\$ 1,714.30
25449 00	Surgery	30.45	30.45	\$ 2,131.50	\$ 2,131.50
25450 00	Surgery	18.30	18.30	\$ 1,281.00	\$ 1,281.00
25455 00	Surgery	21.60	21.60	\$ 1,512.00	\$ 1,512.00
25490 00	Surgery	21.26	21.26	\$ 1,488.20	\$ 1,488.20
25491 00	Surgery	21.85	21.85	\$ 1,529.50	\$ 1,529.50
25492 00	Surgery	26.79	26.79	\$ 1,875.30	\$ 1,875.30
25500 00	Surgery	8.42	7.61	\$ 589.40	\$ 532.70
25505 00	Surgery	14.98	13.60	\$ 1,048.60	\$ 952.00
25515 00	Surgery	19.79	19.79	\$ 1,385.30	\$ 1,385.30
25520 00	Surgery	17.14	16.14	\$ 1,199.80	\$ 1,129.80
25525 00	Surgery	23.28	23.28	\$ 1,629.60	\$ 1,629.60
25526 00	Surgery	28.22	28.22	\$ 1,975.40	\$ 1,975.40
25530 00	Surgery	7.87	7.20	\$ 550.90	\$ 504.00
25535 00	Surgery	14.76	13.59	\$ 1,033.20	\$ 951.30
25545 00	Surgery	18.45	18.45	\$ 1,291.50	\$ 1,291.50
25560 00	Surgery	8.58	7.65	\$ 600.60	\$ 535.50
25565 00	Surgery	15.38	13.78	\$ 1,076.60	\$ 964.60
25574 00	Surgery	19.96	19.96	\$ 1,397.20	\$ 1,397.20
25575 00	Surgery	26.69	26.69	\$ 1,868.30	\$ 1,868.30
25600 00	Surgery	10.01	9.54	\$ 700.70	\$ 667.80
25605 00	Surgery	16.08	15.17	\$ 1,125.60	\$ 1,061.90
25606 00	Surgery	19.70	19.70	\$ 1,379.00	\$ 1,379.00
25607 00	Surgery	21.81	21.81	\$ 1,526.70	\$ 1,526.70
25608 00	Surgery	24.40	24.40	\$ 1,708.00	\$ 1,708.00
25609 00	Surgery	30.98	30.98	\$ 2,168.60	\$ 2,168.60
25622 00	Surgery	9.12	8.40	\$ 638.40	\$ 588.00
25624 00	Surgery	14.55	13.17	\$ 1,018.50	\$ 921.90
25628 00	Surgery	21.29	21.29	\$ 1,490.30	\$ 1,490.30
25630 00	Surgery	9.10	8.44	\$ 637.00	\$ 590.80
25635 00	Surgery	13.84	12.55	\$ 968.80	\$ 878.50

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
25645 00	Surgery	16.93	16.93	\$ 1,185.10	\$ 1,185.10
25650 00	Surgery	9.80	9.07	\$ 686.00	\$ 634.90
25651 00	Surgery	14.50	14.50	\$ 1,015.00	\$ 1,015.00
25652 00	Surgery	18.41	18.41	\$ 1,288.70	\$ 1,288.70
25660 00	Surgery	13.27	13.27	\$ 928.90	\$ 928.90
25670 00	Surgery	18.04	18.04	\$ 1,262.80	\$ 1,262.80
25671 00	Surgery	15.78	15.78	\$ 1,104.60	\$ 1,104.60
25675 00	Surgery	13.24	11.95	\$ 926.80	\$ 836.50
25676 00	Surgery	18.68	18.68	\$ 1,307.60	\$ 1,307.60
25680 00	Surgery	15.67	15.67	\$ 1,096.90	\$ 1,096.90
25685 00	Surgery	21.74	21.74	\$ 1,521.80	\$ 1,521.80
25690 00	Surgery	14.54	14.54	\$ 1,017.80	\$ 1,017.80
25695 00	Surgery	18.82	18.82	\$ 1,317.40	\$ 1,317.40
25800 00	Surgery	21.64	21.64	\$ 1,514.80	\$ 1,514.80
25805 00	Surgery	25.05	25.05	\$ 1,753.50	\$ 1,753.50
25810 00	Surgery	25.54	25.54	\$ 1,787.80	\$ 1,787.80
25820 00	Surgery	19.13	19.13	\$ 1,339.10	\$ 1,339.10
25825 00	Surgery	23.35	23.35	\$ 1,634.50	\$ 1,634.50
25830 00	Surgery	30.02	30.02	\$ 2,101.40	\$ 2,101.40
25900 00	Surgery	21.17	21.17	\$ 1,481.90	\$ 1,481.90
25905 00	Surgery	20.78	20.78	\$ 1,454.60	\$ 1,454.60
25907 00	Surgery	18.22	18.22	\$ 1,275.40	\$ 1,275.40
25909 00	Surgery	20.28	20.28	\$ 1,419.60	\$ 1,419.60
25915 00	Surgery	34.44	34.44	\$ 2,410.80	\$ 2,410.80
25920 00	Surgery	21.54	21.54	\$ 1,507.80	\$ 1,507.80
25922 00	Surgery	19.06	19.06	\$ 1,334.20	\$ 1,334.20
25924 00	Surgery	21.05	21.05	\$ 1,473.50	\$ 1,473.50
25927 00	Surgery	25.65	25.65	\$ 1,795.50	\$ 1,795.50
25929 00	Surgery	17.74	17.74	\$ 1,241.80	\$ 1,241.80
25931 00	Surgery	23.74	23.74	\$ 1,661.80	\$ 1,661.80
25999 00	Surgery	0.00	0.00	BR	BR
26010 00	Surgery	9.98	4.12	\$ 698.60	\$ 288.40
26011 00	Surgery	14.23	5.48	\$ 996.10	\$ 383.60
26020 00	Surgery	16.43	16.43	\$ 1,150.10	\$ 1,150.10
26025 00	Surgery	12.50	12.50	\$ 875.00	\$ 875.00
26030 00	Surgery	14.49	14.49	\$ 1,014.30	\$ 1,014.30
26034 00	Surgery	16.26	16.26	\$ 1,138.20	\$ 1,138.20
26035 00	Surgery	25.43	25.43	\$ 1,780.10	\$ 1,780.10
26037 00	Surgery	16.66	16.66	\$ 1,166.20	\$ 1,166.20
26040 00	Surgery	9.35	9.35	\$ 654.50	\$ 654.50
26045 00	Surgery	13.98	13.98	\$ 978.60	\$ 978.60
26055 00	Surgery	17.49	8.62	\$ 1,224.30	\$ 603.40
26060 00	Surgery	7.61	7.61	\$ 532.70	\$ 532.70
26070 00	Surgery	9.57	9.57	\$ 669.90	\$ 669.90
26075 00	Surgery	9.99	9.99	\$ 699.30	\$ 699.30
26080 00	Surgery	11.76	11.76	\$ 823.20	\$ 823.20
26100 00	Surgery	10.04	10.04	\$ 702.80	\$ 702.80
26105 00	Surgery	10.11	10.11	\$ 707.70	\$ 707.70
26110 00	Surgery	9.61	9.61	\$ 672.70	\$ 672.70
26111 00	Surgery	12.28	12.28	\$ 859.60	\$ 859.60
26113 00	Surgery	16.14	16.14	\$ 1,129.80	\$ 1,129.80
26115 00	Surgery	16.44	9.78	\$ 1,150.80	\$ 684.60
26116 00	Surgery	15.51	15.51	\$ 1,085.70	\$ 1,085.70
26117 00	Surgery	21.82	21.82	\$ 1,527.40	\$ 1,527.40
26118 00	Surgery	31.05	31.05	\$ 2,173.50	\$ 2,173.50
26121 00	Surgery	17.73	17.73	\$ 1,241.10	\$ 1,241.10
26123 00	Surgery	24.65	24.65	\$ 1,725.50	\$ 1,725.50
26125 00	Surgery	7.92	7.92	\$ 554.40	\$ 554.40
26130 00	Surgery	13.89	13.89	\$ 972.30	\$ 972.30

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
26135 00	Surgery	16.38	16.38	\$ 1,146.60	\$ 1,146.60
26140 00	Surgery	15.02	15.02	\$ 1,051.40	\$ 1,051.40
26145 00	Surgery	15.24	15.24	\$ 1,066.80	\$ 1,066.80
26160 00	Surgery	18.18	9.34	\$ 1,272.60	\$ 653.80
26170 00	Surgery	12.08	12.08	\$ 845.60	\$ 845.60
26180 00	Surgery	13.30	13.30	\$ 931.00	\$ 931.00
26185 00	Surgery	16.45	16.45	\$ 1,151.50	\$ 1,151.50
26200 00	Surgery	13.35	13.35	\$ 934.50	\$ 934.50
26205 00	Surgery	17.95	17.95	\$ 1,256.50	\$ 1,256.50
26210 00	Surgery	13.22	13.22	\$ 925.40	\$ 925.40
26215 00	Surgery	16.82	16.82	\$ 1,177.40	\$ 1,177.40
26230 00	Surgery	14.80	14.80	\$ 1,036.00	\$ 1,036.00
26235 00	Surgery	14.58	14.58	\$ 1,020.60	\$ 1,020.60
26236 00	Surgery	13.07	13.07	\$ 914.90	\$ 914.90
26250 00	Surgery	31.43	31.43	\$ 2,200.10	\$ 2,200.10
26260 00	Surgery	23.55	23.55	\$ 1,648.50	\$ 1,648.50
26262 00	Surgery	18.64	18.64	\$ 1,304.80	\$ 1,304.80
26320 00	Surgery	10.35	10.35	\$ 724.50	\$ 724.50
26340 00	Surgery	10.29	10.29	\$ 720.30	\$ 720.30
26341 00	Surgery	3.34	2.28	\$ 233.80	\$ 159.60
26350 00	Surgery	22.29	22.29	\$ 1,560.30	\$ 1,560.30
26352 00	Surgery	24.98	24.98	\$ 1,748.60	\$ 1,748.60
26356 00	Surgery	23.57	23.57	\$ 1,649.90	\$ 1,649.90
26357 00	Surgery	26.46	26.46	\$ 1,852.20	\$ 1,852.20
26358 00	Surgery	29.21	29.21	\$ 2,044.70	\$ 2,044.70
26370 00	Surgery	23.56	23.56	\$ 1,649.20	\$ 1,649.20
26372 00	Surgery	27.47	27.47	\$ 1,922.90	\$ 1,922.90
26373 00	Surgery	26.43	26.43	\$ 1,850.10	\$ 1,850.10
26390 00	Surgery	26.12	26.12	\$ 1,828.40	\$ 1,828.40
26392 00	Surgery	30.03	30.03	\$ 2,102.10	\$ 2,102.10
26410 00	Surgery	17.95	17.95	\$ 1,256.50	\$ 1,256.50
26412 00	Surgery	21.42	21.42	\$ 1,499.40	\$ 1,499.40
26415 00	Surgery	25.46	25.46	\$ 1,782.20	\$ 1,782.20
26416 00	Surgery	27.50	27.50	\$ 1,925.00	\$ 1,925.00
26418 00	Surgery	18.52	18.52	\$ 1,296.40	\$ 1,296.40
26420 00	Surgery	22.21	22.21	\$ 1,554.70	\$ 1,554.70
26426 00	Surgery	14.90	14.90	\$ 1,043.00	\$ 1,043.00
26428 00	Surgery	23.80	23.80	\$ 1,666.00	\$ 1,666.00
26432 00	Surgery	16.14	16.14	\$ 1,129.80	\$ 1,129.80
26433 00	Surgery	17.03	17.03	\$ 1,192.10	\$ 1,192.10
26434 00	Surgery	20.68	20.68	\$ 1,447.60	\$ 1,447.60
26437 00	Surgery	19.80	19.80	\$ 1,386.00	\$ 1,386.00
26440 00	Surgery	19.56	19.56	\$ 1,369.20	\$ 1,369.20
26442 00	Surgery	29.47	29.47	\$ 2,062.90	\$ 2,062.90
26445 00	Surgery	18.27	18.27	\$ 1,278.90	\$ 1,278.90
26449 00	Surgery	20.58	20.58	\$ 1,440.60	\$ 1,440.60
26450 00	Surgery	13.51	13.51	\$ 945.70	\$ 945.70
26455 00	Surgery	13.41	13.41	\$ 938.70	\$ 938.70
26460 00	Surgery	13.18	13.18	\$ 922.60	\$ 922.60
26471 00	Surgery	19.61	19.61	\$ 1,372.70	\$ 1,372.70
26474 00	Surgery	19.36	19.36	\$ 1,355.20	\$ 1,355.20
26476 00	Surgery	19.12	19.12	\$ 1,338.40	\$ 1,338.40
26477 00	Surgery	18.58	18.58	\$ 1,300.60	\$ 1,300.60
26478 00	Surgery	19.71	19.71	\$ 1,379.70	\$ 1,379.70
26479 00	Surgery	20.08	20.08	\$ 1,405.60	\$ 1,405.60
26480 00	Surgery	23.52	23.52	\$ 1,646.40	\$ 1,646.40
26483 00	Surgery	26.08	26.08	\$ 1,825.60	\$ 1,825.60
26485 00	Surgery	25.06	25.06	\$ 1,754.20	\$ 1,754.20
26489 00	Surgery	28.90	28.90	\$ 2,023.00	\$ 2,023.00

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
26490 00	Surgery	24.95	24.95	\$ 1,746.50	\$ 1,746.50
26492 00	Surgery	27.54	27.54	\$ 1,927.80	\$ 1,927.80
26494 00	Surgery	25.05	25.05	\$ 1,753.50	\$ 1,753.50
26496 00	Surgery	26.95	26.95	\$ 1,886.50	\$ 1,886.50
26497 00	Surgery	26.92	26.92	\$ 1,884.40	\$ 1,884.40
26498 00	Surgery	35.03	35.03	\$ 2,452.10	\$ 2,452.10
26499 00	Surgery	25.93	25.93	\$ 1,815.10	\$ 1,815.10
26500 00	Surgery	19.68	19.68	\$ 1,377.60	\$ 1,377.60
26502 00	Surgery	22.48	22.48	\$ 1,573.60	\$ 1,573.60
26508 00	Surgery	20.07	20.07	\$ 1,404.90	\$ 1,404.90
26510 00	Surgery	19.07	19.07	\$ 1,334.90	\$ 1,334.90
26516 00	Surgery	22.11	22.11	\$ 1,547.70	\$ 1,547.70
26517 00	Surgery	25.77	25.77	\$ 1,803.90	\$ 1,803.90
26518 00	Surgery	26.09	26.09	\$ 1,826.30	\$ 1,826.30
26520 00	Surgery	20.48	20.48	\$ 1,433.60	\$ 1,433.60
26525 00	Surgery	20.53	20.53	\$ 1,437.10	\$ 1,437.10
26530 00	Surgery	15.98	15.98	\$ 1,118.60	\$ 1,118.60
26531 00	Surgery	18.62	18.62	\$ 1,303.40	\$ 1,303.40
26535 00	Surgery	12.94	12.94	\$ 905.80	\$ 905.80
26536 00	Surgery	22.40	22.40	\$ 1,568.00	\$ 1,568.00
26540 00	Surgery	20.80	20.80	\$ 1,456.00	\$ 1,456.00
26541 00	Surgery	24.80	24.80	\$ 1,736.00	\$ 1,736.00
26542 00	Surgery	21.48	21.48	\$ 1,503.60	\$ 1,503.60
26545 00	Surgery	21.79	21.79	\$ 1,525.30	\$ 1,525.30
26546 00	Surgery	30.59	30.59	\$ 2,141.30	\$ 2,141.30
26548 00	Surgery	23.73	23.73	\$ 1,661.10	\$ 1,661.10
26550 00	Surgery	49.35	49.35	\$ 3,454.50	\$ 3,454.50
26551 00	Surgery	97.71	97.71	\$ 6,839.70	\$ 6,839.70
26553 00	Surgery	97.06	97.06	\$ 6,794.20	\$ 6,794.20
26554 00	Surgery	112.94	112.94	\$ 7,905.80	\$ 7,905.80
26555 00	Surgery	41.48	41.48	\$ 2,903.60	\$ 2,903.60
26556 00	Surgery	100.87	100.87	\$ 7,060.90	\$ 7,060.90
26560 00	Surgery	18.92	18.92	\$ 1,324.40	\$ 1,324.40
26561 00	Surgery	29.23	29.23	\$ 2,046.10	\$ 2,046.10
26562 00	Surgery	40.78	40.78	\$ 2,854.60	\$ 2,854.60
26565 00	Surgery	21.82	21.82	\$ 1,527.40	\$ 1,527.40
26567 00	Surgery	21.43	21.43	\$ 1,500.10	\$ 1,500.10
26568 00	Surgery	27.90	27.90	\$ 1,953.00	\$ 1,953.00
26580 00	Surgery	45.71	45.71	\$ 3,199.70	\$ 3,199.70
26587 00	Surgery	30.79	30.79	\$ 2,155.30	\$ 2,155.30
26590 00	Surgery	42.56	42.56	\$ 2,979.20	\$ 2,979.20
26591 00	Surgery	14.43	14.43	\$ 1,010.10	\$ 1,010.10
26593 00	Surgery	19.18	19.18	\$ 1,342.60	\$ 1,342.60
26596 00	Surgery	24.06	24.06	\$ 1,684.20	\$ 1,684.20
26600 00	Surgery	8.91	8.45	\$ 623.70	\$ 591.50
26605 00	Surgery	9.79	8.81	\$ 685.30	\$ 616.70
26607 00	Surgery	14.97	14.97	\$ 1,047.90	\$ 1,047.90
26608 00	Surgery	14.30	14.30	\$ 1,001.00	\$ 1,001.00
26615 00	Surgery	17.04	17.04	\$ 1,192.80	\$ 1,192.80
26641 00	Surgery	12.44	11.31	\$ 870.80	\$ 791.70
26645 00	Surgery	12.92	11.75	\$ 904.40	\$ 822.50
26650 00	Surgery	14.30	14.30	\$ 1,001.00	\$ 1,001.00
26665 00	Surgery	18.52	18.52	\$ 1,296.40	\$ 1,296.40
26670 00	Surgery	10.35	9.26	\$ 724.50	\$ 648.20
26675 00	Surgery	13.74	12.53	\$ 961.80	\$ 877.10
26676 00	Surgery	15.10	15.10	\$ 1,057.00	\$ 1,057.00
26685 00	Surgery	17.04	17.04	\$ 1,192.80	\$ 1,192.80
26686 00	Surgery	18.50	18.50	\$ 1,295.00	\$ 1,295.00
26700 00	Surgery	9.95	9.18	\$ 696.50	\$ 642.60

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
26705 00	Surgery	12.60	11.42	\$ 882.00	\$ 799.40
26706 00	Surgery	13.22	13.22	\$ 925.40	\$ 925.40
26715 00	Surgery	16.95	16.95	\$ 1,186.50	\$ 1,186.50
26720 00	Surgery	5.92	5.55	\$ 414.40	\$ 388.50
26725 00	Surgery	10.14	9.02	\$ 709.80	\$ 631.40
26727 00	Surgery	14.07	14.07	\$ 984.90	\$ 984.90
26735 00	Surgery	17.60	17.60	\$ 1,232.00	\$ 1,232.00
26740 00	Surgery	6.89	6.52	\$ 482.30	\$ 456.40
26742 00	Surgery	11.16	10.01	\$ 781.20	\$ 700.70
26746 00	Surgery	21.94	21.94	\$ 1,535.80	\$ 1,535.80
26750 00	Surgery	5.54	5.57	\$ 387.80	\$ 389.90
26755 00	Surgery	9.53	8.18	\$ 667.10	\$ 572.60
26756 00	Surgery	12.56	12.56	\$ 879.20	\$ 879.20
26765 00	Surgery	14.84	14.84	\$ 1,038.80	\$ 1,038.80
26770 00	Surgery	8.44	7.69	\$ 590.80	\$ 538.30
26775 00	Surgery	11.65	10.43	\$ 815.50	\$ 730.10
26776 00	Surgery	13.34	13.34	\$ 933.80	\$ 933.80
26785 00	Surgery	16.17	16.17	\$ 1,131.90	\$ 1,131.90
26820 00	Surgery	24.68	24.68	\$ 1,727.60	\$ 1,727.60
26841 00	Surgery	22.92	22.92	\$ 1,604.40	\$ 1,604.40
26842 00	Surgery	24.76	24.76	\$ 1,733.20	\$ 1,733.20
26843 00	Surgery	23.29	23.29	\$ 1,630.30	\$ 1,630.30
26844 00	Surgery	25.60	25.60	\$ 1,792.00	\$ 1,792.00
26850 00	Surgery	21.81	21.81	\$ 1,526.70	\$ 1,526.70
26852 00	Surgery	24.74	24.74	\$ 1,731.80	\$ 1,731.80
26860 00	Surgery	18.13	18.13	\$ 1,269.10	\$ 1,269.10
26861 00	Surgery	3.01	3.01	\$ 210.70	\$ 210.70
26862 00	Surgery	22.75	22.75	\$ 1,592.50	\$ 1,592.50
26863 00	Surgery	6.64	6.64	\$ 464.80	\$ 464.80
26910 00	Surgery	22.61	22.61	\$ 1,582.70	\$ 1,582.70
26951 00	Surgery	20.68	20.68	\$ 1,447.60	\$ 1,447.60
26952 00	Surgery	20.27	20.27	\$ 1,418.90	\$ 1,418.90
26989 00	Surgery	0.00	0.00	BR	BR
26990 00	Surgery	19.97	19.97	\$ 1,397.90	\$ 1,397.90
26991 00	Surgery	21.35	15.55	\$ 1,494.50	\$ 1,088.50
26992 00	Surgery	29.70	29.70	\$ 2,079.00	\$ 2,079.00
27000 00	Surgery	12.01	12.01	\$ 840.70	\$ 840.70
27001 00	Surgery	16.05	16.05	\$ 1,123.50	\$ 1,123.50
27003 00	Surgery	17.73	17.73	\$ 1,241.10	\$ 1,241.10
27005 00	Surgery	21.23	21.23	\$ 1,486.10	\$ 1,486.10
27006 00	Surgery	21.23	21.23	\$ 1,486.10	\$ 1,486.10
27025 00	Surgery	27.19	27.19	\$ 1,903.30	\$ 1,903.30
27027 00	Surgery	26.02	26.02	\$ 1,821.40	\$ 1,821.40
27030 00	Surgery	27.68	27.68	\$ 1,937.60	\$ 1,937.60
27033 00	Surgery	28.73	28.73	\$ 2,011.10	\$ 2,011.10
27035 00	Surgery	33.69	33.69	\$ 2,358.30	\$ 2,358.30
27036 00	Surgery	29.97	29.97	\$ 2,097.90	\$ 2,097.90
27040 00	Surgery	10.34	5.84	\$ 723.80	\$ 408.80
27041 00	Surgery	20.76	20.76	\$ 1,453.20	\$ 1,453.20
27043 00	Surgery	13.83	13.83	\$ 968.10	\$ 968.10
27045 00	Surgery	21.71	21.71	\$ 1,519.70	\$ 1,519.70
27047 00	Surgery	14.65	10.60	\$ 1,025.50	\$ 742.00
27048 00	Surgery	18.07	18.07	\$ 1,264.90	\$ 1,264.90
27049 00	Surgery	39.69	39.69	\$ 2,778.30	\$ 2,778.30
27050 00	Surgery	11.98	11.98	\$ 838.60	\$ 838.60
27052 00	Surgery	17.10	17.10	\$ 1,197.00	\$ 1,197.00
27054 00	Surgery	20.34	20.34	\$ 1,423.80	\$ 1,423.80
27057 00	Surgery	29.85	29.85	\$ 2,089.50	\$ 2,089.50
27059 00	Surgery	53.22	53.22	\$ 3,725.40	\$ 3,725.40

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
27060 00	Surgery	13.80	13.80	\$ 966.00	\$ 966.00
27062 00	Surgery	13.48	13.48	\$ 943.60	\$ 943.60
27065 00	Surgery	15.56	15.56	\$ 1,089.20	\$ 1,089.20
27066 00	Surgery	24.14	24.14	\$ 1,689.80	\$ 1,689.80
27067 00	Surgery	30.55	30.55	\$ 2,138.50	\$ 2,138.50
27070 00	Surgery	26.22	26.22	\$ 1,835.40	\$ 1,835.40
27071 00	Surgery	28.60	28.60	\$ 2,002.00	\$ 2,002.00
27075 00	Surgery	61.38	61.38	\$ 4,296.60	\$ 4,296.60
27076 00	Surgery	74.25	74.25	\$ 5,197.50	\$ 5,197.50
27077 00	Surgery	82.81	82.81	\$ 5,796.70	\$ 5,796.70
27078 00	Surgery	60.55	60.55	\$ 4,238.50	\$ 4,238.50
27080 00	Surgery	15.10	15.10	\$ 1,057.00	\$ 1,057.00
27086 00	Surgery	9.40	4.97	\$ 658.00	\$ 347.90
27087 00	Surgery	18.14	18.14	\$ 1,269.80	\$ 1,269.80
27090 00	Surgery	24.48	24.48	\$ 1,713.60	\$ 1,713.60
27091 00	Surgery	46.92	46.92	\$ 3,284.40	\$ 3,284.40
27093 00	Surgery	7.04	2.01	\$ 492.80	\$ 140.70
27095 00	Surgery	9.53	2.43	\$ 667.10	\$ 170.10
27096 00	Surgery	4.88	2.43	\$ 341.60	\$ 170.10
27097 00	Surgery	20.20	20.20	\$ 1,414.00	\$ 1,414.00
27098 00	Surgery	20.55	20.55	\$ 1,438.50	\$ 1,438.50
27100 00	Surgery	24.52	24.52	\$ 1,716.40	\$ 1,716.40
27105 00	Surgery	25.71	25.71	\$ 1,799.70	\$ 1,799.70
27110 00	Surgery	28.67	28.67	\$ 2,006.90	\$ 2,006.90
27111 00	Surgery	26.69	26.69	\$ 1,868.30	\$ 1,868.30
27120 00	Surgery	38.31	38.31	\$ 2,681.70	\$ 2,681.70
27122 00	Surgery	32.53	32.53	\$ 2,277.10	\$ 2,277.10
27125 00	Surgery	33.37	33.37	\$ 2,335.90	\$ 2,335.90
27130 00	Surgery	37.90	37.90	\$ 2,653.00	\$ 2,653.00
27132 00	Surgery	49.24	49.24	\$ 3,446.80	\$ 3,446.80
27134 00	Surgery	56.15	56.15	\$ 3,930.50	\$ 3,930.50
27137 00	Surgery	43.22	43.22	\$ 3,025.40	\$ 3,025.40
27138 00	Surgery	44.90	44.90	\$ 3,143.00	\$ 3,143.00
27140 00	Surgery	26.36	26.36	\$ 1,845.20	\$ 1,845.20
27146 00	Surgery	37.72	37.72	\$ 2,640.40	\$ 2,640.40
27147 00	Surgery	43.11	43.11	\$ 3,017.70	\$ 3,017.70
27151 00	Surgery	46.62	46.62	\$ 3,263.40	\$ 3,263.40
27156 00	Surgery	50.22	50.22	\$ 3,515.40	\$ 3,515.40
27158 00	Surgery	41.28	41.28	\$ 2,889.60	\$ 2,889.60
27161 00	Surgery	35.89	35.89	\$ 2,512.30	\$ 2,512.30
27165 00	Surgery	40.64	40.64	\$ 2,844.80	\$ 2,844.80
27170 00	Surgery	34.55	34.55	\$ 2,418.50	\$ 2,418.50
27175 00	Surgery	19.69	19.69	\$ 1,378.30	\$ 1,378.30
27176 00	Surgery	27.23	27.23	\$ 1,906.10	\$ 1,906.10
27177 00	Surgery	32.91	32.91	\$ 2,303.70	\$ 2,303.70
27178 00	Surgery	27.23	27.23	\$ 1,906.10	\$ 1,906.10
27179 00	Surgery	28.90	28.90	\$ 2,023.00	\$ 2,023.00
27181 00	Surgery	33.04	33.04	\$ 2,312.80	\$ 2,312.80
27185 00	Surgery	21.23	21.23	\$ 1,486.10	\$ 1,486.10
27187 00	Surgery	29.38	29.38	\$ 2,056.60	\$ 2,056.60
27197 00	Surgery	3.90	3.90	\$ 273.00	\$ 273.00
27198 00	Surgery	9.35	9.35	\$ 654.50	\$ 654.50
27200 00	Surgery	5.50	5.54	\$ 385.00	\$ 387.80
27202 00	Surgery	15.63	15.63	\$ 1,094.10	\$ 1,094.10
27215 00	Surgery	17.65	17.65	\$ 1,235.50	\$ 1,235.50
27216 00	Surgery	26.13	26.13	\$ 1,829.10	\$ 1,829.10
27217 00	Surgery	24.57	24.57	\$ 1,719.90	\$ 1,719.90
27218 00	Surgery	33.76	33.76	\$ 2,363.20	\$ 2,363.20
27220 00	Surgery	12.38	12.21	\$ 866.60	\$ 854.70

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
27222 00	Surgery	28.86	28.86	\$ 2,020.20	\$ 2,020.20
27226 00	Surgery	31.16	31.16	\$ 2,181.20	\$ 2,181.20
27227 00	Surgery	48.67	48.67	\$ 3,406.90	\$ 3,406.90
27228 00	Surgery	55.26	55.26	\$ 3,868.20	\$ 3,868.20
27230 00	Surgery	14.39	14.13	\$ 1,007.30	\$ 989.10
27232 00	Surgery	21.87	21.87	\$ 1,530.90	\$ 1,530.90
27235 00	Surgery	26.77	26.77	\$ 1,873.90	\$ 1,873.90
27236 00	Surgery	35.18	35.18	\$ 2,462.60	\$ 2,462.60
27238 00	Surgery	13.82	13.82	\$ 967.40	\$ 967.40
27240 00	Surgery	28.33	28.33	\$ 1,983.10	\$ 1,983.10
27244 00	Surgery	36.21	36.21	\$ 2,534.70	\$ 2,534.70
27245 00	Surgery	36.17	36.17	\$ 2,531.90	\$ 2,531.90
27246 00	Surgery	11.57	11.45	\$ 809.90	\$ 801.50
27248 00	Surgery	22.02	22.02	\$ 1,541.40	\$ 1,541.40
27250 00	Surgery	5.30	5.30	\$ 371.00	\$ 371.00
27252 00	Surgery	22.35	22.35	\$ 1,564.50	\$ 1,564.50
27253 00	Surgery	27.80	27.80	\$ 1,946.00	\$ 1,946.00
27254 00	Surgery	37.53	37.53	\$ 2,627.10	\$ 2,627.10
27256 00	Surgery	8.98	6.98	\$ 628.60	\$ 488.60
27257 00	Surgery	10.67	10.67	\$ 746.90	\$ 746.90
27258 00	Surgery	32.81	32.81	\$ 2,296.70	\$ 2,296.70
27259 00	Surgery	45.47	45.47	\$ 3,182.90	\$ 3,182.90
27265 00	Surgery	12.02	12.02	\$ 841.40	\$ 841.40
27266 00	Surgery	17.29	17.29	\$ 1,210.30	\$ 1,210.30
27267 00	Surgery	12.95	12.95	\$ 906.50	\$ 906.50
27268 00	Surgery	16.10	16.10	\$ 1,127.00	\$ 1,127.00
27269 00	Surgery	36.60	36.60	\$ 2,562.00	\$ 2,562.00
27275 00	Surgery	5.44	5.44	\$ 380.80	\$ 380.80
27279 00	Surgery	25.45	25.45	\$ 1,781.50	\$ 1,781.50
27280 00	Surgery	40.11	40.11	\$ 2,807.70	\$ 2,807.70
27282 00	Surgery	25.38	25.38	\$ 1,776.60	\$ 1,776.60
27284 00	Surgery	47.30	47.30	\$ 3,311.00	\$ 3,311.00
27286 00	Surgery	48.41	48.41	\$ 3,388.70	\$ 3,388.70
27290 00	Surgery	47.89	47.89	\$ 3,352.30	\$ 3,352.30
27295 00	Surgery	36.82	36.82	\$ 2,577.40	\$ 2,577.40
27299 00	Surgery	0.00	0.00	BR	BR
27301 00	Surgery	20.25	14.97	\$ 1,417.50	\$ 1,047.90
27303 00	Surgery	19.06	19.06	\$ 1,334.20	\$ 1,334.20
27305 00	Surgery	14.27	14.27	\$ 998.90	\$ 998.90
27306 00	Surgery	9.87	9.87	\$ 690.90	\$ 690.90
27307 00	Surgery	14.23	14.23	\$ 996.10	\$ 996.10
27310 00	Surgery	21.63	21.63	\$ 1,514.10	\$ 1,514.10
27323 00	Surgery	8.20	5.12	\$ 574.00	\$ 358.40
27324 00	Surgery	12.05	12.05	\$ 843.50	\$ 843.50
27325 00	Surgery	16.72	16.72	\$ 1,170.40	\$ 1,170.40
27326 00	Surgery	15.46	15.46	\$ 1,082.20	\$ 1,082.20
27327 00	Surgery	14.95	9.22	\$ 1,046.50	\$ 645.40
27328 00	Surgery	18.39	18.39	\$ 1,287.30	\$ 1,287.30
27329 00	Surgery	30.63	30.63	\$ 2,144.10	\$ 2,144.10
27330 00	Surgery	12.42	12.42	\$ 869.40	\$ 869.40
27331 00	Surgery	14.11	14.11	\$ 987.70	\$ 987.70
27332 00	Surgery	19.10	19.10	\$ 1,337.00	\$ 1,337.00
27333 00	Surgery	17.43	17.43	\$ 1,220.10	\$ 1,220.10
27334 00	Surgery	20.28	20.28	\$ 1,419.60	\$ 1,419.60
27335 00	Surgery	22.65	22.65	\$ 1,585.50	\$ 1,585.50
27337 00	Surgery	12.39	12.39	\$ 867.30	\$ 867.30
27339 00	Surgery	22.23	22.23	\$ 1,556.10	\$ 1,556.10
27340 00	Surgery	11.07	11.07	\$ 774.90	\$ 774.90
27345 00	Surgery	14.35	14.35	\$ 1,004.50	\$ 1,004.50

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
27347 00	Surgery	15.62	15.62	\$ 1,093.40	\$ 1,093.40
27350 00	Surgery	19.34	19.34	\$ 1,353.80	\$ 1,353.80
27355 00	Surgery	17.94	17.94	\$ 1,255.80	\$ 1,255.80
27356 00	Surgery	21.87	21.87	\$ 1,530.90	\$ 1,530.90
27357 00	Surgery	24.16	24.16	\$ 1,691.20	\$ 1,691.20
27358 00	Surgery	8.10	8.10	\$ 567.00	\$ 567.00
27360 00	Surgery	26.54	26.54	\$ 1,857.80	\$ 1,857.80
27364 00	Surgery	46.01	46.01	\$ 3,220.70	\$ 3,220.70
27365 00	Surgery	60.52	60.52	\$ 4,236.40	\$ 4,236.40
27369 00	Surgery	5.09	1.17	\$ 356.30	\$ 81.90
27372 00	Surgery	17.87	11.84	\$ 1,250.90	\$ 828.80
27380 00	Surgery	18.38	18.38	\$ 1,286.60	\$ 1,286.60
27381 00	Surgery	24.27	24.27	\$ 1,698.90	\$ 1,698.90
27385 00	Surgery	17.88	17.88	\$ 1,251.60	\$ 1,251.60
27386 00	Surgery	25.38	25.38	\$ 1,776.60	\$ 1,776.60
27390 00	Surgery	13.32	13.32	\$ 932.40	\$ 932.40
27391 00	Surgery	16.26	16.26	\$ 1,138.20	\$ 1,138.20
27392 00	Surgery	21.09	21.09	\$ 1,476.30	\$ 1,476.30
27393 00	Surgery	14.90	14.90	\$ 1,043.00	\$ 1,043.00
27394 00	Surgery	19.40	19.40	\$ 1,358.00	\$ 1,358.00
27395 00	Surgery	26.05	26.05	\$ 1,823.50	\$ 1,823.50
27396 00	Surgery	18.30	18.30	\$ 1,281.00	\$ 1,281.00
27397 00	Surgery	27.01	27.01	\$ 1,890.70	\$ 1,890.70
27400 00	Surgery	20.60	20.60	\$ 1,442.00	\$ 1,442.00
27403 00	Surgery	19.08	19.08	\$ 1,335.60	\$ 1,335.60
27405 00	Surgery	20.00	20.00	\$ 1,400.00	\$ 1,400.00
27407 00	Surgery	23.55	23.55	\$ 1,648.50	\$ 1,648.50
27409 00	Surgery	28.58	28.58	\$ 2,000.60	\$ 2,000.60
27412 00	Surgery	48.55	48.55	\$ 3,398.50	\$ 3,398.50
27415 00	Surgery	40.47	40.47	\$ 2,832.90	\$ 2,832.90
27416 00	Surgery	28.91	28.91	\$ 2,023.70	\$ 2,023.70
27418 00	Surgery	24.56	24.56	\$ 1,719.20	\$ 1,719.20
27420 00	Surgery	21.97	21.97	\$ 1,537.90	\$ 1,537.90
27422 00	Surgery	21.99	21.99	\$ 1,539.30	\$ 1,539.30
27424 00	Surgery	22.13	22.13	\$ 1,549.10	\$ 1,549.10
27425 00	Surgery	13.42	13.42	\$ 939.40	\$ 939.40
27427 00	Surgery	21.07	21.07	\$ 1,474.90	\$ 1,474.90
27428 00	Surgery	32.93	32.93	\$ 2,305.10	\$ 2,305.10
27429 00	Surgery	37.07	37.07	\$ 2,594.90	\$ 2,594.90
27430 00	Surgery	21.95	21.95	\$ 1,536.50	\$ 1,536.50
27435 00	Surgery	23.95	23.95	\$ 1,676.50	\$ 1,676.50
27437 00	Surgery	19.56	19.56	\$ 1,369.20	\$ 1,369.20
27438 00	Surgery	24.82	24.82	\$ 1,737.40	\$ 1,737.40
27440 00	Surgery	23.59	23.59	\$ 1,651.30	\$ 1,651.30
27441 00	Surgery	24.34	24.34	\$ 1,703.80	\$ 1,703.80
27442 00	Surgery	25.72	25.72	\$ 1,800.40	\$ 1,800.40
27443 00	Surgery	24.13	24.13	\$ 1,689.10	\$ 1,689.10
27445 00	Surgery	37.00	37.00	\$ 2,590.00	\$ 2,590.00
27446 00	Surgery	34.03	34.03	\$ 2,382.10	\$ 2,382.10
27447 00	Surgery	37.85	37.85	\$ 2,649.50	\$ 2,649.50
27448 00	Surgery	23.85	23.85	\$ 1,669.50	\$ 1,669.50
27450 00	Surgery	30.00	30.00	\$ 2,100.00	\$ 2,100.00
27454 00	Surgery	38.16	38.16	\$ 2,671.20	\$ 2,671.20
27455 00	Surgery	28.32	28.32	\$ 1,982.40	\$ 1,982.40
27457 00	Surgery	28.38	28.38	\$ 1,986.60	\$ 1,986.60
27465 00	Surgery	36.84	36.84	\$ 2,578.80	\$ 2,578.80
27466 00	Surgery	34.94	34.94	\$ 2,445.80	\$ 2,445.80
27468 00	Surgery	39.57	39.57	\$ 2,769.90	\$ 2,769.90
27470 00	Surgery	34.77	34.77	\$ 2,433.90	\$ 2,433.90

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
27472 00	Surgery	37.28	37.28	\$ 2,609.60	\$ 2,609.60
27475 00	Surgery	19.62	19.62	\$ 1,373.40	\$ 1,373.40
27477 00	Surgery	21.68	21.68	\$ 1,517.60	\$ 1,517.60
27479 00	Surgery	27.14	27.14	\$ 1,899.80	\$ 1,899.80
27485 00	Surgery	19.89	19.89	\$ 1,392.30	\$ 1,392.30
27486 00	Surgery	41.41	41.41	\$ 2,898.70	\$ 2,898.70
27487 00	Surgery	51.67	51.67	\$ 3,616.90	\$ 3,616.90
27488 00	Surgery	35.39	35.39	\$ 2,477.30	\$ 2,477.30
27495 00	Surgery	33.33	33.33	\$ 2,333.10	\$ 2,333.10
27496 00	Surgery	16.22	16.22	\$ 1,135.40	\$ 1,135.40
27497 00	Surgery	17.20	17.20	\$ 1,204.00	\$ 1,204.00
27498 00	Surgery	19.43	19.43	\$ 1,360.10	\$ 1,360.10
27499 00	Surgery	20.76	20.76	\$ 1,453.20	\$ 1,453.20
27500 00	Surgery	15.51	14.25	\$ 1,085.70	\$ 997.50
27501 00	Surgery	15.03	14.73	\$ 1,052.10	\$ 1,031.10
27502 00	Surgery	22.34	22.34	\$ 1,563.80	\$ 1,563.80
27503 00	Surgery	23.72	23.72	\$ 1,660.40	\$ 1,660.40
27506 00	Surgery	39.42	39.42	\$ 2,759.40	\$ 2,759.40
27507 00	Surgery	28.59	28.59	\$ 2,001.30	\$ 2,001.30
27508 00	Surgery	15.60	14.76	\$ 1,092.00	\$ 1,033.20
27509 00	Surgery	19.93	19.93	\$ 1,395.10	\$ 1,395.10
27510 00	Surgery	20.13	20.13	\$ 1,409.10	\$ 1,409.10
27511 00	Surgery	29.42	29.42	\$ 2,059.40	\$ 2,059.40
27513 00	Surgery	36.50	36.50	\$ 2,555.00	\$ 2,555.00
27514 00	Surgery	28.54	28.54	\$ 1,997.80	\$ 1,997.80
27516 00	Surgery	15.35	14.33	\$ 1,074.50	\$ 1,003.10
27517 00	Surgery	20.37	20.37	\$ 1,425.90	\$ 1,425.90
27519 00	Surgery	26.32	26.32	\$ 1,842.40	\$ 1,842.40
27520 00	Surgery	9.67	8.91	\$ 676.90	\$ 623.70
27524 00	Surgery	22.26	22.26	\$ 1,558.20	\$ 1,558.20
27530 00	Surgery	9.12	8.54	\$ 638.40	\$ 597.80
27532 00	Surgery	18.32	17.08	\$ 1,282.40	\$ 1,195.60
27535 00	Surgery	26.51	26.51	\$ 1,855.70	\$ 1,855.70
27536 00	Surgery	34.94	34.94	\$ 2,445.80	\$ 2,445.80
27538 00	Surgery	14.34	13.31	\$ 1,003.80	\$ 931.70
27540 00	Surgery	24.05	24.05	\$ 1,683.50	\$ 1,683.50
27550 00	Surgery	15.63	14.42	\$ 1,094.10	\$ 1,009.40
27552 00	Surgery	18.75	18.75	\$ 1,312.50	\$ 1,312.50
27556 00	Surgery	25.90	25.90	\$ 1,813.00	\$ 1,813.00
27557 00	Surgery	30.86	30.86	\$ 2,160.20	\$ 2,160.20
27558 00	Surgery	35.15	35.15	\$ 2,460.50	\$ 2,460.50
27560 00	Surgery	11.17	10.22	\$ 781.90	\$ 715.40
27562 00	Surgery	14.49	14.49	\$ 1,014.30	\$ 1,014.30
27566 00	Surgery	26.37	26.37	\$ 1,845.90	\$ 1,845.90
27570 00	Surgery	4.46	4.46	\$ 312.20	\$ 312.20
27580 00	Surgery	43.31	43.31	\$ 3,031.70	\$ 3,031.70
27590 00	Surgery	23.17	23.17	\$ 1,621.90	\$ 1,621.90
27591 00	Surgery	28.49	28.49	\$ 1,994.30	\$ 1,994.30
27592 00	Surgery	19.74	19.74	\$ 1,381.80	\$ 1,381.80
27594 00	Surgery	14.97	14.97	\$ 1,047.90	\$ 1,047.90
27596 00	Surgery	21.03	21.03	\$ 1,472.10	\$ 1,472.10
27598 00	Surgery	20.79	20.79	\$ 1,455.30	\$ 1,455.30
27599 00	Surgery	0.00	0.00	BR	BR
27600 00	Surgery	11.91	11.91	\$ 833.70	\$ 833.70
27601 00	Surgery	13.10	13.10	\$ 917.00	\$ 917.00
27602 00	Surgery	14.18	14.18	\$ 992.60	\$ 992.60
27603 00	Surgery	16.02	11.56	\$ 1,121.40	\$ 809.20
27604 00	Surgery	13.96	9.69	\$ 977.20	\$ 678.30
27605 00	Surgery	10.13	5.39	\$ 709.10	\$ 377.30

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
27606 00	Surgery	8.07	8.07	\$ 564.90	\$ 564.90
27607 00	Surgery	17.71	17.71	\$ 1,239.70	\$ 1,239.70
27610 00	Surgery	19.16	19.16	\$ 1,341.20	\$ 1,341.20
27612 00	Surgery	16.41	16.41	\$ 1,148.70	\$ 1,148.70
27613 00	Surgery	7.54	4.67	\$ 527.80	\$ 326.90
27614 00	Surgery	17.42	12.05	\$ 1,219.40	\$ 843.50
27615 00	Surgery	30.14	30.14	\$ 2,109.80	\$ 2,109.80
27616 00	Surgery	37.43	37.43	\$ 2,620.10	\$ 2,620.10
27618 00	Surgery	14.48	8.97	\$ 1,013.60	\$ 627.90
27619 00	Surgery	13.55	13.55	\$ 948.50	\$ 948.50
27620 00	Surgery	13.28	13.28	\$ 929.60	\$ 929.60
27625 00	Surgery	16.85	16.85	\$ 1,179.50	\$ 1,179.50
27626 00	Surgery	17.71	17.71	\$ 1,239.70	\$ 1,239.70
27630 00	Surgery	16.41	10.60	\$ 1,148.70	\$ 742.00
27632 00	Surgery	12.18	12.18	\$ 852.60	\$ 852.60
27634 00	Surgery	19.98	19.98	\$ 1,398.60	\$ 1,398.60
27635 00	Surgery	17.20	17.20	\$ 1,204.00	\$ 1,204.00
27637 00	Surgery	21.91	21.91	\$ 1,533.70	\$ 1,533.70
27638 00	Surgery	22.36	22.36	\$ 1,565.20	\$ 1,565.20
27640 00	Surgery	24.52	24.52	\$ 1,716.40	\$ 1,716.40
27641 00	Surgery	19.34	19.34	\$ 1,353.80	\$ 1,353.80
27645 00	Surgery	52.12	52.12	\$ 3,648.40	\$ 3,648.40
27646 00	Surgery	45.21	45.21	\$ 3,164.70	\$ 3,164.70
27647 00	Surgery	29.23	29.23	\$ 2,046.10	\$ 2,046.10
27648 00	Surgery	6.51	1.53	\$ 455.70	\$ 107.10
27650 00	Surgery	19.43	19.43	\$ 1,360.10	\$ 1,360.10
27652 00	Surgery	19.49	19.49	\$ 1,364.30	\$ 1,364.30
27654 00	Surgery	20.93	20.93	\$ 1,465.10	\$ 1,465.10
27656 00	Surgery	16.62	10.40	\$ 1,163.40	\$ 728.00
27658 00	Surgery	10.88	10.88	\$ 761.60	\$ 761.60
27659 00	Surgery	13.81	13.81	\$ 966.70	\$ 966.70
27664 00	Surgery	10.67	10.67	\$ 746.90	\$ 746.90
27665 00	Surgery	12.41	12.41	\$ 868.70	\$ 868.70
27675 00	Surgery	14.45	14.45	\$ 1,011.50	\$ 1,011.50
27676 00	Surgery	17.64	17.64	\$ 1,234.80	\$ 1,234.80
27680 00	Surgery	12.35	12.35	\$ 864.50	\$ 864.50
27681 00	Surgery	15.23	15.23	\$ 1,066.10	\$ 1,066.10
27685 00	Surgery	19.67	13.64	\$ 1,376.90	\$ 954.80
27686 00	Surgery	15.81	15.81	\$ 1,106.70	\$ 1,106.70
27687 00	Surgery	13.36	13.36	\$ 935.20	\$ 935.20
27690 00	Surgery	18.91	18.91	\$ 1,323.70	\$ 1,323.70
27691 00	Surgery	21.94	21.94	\$ 1,535.80	\$ 1,535.80
27692 00	Surgery	3.01	3.01	\$ 210.70	\$ 210.70
27695 00	Surgery	13.99	13.99	\$ 979.30	\$ 979.30
27696 00	Surgery	16.22	16.22	\$ 1,135.40	\$ 1,135.40
27698 00	Surgery	18.79	18.79	\$ 1,315.30	\$ 1,315.30
27700 00	Surgery	17.86	17.86	\$ 1,250.20	\$ 1,250.20
27702 00	Surgery	28.40	28.40	\$ 1,988.00	\$ 1,988.00
27703 00	Surgery	32.85	32.85	\$ 2,299.50	\$ 2,299.50
27704 00	Surgery	16.85	16.85	\$ 1,179.50	\$ 1,179.50
27705 00	Surgery	22.32	22.32	\$ 1,562.40	\$ 1,562.40
27707 00	Surgery	11.79	11.79	\$ 825.30	\$ 825.30
27709 00	Surgery	34.02	34.02	\$ 2,381.40	\$ 2,381.40
27712 00	Surgery	32.50	32.50	\$ 2,275.00	\$ 2,275.00
27715 00	Surgery	31.65	31.65	\$ 2,215.50	\$ 2,215.50
27720 00	Surgery	25.83	25.83	\$ 1,808.10	\$ 1,808.10
27722 00	Surgery	26.42	26.42	\$ 1,849.40	\$ 1,849.40
27724 00	Surgery	37.05	37.05	\$ 2,593.50	\$ 2,593.50
27725 00	Surgery	35.82	35.82	\$ 2,507.40	\$ 2,507.40

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
27726 00	Surgery	28.29	28.29	\$ 1,980.30	\$ 1,980.30
27727 00	Surgery	30.64	30.64	\$ 2,144.80	\$ 2,144.80
27730 00	Surgery	17.42	17.42	\$ 1,219.40	\$ 1,219.40
27732 00	Surgery	13.43	13.43	\$ 940.10	\$ 940.10
27734 00	Surgery	19.47	19.47	\$ 1,362.90	\$ 1,362.90
27740 00	Surgery	20.95	20.95	\$ 1,466.50	\$ 1,466.50
27742 00	Surgery	22.98	22.98	\$ 1,608.60	\$ 1,608.60
27745 00	Surgery	22.50	22.50	\$ 1,575.00	\$ 1,575.00
27750 00	Surgery	10.33	9.56	\$ 723.10	\$ 669.20
27752 00	Surgery	15.94	14.58	\$ 1,115.80	\$ 1,020.60
27756 00	Surgery	17.06	17.06	\$ 1,194.20	\$ 1,194.20
27758 00	Surgery	26.45	26.45	\$ 1,851.50	\$ 1,851.50
27759 00	Surgery	29.45	29.45	\$ 2,061.50	\$ 2,061.50
27760 00	Surgery	9.89	9.11	\$ 692.30	\$ 637.70
27762 00	Surgery	14.19	12.83	\$ 993.30	\$ 898.10
27766 00	Surgery	17.90	17.90	\$ 1,253.00	\$ 1,253.00
27767 00	Surgery	8.66	8.58	\$ 606.20	\$ 600.60
27768 00	Surgery	13.24	13.24	\$ 926.80	\$ 926.80
27769 00	Surgery	21.61	21.61	\$ 1,512.70	\$ 1,512.70
27780 00	Surgery	9.18	8.44	\$ 642.60	\$ 590.80
27781 00	Surgery	12.90	11.85	\$ 903.00	\$ 829.50
27784 00	Surgery	20.85	20.85	\$ 1,459.50	\$ 1,459.50
27786 00	Surgery	9.35	8.55	\$ 654.50	\$ 598.50
27788 00	Surgery	12.62	11.42	\$ 883.40	\$ 799.40
27792 00	Surgery	19.08	19.08	\$ 1,335.60	\$ 1,335.60
27808 00	Surgery	9.98	9.07	\$ 698.60	\$ 634.90
27810 00	Surgery	13.99	12.60	\$ 979.30	\$ 882.00
27814 00	Surgery	22.61	22.61	\$ 1,582.70	\$ 1,582.70
27816 00	Surgery	9.80	8.71	\$ 686.00	\$ 609.70
27818 00	Surgery	14.50	12.94	\$ 1,015.00	\$ 905.80
27822 00	Surgery	25.89	25.89	\$ 1,812.30	\$ 1,812.30
27823 00	Surgery	29.14	29.14	\$ 2,039.80	\$ 2,039.80
27824 00	Surgery	9.48	9.08	\$ 663.60	\$ 635.60
27825 00	Surgery	16.14	14.56	\$ 1,129.80	\$ 1,019.20
27826 00	Surgery	25.24	25.24	\$ 1,766.80	\$ 1,766.80
27827 00	Surgery	33.08	33.08	\$ 2,315.60	\$ 2,315.60
27828 00	Surgery	39.23	39.23	\$ 2,746.10	\$ 2,746.10
27829 00	Surgery	20.98	20.98	\$ 1,468.60	\$ 1,468.60
27830 00	Surgery	11.58	10.66	\$ 810.60	\$ 746.20
27831 00	Surgery	12.09	12.09	\$ 846.30	\$ 846.30
27832 00	Surgery	22.39	22.39	\$ 1,567.30	\$ 1,567.30
27840 00	Surgery	11.23	11.23	\$ 786.10	\$ 786.10
27842 00	Surgery	14.66	14.66	\$ 1,026.20	\$ 1,026.20
27846 00	Surgery	21.14	21.14	\$ 1,479.80	\$ 1,479.80
27848 00	Surgery	23.53	23.53	\$ 1,647.10	\$ 1,647.10
27860 00	Surgery	4.94	4.94	\$ 345.80	\$ 345.80
27870 00	Surgery	29.87	29.87	\$ 2,090.90	\$ 2,090.90
27871 00	Surgery	20.33	20.33	\$ 1,423.10	\$ 1,423.10
27880 00	Surgery	26.55	26.55	\$ 1,858.50	\$ 1,858.50
27881 00	Surgery	25.15	25.15	\$ 1,760.50	\$ 1,760.50
27882 00	Surgery	17.40	17.40	\$ 1,218.00	\$ 1,218.00
27884 00	Surgery	16.89	16.89	\$ 1,182.30	\$ 1,182.30
27886 00	Surgery	19.21	19.21	\$ 1,344.70	\$ 1,344.70
27888 00	Surgery	19.24	19.24	\$ 1,346.80	\$ 1,346.80
27889 00	Surgery	18.66	18.66	\$ 1,306.20	\$ 1,306.20
27892 00	Surgery	15.81	15.81	\$ 1,106.70	\$ 1,106.70
27893 00	Surgery	18.14	18.14	\$ 1,269.80	\$ 1,269.80
27894 00	Surgery	24.42	24.42	\$ 1,709.40	\$ 1,709.40
27899 00	Surgery	0.00	0.00	BR	BR

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
28001 00	Surgery	8.12	4.90	\$ 568.40	\$ 343.00
28002 00	Surgery	12.89	9.22	\$ 902.30	\$ 645.40
28003 00	Surgery	20.67	16.41	\$ 1,446.90	\$ 1,148.70
28005 00	Surgery	16.78	16.78	\$ 1,174.60	\$ 1,174.60
28008 00	Surgery	12.85	8.63	\$ 899.50	\$ 604.10
28010 00	Surgery	6.80	6.03	\$ 476.00	\$ 422.10
28011 00	Surgery	9.23	8.17	\$ 646.10	\$ 571.90
28020 00	Surgery	16.32	10.75	\$ 1,142.40	\$ 752.50
28022 00	Surgery	14.51	9.52	\$ 1,015.70	\$ 666.40
28024 00	Surgery	13.58	8.85	\$ 950.60	\$ 619.50
28035 00	Surgery	15.73	10.44	\$ 1,101.10	\$ 730.80
28039 00	Surgery	14.73	10.16	\$ 1,031.10	\$ 711.20
28041 00	Surgery	13.16	13.16	\$ 921.20	\$ 921.20
28043 00	Surgery	11.56	7.59	\$ 809.20	\$ 531.30
28045 00	Surgery	14.37	10.11	\$ 1,005.90	\$ 707.70
28046 00	Surgery	20.91	20.91	\$ 1,463.70	\$ 1,463.70
28047 00	Surgery	30.26	30.26	\$ 2,118.20	\$ 2,118.20
28050 00	Surgery	12.41	8.10	\$ 868.70	\$ 567.00
28052 00	Surgery	13.23	8.29	\$ 926.10	\$ 580.30
28054 00	Surgery	10.98	6.80	\$ 768.60	\$ 476.00
28055 00	Surgery	11.29	11.29	\$ 790.30	\$ 790.30
28060 00	Surgery	15.53	10.55	\$ 1,087.10	\$ 738.50
28062 00	Surgery	17.17	11.85	\$ 1,201.90	\$ 829.50
28070 00	Surgery	15.62	10.31	\$ 1,093.40	\$ 721.70
28072 00	Surgery	14.48	9.37	\$ 1,013.60	\$ 655.90
28080 00	Surgery	15.72	10.88	\$ 1,100.40	\$ 761.60
28086 00	Surgery	16.08	10.44	\$ 1,125.60	\$ 730.80
28088 00	Surgery	13.27	8.24	\$ 928.90	\$ 576.80
28090 00	Surgery	13.84	8.95	\$ 968.80	\$ 626.50
28092 00	Surgery	12.50	7.83	\$ 875.00	\$ 548.10
28100 00	Surgery	18.32	12.23	\$ 1,282.40	\$ 856.10
28102 00	Surgery	18.06	18.06	\$ 1,264.20	\$ 1,264.20
28103 00	Surgery	11.31	11.31	\$ 791.70	\$ 791.70
28104 00	Surgery	15.71	10.37	\$ 1,099.70	\$ 725.90
28106 00	Surgery	12.44	12.44	\$ 870.80	\$ 870.80
28107 00	Surgery	16.91	11.18	\$ 1,183.70	\$ 782.60
28108 00	Surgery	12.95	8.37	\$ 906.50	\$ 585.90
28110 00	Surgery	13.72	8.46	\$ 960.40	\$ 592.20
28111 00	Surgery	14.42	9.42	\$ 1,009.40	\$ 659.40
28112 00	Surgery	14.41	9.09	\$ 1,008.70	\$ 636.30
28113 00	Surgery	17.40	12.39	\$ 1,218.00	\$ 867.30
28114 00	Surgery	31.54	24.42	\$ 2,207.80	\$ 1,709.40
28116 00	Surgery	22.69	16.95	\$ 1,588.30	\$ 1,186.50
28118 00	Surgery	17.94	12.28	\$ 1,255.80	\$ 859.60
28119 00	Surgery	15.53	10.55	\$ 1,087.10	\$ 738.50
28120 00	Surgery	20.07	14.57	\$ 1,404.90	\$ 1,019.90
28122 00	Surgery	17.57	12.77	\$ 1,229.90	\$ 893.90
28124 00	Surgery	14.16	9.70	\$ 991.20	\$ 679.00
28126 00	Surgery	11.60	7.18	\$ 812.00	\$ 502.60
28130 00	Surgery	18.19	18.19	\$ 1,273.30	\$ 1,273.30
28140 00	Surgery	17.22	12.64	\$ 1,205.40	\$ 884.80
28150 00	Surgery	12.52	8.13	\$ 876.40	\$ 569.10
28153 00	Surgery	12.17	7.70	\$ 851.90	\$ 539.00
28160 00	Surgery	12.28	7.78	\$ 859.60	\$ 544.60
28171 00	Surgery	32.67	32.67	\$ 2,286.90	\$ 2,286.90
28173 00	Surgery	21.24	21.24	\$ 1,486.80	\$ 1,486.80
28175 00	Surgery	13.69	13.69	\$ 958.30	\$ 958.30
28190 00	Surgery	7.44	3.89	\$ 520.80	\$ 272.30
28192 00	Surgery	13.80	9.09	\$ 966.00	\$ 636.30

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
28193 00	Surgery	15.60	10.72	\$ 1,092.00	\$ 750.40
28200 00	Surgery	14.69	9.49	\$ 1,028.30	\$ 664.30
28202 00	Surgery	17.77	12.55	\$ 1,243.90	\$ 878.50
28208 00	Surgery	14.40	9.30	\$ 1,008.00	\$ 651.00
28210 00	Surgery	17.77	12.45	\$ 1,243.90	\$ 871.50
28220 00	Surgery	13.38	8.84	\$ 936.60	\$ 618.80
28222 00	Surgery	15.45	10.47	\$ 1,081.50	\$ 732.90
28225 00	Surgery	12.45	7.74	\$ 871.50	\$ 541.80
28226 00	Surgery	18.61	11.74	\$ 1,302.70	\$ 821.80
28230 00	Surgery	12.92	8.29	\$ 904.40	\$ 580.30
28232 00	Surgery	11.36	7.02	\$ 795.20	\$ 491.40
28234 00	Surgery	12.21	7.77	\$ 854.70	\$ 543.90
28238 00	Surgery	19.68	14.14	\$ 1,377.60	\$ 989.80
28240 00	Surgery	13.31	8.59	\$ 931.70	\$ 601.30
28250 00	Surgery	17.16	11.78	\$ 1,201.20	\$ 824.60
28260 00	Surgery	20.81	15.23	\$ 1,456.70	\$ 1,066.10
28261 00	Surgery	35.83	27.67	\$ 2,508.10	\$ 1,936.90
28262 00	Surgery	41.22	32.94	\$ 2,885.40	\$ 2,305.80
28264 00	Surgery	26.97	20.42	\$ 1,887.90	\$ 1,429.40
28270 00	Surgery	14.54	9.75	\$ 1,017.80	\$ 682.50
28272 00	Surgery	11.48	7.30	\$ 803.60	\$ 511.00
28280 00	Surgery	15.13	10.10	\$ 1,059.10	\$ 707.00
28285 00	Surgery	15.91	11.13	\$ 1,113.70	\$ 779.10
28286 00	Surgery	13.14	8.62	\$ 919.80	\$ 603.40
28288 00	Surgery	18.05	12.67	\$ 1,263.50	\$ 886.90
28289 00	Surgery	20.83	13.37	\$ 1,458.10	\$ 935.90
28291 00	Surgery	21.53	14.39	\$ 1,507.10	\$ 1,007.30
28292 00	Surgery	21.01	14.03	\$ 1,470.70	\$ 982.10
28295 00	Surgery	33.25	18.16	\$ 2,327.50	\$ 1,271.20
28296 00	Surgery	26.85	14.93	\$ 1,879.50	\$ 1,045.10
28297 00	Surgery	31.24	17.63	\$ 2,186.80	\$ 1,234.10
28298 00	Surgery	25.07	14.61	\$ 1,754.90	\$ 1,022.70
28299 00	Surgery	30.18	17.10	\$ 2,112.60	\$ 1,197.00
28300 00	Surgery	19.12	19.12	\$ 1,338.40	\$ 1,338.40
28302 00	Surgery	21.16	21.16	\$ 1,481.20	\$ 1,481.20
28304 00	Surgery	24.48	17.81	\$ 1,713.60	\$ 1,246.70
28305 00	Surgery	19.85	19.85	\$ 1,389.50	\$ 1,389.50
28306 00	Surgery	17.93	11.69	\$ 1,255.10	\$ 818.30
28307 00	Surgery	18.20	12.06	\$ 1,274.00	\$ 844.20
28308 00	Surgery	16.99	11.22	\$ 1,189.30	\$ 785.40
28309 00	Surgery	26.06	26.06	\$ 1,824.20	\$ 1,824.20
28310 00	Surgery	16.28	10.56	\$ 1,139.60	\$ 739.20
28312 00	Surgery	15.15	9.39	\$ 1,060.50	\$ 657.30
28313 00	Surgery	15.78	10.52	\$ 1,104.60	\$ 736.40
28315 00	Surgery	14.33	9.55	\$ 1,003.10	\$ 668.50
28320 00	Surgery	18.12	18.12	\$ 1,268.40	\$ 1,268.40
28322 00	Surgery	23.38	16.93	\$ 1,636.60	\$ 1,185.10
28340 00	Surgery	16.80	11.92	\$ 1,176.00	\$ 834.40
28341 00	Surgery	19.47	14.21	\$ 1,362.90	\$ 994.70
28344 00	Surgery	12.50	8.12	\$ 875.00	\$ 568.40
28345 00	Surgery	15.23	10.56	\$ 1,066.10	\$ 739.20
28360 00	Surgery	32.39	32.39	\$ 2,267.30	\$ 2,267.30
28400 00	Surgery	7.29	6.73	\$ 510.30	\$ 471.10
28405 00	Surgery	11.63	10.48	\$ 814.10	\$ 733.60
28406 00	Surgery	16.43	16.43	\$ 1,150.10	\$ 1,150.10
28415 00	Surgery	33.13	33.13	\$ 2,319.10	\$ 2,319.10
28420 00	Surgery	38.32	38.32	\$ 2,682.40	\$ 2,682.40
28430 00	Surgery	7.10	6.22	\$ 497.00	\$ 435.40
28435 00	Surgery	9.84	8.70	\$ 688.80	\$ 609.00

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
28436 00	Surgery	14.45	14.45	\$ 1,011.50	\$ 1,011.50
28445 00	Surgery	30.20	30.20	\$ 2,114.00	\$ 2,114.00
28446 00	Surgery	36.12	36.12	\$ 2,528.40	\$ 2,528.40
28450 00	Surgery	6.23	5.61	\$ 436.10	\$ 392.70
28455 00	Surgery	8.54	7.59	\$ 597.80	\$ 531.30
28456 00	Surgery	10.70	10.70	\$ 749.00	\$ 749.00
28465 00	Surgery	18.53	18.53	\$ 1,297.10	\$ 1,297.10
28470 00	Surgery	6.45	6.03	\$ 451.50	\$ 422.10
28475 00	Surgery	7.56	6.65	\$ 529.20	\$ 465.50
28476 00	Surgery	11.34	11.34	\$ 793.80	\$ 793.80
28485 00	Surgery	16.45	16.45	\$ 1,151.50	\$ 1,151.50
28490 00	Surgery	4.15	3.62	\$ 290.50	\$ 253.40
28495 00	Surgery	5.22	4.32	\$ 365.40	\$ 302.40
28496 00	Surgery	13.66	7.18	\$ 956.20	\$ 502.60
28505 00	Surgery	19.60	14.55	\$ 1,372.00	\$ 1,018.50
28510 00	Surgery	3.56	3.50	\$ 249.20	\$ 245.00
28515 00	Surgery	4.77	4.14	\$ 333.90	\$ 289.80
28525 00	Surgery	16.99	11.83	\$ 1,189.30	\$ 828.10
28530 00	Surgery	3.35	2.91	\$ 234.50	\$ 203.70
28531 00	Surgery	9.94	5.27	\$ 695.80	\$ 368.90
28540 00	Surgery	5.68	5.09	\$ 397.60	\$ 356.30
28545 00	Surgery	9.10	7.96	\$ 637.00	\$ 557.20
28546 00	Surgery	17.75	10.32	\$ 1,242.50	\$ 722.40
28555 00	Surgery	25.53	19.24	\$ 1,787.10	\$ 1,346.80
28570 00	Surgery	6.91	5.76	\$ 483.70	\$ 403.20
28575 00	Surgery	11.16	9.98	\$ 781.20	\$ 698.60
28576 00	Surgery	11.40	11.40	\$ 798.00	\$ 798.00
28585 00	Surgery	25.78	20.08	\$ 1,804.60	\$ 1,405.60
28600 00	Surgery	6.41	5.44	\$ 448.70	\$ 380.80
28605 00	Surgery	10.08	8.96	\$ 705.60	\$ 627.20
28606 00	Surgery	11.19	11.19	\$ 783.30	\$ 783.30
28615 00	Surgery	24.25	24.25	\$ 1,697.50	\$ 1,697.50
28630 00	Surgery	4.56	3.23	\$ 319.20	\$ 226.10
28635 00	Surgery	5.25	3.94	\$ 367.50	\$ 275.80
28636 00	Surgery	9.29	5.83	\$ 650.30	\$ 408.10
28645 00	Surgery	19.42	14.21	\$ 1,359.40	\$ 994.70
28660 00	Surgery	3.57	2.71	\$ 249.90	\$ 189.70
28665 00	Surgery	4.38	3.68	\$ 306.60	\$ 257.60
28666 00	Surgery	5.08	5.08	\$ 355.60	\$ 355.60
28675 00	Surgery	16.96	11.86	\$ 1,187.20	\$ 830.20
28705 00	Surgery	35.80	35.80	\$ 2,506.00	\$ 2,506.00
28715 00	Surgery	27.71	27.71	\$ 1,939.70	\$ 1,939.70
28725 00	Surgery	22.87	22.87	\$ 1,600.90	\$ 1,600.90
28730 00	Surgery	21.58	21.58	\$ 1,510.60	\$ 1,510.60
28735 00	Surgery	22.91	22.91	\$ 1,603.70	\$ 1,603.70
28737 00	Surgery	20.03	20.03	\$ 1,402.10	\$ 1,402.10
28740 00	Surgery	24.72	18.12	\$ 1,730.40	\$ 1,268.40
28750 00	Surgery	23.54	17.05	\$ 1,647.80	\$ 1,193.50
28755 00	Surgery	15.16	9.76	\$ 1,061.20	\$ 683.20
28760 00	Surgery	22.73	16.61	\$ 1,591.10	\$ 1,162.70
28800 00	Surgery	15.54	15.54	\$ 1,087.80	\$ 1,087.80
28805 00	Surgery	20.87	20.87	\$ 1,460.90	\$ 1,460.90
28810 00	Surgery	12.46	12.46	\$ 872.20	\$ 872.20
28820 00	Surgery	9.11	5.29	\$ 637.70	\$ 370.30
28825 00	Surgery	8.92	5.13	\$ 624.40	\$ 359.10
28890 00	Surgery	9.20	6.36	\$ 644.00	\$ 445.20
28899 00	Surgery	0.00	0.00	BR	BR
29000 00	Surgery	10.14	5.71	\$ 709.80	\$ 399.70
29010 00	Surgery	7.89	4.68	\$ 552.30	\$ 327.60

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
29015 00	Surgery	8.47	5.26	\$ 592.90	\$ 368.20
29035 00	Surgery	7.39	4.17	\$ 517.30	\$ 291.90
29040 00	Surgery	8.45	5.04	\$ 591.50	\$ 352.80
29044 00	Surgery	8.28	4.87	\$ 579.60	\$ 340.90
29046 00	Surgery	9.06	5.45	\$ 634.20	\$ 381.50
29049 00	Surgery	2.87	2.02	\$ 200.90	\$ 141.40
29055 00	Surgery	6.29	3.94	\$ 440.30	\$ 275.80
29058 00	Surgery	3.60	2.75	\$ 252.00	\$ 192.50
29065 00	Surgery	2.78	1.98	\$ 194.60	\$ 138.60
29075 00	Surgery	2.54	1.82	\$ 177.80	\$ 127.40
29085 00	Surgery	2.77	1.95	\$ 193.90	\$ 136.50
29086 00	Surgery	2.15	1.40	\$ 150.50	\$ 98.00
29105 00	Surgery	2.40	1.24	\$ 168.00	\$ 86.80
29125 00	Surgery	1.89	1.16	\$ 132.30	\$ 81.20
29126 00	Surgery	2.21	1.41	\$ 154.70	\$ 98.70
29130 00	Surgery	1.20	0.85	\$ 84.00	\$ 59.50
29131 00	Surgery	1.52	1.00	\$ 106.40	\$ 70.00
29200 00	Surgery	0.97	0.54	\$ 67.90	\$ 37.80
29240 00	Surgery	0.90	0.54	\$ 63.00	\$ 37.80
29260 00	Surgery	0.88	0.57	\$ 61.60	\$ 39.90
29280 00	Surgery	0.86	0.57	\$ 60.20	\$ 39.90
29305 00	Surgery	7.17	4.62	\$ 501.90	\$ 323.40
29325 00	Surgery	7.91	5.16	\$ 553.70	\$ 361.20
29345 00	Surgery	3.93	2.91	\$ 275.10	\$ 203.70
29355 00	Surgery	4.17	3.14	\$ 291.90	\$ 219.80
29358 00	Surgery	4.64	3.01	\$ 324.80	\$ 210.70
29365 00	Surgery	3.54	2.53	\$ 247.80	\$ 177.10
29405 00	Surgery	2.33	1.71	\$ 163.10	\$ 119.70
29425 00	Surgery	2.20	1.59	\$ 154.00	\$ 111.30
29435 00	Surgery	3.31	2.37	\$ 231.70	\$ 165.90
29440 00	Surgery	1.24	0.82	\$ 86.80	\$ 57.40
29445 00	Surgery	3.77	2.93	\$ 263.90	\$ 205.10
29450 00	Surgery	4.17	3.28	\$ 291.90	\$ 229.60
29505 00	Surgery	2.54	1.51	\$ 177.80	\$ 105.70
29515 00	Surgery	2.06	1.43	\$ 144.20	\$ 100.10
29520 00	Surgery	1.05	0.54	\$ 73.50	\$ 37.80
29530 00	Surgery	0.89	0.53	\$ 62.30	\$ 37.10
29540 00	Surgery	0.82	0.52	\$ 57.40	\$ 36.40
29550 00	Surgery	0.55	0.33	\$ 38.50	\$ 23.10
29580 00	Surgery	1.87	0.77	\$ 130.90	\$ 53.90
29581 00	Surgery	2.65	0.80	\$ 185.50	\$ 56.00
29584 00	Surgery	2.48	0.46	\$ 173.60	\$ 32.20
29700 00	Surgery	1.80	0.97	\$ 126.00	\$ 67.90
29705 00	Surgery	1.87	1.34	\$ 130.90	\$ 93.80
29710 00	Surgery	3.55	2.42	\$ 248.50	\$ 169.40
29720 00	Surgery	2.47	1.28	\$ 172.90	\$ 89.60
29730 00	Surgery	1.84	1.29	\$ 128.80	\$ 90.30
29740 00	Surgery	2.88	2.03	\$ 201.60	\$ 142.10
29750 00	Surgery	3.13	2.27	\$ 219.10	\$ 158.90
29799 00	Surgery	0.00	0.00	BR	BR
29800 00	Surgery	15.68	15.68	\$ 1,097.60	\$ 1,097.60
29804 00	Surgery	17.80	17.80	\$ 1,246.00	\$ 1,246.00
29805 00	Surgery	13.93	13.93	\$ 975.10	\$ 975.10
29806 00	Surgery	31.20	31.20	\$ 2,184.00	\$ 2,184.00
29807 00	Surgery	30.49	30.49	\$ 2,134.30	\$ 2,134.30
29819 00	Surgery	17.40	17.40	\$ 1,218.00	\$ 1,218.00
29820 00	Surgery	15.93	15.93	\$ 1,115.10	\$ 1,115.10
29821 00	Surgery	17.60	17.60	\$ 1,232.00	\$ 1,232.00
29822 00	Surgery	16.03	16.03	\$ 1,122.10	\$ 1,122.10

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
29823 00	Surgery	17.53	17.53	\$ 1,227.10	\$ 1,227.10
29824 00	Surgery	20.00	20.00	\$ 1,400.00	\$ 1,400.00
29825 00	Surgery	17.39	17.39	\$ 1,217.30	\$ 1,217.30
29826 00	Surgery	5.11	5.11	\$ 357.70	\$ 357.70
29827 00	Surgery	31.54	31.54	\$ 2,207.80	\$ 2,207.80
29828 00	Surgery	27.07	27.07	\$ 1,894.90	\$ 1,894.90
29830 00	Surgery	13.38	13.38	\$ 936.60	\$ 936.60
29834 00	Surgery	14.61	14.61	\$ 1,022.70	\$ 1,022.70
29835 00	Surgery	15.09	15.09	\$ 1,056.30	\$ 1,056.30
29836 00	Surgery	17.25	17.25	\$ 1,207.50	\$ 1,207.50
29837 00	Surgery	15.63	15.63	\$ 1,094.10	\$ 1,094.10
29838 00	Surgery	17.55	17.55	\$ 1,228.50	\$ 1,228.50
29840 00	Surgery	13.36	13.36	\$ 935.20	\$ 935.20
29843 00	Surgery	14.41	14.41	\$ 1,008.70	\$ 1,008.70
29844 00	Surgery	14.78	14.78	\$ 1,034.60	\$ 1,034.60
29845 00	Surgery	17.30	17.30	\$ 1,211.00	\$ 1,211.00
29846 00	Surgery	15.46	15.46	\$ 1,082.20	\$ 1,082.20
29847 00	Surgery	16.11	16.11	\$ 1,127.70	\$ 1,127.70
29848 00	Surgery	15.08	15.08	\$ 1,055.60	\$ 1,055.60
29850 00	Surgery	18.43	18.43	\$ 1,290.10	\$ 1,290.10
29851 00	Surgery	27.44	27.44	\$ 1,920.80	\$ 1,920.80
29855 00	Surgery	23.07	23.07	\$ 1,614.90	\$ 1,614.90
29856 00	Surgery	29.13	29.13	\$ 2,039.10	\$ 2,039.10
29860 00	Surgery	19.00	19.00	\$ 1,330.00	\$ 1,330.00
29861 00	Surgery	21.35	21.35	\$ 1,494.50	\$ 1,494.50
29862 00	Surgery	24.02	24.02	\$ 1,681.40	\$ 1,681.40
29863 00	Surgery	23.98	23.98	\$ 1,678.60	\$ 1,678.60
29866 00	Surgery	31.01	31.01	\$ 2,170.70	\$ 2,170.70
29867 00	Surgery	37.71	37.71	\$ 2,639.70	\$ 2,639.70
29868 00	Surgery	49.17	49.17	\$ 3,441.90	\$ 3,441.90
29870 00	Surgery	16.74	12.01	\$ 1,171.80	\$ 840.70
29871 00	Surgery	15.21	15.21	\$ 1,064.70	\$ 1,064.70
29873 00	Surgery	15.84	15.84	\$ 1,108.80	\$ 1,108.80
29874 00	Surgery	15.90	15.90	\$ 1,113.00	\$ 1,113.00
29875 00	Surgery	14.69	14.69	\$ 1,028.30	\$ 1,028.30
29876 00	Surgery	19.31	19.31	\$ 1,351.70	\$ 1,351.70
29877 00	Surgery	18.37	18.37	\$ 1,285.90	\$ 1,285.90
29879 00	Surgery	19.55	19.55	\$ 1,368.50	\$ 1,368.50
29880 00	Surgery	16.63	16.63	\$ 1,164.10	\$ 1,164.10
29881 00	Surgery	16.04	16.04	\$ 1,122.80	\$ 1,122.80
29882 00	Surgery	20.41	20.41	\$ 1,428.70	\$ 1,428.70
29883 00	Surgery	24.75	24.75	\$ 1,732.50	\$ 1,732.50
29884 00	Surgery	18.30	18.30	\$ 1,281.00	\$ 1,281.00
29885 00	Surgery	22.32	22.32	\$ 1,562.40	\$ 1,562.40
29886 00	Surgery	18.81	18.81	\$ 1,316.70	\$ 1,316.70
29887 00	Surgery	22.24	22.24	\$ 1,556.80	\$ 1,556.80
29888 00	Surgery	28.84	28.84	\$ 2,018.80	\$ 2,018.80
29889 00	Surgery	36.09	36.09	\$ 2,526.30	\$ 2,526.30
29891 00	Surgery	19.75	19.75	\$ 1,382.50	\$ 1,382.50
29892 00	Surgery	18.94	18.94	\$ 1,325.80	\$ 1,325.80
29893 00	Surgery	19.44	12.57	\$ 1,360.80	\$ 879.90
29894 00	Surgery	14.67	14.67	\$ 1,026.90	\$ 1,026.90
29895 00	Surgery	13.75	13.75	\$ 962.50	\$ 962.50
29897 00	Surgery	14.62	14.62	\$ 1,023.40	\$ 1,023.40
29898 00	Surgery	16.49	16.49	\$ 1,154.30	\$ 1,154.30
29899 00	Surgery	30.13	30.13	\$ 2,109.10	\$ 2,109.10
29900 00	Surgery	14.84	14.84	\$ 1,038.80	\$ 1,038.80
29901 00	Surgery	15.97	15.97	\$ 1,117.90	\$ 1,117.90
29902 00	Surgery	16.94	16.94	\$ 1,185.80	\$ 1,185.80

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
29904 00	Surgery	18.86	18.86	\$ 1,320.20	\$ 1,320.20
29905 00	Surgery	15.00	15.00	\$ 1,050.00	\$ 1,050.00
29906 00	Surgery	19.37	19.37	\$ 1,355.90	\$ 1,355.90
29907 00	Surgery	25.88	25.88	\$ 1,811.60	\$ 1,811.60
29914 00	Surgery	29.41	29.41	\$ 2,058.70	\$ 2,058.70
29915 00	Surgery	30.14	30.14	\$ 2,109.80	\$ 2,109.80
29916 00	Surgery	30.14	30.14	\$ 2,109.80	\$ 2,109.80
29999 00	Surgery	0.00	0.00	BR	BR
30000 00	Surgery	7.89	3.48	\$ 552.30	\$ 243.60
30020 00	Surgery	7.96	3.50	\$ 557.20	\$ 245.00
30100 00	Surgery	4.27	1.95	\$ 298.90	\$ 136.50
30110 00	Surgery	7.31	3.80	\$ 511.70	\$ 266.00
30115 00	Surgery	13.73	13.73	\$ 961.10	\$ 961.10
30117 00	Surgery	29.23	9.80	\$ 2,046.10	\$ 686.00
30118 00	Surgery	23.29	23.29	\$ 1,630.30	\$ 1,630.30
30120 00	Surgery	15.13	12.42	\$ 1,059.10	\$ 869.40
30124 00	Surgery	8.86	8.86	\$ 620.20	\$ 620.20
30125 00	Surgery	19.23	19.23	\$ 1,346.10	\$ 1,346.10
30130 00	Surgery	12.28	12.28	\$ 859.60	\$ 859.60
30140 00	Surgery	8.71	5.18	\$ 609.70	\$ 362.60
30150 00	Surgery	23.69	23.69	\$ 1,658.30	\$ 1,658.30
30160 00	Surgery	23.96	23.96	\$ 1,677.20	\$ 1,677.20
30200 00	Surgery	3.33	1.69	\$ 233.10	\$ 118.30
30210 00	Surgery	4.45	2.94	\$ 311.50	\$ 205.80
30220 00	Surgery	9.26	3.66	\$ 648.20	\$ 256.20
30300 00	Surgery	6.06	3.54	\$ 424.20	\$ 247.80
30310 00	Surgery	6.13	6.13	\$ 429.10	\$ 429.10
30320 00	Surgery	14.33	14.33	\$ 1,003.10	\$ 1,003.10
30400 00	Surgery	36.85	36.85	\$ 2,579.50	\$ 2,579.50
30410 00	Surgery	42.37	42.37	\$ 2,965.90	\$ 2,965.90
30420 00	Surgery	42.82	42.82	\$ 2,997.40	\$ 2,997.40
30430 00	Surgery	32.25	32.25	\$ 2,257.50	\$ 2,257.50
30435 00	Surgery	40.15	40.15	\$ 2,810.50	\$ 2,810.50
30450 00	Surgery	52.33	52.33	\$ 3,663.10	\$ 3,663.10
30460 00	Surgery	24.74	24.74	\$ 1,731.80	\$ 1,731.80
30462 00	Surgery	47.63	47.63	\$ 3,334.10	\$ 3,334.10
30465 00	Surgery	30.24	30.24	\$ 2,116.80	\$ 2,116.80
30468 00	Surgery	83.90	4.87	\$ 5,873.00	\$ 340.90
30520 00	Surgery	19.78	19.78	\$ 1,384.60	\$ 1,384.60
30540 00	Surgery	21.71	21.71	\$ 1,519.70	\$ 1,519.70
30545 00	Surgery	29.49	29.49	\$ 2,064.30	\$ 2,064.30
30560 00	Surgery	9.42	4.33	\$ 659.40	\$ 303.10
30580 00	Surgery	18.21	13.54	\$ 1,274.70	\$ 947.80
30600 00	Surgery	17.68	12.49	\$ 1,237.60	\$ 874.30
30620 00	Surgery	19.87	19.87	\$ 1,390.90	\$ 1,390.90
30630 00	Surgery	19.71	19.71	\$ 1,379.70	\$ 1,379.70
30801 00	Surgery	6.66	4.48	\$ 466.20	\$ 313.60
30802 00	Surgery	8.38	5.97	\$ 586.60	\$ 417.90
30901 00	Surgery	4.63	1.64	\$ 324.10	\$ 114.80
30903 00	Surgery	7.29	2.27	\$ 510.30	\$ 158.90
30905 00	Surgery	10.60	3.09	\$ 742.00	\$ 216.30
30906 00	Surgery	10.94	3.95	\$ 765.80	\$ 276.50
30915 00	Surgery	17.69	17.69	\$ 1,238.30	\$ 1,238.30
30920 00	Surgery	25.66	25.66	\$ 1,796.20	\$ 1,796.20
30930 00	Surgery	3.43	3.43	\$ 240.10	\$ 240.10
30999 00	Surgery	0.00	0.00	BR	BR
31000 00	Surgery	5.44	3.12	\$ 380.80	\$ 218.40
31002 00	Surgery	5.75	5.75	\$ 402.50	\$ 402.50
31020 00	Surgery	14.53	11.48	\$ 1,017.10	\$ 803.60

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
31030 00	Surgery	19.03	15.14	\$ 1,332.10	\$ 1,059.80
31032 00	Surgery	17.51	17.51	\$ 1,225.70	\$ 1,225.70
31040 00	Surgery	23.75	23.75	\$ 1,662.50	\$ 1,662.50
31050 00	Surgery	15.20	15.20	\$ 1,064.00	\$ 1,064.00
31051 00	Surgery	20.43	20.43	\$ 1,430.10	\$ 1,430.10
31070 00	Surgery	13.98	13.98	\$ 978.60	\$ 978.60
31075 00	Surgery	24.33	24.33	\$ 1,703.10	\$ 1,703.10
31080 00	Surgery	32.02	32.02	\$ 2,241.40	\$ 2,241.40
31081 00	Surgery	34.28	34.28	\$ 2,399.60	\$ 2,399.60
31084 00	Surgery	35.52	35.52	\$ 2,486.40	\$ 2,486.40
31085 00	Surgery	36.58	36.58	\$ 2,560.60	\$ 2,560.60
31086 00	Surgery	34.56	34.56	\$ 2,419.20	\$ 2,419.20
31087 00	Surgery	32.83	32.83	\$ 2,298.10	\$ 2,298.10
31090 00	Surgery	32.76	32.76	\$ 2,293.20	\$ 2,293.20
31200 00	Surgery	18.47	18.47	\$ 1,292.90	\$ 1,292.90
31201 00	Surgery	23.51	23.51	\$ 1,645.70	\$ 1,645.70
31205 00	Surgery	27.82	27.82	\$ 1,947.40	\$ 1,947.40
31225 00	Surgery	53.48	53.48	\$ 3,743.60	\$ 3,743.60
31230 00	Surgery	59.26	59.26	\$ 4,148.20	\$ 4,148.20
31231 00	Surgery	5.79	1.86	\$ 405.30	\$ 130.20
31233 00	Surgery	7.99	3.90	\$ 559.30	\$ 273.00
31235 00	Surgery	9.07	4.56	\$ 634.90	\$ 319.20
31237 00	Surgery	7.52	4.61	\$ 526.40	\$ 322.70
31238 00	Surgery	7.37	4.83	\$ 515.90	\$ 338.10
31239 00	Surgery	17.77	17.77	\$ 1,243.90	\$ 1,243.90
31240 00	Surgery	4.59	4.59	\$ 321.30	\$ 321.30
31241 00	Surgery	12.88	12.88	\$ 901.60	\$ 901.60
31253 00	Surgery	14.51	14.51	\$ 1,015.70	\$ 1,015.70
31254 00	Surgery	12.89	7.05	\$ 902.30	\$ 493.50
31255 00	Surgery	9.37	9.37	\$ 655.90	\$ 655.90
31256 00	Surgery	5.22	5.22	\$ 365.40	\$ 365.40
31257 00	Surgery	12.93	12.93	\$ 905.10	\$ 905.10
31259 00	Surgery	13.69	13.69	\$ 958.30	\$ 958.30
31267 00	Surgery	7.68	7.68	\$ 537.60	\$ 537.60
31276 00	Surgery	10.95	10.95	\$ 766.50	\$ 766.50
31287 00	Surgery	5.82	5.82	\$ 407.40	\$ 407.40
31288 00	Surgery	6.79	6.79	\$ 475.30	\$ 475.30
31290 00	Surgery	33.39	33.39	\$ 2,337.30	\$ 2,337.30
31291 00	Surgery	35.36	35.36	\$ 2,475.20	\$ 2,475.20
31292 00	Surgery	28.98	28.98	\$ 2,028.60	\$ 2,028.60
31293 00	Surgery	31.36	31.36	\$ 2,195.20	\$ 2,195.20
31294 00	Surgery	35.83	35.83	\$ 2,508.10	\$ 2,508.10
31295 00	Surgery	55.37	4.57	\$ 3,875.90	\$ 319.90
31296 00	Surgery	56.12	5.20	\$ 3,928.40	\$ 364.00
31297 00	Surgery	54.95	4.16	\$ 3,846.50	\$ 291.20
31298 00	Surgery	105.01	7.41	\$ 7,350.70	\$ 518.70
31299 00	Surgery	0.00	0.00	BR	BR
31300 00	Surgery	37.27	37.27	\$ 2,608.90	\$ 2,608.90
31360 00	Surgery	60.61	60.61	\$ 4,242.70	\$ 4,242.70
31365 00	Surgery	74.66	74.66	\$ 5,226.20	\$ 5,226.20
31367 00	Surgery	64.34	64.34	\$ 4,503.80	\$ 4,503.80
31368 00	Surgery	71.26	71.26	\$ 4,988.20	\$ 4,988.20
31370 00	Surgery	60.54	60.54	\$ 4,237.80	\$ 4,237.80
31375 00	Surgery	57.50	57.50	\$ 4,025.00	\$ 4,025.00
31380 00	Surgery	56.70	56.70	\$ 3,969.00	\$ 3,969.00
31382 00	Surgery	62.14	62.14	\$ 4,349.80	\$ 4,349.80
31390 00	Surgery	82.77	82.77	\$ 5,793.90	\$ 5,793.90
31395 00	Surgery	87.26	87.26	\$ 6,108.20	\$ 6,108.20
31400 00	Surgery	29.61	29.61	\$ 2,072.70	\$ 2,072.70

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
31420 00	Surgery	24.39	24.39	\$ 1,707.30	\$ 1,707.30
31500 00	Surgery	4.15	4.15	\$ 290.50	\$ 290.50
31502 00	Surgery	1.02	1.02	\$ 71.40	\$ 71.40
31505 00	Surgery	2.68	1.41	\$ 187.60	\$ 98.70
31510 00	Surgery	6.35	3.49	\$ 444.50	\$ 244.30
31511 00	Surgery	6.27	3.84	\$ 438.90	\$ 268.80
31512 00	Surgery	6.30	3.71	\$ 441.00	\$ 259.70
31513 00	Surgery	3.79	3.79	\$ 265.30	\$ 265.30
31515 00	Surgery	6.35	3.21	\$ 444.50	\$ 224.70
31520 00	Surgery	4.49	4.49	\$ 314.30	\$ 314.30
31525 00	Surgery	7.41	4.61	\$ 518.70	\$ 322.70
31526 00	Surgery	4.53	4.53	\$ 317.10	\$ 317.10
31527 00	Surgery	5.61	5.61	\$ 392.70	\$ 392.70
31528 00	Surgery	4.15	4.15	\$ 290.50	\$ 290.50
31529 00	Surgery	4.65	4.65	\$ 325.50	\$ 325.50
31530 00	Surgery	5.73	5.73	\$ 401.10	\$ 401.10
31531 00	Surgery	6.07	6.07	\$ 424.90	\$ 424.90
31535 00	Surgery	5.46	5.46	\$ 382.20	\$ 382.20
31536 00	Surgery	6.05	6.05	\$ 423.50	\$ 423.50
31540 00	Surgery	6.96	6.96	\$ 487.20	\$ 487.20
31541 00	Surgery	7.59	7.59	\$ 531.30	\$ 531.30
31545 00	Surgery	10.43	10.43	\$ 730.10	\$ 730.10
31546 00	Surgery	15.85	15.85	\$ 1,109.50	\$ 1,109.50
31551 00	Surgery	45.03	45.03	\$ 3,152.10	\$ 3,152.10
31552 00	Surgery	43.47	43.47	\$ 3,042.90	\$ 3,042.90
31553 00	Surgery	49.61	49.61	\$ 3,472.70	\$ 3,472.70
31554 00	Surgery	49.63	49.63	\$ 3,474.10	\$ 3,474.10
31560 00	Surgery	9.00	9.00	\$ 630.00	\$ 630.00
31561 00	Surgery	9.82	9.82	\$ 687.40	\$ 687.40
31570 00	Surgery	10.08	6.62	\$ 705.60	\$ 463.40
31571 00	Surgery	7.17	7.17	\$ 501.90	\$ 501.90
31572 00	Surgery	15.86	5.21	\$ 1,110.20	\$ 364.70
31573 00	Surgery	8.33	4.29	\$ 583.10	\$ 300.30
31574 00	Surgery	30.14	4.30	\$ 2,109.80	\$ 301.00
31575 00	Surgery	3.76	1.94	\$ 263.20	\$ 135.80
31576 00	Surgery	7.98	3.42	\$ 558.60	\$ 239.40
31577 00	Surgery	8.28	3.86	\$ 579.60	\$ 270.20
31578 00	Surgery	8.93	4.24	\$ 625.10	\$ 296.80
31579 00	Surgery	5.78	3.44	\$ 404.60	\$ 240.80
31580 00	Surgery	37.94	37.94	\$ 2,655.80	\$ 2,655.80
31584 00	Surgery	41.83	41.83	\$ 2,928.10	\$ 2,928.10
31587 00	Surgery	35.24	35.24	\$ 2,466.80	\$ 2,466.80
31590 00	Surgery	26.98	26.98	\$ 1,888.60	\$ 1,888.60
31591 00	Surgery	32.09	32.09	\$ 2,246.30	\$ 2,246.30
31592 00	Surgery	50.58	50.58	\$ 3,540.60	\$ 3,540.60
31599 00	Surgery	0.00	0.00	BR	BR
31600 00	Surgery	8.97	8.97	\$ 627.90	\$ 627.90
31601 00	Surgery	13.03	13.03	\$ 912.10	\$ 912.10
31603 00	Surgery	9.37	9.37	\$ 655.90	\$ 655.90
31605 00	Surgery	9.73	9.73	\$ 681.10	\$ 681.10
31610 00	Surgery	28.42	28.42	\$ 1,989.40	\$ 1,989.40
31611 00	Surgery	15.83	15.83	\$ 1,108.10	\$ 1,108.10
31612 00	Surgery	2.70	1.41	\$ 189.00	\$ 98.70
31613 00	Surgery	12.91	12.91	\$ 903.70	\$ 903.70
31614 00	Surgery	21.44	21.44	\$ 1,500.80	\$ 1,500.80
31615 00	Surgery	5.11	3.33	\$ 357.70	\$ 233.10
31622 00	Surgery	7.31	3.83	\$ 511.70	\$ 268.10
31623 00	Surgery	8.20	3.85	\$ 574.00	\$ 269.50
31624 00	Surgery	7.59	3.89	\$ 531.30	\$ 272.30

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
31625 00	Surgery	10.53	4.54	\$ 737.10	\$ 317.80
31626 00	Surgery	25.35	5.76	\$ 1,774.50	\$ 403.20
31627 00	Surgery	37.49	2.82	\$ 2,624.30	\$ 197.40
31628 00	Surgery	11.18	5.11	\$ 782.60	\$ 357.70
31629 00	Surgery	13.84	5.42	\$ 968.80	\$ 379.40
31630 00	Surgery	5.78	5.78	\$ 404.60	\$ 404.60
31631 00	Surgery	6.62	6.62	\$ 463.40	\$ 463.40
31632 00	Surgery	1.89	1.44	\$ 132.30	\$ 100.80
31633 00	Surgery	2.36	1.85	\$ 165.20	\$ 129.50
31634 00	Surgery	51.27	5.54	\$ 3,588.90	\$ 387.80
31635 00	Surgery	8.60	5.10	\$ 602.00	\$ 357.00
31636 00	Surgery	6.37	6.37	\$ 445.90	\$ 445.90
31637 00	Surgery	2.25	2.25	\$ 157.50	\$ 157.50
31638 00	Surgery	7.23	7.23	\$ 506.10	\$ 506.10
31640 00	Surgery	7.24	7.24	\$ 506.80	\$ 506.80
31641 00	Surgery	7.43	7.43	\$ 520.10	\$ 520.10
31643 00	Surgery	5.06	5.06	\$ 354.20	\$ 354.20
31645 00	Surgery	8.04	4.27	\$ 562.80	\$ 298.90
31646 00	Surgery	4.12	4.12	\$ 288.40	\$ 288.40
31647 00	Surgery	6.05	6.05	\$ 423.50	\$ 423.50
31648 00	Surgery	5.79	5.79	\$ 405.30	\$ 405.30
31649 00	Surgery	1.96	1.96	\$ 137.20	\$ 137.20
31651 00	Surgery	2.22	2.22	\$ 155.40	\$ 155.40
31652 00	Surgery	37.33	6.47	\$ 2,613.10	\$ 452.90
31653 00	Surgery	38.74	7.15	\$ 2,711.80	\$ 500.50
31654 00	Surgery	3.63	1.95	\$ 254.10	\$ 136.50
31660 00	Surgery	5.70	5.70	\$ 399.00	\$ 399.00
31661 00	Surgery	6.02	6.02	\$ 421.40	\$ 421.40
31717 00	Surgery	8.61	3.09	\$ 602.70	\$ 216.30
31720 00	Surgery	1.59	1.59	\$ 111.30	\$ 111.30
31725 00	Surgery	2.28	2.28	\$ 159.60	\$ 159.60
31730 00	Surgery	35.74	4.38	\$ 2,501.80	\$ 306.60
31750 00	Surgery	40.65	40.65	\$ 2,845.50	\$ 2,845.50
31755 00	Surgery	51.66	51.66	\$ 3,616.20	\$ 3,616.20
31760 00	Surgery	40.22	40.22	\$ 2,815.40	\$ 2,815.40
31766 00	Surgery	51.94	51.94	\$ 3,635.80	\$ 3,635.80
31770 00	Surgery	38.86	38.86	\$ 2,720.20	\$ 2,720.20
31775 00	Surgery	40.92	40.92	\$ 2,864.40	\$ 2,864.40
31780 00	Surgery	34.73	34.73	\$ 2,431.10	\$ 2,431.10
31781 00	Surgery	40.51	40.51	\$ 2,835.70	\$ 2,835.70
31785 00	Surgery	31.22	31.22	\$ 2,185.40	\$ 2,185.40
31786 00	Surgery	42.17	42.17	\$ 2,951.90	\$ 2,951.90
31800 00	Surgery	21.22	21.22	\$ 1,485.40	\$ 1,485.40
31805 00	Surgery	23.95	23.95	\$ 1,676.50	\$ 1,676.50
31820 00	Surgery	13.12	9.62	\$ 918.40	\$ 673.40
31825 00	Surgery	17.92	14.01	\$ 1,254.40	\$ 980.70
31830 00	Surgery	14.30	10.50	\$ 1,001.00	\$ 735.00
31899 00	Surgery	0.00	0.00	BR	BR
32035 00	Surgery	21.50	21.50	\$ 1,505.00	\$ 1,505.00
32036 00	Surgery	23.17	23.17	\$ 1,621.90	\$ 1,621.90
32096 00	Surgery	23.46	23.46	\$ 1,642.20	\$ 1,642.20
32097 00	Surgery	23.41	23.41	\$ 1,638.70	\$ 1,638.70
32098 00	Surgery	22.20	22.20	\$ 1,554.00	\$ 1,554.00
32100 00	Surgery	23.59	23.59	\$ 1,651.30	\$ 1,651.30
32110 00	Surgery	43.03	43.03	\$ 3,012.10	\$ 3,012.10
32120 00	Surgery	25.57	25.57	\$ 1,789.90	\$ 1,789.90
32124 00	Surgery	27.09	27.09	\$ 1,896.30	\$ 1,896.30
32140 00	Surgery	28.98	28.98	\$ 2,028.60	\$ 2,028.60
32141 00	Surgery	44.52	44.52	\$ 3,116.40	\$ 3,116.40

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
32150 00	Surgery	29.42	29.42	\$ 2,059.40	\$ 2,059.40
32151 00	Surgery	29.42	29.42	\$ 2,059.40	\$ 2,059.40
32160 00	Surgery	23.29	23.29	\$ 1,630.30	\$ 1,630.30
32200 00	Surgery	33.31	33.31	\$ 2,331.70	\$ 2,331.70
32215 00	Surgery	23.49	23.49	\$ 1,644.30	\$ 1,644.30
32220 00	Surgery	46.59	46.59	\$ 3,261.30	\$ 3,261.30
32225 00	Surgery	29.08	29.08	\$ 2,035.60	\$ 2,035.60
32310 00	Surgery	26.87	26.87	\$ 1,880.90	\$ 1,880.90
32320 00	Surgery	46.89	46.89	\$ 3,282.30	\$ 3,282.30
32400 00	Surgery	4.80	2.46	\$ 336.00	\$ 172.20
32408 00	Surgery	27.71	4.44	\$ 1,939.70	\$ 310.80
32440 00	Surgery	45.92	45.92	\$ 3,214.40	\$ 3,214.40
32442 00	Surgery	89.26	89.26	\$ 6,248.20	\$ 6,248.20
32445 00	Surgery	103.10	103.10	\$ 7,217.00	\$ 7,217.00
32480 00	Surgery	43.28	43.28	\$ 3,029.60	\$ 3,029.60
32482 00	Surgery	46.35	46.35	\$ 3,244.50	\$ 3,244.50
32484 00	Surgery	41.93	41.93	\$ 2,935.10	\$ 2,935.10
32486 00	Surgery	68.44	68.44	\$ 4,790.80	\$ 4,790.80
32488 00	Surgery	69.87	69.87	\$ 4,890.90	\$ 4,890.90
32491 00	Surgery	43.05	43.05	\$ 3,013.50	\$ 3,013.50
32501 00	Surgery	7.12	7.12	\$ 498.40	\$ 498.40
32503 00	Surgery	52.48	52.48	\$ 3,673.60	\$ 3,673.60
32504 00	Surgery	59.77	59.77	\$ 4,183.90	\$ 4,183.90
32505 00	Surgery	27.25	27.25	\$ 1,907.50	\$ 1,907.50
32506 00	Surgery	4.57	4.57	\$ 319.90	\$ 319.90
32507 00	Surgery	4.57	4.57	\$ 319.90	\$ 319.90
32540 00	Surgery	50.45	50.45	\$ 3,531.50	\$ 3,531.50
32550 00	Surgery	24.63	5.99	\$ 1,724.10	\$ 419.30
32551 00	Surgery	4.57	4.57	\$ 319.90	\$ 319.90
32552 00	Surgery	5.41	4.63	\$ 378.70	\$ 324.10
32553 00	Surgery	15.89	5.13	\$ 1,112.30	\$ 359.10
32554 00	Surgery	7.08	2.61	\$ 495.60	\$ 182.70
32555 00	Surgery	9.61	3.22	\$ 672.70	\$ 225.40
32556 00	Surgery	22.11	3.60	\$ 1,547.70	\$ 252.00
32557 00	Surgery	19.82	4.36	\$ 1,387.40	\$ 305.20
32560 00	Surgery	7.93	2.25	\$ 555.10	\$ 157.50
32561 00	Surgery	2.76	1.98	\$ 193.20	\$ 138.60
32562 00	Surgery	2.47	1.77	\$ 172.90	\$ 123.90
32601 00	Surgery	8.99	8.99	\$ 629.30	\$ 629.30
32604 00	Surgery	13.97	13.97	\$ 977.90	\$ 977.90
32606 00	Surgery	13.47	13.47	\$ 942.90	\$ 942.90
32607 00	Surgery	8.98	8.98	\$ 628.60	\$ 628.60
32608 00	Surgery	11.06	11.06	\$ 774.20	\$ 774.20
32609 00	Surgery	7.49	7.49	\$ 524.30	\$ 524.30
32650 00	Surgery	19.51	19.51	\$ 1,365.70	\$ 1,365.70
32651 00	Surgery	32.03	32.03	\$ 2,242.10	\$ 2,242.10
32652 00	Surgery	48.56	48.56	\$ 3,399.20	\$ 3,399.20
32653 00	Surgery	31.01	31.01	\$ 2,170.70	\$ 2,170.70
32654 00	Surgery	33.80	33.80	\$ 2,366.00	\$ 2,366.00
32655 00	Surgery	27.99	27.99	\$ 1,959.30	\$ 1,959.30
32656 00	Surgery	23.50	23.50	\$ 1,645.00	\$ 1,645.00
32658 00	Surgery	20.90	20.90	\$ 1,463.00	\$ 1,463.00
32659 00	Surgery	21.43	21.43	\$ 1,500.10	\$ 1,500.10
32661 00	Surgery	23.36	23.36	\$ 1,635.20	\$ 1,635.20
32662 00	Surgery	26.12	26.12	\$ 1,828.40	\$ 1,828.40
32663 00	Surgery	40.92	40.92	\$ 2,864.40	\$ 2,864.40
32664 00	Surgery	24.81	24.81	\$ 1,736.70	\$ 1,736.70
32665 00	Surgery	35.98	35.98	\$ 2,518.60	\$ 2,518.60
32666 00	Surgery	25.45	25.45	\$ 1,781.50	\$ 1,781.50

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
32667 00	Surgery	4.57	4.57	\$ 319.90	\$ 319.90
32668 00	Surgery	4.58	4.58	\$ 320.60	\$ 320.60
32669 00	Surgery	39.25	39.25	\$ 2,747.50	\$ 2,747.50
32670 00	Surgery	46.87	46.87	\$ 3,280.90	\$ 3,280.90
32671 00	Surgery	51.83	51.83	\$ 3,628.10	\$ 3,628.10
32672 00	Surgery	44.53	44.53	\$ 3,117.10	\$ 3,117.10
32673 00	Surgery	35.52	35.52	\$ 2,486.40	\$ 2,486.40
32674 00	Surgery	6.29	6.29	\$ 440.30	\$ 440.30
32701 00	Surgery	6.21	6.21	\$ 434.70	\$ 434.70
32800 00	Surgery	27.73	27.73	\$ 1,941.10	\$ 1,941.10
32810 00	Surgery	26.35	26.35	\$ 1,844.50	\$ 1,844.50
32815 00	Surgery	82.02	82.02	\$ 5,741.40	\$ 5,741.40
32820 00	Surgery	38.94	38.94	\$ 2,725.80	\$ 2,725.80
32850 00	Surgery	0.00	0.00	BR	BR
32851 00	Surgery	95.58	95.58	\$ 6,690.60	\$ 6,690.60
32852 00	Surgery	104.56	104.56	\$ 7,319.20	\$ 7,319.20
32853 00	Surgery	133.47	133.47	\$ 9,342.90	\$ 9,342.90
32854 00	Surgery	141.56	141.56	\$ 9,909.20	\$ 9,909.20
32855 00	Surgery	-	-	\$ 549.50	\$ 549.50
32856 00	Surgery	-	-	\$ 671.30	\$ 671.30
32900 00	Surgery	41.75	41.75	\$ 2,922.50	\$ 2,922.50
32905 00	Surgery	39.02	39.02	\$ 2,731.40	\$ 2,731.40
32906 00	Surgery	48.16	48.16	\$ 3,371.20	\$ 3,371.20
32940 00	Surgery	36.05	36.05	\$ 2,523.50	\$ 2,523.50
32960 00	Surgery	3.73	2.66	\$ 261.10	\$ 186.20
32994 00	Surgery	162.13	12.69	\$ 11,349.10	\$ 888.30
32997 00	Surgery	9.92	9.92	\$ 694.40	\$ 694.40
32998 00	Surgery	102.62	12.67	\$ 7,183.40	\$ 886.90
32999 00	Surgery	0.00	0.00	BR	BR
33016 00	Surgery	6.89	6.89	\$ 482.30	\$ 482.30
33017 00	Surgery	7.14	7.14	\$ 499.80	\$ 499.80
33018 00	Surgery	8.11	8.11	\$ 567.70	\$ 567.70
33019 00	Surgery	6.60	6.60	\$ 462.00	\$ 462.00
33020 00	Surgery	24.19	24.19	\$ 1,693.30	\$ 1,693.30
33025 00	Surgery	22.51	22.51	\$ 1,575.70	\$ 1,575.70
33030 00	Surgery	58.44	58.44	\$ 4,090.80	\$ 4,090.80
33031 00	Surgery	72.36	72.36	\$ 5,065.20	\$ 5,065.20
33050 00	Surgery	29.43	29.43	\$ 2,060.10	\$ 2,060.10
33120 00	Surgery	61.15	61.15	\$ 4,280.50	\$ 4,280.50
33130 00	Surgery	39.94	39.94	\$ 2,795.80	\$ 2,795.80
33140 00	Surgery	45.52	45.52	\$ 3,186.40	\$ 3,186.40
33141 00	Surgery	3.86	3.86	\$ 270.20	\$ 270.20
33202 00	Surgery	22.56	22.56	\$ 1,579.20	\$ 1,579.20
33203 00	Surgery	23.63	23.63	\$ 1,654.10	\$ 1,654.10
33206 00	Surgery	13.41	13.41	\$ 938.70	\$ 938.70
33207 00	Surgery	14.10	14.10	\$ 987.00	\$ 987.00
33208 00	Surgery	15.31	15.31	\$ 1,071.70	\$ 1,071.70
33210 00	Surgery	4.75	4.75	\$ 332.50	\$ 332.50
33211 00	Surgery	4.97	4.97	\$ 347.90	\$ 347.90
33212 00	Surgery	9.50	9.50	\$ 665.00	\$ 665.00
33213 00	Surgery	9.89	9.89	\$ 692.30	\$ 692.30
33214 00	Surgery	14.12	14.12	\$ 988.40	\$ 988.40
33215 00	Surgery	9.11	9.11	\$ 637.70	\$ 637.70
33216 00	Surgery	10.96	10.96	\$ 767.20	\$ 767.20
33217 00	Surgery	10.85	10.85	\$ 759.50	\$ 759.50
33218 00	Surgery	11.45	11.45	\$ 801.50	\$ 801.50
33220 00	Surgery	11.07	11.07	\$ 774.90	\$ 774.90
33221 00	Surgery	10.66	10.66	\$ 746.20	\$ 746.20
33222 00	Surgery	10.08	10.08	\$ 705.60	\$ 705.60

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
33223 00	Surgery	12.10	12.10	\$ 847.00	\$ 847.00
33224 00	Surgery	15.11	15.11	\$ 1,057.70	\$ 1,057.70
33225 00	Surgery	13.72	13.72	\$ 960.40	\$ 960.40
33226 00	Surgery	14.46	14.46	\$ 1,012.20	\$ 1,012.20
33227 00	Surgery	9.98	9.98	\$ 698.60	\$ 698.60
33228 00	Surgery	10.45	10.45	\$ 731.50	\$ 731.50
33229 00	Surgery	11.05	11.05	\$ 773.50	\$ 773.50
33230 00	Surgery	11.30	11.30	\$ 791.00	\$ 791.00
33231 00	Surgery	11.81	11.81	\$ 826.70	\$ 826.70
33233 00	Surgery	6.86	6.86	\$ 480.20	\$ 480.20
33234 00	Surgery	14.32	14.32	\$ 1,002.40	\$ 1,002.40
33235 00	Surgery	18.78	18.78	\$ 1,314.60	\$ 1,314.60
33236 00	Surgery	22.90	22.90	\$ 1,603.00	\$ 1,603.00
33237 00	Surgery	24.55	24.55	\$ 1,718.50	\$ 1,718.50
33238 00	Surgery	27.68	27.68	\$ 1,937.60	\$ 1,937.60
33240 00	Surgery	10.75	10.75	\$ 752.50	\$ 752.50
33241 00	Surgery	6.34	6.34	\$ 443.80	\$ 443.80
33243 00	Surgery	40.09	40.09	\$ 2,806.30	\$ 2,806.30
33244 00	Surgery	25.51	25.51	\$ 1,785.70	\$ 1,785.70
33249 00	Surgery	26.99	26.99	\$ 1,889.30	\$ 1,889.30
33250 00	Surgery	42.55	42.55	\$ 2,978.50	\$ 2,978.50
33251 00	Surgery	47.58	47.58	\$ 3,330.60	\$ 3,330.60
33254 00	Surgery	39.65	39.65	\$ 2,775.50	\$ 2,775.50
33255 00	Surgery	47.52	47.52	\$ 3,326.40	\$ 3,326.40
33256 00	Surgery	56.73	56.73	\$ 3,971.10	\$ 3,971.10
33257 00	Surgery	17.03	17.03	\$ 1,192.10	\$ 1,192.10
33258 00	Surgery	19.00	19.00	\$ 1,330.00	\$ 1,330.00
33259 00	Surgery	24.70	24.70	\$ 1,729.00	\$ 1,729.00
33261 00	Surgery	47.08	47.08	\$ 3,295.60	\$ 3,295.60
33262 00	Surgery	11.01	11.01	\$ 770.70	\$ 770.70
33263 00	Surgery	11.45	11.45	\$ 801.50	\$ 801.50
33264 00	Surgery	11.96	11.96	\$ 837.20	\$ 837.20
33265 00	Surgery	39.78	39.78	\$ 2,784.60	\$ 2,784.60
33266 00	Surgery	53.89	53.89	\$ 3,772.30	\$ 3,772.30
33270 00	Surgery	16.59	16.59	\$ 1,161.30	\$ 1,161.30
33271 00	Surgery	13.30	13.30	\$ 931.00	\$ 931.00
33272 00	Surgery	10.20	10.20	\$ 714.00	\$ 714.00
33273 00	Surgery	11.71	11.71	\$ 819.70	\$ 819.70
33274 00	Surgery	14.23	14.23	\$ 996.10	\$ 996.10
33275 00	Surgery	15.43	15.43	\$ 1,080.10	\$ 1,080.10
33285 00	Surgery	149.03	2.58	\$ 10,432.10	\$ 180.60
33286 00	Surgery	4.04	2.55	\$ 282.80	\$ 178.50
33289 00	Surgery	9.74	9.74	\$ 681.80	\$ 681.80
33300 00	Surgery	71.45	71.45	\$ 5,001.50	\$ 5,001.50
33305 00	Surgery	119.43	119.43	\$ 8,360.10	\$ 8,360.10
33310 00	Surgery	34.15	34.15	\$ 2,390.50	\$ 2,390.50
33315 00	Surgery	55.93	55.93	\$ 3,915.10	\$ 3,915.10
33320 00	Surgery	30.91	30.91	\$ 2,163.70	\$ 2,163.70
33321 00	Surgery	34.70	34.70	\$ 2,429.00	\$ 2,429.00
33322 00	Surgery	40.63	40.63	\$ 2,844.10	\$ 2,844.10
33330 00	Surgery	41.61	41.61	\$ 2,912.70	\$ 2,912.70
33335 00	Surgery	54.57	54.57	\$ 3,819.90	\$ 3,819.90
33340 00	Surgery	23.06	23.06	\$ 1,614.20	\$ 1,614.20
33361 00	Surgery	35.34	35.34	\$ 2,473.80	\$ 2,473.80
33362 00	Surgery	38.50	38.50	\$ 2,695.00	\$ 2,695.00
33363 00	Surgery	39.93	39.93	\$ 2,795.10	\$ 2,795.10
33364 00	Surgery	39.95	39.95	\$ 2,796.50	\$ 2,796.50
33365 00	Surgery	41.62	41.62	\$ 2,913.40	\$ 2,913.40
33366 00	Surgery	45.90	45.90	\$ 3,213.00	\$ 3,213.00

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
33367 00	Surgery	18.35	18.35	\$ 1,284.50	\$ 1,284.50
33368 00	Surgery	21.66	21.66	\$ 1,516.20	\$ 1,516.20
33369 00	Surgery	28.60	28.60	\$ 2,002.00	\$ 2,002.00
33390 00	Surgery	56.21	56.21	\$ 3,934.70	\$ 3,934.70
33391 00	Surgery	66.93	66.93	\$ 4,685.10	\$ 4,685.10
33404 00	Surgery	51.08	51.08	\$ 3,575.60	\$ 3,575.60
33405 00	Surgery	66.32	66.32	\$ 4,642.40	\$ 4,642.40
33406 00	Surgery	84.13	84.13	\$ 5,889.10	\$ 5,889.10
33410 00	Surgery	74.23	74.23	\$ 5,196.10	\$ 5,196.10
33411 00	Surgery	97.95	97.95	\$ 6,856.50	\$ 6,856.50
33412 00	Surgery	91.95	91.95	\$ 6,436.50	\$ 6,436.50
33413 00	Surgery	94.15	94.15	\$ 6,590.50	\$ 6,590.50
33414 00	Surgery	62.75	62.75	\$ 4,392.50	\$ 4,392.50
33415 00	Surgery	59.10	59.10	\$ 4,137.00	\$ 4,137.00
33416 00	Surgery	59.05	59.05	\$ 4,133.50	\$ 4,133.50
33417 00	Surgery	48.76	48.76	\$ 3,413.20	\$ 3,413.20
33418 00	Surgery	52.51	52.51	\$ 3,675.70	\$ 3,675.70
33419 00	Surgery	12.40	12.40	\$ 868.00	\$ 868.00
33420 00	Surgery	42.38	42.38	\$ 2,966.60	\$ 2,966.60
33422 00	Surgery	48.61	48.61	\$ 3,402.70	\$ 3,402.70
33425 00	Surgery	79.79	79.79	\$ 5,585.30	\$ 5,585.30
33426 00	Surgery	69.52	69.52	\$ 4,866.40	\$ 4,866.40
33427 00	Surgery	71.21	71.21	\$ 4,984.70	\$ 4,984.70
33430 00	Surgery	81.81	81.81	\$ 5,726.70	\$ 5,726.70
33440 00	Surgery	96.38	96.38	\$ 6,746.60	\$ 6,746.60
33460 00	Surgery	70.14	70.14	\$ 4,909.80	\$ 4,909.80
33463 00	Surgery	89.68	89.68	\$ 6,277.60	\$ 6,277.60
33464 00	Surgery	71.18	71.18	\$ 4,982.60	\$ 4,982.60
33465 00	Surgery	80.35	80.35	\$ 5,624.50	\$ 5,624.50
33468 00	Surgery	71.59	71.59	\$ 5,011.30	\$ 5,011.30
33470 00	Surgery	36.21	36.21	\$ 2,534.70	\$ 2,534.70
33471 00	Surgery	38.72	38.72	\$ 2,710.40	\$ 2,710.40
33474 00	Surgery	63.68	63.68	\$ 4,457.60	\$ 4,457.60
33475 00	Surgery	67.85	67.85	\$ 4,749.50	\$ 4,749.50
33476 00	Surgery	44.55	44.55	\$ 3,118.50	\$ 3,118.50
33477 00	Surgery	39.58	39.58	\$ 2,770.60	\$ 2,770.60
33478 00	Surgery	46.02	46.02	\$ 3,221.40	\$ 3,221.40
33496 00	Surgery	48.65	48.65	\$ 3,405.50	\$ 3,405.50
33500 00	Surgery	45.61	45.61	\$ 3,192.70	\$ 3,192.70
33501 00	Surgery	32.63	32.63	\$ 2,284.10	\$ 2,284.10
33502 00	Surgery	37.35	37.35	\$ 2,614.50	\$ 2,614.50
33503 00	Surgery	38.83	38.83	\$ 2,718.10	\$ 2,718.10
33504 00	Surgery	42.89	42.89	\$ 3,002.30	\$ 3,002.30
33505 00	Surgery	60.22	60.22	\$ 4,215.40	\$ 4,215.40
33506 00	Surgery	59.96	59.96	\$ 4,197.20	\$ 4,197.20
33507 00	Surgery	50.31	50.31	\$ 3,521.70	\$ 3,521.70
33508 00	Surgery	0.46	0.46	\$ 32.20	\$ 32.20
33510 00	Surgery	56.49	56.49	\$ 3,954.30	\$ 3,954.30
33511 00	Surgery	62.02	62.02	\$ 4,341.40	\$ 4,341.40
33512 00	Surgery	70.73	70.73	\$ 4,951.10	\$ 4,951.10
33513 00	Surgery	72.64	72.64	\$ 5,084.80	\$ 5,084.80
33514 00	Surgery	76.56	76.56	\$ 5,359.20	\$ 5,359.20
33516 00	Surgery	78.93	78.93	\$ 5,525.10	\$ 5,525.10
33517 00	Surgery	5.46	5.46	\$ 382.20	\$ 382.20
33518 00	Surgery	12.01	12.01	\$ 840.70	\$ 840.70
33519 00	Surgery	15.88	15.88	\$ 1,111.60	\$ 1,111.60
33521 00	Surgery	19.06	19.06	\$ 1,334.20	\$ 1,334.20
33522 00	Surgery	21.40	21.40	\$ 1,498.00	\$ 1,498.00
33523 00	Surgery	24.27	24.27	\$ 1,698.90	\$ 1,698.90

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
33530 00	Surgery	15.32	15.32	\$ 1,072.40	\$ 1,072.40
33533 00	Surgery	54.69	54.69	\$ 3,828.30	\$ 3,828.30
33534 00	Surgery	64.19	64.19	\$ 4,493.30	\$ 4,493.30
33535 00	Surgery	71.52	71.52	\$ 5,006.40	\$ 5,006.40
33536 00	Surgery	76.96	76.96	\$ 5,387.20	\$ 5,387.20
33542 00	Surgery	76.78	76.78	\$ 5,374.60	\$ 5,374.60
33545 00	Surgery	89.61	89.61	\$ 6,272.70	\$ 6,272.70
33548 00	Surgery	86.60	86.60	\$ 6,062.00	\$ 6,062.00
33572 00	Surgery	6.73	6.73	\$ 471.10	\$ 471.10
33600 00	Surgery	50.26	50.26	\$ 3,518.20	\$ 3,518.20
33602 00	Surgery	48.77	48.77	\$ 3,413.90	\$ 3,413.90
33606 00	Surgery	51.99	51.99	\$ 3,639.30	\$ 3,639.30
33608 00	Surgery	52.64	52.64	\$ 3,684.80	\$ 3,684.80
33610 00	Surgery	51.90	51.90	\$ 3,633.00	\$ 3,633.00
33611 00	Surgery	56.96	56.96	\$ 3,987.20	\$ 3,987.20
33612 00	Surgery	58.49	58.49	\$ 4,094.30	\$ 4,094.30
33615 00	Surgery	58.38	58.38	\$ 4,086.60	\$ 4,086.60
33617 00	Surgery	63.23	63.23	\$ 4,426.10	\$ 4,426.10
33619 00	Surgery	80.18	80.18	\$ 5,612.60	\$ 5,612.60
33620 00	Surgery	48.17	48.17	\$ 3,371.90	\$ 3,371.90
33621 00	Surgery	27.21	27.21	\$ 1,904.70	\$ 1,904.70
33622 00	Surgery	100.18	100.18	\$ 7,012.60	\$ 7,012.60
33641 00	Surgery	47.89	47.89	\$ 3,352.30	\$ 3,352.30
33645 00	Surgery	50.58	50.58	\$ 3,540.60	\$ 3,540.60
33647 00	Surgery	53.07	53.07	\$ 3,714.90	\$ 3,714.90
33660 00	Surgery	51.30	51.30	\$ 3,591.00	\$ 3,591.00
33665 00	Surgery	55.88	55.88	\$ 3,911.60	\$ 3,911.60
33670 00	Surgery	57.62	57.62	\$ 4,033.40	\$ 4,033.40
33675 00	Surgery	57.58	57.58	\$ 4,030.60	\$ 4,030.60
33676 00	Surgery	59.10	59.10	\$ 4,137.00	\$ 4,137.00
33677 00	Surgery	61.36	61.36	\$ 4,295.20	\$ 4,295.20
33681 00	Surgery	53.90	53.90	\$ 3,773.00	\$ 3,773.00
33684 00	Surgery	55.16	55.16	\$ 3,861.20	\$ 3,861.20
33688 00	Surgery	55.02	55.02	\$ 3,851.40	\$ 3,851.40
33690 00	Surgery	35.14	35.14	\$ 2,459.80	\$ 2,459.80
33692 00	Surgery	57.15	57.15	\$ 4,000.50	\$ 4,000.50
33694 00	Surgery	56.96	56.96	\$ 3,987.20	\$ 3,987.20
33697 00	Surgery	60.00	60.00	\$ 4,200.00	\$ 4,200.00
33702 00	Surgery	45.25	45.25	\$ 3,167.50	\$ 3,167.50
33710 00	Surgery	59.90	59.90	\$ 4,193.00	\$ 4,193.00
33720 00	Surgery	45.29	45.29	\$ 3,170.30	\$ 3,170.30
33722 00	Surgery	47.58	47.58	\$ 3,330.60	\$ 3,330.60
33724 00	Surgery	44.96	44.96	\$ 3,147.20	\$ 3,147.20
33726 00	Surgery	59.37	59.37	\$ 4,155.90	\$ 4,155.90
33730 00	Surgery	58.63	58.63	\$ 4,104.10	\$ 4,104.10
33732 00	Surgery	48.20	48.20	\$ 3,374.00	\$ 3,374.00
33735 00	Surgery	37.95	37.95	\$ 2,656.50	\$ 2,656.50
33736 00	Surgery	41.16	41.16	\$ 2,881.20	\$ 2,881.20
33737 00	Surgery	38.00	38.00	\$ 2,660.00	\$ 2,660.00
33741 00	Surgery	22.10	22.10	\$ 1,547.00	\$ 1,547.00
33745 00	Surgery	31.20	31.20	\$ 2,184.00	\$ 2,184.00
33746 00	Surgery	12.33	12.33	\$ 863.10	\$ 863.10
33750 00	Surgery	36.98	36.98	\$ 2,588.60	\$ 2,588.60
33755 00	Surgery	38.54	38.54	\$ 2,697.80	\$ 2,697.80
33762 00	Surgery	37.54	37.54	\$ 2,627.80	\$ 2,627.80
33764 00	Surgery	38.54	38.54	\$ 2,697.80	\$ 2,697.80
33766 00	Surgery	39.01	39.01	\$ 2,730.70	\$ 2,730.70
33767 00	Surgery	41.63	41.63	\$ 2,914.10	\$ 2,914.10
33768 00	Surgery	12.15	12.15	\$ 850.50	\$ 850.50

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
33770 00	Surgery	61.81	61.81	\$ 4,326.70	\$ 4,326.70
33771 00	Surgery	63.62	63.62	\$ 4,453.40	\$ 4,453.40
33774 00	Surgery	52.62	52.62	\$ 3,683.40	\$ 3,683.40
33775 00	Surgery	54.20	54.20	\$ 3,794.00	\$ 3,794.00
33776 00	Surgery	57.29	57.29	\$ 4,010.30	\$ 4,010.30
33777 00	Surgery	55.33	55.33	\$ 3,873.10	\$ 3,873.10
33778 00	Surgery	68.67	68.67	\$ 4,806.90	\$ 4,806.90
33779 00	Surgery	67.92	67.92	\$ 4,754.40	\$ 4,754.40
33780 00	Surgery	69.16	69.16	\$ 4,841.20	\$ 4,841.20
33781 00	Surgery	67.54	67.54	\$ 4,727.80	\$ 4,727.80
33782 00	Surgery	94.23	94.23	\$ 6,596.10	\$ 6,596.10
33783 00	Surgery	101.82	101.82	\$ 7,127.40	\$ 7,127.40
33786 00	Surgery	66.57	66.57	\$ 4,659.90	\$ 4,659.90
33788 00	Surgery	44.88	44.88	\$ 3,141.60	\$ 3,141.60
33800 00	Surgery	28.87	28.87	\$ 2,020.90	\$ 2,020.90
33802 00	Surgery	31.77	31.77	\$ 2,223.90	\$ 2,223.90
33803 00	Surgery	33.72	33.72	\$ 2,360.40	\$ 2,360.40
33813 00	Surgery	36.31	36.31	\$ 2,541.70	\$ 2,541.70
33814 00	Surgery	44.59	44.59	\$ 3,121.30	\$ 3,121.30
33820 00	Surgery	28.31	28.31	\$ 1,981.70	\$ 1,981.70
33822 00	Surgery	29.85	29.85	\$ 2,089.50	\$ 2,089.50
33824 00	Surgery	34.54	34.54	\$ 2,417.80	\$ 2,417.80
33840 00	Surgery	36.27	36.27	\$ 2,538.90	\$ 2,538.90
33845 00	Surgery	39.03	39.03	\$ 2,732.10	\$ 2,732.10
33851 00	Surgery	37.24	37.24	\$ 2,606.80	\$ 2,606.80
33852 00	Surgery	40.95	40.95	\$ 2,866.50	\$ 2,866.50
33853 00	Surgery	53.60	53.60	\$ 3,752.00	\$ 3,752.00
33858 00	Surgery	99.07	99.07	\$ 6,934.90	\$ 6,934.90
33859 00	Surgery	71.20	71.20	\$ 4,984.00	\$ 4,984.00
33863 00	Surgery	91.91	91.91	\$ 6,433.70	\$ 6,433.70
33864 00	Surgery	93.88	93.88	\$ 6,571.60	\$ 6,571.60
33866 00	Surgery	26.94	26.94	\$ 1,885.80	\$ 1,885.80
33871 00	Surgery	95.14	95.14	\$ 6,659.80	\$ 6,659.80
33875 00	Surgery	79.72	79.72	\$ 5,580.40	\$ 5,580.40
33877 00	Surgery	105.20	105.20	\$ 7,364.00	\$ 7,364.00
33880 00	Surgery	52.13	52.13	\$ 3,649.10	\$ 3,649.10
33881 00	Surgery	44.68	44.68	\$ 3,127.60	\$ 3,127.60
33883 00	Surgery	32.43	32.43	\$ 2,270.10	\$ 2,270.10
33884 00	Surgery	11.46	11.46	\$ 802.20	\$ 802.20
33886 00	Surgery	27.78	27.78	\$ 1,944.60	\$ 1,944.60
33889 00	Surgery	22.95	22.95	\$ 1,606.50	\$ 1,606.50
33891 00	Surgery	27.98	27.98	\$ 1,958.60	\$ 1,958.60
33910 00	Surgery	76.51	76.51	\$ 5,355.70	\$ 5,355.70
33915 00	Surgery	40.27	40.27	\$ 2,818.90	\$ 2,818.90
33916 00	Surgery	122.94	122.94	\$ 8,605.80	\$ 8,605.80
33917 00	Surgery	42.63	42.63	\$ 2,984.10	\$ 2,984.10
33920 00	Surgery	52.95	52.95	\$ 3,706.50	\$ 3,706.50
33922 00	Surgery	40.65	40.65	\$ 2,845.50	\$ 2,845.50
33924 00	Surgery	8.33	8.33	\$ 583.10	\$ 583.10
33925 00	Surgery	50.15	50.15	\$ 3,510.50	\$ 3,510.50
33926 00	Surgery	70.55	70.55	\$ 4,938.50	\$ 4,938.50
33927 00	Surgery	74.40	74.40	\$ 5,208.00	\$ 5,208.00
33928 00	Surgery	-	-	\$ 5,160.40	\$ 5,160.40
33929 00	Surgery	-	-	\$ 3,322.20	\$ 3,322.20
33930 00	Surgery	0.00	0.00	BR	BR
33933 00	Surgery	-	-	\$ 775.60	\$ 775.60
33935 00	Surgery	143.98	143.98	\$ 10,078.60	\$ 10,078.60
33940 00	Surgery	0.00	0.00	BR	BR
33944 00	Surgery	-	-	\$ 618.80	\$ 618.80

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
33945 00	Surgery	141.72	141.72	\$ 9,920.40	\$ 9,920.40
33946 00	Surgery	9.03	9.03	\$ 632.10	\$ 632.10
33947 00	Surgery	10.04	10.04	\$ 702.80	\$ 702.80
33948 00	Surgery	6.97	6.97	\$ 487.90	\$ 487.90
33949 00	Surgery	6.75	6.75	\$ 472.50	\$ 472.50
33951 00	Surgery	12.35	12.35	\$ 864.50	\$ 864.50
33952 00	Surgery	12.47	12.47	\$ 872.90	\$ 872.90
33953 00	Surgery	13.81	13.81	\$ 966.70	\$ 966.70
33954 00	Surgery	13.89	13.89	\$ 972.30	\$ 972.30
33955 00	Surgery	24.17	24.17	\$ 1,691.90	\$ 1,691.90
33956 00	Surgery	24.36	24.36	\$ 1,705.20	\$ 1,705.20
33957 00	Surgery	5.37	5.37	\$ 375.90	\$ 375.90
33958 00	Surgery	5.37	5.37	\$ 375.90	\$ 375.90
33959 00	Surgery	6.84	6.84	\$ 478.80	\$ 478.80
33962 00	Surgery	6.84	6.84	\$ 478.80	\$ 478.80
33963 00	Surgery	13.64	13.64	\$ 954.80	\$ 954.80
33964 00	Surgery	14.38	14.38	\$ 1,006.60	\$ 1,006.60
33965 00	Surgery	5.37	5.37	\$ 375.90	\$ 375.90
33966 00	Surgery	6.91	6.91	\$ 483.70	\$ 483.70
33967 00	Surgery	7.58	7.58	\$ 530.60	\$ 530.60
33968 00	Surgery	0.99	0.99	\$ 69.30	\$ 69.30
33969 00	Surgery	7.96	7.96	\$ 557.20	\$ 557.20
33970 00	Surgery	10.29	10.29	\$ 720.30	\$ 720.30
33971 00	Surgery	20.53	20.53	\$ 1,437.10	\$ 1,437.10
33973 00	Surgery	14.68	14.68	\$ 1,027.60	\$ 1,027.60
33974 00	Surgery	26.04	26.04	\$ 1,822.80	\$ 1,822.80
33975 00	Surgery	37.95	37.95	\$ 2,656.50	\$ 2,656.50
33976 00	Surgery	46.27	46.27	\$ 3,238.90	\$ 3,238.90
33977 00	Surgery	32.64	32.64	\$ 2,284.80	\$ 2,284.80
33978 00	Surgery	38.82	38.82	\$ 2,717.40	\$ 2,717.40
33979 00	Surgery	56.74	56.74	\$ 3,971.80	\$ 3,971.80
33980 00	Surgery	51.84	51.84	\$ 3,628.80	\$ 3,628.80
33981 00	Surgery	24.23	24.23	\$ 1,696.10	\$ 1,696.10
33982 00	Surgery	56.96	56.96	\$ 3,987.20	\$ 3,987.20
33983 00	Surgery	67.42	67.42	\$ 4,719.40	\$ 4,719.40
33984 00	Surgery	8.29	8.29	\$ 580.30	\$ 580.30
33985 00	Surgery	14.98	14.98	\$ 1,048.60	\$ 1,048.60
33986 00	Surgery	15.27	15.27	\$ 1,068.90	\$ 1,068.90
33987 00	Surgery	6.10	6.10	\$ 427.00	\$ 427.00
33988 00	Surgery	22.69	22.69	\$ 1,588.30	\$ 1,588.30
33989 00	Surgery	14.38	14.38	\$ 1,006.60	\$ 1,006.60
33990 00	Surgery	10.56	10.56	\$ 739.20	\$ 739.20
33991 00	Surgery	13.79	13.79	\$ 965.30	\$ 965.30
33992 00	Surgery	5.49	5.49	\$ 384.30	\$ 384.30
33993 00	Surgery	4.83	4.83	\$ 338.10	\$ 338.10
33995 00	Surgery	10.61	10.61	\$ 742.70	\$ 742.70
33997 00	Surgery	4.72	4.72	\$ 330.40	\$ 330.40
33999 00	Surgery	0.00	0.00	BR	BR
34001 00	Surgery	26.59	26.59	\$ 1,861.30	\$ 1,861.30
34051 00	Surgery	29.05	29.05	\$ 2,033.50	\$ 2,033.50
34101 00	Surgery	17.40	17.40	\$ 1,218.00	\$ 1,218.00
34111 00	Surgery	17.49	17.49	\$ 1,224.30	\$ 1,224.30
34151 00	Surgery	40.50	40.50	\$ 2,835.00	\$ 2,835.00
34201 00	Surgery	29.80	29.80	\$ 2,086.00	\$ 2,086.00
34203 00	Surgery	27.61	27.61	\$ 1,932.70	\$ 1,932.70
34401 00	Surgery	42.90	42.90	\$ 3,003.00	\$ 3,003.00
34421 00	Surgery	21.46	21.46	\$ 1,502.20	\$ 1,502.20
34451 00	Surgery	41.71	41.71	\$ 2,919.70	\$ 2,919.70
34471 00	Surgery	31.36	31.36	\$ 2,195.20	\$ 2,195.20

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
34490 00	Surgery	18.90	18.90	\$ 1,323.00	\$ 1,323.00
34501 00	Surgery	25.94	25.94	\$ 1,815.80	\$ 1,815.80
34502 00	Surgery	45.21	45.21	\$ 3,164.70	\$ 3,164.70
34510 00	Surgery	29.67	29.67	\$ 2,076.90	\$ 2,076.90
34520 00	Surgery	28.71	28.71	\$ 2,009.70	\$ 2,009.70
34530 00	Surgery	27.33	27.33	\$ 1,913.10	\$ 1,913.10
34701 00	Surgery	36.15	36.15	\$ 2,530.50	\$ 2,530.50
34702 00	Surgery	53.91	53.91	\$ 3,773.70	\$ 3,773.70
34703 00	Surgery	40.02	40.02	\$ 2,801.40	\$ 2,801.40
34704 00	Surgery	66.81	66.81	\$ 4,676.70	\$ 4,676.70
34705 00	Surgery	44.51	44.51	\$ 3,115.70	\$ 3,115.70
34706 00	Surgery	66.97	66.97	\$ 4,687.90	\$ 4,687.90
34707 00	Surgery	33.96	33.96	\$ 2,377.20	\$ 2,377.20
34708 00	Surgery	53.91	53.91	\$ 3,773.70	\$ 3,773.70
34709 00	Surgery	9.41	9.41	\$ 658.70	\$ 658.70
34710 00	Surgery	23.23	23.23	\$ 1,626.10	\$ 1,626.10
34711 00	Surgery	8.68	8.68	\$ 607.60	\$ 607.60
34712 00	Surgery	19.18	19.18	\$ 1,342.60	\$ 1,342.60
34713 00	Surgery	3.62	3.62	\$ 253.40	\$ 253.40
34714 00	Surgery	7.86	7.86	\$ 550.20	\$ 550.20
34715 00	Surgery	8.75	8.75	\$ 612.50	\$ 612.50
34716 00	Surgery	10.82	10.82	\$ 757.40	\$ 757.40
34717 00	Surgery	12.82	12.82	\$ 897.40	\$ 897.40
34718 00	Surgery	35.76	35.76	\$ 2,503.20	\$ 2,503.20
34808 00	Surgery	5.79	5.79	\$ 405.30	\$ 405.30
34812 00	Surgery	6.01	6.01	\$ 420.70	\$ 420.70
34813 00	Surgery	6.90	6.90	\$ 483.00	\$ 483.00
34820 00	Surgery	10.11	10.11	\$ 707.70	\$ 707.70
34830 00	Surgery	51.21	51.21	\$ 3,584.70	\$ 3,584.70
34831 00	Surgery	55.91	55.91	\$ 3,913.70	\$ 3,913.70
34832 00	Surgery	55.03	55.03	\$ 3,852.10	\$ 3,852.10
34833 00	Surgery	11.41	11.41	\$ 798.70	\$ 798.70
34834 00	Surgery	3.77	3.77	\$ 263.90	\$ 263.90
34839 00	Surgery	0.00	0.00	Bundled Code	Bundled Code
34841 00	Surgery	-	-	\$ 2,940.00	\$ 2,940.00
34842 00	Surgery	-	-	\$ 3,217.20	\$ 3,217.20
34843 00	Surgery	-	-	\$ 3,530.10	\$ 3,530.10
34844 00	Surgery	-	-	\$ 3,915.10	\$ 3,915.10
34845 00	Surgery	-	-	\$ 3,472.70	\$ 3,472.70
34846 00	Surgery	-	-	\$ 3,803.80	\$ 3,803.80
34847 00	Surgery	-	-	\$ 4,009.60	\$ 4,009.60
34848 00	Surgery	-	-	\$ 4,281.20	\$ 4,281.20
35001 00	Surgery	32.88	32.88	\$ 2,301.60	\$ 2,301.60
35002 00	Surgery	33.06	33.06	\$ 2,314.20	\$ 2,314.20
35005 00	Surgery	28.94	28.94	\$ 2,025.80	\$ 2,025.80
35011 00	Surgery	29.34	29.34	\$ 2,053.80	\$ 2,053.80
35013 00	Surgery	36.78	36.78	\$ 2,574.60	\$ 2,574.60
35021 00	Surgery	36.81	36.81	\$ 2,576.70	\$ 2,576.70
35022 00	Surgery	42.16	42.16	\$ 2,951.20	\$ 2,951.20
35045 00	Surgery	28.41	28.41	\$ 1,988.70	\$ 1,988.70
35081 00	Surgery	50.37	50.37	\$ 3,525.90	\$ 3,525.90
35082 00	Surgery	63.32	63.32	\$ 4,432.40	\$ 4,432.40
35091 00	Surgery	52.17	52.17	\$ 3,651.90	\$ 3,651.90
35092 00	Surgery	75.33	75.33	\$ 5,273.10	\$ 5,273.10
35102 00	Surgery	54.68	54.68	\$ 3,827.60	\$ 3,827.60
35103 00	Surgery	64.86	64.86	\$ 4,540.20	\$ 4,540.20
35111 00	Surgery	38.59	38.59	\$ 2,701.30	\$ 2,701.30
35112 00	Surgery	47.47	47.47	\$ 3,322.90	\$ 3,322.90
35121 00	Surgery	45.91	45.91	\$ 3,213.70	\$ 3,213.70

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
35122 00	Surgery	54.90	54.90	\$ 3,843.00	\$ 3,843.00
35131 00	Surgery	40.06	40.06	\$ 2,804.20	\$ 2,804.20
35132 00	Surgery	47.47	47.47	\$ 3,322.90	\$ 3,322.90
35141 00	Surgery	31.99	31.99	\$ 2,239.30	\$ 2,239.30
35142 00	Surgery	38.58	38.58	\$ 2,700.60	\$ 2,700.60
35151 00	Surgery	35.91	35.91	\$ 2,513.70	\$ 2,513.70
35152 00	Surgery	40.59	40.59	\$ 2,841.30	\$ 2,841.30
35180 00	Surgery	25.81	25.81	\$ 1,806.70	\$ 1,806.70
35182 00	Surgery	52.37	52.37	\$ 3,665.90	\$ 3,665.90
35184 00	Surgery	28.03	28.03	\$ 1,962.10	\$ 1,962.10
35188 00	Surgery	37.80	37.80	\$ 2,646.00	\$ 2,646.00
35189 00	Surgery	43.86	43.86	\$ 3,070.20	\$ 3,070.20
35190 00	Surgery	22.28	22.28	\$ 1,559.60	\$ 1,559.60
35201 00	Surgery	27.55	27.55	\$ 1,928.50	\$ 1,928.50
35206 00	Surgery	22.85	22.85	\$ 1,599.50	\$ 1,599.50
35207 00	Surgery	22.15	22.15	\$ 1,550.50	\$ 1,550.50
35211 00	Surgery	40.79	40.79	\$ 2,855.30	\$ 2,855.30
35216 00	Surgery	60.94	60.94	\$ 4,265.80	\$ 4,265.80
35221 00	Surgery	42.99	42.99	\$ 3,009.30	\$ 3,009.30
35226 00	Surgery	24.26	24.26	\$ 1,698.20	\$ 1,698.20
35231 00	Surgery	36.63	36.63	\$ 2,564.10	\$ 2,564.10
35236 00	Surgery	29.35	29.35	\$ 2,054.50	\$ 2,054.50
35241 00	Surgery	41.97	41.97	\$ 2,937.90	\$ 2,937.90
35246 00	Surgery	45.72	45.72	\$ 3,200.40	\$ 3,200.40
35251 00	Surgery	50.56	50.56	\$ 3,539.20	\$ 3,539.20
35256 00	Surgery	29.96	29.96	\$ 2,097.20	\$ 2,097.20
35261 00	Surgery	28.45	28.45	\$ 1,991.50	\$ 1,991.50
35266 00	Surgery	25.28	25.28	\$ 1,769.60	\$ 1,769.60
35271 00	Surgery	40.47	40.47	\$ 2,832.90	\$ 2,832.90
35276 00	Surgery	42.61	42.61	\$ 2,982.70	\$ 2,982.70
35281 00	Surgery	47.12	47.12	\$ 3,298.40	\$ 3,298.40
35286 00	Surgery	27.23	27.23	\$ 1,906.10	\$ 1,906.10
35301 00	Surgery	32.98	32.98	\$ 2,308.60	\$ 2,308.60
35302 00	Surgery	32.65	32.65	\$ 2,285.50	\$ 2,285.50
35303 00	Surgery	36.02	36.02	\$ 2,521.40	\$ 2,521.40
35304 00	Surgery	37.03	37.03	\$ 2,592.10	\$ 2,592.10
35305 00	Surgery	35.85	35.85	\$ 2,509.50	\$ 2,509.50
35306 00	Surgery	12.93	12.93	\$ 905.10	\$ 905.10
35311 00	Surgery	45.50	45.50	\$ 3,185.00	\$ 3,185.00
35321 00	Surgery	26.04	26.04	\$ 1,822.80	\$ 1,822.80
35331 00	Surgery	42.23	42.23	\$ 2,956.10	\$ 2,956.10
35341 00	Surgery	39.87	39.87	\$ 2,790.90	\$ 2,790.90
35351 00	Surgery	37.43	37.43	\$ 2,620.10	\$ 2,620.10
35355 00	Surgery	30.01	30.01	\$ 2,100.70	\$ 2,100.70
35361 00	Surgery	44.20	44.20	\$ 3,094.00	\$ 3,094.00
35363 00	Surgery	47.16	47.16	\$ 3,301.20	\$ 3,301.20
35371 00	Surgery	23.79	23.79	\$ 1,665.30	\$ 1,665.30
35372 00	Surgery	28.42	28.42	\$ 1,989.40	\$ 1,989.40
35390 00	Surgery	4.62	4.62	\$ 323.40	\$ 323.40
35400 00	Surgery	4.31	4.31	\$ 301.70	\$ 301.70
35500 00	Surgery	9.26	9.26	\$ 648.20	\$ 648.20
35501 00	Surgery	42.39	42.39	\$ 2,967.30	\$ 2,967.30
35506 00	Surgery	36.98	36.98	\$ 2,588.60	\$ 2,588.60
35508 00	Surgery	38.54	38.54	\$ 2,697.80	\$ 2,697.80
35509 00	Surgery	41.03	41.03	\$ 2,872.10	\$ 2,872.10
35510 00	Surgery	35.71	35.71	\$ 2,499.70	\$ 2,499.70
35511 00	Surgery	32.56	32.56	\$ 2,279.20	\$ 2,279.20
35512 00	Surgery	35.01	35.01	\$ 2,450.70	\$ 2,450.70
35515 00	Surgery	38.54	38.54	\$ 2,697.80	\$ 2,697.80

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
35516 00	Surgery	35.43	35.43	\$ 2,480.10	\$ 2,480.10
35518 00	Surgery	33.18	33.18	\$ 2,322.60	\$ 2,322.60
35521 00	Surgery	35.65	35.65	\$ 2,495.50	\$ 2,495.50
35522 00	Surgery	35.56	35.56	\$ 2,489.20	\$ 2,489.20
35523 00	Surgery	37.15	37.15	\$ 2,600.50	\$ 2,600.50
35525 00	Surgery	33.05	33.05	\$ 2,313.50	\$ 2,313.50
35526 00	Surgery	50.57	50.57	\$ 3,539.90	\$ 3,539.90
35531 00	Surgery	56.61	56.61	\$ 3,962.70	\$ 3,962.70
35533 00	Surgery	43.77	43.77	\$ 3,063.90	\$ 3,063.90
35535 00	Surgery	55.28	55.28	\$ 3,869.60	\$ 3,869.60
35536 00	Surgery	49.09	49.09	\$ 3,436.30	\$ 3,436.30
35537 00	Surgery	60.56	60.56	\$ 4,239.20	\$ 4,239.20
35538 00	Surgery	67.84	67.84	\$ 4,748.80	\$ 4,748.80
35539 00	Surgery	63.64	63.64	\$ 4,454.80	\$ 4,454.80
35540 00	Surgery	70.96	70.96	\$ 4,967.20	\$ 4,967.20
35556 00	Surgery	40.76	40.76	\$ 2,853.20	\$ 2,853.20
35558 00	Surgery	35.71	35.71	\$ 2,499.70	\$ 2,499.70
35560 00	Surgery	49.52	49.52	\$ 3,466.40	\$ 3,466.40
35563 00	Surgery	38.45	38.45	\$ 2,691.50	\$ 2,691.50
35565 00	Surgery	38.21	38.21	\$ 2,674.70	\$ 2,674.70
35566 00	Surgery	48.56	48.56	\$ 3,399.20	\$ 3,399.20
35570 00	Surgery	42.80	42.80	\$ 2,996.00	\$ 2,996.00
35571 00	Surgery	38.58	38.58	\$ 2,700.60	\$ 2,700.60
35572 00	Surgery	10.06	10.06	\$ 704.20	\$ 704.20
35583 00	Surgery	41.98	41.98	\$ 2,938.60	\$ 2,938.60
35585 00	Surgery	48.72	48.72	\$ 3,410.40	\$ 3,410.40
35587 00	Surgery	39.49	39.49	\$ 2,764.30	\$ 2,764.30
35600 00	Surgery	7.48	7.48	\$ 523.60	\$ 523.60
35601 00	Surgery	40.66	40.66	\$ 2,846.20	\$ 2,846.20
35606 00	Surgery	34.10	34.10	\$ 2,387.00	\$ 2,387.00
35612 00	Surgery	30.34	30.34	\$ 2,123.80	\$ 2,123.80
35616 00	Surgery	31.99	31.99	\$ 2,239.30	\$ 2,239.30
35621 00	Surgery	31.91	31.91	\$ 2,233.70	\$ 2,233.70
35623 00	Surgery	38.18	38.18	\$ 2,672.60	\$ 2,672.60
35626 00	Surgery	46.57	46.57	\$ 3,259.90	\$ 3,259.90
35631 00	Surgery	53.93	53.93	\$ 3,775.10	\$ 3,775.10
35632 00	Surgery	52.48	52.48	\$ 3,673.60	\$ 3,673.60
35633 00	Surgery	57.60	57.60	\$ 4,032.00	\$ 4,032.00
35634 00	Surgery	51.35	51.35	\$ 3,594.50	\$ 3,594.50
35636 00	Surgery	46.31	46.31	\$ 3,241.70	\$ 3,241.70
35637 00	Surgery	48.18	48.18	\$ 3,372.60	\$ 3,372.60
35638 00	Surgery	50.69	50.69	\$ 3,548.30	\$ 3,548.30
35642 00	Surgery	28.66	28.66	\$ 2,006.20	\$ 2,006.20
35645 00	Surgery	27.54	27.54	\$ 1,927.80	\$ 1,927.80
35646 00	Surgery	49.84	49.84	\$ 3,488.80	\$ 3,488.80
35647 00	Surgery	45.14	45.14	\$ 3,159.80	\$ 3,159.80
35650 00	Surgery	29.69	29.69	\$ 2,078.30	\$ 2,078.30
35654 00	Surgery	39.78	39.78	\$ 2,784.60	\$ 2,784.60
35656 00	Surgery	31.41	31.41	\$ 2,198.70	\$ 2,198.70
35661 00	Surgery	31.58	31.58	\$ 2,210.60	\$ 2,210.60
35663 00	Surgery	35.37	35.37	\$ 2,475.90	\$ 2,475.90
35665 00	Surgery	34.15	34.15	\$ 2,390.50	\$ 2,390.50
35666 00	Surgery	37.46	37.46	\$ 2,622.20	\$ 2,622.20
35671 00	Surgery	32.97	32.97	\$ 2,307.90	\$ 2,307.90
35681 00	Surgery	2.34	2.34	\$ 163.80	\$ 163.80
35682 00	Surgery	10.28	10.28	\$ 719.60	\$ 719.60
35683 00	Surgery	11.88	11.88	\$ 831.60	\$ 831.60
35685 00	Surgery	5.78	5.78	\$ 404.60	\$ 404.60
35686 00	Surgery	4.66	4.66	\$ 326.20	\$ 326.20

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
35691 00	Surgery	27.49	27.49	\$ 1,924.30	\$ 1,924.30
35693 00	Surgery	24.25	24.25	\$ 1,697.50	\$ 1,697.50
35694 00	Surgery	28.70	28.70	\$ 2,009.00	\$ 2,009.00
35695 00	Surgery	29.80	29.80	\$ 2,086.00	\$ 2,086.00
35697 00	Surgery	4.31	4.31	\$ 301.70	\$ 301.70
35700 00	Surgery	4.43	4.43	\$ 310.10	\$ 310.10
35701 00	Surgery	12.83	12.83	\$ 898.10	\$ 898.10
35702 00	Surgery	12.05	12.05	\$ 843.50	\$ 843.50
35703 00	Surgery	12.24	12.24	\$ 856.80	\$ 856.80
35800 00	Surgery	21.16	21.16	\$ 1,481.20	\$ 1,481.20
35820 00	Surgery	58.71	58.71	\$ 4,109.70	\$ 4,109.70
35840 00	Surgery	35.32	35.32	\$ 2,472.40	\$ 2,472.40
35860 00	Surgery	24.40	24.40	\$ 1,708.00	\$ 1,708.00
35870 00	Surgery	36.24	36.24	\$ 2,536.80	\$ 2,536.80
35875 00	Surgery	17.34	17.34	\$ 1,213.80	\$ 1,213.80
35876 00	Surgery	27.56	27.56	\$ 1,929.20	\$ 1,929.20
35879 00	Surgery	26.86	26.86	\$ 1,880.20	\$ 1,880.20
35881 00	Surgery	29.76	29.76	\$ 2,083.20	\$ 2,083.20
35883 00	Surgery	35.01	35.01	\$ 2,450.70	\$ 2,450.70
35884 00	Surgery	36.01	36.01	\$ 2,520.70	\$ 2,520.70
35901 00	Surgery	13.78	13.78	\$ 964.60	\$ 964.60
35903 00	Surgery	16.55	16.55	\$ 1,158.50	\$ 1,158.50
35905 00	Surgery	51.73	51.73	\$ 3,621.10	\$ 3,621.10
35907 00	Surgery	55.38	55.38	\$ 3,876.60	\$ 3,876.60
36000 00	Surgery	0.00	0.00	Bundled Code	Bundled Code
36002 00	Surgery	4.45	3.02	\$ 311.50	\$ 211.40
36005 00	Surgery	8.58	1.40	\$ 600.60	\$ 98.00
36010 00	Surgery	16.69	3.19	\$ 1,168.30	\$ 223.30
36011 00	Surgery	26.14	4.59	\$ 1,829.80	\$ 321.30
36012 00	Surgery	26.57	5.04	\$ 1,859.90	\$ 352.80
36013 00	Surgery	24.69	3.58	\$ 1,728.30	\$ 250.60
36014 00	Surgery	25.30	4.41	\$ 1,771.00	\$ 308.70
36015 00	Surgery	27.24	4.96	\$ 1,906.80	\$ 347.20
36100 00	Surgery	17.73	4.57	\$ 1,241.10	\$ 319.90
36140 00	Surgery	15.47	2.61	\$ 1,082.90	\$ 182.70
36160 00	Surgery	17.17	3.58	\$ 1,201.90	\$ 250.60
36200 00	Surgery	18.43	4.05	\$ 1,290.10	\$ 283.50
36215 00	Surgery	32.75	6.15	\$ 2,292.50	\$ 430.50
36216 00	Surgery	34.19	7.88	\$ 2,393.30	\$ 551.60
36217 00	Surgery	56.71	9.52	\$ 3,969.70	\$ 666.40
36218 00	Surgery	6.51	1.46	\$ 455.70	\$ 102.20
36221 00	Surgery	31.81	5.84	\$ 2,226.70	\$ 408.80
36222 00	Surgery	38.05	8.26	\$ 2,663.50	\$ 578.20
36223 00	Surgery	49.92	9.34	\$ 3,494.40	\$ 653.80
36224 00	Surgery	63.50	10.55	\$ 4,445.00	\$ 738.50
36225 00	Surgery	47.33	9.29	\$ 3,313.10	\$ 650.30
36226 00	Surgery	60.70	10.44	\$ 4,249.00	\$ 730.80
36227 00	Surgery	7.27	3.44	\$ 508.90	\$ 240.80
36228 00	Surgery	39.76	7.08	\$ 2,783.20	\$ 495.60
36245 00	Surgery	40.13	6.84	\$ 2,809.10	\$ 478.80
36246 00	Surgery	26.13	7.36	\$ 1,829.10	\$ 515.20
36247 00	Surgery	45.55	8.72	\$ 3,188.50	\$ 610.40
36248 00	Surgery	3.85	1.42	\$ 269.50	\$ 99.40
36251 00	Surgery	41.62	7.47	\$ 2,913.40	\$ 522.90
36252 00	Surgery	44.89	10.45	\$ 3,142.30	\$ 731.50
36253 00	Surgery	65.26	10.26	\$ 4,568.20	\$ 718.20
36254 00	Surgery	64.08	11.96	\$ 4,485.60	\$ 837.20
36260 00	Surgery	19.36	19.36	\$ 1,355.20	\$ 1,355.20
36261 00	Surgery	12.13	12.13	\$ 849.10	\$ 849.10

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
36262 00	Surgery	9.25	9.25	\$ 647.50	\$ 647.50
36299 00	Surgery	0.00	0.00	BR	BR
36400 00	Surgery	0.80	0.56	\$ 56.00	\$ 39.20
36405 00	Surgery	0.68	0.44	\$ 47.60	\$ 30.80
36406 00	Surgery	0.50	0.25	\$ 35.00	\$ 17.50
36410 00	Surgery	0.51	0.27	\$ 35.70	\$ 18.90
36415 00	Surgery	-	-	\$ 6.30	\$ 6.30
36416 00	Surgery	0.00	0.00	Bundled Code	Bundled Code
36420 00	Surgery	1.39	1.39	\$ 97.30	\$ 97.30
36425 00	Surgery	1.18	1.18	\$ 82.60	\$ 82.60
36430 00	Surgery	1.08	1.08	\$ 75.60	\$ 75.60
36440 00	Surgery	1.46	1.46	\$ 102.20	\$ 102.20
36450 00	Surgery	4.97	4.97	\$ 347.90	\$ 347.90
36455 00	Surgery	3.69	3.69	\$ 258.30	\$ 258.30
36456 00	Surgery	2.84	2.84	\$ 198.80	\$ 198.80
36460 00	Surgery	10.12	10.12	\$ 708.40	\$ 708.40
36465 00	Surgery	44.29	3.47	\$ 3,100.30	\$ 242.90
36466 00	Surgery	49.40	4.49	\$ 3,458.00	\$ 314.30
36468 00	Surgery	0.00	0.00	BR	BR
36470 00	Surgery	3.37	1.12	\$ 235.90	\$ 78.40
36471 00	Surgery	5.92	2.20	\$ 414.40	\$ 154.00
36473 00	Surgery	41.31	5.22	\$ 2,891.70	\$ 365.40
36474 00	Surgery	8.46	2.62	\$ 592.20	\$ 183.40
36475 00	Surgery	37.76	8.13	\$ 2,643.20	\$ 569.10
36476 00	Surgery	8.96	3.91	\$ 627.20	\$ 273.70
36478 00	Surgery	31.74	8.08	\$ 2,221.80	\$ 565.60
36479 00	Surgery	9.43	3.95	\$ 660.10	\$ 276.50
36481 00	Surgery	56.44	9.47	\$ 3,950.80	\$ 662.90
36482 00	Surgery	55.63	5.24	\$ 3,894.10	\$ 366.80
36483 00	Surgery	4.26	2.59	\$ 298.20	\$ 181.30
36500 00	Surgery	5.31	5.31	\$ 371.70	\$ 371.70
36510 00	Surgery	2.45	1.54	\$ 171.50	\$ 107.80
36511 00	Surgery	3.20	3.20	\$ 224.00	\$ 224.00
36512 00	Surgery	3.13	3.13	\$ 219.10	\$ 219.10
36513 00	Surgery	3.16	3.16	\$ 221.20	\$ 221.20
36514 00	Surgery	18.97	2.75	\$ 1,327.90	\$ 192.50
36516 00	Surgery	58.51	2.47	\$ 4,095.70	\$ 172.90
36522 00	Surgery	50.66	2.85	\$ 3,546.20	\$ 199.50
36555 00	Surgery	5.78	2.45	\$ 404.60	\$ 171.50
36556 00	Surgery	6.56	2.46	\$ 459.20	\$ 172.20
36557 00	Surgery	35.69	9.43	\$ 2,498.30	\$ 660.10
36558 00	Surgery	25.54	7.57	\$ 1,787.80	\$ 529.90
36560 00	Surgery	40.02	11.28	\$ 2,801.40	\$ 789.60
36561 00	Surgery	31.90	9.77	\$ 2,233.00	\$ 683.90
36563 00	Surgery	36.15	10.72	\$ 2,530.50	\$ 750.40
36565 00	Surgery	26.24	9.83	\$ 1,836.80	\$ 688.10
36566 00	Surgery	137.89	10.51	\$ 9,652.30	\$ 735.70
36568 00	Surgery	2.66	2.66	\$ 186.20	\$ 186.20
36569 00	Surgery	2.72	2.72	\$ 190.40	\$ 190.40
36570 00	Surgery	46.55	9.78	\$ 3,258.50	\$ 684.60
36571 00	Surgery	40.58	9.19	\$ 2,840.60	\$ 643.30
36572 00	Surgery	13.34	2.64	\$ 933.80	\$ 184.80
36573 00	Surgery	12.16	2.45	\$ 851.20	\$ 171.50
36575 00	Surgery	4.80	1.00	\$ 336.00	\$ 70.00
36576 00	Surgery	10.54	5.39	\$ 737.80	\$ 377.30
36578 00	Surgery	13.84	5.92	\$ 968.80	\$ 414.40
36580 00	Surgery	6.25	1.91	\$ 437.50	\$ 133.70
36581 00	Surgery	24.71	5.34	\$ 1,729.70	\$ 373.80
36582 00	Surgery	29.04	8.42	\$ 2,032.80	\$ 589.40

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
36583 00	Surgery	37.99	9.69	\$ 2,659.30	\$ 678.30
36584 00	Surgery	10.54	1.74	\$ 737.80	\$ 121.80
36585 00	Surgery	34.47	7.95	\$ 2,412.90	\$ 556.50
36589 00	Surgery	4.94	4.03	\$ 345.80	\$ 282.10
36590 00	Surgery	6.68	5.55	\$ 467.60	\$ 388.50
36591 00	Surgery	0.77	0.77	\$ 53.90	\$ 53.90
36592 00	Surgery	0.87	0.87	\$ 60.90	\$ 60.90
36593 00	Surgery	0.96	0.96	\$ 67.20	\$ 67.20
36595 00	Surgery	18.87	5.30	\$ 1,320.90	\$ 371.00
36596 00	Surgery	3.52	1.27	\$ 246.40	\$ 88.90
36597 00	Surgery	3.64	1.76	\$ 254.80	\$ 123.20
36598 00	Surgery	3.66	1.04	\$ 256.20	\$ 72.80
36600 00	Surgery	0.87	0.46	\$ 60.90	\$ 32.20
36620 00	Surgery	1.29	1.29	\$ 90.30	\$ 90.30
36625 00	Surgery	3.08	3.08	\$ 215.60	\$ 215.60
36640 00	Surgery	3.39	3.39	\$ 237.30	\$ 237.30
36660 00	Surgery	1.99	1.99	\$ 139.30	\$ 139.30
36680 00	Surgery	1.73	1.73	\$ 121.10	\$ 121.10
36800 00	Surgery	3.57	3.57	\$ 249.90	\$ 249.90
36810 00	Surgery	6.24	6.24	\$ 436.80	\$ 436.80
36815 00	Surgery	3.93	3.93	\$ 275.10	\$ 275.10
36818 00	Surgery	20.15	20.15	\$ 1,410.50	\$ 1,410.50
36819 00	Surgery	21.34	21.34	\$ 1,493.80	\$ 1,493.80
36820 00	Surgery	21.05	21.05	\$ 1,473.50	\$ 1,473.50
36821 00	Surgery	19.35	19.35	\$ 1,354.50	\$ 1,354.50
36823 00	Surgery	41.41	41.41	\$ 2,898.70	\$ 2,898.70
36825 00	Surgery	23.24	23.24	\$ 1,626.80	\$ 1,626.80
36830 00	Surgery	19.46	19.46	\$ 1,362.20	\$ 1,362.20
36831 00	Surgery	17.95	17.95	\$ 1,256.50	\$ 1,256.50
36832 00	Surgery	22.07	22.07	\$ 1,544.90	\$ 1,544.90
36833 00	Surgery	23.63	23.63	\$ 1,654.10	\$ 1,654.10
36835 00	Surgery	14.20	14.20	\$ 994.00	\$ 994.00
36838 00	Surgery	33.27	33.27	\$ 2,328.90	\$ 2,328.90
36860 00	Surgery	7.20	3.24	\$ 504.00	\$ 226.80
36861 00	Surgery	4.09	4.09	\$ 286.30	\$ 286.30
36901 00	Surgery	21.68	4.89	\$ 1,517.60	\$ 342.30
36902 00	Surgery	38.96	6.96	\$ 2,727.20	\$ 487.20
36903 00	Surgery	147.65	9.17	\$ 10,335.50	\$ 641.90
36904 00	Surgery	57.25	10.69	\$ 4,007.50	\$ 748.30
36905 00	Surgery	73.18	12.89	\$ 5,122.60	\$ 902.30
36906 00	Surgery	185.01	14.85	\$ 12,950.70	\$ 1,039.50
36907 00	Surgery	19.77	4.26	\$ 1,383.90	\$ 298.20
36908 00	Surgery	54.39	6.02	\$ 3,807.30	\$ 421.40
36909 00	Surgery	61.77	5.86	\$ 4,323.90	\$ 410.20
37140 00	Surgery	68.54	68.54	\$ 4,797.80	\$ 4,797.80
37145 00	Surgery	63.58	63.58	\$ 4,450.60	\$ 4,450.60
37160 00	Surgery	65.29	65.29	\$ 4,570.30	\$ 4,570.30
37180 00	Surgery	62.76	62.76	\$ 4,393.20	\$ 4,393.20
37181 00	Surgery	68.54	68.54	\$ 4,797.80	\$ 4,797.80
37182 00	Surgery	23.57	23.57	\$ 1,649.90	\$ 1,649.90
37183 00	Surgery	188.92	10.79	\$ 13,224.40	\$ 755.30
37184 00	Surgery	56.70	12.53	\$ 3,969.00	\$ 877.10
37185 00	Surgery	16.23	4.74	\$ 1,136.10	\$ 331.80
37186 00	Surgery	39.23	7.10	\$ 2,746.10	\$ 497.00
37187 00	Surgery	56.58	11.39	\$ 3,960.60	\$ 797.30
37188 00	Surgery	48.51	8.06	\$ 3,395.70	\$ 564.20
37191 00	Surgery	69.04	6.45	\$ 4,832.80	\$ 451.50
37192 00	Surgery	40.42	10.02	\$ 2,829.40	\$ 701.40
37193 00	Surgery	47.62	10.07	\$ 3,333.40	\$ 704.90

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
37195 00	Surgery	-	-	\$ 1,980.30	\$ 1,980.30
37197 00	Surgery	49.03	8.72	\$ 3,432.10	\$ 610.40
37200 00	Surgery	6.25	6.25	\$ 437.50	\$ 437.50
37211 00	Surgery	11.21	11.21	\$ 784.70	\$ 784.70
37212 00	Surgery	9.80	9.80	\$ 686.00	\$ 686.00
37213 00	Surgery	6.74	6.74	\$ 471.80	\$ 471.80
37214 00	Surgery	3.56	3.56	\$ 249.20	\$ 249.20
37215 00	Surgery	29.07	29.07	\$ 2,034.90	\$ 2,034.90
37216 00	Surgery	28.49	28.49	\$ 1,994.30	\$ 1,994.30
37217 00	Surgery	31.33	31.33	\$ 2,193.10	\$ 2,193.10
37218 00	Surgery	23.91	23.91	\$ 1,673.70	\$ 1,673.70
37220 00	Surgery	83.83	11.65	\$ 5,868.10	\$ 815.50
37221 00	Surgery	108.70	14.37	\$ 7,609.00	\$ 1,005.90
37222 00	Surgery	20.68	5.38	\$ 1,447.60	\$ 376.60
37223 00	Surgery	49.23	6.19	\$ 3,446.10	\$ 433.30
37224 00	Surgery	99.12	12.94	\$ 6,938.40	\$ 905.80
37225 00	Surgery	314.02	17.52	\$ 21,981.40	\$ 1,226.40
37226 00	Surgery	285.70	15.13	\$ 19,999.00	\$ 1,059.10
37227 00	Surgery	402.50	20.99	\$ 28,175.00	\$ 1,469.30
37228 00	Surgery	141.95	15.75	\$ 9,936.50	\$ 1,102.50
37229 00	Surgery	315.86	20.29	\$ 22,110.20	\$ 1,420.30
37230 00	Surgery	300.50	20.27	\$ 21,035.00	\$ 1,418.90
37231 00	Surgery	403.82	21.81	\$ 28,267.40	\$ 1,526.70
37232 00	Surgery	28.34	5.80	\$ 1,983.80	\$ 406.00
37233 00	Surgery	34.97	9.46	\$ 2,447.90	\$ 662.20
37234 00	Surgery	118.41	8.30	\$ 8,288.70	\$ 581.00
37235 00	Surgery	125.83	11.46	\$ 8,808.10	\$ 802.20
37236 00	Surgery	95.08	12.88	\$ 6,655.60	\$ 901.60
37237 00	Surgery	48.47	6.13	\$ 3,392.90	\$ 429.10
37238 00	Surgery	113.98	8.93	\$ 7,978.60	\$ 625.10
37239 00	Surgery	57.04	4.42	\$ 3,992.80	\$ 309.40
37241 00	Surgery	147.86	12.55	\$ 10,350.20	\$ 878.50
37242 00	Surgery	231.27	13.79	\$ 16,188.90	\$ 965.30
37243 00	Surgery	284.68	16.14	\$ 19,927.60	\$ 1,129.80
37244 00	Surgery	213.35	19.15	\$ 14,934.50	\$ 1,340.50
37246 00	Surgery	59.55	10.08	\$ 4,168.50	\$ 705.60
37247 00	Surgery	18.54	4.93	\$ 1,297.80	\$ 345.10
37248 00	Surgery	44.13	8.61	\$ 3,089.10	\$ 602.70
37249 00	Surgery	14.78	4.21	\$ 1,034.60	\$ 294.70
37252 00	Surgery	33.00	2.61	\$ 2,310.00	\$ 182.70
37253 00	Surgery	5.36	2.07	\$ 375.20	\$ 144.90
37500 00	Surgery	18.38	18.38	\$ 1,286.60	\$ 1,286.60
37501 00	Surgery	0.00	0.00	BR	BR
37565 00	Surgery	21.42	21.42	\$ 1,499.40	\$ 1,499.40
37600 00	Surgery	21.63	21.63	\$ 1,514.10	\$ 1,514.10
37605 00	Surgery	21.45	21.45	\$ 1,501.50	\$ 1,501.50
37606 00	Surgery	21.41	21.41	\$ 1,498.70	\$ 1,498.70
37607 00	Surgery	10.95	10.95	\$ 766.50	\$ 766.50
37609 00	Surgery	9.43	6.01	\$ 660.10	\$ 420.70
37615 00	Surgery	15.72	15.72	\$ 1,100.40	\$ 1,100.40
37616 00	Surgery	32.25	32.25	\$ 2,257.50	\$ 2,257.50
37617 00	Surgery	38.89	38.89	\$ 2,722.30	\$ 2,722.30
37618 00	Surgery	11.47	11.47	\$ 802.90	\$ 802.90
37619 00	Surgery	51.00	51.00	\$ 3,570.00	\$ 3,570.00
37650 00	Surgery	13.36	13.36	\$ 935.20	\$ 935.20
37660 00	Surgery	38.87	38.87	\$ 2,720.90	\$ 2,720.90
37700 00	Surgery	7.18	7.18	\$ 502.60	\$ 502.60
37718 00	Surgery	12.41	12.41	\$ 868.70	\$ 868.70
37722 00	Surgery	13.75	13.75	\$ 962.50	\$ 962.50

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
37735 00	Surgery	16.92	16.92	\$ 1,184.40	\$ 1,184.40
37760 00	Surgery	18.32	18.32	\$ 1,282.40	\$ 1,282.40
37761 00	Surgery	15.68	15.68	\$ 1,097.60	\$ 1,097.60
37765 00	Surgery	13.05	7.91	\$ 913.50	\$ 553.70
37766 00	Surgery	15.17	9.67	\$ 1,061.90	\$ 676.90
37780 00	Surgery	6.84	6.84	\$ 478.80	\$ 478.80
37785 00	Surgery	10.64	7.53	\$ 744.80	\$ 527.10
37788 00	Surgery	36.79	36.79	\$ 2,575.30	\$ 2,575.30
37790 00	Surgery	14.19	14.19	\$ 993.30	\$ 993.30
37799 00	Surgery	0.00	0.00	BR	BR
38100 00	Surgery	34.00	34.00	\$ 2,380.00	\$ 2,380.00
38101 00	Surgery	34.44	34.44	\$ 2,410.80	\$ 2,410.80
38102 00	Surgery	7.67	7.67	\$ 536.90	\$ 536.90
38115 00	Surgery	37.57	37.57	\$ 2,629.90	\$ 2,629.90
38120 00	Surgery	31.19	31.19	\$ 2,183.30	\$ 2,183.30
38129 00	Surgery	0.00	0.00	BR	BR
38200 00	Surgery	3.81	3.81	\$ 266.70	\$ 266.70
38204 00	Surgery	0.00	0.00	Bundled Code	Bundled Code
38205 00	Surgery	2.47	2.47	\$ 172.90	\$ 172.90
38206 00	Surgery	2.47	2.47	\$ 172.90	\$ 172.90
38207 00	Surgery	1.29	1.29	\$ 90.30	\$ 90.30
38208 00	Surgery	0.83	0.83	\$ 58.10	\$ 58.10
38209 00	Surgery	0.35	0.35	\$ 24.50	\$ 24.50
38210 00	Surgery	2.31	2.31	\$ 161.70	\$ 161.70
38211 00	Surgery	2.10	2.10	\$ 147.00	\$ 147.00
38212 00	Surgery	1.39	1.39	\$ 97.30	\$ 97.30
38213 00	Surgery	0.35	0.35	\$ 24.50	\$ 24.50
38214 00	Surgery	1.18	1.18	\$ 82.60	\$ 82.60
38215 00	Surgery	1.39	1.39	\$ 97.30	\$ 97.30
38220 00	Surgery	4.94	2.03	\$ 345.80	\$ 142.10
38221 00	Surgery	4.74	2.03	\$ 331.80	\$ 142.10
38222 00	Surgery	5.20	2.24	\$ 364.00	\$ 156.80
38230 00	Surgery	5.99	5.99	\$ 419.30	\$ 419.30
38232 00	Surgery	5.84	5.84	\$ 408.80	\$ 408.80
38240 00	Surgery	6.95	6.95	\$ 486.50	\$ 486.50
38241 00	Surgery	5.16	5.16	\$ 361.20	\$ 361.20
38242 00	Surgery	3.71	3.71	\$ 259.70	\$ 259.70
38243 00	Surgery	3.59	3.59	\$ 251.30	\$ 251.30
38300 00	Surgery	10.26	6.16	\$ 718.20	\$ 431.20
38305 00	Surgery	14.54	14.54	\$ 1,017.80	\$ 1,017.80
38308 00	Surgery	13.59	13.59	\$ 951.30	\$ 951.30
38380 00	Surgery	16.67	16.67	\$ 1,166.90	\$ 1,166.90
38381 00	Surgery	23.49	23.49	\$ 1,644.30	\$ 1,644.30
38382 00	Surgery	20.09	20.09	\$ 1,406.30	\$ 1,406.30
38500 00	Surgery	10.05	7.53	\$ 703.50	\$ 527.10
38505 00	Surgery	3.61	2.02	\$ 252.70	\$ 141.40
38510 00	Surgery	15.62	12.27	\$ 1,093.40	\$ 858.90
38520 00	Surgery	13.71	13.71	\$ 959.70	\$ 959.70
38525 00	Surgery	12.99	12.99	\$ 909.30	\$ 909.30
38530 00	Surgery	16.61	16.61	\$ 1,162.70	\$ 1,162.70
38531 00	Surgery	13.11	13.11	\$ 917.70	\$ 917.70
38542 00	Surgery	15.15	15.15	\$ 1,060.50	\$ 1,060.50
38550 00	Surgery	15.38	15.38	\$ 1,076.60	\$ 1,076.60
38555 00	Surgery	30.26	30.26	\$ 2,118.20	\$ 2,118.20
38562 00	Surgery	20.75	20.75	\$ 1,452.50	\$ 1,452.50
38564 00	Surgery	20.82	20.82	\$ 1,457.40	\$ 1,457.40
38570 00	Surgery	15.11	15.11	\$ 1,057.70	\$ 1,057.70
38571 00	Surgery	19.36	19.36	\$ 1,355.20	\$ 1,355.20
38572 00	Surgery	26.65	26.65	\$ 1,865.50	\$ 1,865.50

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
38573 00	Surgery	34.20	34.20	\$ 2,394.00	\$ 2,394.00
38589 00	Surgery	0.00	0.00	BR	BR
38700 00	Surgery	23.41	23.41	\$ 1,638.70	\$ 1,638.70
38720 00	Surgery	39.04	39.04	\$ 2,732.80	\$ 2,732.80
38724 00	Surgery	42.16	42.16	\$ 2,951.20	\$ 2,951.20
38740 00	Surgery	20.67	20.67	\$ 1,446.90	\$ 1,446.90
38745 00	Surgery	26.00	26.00	\$ 1,820.00	\$ 1,820.00
38746 00	Surgery	6.28	6.28	\$ 439.60	\$ 439.60
38747 00	Surgery	7.84	7.84	\$ 548.80	\$ 548.80
38760 00	Surgery	24.68	24.68	\$ 1,727.60	\$ 1,727.60
38765 00	Surgery	38.36	38.36	\$ 2,685.20	\$ 2,685.20
38770 00	Surgery	23.53	23.53	\$ 1,647.10	\$ 1,647.10
38780 00	Surgery	30.40	30.40	\$ 2,128.00	\$ 2,128.00
38790 00	Surgery	2.38	2.38	\$ 166.60	\$ 166.60
38792 00	Surgery	2.46	0.97	\$ 172.20	\$ 67.90
38794 00	Surgery	8.52	8.52	\$ 596.40	\$ 596.40
38900 00	Surgery	4.05	4.05	\$ 283.50	\$ 283.50
38999 00	Surgery	0.00	0.00	BR	BR
39000 00	Surgery	14.57	14.57	\$ 1,019.90	\$ 1,019.90
39010 00	Surgery	23.07	23.07	\$ 1,614.90	\$ 1,614.90
39200 00	Surgery	25.49	25.49	\$ 1,784.30	\$ 1,784.30
39220 00	Surgery	33.12	33.12	\$ 2,318.40	\$ 2,318.40
39401 00	Surgery	8.99	8.99	\$ 629.30	\$ 629.30
39402 00	Surgery	11.77	11.77	\$ 823.90	\$ 823.90
39499 00	Surgery	0.00	0.00	BR	BR
39501 00	Surgery	25.19	25.19	\$ 1,763.30	\$ 1,763.30
39503 00	Surgery	170.22	170.22	\$ 11,915.40	\$ 11,915.40
39540 00	Surgery	25.43	25.43	\$ 1,780.10	\$ 1,780.10
39541 00	Surgery	27.64	27.64	\$ 1,934.80	\$ 1,934.80
39545 00	Surgery	26.25	26.25	\$ 1,837.50	\$ 1,837.50
39560 00	Surgery	23.53	23.53	\$ 1,647.10	\$ 1,647.10
39561 00	Surgery	36.60	36.60	\$ 2,562.00	\$ 2,562.00
39599 00	Surgery	0.00	0.00	BR	BR
40490 00	Surgery	3.69	2.03	\$ 258.30	\$ 142.10
40500 00	Surgery	15.46	10.68	\$ 1,082.20	\$ 747.60
40510 00	Surgery	14.51	10.20	\$ 1,015.70	\$ 714.00
40520 00	Surgery	14.86	10.40	\$ 1,040.20	\$ 728.00
40525 00	Surgery	16.20	16.20	\$ 1,134.00	\$ 1,134.00
40527 00	Surgery	18.17	18.17	\$ 1,271.90	\$ 1,271.90
40530 00	Surgery	16.39	11.77	\$ 1,147.30	\$ 823.90
40650 00	Surgery	14.21	9.09	\$ 994.70	\$ 636.30
40652 00	Surgery	15.36	10.46	\$ 1,075.20	\$ 732.20
40654 00	Surgery	17.18	12.36	\$ 1,202.60	\$ 865.20
40700 00	Surgery	29.59	29.59	\$ 2,071.30	\$ 2,071.30
40701 00	Surgery	34.97	34.97	\$ 2,447.90	\$ 2,447.90
40702 00	Surgery	29.35	29.35	\$ 2,054.50	\$ 2,054.50
40720 00	Surgery	30.13	30.13	\$ 2,109.10	\$ 2,109.10
40761 00	Surgery	31.71	31.71	\$ 2,219.70	\$ 2,219.70
40799 00	Surgery	0.00	0.00	BR	BR
40800 00	Surgery	6.23	3.55	\$ 436.10	\$ 248.50
40801 00	Surgery	8.76	5.85	\$ 613.20	\$ 409.50
40804 00	Surgery	5.79	3.34	\$ 405.30	\$ 233.80
40805 00	Surgery	8.58	5.85	\$ 600.60	\$ 409.50
40806 00	Surgery	3.02	0.83	\$ 211.40	\$ 58.10
40808 00	Surgery	4.99	2.54	\$ 349.30	\$ 177.80
40810 00	Surgery	6.45	3.57	\$ 451.50	\$ 249.90
40812 00	Surgery	8.58	5.47	\$ 600.60	\$ 382.90
40814 00	Surgery	11.23	8.42	\$ 786.10	\$ 589.40
40816 00	Surgery	11.88	8.87	\$ 831.60	\$ 620.90

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
40818 00	Surgery	11.20	8.02	\$ 784.00	\$ 561.40
40819 00	Surgery	8.13	5.91	\$ 569.10	\$ 413.70
40820 00	Surgery	7.95	5.02	\$ 556.50	\$ 351.40
40830 00	Surgery	8.40	4.86	\$ 588.00	\$ 340.20
40831 00	Surgery	10.61	6.70	\$ 742.70	\$ 469.00
40840 00	Surgery	25.12	18.32	\$ 1,758.40	\$ 1,282.40
40842 00	Surgery	27.48	19.87	\$ 1,923.60	\$ 1,390.90
40843 00	Surgery	35.54	25.64	\$ 2,487.80	\$ 1,794.80
40844 00	Surgery	44.46	34.59	\$ 3,112.20	\$ 2,421.30
40845 00	Surgery	43.66	35.35	\$ 3,056.20	\$ 2,474.50
40899 00	Surgery	0.00	0.00	BR	BR
41000 00	Surgery	4.68	3.17	\$ 327.60	\$ 221.90
41005 00	Surgery	6.51	3.24	\$ 455.70	\$ 226.80
41006 00	Surgery	9.99	6.68	\$ 699.30	\$ 467.60
41007 00	Surgery	9.81	6.46	\$ 686.70	\$ 452.20
41008 00	Surgery	11.67	7.53	\$ 816.90	\$ 527.10
41009 00	Surgery	12.50	8.26	\$ 875.00	\$ 578.20
41010 00	Surgery	6.53	3.19	\$ 457.10	\$ 223.30
41015 00	Surgery	11.91	8.86	\$ 833.70	\$ 620.20
41016 00	Surgery	13.98	10.25	\$ 978.60	\$ 717.50
41017 00	Surgery	13.86	10.15	\$ 970.20	\$ 710.50
41018 00	Surgery	15.46	11.72	\$ 1,082.20	\$ 820.40
41019 00	Surgery	14.06	14.06	\$ 984.20	\$ 984.20
41100 00	Surgery	5.52	3.13	\$ 386.40	\$ 219.10
41105 00	Surgery	5.53	3.21	\$ 387.10	\$ 224.70
41108 00	Surgery	4.94	2.66	\$ 345.80	\$ 186.20
41110 00	Surgery	6.83	3.80	\$ 478.10	\$ 266.00
41112 00	Surgery	10.06	7.12	\$ 704.20	\$ 498.40
41113 00	Surgery	10.88	7.83	\$ 761.60	\$ 548.10
41114 00	Surgery	17.94	17.94	\$ 1,255.80	\$ 1,255.80
41115 00	Surgery	7.83	4.27	\$ 548.10	\$ 298.90
41116 00	Surgery	10.03	6.29	\$ 702.10	\$ 440.30
41120 00	Surgery	31.76	31.76	\$ 2,223.20	\$ 2,223.20
41130 00	Surgery	39.00	39.00	\$ 2,730.00	\$ 2,730.00
41135 00	Surgery	63.84	63.84	\$ 4,468.80	\$ 4,468.80
41140 00	Surgery	64.40	64.40	\$ 4,508.00	\$ 4,508.00
41145 00	Surgery	81.25	81.25	\$ 5,687.50	\$ 5,687.50
41150 00	Surgery	64.71	64.71	\$ 4,529.70	\$ 4,529.70
41153 00	Surgery	70.31	70.31	\$ 4,921.70	\$ 4,921.70
41155 00	Surgery	88.24	88.24	\$ 6,176.80	\$ 6,176.80
41250 00	Surgery	8.52	4.53	\$ 596.40	\$ 317.10
41251 00	Surgery	9.36	5.34	\$ 655.20	\$ 373.80
41252 00	Surgery	9.76	6.12	\$ 683.20	\$ 428.40
41510 00	Surgery	13.54	13.54	\$ 947.80	\$ 947.80
41512 00	Surgery	19.86	19.86	\$ 1,390.20	\$ 1,390.20
41520 00	Surgery	10.85	7.30	\$ 759.50	\$ 511.00
41530 00	Surgery	29.22	11.39	\$ 2,045.40	\$ 797.30
41599 00	Surgery	0.00	0.00	BR	BR
41800 00	Surgery	9.05	4.62	\$ 633.50	\$ 323.40
41805 00	Surgery	9.58	6.02	\$ 670.60	\$ 421.40
41806 00	Surgery	12.57	8.43	\$ 879.90	\$ 590.10
41820 00	Surgery	-	-	\$ 525.70	\$ 525.70
41821 00	Surgery	-	-	\$ 118.30	\$ 118.30
41822 00	Surgery	10.59	5.84	\$ 741.30	\$ 408.80
41823 00	Surgery	15.59	10.59	\$ 1,091.30	\$ 741.30
41825 00	Surgery	6.61	3.49	\$ 462.70	\$ 244.30
41826 00	Surgery	9.38	5.98	\$ 656.60	\$ 418.60
41827 00	Surgery	13.13	8.53	\$ 919.10	\$ 597.10
41828 00	Surgery	10.53	6.52	\$ 737.10	\$ 456.40

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
41830 00	Surgery	14.07	9.33	\$ 984.90	\$ 653.10
41850 00	Surgery	-	-	\$ 262.50	\$ 262.50
41870 00	Surgery	-	-	\$ 657.30	\$ 657.30
41872 00	Surgery	13.82	8.78	\$ 967.40	\$ 614.60
41874 00	Surgery	11.61	7.18	\$ 812.70	\$ 502.60
41899 00	Surgery	0.00	0.00	BR	BR
42000 00	Surgery	4.73	3.08	\$ 331.10	\$ 215.60
42100 00	Surgery	4.36	3.15	\$ 305.20	\$ 220.50
42104 00	Surgery	6.44	3.93	\$ 450.80	\$ 275.10
42106 00	Surgery	7.80	4.85	\$ 546.00	\$ 339.50
42107 00	Surgery	13.89	9.85	\$ 972.30	\$ 689.50
42120 00	Surgery	29.87	29.87	\$ 2,090.90	\$ 2,090.90
42140 00	Surgery	9.02	4.61	\$ 631.40	\$ 322.70
42145 00	Surgery	20.25	20.25	\$ 1,417.50	\$ 1,417.50
42160 00	Surgery	7.00	4.21	\$ 490.00	\$ 294.70
42180 00	Surgery	7.54	5.39	\$ 527.80	\$ 377.30
42182 00	Surgery	9.73	7.49	\$ 681.10	\$ 524.30
42200 00	Surgery	27.59	27.59	\$ 1,931.30	\$ 1,931.30
42205 00	Surgery	28.69	28.69	\$ 2,008.30	\$ 2,008.30
42210 00	Surgery	32.01	32.01	\$ 2,240.70	\$ 2,240.70
42215 00	Surgery	20.95	20.95	\$ 1,466.50	\$ 1,466.50
42220 00	Surgery	17.25	17.25	\$ 1,207.50	\$ 1,207.50
42225 00	Surgery	29.41	29.41	\$ 2,058.70	\$ 2,058.70
42226 00	Surgery	26.54	26.54	\$ 1,857.80	\$ 1,857.80
42227 00	Surgery	24.77	24.77	\$ 1,733.90	\$ 1,733.90
42235 00	Surgery	21.78	21.78	\$ 1,524.60	\$ 1,524.60
42260 00	Surgery	25.04	19.41	\$ 1,752.80	\$ 1,358.70
42280 00	Surgery	5.33	3.21	\$ 373.10	\$ 224.70
42281 00	Surgery	6.78	4.73	\$ 474.60	\$ 331.10
42299 00	Surgery	0.00	0.00	BR	BR
42300 00	Surgery	6.39	4.51	\$ 447.30	\$ 315.70
42305 00	Surgery	12.41	12.41	\$ 868.70	\$ 868.70
42310 00	Surgery	5.15	3.91	\$ 360.50	\$ 273.70
42320 00	Surgery	7.72	5.17	\$ 540.40	\$ 361.90
42330 00	Surgery	6.90	4.79	\$ 483.00	\$ 335.30
42335 00	Surgery	12.61	7.55	\$ 882.70	\$ 528.50
42340 00	Surgery	15.43	9.92	\$ 1,080.10	\$ 694.40
42400 00	Surgery	3.02	1.54	\$ 211.40	\$ 107.80
42405 00	Surgery	8.91	6.59	\$ 623.70	\$ 461.30
42408 00	Surgery	16.16	10.21	\$ 1,131.20	\$ 714.70
42409 00	Surgery	11.49	6.62	\$ 804.30	\$ 463.40
42410 00	Surgery	18.31	18.31	\$ 1,281.70	\$ 1,281.70
42415 00	Surgery	30.74	30.74	\$ 2,151.80	\$ 2,151.80
42420 00	Surgery	34.49	34.49	\$ 2,414.30	\$ 2,414.30
42425 00	Surgery	24.39	24.39	\$ 1,707.30	\$ 1,707.30
42426 00	Surgery	39.22	39.22	\$ 2,745.40	\$ 2,745.40
42440 00	Surgery	12.06	12.06	\$ 844.20	\$ 844.20
42450 00	Surgery	13.90	10.65	\$ 973.00	\$ 745.50
42500 00	Surgery	13.26	10.12	\$ 928.20	\$ 708.40
42505 00	Surgery	16.83	13.37	\$ 1,178.10	\$ 935.90
42507 00	Surgery	14.72	14.72	\$ 1,030.40	\$ 1,030.40
42509 00	Surgery	24.27	24.27	\$ 1,698.90	\$ 1,698.90
42510 00	Surgery	18.04	18.04	\$ 1,262.80	\$ 1,262.80
42550 00	Surgery	4.72	1.79	\$ 330.40	\$ 125.30
42600 00	Surgery	15.82	10.28	\$ 1,107.40	\$ 719.60
42650 00	Surgery	2.28	1.68	\$ 159.60	\$ 117.60
42660 00	Surgery	3.52	2.53	\$ 246.40	\$ 177.10
42665 00	Surgery	10.89	6.17	\$ 762.30	\$ 431.90
42699 00	Surgery	0.00	0.00	BR	BR

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
42700 00	Surgery	5.72	3.94	\$ 400.40	\$ 275.80
42720 00	Surgery	13.19	11.25	\$ 923.30	\$ 787.50
42725 00	Surgery	23.37	23.37	\$ 1,635.90	\$ 1,635.90
42800 00	Surgery	4.69	3.33	\$ 328.30	\$ 233.10
42804 00	Surgery	6.17	3.44	\$ 431.90	\$ 240.80
42806 00	Surgery	6.89	3.99	\$ 482.30	\$ 279.30
42808 00	Surgery	6.79	4.77	\$ 475.30	\$ 333.90
42809 00	Surgery	5.97	3.66	\$ 417.90	\$ 256.20
42810 00	Surgery	11.57	8.26	\$ 809.90	\$ 578.20
42815 00	Surgery	15.95	15.95	\$ 1,116.50	\$ 1,116.50
42820 00	Surgery	8.44	8.44	\$ 590.80	\$ 590.80
42821 00	Surgery	8.82	8.82	\$ 617.40	\$ 617.40
42825 00	Surgery	7.73	7.73	\$ 541.10	\$ 541.10
42826 00	Surgery	7.37	7.37	\$ 515.90	\$ 515.90
42830 00	Surgery	6.11	6.11	\$ 427.70	\$ 427.70
42831 00	Surgery	6.64	6.64	\$ 464.80	\$ 464.80
42835 00	Surgery	5.68	5.68	\$ 397.60	\$ 397.60
42836 00	Surgery	7.07	7.07	\$ 494.90	\$ 494.90
42842 00	Surgery	29.94	29.94	\$ 2,095.80	\$ 2,095.80
42844 00	Surgery	40.81	40.81	\$ 2,856.70	\$ 2,856.70
42845 00	Surgery	65.45	65.45	\$ 4,581.50	\$ 4,581.50
42860 00	Surgery	5.56	5.56	\$ 389.20	\$ 389.20
42870 00	Surgery	17.59	17.59	\$ 1,231.30	\$ 1,231.30
42890 00	Surgery	42.03	42.03	\$ 2,942.10	\$ 2,942.10
42892 00	Surgery	54.97	54.97	\$ 3,847.90	\$ 3,847.90
42894 00	Surgery	69.57	69.57	\$ 4,869.90	\$ 4,869.90
42900 00	Surgery	9.69	9.69	\$ 678.30	\$ 678.30
42950 00	Surgery	23.90	23.90	\$ 1,673.00	\$ 1,673.00
42953 00	Surgery	28.87	28.87	\$ 2,020.90	\$ 2,020.90
42955 00	Surgery	22.66	22.66	\$ 1,586.20	\$ 1,586.20
42960 00	Surgery	4.75	4.75	\$ 332.50	\$ 332.50
42961 00	Surgery	12.22	12.22	\$ 855.40	\$ 855.40
42962 00	Surgery	15.11	15.11	\$ 1,057.70	\$ 1,057.70
42970 00	Surgery	12.02	12.02	\$ 841.40	\$ 841.40
42971 00	Surgery	13.27	13.27	\$ 928.90	\$ 928.90
42972 00	Surgery	14.81	14.81	\$ 1,036.70	\$ 1,036.70
42999 00	Surgery	0.00	0.00	BR	BR
43020 00	Surgery	16.67	16.67	\$ 1,166.90	\$ 1,166.90
43030 00	Surgery	15.18	15.18	\$ 1,062.60	\$ 1,062.60
43045 00	Surgery	38.19	38.19	\$ 2,673.30	\$ 2,673.30
43100 00	Surgery	18.43	18.43	\$ 1,290.10	\$ 1,290.10
43101 00	Surgery	29.55	29.55	\$ 2,068.50	\$ 2,068.50
43107 00	Surgery	87.24	87.24	\$ 6,106.80	\$ 6,106.80
43108 00	Surgery	130.13	130.13	\$ 9,109.10	\$ 9,109.10
43112 00	Surgery	101.97	101.97	\$ 7,137.90	\$ 7,137.90
43113 00	Surgery	127.11	127.11	\$ 8,897.70	\$ 8,897.70
43116 00	Surgery	145.49	145.49	\$ 10,184.30	\$ 10,184.30
43117 00	Surgery	95.31	95.31	\$ 6,671.70	\$ 6,671.70
43118 00	Surgery	106.11	106.11	\$ 7,427.70	\$ 7,427.70
43121 00	Surgery	83.62	83.62	\$ 5,853.40	\$ 5,853.40
43122 00	Surgery	74.77	74.77	\$ 5,233.90	\$ 5,233.90
43123 00	Surgery	131.77	131.77	\$ 9,223.90	\$ 9,223.90
43124 00	Surgery	111.38	111.38	\$ 7,796.60	\$ 7,796.60
43130 00	Surgery	23.13	23.13	\$ 1,619.10	\$ 1,619.10
43135 00	Surgery	43.08	43.08	\$ 3,015.60	\$ 3,015.60
43180 00	Surgery	15.91	15.91	\$ 1,113.70	\$ 1,113.70
43191 00	Surgery	4.50	4.50	\$ 315.00	\$ 315.00
43192 00	Surgery	4.93	4.93	\$ 345.10	\$ 345.10
43193 00	Surgery	4.90	4.90	\$ 343.00	\$ 343.00

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
43194 00	Surgery	5.59	5.59	\$ 391.30	\$ 391.30
43195 00	Surgery	5.33	5.33	\$ 373.10	\$ 373.10
43196 00	Surgery	5.68	5.68	\$ 397.60	\$ 397.60
43197 00	Surgery	5.82	2.40	\$ 407.40	\$ 168.00
43198 00	Surgery	6.39	2.86	\$ 447.30	\$ 200.20
43200 00	Surgery	7.84	2.55	\$ 548.80	\$ 178.50
43201 00	Surgery	7.73	2.99	\$ 541.10	\$ 209.30
43202 00	Surgery	10.88	2.99	\$ 761.60	\$ 209.30
43204 00	Surgery	3.93	3.93	\$ 275.10	\$ 275.10
43205 00	Surgery	4.10	4.10	\$ 287.00	\$ 287.00
43206 00	Surgery	9.06	3.87	\$ 634.20	\$ 270.90
43210 00	Surgery	12.59	12.59	\$ 881.30	\$ 881.30
43211 00	Surgery	6.82	6.82	\$ 477.40	\$ 477.40
43212 00	Surgery	5.53	5.53	\$ 387.10	\$ 387.10
43213 00	Surgery	38.66	7.55	\$ 2,706.20	\$ 528.50
43214 00	Surgery	5.61	5.61	\$ 392.70	\$ 392.70
43215 00	Surgery	12.08	4.11	\$ 845.60	\$ 287.70
43216 00	Surgery	12.57	3.89	\$ 879.90	\$ 272.30
43217 00	Surgery	12.82	4.66	\$ 897.40	\$ 326.20
43220 00	Surgery	30.22	3.44	\$ 2,115.40	\$ 240.80
43226 00	Surgery	11.55	3.80	\$ 808.50	\$ 266.00
43227 00	Surgery	19.11	4.80	\$ 1,337.70	\$ 336.00
43229 00	Surgery	22.16	5.74	\$ 1,551.20	\$ 401.80
43231 00	Surgery	4.63	4.63	\$ 324.10	\$ 324.10
43232 00	Surgery	5.79	5.79	\$ 405.30	\$ 405.30
43233 00	Surgery	6.69	6.69	\$ 468.30	\$ 468.30
43235 00	Surgery	8.93	3.57	\$ 625.10	\$ 249.90
43236 00	Surgery	12.08	4.02	\$ 845.60	\$ 281.40
43237 00	Surgery	5.69	5.69	\$ 398.30	\$ 398.30
43238 00	Surgery	6.76	6.76	\$ 473.20	\$ 473.20
43239 00	Surgery	11.49	4.02	\$ 804.30	\$ 281.40
43240 00	Surgery	11.39	11.39	\$ 797.30	\$ 797.30
43241 00	Surgery	4.13	4.13	\$ 289.10	\$ 289.10
43242 00	Surgery	7.63	7.63	\$ 534.10	\$ 534.10
43243 00	Surgery	6.89	6.89	\$ 482.30	\$ 482.30
43244 00	Surgery	7.12	7.12	\$ 498.40	\$ 498.40
43245 00	Surgery	18.54	5.14	\$ 1,297.80	\$ 359.80
43246 00	Surgery	5.83	5.83	\$ 408.10	\$ 408.10
43247 00	Surgery	11.60	5.15	\$ 812.00	\$ 360.50
43248 00	Surgery	12.41	4.83	\$ 868.70	\$ 338.10
43249 00	Surgery	34.45	4.47	\$ 2,411.50	\$ 312.90
43250 00	Surgery	13.84	4.98	\$ 968.80	\$ 348.60
43251 00	Surgery	15.14	5.70	\$ 1,059.80	\$ 399.00
43252 00	Surgery	10.16	4.90	\$ 711.20	\$ 343.00
43253 00	Surgery	7.63	7.63	\$ 534.10	\$ 534.10
43254 00	Surgery	7.85	7.85	\$ 549.50	\$ 549.50
43255 00	Surgery	20.07	5.83	\$ 1,404.90	\$ 408.10
43257 00	Surgery	6.75	6.75	\$ 472.50	\$ 472.50
43259 00	Surgery	6.57	6.57	\$ 459.90	\$ 459.90
43260 00	Surgery	9.38	9.38	\$ 656.60	\$ 656.60
43261 00	Surgery	9.84	9.84	\$ 688.80	\$ 688.80
43262 00	Surgery	10.39	10.39	\$ 727.30	\$ 727.30
43263 00	Surgery	10.39	10.39	\$ 727.30	\$ 727.30
43264 00	Surgery	10.59	10.59	\$ 741.30	\$ 741.30
43265 00	Surgery	12.61	12.61	\$ 882.70	\$ 882.70
43266 00	Surgery	6.33	6.33	\$ 443.10	\$ 443.10
43270 00	Surgery	22.66	6.53	\$ 1,586.20	\$ 457.10
43273 00	Surgery	3.49	3.49	\$ 244.30	\$ 244.30
43274 00	Surgery	13.47	13.47	\$ 942.90	\$ 942.90

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
43275 00	Surgery	10.95	10.95	\$ 766.50	\$ 766.50
43276 00	Surgery	14.02	14.02	\$ 981.40	\$ 981.40
43277 00	Surgery	11.01	11.01	\$ 770.70	\$ 770.70
43278 00	Surgery	12.58	12.58	\$ 880.60	\$ 880.60
43279 00	Surgery	37.95	37.95	\$ 2,656.50	\$ 2,656.50
43280 00	Surgery	31.89	31.89	\$ 2,232.30	\$ 2,232.30
43281 00	Surgery	45.51	45.51	\$ 3,185.70	\$ 3,185.70
43282 00	Surgery	51.15	51.15	\$ 3,580.50	\$ 3,580.50
43283 00	Surgery	4.65	4.65	\$ 325.50	\$ 325.50
43284 00	Surgery	19.29	19.29	\$ 1,350.30	\$ 1,350.30
43285 00	Surgery	19.86	19.86	\$ 1,390.20	\$ 1,390.20
43286 00	Surgery	93.45	93.45	\$ 6,541.50	\$ 6,541.50
43287 00	Surgery	104.53	104.53	\$ 7,317.10	\$ 7,317.10
43288 00	Surgery	110.06	110.06	\$ 7,704.20	\$ 7,704.20
43289 00	Surgery	0.00	0.00	BR	BR
43300 00	Surgery	18.11	18.11	\$ 1,267.70	\$ 1,267.70
43305 00	Surgery	31.96	31.96	\$ 2,237.20	\$ 2,237.20
43310 00	Surgery	43.45	43.45	\$ 3,041.50	\$ 3,041.50
43312 00	Surgery	46.53	46.53	\$ 3,257.10	\$ 3,257.10
43313 00	Surgery	80.03	80.03	\$ 5,602.10	\$ 5,602.10
43314 00	Surgery	86.13	86.13	\$ 6,029.10	\$ 6,029.10
43320 00	Surgery	41.35	41.35	\$ 2,894.50	\$ 2,894.50
43325 00	Surgery	40.22	40.22	\$ 2,815.40	\$ 2,815.40
43327 00	Surgery	24.21	24.21	\$ 1,694.70	\$ 1,694.70
43328 00	Surgery	32.97	32.97	\$ 2,307.90	\$ 2,307.90
43330 00	Surgery	39.58	39.58	\$ 2,770.60	\$ 2,770.60
43331 00	Surgery	39.27	39.27	\$ 2,748.90	\$ 2,748.90
43332 00	Surgery	33.98	33.98	\$ 2,378.60	\$ 2,378.60
43333 00	Surgery	37.24	37.24	\$ 2,606.80	\$ 2,606.80
43334 00	Surgery	36.62	36.62	\$ 2,563.40	\$ 2,563.40
43335 00	Surgery	39.15	39.15	\$ 2,740.50	\$ 2,740.50
43336 00	Surgery	42.54	42.54	\$ 2,977.80	\$ 2,977.80
43337 00	Surgery	45.34	45.34	\$ 3,173.80	\$ 3,173.80
43338 00	Surgery	3.38	3.38	\$ 236.60	\$ 236.60
43340 00	Surgery	40.85	40.85	\$ 2,859.50	\$ 2,859.50
43341 00	Surgery	41.05	41.05	\$ 2,873.50	\$ 2,873.50
43351 00	Surgery	38.66	38.66	\$ 2,706.20	\$ 2,706.20
43352 00	Surgery	31.31	31.31	\$ 2,191.70	\$ 2,191.70
43360 00	Surgery	65.88	65.88	\$ 4,611.60	\$ 4,611.60
43361 00	Surgery	79.60	79.60	\$ 5,572.00	\$ 5,572.00
43400 00	Surgery	45.07	45.07	\$ 3,154.90	\$ 3,154.90
43405 00	Surgery	42.72	42.72	\$ 2,990.40	\$ 2,990.40
43410 00	Surgery	29.87	29.87	\$ 2,090.90	\$ 2,090.90
43415 00	Surgery	74.94	74.94	\$ 5,245.80	\$ 5,245.80
43420 00	Surgery	29.54	29.54	\$ 2,067.80	\$ 2,067.80
43425 00	Surgery	42.28	42.28	\$ 2,959.60	\$ 2,959.60
43450 00	Surgery	5.61	2.31	\$ 392.70	\$ 161.70
43453 00	Surgery	26.67	2.50	\$ 1,866.90	\$ 175.00
43460 00	Surgery	6.18	6.18	\$ 432.60	\$ 432.60
43496 00	Surgery	-	-	\$ 4,085.90	\$ 4,085.90
43499 00	Surgery	0.00	0.00	BR	BR
43500 00	Surgery	23.20	23.20	\$ 1,624.00	\$ 1,624.00
43501 00	Surgery	39.84	39.84	\$ 2,788.80	\$ 2,788.80
43502 00	Surgery	45.16	45.16	\$ 3,161.20	\$ 3,161.20
43510 00	Surgery	28.13	28.13	\$ 1,969.10	\$ 1,969.10
43520 00	Surgery	20.28	20.28	\$ 1,419.60	\$ 1,419.60
43605 00	Surgery	24.78	24.78	\$ 1,734.60	\$ 1,734.60
43610 00	Surgery	29.02	29.02	\$ 2,031.40	\$ 2,031.40
43611 00	Surgery	36.15	36.15	\$ 2,530.50	\$ 2,530.50

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
43620 00	Surgery	58.64	58.64	\$ 4,104.80	\$ 4,104.80
43621 00	Surgery	67.07	67.07	\$ 4,694.90	\$ 4,694.90
43622 00	Surgery	68.34	68.34	\$ 4,783.80	\$ 4,783.80
43631 00	Surgery	42.87	42.87	\$ 3,000.90	\$ 3,000.90
43632 00	Surgery	59.96	59.96	\$ 4,197.20	\$ 4,197.20
43633 00	Surgery	56.74	56.74	\$ 3,971.80	\$ 3,971.80
43634 00	Surgery	62.85	62.85	\$ 4,399.50	\$ 4,399.50
43635 00	Surgery	3.30	3.30	\$ 231.00	\$ 231.00
43640 00	Surgery	34.89	34.89	\$ 2,442.30	\$ 2,442.30
43641 00	Surgery	35.66	35.66	\$ 2,496.20	\$ 2,496.20
43644 00	Surgery	51.32	51.32	\$ 3,592.40	\$ 3,592.40
43645 00	Surgery	54.29	54.29	\$ 3,800.30	\$ 3,800.30
43647 00	Surgery	-	-	\$ 1,220.80	\$ 1,220.80
43648 00	Surgery	-	-	\$ 1,143.10	\$ 1,143.10
43651 00	Surgery	19.44	19.44	\$ 1,360.80	\$ 1,360.80
43652 00	Surgery	22.68	22.68	\$ 1,587.60	\$ 1,587.60
43653 00	Surgery	17.13	17.13	\$ 1,199.10	\$ 1,199.10
43659 00	Surgery	0.00	0.00	BR	BR
43752 00	Surgery	1.18	1.18	\$ 82.60	\$ 82.60
43753 00	Surgery	0.65	0.65	\$ 45.50	\$ 45.50
43754 00	Surgery	6.44	1.05	\$ 450.80	\$ 73.50
43755 00	Surgery	5.86	1.73	\$ 410.20	\$ 121.10
43756 00	Surgery	8.36	1.48	\$ 585.20	\$ 103.60
43757 00	Surgery	11.27	2.23	\$ 788.90	\$ 156.10
43761 00	Surgery	3.63	3.04	\$ 254.10	\$ 212.80
43762 00	Surgery	7.11	1.11	\$ 497.70	\$ 77.70
43763 00	Surgery	10.68	2.47	\$ 747.60	\$ 172.90
43770 00	Surgery	33.36	33.36	\$ 2,335.20	\$ 2,335.20
43771 00	Surgery	37.91	37.91	\$ 2,653.70	\$ 2,653.70
43772 00	Surgery	28.06	28.06	\$ 1,964.20	\$ 1,964.20
43773 00	Surgery	37.91	37.91	\$ 2,653.70	\$ 2,653.70
43774 00	Surgery	28.43	28.43	\$ 1,990.10	\$ 1,990.10
43775 00	Surgery	32.82	32.82	\$ 2,297.40	\$ 2,297.40
43800 00	Surgery	27.55	27.55	\$ 1,928.50	\$ 1,928.50
43810 00	Surgery	30.11	30.11	\$ 2,107.70	\$ 2,107.70
43820 00	Surgery	39.72	39.72	\$ 2,780.40	\$ 2,780.40
43825 00	Surgery	38.81	38.81	\$ 2,716.70	\$ 2,716.70
43830 00	Surgery	20.83	20.83	\$ 1,458.10	\$ 1,458.10
43831 00	Surgery	18.07	18.07	\$ 1,264.90	\$ 1,264.90
43832 00	Surgery	30.86	30.86	\$ 2,160.20	\$ 2,160.20
43840 00	Surgery	40.17	40.17	\$ 2,811.90	\$ 2,811.90
43842 00	Surgery	33.68	33.68	\$ 2,357.60	\$ 2,357.60
43843 00	Surgery	38.02	38.02	\$ 2,661.40	\$ 2,661.40
43845 00	Surgery	57.32	57.32	\$ 4,012.40	\$ 4,012.40
43846 00	Surgery	48.87	48.87	\$ 3,420.90	\$ 3,420.90
43847 00	Surgery	53.51	53.51	\$ 3,745.70	\$ 3,745.70
43848 00	Surgery	57.10	57.10	\$ 3,997.00	\$ 3,997.00
43850 00	Surgery	48.21	48.21	\$ 3,374.70	\$ 3,374.70
43855 00	Surgery	50.02	50.02	\$ 3,501.40	\$ 3,501.40
43860 00	Surgery	48.27	48.27	\$ 3,378.90	\$ 3,378.90
43865 00	Surgery	50.60	50.60	\$ 3,542.00	\$ 3,542.00
43870 00	Surgery	21.02	21.02	\$ 1,471.40	\$ 1,471.40
43880 00	Surgery	46.86	46.86	\$ 3,280.20	\$ 3,280.20
43881 00	Surgery	-	-	\$ 1,395.80	\$ 1,395.80
43882 00	Surgery	-	-	\$ 1,574.30	\$ 1,574.30
43886 00	Surgery	10.92	10.92	\$ 764.40	\$ 764.40
43887 00	Surgery	9.79	9.79	\$ 685.30	\$ 685.30
43888 00	Surgery	13.82	13.82	\$ 967.40	\$ 967.40
43999 00	Surgery	0.00	0.00	BR	BR

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
44005 00	Surgery	32.25	32.25	\$ 2,257.50	\$ 2,257.50
44010 00	Surgery	25.32	25.32	\$ 1,772.40	\$ 1,772.40
44015 00	Surgery	4.18	4.18	\$ 292.60	\$ 292.60
44020 00	Surgery	28.83	28.83	\$ 2,018.10	\$ 2,018.10
44021 00	Surgery	28.80	28.80	\$ 2,016.00	\$ 2,016.00
44025 00	Surgery	28.89	28.89	\$ 2,022.30	\$ 2,022.30
44050 00	Surgery	27.65	27.65	\$ 1,935.50	\$ 1,935.50
44055 00	Surgery	43.96	43.96	\$ 3,077.20	\$ 3,077.20
44100 00	Surgery	3.11	3.11	\$ 217.70	\$ 217.70
44110 00	Surgery	25.02	25.02	\$ 1,751.40	\$ 1,751.40
44111 00	Surgery	28.77	28.77	\$ 2,013.90	\$ 2,013.90
44120 00	Surgery	36.05	36.05	\$ 2,523.50	\$ 2,523.50
44121 00	Surgery	7.10	7.10	\$ 497.00	\$ 497.00
44125 00	Surgery	34.73	34.73	\$ 2,431.10	\$ 2,431.10
44126 00	Surgery	72.99	72.99	\$ 5,109.30	\$ 5,109.30
44127 00	Surgery	84.31	84.31	\$ 5,901.70	\$ 5,901.70
44128 00	Surgery	7.19	7.19	\$ 503.30	\$ 503.30
44130 00	Surgery	38.80	38.80	\$ 2,716.00	\$ 2,716.00
44132 00	Surgery	0.00	0.00	BR	BR
44133 00	Surgery	0.00	0.00	BR	BR
44135 00	Surgery	0.00	0.00	BR	BR
44136 00	Surgery	0.00	0.00	BR	BR
44137 00	Surgery	-	-	\$ 2,267.30	\$ 2,267.30
44139 00	Surgery	3.54	3.54	\$ 247.80	\$ 247.80
44140 00	Surgery	39.58	39.58	\$ 2,770.60	\$ 2,770.60
44141 00	Surgery	53.74	53.74	\$ 3,761.80	\$ 3,761.80
44143 00	Surgery	49.01	49.01	\$ 3,430.70	\$ 3,430.70
44144 00	Surgery	52.06	52.06	\$ 3,644.20	\$ 3,644.20
44145 00	Surgery	48.50	48.50	\$ 3,395.00	\$ 3,395.00
44146 00	Surgery	61.96	61.96	\$ 4,337.20	\$ 4,337.20
44147 00	Surgery	56.92	56.92	\$ 3,984.40	\$ 3,984.40
44150 00	Surgery	54.81	54.81	\$ 3,836.70	\$ 3,836.70
44151 00	Surgery	63.92	63.92	\$ 4,474.40	\$ 4,474.40
44155 00	Surgery	60.85	60.85	\$ 4,259.50	\$ 4,259.50
44156 00	Surgery	68.41	68.41	\$ 4,788.70	\$ 4,788.70
44157 00	Surgery	64.88	64.88	\$ 4,541.60	\$ 4,541.60
44158 00	Surgery	66.47	66.47	\$ 4,652.90	\$ 4,652.90
44160 00	Surgery	36.55	36.55	\$ 2,558.50	\$ 2,558.50
44180 00	Surgery	27.17	27.17	\$ 1,901.90	\$ 1,901.90
44186 00	Surgery	19.28	19.28	\$ 1,349.60	\$ 1,349.60
44187 00	Surgery	32.26	32.26	\$ 2,258.20	\$ 2,258.20
44188 00	Surgery	35.95	35.95	\$ 2,516.50	\$ 2,516.50
44202 00	Surgery	40.86	40.86	\$ 2,860.20	\$ 2,860.20
44203 00	Surgery	7.05	7.05	\$ 493.50	\$ 493.50
44204 00	Surgery	45.15	45.15	\$ 3,160.50	\$ 3,160.50
44205 00	Surgery	39.21	39.21	\$ 2,744.70	\$ 2,744.70
44206 00	Surgery	51.38	51.38	\$ 3,596.60	\$ 3,596.60
44207 00	Surgery	53.15	53.15	\$ 3,720.50	\$ 3,720.50
44208 00	Surgery	57.91	57.91	\$ 4,053.70	\$ 4,053.70
44210 00	Surgery	51.80	51.80	\$ 3,626.00	\$ 3,626.00
44211 00	Surgery	61.66	61.66	\$ 4,316.20	\$ 4,316.20
44212 00	Surgery	59.53	59.53	\$ 4,167.10	\$ 4,167.10
44213 00	Surgery	5.48	5.48	\$ 383.60	\$ 383.60
44227 00	Surgery	48.90	48.90	\$ 3,423.00	\$ 3,423.00
44238 00	Surgery	0.00	0.00	BR	BR
44300 00	Surgery	24.88	24.88	\$ 1,741.60	\$ 1,741.60
44310 00	Surgery	30.56	30.56	\$ 2,139.20	\$ 2,139.20
44312 00	Surgery	17.56	17.56	\$ 1,229.20	\$ 1,229.20
44314 00	Surgery	29.56	29.56	\$ 2,069.20	\$ 2,069.20

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
44316 00	Surgery	41.88	41.88	\$ 2,931.60	\$ 2,931.60
44320 00	Surgery	35.37	35.37	\$ 2,475.90	\$ 2,475.90
44322 00	Surgery	30.10	30.10	\$ 2,107.00	\$ 2,107.00
44340 00	Surgery	18.38	18.38	\$ 1,286.60	\$ 1,286.60
44345 00	Surgery	30.88	30.88	\$ 2,161.60	\$ 2,161.60
44346 00	Surgery	34.84	34.84	\$ 2,438.80	\$ 2,438.80
44360 00	Surgery	4.17	4.17	\$ 291.90	\$ 291.90
44361 00	Surgery	4.62	4.62	\$ 323.40	\$ 323.40
44363 00	Surgery	5.57	5.57	\$ 389.90	\$ 389.90
44364 00	Surgery	5.94	5.94	\$ 415.80	\$ 415.80
44365 00	Surgery	5.29	5.29	\$ 370.30	\$ 370.30
44366 00	Surgery	6.97	6.97	\$ 487.90	\$ 487.90
44369 00	Surgery	7.14	7.14	\$ 499.80	\$ 499.80
44370 00	Surgery	7.73	7.73	\$ 541.10	\$ 541.10
44372 00	Surgery	6.96	6.96	\$ 487.20	\$ 487.20
44373 00	Surgery	5.59	5.59	\$ 391.30	\$ 391.30
44376 00	Surgery	8.25	8.25	\$ 577.50	\$ 577.50
44377 00	Surgery	8.69	8.69	\$ 608.30	\$ 608.30
44378 00	Surgery	11.18	11.18	\$ 782.60	\$ 782.60
44379 00	Surgery	11.88	11.88	\$ 831.60	\$ 831.60
44380 00	Surgery	5.92	1.64	\$ 414.40	\$ 114.80
44381 00	Surgery	31.01	2.43	\$ 2,170.70	\$ 170.10
44382 00	Surgery	9.18	2.14	\$ 642.60	\$ 149.80
44384 00	Surgery	4.49	4.49	\$ 314.30	\$ 314.30
44385 00	Surgery	6.44	2.09	\$ 450.80	\$ 146.30
44386 00	Surgery	9.54	2.58	\$ 667.80	\$ 180.60
44388 00	Surgery	9.50	4.56	\$ 665.00	\$ 319.20
44389 00	Surgery	12.53	5.01	\$ 877.10	\$ 350.70
44390 00	Surgery	12.20	6.12	\$ 854.00	\$ 428.40
44391 00	Surgery	20.46	6.70	\$ 1,432.20	\$ 469.00
44392 00	Surgery	11.60	5.78	\$ 812.00	\$ 404.60
44394 00	Surgery	13.24	6.55	\$ 926.80	\$ 458.50
44401 00	Surgery	82.23	7.04	\$ 5,756.10	\$ 492.80
44402 00	Surgery	7.59	7.59	\$ 531.30	\$ 531.30
44403 00	Surgery	8.84	8.84	\$ 618.80	\$ 618.80
44404 00	Surgery	12.61	5.00	\$ 882.70	\$ 350.00
44405 00	Surgery	17.32	5.32	\$ 1,212.40	\$ 372.40
44406 00	Surgery	6.67	6.67	\$ 466.90	\$ 466.90
44407 00	Surgery	8.00	8.00	\$ 560.00	\$ 560.00
44408 00	Surgery	6.74	6.74	\$ 471.80	\$ 471.80
44500 00	Surgery	0.57	0.57	\$ 39.90	\$ 39.90
44602 00	Surgery	41.52	41.52	\$ 2,906.40	\$ 2,906.40
44603 00	Surgery	47.66	47.66	\$ 3,336.20	\$ 3,336.20
44604 00	Surgery	31.15	31.15	\$ 2,180.50	\$ 2,180.50
44605 00	Surgery	38.23	38.23	\$ 2,676.10	\$ 2,676.10
44615 00	Surgery	31.57	31.57	\$ 2,209.90	\$ 2,209.90
44620 00	Surgery	25.45	25.45	\$ 1,781.50	\$ 1,781.50
44625 00	Surgery	29.69	29.69	\$ 2,078.30	\$ 2,078.30
44626 00	Surgery	46.96	46.96	\$ 3,287.20	\$ 3,287.20
44640 00	Surgery	41.10	41.10	\$ 2,877.00	\$ 2,877.00
44650 00	Surgery	42.35	42.35	\$ 2,964.50	\$ 2,964.50
44660 00	Surgery	39.18	39.18	\$ 2,742.60	\$ 2,742.60
44661 00	Surgery	45.47	45.47	\$ 3,182.90	\$ 3,182.90
44680 00	Surgery	31.89	31.89	\$ 2,232.30	\$ 2,232.30
44700 00	Surgery	29.25	29.25	\$ 2,047.50	\$ 2,047.50
44701 00	Surgery	4.99	4.99	\$ 349.30	\$ 349.30
44705 00	Surgery	3.27	2.10	\$ 228.90	\$ 147.00
44715 00	Surgery	-	-	\$ 719.60	\$ 719.60
44720 00	Surgery	8.09	8.09	\$ 566.30	\$ 566.30

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
44721 00	Surgery	11.31	11.31	\$ 791.70	\$ 791.70
44799 00	Surgery	0.00	0.00	BR	BR
44800 00	Surgery	22.79	22.79	\$ 1,595.30	\$ 1,595.30
44820 00	Surgery	24.84	24.84	\$ 1,738.80	\$ 1,738.80
44850 00	Surgery	22.07	22.07	\$ 1,544.90	\$ 1,544.90
44899 00	Surgery	0.00	0.00	BR	BR
44900 00	Surgery	23.25	23.25	\$ 1,627.50	\$ 1,627.50
44950 00	Surgery	19.02	19.02	\$ 1,331.40	\$ 1,331.40
44955 00	Surgery	2.45	2.45	\$ 171.50	\$ 171.50
44960 00	Surgery	25.95	25.95	\$ 1,816.50	\$ 1,816.50
44970 00	Surgery	17.82	17.82	\$ 1,247.40	\$ 1,247.40
44979 00	Surgery	0.00	0.00	BR	BR
45000 00	Surgery	12.53	12.53	\$ 877.10	\$ 877.10
45005 00	Surgery	9.26	4.83	\$ 648.20	\$ 338.10
45020 00	Surgery	16.95	16.95	\$ 1,186.50	\$ 1,186.50
45100 00	Surgery	8.86	8.86	\$ 620.20	\$ 620.20
45108 00	Surgery	11.05	11.05	\$ 773.50	\$ 773.50
45110 00	Surgery	53.67	53.67	\$ 3,756.90	\$ 3,756.90
45111 00	Surgery	31.95	31.95	\$ 2,236.50	\$ 2,236.50
45112 00	Surgery	54.46	54.46	\$ 3,812.20	\$ 3,812.20
45113 00	Surgery	54.55	54.55	\$ 3,818.50	\$ 3,818.50
45114 00	Surgery	53.76	53.76	\$ 3,763.20	\$ 3,763.20
45116 00	Surgery	44.98	44.98	\$ 3,148.60	\$ 3,148.60
45119 00	Surgery	54.93	54.93	\$ 3,845.10	\$ 3,845.10
45120 00	Surgery	47.33	47.33	\$ 3,313.10	\$ 3,313.10
45121 00	Surgery	51.66	51.66	\$ 3,616.20	\$ 3,616.20
45123 00	Surgery	32.64	32.64	\$ 2,284.80	\$ 2,284.80
45126 00	Surgery	80.30	80.30	\$ 5,621.00	\$ 5,621.00
45130 00	Surgery	31.67	31.67	\$ 2,216.90	\$ 2,216.90
45135 00	Surgery	37.71	37.71	\$ 2,639.70	\$ 2,639.70
45136 00	Surgery	52.24	52.24	\$ 3,656.80	\$ 3,656.80
45150 00	Surgery	12.51	12.51	\$ 875.70	\$ 875.70
45160 00	Surgery	30.38	30.38	\$ 2,126.60	\$ 2,126.60
45171 00	Surgery	18.34	18.34	\$ 1,283.80	\$ 1,283.80
45172 00	Surgery	24.36	24.36	\$ 1,705.20	\$ 1,705.20
45190 00	Surgery	20.83	20.83	\$ 1,458.10	\$ 1,458.10
45300 00	Surgery	3.92	1.41	\$ 274.40	\$ 98.70
45303 00	Surgery	30.07	2.46	\$ 2,104.90	\$ 172.20
45305 00	Surgery	5.41	2.13	\$ 378.70	\$ 149.10
45307 00	Surgery	6.07	2.79	\$ 424.90	\$ 195.30
45308 00	Surgery	6.16	2.47	\$ 431.20	\$ 172.90
45309 00	Surgery	6.35	2.63	\$ 444.50	\$ 184.10
45315 00	Surgery	6.88	3.13	\$ 481.60	\$ 219.10
45317 00	Surgery	6.55	3.21	\$ 458.50	\$ 224.70
45320 00	Surgery	6.76	3.09	\$ 473.20	\$ 216.30
45321 00	Surgery	3.05	3.05	\$ 213.50	\$ 213.50
45327 00	Surgery	3.43	3.43	\$ 240.10	\$ 240.10
45330 00	Surgery	5.60	1.62	\$ 392.00	\$ 113.40
45331 00	Surgery	8.78	2.09	\$ 614.60	\$ 146.30
45332 00	Surgery	8.38	3.05	\$ 586.60	\$ 213.50
45333 00	Surgery	10.08	2.73	\$ 705.60	\$ 191.10
45334 00	Surgery	16.05	3.41	\$ 1,123.50	\$ 238.70
45335 00	Surgery	8.79	1.94	\$ 615.30	\$ 135.80
45337 00	Surgery	3.35	3.35	\$ 234.50	\$ 234.50
45338 00	Surgery	9.07	3.50	\$ 634.90	\$ 245.00
45340 00	Surgery	14.39	2.26	\$ 1,007.30	\$ 158.20
45341 00	Surgery	3.60	3.60	\$ 252.00	\$ 252.00
45342 00	Surgery	4.94	4.94	\$ 345.80	\$ 345.80
45346 00	Surgery	79.97	4.67	\$ 5,597.90	\$ 326.90

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
45347 00	Surgery	4.49	4.49	\$ 314.30	\$ 314.30
45349 00	Surgery	5.77	5.77	\$ 403.90	\$ 403.90
45350 00	Surgery	20.55	2.93	\$ 1,438.50	\$ 205.10
45378 00	Surgery	10.23	5.40	\$ 716.10	\$ 378.00
45379 00	Surgery	13.09	6.94	\$ 916.30	\$ 485.80
45380 00	Surgery	13.23	5.85	\$ 926.10	\$ 409.50
45381 00	Surgery	13.34	5.85	\$ 933.80	\$ 409.50
45382 00	Surgery	21.24	7.53	\$ 1,486.80	\$ 527.10
45384 00	Surgery	14.86	6.64	\$ 1,040.20	\$ 464.80
45385 00	Surgery	13.70	7.39	\$ 959.00	\$ 517.30
45386 00	Surgery	18.99	6.16	\$ 1,329.30	\$ 431.20
45388 00	Surgery	84.91	7.88	\$ 5,943.70	\$ 551.60
45389 00	Surgery	8.43	8.43	\$ 590.10	\$ 590.10
45390 00	Surgery	9.66	9.66	\$ 676.20	\$ 676.20
45391 00	Surgery	7.48	7.48	\$ 523.60	\$ 523.60
45392 00	Surgery	8.87	8.87	\$ 620.90	\$ 620.90
45393 00	Surgery	7.37	7.37	\$ 515.90	\$ 515.90
45395 00	Surgery	57.50	57.50	\$ 4,025.00	\$ 4,025.00
45397 00	Surgery	62.25	62.25	\$ 4,357.50	\$ 4,357.50
45398 00	Surgery	25.23	6.85	\$ 1,766.10	\$ 479.50
45399 00	Surgery	0.00	0.00	BR	BR
45400 00	Surgery	33.11	33.11	\$ 2,317.70	\$ 2,317.70
45402 00	Surgery	44.23	44.23	\$ 3,096.10	\$ 3,096.10
45499 00	Surgery	0.00	0.00	BR	BR
45500 00	Surgery	16.91	16.91	\$ 1,183.70	\$ 1,183.70
45505 00	Surgery	17.74	17.74	\$ 1,241.80	\$ 1,241.80
45520 00	Surgery	4.98	1.15	\$ 348.60	\$ 80.50
45540 00	Surgery	30.93	30.93	\$ 2,165.10	\$ 2,165.10
45541 00	Surgery	27.86	27.86	\$ 1,950.20	\$ 1,950.20
45550 00	Surgery	42.95	42.95	\$ 3,006.50	\$ 3,006.50
45560 00	Surgery	20.35	20.35	\$ 1,424.50	\$ 1,424.50
45562 00	Surgery	33.32	33.32	\$ 2,332.40	\$ 2,332.40
45563 00	Surgery	49.25	49.25	\$ 3,447.50	\$ 3,447.50
45800 00	Surgery	37.69	37.69	\$ 2,638.30	\$ 2,638.30
45805 00	Surgery	43.67	43.67	\$ 3,056.90	\$ 3,056.90
45820 00	Surgery	37.78	37.78	\$ 2,644.60	\$ 2,644.60
45825 00	Surgery	45.71	45.71	\$ 3,199.70	\$ 3,199.70
45900 00	Surgery	6.30	6.30	\$ 441.00	\$ 441.00
45905 00	Surgery	4.98	4.98	\$ 348.60	\$ 348.60
45910 00	Surgery	5.64	5.64	\$ 394.80	\$ 394.80
45915 00	Surgery	10.64	6.83	\$ 744.80	\$ 478.10
45990 00	Surgery	3.08	3.08	\$ 215.60	\$ 215.60
45999 00	Surgery	0.00	0.00	BR	BR
46020 00	Surgery	8.45	7.03	\$ 591.50	\$ 492.10
46030 00	Surgery	4.56	2.64	\$ 319.20	\$ 184.80
46040 00	Surgery	16.67	12.55	\$ 1,166.90	\$ 878.50
46045 00	Surgery	13.05	13.05	\$ 913.50	\$ 913.50
46050 00	Surgery	7.04	2.95	\$ 492.80	\$ 206.50
46060 00	Surgery	14.34	14.34	\$ 1,003.80	\$ 1,003.80
46070 00	Surgery	8.07	8.07	\$ 564.90	\$ 564.90
46080 00	Surgery	8.51	4.65	\$ 595.70	\$ 325.50
46083 00	Surgery	6.22	3.22	\$ 435.40	\$ 225.40
46200 00	Surgery	14.26	9.93	\$ 998.20	\$ 695.10
46220 00	Surgery	7.38	3.54	\$ 516.60	\$ 247.80
46221 00	Surgery	8.60	5.72	\$ 602.00	\$ 400.40
46230 00	Surgery	9.22	5.08	\$ 645.40	\$ 355.60
46250 00	Surgery	14.48	9.45	\$ 1,013.60	\$ 661.50
46255 00	Surgery	15.75	10.57	\$ 1,102.50	\$ 739.90
46257 00	Surgery	12.66	12.66	\$ 886.20	\$ 886.20

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
46258 00	Surgery	14.19	14.19	\$ 993.30	\$ 993.30
46260 00	Surgery	14.26	14.26	\$ 998.20	\$ 998.20
46261 00	Surgery	15.50	15.50	\$ 1,085.00	\$ 1,085.00
46262 00	Surgery	16.56	16.56	\$ 1,159.20	\$ 1,159.20
46270 00	Surgery	16.05	11.81	\$ 1,123.50	\$ 826.70
46275 00	Surgery	16.87	12.42	\$ 1,180.90	\$ 869.40
46280 00	Surgery	14.14	14.14	\$ 989.80	\$ 989.80
46285 00	Surgery	16.80	12.42	\$ 1,176.00	\$ 869.40
46288 00	Surgery	16.41	16.41	\$ 1,148.70	\$ 1,148.70
46320 00	Surgery	6.31	3.32	\$ 441.70	\$ 232.40
46500 00	Surgery	9.52	5.53	\$ 666.40	\$ 387.10
46505 00	Surgery	9.32	7.39	\$ 652.40	\$ 517.30
46600 00	Surgery	3.57	1.18	\$ 249.90	\$ 82.60
46601 00	Surgery	4.48	2.78	\$ 313.60	\$ 194.60
46604 00	Surgery	21.15	1.91	\$ 1,480.50	\$ 133.70
46606 00	Surgery	8.56	2.21	\$ 599.20	\$ 154.70
46607 00	Surgery	6.26	3.74	\$ 438.20	\$ 261.80
46608 00	Surgery	9.00	2.47	\$ 630.00	\$ 172.90
46610 00	Surgery	8.48	2.34	\$ 593.60	\$ 163.80
46611 00	Surgery	6.78	2.34	\$ 474.60	\$ 163.80
46612 00	Surgery	10.34	2.80	\$ 723.80	\$ 196.00
46614 00	Surgery	5.01	1.86	\$ 350.70	\$ 130.20
46615 00	Surgery	5.36	2.66	\$ 375.20	\$ 186.20
46700 00	Surgery	19.37	19.37	\$ 1,355.90	\$ 1,355.90
46705 00	Surgery	16.96	16.96	\$ 1,187.20	\$ 1,187.20
46706 00	Surgery	5.28	5.28	\$ 369.60	\$ 369.60
46707 00	Surgery	14.96	14.96	\$ 1,047.20	\$ 1,047.20
46710 00	Surgery	33.03	33.03	\$ 2,312.10	\$ 2,312.10
46712 00	Surgery	66.02	66.02	\$ 4,621.40	\$ 4,621.40
46715 00	Surgery	16.53	16.53	\$ 1,157.10	\$ 1,157.10
46716 00	Surgery	36.46	36.46	\$ 2,552.20	\$ 2,552.20
46730 00	Surgery	58.72	58.72	\$ 4,110.40	\$ 4,110.40
46735 00	Surgery	67.59	67.59	\$ 4,731.30	\$ 4,731.30
46740 00	Surgery	64.06	64.06	\$ 4,484.20	\$ 4,484.20
46742 00	Surgery	74.04	74.04	\$ 5,182.80	\$ 5,182.80
46744 00	Surgery	104.51	104.51	\$ 7,315.70	\$ 7,315.70
46746 00	Surgery	115.16	115.16	\$ 8,061.20	\$ 8,061.20
46748 00	Surgery	124.82	124.82	\$ 8,737.40	\$ 8,737.40
46750 00	Surgery	22.17	22.17	\$ 1,551.90	\$ 1,551.90
46751 00	Surgery	19.87	19.87	\$ 1,390.90	\$ 1,390.90
46753 00	Surgery	18.44	18.44	\$ 1,290.80	\$ 1,290.80
46754 00	Surgery	10.09	6.96	\$ 706.30	\$ 487.20
46760 00	Surgery	32.14	32.14	\$ 2,249.80	\$ 2,249.80
46761 00	Surgery	27.06	27.06	\$ 1,894.20	\$ 1,894.20
46900 00	Surgery	7.15	3.97	\$ 500.50	\$ 277.90
46910 00	Surgery	7.99	3.95	\$ 559.30	\$ 276.50
46916 00	Surgery	7.63	4.11	\$ 534.10	\$ 287.70
46917 00	Surgery	13.08	3.74	\$ 915.60	\$ 261.80
46922 00	Surgery	9.35	4.01	\$ 654.50	\$ 280.70
46924 00	Surgery	16.71	5.28	\$ 1,169.70	\$ 369.60
46930 00	Surgery	6.56	4.51	\$ 459.20	\$ 315.70
46940 00	Surgery	7.83	4.25	\$ 548.10	\$ 297.50
46942 00	Surgery	7.45	3.80	\$ 521.50	\$ 266.00
46945 00	Surgery	10.07	10.07	\$ 704.90	\$ 704.90
46946 00	Surgery	11.33	11.33	\$ 793.10	\$ 793.10
46947 00	Surgery	11.42	11.42	\$ 799.40	\$ 799.40
46948 00	Surgery	13.25	13.25	\$ 927.50	\$ 927.50
46999 00	Surgery	0.00	0.00	BR	BR
47000 00	Surgery	9.31	2.56	\$ 651.70	\$ 179.20

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
47001 00	Surgery	3.05	3.05	\$ 213.50	\$ 213.50
47010 00	Surgery	35.92	35.92	\$ 2,514.40	\$ 2,514.40
47015 00	Surgery	34.61	34.61	\$ 2,422.70	\$ 2,422.70
47100 00	Surgery	25.17	25.17	\$ 1,761.90	\$ 1,761.90
47120 00	Surgery	69.00	69.00	\$ 4,830.00	\$ 4,830.00
47122 00	Surgery	100.96	100.96	\$ 7,067.20	\$ 7,067.20
47125 00	Surgery	90.76	90.76	\$ 6,353.20	\$ 6,353.20
47130 00	Surgery	97.58	97.58	\$ 6,830.60	\$ 6,830.60
47133 00	Surgery	0.00	0.00	BR	BR
47135 00	Surgery	158.38	158.38	\$ 11,086.60	\$ 11,086.60
47140 00	Surgery	105.21	105.21	\$ 7,364.70	\$ 7,364.70
47141 00	Surgery	125.79	125.79	\$ 8,805.30	\$ 8,805.30
47142 00	Surgery	138.63	138.63	\$ 9,704.10	\$ 9,704.10
47143 00	Surgery	-	-	\$ 716.80	\$ 716.80
47144 00	Surgery	-	-	\$ 917.70	\$ 917.70
47145 00	Surgery	-	-	\$ 945.70	\$ 945.70
47146 00	Surgery	9.66	9.66	\$ 676.20	\$ 676.20
47147 00	Surgery	11.23	11.23	\$ 786.10	\$ 786.10
47300 00	Surgery	33.64	33.64	\$ 2,354.80	\$ 2,354.80
47350 00	Surgery	40.51	40.51	\$ 2,835.70	\$ 2,835.70
47360 00	Surgery	55.62	55.62	\$ 3,893.40	\$ 3,893.40
47361 00	Surgery	89.19	89.19	\$ 6,243.30	\$ 6,243.30
47362 00	Surgery	42.25	42.25	\$ 2,957.50	\$ 2,957.50
47370 00	Surgery	36.97	36.97	\$ 2,587.90	\$ 2,587.90
47371 00	Surgery	37.25	37.25	\$ 2,607.50	\$ 2,607.50
47379 00	Surgery	0.00	0.00	BR	BR
47380 00	Surgery	42.65	42.65	\$ 2,985.50	\$ 2,985.50
47381 00	Surgery	43.85	43.85	\$ 3,069.50	\$ 3,069.50
47382 00	Surgery	124.61	21.35	\$ 8,722.70	\$ 1,494.50
47383 00	Surgery	197.22	12.91	\$ 13,805.40	\$ 903.70
47399 00	Surgery	0.00	0.00	BR	BR
47400 00	Surgery	63.79	63.79	\$ 4,465.30	\$ 4,465.30
47420 00	Surgery	39.51	39.51	\$ 2,765.70	\$ 2,765.70
47425 00	Surgery	40.61	40.61	\$ 2,842.70	\$ 2,842.70
47460 00	Surgery	37.70	37.70	\$ 2,639.00	\$ 2,639.00
47480 00	Surgery	26.10	26.10	\$ 1,827.00	\$ 1,827.00
47490 00	Surgery	9.73	9.73	\$ 681.10	\$ 681.10
47531 00	Surgery	12.69	2.05	\$ 888.30	\$ 143.50
47532 00	Surgery	26.04	6.16	\$ 1,822.80	\$ 431.20
47533 00	Surgery	37.38	7.65	\$ 2,616.60	\$ 535.50
47534 00	Surgery	41.43	10.67	\$ 2,900.10	\$ 746.90
47535 00	Surgery	28.89	5.64	\$ 2,022.30	\$ 394.80
47536 00	Surgery	20.63	3.80	\$ 1,444.10	\$ 266.00
47537 00	Surgery	14.71	2.77	\$ 1,029.70	\$ 193.90
47538 00	Surgery	126.03	6.80	\$ 8,822.10	\$ 476.00
47539 00	Surgery	138.26	12.12	\$ 9,678.20	\$ 848.40
47540 00	Surgery	141.36	12.67	\$ 9,895.20	\$ 886.90
47541 00	Surgery	36.59	9.61	\$ 2,561.30	\$ 672.70
47542 00	Surgery	15.62	3.92	\$ 1,093.40	\$ 274.40
47543 00	Surgery	12.96	4.15	\$ 907.20	\$ 290.50
47544 00	Surgery	28.24	4.51	\$ 1,976.80	\$ 315.70
47550 00	Surgery	4.86	4.86	\$ 340.20	\$ 340.20
47552 00	Surgery	7.94	7.94	\$ 555.80	\$ 555.80
47553 00	Surgery	7.99	7.99	\$ 559.30	\$ 559.30
47554 00	Surgery	15.18	15.18	\$ 1,062.60	\$ 1,062.60
47555 00	Surgery	9.51	9.51	\$ 665.70	\$ 665.70
47556 00	Surgery	10.77	10.77	\$ 753.90	\$ 753.90
47562 00	Surgery	19.54	19.54	\$ 1,367.80	\$ 1,367.80
47563 00	Surgery	21.26	21.26	\$ 1,488.20	\$ 1,488.20

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
47564 00	Surgery	33.09	33.09	\$ 2,316.30	\$ 2,316.30
47570 00	Surgery	23.00	23.00	\$ 1,610.00	\$ 1,610.00
47579 00	Surgery	0.00	0.00	BR	BR
47600 00	Surgery	31.64	31.64	\$ 2,214.80	\$ 2,214.80
47605 00	Surgery	33.35	33.35	\$ 2,334.50	\$ 2,334.50
47610 00	Surgery	37.10	37.10	\$ 2,597.00	\$ 2,597.00
47612 00	Surgery	37.80	37.80	\$ 2,646.00	\$ 2,646.00
47620 00	Surgery	40.81	40.81	\$ 2,856.70	\$ 2,856.70
47700 00	Surgery	31.48	31.48	\$ 2,203.60	\$ 2,203.60
47701 00	Surgery	51.57	51.57	\$ 3,609.90	\$ 3,609.90
47711 00	Surgery	46.08	46.08	\$ 3,225.60	\$ 3,225.60
47712 00	Surgery	59.19	59.19	\$ 4,143.30	\$ 4,143.30
47715 00	Surgery	39.51	39.51	\$ 2,765.70	\$ 2,765.70
47720 00	Surgery	34.35	34.35	\$ 2,404.50	\$ 2,404.50
47721 00	Surgery	40.24	40.24	\$ 2,816.80	\$ 2,816.80
47740 00	Surgery	39.01	39.01	\$ 2,730.70	\$ 2,730.70
47741 00	Surgery	43.84	43.84	\$ 3,068.80	\$ 3,068.80
47760 00	Surgery	66.56	66.56	\$ 4,659.20	\$ 4,659.20
47765 00	Surgery	89.81	89.81	\$ 6,286.70	\$ 6,286.70
47780 00	Surgery	73.12	73.12	\$ 5,118.40	\$ 5,118.40
47785 00	Surgery	95.60	95.60	\$ 6,692.00	\$ 6,692.00
47800 00	Surgery	46.19	46.19	\$ 3,233.30	\$ 3,233.30
47801 00	Surgery	33.17	33.17	\$ 2,321.90	\$ 2,321.90
47802 00	Surgery	45.32	45.32	\$ 3,172.40	\$ 3,172.40
47900 00	Surgery	40.21	40.21	\$ 2,814.70	\$ 2,814.70
47999 00	Surgery	0.00	0.00	BR	BR
48000 00	Surgery	55.75	55.75	\$ 3,902.50	\$ 3,902.50
48001 00	Surgery	68.28	68.28	\$ 4,779.60	\$ 4,779.60
48020 00	Surgery	34.99	34.99	\$ 2,449.30	\$ 2,449.30
48100 00	Surgery	26.09	26.09	\$ 1,826.30	\$ 1,826.30
48102 00	Surgery	15.98	6.87	\$ 1,118.60	\$ 480.90
48105 00	Surgery	83.90	83.90	\$ 5,873.00	\$ 5,873.00
48120 00	Surgery	32.75	32.75	\$ 2,292.50	\$ 2,292.50
48140 00	Surgery	46.20	46.20	\$ 3,234.00	\$ 3,234.00
48145 00	Surgery	48.38	48.38	\$ 3,386.60	\$ 3,386.60
48146 00	Surgery	55.97	55.97	\$ 3,917.90	\$ 3,917.90
48148 00	Surgery	37.08	37.08	\$ 2,595.60	\$ 2,595.60
48150 00	Surgery	92.08	92.08	\$ 6,445.60	\$ 6,445.60
48152 00	Surgery	85.65	85.65	\$ 5,995.50	\$ 5,995.50
48153 00	Surgery	91.80	91.80	\$ 6,426.00	\$ 6,426.00
48154 00	Surgery	86.03	86.03	\$ 6,022.10	\$ 6,022.10
48155 00	Surgery	53.92	53.92	\$ 3,774.40	\$ 3,774.40
48160 00	Surgery	-	-	\$ 6,505.80	\$ 6,505.80
48400 00	Surgery	3.15	3.15	\$ 220.50	\$ 220.50
48500 00	Surgery	34.19	34.19	\$ 2,393.30	\$ 2,393.30
48510 00	Surgery	32.64	32.64	\$ 2,284.80	\$ 2,284.80
48520 00	Surgery	32.65	32.65	\$ 2,285.50	\$ 2,285.50
48540 00	Surgery	38.80	38.80	\$ 2,716.00	\$ 2,716.00
48545 00	Surgery	39.94	39.94	\$ 2,795.80	\$ 2,795.80
48547 00	Surgery	53.09	53.09	\$ 3,716.30	\$ 3,716.30
48548 00	Surgery	49.53	49.53	\$ 3,467.10	\$ 3,467.10
48550 00	Surgery	0.00	0.00	BR	BR
48551 00	Surgery	-	-	\$ 482.30	\$ 482.30
48552 00	Surgery	6.94	6.94	\$ 485.80	\$ 485.80
48554 00	Surgery	76.28	76.28	\$ 5,339.60	\$ 5,339.60
48556 00	Surgery	37.87	37.87	\$ 2,650.90	\$ 2,650.90
48999 00	Surgery	0.00	0.00	BR	BR
49000 00	Surgery	22.69	22.69	\$ 1,588.30	\$ 1,588.30
49002 00	Surgery	30.82	30.82	\$ 2,157.40	\$ 2,157.40

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
49010 00	Surgery	27.19	27.19	\$ 1,903.30	\$ 1,903.30
49013 00	Surgery	12.73	12.73	\$ 891.10	\$ 891.10
49014 00	Surgery	10.53	10.53	\$ 737.10	\$ 737.10
49020 00	Surgery	47.04	47.04	\$ 3,292.80	\$ 3,292.80
49040 00	Surgery	29.71	29.71	\$ 2,079.70	\$ 2,079.70
49060 00	Surgery	32.38	32.38	\$ 2,266.60	\$ 2,266.60
49062 00	Surgery	22.75	22.75	\$ 1,592.50	\$ 1,592.50
49082 00	Surgery	6.47	2.13	\$ 452.90	\$ 149.10
49083 00	Surgery	9.07	3.08	\$ 634.90	\$ 215.60
49084 00	Surgery	3.17	3.17	\$ 221.90	\$ 221.90
49180 00	Surgery	5.14	2.43	\$ 359.80	\$ 170.10
49185 00	Surgery	38.31	3.44	\$ 2,681.70	\$ 240.80
49203 00	Surgery	35.16	35.16	\$ 2,461.20	\$ 2,461.20
49204 00	Surgery	44.73	44.73	\$ 3,131.10	\$ 3,131.10
49205 00	Surgery	51.32	51.32	\$ 3,592.40	\$ 3,592.40
49215 00	Surgery	65.37	65.37	\$ 4,575.90	\$ 4,575.90
49250 00	Surgery	17.39	17.39	\$ 1,217.30	\$ 1,217.30
49255 00	Surgery	23.29	23.29	\$ 1,630.30	\$ 1,630.30
49320 00	Surgery	9.71	9.71	\$ 679.70	\$ 679.70
49321 00	Surgery	10.19	10.19	\$ 713.30	\$ 713.30
49322 00	Surgery	11.08	11.08	\$ 775.60	\$ 775.60
49323 00	Surgery	18.72	18.72	\$ 1,310.40	\$ 1,310.40
49324 00	Surgery	11.50	11.50	\$ 805.00	\$ 805.00
49325 00	Surgery	12.27	12.27	\$ 858.90	\$ 858.90
49326 00	Surgery	5.56	5.56	\$ 389.20	\$ 389.20
49327 00	Surgery	3.86	3.86	\$ 270.20	\$ 270.20
49329 00	Surgery	0.00	0.00	BR	BR
49400 00	Surgery	4.40	2.65	\$ 308.00	\$ 185.50
49402 00	Surgery	25.26	25.26	\$ 1,768.20	\$ 1,768.20
49405 00	Surgery	27.32	5.66	\$ 1,912.40	\$ 396.20
49406 00	Surgery	27.33	5.66	\$ 1,913.10	\$ 396.20
49407 00	Surgery	22.70	6.03	\$ 1,589.00	\$ 422.10
49411 00	Surgery	14.75	5.32	\$ 1,032.50	\$ 372.40
49412 00	Surgery	2.43	2.43	\$ 170.10	\$ 170.10
49418 00	Surgery	33.66	5.85	\$ 2,356.20	\$ 409.50
49419 00	Surgery	12.62	12.62	\$ 883.40	\$ 883.40
49421 00	Surgery	6.70	6.70	\$ 469.00	\$ 469.00
49422 00	Surgery	6.53	6.53	\$ 457.10	\$ 457.10
49423 00	Surgery	18.62	2.05	\$ 1,303.40	\$ 143.50
49424 00	Surgery	5.48	1.08	\$ 383.60	\$ 75.60
49425 00	Surgery	20.73	20.73	\$ 1,451.10	\$ 1,451.10
49426 00	Surgery	19.84	19.84	\$ 1,388.80	\$ 1,388.80
49427 00	Surgery	1.12	1.12	\$ 78.40	\$ 78.40
49428 00	Surgery	12.77	12.77	\$ 893.90	\$ 893.90
49429 00	Surgery	13.58	13.58	\$ 950.60	\$ 950.60
49435 00	Surgery	3.51	3.51	\$ 245.70	\$ 245.70
49436 00	Surgery	5.56	5.56	\$ 389.20	\$ 389.20
49440 00	Surgery	27.20	5.89	\$ 1,904.00	\$ 412.30
49441 00	Surgery	30.88	6.94	\$ 2,161.60	\$ 485.80
49442 00	Surgery	25.90	5.97	\$ 1,813.00	\$ 417.90
49446 00	Surgery	26.19	4.25	\$ 1,833.30	\$ 297.50
49450 00	Surgery	19.51	1.91	\$ 1,365.70	\$ 133.70
49451 00	Surgery	21.00	2.57	\$ 1,470.00	\$ 179.90
49452 00	Surgery	25.54	3.97	\$ 1,787.80	\$ 277.90
49460 00	Surgery	21.81	1.42	\$ 1,526.70	\$ 99.40
49465 00	Surgery	4.36	0.89	\$ 305.20	\$ 62.30
49491 00	Surgery	23.65	23.65	\$ 1,655.50	\$ 1,655.50
49492 00	Surgery	28.42	28.42	\$ 1,989.40	\$ 1,989.40
49495 00	Surgery	12.13	12.13	\$ 849.10	\$ 849.10

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
49496 00	Surgery	18.22	18.22	\$ 1,275.40	\$ 1,275.40
49500 00	Surgery	12.31	12.31	\$ 861.70	\$ 861.70
49501 00	Surgery	17.98	17.98	\$ 1,258.60	\$ 1,258.60
49505 00	Surgery	15.48	15.48	\$ 1,083.60	\$ 1,083.60
49507 00	Surgery	17.37	17.37	\$ 1,215.90	\$ 1,215.90
49520 00	Surgery	18.74	18.74	\$ 1,311.80	\$ 1,311.80
49521 00	Surgery	21.22	21.22	\$ 1,485.40	\$ 1,485.40
49525 00	Surgery	16.99	16.99	\$ 1,189.30	\$ 1,189.30
49540 00	Surgery	20.17	20.17	\$ 1,411.90	\$ 1,411.90
49550 00	Surgery	17.09	17.09	\$ 1,196.30	\$ 1,196.30
49553 00	Surgery	18.72	18.72	\$ 1,310.40	\$ 1,310.40
49555 00	Surgery	17.87	17.87	\$ 1,250.90	\$ 1,250.90
49557 00	Surgery	21.39	21.39	\$ 1,497.30	\$ 1,497.30
49560 00	Surgery	21.82	21.82	\$ 1,527.40	\$ 1,527.40
49561 00	Surgery	27.47	27.47	\$ 1,922.90	\$ 1,922.90
49565 00	Surgery	22.73	22.73	\$ 1,591.10	\$ 1,591.10
49566 00	Surgery	27.72	27.72	\$ 1,940.40	\$ 1,940.40
49568 00	Surgery	7.85	7.85	\$ 549.50	\$ 549.50
49570 00	Surgery	12.44	12.44	\$ 870.80	\$ 870.80
49572 00	Surgery	15.37	15.37	\$ 1,075.90	\$ 1,075.90
49580 00	Surgery	9.99	9.99	\$ 699.30	\$ 699.30
49582 00	Surgery	14.37	14.37	\$ 1,005.90	\$ 1,005.90
49585 00	Surgery	13.25	13.25	\$ 927.50	\$ 927.50
49587 00	Surgery	14.14	14.14	\$ 989.80	\$ 989.80
49590 00	Surgery	17.02	17.02	\$ 1,191.40	\$ 1,191.40
49600 00	Surgery	21.77	21.77	\$ 1,523.90	\$ 1,523.90
49605 00	Surgery	145.40	145.40	\$ 10,178.00	\$ 10,178.00
49606 00	Surgery	33.58	33.58	\$ 2,350.60	\$ 2,350.60
49610 00	Surgery	20.53	20.53	\$ 1,437.10	\$ 1,437.10
49611 00	Surgery	18.11	18.11	\$ 1,267.70	\$ 1,267.70
49650 00	Surgery	12.79	12.79	\$ 895.30	\$ 895.30
49651 00	Surgery	16.65	16.65	\$ 1,165.50	\$ 1,165.50
49652 00	Surgery	22.03	22.03	\$ 1,542.10	\$ 1,542.10
49653 00	Surgery	27.56	27.56	\$ 1,929.20	\$ 1,929.20
49654 00	Surgery	24.99	24.99	\$ 1,749.30	\$ 1,749.30
49655 00	Surgery	30.60	30.60	\$ 2,142.00	\$ 2,142.00
49656 00	Surgery	27.12	27.12	\$ 1,898.40	\$ 1,898.40
49657 00	Surgery	39.02	39.02	\$ 2,731.40	\$ 2,731.40
49659 00	Surgery	0.00	0.00	BR	BR
49900 00	Surgery	24.14	24.14	\$ 1,689.80	\$ 1,689.80
49904 00	Surgery	41.01	41.01	\$ 2,870.70	\$ 2,870.70
49905 00	Surgery	10.37	10.37	\$ 725.90	\$ 725.90
49906 00	Surgery	-	-	\$ 5,157.60	\$ 5,157.60
49999 00	Surgery	0.00	0.00	BR	BR
50010 00	Surgery	21.66	21.66	\$ 1,516.20	\$ 1,516.20
50020 00	Surgery	29.56	29.56	\$ 2,069.20	\$ 2,069.20
50040 00	Surgery	26.91	26.91	\$ 1,883.70	\$ 1,883.70
50045 00	Surgery	27.15	27.15	\$ 1,900.50	\$ 1,900.50
50060 00	Surgery	33.17	33.17	\$ 2,321.90	\$ 2,321.90
50065 00	Surgery	35.17	35.17	\$ 2,461.90	\$ 2,461.90
50070 00	Surgery	34.49	34.49	\$ 2,414.30	\$ 2,414.30
50075 00	Surgery	42.38	42.38	\$ 2,966.60	\$ 2,966.60
50080 00	Surgery	25.31	25.31	\$ 1,771.70	\$ 1,771.70
50081 00	Surgery	37.18	37.18	\$ 2,602.60	\$ 2,602.60
50100 00	Surgery	32.01	32.01	\$ 2,240.70	\$ 2,240.70
50120 00	Surgery	27.64	27.64	\$ 1,934.80	\$ 1,934.80
50125 00	Surgery	28.61	28.61	\$ 2,002.70	\$ 2,002.70
50130 00	Surgery	30.05	30.05	\$ 2,103.50	\$ 2,103.50
50135 00	Surgery	32.63	32.63	\$ 2,284.10	\$ 2,284.10

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
50200 00	Surgery	16.30	3.69	\$ 1,141.00	\$ 258.30
50205 00	Surgery	22.18	22.18	\$ 1,552.60	\$ 1,552.60
50220 00	Surgery	30.70	30.70	\$ 2,149.00	\$ 2,149.00
50225 00	Surgery	34.98	34.98	\$ 2,448.60	\$ 2,448.60
50230 00	Surgery	37.28	37.28	\$ 2,609.60	\$ 2,609.60
50234 00	Surgery	37.94	37.94	\$ 2,655.80	\$ 2,655.80
50236 00	Surgery	42.67	42.67	\$ 2,986.90	\$ 2,986.90
50240 00	Surgery	38.58	38.58	\$ 2,700.60	\$ 2,700.60
50250 00	Surgery	35.43	35.43	\$ 2,480.10	\$ 2,480.10
50280 00	Surgery	28.23	28.23	\$ 1,976.10	\$ 1,976.10
50290 00	Surgery	26.20	26.20	\$ 1,834.00	\$ 1,834.00
50300 00	Surgery	0.00	0.00	BR	BR
50320 00	Surgery	44.64	44.64	\$ 3,124.80	\$ 3,124.80
50323 00	Surgery	-	-	\$ 426.30	\$ 426.30
50325 00	Surgery	-	-	\$ 395.50	\$ 395.50
50327 00	Surgery	6.38	6.38	\$ 446.60	\$ 446.60
50328 00	Surgery	5.56	5.56	\$ 389.20	\$ 389.20
50329 00	Surgery	5.30	5.30	\$ 371.00	\$ 371.00
50340 00	Surgery	28.18	28.18	\$ 1,972.60	\$ 1,972.60
50360 00	Surgery	71.42	71.42	\$ 4,999.40	\$ 4,999.40
50365 00	Surgery	84.76	84.76	\$ 5,933.20	\$ 5,933.20
50370 00	Surgery	35.72	35.72	\$ 2,500.40	\$ 2,500.40
50380 00	Surgery	59.80	59.80	\$ 4,186.00	\$ 4,186.00
50382 00	Surgery	32.53	7.36	\$ 2,277.10	\$ 515.20
50384 00	Surgery	27.23	6.62	\$ 1,906.10	\$ 463.40
50385 00	Surgery	32.55	6.33	\$ 2,278.50	\$ 443.10
50386 00	Surgery	23.17	4.68	\$ 1,621.90	\$ 327.60
50387 00	Surgery	17.30	2.41	\$ 1,211.00	\$ 168.70
50389 00	Surgery	12.50	1.55	\$ 875.00	\$ 108.50
50390 00	Surgery	2.76	2.76	\$ 193.20	\$ 193.20
50391 00	Surgery	3.70	2.85	\$ 259.00	\$ 199.50
50396 00	Surgery	3.35	3.35	\$ 234.50	\$ 234.50
50400 00	Surgery	33.62	33.62	\$ 2,353.40	\$ 2,353.40
50405 00	Surgery	40.59	40.59	\$ 2,841.30	\$ 2,841.30
50430 00	Surgery	18.58	4.45	\$ 1,300.60	\$ 311.50
50431 00	Surgery	9.12	1.89	\$ 638.40	\$ 132.30
50432 00	Surgery	27.73	5.91	\$ 1,941.10	\$ 413.70
50433 00	Surgery	35.20	7.35	\$ 2,464.00	\$ 514.50
50434 00	Surgery	28.20	5.53	\$ 1,974.00	\$ 387.10
50435 00	Surgery	18.16	2.86	\$ 1,271.20	\$ 200.20
50436 00	Surgery	4.36	4.36	\$ 305.20	\$ 305.20
50437 00	Surgery	7.23	7.23	\$ 506.10	\$ 506.10
50500 00	Surgery	36.38	36.38	\$ 2,546.60	\$ 2,546.60
50520 00	Surgery	34.29	34.29	\$ 2,400.30	\$ 2,400.30
50525 00	Surgery	43.53	43.53	\$ 3,047.10	\$ 3,047.10
50526 00	Surgery	46.62	46.62	\$ 3,263.40	\$ 3,263.40
50540 00	Surgery	33.37	33.37	\$ 2,335.90	\$ 2,335.90
50541 00	Surgery	26.75	26.75	\$ 1,872.50	\$ 1,872.50
50542 00	Surgery	34.01	34.01	\$ 2,380.70	\$ 2,380.70
50543 00	Surgery	43.36	43.36	\$ 3,035.20	\$ 3,035.20
50544 00	Surgery	36.16	36.16	\$ 2,531.20	\$ 2,531.20
50545 00	Surgery	38.88	38.88	\$ 2,721.60	\$ 2,721.60
50546 00	Surgery	35.09	35.09	\$ 2,456.30	\$ 2,456.30
50547 00	Surgery	47.44	47.44	\$ 3,320.80	\$ 3,320.80
50548 00	Surgery	39.15	39.15	\$ 2,740.50	\$ 2,740.50
50549 00	Surgery	0.00	0.00	BR	BR
50551 00	Surgery	10.61	8.52	\$ 742.70	\$ 596.40
50553 00	Surgery	11.36	9.11	\$ 795.20	\$ 637.70
50555 00	Surgery	12.10	9.86	\$ 847.00	\$ 690.20

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
50557 00	Surgery	12.31	10.00	\$ 861.70	\$ 700.00
50561 00	Surgery	13.95	11.42	\$ 976.50	\$ 799.40
50562 00	Surgery	16.78	16.78	\$ 1,174.60	\$ 1,174.60
50570 00	Surgery	14.23	14.23	\$ 996.10	\$ 996.10
50572 00	Surgery	15.39	15.39	\$ 1,077.30	\$ 1,077.30
50574 00	Surgery	16.36	16.36	\$ 1,145.20	\$ 1,145.20
50575 00	Surgery	20.68	20.68	\$ 1,447.60	\$ 1,447.60
50576 00	Surgery	16.32	16.32	\$ 1,142.40	\$ 1,142.40
50580 00	Surgery	17.60	17.60	\$ 1,232.00	\$ 1,232.00
50590 00	Surgery	21.94	16.63	\$ 1,535.80	\$ 1,164.10
50592 00	Surgery	94.20	9.92	\$ 6,594.00	\$ 694.40
50593 00	Surgery	126.49	13.23	\$ 8,854.30	\$ 926.10
50600 00	Surgery	27.31	27.31	\$ 1,911.70	\$ 1,911.70
50605 00	Surgery	29.36	29.36	\$ 2,055.20	\$ 2,055.20
50606 00	Surgery	17.42	4.34	\$ 1,219.40	\$ 303.80
50610 00	Surgery	27.50	27.50	\$ 1,925.00	\$ 1,925.00
50620 00	Surgery	26.32	26.32	\$ 1,842.40	\$ 1,842.40
50630 00	Surgery	26.00	26.00	\$ 1,820.00	\$ 1,820.00
50650 00	Surgery	30.21	30.21	\$ 2,114.70	\$ 2,114.70
50660 00	Surgery	33.27	33.27	\$ 2,328.90	\$ 2,328.90
50684 00	Surgery	3.71	1.46	\$ 259.70	\$ 102.20
50686 00	Surgery	4.21	2.55	\$ 294.70	\$ 178.50
50688 00	Surgery	2.23	2.23	\$ 156.10	\$ 156.10
50690 00	Surgery	3.39	2.01	\$ 237.30	\$ 140.70
50693 00	Surgery	31.47	5.88	\$ 2,202.90	\$ 411.60
50694 00	Surgery	35.00	7.69	\$ 2,450.00	\$ 538.30
50695 00	Surgery	42.23	9.91	\$ 2,956.10	\$ 693.70
50700 00	Surgery	26.97	26.97	\$ 1,887.90	\$ 1,887.90
50705 00	Surgery	58.03	5.09	\$ 4,062.10	\$ 356.30
50706 00	Surgery	27.43	5.25	\$ 1,920.10	\$ 367.50
50715 00	Surgery	35.21	35.21	\$ 2,464.70	\$ 2,464.70
50722 00	Surgery	30.09	30.09	\$ 2,106.30	\$ 2,106.30
50725 00	Surgery	32.07	32.07	\$ 2,244.90	\$ 2,244.90
50727 00	Surgery	14.90	14.90	\$ 1,043.00	\$ 1,043.00
50728 00	Surgery	21.47	21.47	\$ 1,502.90	\$ 1,502.90
50740 00	Surgery	36.23	36.23	\$ 2,536.10	\$ 2,536.10
50750 00	Surgery	33.56	33.56	\$ 2,349.20	\$ 2,349.20
50760 00	Surgery	33.24	33.24	\$ 2,326.80	\$ 2,326.80
50770 00	Surgery	33.56	33.56	\$ 2,349.20	\$ 2,349.20
50780 00	Surgery	32.38	32.38	\$ 2,266.60	\$ 2,266.60
50782 00	Surgery	31.28	31.28	\$ 2,189.60	\$ 2,189.60
50783 00	Surgery	32.80	32.80	\$ 2,296.00	\$ 2,296.00
50785 00	Surgery	35.33	35.33	\$ 2,473.10	\$ 2,473.10
50800 00	Surgery	26.95	26.95	\$ 1,886.50	\$ 1,886.50
50810 00	Surgery	41.55	41.55	\$ 2,908.50	\$ 2,908.50
50815 00	Surgery	35.64	35.64	\$ 2,494.80	\$ 2,494.80
50820 00	Surgery	38.25	38.25	\$ 2,677.50	\$ 2,677.50
50825 00	Surgery	48.21	48.21	\$ 3,374.70	\$ 3,374.70
50830 00	Surgery	52.41	52.41	\$ 3,668.70	\$ 3,668.70
50840 00	Surgery	35.84	35.84	\$ 2,508.80	\$ 2,508.80
50845 00	Surgery	36.49	36.49	\$ 2,554.30	\$ 2,554.30
50860 00	Surgery	27.53	27.53	\$ 1,927.10	\$ 1,927.10
50900 00	Surgery	24.56	24.56	\$ 1,719.20	\$ 1,719.20
50920 00	Surgery	25.68	25.68	\$ 1,797.60	\$ 1,797.60
50930 00	Surgery	32.05	32.05	\$ 2,243.50	\$ 2,243.50
50940 00	Surgery	25.87	25.87	\$ 1,810.90	\$ 1,810.90
50945 00	Surgery	28.27	28.27	\$ 1,978.90	\$ 1,978.90
50947 00	Surgery	40.34	40.34	\$ 2,823.80	\$ 2,823.80
50948 00	Surgery	37.21	37.21	\$ 2,604.70	\$ 2,604.70

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
50949 00	Surgery	0.00	0.00	BR	BR
50951 00	Surgery	11.14	8.89	\$ 779.80	\$ 622.30
50953 00	Surgery	11.76	9.45	\$ 823.20	\$ 661.50
50955 00	Surgery	12.52	10.18	\$ 876.40	\$ 712.60
50957 00	Surgery	12.65	10.24	\$ 885.50	\$ 716.80
50961 00	Surgery	11.43	9.18	\$ 800.10	\$ 642.60
50970 00	Surgery	10.72	10.72	\$ 750.40	\$ 750.40
50972 00	Surgery	10.35	10.35	\$ 724.50	\$ 724.50
50974 00	Surgery	13.67	13.67	\$ 956.90	\$ 956.90
50976 00	Surgery	13.49	13.49	\$ 944.30	\$ 944.30
50980 00	Surgery	10.30	10.30	\$ 721.00	\$ 721.00
51020 00	Surgery	13.73	13.73	\$ 961.10	\$ 961.10
51030 00	Surgery	13.83	13.83	\$ 968.10	\$ 968.10
51040 00	Surgery	8.49	8.49	\$ 594.30	\$ 594.30
51045 00	Surgery	14.75	14.75	\$ 1,032.50	\$ 1,032.50
51050 00	Surgery	13.79	13.79	\$ 965.30	\$ 965.30
51060 00	Surgery	17.00	17.00	\$ 1,190.00	\$ 1,190.00
51065 00	Surgery	16.93	16.93	\$ 1,185.10	\$ 1,185.10
51080 00	Surgery	11.93	11.93	\$ 835.10	\$ 835.10
51100 00	Surgery	2.18	1.12	\$ 152.60	\$ 78.40
51101 00	Surgery	4.55	1.50	\$ 318.50	\$ 105.00
51102 00	Surgery	7.19	4.21	\$ 503.30	\$ 294.70
51500 00	Surgery	18.60	18.60	\$ 1,302.00	\$ 1,302.00
51520 00	Surgery	17.38	17.38	\$ 1,216.60	\$ 1,216.60
51525 00	Surgery	25.07	25.07	\$ 1,754.90	\$ 1,754.90
51530 00	Surgery	22.46	22.46	\$ 1,572.20	\$ 1,572.20
51535 00	Surgery	22.75	22.75	\$ 1,592.50	\$ 1,592.50
51550 00	Surgery	28.06	28.06	\$ 1,964.20	\$ 1,964.20
51555 00	Surgery	36.79	36.79	\$ 2,575.30	\$ 2,575.30
51565 00	Surgery	37.51	37.51	\$ 2,625.70	\$ 2,625.70
51570 00	Surgery	42.76	42.76	\$ 2,993.20	\$ 2,993.20
51575 00	Surgery	52.93	52.93	\$ 3,705.10	\$ 3,705.10
51580 00	Surgery	55.17	55.17	\$ 3,861.90	\$ 3,861.90
51585 00	Surgery	61.37	61.37	\$ 4,295.90	\$ 4,295.90
51590 00	Surgery	56.23	56.23	\$ 3,936.10	\$ 3,936.10
51595 00	Surgery	63.58	63.58	\$ 4,450.60	\$ 4,450.60
51596 00	Surgery	68.49	68.49	\$ 4,794.30	\$ 4,794.30
51597 00	Surgery	66.69	66.69	\$ 4,668.30	\$ 4,668.30
51600 00	Surgery	6.47	1.28	\$ 452.90	\$ 89.60
51605 00	Surgery	1.12	1.12	\$ 78.40	\$ 78.40
51610 00	Surgery	3.76	1.85	\$ 263.20	\$ 129.50
51700 00	Surgery	2.32	0.90	\$ 162.40	\$ 63.00
51701 00	Surgery	1.34	0.74	\$ 93.80	\$ 51.80
51702 00	Surgery	1.87	0.73	\$ 130.90	\$ 51.10
51703 00	Surgery	4.37	2.22	\$ 305.90	\$ 155.40
51705 00	Surgery	2.86	1.50	\$ 200.20	\$ 105.00
51710 00	Surgery	4.00	2.30	\$ 280.00	\$ 161.00
51715 00	Surgery	10.79	5.82	\$ 755.30	\$ 407.40
51720 00	Surgery	2.61	1.27	\$ 182.70	\$ 88.90
51725 00	Surgery	6.71	6.71	\$ 469.70	\$ 469.70
51725 26	Surgery	2.21	2.21	\$ 154.70	\$ 154.70
51725 TC	Surgery	4.50	4.50	\$ 315.00	\$ 315.00
51726 00	Surgery	9.02	9.02	\$ 631.40	\$ 631.40
51726 26	Surgery	2.46	2.46	\$ 172.20	\$ 172.20
51726 TC	Surgery	6.56	6.56	\$ 459.20	\$ 459.20
51727 00	Surgery	10.85	10.85	\$ 759.50	\$ 759.50
51727 26	Surgery	3.08	3.08	\$ 215.60	\$ 215.60
51727 TC	Surgery	7.77	7.77	\$ 543.90	\$ 543.90
51728 00	Surgery	10.95	10.95	\$ 766.50	\$ 766.50

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
51728 26	Surgery	3.01	3.01	\$ 210.70	\$ 210.70
51728 TC	Surgery	7.94	7.94	\$ 555.80	\$ 555.80
51729 00	Surgery	11.62	11.62	\$ 813.40	\$ 813.40
51729 26	Surgery	3.67	3.67	\$ 256.90	\$ 256.90
51729 TC	Surgery	7.95	7.95	\$ 556.50	\$ 556.50
51736 00	Surgery	0.39	0.39	\$ 27.30	\$ 27.30
51736 26	Surgery	0.24	0.24	\$ 16.80	\$ 16.80
51736 TC	Surgery	0.15	0.15	\$ 10.50	\$ 10.50
51741 00	Surgery	0.41	0.41	\$ 28.70	\$ 28.70
51741 26	Surgery	0.25	0.25	\$ 17.50	\$ 17.50
51741 TC	Surgery	0.16	0.16	\$ 11.20	\$ 11.20
51784 00	Surgery	1.93	1.93	\$ 135.10	\$ 135.10
51784 26	Surgery	1.08	1.08	\$ 75.60	\$ 75.60
51784 TC	Surgery	0.85	0.85	\$ 59.50	\$ 59.50
51785 00	Surgery	12.85	12.85	\$ 899.50	\$ 899.50
51785 26	Surgery	2.72	2.72	\$ 190.40	\$ 190.40
51785 TC	Surgery	10.13	10.13	\$ 709.10	\$ 709.10
51792 00	Surgery	7.93	7.93	\$ 555.10	\$ 555.10
51792 26	Surgery	1.58	1.58	\$ 110.60	\$ 110.60
51792 TC	Surgery	6.35	6.35	\$ 444.50	\$ 444.50
51797 00	Surgery	5.52	5.52	\$ 386.40	\$ 386.40
51797 26	Surgery	1.14	1.14	\$ 79.80	\$ 79.80
51797 TC	Surgery	4.38	4.38	\$ 306.60	\$ 306.60
51798 00	Surgery	0.30	0.30	\$ 21.00	\$ 21.00
51800 00	Surgery	30.37	30.37	\$ 2,125.90	\$ 2,125.90
51820 00	Surgery	31.61	31.61	\$ 2,212.70	\$ 2,212.70
51840 00	Surgery	20.27	20.27	\$ 1,418.90	\$ 1,418.90
51841 00	Surgery	23.43	23.43	\$ 1,640.10	\$ 1,640.10
51845 00	Surgery	17.01	17.01	\$ 1,190.70	\$ 1,190.70
51860 00	Surgery	21.82	21.82	\$ 1,527.40	\$ 1,527.40
51865 00	Surgery	26.24	26.24	\$ 1,836.80	\$ 1,836.80
51880 00	Surgery	13.64	13.64	\$ 954.80	\$ 954.80
51900 00	Surgery	24.01	24.01	\$ 1,680.70	\$ 1,680.70
51920 00	Surgery	22.27	22.27	\$ 1,558.90	\$ 1,558.90
51925 00	Surgery	31.66	31.66	\$ 2,216.20	\$ 2,216.20
51940 00	Surgery	47.75	47.75	\$ 3,342.50	\$ 3,342.50
51960 00	Surgery	40.29	40.29	\$ 2,820.30	\$ 2,820.30
51980 00	Surgery	20.83	20.83	\$ 1,458.10	\$ 1,458.10
51990 00	Surgery	21.76	21.76	\$ 1,523.20	\$ 1,523.20
51992 00	Surgery	24.51	24.51	\$ 1,715.70	\$ 1,715.70
51999 00	Surgery	0.00	0.00	BR	BR
52000 00	Surgery	6.91	2.33	\$ 483.70	\$ 163.10
52001 00	Surgery	12.82	8.32	\$ 897.40	\$ 582.40
52005 00	Surgery	9.10	3.84	\$ 637.00	\$ 268.80
52007 00	Surgery	14.19	4.80	\$ 993.30	\$ 336.00
52010 00	Surgery	11.86	4.78	\$ 830.20	\$ 334.60
52204 00	Surgery	11.69	4.09	\$ 818.30	\$ 286.30
52214 00	Surgery	22.98	5.12	\$ 1,608.60	\$ 358.40
52224 00	Surgery	23.92	5.90	\$ 1,674.40	\$ 413.00
52234 00	Surgery	7.11	7.11	\$ 497.70	\$ 497.70
52235 00	Surgery	8.35	8.35	\$ 584.50	\$ 584.50
52240 00	Surgery	11.34	11.34	\$ 793.80	\$ 793.80
52250 00	Surgery	6.92	6.92	\$ 484.40	\$ 484.40
52260 00	Surgery	6.10	6.10	\$ 427.00	\$ 427.00
52265 00	Surgery	11.51	4.72	\$ 805.70	\$ 330.40
52270 00	Surgery	12.59	5.28	\$ 881.30	\$ 369.60
52275 00	Surgery	16.27	7.18	\$ 1,138.90	\$ 502.60
52276 00	Surgery	7.66	7.66	\$ 536.20	\$ 536.20
52277 00	Surgery	9.35	9.35	\$ 654.50	\$ 654.50

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
52281 00	Surgery	9.86	4.40	\$ 690.20	\$ 308.00
52282 00	Surgery	9.71	9.71	\$ 679.70	\$ 679.70
52283 00	Surgery	10.27	5.85	\$ 718.90	\$ 409.50
52285 00	Surgery	10.18	5.68	\$ 712.60	\$ 397.60
52287 00	Surgery	11.41	4.91	\$ 798.70	\$ 343.70
52290 00	Surgery	7.06	7.06	\$ 494.20	\$ 494.20
52300 00	Surgery	8.12	8.12	\$ 568.40	\$ 568.40
52301 00	Surgery	8.40	8.40	\$ 588.00	\$ 588.00
52305 00	Surgery	8.06	8.06	\$ 564.20	\$ 564.20
52310 00	Surgery	9.19	4.38	\$ 643.30	\$ 306.60
52315 00	Surgery	14.05	7.96	\$ 983.50	\$ 557.20
52317 00	Surgery	26.97	10.04	\$ 1,887.90	\$ 702.80
52318 00	Surgery	13.72	13.72	\$ 960.40	\$ 960.40
52320 00	Surgery	7.13	7.13	\$ 499.10	\$ 499.10
52325 00	Surgery	9.27	9.27	\$ 648.90	\$ 648.90
52327 00	Surgery	7.64	7.64	\$ 534.80	\$ 534.80
52330 00	Surgery	18.09	7.63	\$ 1,266.30	\$ 534.10
52332 00	Surgery	13.09	4.50	\$ 916.30	\$ 315.00
52334 00	Surgery	5.30	5.30	\$ 371.00	\$ 371.00
52341 00	Surgery	8.22	8.22	\$ 575.40	\$ 575.40
52342 00	Surgery	8.94	8.94	\$ 625.80	\$ 625.80
52343 00	Surgery	9.94	9.94	\$ 695.80	\$ 695.80
52344 00	Surgery	10.67	10.67	\$ 746.90	\$ 746.90
52345 00	Surgery	11.41	11.41	\$ 798.70	\$ 798.70
52346 00	Surgery	12.92	12.92	\$ 904.40	\$ 904.40
52351 00	Surgery	8.75	8.75	\$ 612.50	\$ 612.50
52352 00	Surgery	10.24	10.24	\$ 716.80	\$ 716.80
52353 00	Surgery	11.34	11.34	\$ 793.80	\$ 793.80
52354 00	Surgery	12.08	12.08	\$ 845.60	\$ 845.60
52355 00	Surgery	13.52	13.52	\$ 946.40	\$ 946.40
52356 00	Surgery	12.04	12.04	\$ 842.80	\$ 842.80
52400 00	Surgery	13.88	13.88	\$ 971.60	\$ 971.60
52402 00	Surgery	7.73	7.73	\$ 541.10	\$ 541.10
52441 00	Surgery	41.08	6.08	\$ 2,875.60	\$ 425.60
52442 00	Surgery	29.26	1.49	\$ 2,048.20	\$ 104.30
52450 00	Surgery	13.80	13.80	\$ 966.00	\$ 966.00
52500 00	Surgery	14.32	14.32	\$ 1,002.40	\$ 1,002.40
52601 00	Surgery	21.23	21.23	\$ 1,486.10	\$ 1,486.10
52630 00	Surgery	11.77	11.77	\$ 823.90	\$ 823.90
52640 00	Surgery	9.31	9.31	\$ 651.70	\$ 651.70
52647 00	Surgery	48.78	18.94	\$ 3,414.60	\$ 1,325.80
52648 00	Surgery	50.30	20.17	\$ 3,521.00	\$ 1,411.90
52649 00	Surgery	24.08	24.08	\$ 1,685.60	\$ 1,685.60
52700 00	Surgery	12.87	12.87	\$ 900.90	\$ 900.90
53000 00	Surgery	4.33	4.33	\$ 303.10	\$ 303.10
53010 00	Surgery	8.63	8.63	\$ 604.10	\$ 604.10
53020 00	Surgery	2.81	2.81	\$ 196.70	\$ 196.70
53025 00	Surgery	1.97	1.97	\$ 137.90	\$ 137.90
53040 00	Surgery	11.45	11.45	\$ 801.50	\$ 801.50
53060 00	Surgery	5.57	4.87	\$ 389.90	\$ 340.90
53080 00	Surgery	12.27	12.27	\$ 858.90	\$ 858.90
53085 00	Surgery	18.96	18.96	\$ 1,327.20	\$ 1,327.20
53200 00	Surgery	4.61	4.12	\$ 322.70	\$ 288.40
53210 00	Surgery	22.46	22.46	\$ 1,572.20	\$ 1,572.20
53215 00	Surgery	27.00	27.00	\$ 1,890.00	\$ 1,890.00
53220 00	Surgery	13.18	13.18	\$ 922.60	\$ 922.60
53230 00	Surgery	17.81	17.81	\$ 1,246.70	\$ 1,246.70
53235 00	Surgery	18.49	18.49	\$ 1,294.30	\$ 1,294.30
53240 00	Surgery	12.39	12.39	\$ 867.30	\$ 867.30

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
53250 00	Surgery	11.55	11.55	\$ 808.50	\$ 808.50
53260 00	Surgery	6.08	5.30	\$ 425.60	\$ 371.00
53265 00	Surgery	6.73	5.51	\$ 471.10	\$ 385.70
53270 00	Surgery	6.18	5.37	\$ 432.60	\$ 375.90
53275 00	Surgery	7.67	7.67	\$ 536.90	\$ 536.90
53400 00	Surgery	23.32	23.32	\$ 1,632.40	\$ 1,632.40
53405 00	Surgery	25.46	25.46	\$ 1,782.20	\$ 1,782.20
53410 00	Surgery	28.56	28.56	\$ 1,999.20	\$ 1,999.20
53415 00	Surgery	32.94	32.94	\$ 2,305.80	\$ 2,305.80
53420 00	Surgery	24.54	24.54	\$ 1,717.80	\$ 1,717.80
53425 00	Surgery	27.29	27.29	\$ 1,910.30	\$ 1,910.30
53430 00	Surgery	28.43	28.43	\$ 1,990.10	\$ 1,990.10
53431 00	Surgery	33.57	33.57	\$ 2,349.90	\$ 2,349.90
53440 00	Surgery	21.97	21.97	\$ 1,537.90	\$ 1,537.90
53442 00	Surgery	22.89	22.89	\$ 1,602.30	\$ 1,602.30
53444 00	Surgery	23.13	23.13	\$ 1,619.10	\$ 1,619.10
53445 00	Surgery	22.05	22.05	\$ 1,543.50	\$ 1,543.50
53446 00	Surgery	18.76	18.76	\$ 1,313.20	\$ 1,313.20
53447 00	Surgery	23.54	23.54	\$ 1,647.80	\$ 1,647.80
53448 00	Surgery	37.19	37.19	\$ 2,603.30	\$ 2,603.30
53449 00	Surgery	17.91	17.91	\$ 1,253.70	\$ 1,253.70
53450 00	Surgery	11.94	11.94	\$ 835.80	\$ 835.80
53460 00	Surgery	13.37	13.37	\$ 935.90	\$ 935.90
53500 00	Surgery	21.93	21.93	\$ 1,535.10	\$ 1,535.10
53502 00	Surgery	14.19	14.19	\$ 993.30	\$ 993.30
53505 00	Surgery	14.18	14.18	\$ 992.60	\$ 992.60
53510 00	Surgery	18.45	18.45	\$ 1,291.50	\$ 1,291.50
53515 00	Surgery	23.19	23.19	\$ 1,623.30	\$ 1,623.30
53520 00	Surgery	16.30	16.30	\$ 1,141.00	\$ 1,141.00
53600 00	Surgery	2.59	1.85	\$ 181.30	\$ 129.50
53601 00	Surgery	2.50	1.56	\$ 175.00	\$ 109.20
53605 00	Surgery	1.87	1.87	\$ 130.90	\$ 130.90
53620 00	Surgery	4.83	2.53	\$ 338.10	\$ 177.10
53621 00	Surgery	4.59	2.08	\$ 321.30	\$ 145.60
53660 00	Surgery	2.21	1.21	\$ 154.70	\$ 84.70
53661 00	Surgery	2.18	1.17	\$ 152.60	\$ 81.90
53665 00	Surgery	1.12	1.12	\$ 78.40	\$ 78.40
53850 00	Surgery	46.24	10.31	\$ 3,236.80	\$ 721.70
53852 00	Surgery	44.92	11.04	\$ 3,144.40	\$ 772.80
53854 00	Surgery	54.11	11.05	\$ 3,787.70	\$ 773.50
53855 00	Surgery	21.86	2.39	\$ 1,530.20	\$ 167.30
53860 00	Surgery	71.09	6.47	\$ 4,976.30	\$ 452.90
53899 00	Surgery	0.00	0.00	BR	BR
54000 00	Surgery	4.77	3.21	\$ 333.90	\$ 224.70
54001 00	Surgery	5.81	4.08	\$ 406.70	\$ 285.60
54015 00	Surgery	8.91	8.91	\$ 623.70	\$ 623.70
54050 00	Surgery	4.12	3.07	\$ 288.40	\$ 214.90
54055 00	Surgery	3.93	2.76	\$ 275.10	\$ 193.20
54056 00	Surgery	4.19	3.18	\$ 293.30	\$ 222.60
54057 00	Surgery	4.16	2.80	\$ 291.20	\$ 196.00
54060 00	Surgery	5.72	3.80	\$ 400.40	\$ 266.00
54065 00	Surgery	6.52	4.95	\$ 456.40	\$ 346.50
54100 00	Surgery	6.00	3.52	\$ 420.00	\$ 246.40
54105 00	Surgery	8.13	6.22	\$ 569.10	\$ 435.40
54110 00	Surgery	18.26	18.26	\$ 1,278.20	\$ 1,278.20
54111 00	Surgery	23.30	23.30	\$ 1,631.00	\$ 1,631.00
54112 00	Surgery	27.29	27.29	\$ 1,910.30	\$ 1,910.30
54115 00	Surgery	13.33	12.42	\$ 933.10	\$ 869.40
54120 00	Surgery	18.42	18.42	\$ 1,289.40	\$ 1,289.40

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
54125 00	Surgery	23.81	23.81	\$ 1,666.70	\$ 1,666.70
54130 00	Surgery	34.76	34.76	\$ 2,433.20	\$ 2,433.20
54135 00	Surgery	43.97	43.97	\$ 3,077.90	\$ 3,077.90
54150 00	Surgery	4.49	2.84	\$ 314.30	\$ 198.80
54160 00	Surgery	6.56	4.23	\$ 459.20	\$ 296.10
54161 00	Surgery	5.75	5.75	\$ 402.50	\$ 402.50
54162 00	Surgery	7.67	5.83	\$ 536.90	\$ 408.10
54163 00	Surgery	6.36	6.36	\$ 445.20	\$ 445.20
54164 00	Surgery	5.62	5.62	\$ 393.40	\$ 393.40
54200 00	Surgery	3.35	2.49	\$ 234.50	\$ 174.30
54205 00	Surgery	15.54	15.54	\$ 1,087.80	\$ 1,087.80
54220 00	Surgery	6.46	3.89	\$ 452.20	\$ 272.30
54230 00	Surgery	3.03	2.30	\$ 212.10	\$ 161.00
54231 00	Surgery	4.14	3.35	\$ 289.80	\$ 234.50
54235 00	Surgery	2.59	2.12	\$ 181.30	\$ 148.40
54240 00	Surgery	3.04	3.04	\$ 212.80	\$ 212.80
54240 26	Surgery	1.90	1.90	\$ 133.00	\$ 133.00
54240 TC	Surgery	1.14	1.14	\$ 79.80	\$ 79.80
54250 00	Surgery	3.54	3.54	\$ 247.80	\$ 247.80
54250 26	Surgery	3.15	3.15	\$ 220.50	\$ 220.50
54250 TC	Surgery	0.39	0.39	\$ 27.30	\$ 27.30
54300 00	Surgery	18.86	18.86	\$ 1,320.20	\$ 1,320.20
54304 00	Surgery	21.83	21.83	\$ 1,528.10	\$ 1,528.10
54308 00	Surgery	20.90	20.90	\$ 1,463.00	\$ 1,463.00
54312 00	Surgery	23.86	23.86	\$ 1,670.20	\$ 1,670.20
54316 00	Surgery	29.01	29.01	\$ 2,030.70	\$ 2,030.70
54318 00	Surgery	20.77	20.77	\$ 1,453.90	\$ 1,453.90
54322 00	Surgery	22.80	22.80	\$ 1,596.00	\$ 1,596.00
54324 00	Surgery	28.21	28.21	\$ 1,974.70	\$ 1,974.70
54326 00	Surgery	27.48	27.48	\$ 1,923.60	\$ 1,923.60
54328 00	Surgery	27.31	27.31	\$ 1,911.70	\$ 1,911.70
54332 00	Surgery	29.47	29.47	\$ 2,062.90	\$ 2,062.90
54336 00	Surgery	34.64	34.64	\$ 2,424.80	\$ 2,424.80
54340 00	Surgery	16.64	16.64	\$ 1,164.80	\$ 1,164.80
54344 00	Surgery	27.53	27.53	\$ 1,927.10	\$ 1,927.10
54348 00	Surgery	29.47	29.47	\$ 2,062.90	\$ 2,062.90
54352 00	Surgery	41.21	41.21	\$ 2,884.70	\$ 2,884.70
54360 00	Surgery	21.04	21.04	\$ 1,472.80	\$ 1,472.80
54380 00	Surgery	23.31	23.31	\$ 1,631.70	\$ 1,631.70
54385 00	Surgery	27.13	27.13	\$ 1,899.10	\$ 1,899.10
54390 00	Surgery	36.16	36.16	\$ 2,531.20	\$ 2,531.20
54400 00	Surgery	15.51	15.51	\$ 1,085.70	\$ 1,085.70
54401 00	Surgery	19.30	19.30	\$ 1,351.00	\$ 1,351.00
54405 00	Surgery	23.58	23.58	\$ 1,650.60	\$ 1,650.60
54406 00	Surgery	21.34	21.34	\$ 1,493.80	\$ 1,493.80
54408 00	Surgery	23.07	23.07	\$ 1,614.90	\$ 1,614.90
54410 00	Surgery	25.16	25.16	\$ 1,761.20	\$ 1,761.20
54411 00	Surgery	30.13	30.13	\$ 2,109.10	\$ 2,109.10
54415 00	Surgery	15.49	15.49	\$ 1,084.30	\$ 1,084.30
54416 00	Surgery	20.87	20.87	\$ 1,460.90	\$ 1,460.90
54417 00	Surgery	26.19	26.19	\$ 1,833.30	\$ 1,833.30
54420 00	Surgery	20.54	20.54	\$ 1,437.80	\$ 1,437.80
54430 00	Surgery	18.66	18.66	\$ 1,306.20	\$ 1,306.20
54435 00	Surgery	12.10	12.10	\$ 847.00	\$ 847.00
54437 00	Surgery	19.76	19.76	\$ 1,383.20	\$ 1,383.20
54438 00	Surgery	38.92	38.92	\$ 2,724.40	\$ 2,724.40
54440 00	Surgery	-	-	\$ 1,168.30	\$ 1,168.30
54450 00	Surgery	2.00	1.67	\$ 140.00	\$ 116.90
54500 00	Surgery	2.15	2.15	\$ 150.50	\$ 150.50

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
54505 00	Surgery	6.14	6.14	\$ 429.80	\$ 429.80
54512 00	Surgery	15.77	15.77	\$ 1,103.90	\$ 1,103.90
54520 00	Surgery	9.59	9.59	\$ 671.30	\$ 671.30
54522 00	Surgery	17.19	17.19	\$ 1,203.30	\$ 1,203.30
54530 00	Surgery	14.85	14.85	\$ 1,039.50	\$ 1,039.50
54535 00	Surgery	21.71	21.71	\$ 1,519.70	\$ 1,519.70
54550 00	Surgery	14.37	14.37	\$ 1,005.90	\$ 1,005.90
54560 00	Surgery	20.08	20.08	\$ 1,405.60	\$ 1,405.60
54600 00	Surgery	13.22	13.22	\$ 925.40	\$ 925.40
54620 00	Surgery	8.73	8.73	\$ 611.10	\$ 611.10
54640 00	Surgery	12.67	12.67	\$ 886.90	\$ 886.90
54650 00	Surgery	20.79	20.79	\$ 1,455.30	\$ 1,455.30
54660 00	Surgery	10.45	10.45	\$ 731.50	\$ 731.50
54670 00	Surgery	11.92	11.92	\$ 834.40	\$ 834.40
54680 00	Surgery	22.98	22.98	\$ 1,608.60	\$ 1,608.60
54690 00	Surgery	19.14	19.14	\$ 1,339.80	\$ 1,339.80
54692 00	Surgery	22.07	22.07	\$ 1,544.90	\$ 1,544.90
54699 00	Surgery	0.00	0.00	BR	BR
54700 00	Surgery	6.24	6.24	\$ 436.80	\$ 436.80
54800 00	Surgery	3.63	3.63	\$ 254.10	\$ 254.10
54830 00	Surgery	10.88	10.88	\$ 761.60	\$ 761.60
54840 00	Surgery	9.43	9.43	\$ 660.10	\$ 660.10
54860 00	Surgery	12.24	12.24	\$ 856.80	\$ 856.80
54861 00	Surgery	16.59	16.59	\$ 1,161.30	\$ 1,161.30
54865 00	Surgery	10.50	10.50	\$ 735.00	\$ 735.00
54900 00	Surgery	23.35	23.35	\$ 1,634.50	\$ 1,634.50
54901 00	Surgery	30.86	30.86	\$ 2,160.20	\$ 2,160.20
55000 00	Surgery	3.53	2.45	\$ 247.10	\$ 171.50
55040 00	Surgery	9.90	9.90	\$ 693.00	\$ 693.00
55041 00	Surgery	14.96	14.96	\$ 1,047.20	\$ 1,047.20
55060 00	Surgery	11.12	11.12	\$ 778.40	\$ 778.40
55100 00	Surgery	6.77	4.88	\$ 473.90	\$ 341.60
55110 00	Surgery	11.33	11.33	\$ 793.10	\$ 793.10
55120 00	Surgery	10.35	10.35	\$ 724.50	\$ 724.50
55150 00	Surgery	14.40	14.40	\$ 1,008.00	\$ 1,008.00
55175 00	Surgery	10.66	10.66	\$ 746.20	\$ 746.20
55180 00	Surgery	20.21	20.21	\$ 1,414.70	\$ 1,414.70
55200 00	Surgery	11.86	8.09	\$ 830.20	\$ 566.30
55250 00	Surgery	10.42	6.66	\$ 729.40	\$ 466.20
55300 00	Surgery	5.43	5.43	\$ 380.10	\$ 380.10
55400 00	Surgery	14.60	14.60	\$ 1,022.00	\$ 1,022.00
55500 00	Surgery	11.53	11.53	\$ 807.10	\$ 807.10
55520 00	Surgery	13.52	13.52	\$ 946.40	\$ 946.40
55530 00	Surgery	10.30	10.30	\$ 721.00	\$ 721.00
55535 00	Surgery	12.57	12.57	\$ 879.90	\$ 879.90
55540 00	Surgery	16.43	16.43	\$ 1,150.10	\$ 1,150.10
55550 00	Surgery	12.53	12.53	\$ 877.10	\$ 877.10
55559 00	Surgery	0.00	0.00	BR	BR
55600 00	Surgery	12.32	12.32	\$ 862.40	\$ 862.40
55605 00	Surgery	15.29	15.29	\$ 1,070.30	\$ 1,070.30
55650 00	Surgery	20.97	20.97	\$ 1,467.90	\$ 1,467.90
55680 00	Surgery	10.14	10.14	\$ 709.80	\$ 709.80
55700 00	Surgery	7.35	3.78	\$ 514.50	\$ 264.60
55705 00	Surgery	7.74	7.74	\$ 541.80	\$ 541.80
55706 00	Surgery	10.93	10.93	\$ 765.10	\$ 765.10
55720 00	Surgery	13.22	13.22	\$ 925.40	\$ 925.40
55725 00	Surgery	17.36	17.36	\$ 1,215.20	\$ 1,215.20
55801 00	Surgery	31.90	31.90	\$ 2,233.00	\$ 2,233.00
55810 00	Surgery	38.10	38.10	\$ 2,667.00	\$ 2,667.00

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
55812 00	Surgery	46.78	46.78	\$ 3,274.60	\$ 3,274.60
55815 00	Surgery	51.25	51.25	\$ 3,587.50	\$ 3,587.50
55821 00	Surgery	25.47	25.47	\$ 1,782.90	\$ 1,782.90
55831 00	Surgery	27.55	27.55	\$ 1,928.50	\$ 1,928.50
55840 00	Surgery	34.06	34.06	\$ 2,384.20	\$ 2,384.20
55842 00	Surgery	34.12	34.12	\$ 2,388.40	\$ 2,388.40
55845 00	Surgery	39.62	39.62	\$ 2,773.40	\$ 2,773.40
55860 00	Surgery	25.52	25.52	\$ 1,786.40	\$ 1,786.40
55862 00	Surgery	31.90	31.90	\$ 2,233.00	\$ 2,233.00
55865 00	Surgery	38.86	38.86	\$ 2,720.20	\$ 2,720.20
55866 00	Surgery	41.95	41.95	\$ 2,936.50	\$ 2,936.50
55870 00	Surgery	5.11	4.11	\$ 357.70	\$ 287.70
55873 00	Surgery	186.69	22.28	\$ 13,068.30	\$ 1,559.60
55874 00	Surgery	93.45	4.77	\$ 6,541.50	\$ 333.90
55875 00	Surgery	22.53	22.53	\$ 1,577.10	\$ 1,577.10
55876 00	Surgery	4.38	2.92	\$ 306.60	\$ 204.40
55880 00	Surgery	28.57	28.57	\$ 1,999.90	\$ 1,999.90
55899 00	Surgery	0.00	0.00	BR	BR
55920 00	Surgery	13.28	13.28	\$ 929.60	\$ 929.60
55970 00	Surgery	0.00	0.00	BR	BR
55980 00	Surgery	0.00	0.00	BR	BR
56405 00	Surgery	4.18	3.67	\$ 292.60	\$ 256.90
56420 00	Surgery	5.20	3.21	\$ 364.00	\$ 224.70
56440 00	Surgery	5.33	5.33	\$ 373.10	\$ 373.10
56441 00	Surgery	5.24	4.48	\$ 366.80	\$ 313.60
56442 00	Surgery	1.37	1.37	\$ 95.90	\$ 95.90
56501 00	Surgery	5.40	3.82	\$ 378.00	\$ 267.40
56515 00	Surgery	7.96	6.20	\$ 557.20	\$ 434.00
56605 00	Surgery	2.79	1.74	\$ 195.30	\$ 121.80
56606 00	Surgery	1.14	0.86	\$ 79.80	\$ 60.20
56620 00	Surgery	16.93	16.93	\$ 1,185.10	\$ 1,185.10
56625 00	Surgery	19.47	19.47	\$ 1,362.90	\$ 1,362.90
56630 00	Surgery	28.07	28.07	\$ 1,964.90	\$ 1,964.90
56631 00	Surgery	34.66	34.66	\$ 2,426.20	\$ 2,426.20
56632 00	Surgery	41.79	41.79	\$ 2,925.30	\$ 2,925.30
56633 00	Surgery	36.01	36.01	\$ 2,520.70	\$ 2,520.70
56634 00	Surgery	37.87	37.87	\$ 2,650.90	\$ 2,650.90
56637 00	Surgery	43.96	43.96	\$ 3,077.20	\$ 3,077.20
56640 00	Surgery	44.65	44.65	\$ 3,125.50	\$ 3,125.50
56700 00	Surgery	5.94	5.94	\$ 415.80	\$ 415.80
56740 00	Surgery	9.24	9.24	\$ 646.80	\$ 646.80
56800 00	Surgery	7.39	7.39	\$ 517.30	\$ 517.30
56805 00	Surgery	34.37	34.37	\$ 2,405.90	\$ 2,405.90
56810 00	Surgery	7.94	7.94	\$ 555.80	\$ 555.80
56820 00	Surgery	3.62	2.47	\$ 253.40	\$ 172.90
56821 00	Surgery	4.86	3.32	\$ 340.20	\$ 232.40
57000 00	Surgery	5.90	5.90	\$ 413.00	\$ 413.00
57010 00	Surgery	13.44	13.44	\$ 940.80	\$ 940.80
57020 00	Surgery	3.57	2.36	\$ 249.90	\$ 165.20
57022 00	Surgery	5.32	5.32	\$ 372.40	\$ 372.40
57023 00	Surgery	9.40	9.40	\$ 658.00	\$ 658.00
57061 00	Surgery	4.70	3.31	\$ 329.00	\$ 231.70
57065 00	Surgery	7.08	5.44	\$ 495.60	\$ 380.80
57100 00	Surgery	2.99	1.93	\$ 209.30	\$ 135.10
57105 00	Surgery	5.06	4.21	\$ 354.20	\$ 294.70
57106 00	Surgery	15.63	15.63	\$ 1,094.10	\$ 1,094.10
57107 00	Surgery	42.50	42.50	\$ 2,975.00	\$ 2,975.00
57109 00	Surgery	50.64	50.64	\$ 3,544.80	\$ 3,544.80
57110 00	Surgery	26.69	26.69	\$ 1,868.30	\$ 1,868.30

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
57111 00	Surgery	50.64	50.64	\$ 3,544.80	\$ 3,544.80
57120 00	Surgery	15.59	15.59	\$ 1,091.30	\$ 1,091.30
57130 00	Surgery	6.60	5.05	\$ 462.00	\$ 353.50
57135 00	Surgery	7.09	5.48	\$ 496.30	\$ 383.60
57150 00	Surgery	1.72	0.78	\$ 120.40	\$ 54.60
57155 00	Surgery	11.38	8.22	\$ 796.60	\$ 575.40
57156 00	Surgery	6.54	4.36	\$ 457.80	\$ 305.20
57160 00	Surgery	2.14	1.37	\$ 149.80	\$ 95.90
57170 00	Surgery	2.24	1.41	\$ 156.80	\$ 98.70
57180 00	Surgery	5.70	3.53	\$ 399.00	\$ 247.10
57200 00	Surgery	9.67	9.67	\$ 676.90	\$ 676.90
57210 00	Surgery	11.55	11.55	\$ 808.50	\$ 808.50
57220 00	Surgery	10.12	10.12	\$ 708.40	\$ 708.40
57230 00	Surgery	12.31	12.31	\$ 861.70	\$ 861.70
57240 00	Surgery	17.98	17.98	\$ 1,258.60	\$ 1,258.60
57250 00	Surgery	18.08	18.08	\$ 1,265.60	\$ 1,265.60
57260 00	Surgery	22.92	22.92	\$ 1,604.40	\$ 1,604.40
57265 00	Surgery	25.70	25.70	\$ 1,799.00	\$ 1,799.00
57267 00	Surgery	7.39	7.39	\$ 517.30	\$ 517.30
57268 00	Surgery	14.88	14.88	\$ 1,041.60	\$ 1,041.60
57270 00	Surgery	23.93	23.93	\$ 1,675.10	\$ 1,675.10
57280 00	Surgery	28.43	28.43	\$ 1,990.10	\$ 1,990.10
57282 00	Surgery	20.42	20.42	\$ 1,429.40	\$ 1,429.40
57283 00	Surgery	20.56	20.56	\$ 1,439.20	\$ 1,439.20
57284 00	Surgery	24.50	24.50	\$ 1,715.00	\$ 1,715.00
57285 00	Surgery	20.41	20.41	\$ 1,428.70	\$ 1,428.70
57287 00	Surgery	21.64	21.64	\$ 1,514.80	\$ 1,514.80
57288 00	Surgery	21.79	21.79	\$ 1,525.30	\$ 1,525.30
57289 00	Surgery	23.37	23.37	\$ 1,635.90	\$ 1,635.90
57291 00	Surgery	16.20	16.20	\$ 1,134.00	\$ 1,134.00
57292 00	Surgery	24.46	24.46	\$ 1,712.20	\$ 1,712.20
57295 00	Surgery	14.70	14.70	\$ 1,029.00	\$ 1,029.00
57296 00	Surgery	28.01	28.01	\$ 1,960.70	\$ 1,960.70
57300 00	Surgery	17.85	17.85	\$ 1,249.50	\$ 1,249.50
57305 00	Surgery	28.91	28.91	\$ 2,023.70	\$ 2,023.70
57307 00	Surgery	31.43	31.43	\$ 2,200.10	\$ 2,200.10
57308 00	Surgery	19.37	19.37	\$ 1,355.90	\$ 1,355.90
57310 00	Surgery	14.33	14.33	\$ 1,003.10	\$ 1,003.10
57311 00	Surgery	16.19	16.19	\$ 1,133.30	\$ 1,133.30
57320 00	Surgery	16.42	16.42	\$ 1,149.40	\$ 1,149.40
57330 00	Surgery	22.37	22.37	\$ 1,565.90	\$ 1,565.90
57335 00	Surgery	34.72	34.72	\$ 2,430.40	\$ 2,430.40
57400 00	Surgery	3.85	3.85	\$ 269.50	\$ 269.50
57410 00	Surgery	3.09	3.09	\$ 216.30	\$ 216.30
57415 00	Surgery	5.12	5.12	\$ 358.40	\$ 358.40
57420 00	Surgery	3.82	2.63	\$ 267.40	\$ 184.10
57421 00	Surgery	5.15	3.56	\$ 360.50	\$ 249.20
57423 00	Surgery	27.34	27.34	\$ 1,913.80	\$ 1,913.80
57425 00	Surgery	28.65	28.65	\$ 2,005.50	\$ 2,005.50
57426 00	Surgery	25.57	25.57	\$ 1,789.90	\$ 1,789.90
57452 00	Surgery	3.67	2.66	\$ 256.90	\$ 186.20
57454 00	Surgery	4.95	3.93	\$ 346.50	\$ 275.10
57455 00	Surgery	4.71	3.20	\$ 329.70	\$ 224.00
57456 00	Surgery	4.42	2.97	\$ 309.40	\$ 207.90
57460 00	Surgery	9.48	4.70	\$ 663.60	\$ 329.00
57461 00	Surgery	10.55	5.42	\$ 738.50	\$ 379.40
57465 00	Surgery	1.66	1.27	\$ 116.20	\$ 88.90
57500 00	Surgery	4.55	2.20	\$ 318.50	\$ 154.00
57505 00	Surgery	4.33	3.13	\$ 303.10	\$ 219.10

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
57510 00	Surgery	4.78	3.32	\$ 334.60	\$ 232.40
57511 00	Surgery	5.66	4.27	\$ 396.20	\$ 298.90
57513 00	Surgery	5.81	4.26	\$ 406.70	\$ 298.20
57520 00	Surgery	10.29	8.63	\$ 720.30	\$ 604.10
57522 00	Surgery	8.85	7.48	\$ 619.50	\$ 523.60
57530 00	Surgery	10.91	10.91	\$ 763.70	\$ 763.70
57531 00	Surgery	53.77	53.77	\$ 3,763.90	\$ 3,763.90
57540 00	Surgery	23.37	23.37	\$ 1,635.90	\$ 1,635.90
57545 00	Surgery	24.60	24.60	\$ 1,722.00	\$ 1,722.00
57550 00	Surgery	12.67	12.67	\$ 886.90	\$ 886.90
57555 00	Surgery	18.25	18.25	\$ 1,277.50	\$ 1,277.50
57556 00	Surgery	17.30	17.30	\$ 1,211.00	\$ 1,211.00
57558 00	Surgery	4.53	3.73	\$ 317.10	\$ 261.10
57700 00	Surgery	10.35	10.35	\$ 724.50	\$ 724.50
57720 00	Surgery	9.80	9.80	\$ 686.00	\$ 686.00
57800 00	Surgery	2.24	1.41	\$ 156.80	\$ 98.70
58100 00	Surgery	3.01	1.88	\$ 210.70	\$ 131.60
58110 00	Surgery	1.49	1.20	\$ 104.30	\$ 84.00
58120 00	Surgery	8.68	6.82	\$ 607.60	\$ 477.40
58140 00	Surgery	27.52	27.52	\$ 1,926.40	\$ 1,926.40
58145 00	Surgery	16.77	16.77	\$ 1,173.90	\$ 1,173.90
58146 00	Surgery	34.14	34.14	\$ 2,389.80	\$ 2,389.80
58150 00	Surgery	29.77	29.77	\$ 2,083.90	\$ 2,083.90
58152 00	Surgery	36.59	36.59	\$ 2,561.30	\$ 2,561.30
58180 00	Surgery	28.26	28.26	\$ 1,978.20	\$ 1,978.20
58200 00	Surgery	39.74	39.74	\$ 2,781.80	\$ 2,781.80
58210 00	Surgery	53.46	53.46	\$ 3,742.20	\$ 3,742.20
58240 00	Surgery	85.89	85.89	\$ 6,012.30	\$ 6,012.30
58260 00	Surgery	24.74	24.74	\$ 1,731.80	\$ 1,731.80
58262 00	Surgery	27.34	27.34	\$ 1,913.80	\$ 1,913.80
58263 00	Surgery	29.34	29.34	\$ 2,053.80	\$ 2,053.80
58267 00	Surgery	31.55	31.55	\$ 2,208.50	\$ 2,208.50
58270 00	Surgery	26.38	26.38	\$ 1,846.60	\$ 1,846.60
58275 00	Surgery	29.22	29.22	\$ 2,045.40	\$ 2,045.40
58280 00	Surgery	31.28	31.28	\$ 2,189.60	\$ 2,189.60
58285 00	Surgery	41.58	41.58	\$ 2,910.60	\$ 2,910.60
58290 00	Surgery	34.03	34.03	\$ 2,382.10	\$ 2,382.10
58291 00	Surgery	36.80	36.80	\$ 2,576.00	\$ 2,576.00
58292 00	Surgery	38.79	38.79	\$ 2,715.30	\$ 2,715.30
58294 00	Surgery	36.00	36.00	\$ 2,520.00	\$ 2,520.00
58300 00	Surgery	3.05	1.49	\$ 213.50	\$ 104.30
58301 00	Surgery	3.19	1.96	\$ 223.30	\$ 137.20
58321 00	Surgery	2.40	1.42	\$ 168.00	\$ 99.40
58322 00	Surgery	2.67	1.69	\$ 186.90	\$ 118.30
58323 00	Surgery	0.45	0.36	\$ 31.50	\$ 25.20
58340 00	Surgery	6.90	1.67	\$ 483.00	\$ 116.90
58345 00	Surgery	8.50	8.50	\$ 595.00	\$ 595.00
58346 00	Surgery	14.16	14.16	\$ 991.20	\$ 991.20
58350 00	Surgery	4.28	2.73	\$ 299.60	\$ 191.10
58353 00	Surgery	30.29	6.79	\$ 2,120.30	\$ 475.30
58356 00	Surgery	54.78	10.47	\$ 3,834.60	\$ 732.90
58400 00	Surgery	13.59	13.59	\$ 951.30	\$ 951.30
58410 00	Surgery	24.10	24.10	\$ 1,687.00	\$ 1,687.00
58520 00	Surgery	23.60	23.60	\$ 1,652.00	\$ 1,652.00
58540 00	Surgery	27.08	27.08	\$ 1,895.60	\$ 1,895.60
58541 00	Surgery	21.52	21.52	\$ 1,506.40	\$ 1,506.40
58542 00	Surgery	24.51	24.51	\$ 1,715.70	\$ 1,715.70
58543 00	Surgery	24.88	24.88	\$ 1,741.60	\$ 1,741.60
58544 00	Surgery	26.78	26.78	\$ 1,874.60	\$ 1,874.60

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
58545 00	Surgery	26.57	26.57	\$ 1,859.90	\$ 1,859.90
58546 00	Surgery	32.91	32.91	\$ 2,303.70	\$ 2,303.70
58548 00	Surgery	55.15	55.15	\$ 3,860.50	\$ 3,860.50
58550 00	Surgery	26.01	26.01	\$ 1,820.70	\$ 1,820.70
58552 00	Surgery	28.93	28.93	\$ 2,025.10	\$ 2,025.10
58553 00	Surgery	33.12	33.12	\$ 2,318.40	\$ 2,318.40
58554 00	Surgery	38.55	38.55	\$ 2,698.50	\$ 2,698.50
58555 00	Surgery	10.65	4.46	\$ 745.50	\$ 312.20
58558 00	Surgery	42.87	6.78	\$ 3,000.90	\$ 474.60
58559 00	Surgery	8.36	8.36	\$ 585.20	\$ 585.20
58560 00	Surgery	9.22	9.22	\$ 645.40	\$ 645.40
58561 00	Surgery	10.52	10.52	\$ 736.40	\$ 736.40
58562 00	Surgery	12.71	6.52	\$ 889.70	\$ 456.40
58563 00	Surgery	64.72	7.24	\$ 4,530.40	\$ 506.80
58565 00	Surgery	54.33	13.43	\$ 3,803.10	\$ 940.10
58570 00	Surgery	23.62	23.62	\$ 1,653.40	\$ 1,653.40
58571 00	Surgery	26.60	26.60	\$ 1,862.00	\$ 1,862.00
58572 00	Surgery	30.51	30.51	\$ 2,135.70	\$ 2,135.70
58573 00	Surgery	35.76	35.76	\$ 2,503.20	\$ 2,503.20
58575 00	Surgery	56.41	56.41	\$ 3,948.70	\$ 3,948.70
58578 00	Surgery	0.00	0.00	BR	BR
58579 00	Surgery	0.00	0.00	BR	BR
58600 00	Surgery	10.94	10.94	\$ 765.80	\$ 765.80
58605 00	Surgery	9.91	9.91	\$ 693.70	\$ 693.70
58611 00	Surgery	2.24	2.24	\$ 156.80	\$ 156.80
58615 00	Surgery	7.49	7.49	\$ 524.30	\$ 524.30
58660 00	Surgery	20.05	20.05	\$ 1,403.50	\$ 1,403.50
58661 00	Surgery	19.21	19.21	\$ 1,344.70	\$ 1,344.70
58662 00	Surgery	20.98	20.98	\$ 1,468.60	\$ 1,468.60
58670 00	Surgery	10.96	10.96	\$ 767.20	\$ 767.20
58671 00	Surgery	10.96	10.96	\$ 767.20	\$ 767.20
58672 00	Surgery	21.62	21.62	\$ 1,513.40	\$ 1,513.40
58673 00	Surgery	23.47	23.47	\$ 1,642.90	\$ 1,642.90
58674 00	Surgery	24.03	24.03	\$ 1,682.10	\$ 1,682.10
58679 00	Surgery	0.00	0.00	BR	BR
58700 00	Surgery	23.44	23.44	\$ 1,640.80	\$ 1,640.80
58720 00	Surgery	22.19	22.19	\$ 1,553.30	\$ 1,553.30
58740 00	Surgery	26.55	26.55	\$ 1,858.50	\$ 1,858.50
58750 00	Surgery	26.88	26.88	\$ 1,881.60	\$ 1,881.60
58752 00	Surgery	26.81	26.81	\$ 1,876.70	\$ 1,876.70
58760 00	Surgery	24.26	24.26	\$ 1,698.20	\$ 1,698.20
58770 00	Surgery	25.46	25.46	\$ 1,782.20	\$ 1,782.20
58800 00	Surgery	10.62	9.28	\$ 743.40	\$ 649.60
58805 00	Surgery	12.58	12.58	\$ 880.60	\$ 880.60
58820 00	Surgery	9.93	9.93	\$ 695.10	\$ 695.10
58822 00	Surgery	21.10	21.10	\$ 1,477.00	\$ 1,477.00
58825 00	Surgery	20.95	20.95	\$ 1,466.50	\$ 1,466.50
58900 00	Surgery	12.83	12.83	\$ 898.10	\$ 898.10
58920 00	Surgery	21.10	21.10	\$ 1,477.00	\$ 1,477.00
58925 00	Surgery	22.54	22.54	\$ 1,577.80	\$ 1,577.80
58940 00	Surgery	16.28	16.28	\$ 1,139.60	\$ 1,139.60
58943 00	Surgery	34.51	34.51	\$ 2,415.70	\$ 2,415.70
58950 00	Surgery	33.68	33.68	\$ 2,357.60	\$ 2,357.60
58951 00	Surgery	42.25	42.25	\$ 2,957.50	\$ 2,957.50
58952 00	Surgery	48.18	48.18	\$ 3,372.60	\$ 3,372.60
58953 00	Surgery	58.73	58.73	\$ 4,111.10	\$ 4,111.10
58954 00	Surgery	63.56	63.56	\$ 4,449.20	\$ 4,449.20
58956 00	Surgery	39.90	39.90	\$ 2,793.00	\$ 2,793.00
58957 00	Surgery	46.64	46.64	\$ 3,264.80	\$ 3,264.80

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
58958 00	Surgery	48.93	48.93	\$ 3,425.10	\$ 3,425.10
58960 00	Surgery	28.72	28.72	\$ 2,010.40	\$ 2,010.40
58970 00	Surgery	7.04	5.78	\$ 492.80	\$ 404.60
58974 00	Surgery	-	-	\$ 306.60	\$ 306.60
58976 00	Surgery	7.60	6.25	\$ 532.00	\$ 437.50
58999 00	Surgery	0.00	0.00	BR	BR
59000 00	Surgery	3.49	2.33	\$ 244.30	\$ 163.10
59001 00	Surgery	5.22	5.22	\$ 365.40	\$ 365.40
59012 00	Surgery	5.91	5.91	\$ 413.70	\$ 413.70
59015 00	Surgery	4.60	3.86	\$ 322.00	\$ 270.20
59020 00	Surgery	2.06	2.06	\$ 144.20	\$ 144.20
59020 26	Surgery	1.07	1.07	\$ 74.90	\$ 74.90
59020 TC	Surgery	0.99	0.99	\$ 69.30	\$ 69.30
59025 00	Surgery	1.44	1.44	\$ 100.80	\$ 100.80
59025 26	Surgery	0.87	0.87	\$ 60.90	\$ 60.90
59025 TC	Surgery	0.57	0.57	\$ 39.90	\$ 39.90
59030 00	Surgery	3.29	3.29	\$ 230.30	\$ 230.30
59050 00	Surgery	1.48	1.48	\$ 103.60	\$ 103.60
59051 00	Surgery	1.23	1.23	\$ 86.10	\$ 86.10
59070 00	Surgery	11.87	9.05	\$ 830.90	\$ 633.50
59072 00	Surgery	15.30	15.30	\$ 1,071.00	\$ 1,071.00
59074 00	Surgery	11.36	9.05	\$ 795.20	\$ 633.50
59076 00	Surgery	15.30	15.30	\$ 1,071.00	\$ 1,071.00
59100 00	Surgery	25.20	25.20	\$ 1,764.00	\$ 1,764.00
59120 00	Surgery	24.02	24.02	\$ 1,681.40	\$ 1,681.40
59121 00	Surgery	24.04	24.04	\$ 1,682.80	\$ 1,682.80
59130 00	Surgery	27.95	27.95	\$ 1,956.50	\$ 1,956.50
59135 00	Surgery	27.60	27.60	\$ 1,932.00	\$ 1,932.00
59136 00	Surgery	26.51	26.51	\$ 1,855.70	\$ 1,855.70
59140 00	Surgery	12.29	12.29	\$ 860.30	\$ 860.30
59150 00	Surgery	23.31	23.31	\$ 1,631.70	\$ 1,631.70
59151 00	Surgery	22.73	22.73	\$ 1,591.10	\$ 1,591.10
59160 00	Surgery	7.80	5.50	\$ 546.00	\$ 385.00
59200 00	Surgery	2.97	1.31	\$ 207.90	\$ 91.70
59300 00	Surgery	6.70	4.31	\$ 469.00	\$ 301.70
59320 00	Surgery	4.43	4.43	\$ 310.10	\$ 310.10
59325 00	Surgery	7.07	7.07	\$ 494.90	\$ 494.90
59350 00	Surgery	8.21	8.21	\$ 574.70	\$ 574.70
59400 00	Surgery	70.26	70.26	\$ 4,918.20	\$ 4,918.20
59409 00	Surgery	23.64	23.64	\$ 1,654.80	\$ 1,654.80
59410 00	Surgery	31.17	31.17	\$ 2,181.90	\$ 2,181.90
59412 00	Surgery	3.01	3.01	\$ 210.70	\$ 210.70
59414 00	Surgery	2.68	2.68	\$ 187.60	\$ 187.60
59425 00	Surgery	16.39	12.81	\$ 1,147.30	\$ 896.70
59426 00	Surgery	29.99	23.47	\$ 2,099.30	\$ 1,642.90
59430 00	Surgery	7.62	5.29	\$ 533.40	\$ 370.30
59510 00	Surgery	77.60	77.60	\$ 5,432.00	\$ 5,432.00
59514 00	Surgery	26.75	26.75	\$ 1,872.50	\$ 1,872.50
59515 00	Surgery	38.41	38.41	\$ 2,688.70	\$ 2,688.70
59525 00	Surgery	14.15	14.15	\$ 990.50	\$ 990.50
59610 00	Surgery	73.45	73.45	\$ 5,141.50	\$ 5,141.50
59612 00	Surgery	26.71	26.71	\$ 1,869.70	\$ 1,869.70
59614 00	Surgery	33.75	33.75	\$ 2,362.50	\$ 2,362.50
59618 00	Surgery	78.45	78.45	\$ 5,491.50	\$ 5,491.50
59620 00	Surgery	27.62	27.62	\$ 1,933.40	\$ 1,933.40
59622 00	Surgery	39.78	39.78	\$ 2,784.60	\$ 2,784.60
59812 00	Surgery	10.58	9.06	\$ 740.60	\$ 634.20
59820 00	Surgery	12.73	11.25	\$ 891.10	\$ 787.50
59821 00	Surgery	12.59	11.05	\$ 881.30	\$ 773.50

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
59830 00	Surgery	13.61	13.61	\$ 952.70	\$ 952.70
59840 00	Surgery	7.26	6.50	\$ 508.20	\$ 455.00
59841 00	Surgery	12.43	10.94	\$ 870.10	\$ 765.80
59850 00	Surgery	11.49	11.49	\$ 804.30	\$ 804.30
59851 00	Surgery	12.50	12.50	\$ 875.00	\$ 875.00
59852 00	Surgery	17.25	17.25	\$ 1,207.50	\$ 1,207.50
59855 00	Surgery	12.51	12.51	\$ 875.70	\$ 875.70
59856 00	Surgery	14.63	14.63	\$ 1,024.10	\$ 1,024.10
59857 00	Surgery	17.09	17.09	\$ 1,196.30	\$ 1,196.30
59866 00	Surgery	6.98	6.98	\$ 488.60	\$ 488.60
59870 00	Surgery	15.58	15.58	\$ 1,090.60	\$ 1,090.60
59871 00	Surgery	3.89	3.89	\$ 272.30	\$ 272.30
59897 00	Surgery	0.00	0.00	BR	BR
59898 00	Surgery	0.00	0.00	BR	BR
59899 00	Surgery	-	-	\$ 1,130.50	\$ 1,130.50
60000 00	Surgery	5.28	4.49	\$ 369.60	\$ 314.30
60100 00	Surgery	3.25	2.25	\$ 227.50	\$ 157.50
60200 00	Surgery	19.59	19.59	\$ 1,371.30	\$ 1,371.30
60210 00	Surgery	20.77	20.77	\$ 1,453.90	\$ 1,453.90
60212 00	Surgery	30.41	30.41	\$ 2,128.70	\$ 2,128.70
60220 00	Surgery	20.71	20.71	\$ 1,449.70	\$ 1,449.70
60225 00	Surgery	27.34	27.34	\$ 1,913.80	\$ 1,913.80
60240 00	Surgery	26.91	26.91	\$ 1,883.70	\$ 1,883.70
60252 00	Surgery	38.71	38.71	\$ 2,709.70	\$ 2,709.70
60254 00	Surgery	48.66	48.66	\$ 3,406.20	\$ 3,406.20
60260 00	Surgery	31.90	31.90	\$ 2,233.00	\$ 2,233.00
60270 00	Surgery	40.04	40.04	\$ 2,802.80	\$ 2,802.80
60271 00	Surgery	30.91	30.91	\$ 2,163.70	\$ 2,163.70
60280 00	Surgery	13.15	13.15	\$ 920.50	\$ 920.50
60281 00	Surgery	17.27	17.27	\$ 1,208.90	\$ 1,208.90
60300 00	Surgery	3.30	1.43	\$ 231.00	\$ 100.10
60500 00	Surgery	28.49	28.49	\$ 1,994.30	\$ 1,994.30
60502 00	Surgery	38.15	38.15	\$ 2,670.50	\$ 2,670.50
60505 00	Surgery	40.88	40.88	\$ 2,861.60	\$ 2,861.60
60512 00	Surgery	7.09	7.09	\$ 496.30	\$ 496.30
60520 00	Surgery	30.81	30.81	\$ 2,156.70	\$ 2,156.70
60521 00	Surgery	32.85	32.85	\$ 2,299.50	\$ 2,299.50
60522 00	Surgery	40.05	40.05	\$ 2,803.50	\$ 2,803.50
60540 00	Surgery	31.63	31.63	\$ 2,214.10	\$ 2,214.10
60545 00	Surgery	36.58	36.58	\$ 2,560.60	\$ 2,560.60
60600 00	Surgery	39.82	39.82	\$ 2,787.40	\$ 2,787.40
60605 00	Surgery	48.25	48.25	\$ 3,377.50	\$ 3,377.50
60650 00	Surgery	35.03	35.03	\$ 2,452.10	\$ 2,452.10
60659 00	Surgery	0.00	0.00	BR	BR
60699 00	Surgery	0.00	0.00	BR	BR
61000 00	Surgery	3.33	3.33	\$ 233.10	\$ 233.10
61001 00	Surgery	3.14	3.14	\$ 219.80	\$ 219.80
61020 00	Surgery	3.07	3.07	\$ 214.90	\$ 214.90
61026 00	Surgery	3.10	3.10	\$ 217.00	\$ 217.00
61050 00	Surgery	2.40	2.40	\$ 168.00	\$ 168.00
61055 00	Surgery	3.50	3.50	\$ 245.00	\$ 245.00
61070 00	Surgery	1.64	1.64	\$ 114.80	\$ 114.80
61105 00	Surgery	13.67	13.67	\$ 956.90	\$ 956.90
61107 00	Surgery	9.19	9.19	\$ 643.30	\$ 643.30
61108 00	Surgery	26.63	26.63	\$ 1,864.10	\$ 1,864.10
61120 00	Surgery	22.16	22.16	\$ 1,551.20	\$ 1,551.20
61140 00	Surgery	37.54	37.54	\$ 2,627.80	\$ 2,627.80
61150 00	Surgery	39.87	39.87	\$ 2,790.90	\$ 2,790.90
61151 00	Surgery	29.35	29.35	\$ 2,054.50	\$ 2,054.50

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
61154 00	Surgery	37.67	37.67	\$ 2,636.90	\$ 2,636.90
61156 00	Surgery	36.69	36.69	\$ 2,568.30	\$ 2,568.30
61210 00	Surgery	10.77	10.77	\$ 753.90	\$ 753.90
61215 00	Surgery	15.06	15.06	\$ 1,054.20	\$ 1,054.20
61250 00	Surgery	25.66	25.66	\$ 1,796.20	\$ 1,796.20
61253 00	Surgery	29.35	29.35	\$ 2,054.50	\$ 2,054.50
61304 00	Surgery	48.44	48.44	\$ 3,390.80	\$ 3,390.80
61305 00	Surgery	59.16	59.16	\$ 4,141.20	\$ 4,141.20
61312 00	Surgery	61.07	61.07	\$ 4,274.90	\$ 4,274.90
61313 00	Surgery	58.46	58.46	\$ 4,092.20	\$ 4,092.20
61314 00	Surgery	53.97	53.97	\$ 3,777.90	\$ 3,777.90
61315 00	Surgery	60.92	60.92	\$ 4,264.40	\$ 4,264.40
61316 00	Surgery	2.57	2.57	\$ 179.90	\$ 179.90
61320 00	Surgery	55.93	55.93	\$ 3,915.10	\$ 3,915.10
61321 00	Surgery	62.65	62.65	\$ 4,385.50	\$ 4,385.50
61322 00	Surgery	70.10	70.10	\$ 4,907.00	\$ 4,907.00
61323 00	Surgery	70.37	70.37	\$ 4,925.90	\$ 4,925.90
61330 00	Surgery	52.89	52.89	\$ 3,702.30	\$ 3,702.30
61333 00	Surgery	59.47	59.47	\$ 4,162.90	\$ 4,162.90
61340 00	Surgery	42.53	42.53	\$ 2,977.10	\$ 2,977.10
61343 00	Surgery	64.69	64.69	\$ 4,528.30	\$ 4,528.30
61345 00	Surgery	60.21	60.21	\$ 4,214.70	\$ 4,214.70
61450 00	Surgery	56.58	56.58	\$ 3,960.60	\$ 3,960.60
61458 00	Surgery	59.39	59.39	\$ 4,157.30	\$ 4,157.30
61460 00	Surgery	62.07	62.07	\$ 4,344.90	\$ 4,344.90
61500 00	Surgery	38.47	38.47	\$ 2,692.90	\$ 2,692.90
61501 00	Surgery	33.13	33.13	\$ 2,319.10	\$ 2,319.10
61510 00	Surgery	64.80	64.80	\$ 4,536.00	\$ 4,536.00
61512 00	Surgery	75.20	75.20	\$ 5,264.00	\$ 5,264.00
61514 00	Surgery	56.41	56.41	\$ 3,948.70	\$ 3,948.70
61516 00	Surgery	55.22	55.22	\$ 3,865.40	\$ 3,865.40
61517 00	Surgery	2.56	2.56	\$ 179.20	\$ 179.20
61518 00	Surgery	81.54	81.54	\$ 5,707.80	\$ 5,707.80
61519 00	Surgery	86.71	86.71	\$ 6,069.70	\$ 6,069.70
61520 00	Surgery	110.00	110.00	\$ 7,700.00	\$ 7,700.00
61521 00	Surgery	93.05	93.05	\$ 6,513.50	\$ 6,513.50
61522 00	Surgery	64.49	64.49	\$ 4,514.30	\$ 4,514.30
61524 00	Surgery	61.44	61.44	\$ 4,300.80	\$ 4,300.80
61526 00	Surgery	98.28	98.28	\$ 6,879.60	\$ 6,879.60
61530 00	Surgery	90.43	90.43	\$ 6,330.10	\$ 6,330.10
61531 00	Surgery	36.16	36.16	\$ 2,531.20	\$ 2,531.20
61533 00	Surgery	45.03	45.03	\$ 3,152.10	\$ 3,152.10
61534 00	Surgery	48.69	48.69	\$ 3,408.30	\$ 3,408.30
61535 00	Surgery	29.67	29.67	\$ 2,076.90	\$ 2,076.90
61536 00	Surgery	75.92	75.92	\$ 5,314.40	\$ 5,314.40
61537 00	Surgery	72.49	72.49	\$ 5,074.30	\$ 5,074.30
61538 00	Surgery	78.36	78.36	\$ 5,485.20	\$ 5,485.20
61539 00	Surgery	69.57	69.57	\$ 4,869.90	\$ 4,869.90
61540 00	Surgery	64.20	64.20	\$ 4,494.00	\$ 4,494.00
61541 00	Surgery	63.36	63.36	\$ 4,435.20	\$ 4,435.20
61543 00	Surgery	64.06	64.06	\$ 4,484.20	\$ 4,484.20
61544 00	Surgery	55.99	55.99	\$ 3,919.30	\$ 3,919.30
61545 00	Surgery	93.80	93.80	\$ 6,566.00	\$ 6,566.00
61546 00	Surgery	68.01	68.01	\$ 4,760.70	\$ 4,760.70
61548 00	Surgery	46.22	46.22	\$ 3,235.40	\$ 3,235.40
61550 00	Surgery	35.27	35.27	\$ 2,468.90	\$ 2,468.90
61552 00	Surgery	43.85	43.85	\$ 3,069.50	\$ 3,069.50
61556 00	Surgery	50.40	50.40	\$ 3,528.00	\$ 3,528.00
61557 00	Surgery	49.71	49.71	\$ 3,479.70	\$ 3,479.70

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
61558 00	Surgery	55.48	55.48	\$ 3,883.60	\$ 3,883.60
61559 00	Surgery	70.67	70.67	\$ 4,946.90	\$ 4,946.90
61563 00	Surgery	58.46	58.46	\$ 4,092.20	\$ 4,092.20
61564 00	Surgery	70.90	70.90	\$ 4,963.00	\$ 4,963.00
61566 00	Surgery	66.10	66.10	\$ 4,627.00	\$ 4,627.00
61567 00	Surgery	75.28	75.28	\$ 5,269.60	\$ 5,269.60
61570 00	Surgery	55.17	55.17	\$ 3,861.90	\$ 3,861.90
61571 00	Surgery	58.70	58.70	\$ 4,109.00	\$ 4,109.00
61575 00	Surgery	73.78	73.78	\$ 5,164.60	\$ 5,164.60
61576 00	Surgery	124.39	124.39	\$ 8,707.30	\$ 8,707.30
61580 00	Surgery	73.89	73.89	\$ 5,172.30	\$ 5,172.30
61581 00	Surgery	84.92	84.92	\$ 5,944.40	\$ 5,944.40
61582 00	Surgery	89.91	89.91	\$ 6,293.70	\$ 6,293.70
61583 00	Surgery	86.75	86.75	\$ 6,072.50	\$ 6,072.50
61584 00	Surgery	85.65	85.65	\$ 5,995.50	\$ 5,995.50
61585 00	Surgery	97.48	97.48	\$ 6,823.60	\$ 6,823.60
61586 00	Surgery	75.49	75.49	\$ 5,284.30	\$ 5,284.30
61590 00	Surgery	89.49	89.49	\$ 6,264.30	\$ 6,264.30
61591 00	Surgery	90.46	90.46	\$ 6,332.20	\$ 6,332.20
61592 00	Surgery	94.36	94.36	\$ 6,605.20	\$ 6,605.20
61595 00	Surgery	70.70	70.70	\$ 4,949.00	\$ 4,949.00
61596 00	Surgery	71.50	71.50	\$ 5,005.00	\$ 5,005.00
61597 00	Surgery	87.79	87.79	\$ 6,145.30	\$ 6,145.30
61598 00	Surgery	85.22	85.22	\$ 5,965.40	\$ 5,965.40
61600 00	Surgery	63.42	63.42	\$ 4,439.40	\$ 4,439.40
61601 00	Surgery	72.07	72.07	\$ 5,044.90	\$ 5,044.90
61605 00	Surgery	64.03	64.03	\$ 4,482.10	\$ 4,482.10
61606 00	Surgery	86.83	86.83	\$ 6,078.10	\$ 6,078.10
61607 00	Surgery	90.45	90.45	\$ 6,331.50	\$ 6,331.50
61608 00	Surgery	96.70	96.70	\$ 6,769.00	\$ 6,769.00
61611 00	Surgery	13.71	13.71	\$ 959.70	\$ 959.70
61613 00	Surgery	97.76	97.76	\$ 6,843.20	\$ 6,843.20
61615 00	Surgery	84.09	84.09	\$ 5,886.30	\$ 5,886.30
61616 00	Surgery	99.09	99.09	\$ 6,936.30	\$ 6,936.30
61618 00	Surgery	38.06	38.06	\$ 2,664.20	\$ 2,664.20
61619 00	Surgery	40.97	40.97	\$ 2,867.90	\$ 2,867.90
61623 00	Surgery	16.68	16.68	\$ 1,167.60	\$ 1,167.60
61624 00	Surgery	33.65	33.65	\$ 2,355.50	\$ 2,355.50
61626 00	Surgery	25.86	25.86	\$ 1,810.20	\$ 1,810.20
61630 00	Surgery	40.18	40.18	\$ 2,812.60	\$ 2,812.60
61635 00	Surgery	42.48	42.48	\$ 2,973.60	\$ 2,973.60
61640 00	Surgery	14.01	14.01	\$ 980.70	\$ 980.70
61641 00	Surgery	4.92	4.92	\$ 344.40	\$ 344.40
61642 00	Surgery	9.84	9.84	\$ 688.80	\$ 688.80
61645 00	Surgery	24.48	24.48	\$ 1,713.60	\$ 1,713.60
61650 00	Surgery	16.67	16.67	\$ 1,166.90	\$ 1,166.90
61651 00	Surgery	7.15	7.15	\$ 500.50	\$ 500.50
61680 00	Surgery	66.85	66.85	\$ 4,679.50	\$ 4,679.50
61682 00	Surgery	122.22	122.22	\$ 8,555.40	\$ 8,555.40
61684 00	Surgery	83.67	83.67	\$ 5,856.90	\$ 5,856.90
61686 00	Surgery	132.04	132.04	\$ 9,242.80	\$ 9,242.80
61690 00	Surgery	64.26	64.26	\$ 4,498.20	\$ 4,498.20
61692 00	Surgery	107.32	107.32	\$ 7,512.40	\$ 7,512.40
61697 00	Surgery	123.56	123.56	\$ 8,649.20	\$ 8,649.20
61698 00	Surgery	135.97	135.97	\$ 9,517.90	\$ 9,517.90
61700 00	Surgery	100.27	100.27	\$ 7,018.90	\$ 7,018.90
61702 00	Surgery	118.24	118.24	\$ 8,276.80	\$ 8,276.80
61703 00	Surgery	40.12	40.12	\$ 2,808.40	\$ 2,808.40
61705 00	Surgery	76.64	76.64	\$ 5,364.80	\$ 5,364.80

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
61708 00	Surgery	74.97	74.97	\$ 5,247.90	\$ 5,247.90
61710 00	Surgery	63.25	63.25	\$ 4,427.50	\$ 4,427.50
61711 00	Surgery	75.75	75.75	\$ 5,302.50	\$ 5,302.50
61720 00	Surgery	37.53	37.53	\$ 2,627.10	\$ 2,627.10
61735 00	Surgery	47.07	47.07	\$ 3,294.90	\$ 3,294.90
61750 00	Surgery	41.54	41.54	\$ 2,907.80	\$ 2,907.80
61751 00	Surgery	40.88	40.88	\$ 2,861.60	\$ 2,861.60
61760 00	Surgery	46.71	46.71	\$ 3,269.70	\$ 3,269.70
61770 00	Surgery	47.85	47.85	\$ 3,349.50	\$ 3,349.50
61781 00	Surgery	6.93	6.93	\$ 485.10	\$ 485.10
61782 00	Surgery	5.04	5.04	\$ 352.80	\$ 352.80
61783 00	Surgery	6.82	6.82	\$ 477.40	\$ 477.40
61790 00	Surgery	26.08	26.08	\$ 1,825.60	\$ 1,825.60
61791 00	Surgery	33.29	33.29	\$ 2,330.30	\$ 2,330.30
61796 00	Surgery	30.01	30.01	\$ 2,100.70	\$ 2,100.70
61797 00	Surgery	6.45	6.45	\$ 451.50	\$ 451.50
61798 00	Surgery	40.66	40.66	\$ 2,846.20	\$ 2,846.20
61799 00	Surgery	8.87	8.87	\$ 620.90	\$ 620.90
61800 00	Surgery	4.48	4.48	\$ 313.60	\$ 313.60
61850 00	Surgery	29.13	29.13	\$ 2,039.10	\$ 2,039.10
61860 00	Surgery	46.14	46.14	\$ 3,229.80	\$ 3,229.80
61863 00	Surgery	44.38	44.38	\$ 3,106.60	\$ 3,106.60
61864 00	Surgery	8.30	8.30	\$ 581.00	\$ 581.00
61867 00	Surgery	67.20	67.20	\$ 4,704.00	\$ 4,704.00
61868 00	Surgery	14.62	14.62	\$ 1,023.40	\$ 1,023.40
61880 00	Surgery	17.17	17.17	\$ 1,201.90	\$ 1,201.90
61885 00	Surgery	15.49	15.49	\$ 1,084.30	\$ 1,084.30
61886 00	Surgery	25.69	25.69	\$ 1,798.30	\$ 1,798.30
61888 00	Surgery	11.75	11.75	\$ 822.50	\$ 822.50
62000 00	Surgery	30.57	30.57	\$ 2,139.90	\$ 2,139.90
62005 00	Surgery	37.54	37.54	\$ 2,627.80	\$ 2,627.80
62010 00	Surgery	45.35	45.35	\$ 3,174.50	\$ 3,174.50
62100 00	Surgery	46.01	46.01	\$ 3,220.70	\$ 3,220.70
62115 00	Surgery	49.70	49.70	\$ 3,479.00	\$ 3,479.00
62117 00	Surgery	57.96	57.96	\$ 4,057.20	\$ 4,057.20
62120 00	Surgery	62.64	62.64	\$ 4,384.80	\$ 4,384.80
62121 00	Surgery	46.22	46.22	\$ 3,235.40	\$ 3,235.40
62140 00	Surgery	30.03	30.03	\$ 2,102.10	\$ 2,102.10
62141 00	Surgery	33.76	33.76	\$ 2,363.20	\$ 2,363.20
62142 00	Surgery	26.18	26.18	\$ 1,832.60	\$ 1,832.60
62143 00	Surgery	30.89	30.89	\$ 2,162.30	\$ 2,162.30
62145 00	Surgery	41.51	41.51	\$ 2,905.70	\$ 2,905.70
62146 00	Surgery	36.92	36.92	\$ 2,584.40	\$ 2,584.40
62147 00	Surgery	41.87	41.87	\$ 2,930.90	\$ 2,930.90
62148 00	Surgery	3.70	3.70	\$ 259.00	\$ 259.00
62160 00	Surgery	5.57	5.57	\$ 389.90	\$ 389.90
62161 00	Surgery	44.71	44.71	\$ 3,129.70	\$ 3,129.70
62162 00	Surgery	55.72	55.72	\$ 3,900.40	\$ 3,900.40
62164 00	Surgery	61.72	61.72	\$ 4,320.40	\$ 4,320.40
62165 00	Surgery	44.60	44.60	\$ 3,122.00	\$ 3,122.00
62180 00	Surgery	47.18	47.18	\$ 3,302.60	\$ 3,302.60
62190 00	Surgery	27.46	27.46	\$ 1,922.20	\$ 1,922.20
62192 00	Surgery	29.01	29.01	\$ 2,030.70	\$ 2,030.70
62194 00	Surgery	14.58	14.58	\$ 1,020.60	\$ 1,020.60
62200 00	Surgery	40.64	40.64	\$ 2,844.80	\$ 2,844.80
62201 00	Surgery	35.81	35.81	\$ 2,506.70	\$ 2,506.70
62220 00	Surgery	28.99	28.99	\$ 2,029.30	\$ 2,029.30
62223 00	Surgery	30.71	30.71	\$ 2,149.70	\$ 2,149.70
62225 00	Surgery	15.74	15.74	\$ 1,101.80	\$ 1,101.80

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
62230 00	Surgery	24.88	24.88	\$ 1,741.60	\$ 1,741.60
62252 00	Surgery	2.41	2.41	\$ 168.70	\$ 168.70
62252 26	Surgery	1.35	1.35	\$ 94.50	\$ 94.50
62252 TC	Surgery	1.06	1.06	\$ 74.20	\$ 74.20
62256 00	Surgery	17.98	17.98	\$ 1,258.60	\$ 1,258.60
62258 00	Surgery	32.99	32.99	\$ 2,309.30	\$ 2,309.30
62263 00	Surgery	18.85	9.04	\$ 1,319.50	\$ 632.80
62264 00	Surgery	13.48	7.21	\$ 943.60	\$ 504.70
62267 00	Surgery	7.98	4.51	\$ 558.60	\$ 315.70
62268 00	Surgery	7.55	7.55	\$ 528.50	\$ 528.50
62269 00	Surgery	7.62	7.62	\$ 533.40	\$ 533.40
62270 00	Surgery	3.88	1.79	\$ 271.60	\$ 125.30
62272 00	Surgery	5.23	2.57	\$ 366.10	\$ 179.90
62273 00	Surgery	5.03	3.29	\$ 352.10	\$ 230.30
62280 00	Surgery	11.07	4.97	\$ 774.90	\$ 347.90
62281 00	Surgery	7.23	4.67	\$ 506.10	\$ 326.90
62282 00	Surgery	9.86	4.24	\$ 690.20	\$ 296.80
62284 00	Surgery	5.89	2.48	\$ 412.30	\$ 173.60
62287 00	Surgery	16.95	16.95	\$ 1,186.50	\$ 1,186.50
62290 00	Surgery	10.92	4.78	\$ 764.40	\$ 334.60
62291 00	Surgery	10.24	4.53	\$ 716.80	\$ 317.10
62292 00	Surgery	17.06	17.06	\$ 1,194.20	\$ 1,194.20
62294 00	Surgery	28.07	28.07	\$ 1,964.90	\$ 1,964.90
62302 00	Surgery	7.79	3.49	\$ 545.30	\$ 244.30
62303 00	Surgery	7.92	3.49	\$ 554.40	\$ 244.30
62304 00	Surgery	7.70	3.44	\$ 539.00	\$ 240.80
62305 00	Surgery	8.37	3.58	\$ 585.90	\$ 250.60
62320 00	Surgery	4.91	2.89	\$ 343.70	\$ 202.30
62321 00	Surgery	7.96	3.14	\$ 557.20	\$ 219.80
62322 00	Surgery	4.27	2.37	\$ 298.90	\$ 165.90
62323 00	Surgery	7.85	2.89	\$ 549.50	\$ 202.30
62324 00	Surgery	4.16	2.60	\$ 291.20	\$ 182.00
62325 00	Surgery	7.62	3.23	\$ 533.40	\$ 226.10
62326 00	Surgery	4.24	2.51	\$ 296.80	\$ 175.70
62327 00	Surgery	7.87	3.01	\$ 550.90	\$ 210.70
62328 00	Surgery	7.67	2.58	\$ 536.90	\$ 180.60
62329 00	Surgery	9.69	3.29	\$ 678.30	\$ 230.30
62350 00	Surgery	11.73	11.73	\$ 821.10	\$ 821.10
62351 00	Surgery	26.58	26.58	\$ 1,860.60	\$ 1,860.60
62355 00	Surgery	8.02	8.02	\$ 561.40	\$ 561.40
62360 00	Surgery	9.44	9.44	\$ 660.80	\$ 660.80
62361 00	Surgery	12.75	12.75	\$ 892.50	\$ 892.50
62362 00	Surgery	11.37	11.37	\$ 795.90	\$ 795.90
62365 00	Surgery	8.74	8.74	\$ 611.80	\$ 611.80
62367 00	Surgery	0.92	0.72	\$ 64.40	\$ 50.40
62368 00	Surgery	1.31	1.03	\$ 91.70	\$ 72.10
62369 00	Surgery	2.85	1.04	\$ 199.50	\$ 72.80
62370 00	Surgery	2.90	1.36	\$ 203.00	\$ 95.20
62380 00	Surgery	-	-	\$ 2,624.30	\$ 2,624.30
63001 00	Surgery	36.41	36.41	\$ 2,548.70	\$ 2,548.70
63003 00	Surgery	36.44	36.44	\$ 2,550.80	\$ 2,550.80
63005 00	Surgery	35.32	35.32	\$ 2,472.40	\$ 2,472.40
63011 00	Surgery	32.42	32.42	\$ 2,269.40	\$ 2,269.40
63012 00	Surgery	35.21	35.21	\$ 2,464.70	\$ 2,464.70
63015 00	Surgery	43.66	43.66	\$ 3,056.20	\$ 3,056.20
63016 00	Surgery	44.96	44.96	\$ 3,147.20	\$ 3,147.20
63017 00	Surgery	37.27	37.27	\$ 2,608.90	\$ 2,608.90
63020 00	Surgery	34.24	34.24	\$ 2,396.80	\$ 2,396.80
63030 00	Surgery	28.81	28.81	\$ 2,016.70	\$ 2,016.70

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
63035 00	Surgery	5.64	5.64	\$ 394.80	\$ 394.80
63040 00	Surgery	41.02	41.02	\$ 2,871.40	\$ 2,871.40
63042 00	Surgery	38.22	38.22	\$ 2,675.40	\$ 2,675.40
63043 00	Surgery	-	-	\$ 1,265.60	\$ 1,265.60
63044 00	Surgery	-	-	\$ 1,201.90	\$ 1,201.90
63045 00	Surgery	38.01	38.01	\$ 2,660.70	\$ 2,660.70
63046 00	Surgery	36.28	36.28	\$ 2,539.60	\$ 2,539.60
63047 00	Surgery	32.63	32.63	\$ 2,284.10	\$ 2,284.10
63048 00	Surgery	6.21	6.21	\$ 434.70	\$ 434.70
63050 00	Surgery	44.16	44.16	\$ 3,091.20	\$ 3,091.20
63051 00	Surgery	50.10	50.10	\$ 3,507.00	\$ 3,507.00
63055 00	Surgery	48.00	48.00	\$ 3,360.00	\$ 3,360.00
63056 00	Surgery	44.01	44.01	\$ 3,080.70	\$ 3,080.70
63057 00	Surgery	9.43	9.43	\$ 660.10	\$ 660.10
63064 00	Surgery	52.67	52.67	\$ 3,686.90	\$ 3,686.90
63066 00	Surgery	6.04	6.04	\$ 422.80	\$ 422.80
63075 00	Surgery	40.06	40.06	\$ 2,804.20	\$ 2,804.20
63076 00	Surgery	7.18	7.18	\$ 502.60	\$ 502.60
63077 00	Surgery	44.14	44.14	\$ 3,089.80	\$ 3,089.80
63078 00	Surgery	6.10	6.10	\$ 427.00	\$ 427.00
63081 00	Surgery	51.80	51.80	\$ 3,626.00	\$ 3,626.00
63082 00	Surgery	7.80	7.80	\$ 546.00	\$ 546.00
63085 00	Surgery	56.67	56.67	\$ 3,966.90	\$ 3,966.90
63086 00	Surgery	5.56	5.56	\$ 389.20	\$ 389.20
63087 00	Surgery	70.88	70.88	\$ 4,961.60	\$ 4,961.60
63088 00	Surgery	7.60	7.60	\$ 532.00	\$ 532.00
63090 00	Surgery	57.72	57.72	\$ 4,040.40	\$ 4,040.40
63091 00	Surgery	5.22	5.22	\$ 365.40	\$ 365.40
63101 00	Surgery	68.56	68.56	\$ 4,799.20	\$ 4,799.20
63102 00	Surgery	66.91	66.91	\$ 4,683.70	\$ 4,683.70
63103 00	Surgery	8.64	8.64	\$ 604.80	\$ 604.80
63170 00	Surgery	47.02	47.02	\$ 3,291.40	\$ 3,291.40
63172 00	Surgery	41.70	41.70	\$ 2,919.00	\$ 2,919.00
63173 00	Surgery	50.91	50.91	\$ 3,563.70	\$ 3,563.70
63185 00	Surgery	33.56	33.56	\$ 2,349.20	\$ 2,349.20
63190 00	Surgery	36.62	36.62	\$ 2,563.40	\$ 2,563.40
63191 00	Surgery	40.77	40.77	\$ 2,853.90	\$ 2,853.90
63194 00	Surgery	47.14	47.14	\$ 3,299.80	\$ 3,299.80
63195 00	Surgery	45.20	45.20	\$ 3,164.00	\$ 3,164.00
63196 00	Surgery	52.53	52.53	\$ 3,677.10	\$ 3,677.10
63197 00	Surgery	50.49	50.49	\$ 3,534.30	\$ 3,534.30
63198 00	Surgery	61.59	61.59	\$ 4,311.30	\$ 4,311.30
63199 00	Surgery	64.51	64.51	\$ 4,515.70	\$ 4,515.70
63200 00	Surgery	44.91	44.91	\$ 3,143.70	\$ 3,143.70
63250 00	Surgery	87.30	87.30	\$ 6,111.00	\$ 6,111.00
63251 00	Surgery	89.24	89.24	\$ 6,246.80	\$ 6,246.80
63252 00	Surgery	89.22	89.22	\$ 6,245.40	\$ 6,245.40
63265 00	Surgery	49.21	49.21	\$ 3,444.70	\$ 3,444.70
63266 00	Surgery	50.82	50.82	\$ 3,557.40	\$ 3,557.40
63267 00	Surgery	40.50	40.50	\$ 2,835.00	\$ 2,835.00
63268 00	Surgery	41.93	41.93	\$ 2,935.10	\$ 2,935.10
63270 00	Surgery	61.25	61.25	\$ 4,287.50	\$ 4,287.50
63271 00	Surgery	61.10	61.10	\$ 4,277.00	\$ 4,277.00
63272 00	Surgery	55.10	55.10	\$ 3,857.00	\$ 3,857.00
63273 00	Surgery	55.10	55.10	\$ 3,857.00	\$ 3,857.00
63275 00	Surgery	53.28	53.28	\$ 3,729.60	\$ 3,729.60
63276 00	Surgery	52.92	52.92	\$ 3,704.40	\$ 3,704.40
63277 00	Surgery	46.08	46.08	\$ 3,225.60	\$ 3,225.60
63278 00	Surgery	47.04	47.04	\$ 3,292.80	\$ 3,292.80

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
63280 00	Surgery	62.57	62.57	\$ 4,379.90	\$ 4,379.90
63281 00	Surgery	61.90	61.90	\$ 4,333.00	\$ 4,333.00
63282 00	Surgery	58.41	58.41	\$ 4,088.70	\$ 4,088.70
63283 00	Surgery	56.12	56.12	\$ 3,928.40	\$ 3,928.40
63285 00	Surgery	77.03	77.03	\$ 5,392.10	\$ 5,392.10
63286 00	Surgery	76.07	76.07	\$ 5,324.90	\$ 5,324.90
63287 00	Surgery	80.80	80.80	\$ 5,656.00	\$ 5,656.00
63290 00	Surgery	82.17	82.17	\$ 5,751.90	\$ 5,751.90
63295 00	Surgery	9.64	9.64	\$ 674.80	\$ 674.80
63300 00	Surgery	53.86	53.86	\$ 3,770.20	\$ 3,770.20
63301 00	Surgery	65.03	65.03	\$ 4,552.10	\$ 4,552.10
63302 00	Surgery	64.23	64.23	\$ 4,496.10	\$ 4,496.10
63303 00	Surgery	68.21	68.21	\$ 4,774.70	\$ 4,774.70
63304 00	Surgery	69.27	69.27	\$ 4,848.90	\$ 4,848.90
63305 00	Surgery	73.69	73.69	\$ 5,158.30	\$ 5,158.30
63306 00	Surgery	72.40	72.40	\$ 5,068.00	\$ 5,068.00
63307 00	Surgery	70.91	70.91	\$ 4,963.70	\$ 4,963.70
63308 00	Surgery	9.45	9.45	\$ 661.50	\$ 661.50
63600 00	Surgery	32.24	32.24	\$ 2,256.80	\$ 2,256.80
63610 00	Surgery	17.03	17.03	\$ 1,192.10	\$ 1,192.10
63620 00	Surgery	33.14	33.14	\$ 2,319.80	\$ 2,319.80
63621 00	Surgery	7.39	7.39	\$ 517.30	\$ 517.30
63650 00	Surgery	66.47	12.15	\$ 4,652.90	\$ 850.50
63655 00	Surgery	24.69	24.69	\$ 1,728.30	\$ 1,728.30
63661 00	Surgery	20.21	9.59	\$ 1,414.70	\$ 671.30
63662 00	Surgery	25.02	25.02	\$ 1,751.40	\$ 1,751.40
63663 00	Surgery	26.64	13.26	\$ 1,864.80	\$ 928.20
63664 00	Surgery	26.01	26.01	\$ 1,820.70	\$ 1,820.70
63685 00	Surgery	10.68	10.68	\$ 747.60	\$ 747.60
63688 00	Surgery	10.97	10.97	\$ 767.90	\$ 767.90
63700 00	Surgery	38.70	38.70	\$ 2,709.00	\$ 2,709.00
63702 00	Surgery	42.30	42.30	\$ 2,961.00	\$ 2,961.00
63704 00	Surgery	49.14	49.14	\$ 3,439.80	\$ 3,439.80
63706 00	Surgery	54.55	54.55	\$ 3,818.50	\$ 3,818.50
63707 00	Surgery	27.62	27.62	\$ 1,933.40	\$ 1,933.40
63709 00	Surgery	32.86	32.86	\$ 2,300.20	\$ 2,300.20
63710 00	Surgery	32.02	32.02	\$ 2,241.40	\$ 2,241.40
63740 00	Surgery	29.08	29.08	\$ 2,035.60	\$ 2,035.60
63741 00	Surgery	19.92	19.92	\$ 1,394.40	\$ 1,394.40
63744 00	Surgery	20.33	20.33	\$ 1,423.10	\$ 1,423.10
63746 00	Surgery	18.00	18.00	\$ 1,260.00	\$ 1,260.00
64400 00	Surgery	3.34	1.47	\$ 233.80	\$ 102.90
64405 00	Surgery	2.19	1.57	\$ 153.30	\$ 109.90
64408 00	Surgery	2.29	1.28	\$ 160.30	\$ 89.60
64415 00	Surgery	3.35	1.84	\$ 234.50	\$ 128.80
64416 00	Surgery	1.88	1.88	\$ 131.60	\$ 131.60
64417 00	Surgery	4.14	1.77	\$ 289.80	\$ 123.90
64418 00	Surgery	2.62	1.68	\$ 183.40	\$ 117.60
64420 00	Surgery	2.94	1.73	\$ 205.80	\$ 121.10
64421 00	Surgery	0.99	0.73	\$ 69.30	\$ 51.10
64425 00	Surgery	3.38	1.62	\$ 236.60	\$ 113.40
64430 00	Surgery	2.86	1.61	\$ 200.20	\$ 112.70
64435 00	Surgery	2.35	1.28	\$ 164.50	\$ 89.60
64445 00	Surgery	3.78	1.57	\$ 264.60	\$ 109.90
64446 00	Surgery	1.72	1.72	\$ 120.40	\$ 120.40
64447 00	Surgery	2.64	1.54	\$ 184.80	\$ 107.80
64448 00	Surgery	1.77	1.77	\$ 123.90	\$ 123.90
64449 00	Surgery	1.82	1.82	\$ 127.40	\$ 127.40
64450 00	Surgery	2.29	1.24	\$ 160.30	\$ 86.80

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
64451 00	Surgery	6.58	2.30	\$ 460.60	\$ 161.00
64454 00	Surgery	6.56	2.38	\$ 459.20	\$ 166.60
64455 00	Surgery	1.42	0.98	\$ 99.40	\$ 68.60
64461 00	Surgery	3.95	2.25	\$ 276.50	\$ 157.50
64462 00	Surgery	2.18	1.43	\$ 152.60	\$ 100.10
64463 00	Surgery	6.64	2.40	\$ 464.80	\$ 168.00
64479 00	Surgery	7.88	3.82	\$ 551.60	\$ 267.40
64480 00	Surgery	3.99	1.82	\$ 279.30	\$ 127.40
64483 00	Surgery	7.33	3.25	\$ 513.10	\$ 227.50
64484 00	Surgery	3.29	1.52	\$ 230.30	\$ 106.40
64486 00	Surgery	3.36	1.63	\$ 235.20	\$ 114.10
64487 00	Surgery	6.18	1.88	\$ 432.60	\$ 131.60
64488 00	Surgery	4.14	2.02	\$ 289.80	\$ 141.40
64489 00	Surgery	9.87	2.27	\$ 690.90	\$ 158.90
64490 00	Surgery	5.72	3.09	\$ 400.40	\$ 216.30
64491 00	Surgery	2.89	1.76	\$ 202.30	\$ 123.20
64492 00	Surgery	2.90	1.79	\$ 203.00	\$ 125.30
64493 00	Surgery	5.25	2.64	\$ 367.50	\$ 184.80
64494 00	Surgery	2.69	1.51	\$ 188.30	\$ 105.70
64495 00	Surgery	2.69	1.53	\$ 188.30	\$ 107.10
64505 00	Surgery	4.01	2.95	\$ 280.70	\$ 206.50
64510 00	Surgery	4.35	2.25	\$ 304.50	\$ 157.50
64517 00	Surgery	5.74	3.68	\$ 401.80	\$ 257.60
64520 00	Surgery	6.83	2.46	\$ 478.10	\$ 172.20
64530 00	Surgery	6.87	2.75	\$ 480.90	\$ 192.50
64553 00	Surgery	71.59	10.61	\$ 5,011.30	\$ 742.70
64555 00	Surgery	65.18	9.95	\$ 4,562.60	\$ 696.50
64561 00	Surgery	22.83	8.87	\$ 1,598.10	\$ 620.90
64566 00	Surgery	3.74	0.90	\$ 261.80	\$ 63.00
64568 00	Surgery	18.20	18.20	\$ 1,274.00	\$ 1,274.00
64569 00	Surgery	22.48	22.48	\$ 1,573.60	\$ 1,573.60
64570 00	Surgery	21.71	21.71	\$ 1,519.70	\$ 1,519.70
64575 00	Surgery	9.86	9.86	\$ 690.20	\$ 690.20
64580 00	Surgery	9.27	9.27	\$ 648.90	\$ 648.90
64581 00	Surgery	19.30	19.30	\$ 1,351.00	\$ 1,351.00
64585 00	Surgery	7.49	4.20	\$ 524.30	\$ 294.00
64590 00	Surgery	8.03	4.71	\$ 562.10	\$ 329.70
64595 00	Surgery	7.17	3.72	\$ 501.90	\$ 260.40
64600 00	Surgery	13.82	6.68	\$ 967.40	\$ 467.60
64605 00	Surgery	19.12	10.24	\$ 1,338.40	\$ 716.80
64610 00	Surgery	23.66	14.24	\$ 1,656.20	\$ 996.80
64611 00	Surgery	3.72	3.19	\$ 260.40	\$ 223.30
64612 00	Surgery	3.97	3.44	\$ 277.90	\$ 240.80
64615 00	Surgery	4.52	3.62	\$ 316.40	\$ 253.40
64616 00	Surgery	4.00	3.19	\$ 280.00	\$ 223.30
64617 00	Surgery	4.80	3.15	\$ 336.00	\$ 220.50
64620 00	Surgery	6.18	5.16	\$ 432.60	\$ 361.20
64624 00	Surgery	12.17	4.29	\$ 851.90	\$ 300.30
64625 00	Surgery	14.83	5.65	\$ 1,038.10	\$ 395.50
64630 00	Surgery	7.49	5.61	\$ 524.30	\$ 392.70
64632 00	Surgery	2.60	1.94	\$ 182.00	\$ 135.80
64633 00	Surgery	12.54	6.56	\$ 877.80	\$ 459.20
64634 00	Surgery	5.66	1.98	\$ 396.20	\$ 138.60
64635 00	Surgery	12.42	6.47	\$ 869.40	\$ 452.90
64636 00	Surgery	5.16	1.74	\$ 361.20	\$ 121.80
64640 00	Surgery	7.51	3.46	\$ 525.70	\$ 242.20
64642 00	Surgery	4.39	3.14	\$ 307.30	\$ 219.80
64643 00	Surgery	2.74	2.08	\$ 191.80	\$ 145.60
64644 00	Surgery	5.18	3.44	\$ 362.60	\$ 240.80

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
64645 00	Surgery	3.54	2.41	\$ 247.80	\$ 168.70
64646 00	Surgery	4.62	3.39	\$ 323.40	\$ 237.30
64647 00	Surgery	5.28	3.92	\$ 369.60	\$ 274.40
64650 00	Surgery	2.61	1.19	\$ 182.70	\$ 83.30
64653 00	Surgery	3.10	1.51	\$ 217.00	\$ 105.70
64680 00	Surgery	10.42	4.71	\$ 729.40	\$ 329.70
64681 00	Surgery	14.17	6.58	\$ 991.90	\$ 460.60
64702 00	Surgery	15.03	15.03	\$ 1,052.10	\$ 1,052.10
64704 00	Surgery	9.50	9.50	\$ 665.00	\$ 665.00
64708 00	Surgery	15.01	15.01	\$ 1,050.70	\$ 1,050.70
64712 00	Surgery	17.53	17.53	\$ 1,227.10	\$ 1,227.10
64713 00	Surgery	23.15	23.15	\$ 1,620.50	\$ 1,620.50
64714 00	Surgery	22.37	22.37	\$ 1,565.90	\$ 1,565.90
64716 00	Surgery	15.13	15.13	\$ 1,059.10	\$ 1,059.10
64718 00	Surgery	17.70	17.70	\$ 1,239.00	\$ 1,239.00
64719 00	Surgery	11.98	11.98	\$ 838.60	\$ 838.60
64721 00	Surgery	13.05	12.83	\$ 913.50	\$ 898.10
64722 00	Surgery	10.47	10.47	\$ 732.90	\$ 732.90
64726 00	Surgery	7.83	7.83	\$ 548.10	\$ 548.10
64727 00	Surgery	5.29	5.29	\$ 370.30	\$ 370.30
64732 00	Surgery	13.33	13.33	\$ 933.10	\$ 933.10
64734 00	Surgery	15.05	15.05	\$ 1,053.50	\$ 1,053.50
64736 00	Surgery	9.76	9.76	\$ 683.20	\$ 683.20
64738 00	Surgery	13.20	13.20	\$ 924.00	\$ 924.00
64740 00	Surgery	13.75	13.75	\$ 962.50	\$ 962.50
64742 00	Surgery	14.28	14.28	\$ 999.60	\$ 999.60
64744 00	Surgery	14.86	14.86	\$ 1,040.20	\$ 1,040.20
64746 00	Surgery	12.75	12.75	\$ 892.50	\$ 892.50
64755 00	Surgery	27.31	27.31	\$ 1,911.70	\$ 1,911.70
64760 00	Surgery	15.37	15.37	\$ 1,075.90	\$ 1,075.90
64763 00	Surgery	15.22	15.22	\$ 1,065.40	\$ 1,065.40
64766 00	Surgery	18.79	18.79	\$ 1,315.30	\$ 1,315.30
64771 00	Surgery	17.82	17.82	\$ 1,247.40	\$ 1,247.40
64772 00	Surgery	16.56	16.56	\$ 1,159.20	\$ 1,159.20
64774 00	Surgery	11.96	11.96	\$ 837.20	\$ 837.20
64776 00	Surgery	11.52	11.52	\$ 806.40	\$ 806.40
64778 00	Surgery	5.34	5.34	\$ 373.80	\$ 373.80
64782 00	Surgery	13.45	13.45	\$ 941.50	\$ 941.50
64783 00	Surgery	6.35	6.35	\$ 444.50	\$ 444.50
64784 00	Surgery	21.50	21.50	\$ 1,505.00	\$ 1,505.00
64786 00	Surgery	29.78	29.78	\$ 2,084.60	\$ 2,084.60
64787 00	Surgery	7.04	7.04	\$ 492.80	\$ 492.80
64788 00	Surgery	11.88	11.88	\$ 831.60	\$ 831.60
64790 00	Surgery	24.62	24.62	\$ 1,723.40	\$ 1,723.40
64792 00	Surgery	31.48	31.48	\$ 2,203.60	\$ 2,203.60
64795 00	Surgery	5.60	5.60	\$ 392.00	\$ 392.00
64802 00	Surgery	24.89	24.89	\$ 1,742.30	\$ 1,742.30
64804 00	Surgery	35.14	35.14	\$ 2,459.80	\$ 2,459.80
64809 00	Surgery	32.17	32.17	\$ 2,251.90	\$ 2,251.90
64818 00	Surgery	22.98	22.98	\$ 1,608.60	\$ 1,608.60
64820 00	Surgery	21.42	21.42	\$ 1,499.40	\$ 1,499.40
64821 00	Surgery	20.61	20.61	\$ 1,442.70	\$ 1,442.70
64822 00	Surgery	20.61	20.61	\$ 1,442.70	\$ 1,442.70
64823 00	Surgery	23.37	23.37	\$ 1,635.90	\$ 1,635.90
64831 00	Surgery	20.36	20.36	\$ 1,425.20	\$ 1,425.20
64832 00	Surgery	9.79	9.79	\$ 685.30	\$ 685.30
64834 00	Surgery	21.85	21.85	\$ 1,529.50	\$ 1,529.50
64835 00	Surgery	24.08	24.08	\$ 1,685.60	\$ 1,685.60
64836 00	Surgery	24.08	24.08	\$ 1,685.60	\$ 1,685.60

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
64837 00	Surgery	10.71	10.71	\$ 749.70	\$ 749.70
64840 00	Surgery	28.36	28.36	\$ 1,985.20	\$ 1,985.20
64856 00	Surgery	29.71	29.71	\$ 2,079.70	\$ 2,079.70
64857 00	Surgery	31.06	31.06	\$ 2,174.20	\$ 2,174.20
64858 00	Surgery	34.65	34.65	\$ 2,425.50	\$ 2,425.50
64859 00	Surgery	7.28	7.28	\$ 509.60	\$ 509.60
64861 00	Surgery	44.86	44.86	\$ 3,140.20	\$ 3,140.20
64862 00	Surgery	40.48	40.48	\$ 2,833.60	\$ 2,833.60
64864 00	Surgery	25.17	25.17	\$ 1,761.90	\$ 1,761.90
64865 00	Surgery	32.00	32.00	\$ 2,240.00	\$ 2,240.00
64866 00	Surgery	37.23	37.23	\$ 2,606.10	\$ 2,606.10
64868 00	Surgery	29.32	29.32	\$ 2,052.40	\$ 2,052.40
64872 00	Surgery	3.42	3.42	\$ 239.40	\$ 239.40
64874 00	Surgery	5.12	5.12	\$ 358.40	\$ 358.40
64876 00	Surgery	5.78	5.78	\$ 404.60	\$ 404.60
64885 00	Surgery	32.34	32.34	\$ 2,263.80	\$ 2,263.80
64886 00	Surgery	37.38	37.38	\$ 2,616.60	\$ 2,616.60
64890 00	Surgery	31.83	31.83	\$ 2,228.10	\$ 2,228.10
64891 00	Surgery	33.83	33.83	\$ 2,368.10	\$ 2,368.10
64892 00	Surgery	30.94	30.94	\$ 2,165.80	\$ 2,165.80
64893 00	Surgery	33.01	33.01	\$ 2,310.70	\$ 2,310.70
64895 00	Surgery	39.06	39.06	\$ 2,734.20	\$ 2,734.20
64896 00	Surgery	42.08	42.08	\$ 2,945.60	\$ 2,945.60
64897 00	Surgery	37.32	37.32	\$ 2,612.40	\$ 2,612.40
64898 00	Surgery	40.41	40.41	\$ 2,828.70	\$ 2,828.70
64901 00	Surgery	17.48	17.48	\$ 1,223.60	\$ 1,223.60
64902 00	Surgery	20.23	20.23	\$ 1,416.10	\$ 1,416.10
64905 00	Surgery	29.90	29.90	\$ 2,093.00	\$ 2,093.00
64907 00	Surgery	38.33	38.33	\$ 2,683.10	\$ 2,683.10
64910 00	Surgery	23.01	23.01	\$ 1,610.70	\$ 1,610.70
64911 00	Surgery	30.26	30.26	\$ 2,118.20	\$ 2,118.20
64912 00	Surgery	25.92	25.92	\$ 1,814.40	\$ 1,814.40
64913 00	Surgery	5.19	5.19	\$ 363.30	\$ 363.30
64999 00	Surgery	0.00	0.00	BR	BR
65091 00	Surgery	21.31	21.31	\$ 1,491.70	\$ 1,491.70
65093 00	Surgery	21.14	21.14	\$ 1,479.80	\$ 1,479.80
65101 00	Surgery	24.42	24.42	\$ 1,709.40	\$ 1,709.40
65103 00	Surgery	25.21	25.21	\$ 1,764.70	\$ 1,764.70
65105 00	Surgery	27.47	27.47	\$ 1,922.90	\$ 1,922.90
65110 00	Surgery	38.06	38.06	\$ 2,664.20	\$ 2,664.20
65112 00	Surgery	43.67	43.67	\$ 3,056.90	\$ 3,056.90
65114 00	Surgery	45.56	45.56	\$ 3,189.20	\$ 3,189.20
65125 00	Surgery	13.69	8.47	\$ 958.30	\$ 592.90
65130 00	Surgery	24.40	24.40	\$ 1,708.00	\$ 1,708.00
65135 00	Surgery	24.69	24.69	\$ 1,728.30	\$ 1,728.30
65140 00	Surgery	26.56	26.56	\$ 1,859.20	\$ 1,859.20
65150 00	Surgery	19.97	19.97	\$ 1,397.90	\$ 1,397.90
65155 00	Surgery	27.62	27.62	\$ 1,933.40	\$ 1,933.40
65175 00	Surgery	22.26	22.26	\$ 1,558.20	\$ 1,558.20
65205 00	Surgery	0.86	0.85	\$ 60.20	\$ 59.50
65210 00	Surgery	1.14	1.06	\$ 79.80	\$ 74.20
65220 00	Surgery	1.77	1.21	\$ 123.90	\$ 84.70
65222 00	Surgery	1.98	1.47	\$ 138.60	\$ 102.90
65235 00	Surgery	21.05	21.05	\$ 1,473.50	\$ 1,473.50
65260 00	Surgery	28.38	28.38	\$ 1,986.60	\$ 1,986.60
65265 00	Surgery	31.88	31.88	\$ 2,231.60	\$ 2,231.60
65270 00	Surgery	8.49	4.08	\$ 594.30	\$ 285.60
65272 00	Surgery	15.61	10.22	\$ 1,092.70	\$ 715.40
65273 00	Surgery	10.99	10.99	\$ 769.30	\$ 769.30

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
65275 00	Surgery	17.27	13.34	\$ 1,208.90	\$ 933.80
65280 00	Surgery	19.38	19.38	\$ 1,356.60	\$ 1,356.60
65285 00	Surgery	31.97	31.97	\$ 2,237.90	\$ 2,237.90
65286 00	Surgery	20.80	14.31	\$ 1,456.00	\$ 1,001.70
65290 00	Surgery	14.17	14.17	\$ 991.90	\$ 991.90
65400 00	Surgery	20.20	17.39	\$ 1,414.00	\$ 1,217.30
65410 00	Surgery	4.20	2.95	\$ 294.00	\$ 206.50
65420 00	Surgery	15.96	10.94	\$ 1,117.20	\$ 765.80
65426 00	Surgery	19.84	13.80	\$ 1,388.80	\$ 966.00
65430 00	Surgery	3.35	2.93	\$ 234.50	\$ 205.10
65435 00	Surgery	2.39	1.98	\$ 167.30	\$ 138.60
65436 00	Surgery	11.21	10.65	\$ 784.70	\$ 745.50
65450 00	Surgery	9.51	9.29	\$ 665.70	\$ 650.30
65600 00	Surgery	12.55	9.80	\$ 878.50	\$ 686.00
65710 00	Surgery	32.94	32.94	\$ 2,305.80	\$ 2,305.80
65730 00	Surgery	36.21	36.21	\$ 2,534.70	\$ 2,534.70
65750 00	Surgery	36.41	36.41	\$ 2,548.70	\$ 2,548.70
65755 00	Surgery	36.24	36.24	\$ 2,536.80	\$ 2,536.80
65756 00	Surgery	33.91	33.91	\$ 2,373.70	\$ 2,373.70
65757 00	Surgery	-	-	\$ 251.30	\$ 251.30
65760 00	Surgery	-	-	\$ 2,416.40	\$ 2,416.40
65765 00	Surgery	-	-	\$ 3,502.80	\$ 3,502.80
65767 00	Surgery	-	-	\$ 3,262.00	\$ 3,262.00
65770 00	Surgery	40.37	40.37	\$ 2,825.90	\$ 2,825.90
65771 00	Surgery	-	-	\$ 1,327.90	\$ 1,327.90
65772 00	Surgery	13.33	11.66	\$ 933.10	\$ 816.20
65775 00	Surgery	16.50	16.50	\$ 1,155.00	\$ 1,155.00
65778 00	Surgery	42.82	1.55	\$ 2,997.40	\$ 108.50
65779 00	Surgery	36.79	4.30	\$ 2,575.30	\$ 301.00
65780 00	Surgery	19.34	19.34	\$ 1,353.80	\$ 1,353.80
65781 00	Surgery	38.33	38.33	\$ 2,683.10	\$ 2,683.10
65782 00	Surgery	33.09	33.09	\$ 2,316.30	\$ 2,316.30
65785 00	Surgery	70.12	12.80	\$ 4,908.40	\$ 896.00
65800 00	Surgery	3.48	2.61	\$ 243.60	\$ 182.70
65810 00	Surgery	13.40	13.40	\$ 938.00	\$ 938.00
65815 00	Surgery	19.08	13.75	\$ 1,335.60	\$ 962.50
65820 00	Surgery	23.64	23.64	\$ 1,654.80	\$ 1,654.80
65850 00	Surgery	24.38	24.38	\$ 1,706.60	\$ 1,706.60
65855 00	Surgery	7.18	5.93	\$ 502.60	\$ 415.10
65860 00	Surgery	8.99	7.16	\$ 629.30	\$ 501.20
65865 00	Surgery	13.83	13.83	\$ 968.10	\$ 968.10
65870 00	Surgery	17.19	17.19	\$ 1,203.30	\$ 1,203.30
65875 00	Surgery	18.36	18.36	\$ 1,285.20	\$ 1,285.20
65880 00	Surgery	19.30	19.30	\$ 1,351.00	\$ 1,351.00
65900 00	Surgery	28.69	28.69	\$ 2,008.30	\$ 2,008.30
65920 00	Surgery	22.90	22.90	\$ 1,603.00	\$ 1,603.00
65930 00	Surgery	18.55	18.55	\$ 1,298.50	\$ 1,298.50
66020 00	Surgery	5.81	3.78	\$ 406.70	\$ 264.60
66030 00	Surgery	5.23	3.20	\$ 366.10	\$ 224.00
66130 00	Surgery	20.79	16.30	\$ 1,455.30	\$ 1,141.00
66150 00	Surgery	25.39	25.39	\$ 1,777.30	\$ 1,777.30
66155 00	Surgery	25.38	25.38	\$ 1,776.60	\$ 1,776.60
66160 00	Surgery	28.56	28.56	\$ 1,999.20	\$ 1,999.20
66170 00	Surgery	31.58	31.58	\$ 2,210.60	\$ 2,210.60
66172 00	Surgery	34.48	34.48	\$ 2,413.60	\$ 2,413.60
66174 00	Surgery	27.16	27.16	\$ 1,901.20	\$ 1,901.20
66175 00	Surgery	28.50	28.50	\$ 1,995.00	\$ 1,995.00
66179 00	Surgery	31.18	31.18	\$ 2,182.60	\$ 2,182.60
66180 00	Surgery	32.89	32.89	\$ 2,302.30	\$ 2,302.30

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
66183 00	Surgery	29.76	29.76	\$ 2,083.20	\$ 2,083.20
66184 00	Surgery	22.82	22.82	\$ 1,597.40	\$ 1,597.40
66185 00	Surgery	24.52	24.52	\$ 1,716.40	\$ 1,716.40
66225 00	Surgery	26.95	26.95	\$ 1,886.50	\$ 1,886.50
66250 00	Surgery	22.34	16.05	\$ 1,563.80	\$ 1,123.50
66500 00	Surgery	11.31	11.31	\$ 791.70	\$ 791.70
66505 00	Surgery	12.31	12.31	\$ 861.70	\$ 861.70
66600 00	Surgery	26.02	26.02	\$ 1,821.40	\$ 1,821.40
66605 00	Surgery	31.53	31.53	\$ 2,207.10	\$ 2,207.10
66625 00	Surgery	12.40	12.40	\$ 868.00	\$ 868.00
66630 00	Surgery	16.37	16.37	\$ 1,145.90	\$ 1,145.90
66635 00	Surgery	16.52	16.52	\$ 1,156.40	\$ 1,156.40
66680 00	Surgery	15.08	15.08	\$ 1,055.60	\$ 1,055.60
66682 00	Surgery	20.43	20.43	\$ 1,430.10	\$ 1,430.10
66700 00	Surgery	13.16	11.29	\$ 921.20	\$ 790.30
66710 00	Surgery	12.91	11.29	\$ 903.70	\$ 790.30
66711 00	Surgery	14.63	14.63	\$ 1,024.10	\$ 1,024.10
66720 00	Surgery	13.53	11.81	\$ 947.10	\$ 826.70
66740 00	Surgery	12.79	11.29	\$ 895.30	\$ 790.30
66761 00	Surgery	8.78	6.82	\$ 614.60	\$ 477.40
66762 00	Surgery	13.92	12.26	\$ 974.40	\$ 858.20
66770 00	Surgery	15.40	13.88	\$ 1,078.00	\$ 971.60
66820 00	Surgery	13.40	13.40	\$ 938.00	\$ 938.00
66821 00	Surgery	9.73	9.03	\$ 681.10	\$ 632.10
66825 00	Surgery	23.92	23.92	\$ 1,674.40	\$ 1,674.40
66830 00	Surgery	20.51	20.51	\$ 1,435.70	\$ 1,435.70
66840 00	Surgery	20.02	20.02	\$ 1,401.40	\$ 1,401.40
66850 00	Surgery	22.75	22.75	\$ 1,592.50	\$ 1,592.50
66852 00	Surgery	24.21	24.21	\$ 1,694.70	\$ 1,694.70
66920 00	Surgery	21.61	21.61	\$ 1,512.70	\$ 1,512.70
66930 00	Surgery	24.72	24.72	\$ 1,730.40	\$ 1,730.40
66940 00	Surgery	22.60	22.60	\$ 1,582.00	\$ 1,582.00
66982 00	Surgery	21.52	21.52	\$ 1,506.40	\$ 1,506.40
66983 00	Surgery	-	-	\$ 1,563.10	\$ 1,563.10
66984 00	Surgery	15.71	15.71	\$ 1,099.70	\$ 1,099.70
66985 00	Surgery	22.17	22.17	\$ 1,551.90	\$ 1,551.90
66986 00	Surgery	26.09	26.09	\$ 1,826.30	\$ 1,826.30
66987 00	Surgery	-	-	\$ 1,705.20	\$ 1,705.20
66988 00	Surgery	-	-	\$ 1,393.70	\$ 1,393.70
66990 00	Surgery	2.58	2.58	\$ 180.60	\$ 180.60
66999 00	Surgery	0.00	0.00	BR	BR
67005 00	Surgery	13.65	13.65	\$ 955.50	\$ 955.50
67010 00	Surgery	15.62	15.62	\$ 1,093.40	\$ 1,093.40
67015 00	Surgery	17.41	17.41	\$ 1,218.70	\$ 1,218.70
67025 00	Surgery	21.67	18.22	\$ 1,516.90	\$ 1,275.40
67027 00	Surgery	24.47	24.47	\$ 1,712.90	\$ 1,712.90
67028 00	Surgery	3.30	2.66	\$ 231.00	\$ 186.20
67030 00	Surgery	16.04	16.04	\$ 1,122.80	\$ 1,122.80
67031 00	Surgery	11.38	10.26	\$ 796.60	\$ 718.20
67036 00	Surgery	25.89	25.89	\$ 1,812.30	\$ 1,812.30
67039 00	Surgery	27.69	27.69	\$ 1,938.30	\$ 1,938.30
67040 00	Surgery	29.91	29.91	\$ 2,093.70	\$ 2,093.70
67041 00	Surgery	33.01	33.01	\$ 2,310.70	\$ 2,310.70
67042 00	Surgery	33.01	33.01	\$ 2,310.70	\$ 2,310.70
67043 00	Surgery	34.80	34.80	\$ 2,436.00	\$ 2,436.00
67101 00	Surgery	9.71	8.21	\$ 679.70	\$ 574.70
67105 00	Surgery	8.62	7.93	\$ 603.40	\$ 555.10
67107 00	Surgery	32.42	32.42	\$ 2,269.40	\$ 2,269.40
67108 00	Surgery	34.34	34.34	\$ 2,403.80	\$ 2,403.80

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
67110 00	Surgery	25.89	23.46	\$ 1,812.30	\$ 1,642.20
67113 00	Surgery	38.40	38.40	\$ 2,688.00	\$ 2,688.00
67115 00	Surgery	14.39	14.39	\$ 1,007.30	\$ 1,007.30
67120 00	Surgery	19.59	16.01	\$ 1,371.30	\$ 1,120.70
67121 00	Surgery	26.09	26.09	\$ 1,826.30	\$ 1,826.30
67141 00	Surgery	15.23	14.01	\$ 1,066.10	\$ 980.70
67145 00	Surgery	15.30	14.31	\$ 1,071.00	\$ 1,001.70
67208 00	Surgery	17.43	16.66	\$ 1,220.10	\$ 1,166.20
67210 00	Surgery	14.97	14.37	\$ 1,047.90	\$ 1,005.90
67218 00	Surgery	40.19	40.19	\$ 2,813.30	\$ 2,813.30
67220 00	Surgery	15.45	14.37	\$ 1,081.50	\$ 1,005.90
67221 00	Surgery	8.06	6.03	\$ 564.20	\$ 422.10
67225 00	Surgery	0.85	0.80	\$ 59.50	\$ 56.00
67227 00	Surgery	8.56	7.33	\$ 599.20	\$ 513.10
67228 00	Surgery	9.88	8.76	\$ 691.60	\$ 613.20
67229 00	Surgery	33.46	33.46	\$ 2,342.20	\$ 2,342.20
67250 00	Surgery	25.85	25.85	\$ 1,809.50	\$ 1,809.50
67255 00	Surgery	19.85	19.85	\$ 1,389.50	\$ 1,389.50
67299 00	Surgery	0.00	0.00	BR	BR
67311 00	Surgery	17.26	17.26	\$ 1,208.20	\$ 1,208.20
67312 00	Surgery	20.87	20.87	\$ 1,460.90	\$ 1,460.90
67314 00	Surgery	19.76	19.76	\$ 1,383.20	\$ 1,383.20
67316 00	Surgery	23.35	23.35	\$ 1,634.50	\$ 1,634.50
67318 00	Surgery	20.66	20.66	\$ 1,446.20	\$ 1,446.20
67320 00	Surgery	9.13	9.13	\$ 639.10	\$ 639.10
67331 00	Surgery	8.67	8.67	\$ 606.90	\$ 606.90
67332 00	Surgery	9.40	9.40	\$ 658.00	\$ 658.00
67334 00	Surgery	8.54	8.54	\$ 597.80	\$ 597.80
67335 00	Surgery	4.20	4.20	\$ 294.00	\$ 294.00
67340 00	Surgery	10.16	10.16	\$ 711.20	\$ 711.20
67343 00	Surgery	19.22	19.22	\$ 1,345.40	\$ 1,345.40
67345 00	Surgery	7.08	6.25	\$ 495.60	\$ 437.50
67346 00	Surgery	5.47	5.47	\$ 382.90	\$ 382.90
67399 00	Surgery	0.00	0.00	BR	BR
67400 00	Surgery	29.83	29.83	\$ 2,088.10	\$ 2,088.10
67405 00	Surgery	25.83	25.83	\$ 1,808.10	\$ 1,808.10
67412 00	Surgery	28.42	28.42	\$ 1,989.40	\$ 1,989.40
67413 00	Surgery	27.64	27.64	\$ 1,934.80	\$ 1,934.80
67414 00	Surgery	41.90	41.90	\$ 2,933.00	\$ 2,933.00
67415 00	Surgery	2.98	2.98	\$ 208.60	\$ 208.60
67420 00	Surgery	50.13	50.13	\$ 3,509.10	\$ 3,509.10
67430 00	Surgery	39.88	39.88	\$ 2,791.60	\$ 2,791.60
67440 00	Surgery	38.70	38.70	\$ 2,709.00	\$ 2,709.00
67445 00	Surgery	44.04	44.04	\$ 3,082.80	\$ 3,082.80
67450 00	Surgery	40.08	40.08	\$ 2,805.60	\$ 2,805.60
67500 00	Surgery	2.18	1.79	\$ 152.60	\$ 125.30
67505 00	Surgery	2.53	2.09	\$ 177.10	\$ 146.30
67515 00	Surgery	1.49	1.36	\$ 104.30	\$ 95.20
67550 00	Surgery	31.16	31.16	\$ 2,181.20	\$ 2,181.20
67560 00	Surgery	31.86	31.86	\$ 2,230.20	\$ 2,230.20
67570 00	Surgery	38.65	38.65	\$ 2,705.50	\$ 2,705.50
67599 00	Surgery	0.00	0.00	BR	BR
67700 00	Surgery	8.66	3.35	\$ 606.20	\$ 234.50
67710 00	Surgery	7.37	2.83	\$ 515.90	\$ 198.10
67715 00	Surgery	7.99	3.12	\$ 559.30	\$ 218.40
67800 00	Surgery	3.75	2.97	\$ 262.50	\$ 207.90
67801 00	Surgery	4.75	3.81	\$ 332.50	\$ 266.70
67805 00	Surgery	5.90	4.71	\$ 413.00	\$ 329.70
67808 00	Surgery	10.59	10.59	\$ 741.30	\$ 741.30

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
67810 00	Surgery	5.53	1.99	\$ 387.10	\$ 139.30
67820 00	Surgery	0.61	0.65	\$ 42.70	\$ 45.50
67825 00	Surgery	3.94	3.51	\$ 275.80	\$ 245.70
67830 00	Surgery	8.20	3.96	\$ 574.00	\$ 277.20
67835 00	Surgery	12.71	12.71	\$ 889.70	\$ 889.70
67840 00	Surgery	8.47	4.53	\$ 592.90	\$ 317.10
67850 00	Surgery	6.52	3.78	\$ 456.40	\$ 264.60
67875 00	Surgery	5.49	2.77	\$ 384.30	\$ 193.90
67880 00	Surgery	13.79	10.61	\$ 965.30	\$ 742.70
67882 00	Surgery	16.80	13.57	\$ 1,176.00	\$ 949.90
67900 00	Surgery	19.14	14.64	\$ 1,339.80	\$ 1,024.80
67901 00	Surgery	23.44	16.99	\$ 1,640.80	\$ 1,189.30
67902 00	Surgery	20.95	20.95	\$ 1,466.50	\$ 1,466.50
67903 00	Surgery	17.76	13.87	\$ 1,243.20	\$ 970.90
67904 00	Surgery	21.81	17.18	\$ 1,526.70	\$ 1,202.60
67906 00	Surgery	14.56	14.56	\$ 1,019.20	\$ 1,019.20
67908 00	Surgery	15.62	12.46	\$ 1,093.40	\$ 872.20
67909 00	Surgery	16.20	12.65	\$ 1,134.00	\$ 885.50
67911 00	Surgery	16.15	16.15	\$ 1,130.50	\$ 1,130.50
67912 00	Surgery	27.28	14.04	\$ 1,909.60	\$ 982.80
67914 00	Surgery	14.56	9.45	\$ 1,019.20	\$ 661.50
67915 00	Surgery	9.44	5.72	\$ 660.80	\$ 400.40
67916 00	Surgery	18.17	12.39	\$ 1,271.90	\$ 867.30
67917 00	Surgery	18.47	13.15	\$ 1,292.90	\$ 920.50
67921 00	Surgery	14.29	8.98	\$ 1,000.30	\$ 628.60
67922 00	Surgery	9.13	5.70	\$ 639.10	\$ 399.00
67923 00	Surgery	18.16	12.39	\$ 1,271.20	\$ 867.30
67924 00	Surgery	19.29	13.15	\$ 1,350.30	\$ 920.50
67930 00	Surgery	11.03	6.84	\$ 772.10	\$ 478.80
67935 00	Surgery	17.66	12.71	\$ 1,236.20	\$ 889.70
67938 00	Surgery	8.20	3.38	\$ 574.00	\$ 236.60
67950 00	Surgery	17.24	13.35	\$ 1,206.80	\$ 934.50
67961 00	Surgery	17.30	13.09	\$ 1,211.00	\$ 916.30
67966 00	Surgery	22.82	18.87	\$ 1,597.40	\$ 1,320.90
67971 00	Surgery	20.76	20.76	\$ 1,453.20	\$ 1,453.20
67973 00	Surgery	26.69	26.69	\$ 1,868.30	\$ 1,868.30
67974 00	Surgery	26.63	26.63	\$ 1,864.10	\$ 1,864.10
67975 00	Surgery	19.65	19.65	\$ 1,375.50	\$ 1,375.50
67999 00	Surgery	0.00	0.00	BR	BR
68020 00	Surgery	3.53	3.20	\$ 247.10	\$ 224.00
68040 00	Surgery	1.80	1.38	\$ 126.00	\$ 96.60
68100 00	Surgery	5.38	2.75	\$ 376.60	\$ 192.50
68110 00	Surgery	7.03	4.27	\$ 492.10	\$ 298.90
68115 00	Surgery	9.95	5.27	\$ 696.50	\$ 368.90
68130 00	Surgery	16.35	11.89	\$ 1,144.50	\$ 832.30
68135 00	Surgery	4.58	4.32	\$ 320.60	\$ 302.40
68200 00	Surgery	1.21	0.99	\$ 84.70	\$ 69.30
68320 00	Surgery	21.97	15.55	\$ 1,537.90	\$ 1,088.50
68325 00	Surgery	18.89	18.89	\$ 1,322.30	\$ 1,322.30
68326 00	Surgery	18.55	18.55	\$ 1,298.50	\$ 1,298.50
68328 00	Surgery	20.38	20.38	\$ 1,426.60	\$ 1,426.60
68330 00	Surgery	18.42	13.26	\$ 1,289.40	\$ 928.20
68335 00	Surgery	18.62	18.62	\$ 1,303.40	\$ 1,303.40
68340 00	Surgery	17.72	11.47	\$ 1,240.40	\$ 802.90
68360 00	Surgery	16.06	11.81	\$ 1,124.20	\$ 826.70
68362 00	Surgery	18.87	18.87	\$ 1,320.90	\$ 1,320.90
68371 00	Surgery	11.92	11.92	\$ 834.40	\$ 834.40
68399 00	Surgery	0.00	0.00	BR	BR
68400 00	Surgery	8.98	3.77	\$ 628.60	\$ 263.90

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
68420 00	Surgery	10.02	4.80	\$ 701.40	\$ 336.00
68440 00	Surgery	3.02	2.88	\$ 211.40	\$ 201.60
68500 00	Surgery	30.32	30.32	\$ 2,122.40	\$ 2,122.40
68505 00	Surgery	30.18	30.18	\$ 2,112.60	\$ 2,112.60
68510 00	Surgery	13.65	8.34	\$ 955.50	\$ 583.80
68520 00	Surgery	21.11	21.11	\$ 1,477.70	\$ 1,477.70
68525 00	Surgery	7.50	7.50	\$ 525.00	\$ 525.00
68530 00	Surgery	13.00	7.30	\$ 910.00	\$ 511.00
68540 00	Surgery	28.24	28.24	\$ 1,976.80	\$ 1,976.80
68550 00	Surgery	35.05	35.05	\$ 2,453.50	\$ 2,453.50
68700 00	Surgery	17.39	17.39	\$ 1,217.30	\$ 1,217.30
68705 00	Surgery	7.71	4.76	\$ 539.70	\$ 333.20
68720 00	Surgery	23.21	23.21	\$ 1,624.70	\$ 1,624.70
68745 00	Surgery	23.32	23.32	\$ 1,632.40	\$ 1,632.40
68750 00	Surgery	24.51	24.51	\$ 1,715.70	\$ 1,715.70
68760 00	Surgery	6.50	4.20	\$ 455.00	\$ 294.00
68761 00	Surgery	4.37	3.40	\$ 305.90	\$ 238.00
68770 00	Surgery	18.09	18.09	\$ 1,266.30	\$ 1,266.30
68801 00	Surgery	2.78	2.26	\$ 194.60	\$ 158.20
68810 00	Surgery	4.74	3.69	\$ 331.80	\$ 258.30
68811 00	Surgery	3.89	3.89	\$ 272.30	\$ 272.30
68815 00	Surgery	11.52	6.40	\$ 806.40	\$ 448.00
68816 00	Surgery	25.55	4.52	\$ 1,788.50	\$ 316.40
68840 00	Surgery	3.87	3.37	\$ 270.90	\$ 235.90
68850 00	Surgery	1.78	1.55	\$ 124.60	\$ 108.50
68899 00	Surgery	0.00	0.00	BR	BR
69000 00	Surgery	5.58	3.57	\$ 390.60	\$ 249.90
69005 00	Surgery	6.49	4.62	\$ 454.30	\$ 323.40
69020 00	Surgery	7.00	4.18	\$ 490.00	\$ 292.60
69090 00	Surgery	-	-	\$ 67.20	\$ 67.20
69100 00	Surgery	2.91	1.36	\$ 203.70	\$ 95.20
69105 00	Surgery	4.34	1.82	\$ 303.80	\$ 127.40
69110 00	Surgery	14.03	9.61	\$ 982.10	\$ 672.70
69120 00	Surgery	11.78	11.78	\$ 824.60	\$ 824.60
69140 00	Surgery	26.84	26.84	\$ 1,878.80	\$ 1,878.80
69145 00	Surgery	12.26	7.49	\$ 858.20	\$ 524.30
69150 00	Surgery	30.36	30.36	\$ 2,125.20	\$ 2,125.20
69155 00	Surgery	48.22	48.22	\$ 3,375.40	\$ 3,375.40
69200 00	Surgery	2.39	1.37	\$ 167.30	\$ 95.90
69205 00	Surgery	2.79	2.79	\$ 195.30	\$ 195.30
69209 00	Surgery	0.44	0.44	\$ 30.80	\$ 30.80
69210 00	Surgery	1.39	0.97	\$ 97.30	\$ 67.90
69220 00	Surgery	2.32	1.49	\$ 162.40	\$ 104.30
69222 00	Surgery	6.41	3.96	\$ 448.70	\$ 277.20
69300 00	Surgery	18.76	13.48	\$ 1,313.20	\$ 943.60
69310 00	Surgery	33.31	33.31	\$ 2,331.70	\$ 2,331.70
69320 00	Surgery	46.29	46.29	\$ 3,240.30	\$ 3,240.30
69399 00	Surgery	0.00	0.00	BR	BR
69420 00	Surgery	5.64	3.49	\$ 394.80	\$ 244.30
69421 00	Surgery	4.38	4.38	\$ 306.60	\$ 306.60
69424 00	Surgery	3.86	1.76	\$ 270.20	\$ 123.20
69433 00	Surgery	5.93	3.81	\$ 415.10	\$ 266.70
69436 00	Surgery	4.61	4.61	\$ 322.70	\$ 322.70
69440 00	Surgery	20.66	20.66	\$ 1,446.20	\$ 1,446.20
69450 00	Surgery	16.38	16.38	\$ 1,146.60	\$ 1,146.60
69501 00	Surgery	21.26	21.26	\$ 1,488.20	\$ 1,488.20
69502 00	Surgery	28.29	28.29	\$ 1,980.30	\$ 1,980.30
69505 00	Surgery	36.49	36.49	\$ 2,554.30	\$ 2,554.30
69511 00	Surgery	37.34	37.34	\$ 2,613.80	\$ 2,613.80

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
69530 00	Surgery	49.61	49.61	\$ 3,472.70	\$ 3,472.70
69535 00	Surgery	78.48	78.48	\$ 5,493.60	\$ 5,493.60
69540 00	Surgery	6.24	3.75	\$ 436.80	\$ 262.50
69550 00	Surgery	31.58	31.58	\$ 2,210.60	\$ 2,210.60
69552 00	Surgery	46.96	46.96	\$ 3,287.20	\$ 3,287.20
69554 00	Surgery	74.37	74.37	\$ 5,205.90	\$ 5,205.90
69601 00	Surgery	30.46	30.46	\$ 2,132.20	\$ 2,132.20
69602 00	Surgery	32.41	32.41	\$ 2,268.70	\$ 2,268.70
69603 00	Surgery	38.10	38.10	\$ 2,667.00	\$ 2,667.00
69604 00	Surgery	33.07	33.07	\$ 2,314.90	\$ 2,314.90
69610 00	Surgery	11.21	8.37	\$ 784.70	\$ 585.90
69620 00	Surgery	21.72	14.44	\$ 1,520.40	\$ 1,010.80
69631 00	Surgery	26.60	26.60	\$ 1,862.00	\$ 1,862.00
69632 00	Surgery	32.27	32.27	\$ 2,258.90	\$ 2,258.90
69633 00	Surgery	31.31	31.31	\$ 2,191.70	\$ 2,191.70
69635 00	Surgery	37.61	37.61	\$ 2,632.70	\$ 2,632.70
69636 00	Surgery	41.81	41.81	\$ 2,926.70	\$ 2,926.70
69637 00	Surgery	42.74	42.74	\$ 2,991.80	\$ 2,991.80
69641 00	Surgery	31.05	31.05	\$ 2,173.50	\$ 2,173.50
69642 00	Surgery	39.83	39.83	\$ 2,788.10	\$ 2,788.10
69643 00	Surgery	36.52	36.52	\$ 2,556.40	\$ 2,556.40
69644 00	Surgery	44.63	44.63	\$ 3,124.10	\$ 3,124.10
69645 00	Surgery	43.97	43.97	\$ 3,077.90	\$ 3,077.90
69646 00	Surgery	46.45	46.45	\$ 3,251.50	\$ 3,251.50
69650 00	Surgery	23.93	23.93	\$ 1,675.10	\$ 1,675.10
69660 00	Surgery	27.49	27.49	\$ 1,924.30	\$ 1,924.30
69661 00	Surgery	35.82	35.82	\$ 2,507.40	\$ 2,507.40
69662 00	Surgery	34.33	34.33	\$ 2,403.10	\$ 2,403.10
69666 00	Surgery	24.08	24.08	\$ 1,685.60	\$ 1,685.60
69667 00	Surgery	24.10	24.10	\$ 1,687.00	\$ 1,687.00
69670 00	Surgery	28.11	28.11	\$ 1,967.70	\$ 1,967.70
69676 00	Surgery	24.89	24.89	\$ 1,742.30	\$ 1,742.30
69700 00	Surgery	19.94	19.94	\$ 1,395.80	\$ 1,395.80
69705 00	Surgery	89.20	5.06	\$ 6,244.00	\$ 354.20
69706 00	Surgery	91.89	7.04	\$ 6,432.30	\$ 492.80
69710 00	Surgery	0.00	0.00	BR	BR
69711 00	Surgery	25.14	25.14	\$ 1,759.80	\$ 1,759.80
69714 00	Surgery	31.25	31.25	\$ 2,187.50	\$ 2,187.50
69715 00	Surgery	38.49	38.49	\$ 2,694.30	\$ 2,694.30
69717 00	Surgery	32.79	32.79	\$ 2,295.30	\$ 2,295.30
69718 00	Surgery	38.88	38.88	\$ 2,721.60	\$ 2,721.60
69720 00	Surgery	35.27	35.27	\$ 2,468.90	\$ 2,468.90
69725 00	Surgery	55.09	55.09	\$ 3,856.30	\$ 3,856.30
69740 00	Surgery	34.32	34.32	\$ 2,402.40	\$ 2,402.40
69745 00	Surgery	36.63	36.63	\$ 2,564.10	\$ 2,564.10
69799 00	Surgery	0.00	0.00	BR	BR
69801 00	Surgery	6.55	3.59	\$ 458.50	\$ 251.30
69805 00	Surgery	30.49	30.49	\$ 2,134.30	\$ 2,134.30
69806 00	Surgery	27.50	27.50	\$ 1,925.00	\$ 1,925.00
69905 00	Surgery	27.36	27.36	\$ 1,915.20	\$ 1,915.20
69910 00	Surgery	29.52	29.52	\$ 2,066.40	\$ 2,066.40
69915 00	Surgery	44.49	44.49	\$ 3,114.30	\$ 3,114.30
69930 00	Surgery	35.98	35.98	\$ 2,518.60	\$ 2,518.60
69949 00	Surgery	0.00	0.00	BR	BR
69950 00	Surgery	51.37	51.37	\$ 3,595.90	\$ 3,595.90
69955 00	Surgery	57.92	57.92	\$ 4,054.40	\$ 4,054.40
69960 00	Surgery	55.58	55.58	\$ 3,890.60	\$ 3,890.60
69970 00	Surgery	62.63	62.63	\$ 4,384.10	\$ 4,384.10
69979 00	Surgery	0.00	0.00	BR	BR

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
69990 00	Surgery	6.38	6.38	\$ 446.60	\$ 446.60

**Historical Note**

New Appendix A, Surgery Codes 2019-2020 made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Surgery Codes 2019-2020 will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Surgery Codes 2019-2020 repealed; new Appendix A, Surgery Codes 2020-2021 made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Surgery Codes 2020-2021 repealed; new Appendix A, Surgery Codes 2021-2022 made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3).

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## RADIOLOGY GUIDELINES

This Fee Schedule has been updated to incorporate by reference the 2021 Edition of the American Medical Association's *Current Procedural Terminology* (CPT®) publication, including the general guidelines, identifiers, modifiers, and terminology changes associated with the adopted codes. In this Fee Schedule CPT® codes that contain explanatory language specific to Arizona are preceded by Δ. Codes, however, that are unique to Arizona and not otherwise found in CPT® are preceded by an AZ identifier and numbered in the following format: AZxxx. Additional information regarding publications (e.g., CMS Guidelines) adopted by reference is found in the Introduction of the Fee Schedule.

The following Commission guidelines are in addition to CMS and CPT® guidelines and represent additional guidance from the Commission relative to unit values for these services. To the extent that a conflict may exist between an adopted portion of the CPT® and a code, guideline, identifier or modifier unique to Arizona, then the Arizona code, guideline, identifier or modifier shall control.

**A. GENERAL GUIDELINES**

1. Values include usual contrast media, equipment, and materials. An additional charge may be warranted when special surgical trays and materials are provided by the healthcare provider.
2. Values include consultation and written reports to the referring healthcare provider.
3. X-ray findings and attending healthcare provider's written order for x-rays must be included with statement for x-ray services. Bills unsupported by findings will not be paid.
4. X-rays should be taken, reported, and be properly marked for identification and orientation in accordance with the accepted standard of radiologic practice in the State of Arizona.

**B. MODIFIERS**

Modifiers identify circumstances that alter or enhance the description of the service. For radiology codes, two modifiers affect the assigned unit value and are listed in *The Essential RBRVS*. However, other modifiers may be required for correct reporting of service. See CMS and the 2021 CPT® publication for additional information on modifiers. Listed radiology modifiers affect the unit values as follows:

1. Total: When no modifier is listed, the unit value represents the global value of the procedure. The five-digit code is used to represent a global service inclusive of professional and technical value of providing that service. The following sections provide additional definitions for each component.

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

2. Professional: Modifier 26 is used to designate professional services. The professional component includes examination of the patient, when indicated, performance and/or supervision of the procedure, interpretation and written report of the examination, and consultation with referring healthcare providers.
3. Technical: Modifier TC is used to designate the technical value of providing the service. The technical component includes personnel, materials, space, equipment, and other allocated facility overhead normally included in providing the service. Note that modifier TC is not CPT<sup>®</sup> compatible.

**C. REFERENCE TO RELATIVE VALUES**

Two patterns of billing currently prevail in radiology. A total charge for the radiology service, to include both professional fees and technical costs, is made by radiologists working in offices, clinics and, under some circumstances, in hospital or ambulatory surgery center x-ray departments.

In a majority of voluntary hospital or ambulatory surgery center radiology departments, the radiologist submits a separate statement to the patient for his professional services. The hospital or ambulatory surgery center charges for use of the department facilities and the services of its employees. This pattern is similar to the charges made by the hospital or ambulatory surgery center for the use of delivery rooms or surgical suites. Such charges are entirely separate from the fees charged by obstetricians and surgeons. In most separate radiology billing situations, the total will approximate the amount billed singly by the radiologist in their office or billed singly by the hospital or ambulatory surgery center.

The two separate scales in Radiology Relative Values have been devised for use in radiology and are not coordinated with scales for services in other branches of medicine such as surgery, medicine or pathology. The two scales are compatible only within themselves. Within each of the two separate headings, the total dollar value and the PC or professional components dollar value, where appropriate, can be used. Some procedures are noted as a “BR” value or “By Report”. This usage is intended to indicate that circumstances involving a given patient procedure may require much more than the average amount of time and effort to perform and thus a value would be unique and could not be anticipated or established. When such added involvement is claimed, a written explanation will usually be required as an addendum to the bill.

The PC values do not include charges made by the hospital in which the procedure was accomplished. Such charges by the hospital or ambulatory surgery center cover the services of technologists and other helpers, the films, contrast media, radioactive agents, chemical and other materials, the use of the space and facilities of the x-ray department plus any other hospital or ambulatory surgery center costs. Most hospitals or ambulatory surgery centers have derived their own schedule of charges of these items. Establishment of hospital or ambulatory surgery center charges is not the subject of the Fee Schedule.

The separation of billing in no way implies a division of responsibility, but only a division of the charge. The radiologist is a physician performing a needed medical service for a patient,

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

and he must retain full responsibility for his own activity and also full responsibility for the supervision of technologists, the selection and maintenance of equipment, the control of radiation hazards and the general administration of the radiology department.

**D. REVIEW OF DIAGNOSTIC STUDIES**

No separate charge is warranted for prior studies reviewed in conjunction with a visit, consultation, record review, or other evaluation by a healthcare provider; neither the professional component value modifier 26 nor the radiological consultation CPT<sup>®</sup> code 76140 is reimbursable. The review of diagnostic tests is included in the evaluation and management codes.

**Historical Note**

New Appendix A. Radiology Guidelines made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A. Radiology Guidelines will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Radiology Guidelines repealed; new Appendix A, Radiology Guidelines made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Radiology Guidelines repealed; new Appendix A, Radiology Guidelines made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3).



## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Radiology Codes 2021 -2022

## Radiology Conversion Factor \$70.00

Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
70010 00	Radiology	1.72	1.72	\$ 120.40	\$ 120.40
70015 00	Radiology	4.97	4.97	\$ 347.90	\$ 347.90
70015 26	Radiology	1.67	1.67	\$ 116.90	\$ 116.90
70015 TC	Radiology	3.30	3.30	\$ 231.00	\$ 231.00
70030 00	Radiology	0.94	0.94	\$ 65.80	\$ 65.80
70030 26	Radiology	0.26	0.26	\$ 18.20	\$ 18.20
70030 TC	Radiology	0.68	0.68	\$ 47.60	\$ 47.60
70100 00	Radiology	1.12	1.12	\$ 78.40	\$ 78.40
70100 26	Radiology	0.26	0.26	\$ 18.20	\$ 18.20
70100 TC	Radiology	0.86	0.86	\$ 60.20	\$ 60.20
70110 00	Radiology	1.27	1.27	\$ 88.90	\$ 88.90
70110 26	Radiology	0.35	0.35	\$ 24.50	\$ 24.50
70110 TC	Radiology	0.92	0.92	\$ 64.40	\$ 64.40
70120 00	Radiology	1.11	1.11	\$ 77.70	\$ 77.70
70120 26	Radiology	0.26	0.26	\$ 18.20	\$ 18.20
70120 TC	Radiology	0.85	0.85	\$ 59.50	\$ 59.50
70130 00	Radiology	1.83	1.83	\$ 128.10	\$ 128.10
70130 26	Radiology	0.48	0.48	\$ 33.60	\$ 33.60
70130 TC	Radiology	1.35	1.35	\$ 94.50	\$ 94.50
70134 00	Radiology	1.74	1.74	\$ 121.80	\$ 121.80
70134 26	Radiology	0.50	0.50	\$ 35.00	\$ 35.00
70134 TC	Radiology	1.24	1.24	\$ 86.80	\$ 86.80
70140 00	Radiology	0.94	0.94	\$ 65.80	\$ 65.80
70140 26	Radiology	0.29	0.29	\$ 20.30	\$ 20.30
70140 TC	Radiology	0.65	0.65	\$ 45.50	\$ 45.50
70150 00	Radiology	1.38	1.38	\$ 96.60	\$ 96.60
70150 26	Radiology	0.37	0.37	\$ 25.90	\$ 25.90
70150 TC	Radiology	1.01	1.01	\$ 70.70	\$ 70.70
70160 00	Radiology	1.11	1.11	\$ 77.70	\$ 77.70
70160 26	Radiology	0.25	0.25	\$ 17.50	\$ 17.50
70160 TC	Radiology	0.86	0.86	\$ 60.20	\$ 60.20
70170 00	Radiology	-	-	\$ 98.70	\$ 98.70
70170 26	Radiology	0.42	0.42	\$ 29.40	\$ 29.40
70170 TC	Radiology	-	-	\$ 70.00	\$ 70.00
70190 00	Radiology	1.13	1.13	\$ 79.10	\$ 79.10
70190 26	Radiology	0.32	0.32	\$ 22.40	\$ 22.40
70190 TC	Radiology	0.81	0.81	\$ 56.70	\$ 56.70
70200 00	Radiology	1.41	1.41	\$ 98.70	\$ 98.70
70200 26	Radiology	0.40	0.40	\$ 28.00	\$ 28.00
70200 TC	Radiology	1.01	1.01	\$ 70.70	\$ 70.70
70210 00	Radiology	0.94	0.94	\$ 65.80	\$ 65.80
70210 26	Radiology	0.25	0.25	\$ 17.50	\$ 17.50
70210 TC	Radiology	0.69	0.69	\$ 48.30	\$ 48.30
70220 00	Radiology	1.10	1.10	\$ 77.00	\$ 77.00
70220 26	Radiology	0.31	0.31	\$ 21.70	\$ 21.70
70220 TC	Radiology	0.79	0.79	\$ 55.30	\$ 55.30
70240 00	Radiology	0.97	0.97	\$ 67.90	\$ 67.90
70240 26	Radiology	0.27	0.27	\$ 18.90	\$ 18.90
70240 TC	Radiology	0.70	0.70	\$ 49.00	\$ 49.00
70250 00	Radiology	1.04	1.04	\$ 72.80	\$ 72.80
70250 26	Radiology	0.26	0.26	\$ 18.20	\$ 18.20
70250 TC	Radiology	0.78	0.78	\$ 54.60	\$ 54.60
70260 00	Radiology	1.31	1.31	\$ 91.70	\$ 91.70
70260 26	Radiology	0.40	0.40	\$ 28.00	\$ 28.00
70260 TC	Radiology	0.91	0.91	\$ 63.70	\$ 63.70

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
70300 00	Radiology	0.38	0.38	\$ 26.60	\$ 26.60
70300 26	Radiology	0.15	0.15	\$ 10.50	\$ 10.50
70300 TC	Radiology	0.23	0.23	\$ 16.10	\$ 16.10
70310 00	Radiology	1.13	1.13	\$ 79.10	\$ 79.10
70310 26	Radiology	0.22	0.22	\$ 15.40	\$ 15.40
70310 TC	Radiology	0.91	0.91	\$ 63.70	\$ 63.70
70320 00	Radiology	1.65	1.65	\$ 115.50	\$ 115.50
70320 26	Radiology	0.33	0.33	\$ 23.10	\$ 23.10
70320 TC	Radiology	1.32	1.32	\$ 92.40	\$ 92.40
70328 00	Radiology	1.01	1.01	\$ 70.70	\$ 70.70
70328 26	Radiology	0.26	0.26	\$ 18.20	\$ 18.20
70328 TC	Radiology	0.75	0.75	\$ 52.50	\$ 52.50
70330 00	Radiology	1.56	1.56	\$ 109.20	\$ 109.20
70330 26	Radiology	0.34	0.34	\$ 23.80	\$ 23.80
70330 TC	Radiology	1.22	1.22	\$ 85.40	\$ 85.40
70332 00	Radiology	2.52	2.52	\$ 176.40	\$ 176.40
70332 26	Radiology	0.78	0.78	\$ 54.60	\$ 54.60
70332 TC	Radiology	1.74	1.74	\$ 121.80	\$ 121.80
70336 00	Radiology	8.82	8.82	\$ 617.40	\$ 617.40
70336 26	Radiology	2.07	2.07	\$ 144.90	\$ 144.90
70336 TC	Radiology	6.75	6.75	\$ 472.50	\$ 472.50
70350 00	Radiology	0.48	0.48	\$ 33.60	\$ 33.60
70350 26	Radiology	0.25	0.25	\$ 17.50	\$ 17.50
70350 TC	Radiology	0.23	0.23	\$ 16.10	\$ 16.10
70355 00	Radiology	0.54	0.54	\$ 37.80	\$ 37.80
70355 26	Radiology	0.30	0.30	\$ 21.00	\$ 21.00
70355 TC	Radiology	0.24	0.24	\$ 16.80	\$ 16.80
70360 00	Radiology	0.92	0.92	\$ 64.40	\$ 64.40
70360 26	Radiology	0.26	0.26	\$ 18.20	\$ 18.20
70360 TC	Radiology	0.66	0.66	\$ 46.20	\$ 46.20
70370 00	Radiology	2.83	2.83	\$ 198.10	\$ 198.10
70370 26	Radiology	0.43	0.43	\$ 30.10	\$ 30.10
70370 TC	Radiology	2.40	2.40	\$ 168.00	\$ 168.00
70371 00	Radiology	3.21	3.21	\$ 224.70	\$ 224.70
70371 26	Radiology	1.20	1.20	\$ 84.00	\$ 84.00
70371 TC	Radiology	2.01	2.01	\$ 140.70	\$ 140.70
70380 00	Radiology	1.10	1.10	\$ 77.00	\$ 77.00
70380 26	Radiology	0.24	0.24	\$ 16.80	\$ 16.80
70380 TC	Radiology	0.86	0.86	\$ 60.20	\$ 60.20
70390 00	Radiology	3.51	3.51	\$ 245.70	\$ 245.70
70390 26	Radiology	0.54	0.54	\$ 37.80	\$ 37.80
70390 TC	Radiology	2.97	2.97	\$ 207.90	\$ 207.90
70450 00	Radiology	3.33	3.33	\$ 233.10	\$ 233.10
70450 26	Radiology	1.20	1.20	\$ 84.00	\$ 84.00
70450 TC	Radiology	2.13	2.13	\$ 149.10	\$ 149.10
70460 00	Radiology	4.68	4.68	\$ 327.60	\$ 327.60
70460 26	Radiology	1.59	1.59	\$ 111.30	\$ 111.30
70460 TC	Radiology	3.09	3.09	\$ 216.30	\$ 216.30
70470 00	Radiology	5.50	5.50	\$ 385.00	\$ 385.00
70470 26	Radiology	1.78	1.78	\$ 124.60	\$ 124.60
70470 TC	Radiology	3.72	3.72	\$ 260.40	\$ 260.40
70480 00	Radiology	4.98	4.98	\$ 348.60	\$ 348.60
70480 26	Radiology	1.79	1.79	\$ 125.30	\$ 125.30
70480 TC	Radiology	3.19	3.19	\$ 223.30	\$ 223.30
70481 00	Radiology	5.75	5.75	\$ 402.50	\$ 402.50
70481 26	Radiology	1.59	1.59	\$ 111.30	\$ 111.30
70481 TC	Radiology	4.16	4.16	\$ 291.20	\$ 291.20
70482 00	Radiology	6.76	6.76	\$ 473.20	\$ 473.20
70482 26	Radiology	1.77	1.77	\$ 123.90	\$ 123.90

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
70482 TC	Radiology	4.99	4.99	\$ 349.30	\$ 349.30
70486 00	Radiology	4.03	4.03	\$ 282.10	\$ 282.10
70486 26	Radiology	1.20	1.20	\$ 84.00	\$ 84.00
70486 TC	Radiology	2.83	2.83	\$ 198.10	\$ 198.10
70487 00	Radiology	4.81	4.81	\$ 336.70	\$ 336.70
70487 26	Radiology	1.58	1.58	\$ 110.60	\$ 110.60
70487 TC	Radiology	3.23	3.23	\$ 226.10	\$ 226.10
70488 00	Radiology	5.89	5.89	\$ 412.30	\$ 412.30
70488 26	Radiology	1.78	1.78	\$ 124.60	\$ 124.60
70488 TC	Radiology	4.11	4.11	\$ 287.70	\$ 287.70
70490 00	Radiology	4.72	4.72	\$ 330.40	\$ 330.40
70490 26	Radiology	1.79	1.79	\$ 125.30	\$ 125.30
70490 TC	Radiology	2.93	2.93	\$ 205.10	\$ 205.10
70491 00	Radiology	5.85	5.85	\$ 409.50	\$ 409.50
70491 26	Radiology	1.93	1.93	\$ 135.10	\$ 135.10
70491 TC	Radiology	3.92	3.92	\$ 274.40	\$ 274.40
70492 00	Radiology	7.09	7.09	\$ 496.30	\$ 496.30
70492 26	Radiology	2.29	2.29	\$ 160.30	\$ 160.30
70492 TC	Radiology	4.80	4.80	\$ 336.00	\$ 336.00
70496 00	Radiology	8.66	8.66	\$ 606.20	\$ 606.20
70496 26	Radiology	2.46	2.46	\$ 172.20	\$ 172.20
70496 TC	Radiology	6.20	6.20	\$ 434.00	\$ 434.00
70498 00	Radiology	8.65	8.65	\$ 605.50	\$ 605.50
70498 26	Radiology	2.46	2.46	\$ 172.20	\$ 172.20
70498 TC	Radiology	6.19	6.19	\$ 433.30	\$ 433.30
70540 00	Radiology	7.44	7.44	\$ 520.80	\$ 520.80
70540 26	Radiology	1.88	1.88	\$ 131.60	\$ 131.60
70540 TC	Radiology	5.56	5.56	\$ 389.20	\$ 389.20
70542 00	Radiology	8.87	8.87	\$ 620.90	\$ 620.90
70542 26	Radiology	2.30	2.30	\$ 161.00	\$ 161.00
70542 TC	Radiology	6.57	6.57	\$ 459.90	\$ 459.90
70543 00	Radiology	11.15	11.15	\$ 780.50	\$ 780.50
70543 26	Radiology	3.02	3.02	\$ 211.40	\$ 211.40
70543 TC	Radiology	8.13	8.13	\$ 569.10	\$ 569.10
70544 00	Radiology	6.98	6.98	\$ 488.60	\$ 488.60
70544 26	Radiology	1.68	1.68	\$ 117.60	\$ 117.60
70544 TC	Radiology	5.30	5.30	\$ 371.00	\$ 371.00
70545 00	Radiology	7.35	7.35	\$ 514.50	\$ 514.50
70545 26	Radiology	1.68	1.68	\$ 117.60	\$ 117.60
70545 TC	Radiology	5.67	5.67	\$ 396.90	\$ 396.90
70546 00	Radiology	10.67	10.67	\$ 746.90	\$ 746.90
70546 26	Radiology	2.07	2.07	\$ 144.90	\$ 144.90
70546 TC	Radiology	8.60	8.60	\$ 602.00	\$ 602.00
70547 00	Radiology	7.01	7.01	\$ 490.70	\$ 490.70
70547 26	Radiology	1.69	1.69	\$ 118.30	\$ 118.30
70547 TC	Radiology	5.32	5.32	\$ 372.40	\$ 372.40
70548 00	Radiology	7.90	7.90	\$ 553.00	\$ 553.00
70548 26	Radiology	2.10	2.10	\$ 147.00	\$ 147.00
70548 TC	Radiology	5.80	5.80	\$ 406.00	\$ 406.00
70549 00	Radiology	11.20	11.20	\$ 784.00	\$ 784.00
70549 26	Radiology	2.54	2.54	\$ 177.80	\$ 177.80
70549 TC	Radiology	8.66	8.66	\$ 606.20	\$ 606.20
70551 00	Radiology	6.32	6.32	\$ 442.40	\$ 442.40
70551 26	Radiology	2.07	2.07	\$ 144.90	\$ 144.90
70551 TC	Radiology	4.25	4.25	\$ 297.50	\$ 297.50
70552 00	Radiology	8.80	8.80	\$ 616.00	\$ 616.00
70552 26	Radiology	2.51	2.51	\$ 175.70	\$ 175.70
70552 TC	Radiology	6.29	6.29	\$ 440.30	\$ 440.30
70553 00	Radiology	10.39	10.39	\$ 727.30	\$ 727.30

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
70553 26	Radiology	3.23	3.23	\$ 226.10	\$ 226.10
70553 TC	Radiology	7.16	7.16	\$ 501.20	\$ 501.20
70554 00	Radiology	12.39	12.39	\$ 867.30	\$ 867.30
70554 26	Radiology	2.99	2.99	\$ 209.30	\$ 209.30
70554 TC	Radiology	9.40	9.40	\$ 658.00	\$ 658.00
70555 00	Radiology	-	-	\$ 1,449.70	\$ 1,449.70
70555 26	Radiology	3.54	3.54	\$ 247.80	\$ 247.80
70555 TC	Radiology	-	-	\$ 1,203.30	\$ 1,203.30
70557 00	Radiology	-	-	\$ 3,010.00	\$ 3,010.00
70557 26	Radiology	4.72	4.72	\$ 330.40	\$ 330.40
70557 TC	Radiology	-	-	\$ 2,678.90	\$ 2,678.90
70558 00	Radiology	-	-	\$ 3,168.90	\$ 3,168.90
70558 26	Radiology	4.96	4.96	\$ 347.20	\$ 347.20
70558 TC	Radiology	-	-	\$ 2,820.30	\$ 2,820.30
70559 00	Radiology	-	-	\$ 2,971.50	\$ 2,971.50
70559 26	Radiology	4.68	4.68	\$ 327.60	\$ 327.60
70559 TC	Radiology	-	-	\$ 2,644.60	\$ 2,644.60
71045 00	Radiology	0.75	0.75	\$ 52.50	\$ 52.50
71045 26	Radiology	0.26	0.26	\$ 18.20	\$ 18.20
71045 TC	Radiology	0.49	0.49	\$ 34.30	\$ 34.30
71046 00	Radiology	0.98	0.98	\$ 68.60	\$ 68.60
71046 26	Radiology	0.31	0.31	\$ 21.70	\$ 21.70
71046 TC	Radiology	0.67	0.67	\$ 46.90	\$ 46.90
71047 00	Radiology	1.24	1.24	\$ 86.80	\$ 86.80
71047 26	Radiology	0.39	0.39	\$ 27.30	\$ 27.30
71047 TC	Radiology	0.85	0.85	\$ 59.50	\$ 59.50
71048 00	Radiology	1.33	1.33	\$ 93.10	\$ 93.10
71048 26	Radiology	0.45	0.45	\$ 31.50	\$ 31.50
71048 TC	Radiology	0.88	0.88	\$ 61.60	\$ 61.60
71100 00	Radiology	1.07	1.07	\$ 74.90	\$ 74.90
71100 26	Radiology	0.32	0.32	\$ 22.40	\$ 22.40
71100 TC	Radiology	0.75	0.75	\$ 52.50	\$ 52.50
71101 00	Radiology	1.23	1.23	\$ 86.10	\$ 86.10
71101 26	Radiology	0.38	0.38	\$ 26.60	\$ 26.60
71101 TC	Radiology	0.85	0.85	\$ 59.50	\$ 59.50
71110 00	Radiology	1.28	1.28	\$ 89.60	\$ 89.60
71110 26	Radiology	0.41	0.41	\$ 28.70	\$ 28.70
71110 TC	Radiology	0.87	0.87	\$ 60.90	\$ 60.90
71111 00	Radiology	1.53	1.53	\$ 107.10	\$ 107.10
71111 26	Radiology	0.45	0.45	\$ 31.50	\$ 31.50
71111 TC	Radiology	1.08	1.08	\$ 75.60	\$ 75.60
71120 00	Radiology	0.98	0.98	\$ 68.60	\$ 68.60
71120 26	Radiology	0.28	0.28	\$ 19.60	\$ 19.60
71120 TC	Radiology	0.70	0.70	\$ 49.00	\$ 49.00
71130 00	Radiology	1.21	1.21	\$ 84.70	\$ 84.70
71130 26	Radiology	0.31	0.31	\$ 21.70	\$ 21.70
71130 TC	Radiology	0.90	0.90	\$ 63.00	\$ 63.00
71250 00	Radiology	4.18	4.18	\$ 292.60	\$ 292.60
71250 26	Radiology	1.52	1.52	\$ 106.40	\$ 106.40
71250 TC	Radiology	2.66	2.66	\$ 186.20	\$ 186.20
71260 00	Radiology	5.29	5.29	\$ 370.30	\$ 370.30
71260 26	Radiology	1.64	1.64	\$ 114.80	\$ 114.80
71260 TC	Radiology	3.65	3.65	\$ 255.50	\$ 255.50
71270 00	Radiology	6.27	6.27	\$ 438.90	\$ 438.90
71270 26	Radiology	1.75	1.75	\$ 122.50	\$ 122.50
71270 TC	Radiology	4.52	4.52	\$ 316.40	\$ 316.40
71271 00	Radiology	4.32	4.32	\$ 302.40	\$ 302.40
71271 26	Radiology	1.52	1.52	\$ 106.40	\$ 106.40
71271 TC	Radiology	2.80	2.80	\$ 196.00	\$ 196.00

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
71275 00	Radiology	8.84	8.84	\$ 618.80	\$ 618.80
71275 26	Radiology	2.56	2.56	\$ 179.20	\$ 179.20
71275 TC	Radiology	6.28	6.28	\$ 439.60	\$ 439.60
71550 00	Radiology	11.33	11.33	\$ 793.10	\$ 793.10
71550 26	Radiology	2.05	2.05	\$ 143.50	\$ 143.50
71550 TC	Radiology	9.28	9.28	\$ 649.60	\$ 649.60
71551 00	Radiology	12.50	12.50	\$ 875.00	\$ 875.00
71551 26	Radiology	2.44	2.44	\$ 170.80	\$ 170.80
71551 TC	Radiology	10.06	10.06	\$ 704.20	\$ 704.20
71552 00	Radiology	15.84	15.84	\$ 1,108.80	\$ 1,108.80
71552 26	Radiology	3.17	3.17	\$ 221.90	\$ 221.90
71552 TC	Radiology	12.67	12.67	\$ 886.90	\$ 886.90
71555 00	Radiology	11.01	11.01	\$ 770.70	\$ 770.70
71555 26	Radiology	2.53	2.53	\$ 177.10	\$ 177.10
71555 TC	Radiology	8.48	8.48	\$ 593.60	\$ 593.60
72020 00	Radiology	0.72	0.72	\$ 50.40	\$ 50.40
72020 26	Radiology	0.23	0.23	\$ 16.10	\$ 16.10
72020 TC	Radiology	0.49	0.49	\$ 34.30	\$ 34.30
72040 00	Radiology	1.15	1.15	\$ 80.50	\$ 80.50
72040 26	Radiology	0.32	0.32	\$ 22.40	\$ 22.40
72040 TC	Radiology	0.83	0.83	\$ 58.10	\$ 58.10
72050 00	Radiology	1.54	1.54	\$ 107.80	\$ 107.80
72050 26	Radiology	0.39	0.39	\$ 27.30	\$ 27.30
72050 TC	Radiology	1.15	1.15	\$ 80.50	\$ 80.50
72052 00	Radiology	1.81	1.81	\$ 126.70	\$ 126.70
72052 26	Radiology	0.42	0.42	\$ 29.40	\$ 29.40
72052 TC	Radiology	1.39	1.39	\$ 97.30	\$ 97.30
72070 00	Radiology	0.95	0.95	\$ 66.50	\$ 66.50
72070 26	Radiology	0.29	0.29	\$ 20.30	\$ 20.30
72070 TC	Radiology	0.66	0.66	\$ 46.20	\$ 46.20
72072 00	Radiology	1.14	1.14	\$ 79.80	\$ 79.80
72072 26	Radiology	0.32	0.32	\$ 22.40	\$ 22.40
72072 TC	Radiology	0.82	0.82	\$ 57.40	\$ 57.40
72074 00	Radiology	1.30	1.30	\$ 91.00	\$ 91.00
72074 26	Radiology	0.35	0.35	\$ 24.50	\$ 24.50
72074 TC	Radiology	0.95	0.95	\$ 66.50	\$ 66.50
72080 00	Radiology	1.01	1.01	\$ 70.70	\$ 70.70
72080 26	Radiology	0.30	0.30	\$ 21.00	\$ 21.00
72080 TC	Radiology	0.71	0.71	\$ 49.70	\$ 49.70
72081 00	Radiology	1.23	1.23	\$ 86.10	\$ 86.10
72081 26	Radiology	0.37	0.37	\$ 25.90	\$ 25.90
72081 TC	Radiology	0.86	0.86	\$ 60.20	\$ 60.20
72082 00	Radiology	2.04	2.04	\$ 142.80	\$ 142.80
72082 26	Radiology	0.44	0.44	\$ 30.80	\$ 30.80
72082 TC	Radiology	1.60	1.60	\$ 112.00	\$ 112.00
72083 00	Radiology	2.31	2.31	\$ 161.70	\$ 161.70
72083 26	Radiology	0.51	0.51	\$ 35.70	\$ 35.70
72083 TC	Radiology	1.80	1.80	\$ 126.00	\$ 126.00
72084 00	Radiology	2.85	2.85	\$ 199.50	\$ 199.50
72084 26	Radiology	0.59	0.59	\$ 41.30	\$ 41.30
72084 TC	Radiology	2.26	2.26	\$ 158.20	\$ 158.20
72100 00	Radiology	1.16	1.16	\$ 81.20	\$ 81.20
72100 26	Radiology	0.32	0.32	\$ 22.40	\$ 22.40
72100 TC	Radiology	0.84	0.84	\$ 58.80	\$ 58.80
72110 00	Radiology	1.48	1.48	\$ 103.60	\$ 103.60
72110 26	Radiology	0.37	0.37	\$ 25.90	\$ 25.90
72110 TC	Radiology	1.11	1.11	\$ 77.70	\$ 77.70
72114 00	Radiology	1.81	1.81	\$ 126.70	\$ 126.70
72114 26	Radiology	0.43	0.43	\$ 30.10	\$ 30.10

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
72114 TC	Radiology	1.38	1.38	\$ 96.60	\$ 96.60
72120 00	Radiology	1.19	1.19	\$ 83.30	\$ 83.30
72120 26	Radiology	0.32	0.32	\$ 22.40	\$ 22.40
72120 TC	Radiology	0.87	0.87	\$ 60.90	\$ 60.90
72125 00	Radiology	4.10	4.10	\$ 287.00	\$ 287.00
72125 26	Radiology	1.41	1.41	\$ 98.70	\$ 98.70
72125 TC	Radiology	2.69	2.69	\$ 188.30	\$ 188.30
72126 00	Radiology	5.34	5.34	\$ 373.80	\$ 373.80
72126 26	Radiology	1.71	1.71	\$ 119.70	\$ 119.70
72126 TC	Radiology	3.63	3.63	\$ 254.10	\$ 254.10
72127 00	Radiology	6.27	6.27	\$ 438.90	\$ 438.90
72127 26	Radiology	1.77	1.77	\$ 123.90	\$ 123.90
72127 TC	Radiology	4.50	4.50	\$ 315.00	\$ 315.00
72128 00	Radiology	4.09	4.09	\$ 286.30	\$ 286.30
72128 26	Radiology	1.41	1.41	\$ 98.70	\$ 98.70
72128 TC	Radiology	2.68	2.68	\$ 187.60	\$ 187.60
72129 00	Radiology	5.37	5.37	\$ 375.90	\$ 375.90
72129 26	Radiology	1.71	1.71	\$ 119.70	\$ 119.70
72129 TC	Radiology	3.66	3.66	\$ 256.20	\$ 256.20
72130 00	Radiology	6.30	6.30	\$ 441.00	\$ 441.00
72130 26	Radiology	1.77	1.77	\$ 123.90	\$ 123.90
72130 TC	Radiology	4.53	4.53	\$ 317.10	\$ 317.10
72131 00	Radiology	4.08	4.08	\$ 285.60	\$ 285.60
72131 26	Radiology	1.41	1.41	\$ 98.70	\$ 98.70
72131 TC	Radiology	2.67	2.67	\$ 186.90	\$ 186.90
72132 00	Radiology	5.34	5.34	\$ 373.80	\$ 373.80
72132 26	Radiology	1.71	1.71	\$ 119.70	\$ 119.70
72132 TC	Radiology	3.63	3.63	\$ 254.10	\$ 254.10
72133 00	Radiology	6.27	6.27	\$ 438.90	\$ 438.90
72133 26	Radiology	1.77	1.77	\$ 123.90	\$ 123.90
72133 TC	Radiology	4.50	4.50	\$ 315.00	\$ 315.00
72141 00	Radiology	6.18	6.18	\$ 432.60	\$ 432.60
72141 26	Radiology	2.08	2.08	\$ 145.60	\$ 145.60
72141 TC	Radiology	4.10	4.10	\$ 287.00	\$ 287.00
72142 00	Radiology	9.01	9.01	\$ 630.70	\$ 630.70
72142 26	Radiology	2.52	2.52	\$ 176.40	\$ 176.40
72142 TC	Radiology	6.49	6.49	\$ 454.30	\$ 454.30
72146 00	Radiology	6.18	6.18	\$ 432.60	\$ 432.60
72146 26	Radiology	2.08	2.08	\$ 145.60	\$ 145.60
72146 TC	Radiology	4.10	4.10	\$ 287.00	\$ 287.00
72147 00	Radiology	8.95	8.95	\$ 626.50	\$ 626.50
72147 26	Radiology	2.52	2.52	\$ 176.40	\$ 176.40
72147 TC	Radiology	6.43	6.43	\$ 450.10	\$ 450.10
72148 00	Radiology	6.19	6.19	\$ 433.30	\$ 433.30
72148 26	Radiology	2.08	2.08	\$ 145.60	\$ 145.60
72148 TC	Radiology	4.11	4.11	\$ 287.70	\$ 287.70
72149 00	Radiology	8.87	8.87	\$ 620.90	\$ 620.90
72149 26	Radiology	2.52	2.52	\$ 176.40	\$ 176.40
72149 TC	Radiology	6.35	6.35	\$ 444.50	\$ 444.50
72156 00	Radiology	10.49	10.49	\$ 734.30	\$ 734.30
72156 26	Radiology	3.23	3.23	\$ 226.10	\$ 226.10
72156 TC	Radiology	7.26	7.26	\$ 508.20	\$ 508.20
72157 00	Radiology	10.51	10.51	\$ 735.70	\$ 735.70
72157 26	Radiology	3.23	3.23	\$ 226.10	\$ 226.10
72157 TC	Radiology	7.28	7.28	\$ 509.60	\$ 509.60
72158 00	Radiology	10.47	10.47	\$ 732.90	\$ 732.90
72158 26	Radiology	3.23	3.23	\$ 226.10	\$ 226.10
72158 TC	Radiology	7.24	7.24	\$ 506.80	\$ 506.80
72159 00	Radiology	11.37	11.37	\$ 795.90	\$ 795.90

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
72159 26	Radiology	2.54	2.54	\$ 177.80	\$ 177.80
72159 TC	Radiology	8.83	8.83	\$ 618.10	\$ 618.10
72170 00	Radiology	0.81	0.81	\$ 56.70	\$ 56.70
72170 26	Radiology	0.25	0.25	\$ 17.50	\$ 17.50
72170 TC	Radiology	0.56	0.56	\$ 39.20	\$ 39.20
72190 00	Radiology	1.22	1.22	\$ 85.40	\$ 85.40
72190 26	Radiology	0.36	0.36	\$ 25.20	\$ 25.20
72190 TC	Radiology	0.86	0.86	\$ 60.20	\$ 60.20
72191 00	Radiology	9.61	9.61	\$ 672.70	\$ 672.70
72191 26	Radiology	2.53	2.53	\$ 177.10	\$ 177.10
72191 TC	Radiology	7.08	7.08	\$ 495.60	\$ 495.60
72192 00	Radiology	4.19	4.19	\$ 293.30	\$ 293.30
72192 26	Radiology	1.53	1.53	\$ 107.10	\$ 107.10
72192 TC	Radiology	2.66	2.66	\$ 186.20	\$ 186.20
72193 00	Radiology	7.27	7.27	\$ 508.90	\$ 508.90
72193 26	Radiology	1.63	1.63	\$ 114.10	\$ 114.10
72193 TC	Radiology	5.64	5.64	\$ 394.80	\$ 394.80
72194 00	Radiology	8.10	8.10	\$ 567.00	\$ 567.00
72194 26	Radiology	1.71	1.71	\$ 119.70	\$ 119.70
72194 TC	Radiology	6.39	6.39	\$ 447.30	\$ 447.30
72195 00	Radiology	7.56	7.56	\$ 529.20	\$ 529.20
72195 26	Radiology	2.05	2.05	\$ 143.50	\$ 143.50
72195 TC	Radiology	5.51	5.51	\$ 385.70	\$ 385.70
72196 00	Radiology	8.88	8.88	\$ 621.60	\$ 621.60
72196 26	Radiology	2.45	2.45	\$ 171.50	\$ 171.50
72196 TC	Radiology	6.43	6.43	\$ 450.10	\$ 450.10
72197 00	Radiology	11.15	11.15	\$ 780.50	\$ 780.50
72197 26	Radiology	3.09	3.09	\$ 216.30	\$ 216.30
72197 TC	Radiology	8.06	8.06	\$ 564.20	\$ 564.20
72198 00	Radiology	11.07	11.07	\$ 774.90	\$ 774.90
72198 26	Radiology	2.51	2.51	\$ 175.70	\$ 175.70
72198 TC	Radiology	8.56	8.56	\$ 599.20	\$ 599.20
72200 00	Radiology	0.96	0.96	\$ 67.20	\$ 67.20
72200 26	Radiology	0.24	0.24	\$ 16.80	\$ 16.80
72200 TC	Radiology	0.72	0.72	\$ 50.40	\$ 50.40
72202 00	Radiology	1.14	1.14	\$ 79.80	\$ 79.80
72202 26	Radiology	0.32	0.32	\$ 22.40	\$ 22.40
72202 TC	Radiology	0.82	0.82	\$ 57.40	\$ 57.40
72220 00	Radiology	0.94	0.94	\$ 65.80	\$ 65.80
72220 26	Radiology	0.25	0.25	\$ 17.50	\$ 17.50
72220 TC	Radiology	0.69	0.69	\$ 48.30	\$ 48.30
72240 00	Radiology	3.40	3.40	\$ 238.00	\$ 238.00
72240 26	Radiology	1.30	1.30	\$ 91.00	\$ 91.00
72240 TC	Radiology	2.10	2.10	\$ 147.00	\$ 147.00
72255 00	Radiology	3.45	3.45	\$ 241.50	\$ 241.50
72255 26	Radiology	1.37	1.37	\$ 95.90	\$ 95.90
72255 TC	Radiology	2.08	2.08	\$ 145.60	\$ 145.60
72265 00	Radiology	3.17	3.17	\$ 221.90	\$ 221.90
72265 26	Radiology	1.16	1.16	\$ 81.20	\$ 81.20
72265 TC	Radiology	2.01	2.01	\$ 140.70	\$ 140.70
72270 00	Radiology	4.34	4.34	\$ 303.80	\$ 303.80
72270 26	Radiology	1.91	1.91	\$ 133.70	\$ 133.70
72270 TC	Radiology	2.43	2.43	\$ 170.10	\$ 170.10
72275 00	Radiology	4.10	4.10	\$ 287.00	\$ 287.00
72275 26	Radiology	1.11	1.11	\$ 77.70	\$ 77.70
72275 TC	Radiology	2.99	2.99	\$ 209.30	\$ 209.30
72285 00	Radiology	3.68	3.68	\$ 257.60	\$ 257.60
72285 26	Radiology	1.66	1.66	\$ 116.20	\$ 116.20
72285 TC	Radiology	2.02	2.02	\$ 141.40	\$ 141.40

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
72295 00	Radiology	3.29	3.29	\$ 230.30	\$ 230.30
72295 26	Radiology	1.20	1.20	\$ 84.00	\$ 84.00
72295 TC	Radiology	2.09	2.09	\$ 146.30	\$ 146.30
73000 00	Radiology	0.94	0.94	\$ 65.80	\$ 65.80
73000 26	Radiology	0.24	0.24	\$ 16.80	\$ 16.80
73000 TC	Radiology	0.70	0.70	\$ 49.00	\$ 49.00
73010 00	Radiology	0.69	0.69	\$ 48.30	\$ 48.30
73010 26	Radiology	0.26	0.26	\$ 18.20	\$ 18.20
73010 TC	Radiology	0.43	0.43	\$ 30.10	\$ 30.10
73020 00	Radiology	0.63	0.63	\$ 44.10	\$ 44.10
73020 26	Radiology	0.22	0.22	\$ 15.40	\$ 15.40
73020 TC	Radiology	0.41	0.41	\$ 28.70	\$ 28.70
73030 00	Radiology	1.00	1.00	\$ 70.00	\$ 70.00
73030 26	Radiology	0.27	0.27	\$ 18.90	\$ 18.90
73030 TC	Radiology	0.73	0.73	\$ 51.10	\$ 51.10
73040 00	Radiology	3.84	3.84	\$ 268.80	\$ 268.80
73040 26	Radiology	0.80	0.80	\$ 56.00	\$ 56.00
73040 TC	Radiology	3.04	3.04	\$ 212.80	\$ 212.80
73050 00	Radiology	0.83	0.83	\$ 58.10	\$ 58.10
73050 26	Radiology	0.27	0.27	\$ 18.90	\$ 18.90
73050 TC	Radiology	0.56	0.56	\$ 39.20	\$ 39.20
73060 00	Radiology	0.94	0.94	\$ 65.80	\$ 65.80
73060 26	Radiology	0.24	0.24	\$ 16.80	\$ 16.80
73060 TC	Radiology	0.70	0.70	\$ 49.00	\$ 49.00
73070 00	Radiology	0.85	0.85	\$ 59.50	\$ 59.50
73070 26	Radiology	0.24	0.24	\$ 16.80	\$ 16.80
73070 TC	Radiology	0.61	0.61	\$ 42.70	\$ 42.70
73080 00	Radiology	0.94	0.94	\$ 65.80	\$ 65.80
73080 26	Radiology	0.25	0.25	\$ 17.50	\$ 17.50
73080 TC	Radiology	0.69	0.69	\$ 48.30	\$ 48.30
73085 00	Radiology	3.44	3.44	\$ 240.80	\$ 240.80
73085 26	Radiology	0.82	0.82	\$ 57.40	\$ 57.40
73085 TC	Radiology	2.62	2.62	\$ 183.40	\$ 183.40
73090 00	Radiology	0.85	0.85	\$ 59.50	\$ 59.50
73090 26	Radiology	0.23	0.23	\$ 16.10	\$ 16.10
73090 TC	Radiology	0.62	0.62	\$ 43.40	\$ 43.40
73092 00	Radiology	0.92	0.92	\$ 64.40	\$ 64.40
73092 26	Radiology	0.23	0.23	\$ 16.10	\$ 16.10
73092 TC	Radiology	0.69	0.69	\$ 48.30	\$ 48.30
73100 00	Radiology	0.99	0.99	\$ 69.30	\$ 69.30
73100 26	Radiology	0.24	0.24	\$ 16.80	\$ 16.80
73100 TC	Radiology	0.75	0.75	\$ 52.50	\$ 52.50
73110 00	Radiology	1.18	1.18	\$ 82.60	\$ 82.60
73110 26	Radiology	0.25	0.25	\$ 17.50	\$ 17.50
73110 TC	Radiology	0.93	0.93	\$ 65.10	\$ 65.10
73115 00	Radiology	4.01	4.01	\$ 280.70	\$ 280.70
73115 26	Radiology	0.81	0.81	\$ 56.70	\$ 56.70
73115 TC	Radiology	3.20	3.20	\$ 224.00	\$ 224.00
73120 00	Radiology	0.91	0.91	\$ 63.70	\$ 63.70
73120 26	Radiology	0.24	0.24	\$ 16.80	\$ 16.80
73120 TC	Radiology	0.67	0.67	\$ 46.90	\$ 46.90
73130 00	Radiology	1.06	1.06	\$ 74.20	\$ 74.20
73130 26	Radiology	0.25	0.25	\$ 17.50	\$ 17.50
73130 TC	Radiology	0.81	0.81	\$ 56.70	\$ 56.70
73140 00	Radiology	1.09	1.09	\$ 76.30	\$ 76.30
73140 26	Radiology	0.20	0.20	\$ 14.00	\$ 14.00
73140 TC	Radiology	0.89	0.89	\$ 62.30	\$ 62.30
73200 00	Radiology	5.20	5.20	\$ 364.00	\$ 364.00
73200 26	Radiology	1.41	1.41	\$ 98.70	\$ 98.70

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
73200 TC	Radiology	3.79	3.79	\$ 265.30	\$ 265.30
73201 00	Radiology	6.47	6.47	\$ 452.90	\$ 452.90
73201 26	Radiology	1.63	1.63	\$ 114.10	\$ 114.10
73201 TC	Radiology	4.84	4.84	\$ 338.80	\$ 338.80
73202 00	Radiology	8.09	8.09	\$ 566.30	\$ 566.30
73202 26	Radiology	1.71	1.71	\$ 119.70	\$ 119.70
73202 TC	Radiology	6.38	6.38	\$ 446.60	\$ 446.60
73206 00	Radiology	9.54	9.54	\$ 667.80	\$ 667.80
73206 26	Radiology	2.52	2.52	\$ 176.40	\$ 176.40
73206 TC	Radiology	7.02	7.02	\$ 491.40	\$ 491.40
73218 00	Radiology	10.14	10.14	\$ 709.80	\$ 709.80
73218 26	Radiology	1.90	1.90	\$ 133.00	\$ 133.00
73218 TC	Radiology	8.24	8.24	\$ 576.80	\$ 576.80
73219 00	Radiology	11.08	11.08	\$ 775.60	\$ 775.60
73219 26	Radiology	2.30	2.30	\$ 161.00	\$ 161.00
73219 TC	Radiology	8.78	8.78	\$ 614.60	\$ 614.60
73220 00	Radiology	13.72	13.72	\$ 960.40	\$ 960.40
73220 26	Radiology	3.03	3.03	\$ 212.10	\$ 212.10
73220 TC	Radiology	10.69	10.69	\$ 748.30	\$ 748.30
73221 00	Radiology	6.56	6.56	\$ 459.20	\$ 459.20
73221 26	Radiology	1.92	1.92	\$ 134.40	\$ 134.40
73221 TC	Radiology	4.64	4.64	\$ 324.80	\$ 324.80
73222 00	Radiology	10.49	10.49	\$ 734.30	\$ 734.30
73222 26	Radiology	2.31	2.31	\$ 161.70	\$ 161.70
73222 TC	Radiology	8.18	8.18	\$ 572.60	\$ 572.60
73223 00	Radiology	12.94	12.94	\$ 905.80	\$ 905.80
73223 26	Radiology	3.04	3.04	\$ 212.80	\$ 212.80
73223 TC	Radiology	9.90	9.90	\$ 693.00	\$ 693.00
73225 00	Radiology	11.28	11.28	\$ 789.60	\$ 789.60
73225 26	Radiology	2.45	2.45	\$ 171.50	\$ 171.50
73225 TC	Radiology	8.83	8.83	\$ 618.10	\$ 618.10
73501 00	Radiology	0.94	0.94	\$ 65.80	\$ 65.80
73501 26	Radiology	0.27	0.27	\$ 18.90	\$ 18.90
73501 TC	Radiology	0.67	0.67	\$ 46.90	\$ 46.90
73502 00	Radiology	1.36	1.36	\$ 95.20	\$ 95.20
73502 26	Radiology	0.32	0.32	\$ 22.40	\$ 22.40
73502 TC	Radiology	1.04	1.04	\$ 72.80	\$ 72.80
73503 00	Radiology	1.71	1.71	\$ 119.70	\$ 119.70
73503 26	Radiology	0.39	0.39	\$ 27.30	\$ 27.30
73503 TC	Radiology	1.32	1.32	\$ 92.40	\$ 92.40
73521 00	Radiology	1.20	1.20	\$ 84.00	\$ 84.00
73521 26	Radiology	0.32	0.32	\$ 22.40	\$ 22.40
73521 TC	Radiology	0.88	0.88	\$ 61.60	\$ 61.60
73522 00	Radiology	1.56	1.56	\$ 109.20	\$ 109.20
73522 26	Radiology	0.42	0.42	\$ 29.40	\$ 29.40
73522 TC	Radiology	1.14	1.14	\$ 79.80	\$ 79.80
73523 00	Radiology	1.79	1.79	\$ 125.30	\$ 125.30
73523 26	Radiology	0.44	0.44	\$ 30.80	\$ 30.80
73523 TC	Radiology	1.35	1.35	\$ 94.50	\$ 94.50
73525 00	Radiology	3.94	3.94	\$ 275.80	\$ 275.80
73525 26	Radiology	0.84	0.84	\$ 58.80	\$ 58.80
73525 TC	Radiology	3.10	3.10	\$ 217.00	\$ 217.00
73551 00	Radiology	0.86	0.86	\$ 60.20	\$ 60.20
73551 26	Radiology	0.24	0.24	\$ 16.80	\$ 16.80
73551 TC	Radiology	0.62	0.62	\$ 43.40	\$ 43.40
73552 00	Radiology	1.03	1.03	\$ 72.10	\$ 72.10
73552 26	Radiology	0.26	0.26	\$ 18.20	\$ 18.20
73552 TC	Radiology	0.77	0.77	\$ 53.90	\$ 53.90
73560 00	Radiology	1.00	1.00	\$ 70.00	\$ 70.00

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
73560 26	Radiology	0.24	0.24	\$ 16.80	\$ 16.80
73560 TC	Radiology	0.76	0.76	\$ 53.20	\$ 53.20
73562 00	Radiology	1.18	1.18	\$ 82.60	\$ 82.60
73562 26	Radiology	0.27	0.27	\$ 18.90	\$ 18.90
73562 TC	Radiology	0.91	0.91	\$ 63.70	\$ 63.70
73564 00	Radiology	1.34	1.34	\$ 93.80	\$ 93.80
73564 26	Radiology	0.32	0.32	\$ 22.40	\$ 22.40
73564 TC	Radiology	1.02	1.02	\$ 71.40	\$ 71.40
73565 00	Radiology	1.19	1.19	\$ 83.30	\$ 83.30
73565 26	Radiology	0.25	0.25	\$ 17.50	\$ 17.50
73565 TC	Radiology	0.94	0.94	\$ 65.80	\$ 65.80
73580 00	Radiology	4.28	4.28	\$ 299.60	\$ 299.60
73580 26	Radiology	0.82	0.82	\$ 57.40	\$ 57.40
73580 TC	Radiology	3.46	3.46	\$ 242.20	\$ 242.20
73590 00	Radiology	0.92	0.92	\$ 64.40	\$ 64.40
73590 26	Radiology	0.23	0.23	\$ 16.10	\$ 16.10
73590 TC	Radiology	0.69	0.69	\$ 48.30	\$ 48.30
73592 00	Radiology	0.92	0.92	\$ 64.40	\$ 64.40
73592 26	Radiology	0.23	0.23	\$ 16.10	\$ 16.10
73592 TC	Radiology	0.69	0.69	\$ 48.30	\$ 48.30
73600 00	Radiology	0.95	0.95	\$ 66.50	\$ 66.50
73600 26	Radiology	0.24	0.24	\$ 16.80	\$ 16.80
73600 TC	Radiology	0.71	0.71	\$ 49.70	\$ 49.70
73610 00	Radiology	1.07	1.07	\$ 74.90	\$ 74.90
73610 26	Radiology	0.25	0.25	\$ 17.50	\$ 17.50
73610 TC	Radiology	0.82	0.82	\$ 57.40	\$ 57.40
73615 00	Radiology	4.02	4.02	\$ 281.40	\$ 281.40
73615 26	Radiology	0.83	0.83	\$ 58.10	\$ 58.10
73615 TC	Radiology	3.19	3.19	\$ 223.30	\$ 223.30
73620 00	Radiology	0.83	0.83	\$ 58.10	\$ 58.10
73620 26	Radiology	0.22	0.22	\$ 15.40	\$ 15.40
73620 TC	Radiology	0.61	0.61	\$ 42.70	\$ 42.70
73630 00	Radiology	1.00	1.00	\$ 70.00	\$ 70.00
73630 26	Radiology	0.24	0.24	\$ 16.80	\$ 16.80
73630 TC	Radiology	0.76	0.76	\$ 53.20	\$ 53.20
73650 00	Radiology	0.84	0.84	\$ 58.80	\$ 58.80
73650 26	Radiology	0.23	0.23	\$ 16.10	\$ 16.10
73650 TC	Radiology	0.61	0.61	\$ 42.70	\$ 42.70
73660 00	Radiology	0.85	0.85	\$ 59.50	\$ 59.50
73660 26	Radiology	0.19	0.19	\$ 13.30	\$ 13.30
73660 TC	Radiology	0.66	0.66	\$ 46.20	\$ 46.20
73700 00	Radiology	4.08	4.08	\$ 285.60	\$ 285.60
73700 26	Radiology	1.41	1.41	\$ 98.70	\$ 98.70
73700 TC	Radiology	2.67	2.67	\$ 186.90	\$ 186.90
73701 00	Radiology	5.28	5.28	\$ 369.60	\$ 369.60
73701 26	Radiology	1.63	1.63	\$ 114.10	\$ 114.10
73701 TC	Radiology	3.65	3.65	\$ 255.50	\$ 255.50
73702 00	Radiology	6.16	6.16	\$ 431.20	\$ 431.20
73702 26	Radiology	1.70	1.70	\$ 119.00	\$ 119.00
73702 TC	Radiology	4.46	4.46	\$ 312.20	\$ 312.20
73706 00	Radiology	10.33	10.33	\$ 723.10	\$ 723.10
73706 26	Radiology	2.64	2.64	\$ 184.80	\$ 184.80
73706 TC	Radiology	7.69	7.69	\$ 538.30	\$ 538.30
73718 00	Radiology	7.35	7.35	\$ 514.50	\$ 514.50
73718 26	Radiology	1.89	1.89	\$ 132.30	\$ 132.30
73718 TC	Radiology	5.46	5.46	\$ 382.20	\$ 382.20
73719 00	Radiology	8.67	8.67	\$ 606.90	\$ 606.90
73719 26	Radiology	2.30	2.30	\$ 161.00	\$ 161.00
73719 TC	Radiology	6.37	6.37	\$ 445.90	\$ 445.90

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
73720 00	Radiology	11.15	11.15	\$ 780.50	\$ 780.50
73720 26	Radiology	3.03	3.03	\$ 212.10	\$ 212.10
73720 TC	Radiology	8.12	8.12	\$ 568.40	\$ 568.40
73721 00	Radiology	6.54	6.54	\$ 457.80	\$ 457.80
73721 26	Radiology	1.91	1.91	\$ 133.70	\$ 133.70
73721 TC	Radiology	4.63	4.63	\$ 324.10	\$ 324.10
73722 00	Radiology	10.51	10.51	\$ 735.70	\$ 735.70
73722 26	Radiology	2.31	2.31	\$ 161.70	\$ 161.70
73722 TC	Radiology	8.20	8.20	\$ 574.00	\$ 574.00
73723 00	Radiology	12.90	12.90	\$ 903.00	\$ 903.00
73723 26	Radiology	3.03	3.03	\$ 212.10	\$ 212.10
73723 TC	Radiology	9.87	9.87	\$ 690.90	\$ 690.90
73725 00	Radiology	11.04	11.04	\$ 772.80	\$ 772.80
73725 26	Radiology	2.53	2.53	\$ 177.10	\$ 177.10
73725 TC	Radiology	8.51	8.51	\$ 595.70	\$ 595.70
74018 00	Radiology	0.87	0.87	\$ 60.90	\$ 60.90
74018 26	Radiology	0.26	0.26	\$ 18.20	\$ 18.20
74018 TC	Radiology	0.61	0.61	\$ 42.70	\$ 42.70
74019 00	Radiology	1.08	1.08	\$ 75.60	\$ 75.60
74019 26	Radiology	0.33	0.33	\$ 23.10	\$ 23.10
74019 TC	Radiology	0.75	0.75	\$ 52.50	\$ 52.50
74021 00	Radiology	1.25	1.25	\$ 87.50	\$ 87.50
74021 26	Radiology	0.38	0.38	\$ 26.60	\$ 26.60
74021 TC	Radiology	0.87	0.87	\$ 60.90	\$ 60.90
74022 00	Radiology	1.45	1.45	\$ 101.50	\$ 101.50
74022 26	Radiology	0.45	0.45	\$ 31.50	\$ 31.50
74022 TC	Radiology	1.00	1.00	\$ 70.00	\$ 70.00
74150 00	Radiology	4.30	4.30	\$ 301.00	\$ 301.00
74150 26	Radiology	1.67	1.67	\$ 116.90	\$ 116.90
74150 TC	Radiology	2.63	2.63	\$ 184.10	\$ 184.10
74160 00	Radiology	7.40	7.40	\$ 518.00	\$ 518.00
74160 26	Radiology	1.78	1.78	\$ 124.60	\$ 124.60
74160 TC	Radiology	5.62	5.62	\$ 393.40	\$ 393.40
74170 00	Radiology	8.33	8.33	\$ 583.10	\$ 583.10
74170 26	Radiology	1.96	1.96	\$ 137.20	\$ 137.20
74170 TC	Radiology	6.37	6.37	\$ 445.90	\$ 445.90
74174 00	Radiology	11.99	11.99	\$ 839.30	\$ 839.30
74174 26	Radiology	3.07	3.07	\$ 214.90	\$ 214.90
74174 TC	Radiology	8.92	8.92	\$ 624.40	\$ 624.40
74175 00	Radiology	9.61	9.61	\$ 672.70	\$ 672.70
74175 26	Radiology	2.55	2.55	\$ 178.50	\$ 178.50
74175 TC	Radiology	7.06	7.06	\$ 494.20	\$ 494.20
74176 00	Radiology	5.75	5.75	\$ 402.50	\$ 402.50
74176 26	Radiology	2.46	2.46	\$ 172.20	\$ 172.20
74176 TC	Radiology	3.29	3.29	\$ 230.30	\$ 230.30
74177 00	Radiology	9.72	9.72	\$ 680.40	\$ 680.40
74177 26	Radiology	2.57	2.57	\$ 179.90	\$ 179.90
74177 TC	Radiology	7.15	7.15	\$ 500.50	\$ 500.50
74178 00	Radiology	10.90	10.90	\$ 763.00	\$ 763.00
74178 26	Radiology	2.82	2.82	\$ 197.40	\$ 197.40
74178 TC	Radiology	8.08	8.08	\$ 565.60	\$ 565.60
74181 00	Radiology	6.39	6.39	\$ 447.30	\$ 447.30
74181 26	Radiology	2.04	2.04	\$ 142.80	\$ 142.80
74181 TC	Radiology	4.35	4.35	\$ 304.50	\$ 304.50
74182 00	Radiology	10.03	10.03	\$ 702.10	\$ 702.10
74182 26	Radiology	2.44	2.44	\$ 170.80	\$ 170.80
74182 TC	Radiology	7.59	7.59	\$ 531.30	\$ 531.30
74183 00	Radiology	11.17	11.17	\$ 781.90	\$ 781.90
74183 26	Radiology	3.09	3.09	\$ 216.30	\$ 216.30

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
74183 TC	Radiology	8.08	8.08	\$ 565.60	\$ 565.60
74185 00	Radiology	11.09	11.09	\$ 776.30	\$ 776.30
74185 26	Radiology	2.52	2.52	\$ 176.40	\$ 176.40
74185 TC	Radiology	8.57	8.57	\$ 599.90	\$ 599.90
74190 00	Radiology	-	-	\$ 114.10	\$ 114.10
74190 26	Radiology	0.66	0.66	\$ 46.20	\$ 46.20
74190 TC	Radiology	-	-	\$ 68.60	\$ 68.60
74210 00	Radiology	2.91	2.91	\$ 203.70	\$ 203.70
74210 26	Radiology	0.84	0.84	\$ 58.80	\$ 58.80
74210 TC	Radiology	2.07	2.07	\$ 144.90	\$ 144.90
74220 00	Radiology	2.96	2.96	\$ 207.20	\$ 207.20
74220 26	Radiology	0.86	0.86	\$ 60.20	\$ 60.20
74220 TC	Radiology	2.10	2.10	\$ 147.00	\$ 147.00
74221 00	Radiology	3.32	3.32	\$ 232.40	\$ 232.40
74221 26	Radiology	0.99	0.99	\$ 69.30	\$ 69.30
74221 TC	Radiology	2.33	2.33	\$ 163.10	\$ 163.10
74230 00	Radiology	3.91	3.91	\$ 273.70	\$ 273.70
74230 26	Radiology	0.76	0.76	\$ 53.20	\$ 53.20
74230 TC	Radiology	3.15	3.15	\$ 220.50	\$ 220.50
74235 00	Radiology	-	-	\$ 336.00	\$ 336.00
74235 26	Radiology	1.67	1.67	\$ 116.90	\$ 116.90
74235 TC	Radiology	-	-	\$ 218.40	\$ 218.40
74240 00	Radiology	3.67	3.67	\$ 256.90	\$ 256.90
74240 26	Radiology	1.13	1.13	\$ 79.10	\$ 79.10
74240 TC	Radiology	2.54	2.54	\$ 177.80	\$ 177.80
74246 00	Radiology	4.21	4.21	\$ 294.70	\$ 294.70
74246 26	Radiology	1.26	1.26	\$ 88.20	\$ 88.20
74246 TC	Radiology	2.95	2.95	\$ 206.50	\$ 206.50
74248 00	Radiology	2.49	2.49	\$ 174.30	\$ 174.30
74248 26	Radiology	0.99	0.99	\$ 69.30	\$ 69.30
74248 TC	Radiology	1.50	1.50	\$ 105.00	\$ 105.00
74250 00	Radiology	3.68	3.68	\$ 257.60	\$ 257.60
74250 26	Radiology	1.14	1.14	\$ 79.80	\$ 79.80
74250 TC	Radiology	2.54	2.54	\$ 177.80	\$ 177.80
74251 00	Radiology	11.92	11.92	\$ 834.40	\$ 834.40
74251 26	Radiology	1.64	1.64	\$ 114.80	\$ 114.80
74251 TC	Radiology	10.28	10.28	\$ 719.60	\$ 719.60
74261 00	Radiology	13.78	13.78	\$ 964.60	\$ 964.60
74261 26	Radiology	3.38	3.38	\$ 236.60	\$ 236.60
74261 TC	Radiology	10.40	10.40	\$ 728.00	\$ 728.00
74262 00	Radiology	15.53	15.53	\$ 1,087.10	\$ 1,087.10
74262 26	Radiology	3.51	3.51	\$ 245.70	\$ 245.70
74262 TC	Radiology	12.02	12.02	\$ 841.40	\$ 841.40
74263 00	Radiology	22.20	22.20	\$ 1,554.00	\$ 1,554.00
74263 26	Radiology	3.26	3.26	\$ 228.20	\$ 228.20
74263 TC	Radiology	18.94	18.94	\$ 1,325.80	\$ 1,325.80
74270 00	Radiology	4.66	4.66	\$ 326.20	\$ 326.20
74270 26	Radiology	1.46	1.46	\$ 102.20	\$ 102.20
74270 TC	Radiology	3.20	3.20	\$ 224.00	\$ 224.00
74280 00	Radiology	6.73	6.73	\$ 471.10	\$ 471.10
74280 26	Radiology	1.76	1.76	\$ 123.20	\$ 123.20
74280 TC	Radiology	4.97	4.97	\$ 347.90	\$ 347.90
74283 00	Radiology	7.73	7.73	\$ 541.10	\$ 541.10
74283 26	Radiology	2.95	2.95	\$ 206.50	\$ 206.50
74283 TC	Radiology	4.78	4.78	\$ 334.60	\$ 334.60
74290 00	Radiology	2.57	2.57	\$ 179.90	\$ 179.90
74290 26	Radiology	0.45	0.45	\$ 31.50	\$ 31.50
74290 TC	Radiology	2.12	2.12	\$ 148.40	\$ 148.40
74300 00	Radiology	-	-	\$ 81.90	\$ 81.90

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
74300 26	Radiology	0.41	0.41	\$ 28.70	\$ 28.70
74300 TC	Radiology	-	-	\$ 53.20	\$ 53.20
74301 00	Radiology	-	-	\$ 58.10	\$ 58.10
74301 26	Radiology	0.30	0.30	\$ 21.00	\$ 21.00
74301 TC	Radiology	-	-	\$ 37.80	\$ 37.80
74328 00	Radiology	-	-	\$ 191.10	\$ 191.10
74328 26	Radiology	0.82	0.82	\$ 57.40	\$ 57.40
74328 TC	Radiology	-	-	\$ 133.70	\$ 133.70
74329 00	Radiology	-	-	\$ 163.80	\$ 163.80
74329 26	Radiology	0.82	0.82	\$ 57.40	\$ 57.40
74329 TC	Radiology	-	-	\$ 106.40	\$ 106.40
74330 00	Radiology	-	-	\$ 272.30	\$ 272.30
74330 26	Radiology	1.05	1.05	\$ 73.50	\$ 73.50
74330 TC	Radiology	-	-	\$ 198.80	\$ 198.80
74340 00	Radiology	-	-	\$ 210.00	\$ 210.00
74340 26	Radiology	0.77	0.77	\$ 53.90	\$ 53.90
74340 TC	Radiology	-	-	\$ 157.50	\$ 157.50
74355 00	Radiology	-	-	\$ 277.20	\$ 277.20
74355 26	Radiology	1.08	1.08	\$ 75.60	\$ 75.60
74355 TC	Radiology	-	-	\$ 202.30	\$ 202.30
74360 00	Radiology	-	-	\$ 231.00	\$ 231.00
74360 26	Radiology	0.79	0.79	\$ 55.30	\$ 55.30
74360 TC	Radiology	-	-	\$ 175.70	\$ 175.70
74363 00	Radiology	-	-	\$ 244.30	\$ 244.30
74363 26	Radiology	1.23	1.23	\$ 86.10	\$ 86.10
74363 TC	Radiology	-	-	\$ 158.90	\$ 158.90
74400 00	Radiology	3.98	3.98	\$ 278.60	\$ 278.60
74400 26	Radiology	0.68	0.68	\$ 47.60	\$ 47.60
74400 TC	Radiology	3.30	3.30	\$ 231.00	\$ 231.00
74410 00	Radiology	4.11	4.11	\$ 287.70	\$ 287.70
74410 26	Radiology	0.68	0.68	\$ 47.60	\$ 47.60
74410 TC	Radiology	3.43	3.43	\$ 240.10	\$ 240.10
74415 00	Radiology	4.67	4.67	\$ 326.90	\$ 326.90
74415 26	Radiology	0.68	0.68	\$ 47.60	\$ 47.60
74415 TC	Radiology	3.99	3.99	\$ 279.30	\$ 279.30
74420 00	Radiology	2.24	2.24	\$ 156.80	\$ 156.80
74420 26	Radiology	0.72	0.72	\$ 50.40	\$ 50.40
74420 TC	Radiology	1.52	1.52	\$ 106.40	\$ 106.40
74425 00	Radiology	4.07	4.07	\$ 284.90	\$ 284.90
74425 26	Radiology	0.71	0.71	\$ 49.70	\$ 49.70
74425 TC	Radiology	3.36	3.36	\$ 235.20	\$ 235.20
74430 00	Radiology	1.19	1.19	\$ 83.30	\$ 83.30
74430 26	Radiology	0.44	0.44	\$ 30.80	\$ 30.80
74430 TC	Radiology	0.75	0.75	\$ 52.50	\$ 52.50
74440 00	Radiology	2.89	2.89	\$ 202.30	\$ 202.30
74440 26	Radiology	0.52	0.52	\$ 36.40	\$ 36.40
74440 TC	Radiology	2.37	2.37	\$ 165.90	\$ 165.90
74445 00	Radiology	-	-	\$ 193.90	\$ 193.90
74445 26	Radiology	1.57	1.57	\$ 109.90	\$ 109.90
74445 TC	Radiology	-	-	\$ 83.30	\$ 83.30
74450 00	Radiology	-	-	\$ 140.00	\$ 140.00
74450 26	Radiology	0.46	0.46	\$ 32.20	\$ 32.20
74450 TC	Radiology	-	-	\$ 107.80	\$ 107.80
74455 00	Radiology	3.09	3.09	\$ 216.30	\$ 216.30
74455 26	Radiology	0.45	0.45	\$ 31.50	\$ 31.50
74455 TC	Radiology	2.64	2.64	\$ 184.80	\$ 184.80
74470 00	Radiology	-	-	\$ 144.20	\$ 144.20
74470 26	Radiology	0.75	0.75	\$ 52.50	\$ 52.50
74470 TC	Radiology	-	-	\$ 92.40	\$ 92.40

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
74485 00	Radiology	3.49	3.49	\$ 244.30	\$ 244.30
74485 26	Radiology	1.13	1.13	\$ 79.10	\$ 79.10
74485 TC	Radiology	2.36	2.36	\$ 165.20	\$ 165.20
74710 00	Radiology	1.17	1.17	\$ 81.90	\$ 81.90
74710 26	Radiology	0.48	0.48	\$ 33.60	\$ 33.60
74710 TC	Radiology	0.69	0.69	\$ 48.30	\$ 48.30
74712 00	Radiology	13.47	13.47	\$ 942.90	\$ 942.90
74712 26	Radiology	4.23	4.23	\$ 296.10	\$ 296.10
74712 TC	Radiology	9.24	9.24	\$ 646.80	\$ 646.80
74713 00	Radiology	6.51	6.51	\$ 455.70	\$ 455.70
74713 26	Radiology	2.61	2.61	\$ 182.70	\$ 182.70
74713 TC	Radiology	3.90	3.90	\$ 273.00	\$ 273.00
74740 00	Radiology	2.86	2.86	\$ 200.20	\$ 200.20
74740 26	Radiology	0.54	0.54	\$ 37.80	\$ 37.80
74740 TC	Radiology	2.32	2.32	\$ 162.40	\$ 162.40
74742 00	Radiology	-	-	\$ 172.20	\$ 172.20
74742 26	Radiology	0.87	0.87	\$ 60.90	\$ 60.90
74742 TC	Radiology	-	-	\$ 112.00	\$ 112.00
74775 00	Radiology	-	-	\$ 169.40	\$ 169.40
74775 26	Radiology	0.89	0.89	\$ 62.30	\$ 62.30
74775 TC	Radiology	-	-	\$ 108.50	\$ 108.50
75557 00	Radiology	9.18	9.18	\$ 642.60	\$ 642.60
75557 26	Radiology	3.27	3.27	\$ 228.90	\$ 228.90
75557 TC	Radiology	5.91	5.91	\$ 413.70	\$ 413.70
75559 00	Radiology	12.72	12.72	\$ 890.40	\$ 890.40
75559 26	Radiology	3.99	3.99	\$ 279.30	\$ 279.30
75559 TC	Radiology	8.73	8.73	\$ 611.10	\$ 611.10
75561 00	Radiology	12.12	12.12	\$ 848.40	\$ 848.40
75561 26	Radiology	3.63	3.63	\$ 254.10	\$ 254.10
75561 TC	Radiology	8.49	8.49	\$ 594.30	\$ 594.30
75563 00	Radiology	14.27	14.27	\$ 998.90	\$ 998.90
75563 26	Radiology	4.16	4.16	\$ 291.20	\$ 291.20
75563 TC	Radiology	10.11	10.11	\$ 707.70	\$ 707.70
75565 00	Radiology	1.53	1.53	\$ 107.10	\$ 107.10
75565 26	Radiology	0.35	0.35	\$ 24.50	\$ 24.50
75565 TC	Radiology	1.18	1.18	\$ 82.60	\$ 82.60
75571 00	Radiology	3.09	3.09	\$ 216.30	\$ 216.30
75571 26	Radiology	0.83	0.83	\$ 58.10	\$ 58.10
75571 TC	Radiology	2.26	2.26	\$ 158.20	\$ 158.20
75572 00	Radiology	7.96	7.96	\$ 557.20	\$ 557.20
75572 26	Radiology	2.43	2.43	\$ 170.10	\$ 170.10
75572 TC	Radiology	5.53	5.53	\$ 387.10	\$ 387.10
75573 00	Radiology	10.83	10.83	\$ 758.10	\$ 758.10
75573 26	Radiology	3.57	3.57	\$ 249.90	\$ 249.90
75573 TC	Radiology	7.26	7.26	\$ 508.20	\$ 508.20
75574 00	Radiology	11.64	11.64	\$ 814.80	\$ 814.80
75574 26	Radiology	3.35	3.35	\$ 234.50	\$ 234.50
75574 TC	Radiology	8.29	8.29	\$ 580.30	\$ 580.30
75600 00	Radiology	5.91	5.91	\$ 413.70	\$ 413.70
75600 26	Radiology	0.69	0.69	\$ 48.30	\$ 48.30
75600 TC	Radiology	5.22	5.22	\$ 365.40	\$ 365.40
75605 00	Radiology	3.70	3.70	\$ 259.00	\$ 259.00
75605 26	Radiology	1.57	1.57	\$ 109.90	\$ 109.90
75605 TC	Radiology	2.13	2.13	\$ 149.10	\$ 149.10
75625 00	Radiology	3.93	3.93	\$ 275.10	\$ 275.10
75625 26	Radiology	1.99	1.99	\$ 139.30	\$ 139.30
75625 TC	Radiology	1.94	1.94	\$ 135.80	\$ 135.80
75630 00	Radiology	4.84	4.84	\$ 338.80	\$ 338.80
75630 26	Radiology	2.78	2.78	\$ 194.60	\$ 194.60

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
75630 TC	Radiology	2.06	2.06	\$ 144.20	\$ 144.20
75635 00	Radiology	12.99	12.99	\$ 909.30	\$ 909.30
75635 26	Radiology	3.35	3.35	\$ 234.50	\$ 234.50
75635 TC	Radiology	9.64	9.64	\$ 674.80	\$ 674.80
75705 00	Radiology	7.30	7.30	\$ 511.00	\$ 511.00
75705 26	Radiology	3.36	3.36	\$ 235.20	\$ 235.20
75705 TC	Radiology	3.94	3.94	\$ 275.80	\$ 275.80
75710 00	Radiology	4.64	4.64	\$ 324.80	\$ 324.80
75710 26	Radiology	2.44	2.44	\$ 170.80	\$ 170.80
75710 TC	Radiology	2.20	2.20	\$ 154.00	\$ 154.00
75716 00	Radiology	4.99	4.99	\$ 349.30	\$ 349.30
75716 26	Radiology	2.73	2.73	\$ 191.10	\$ 191.10
75716 TC	Radiology	2.26	2.26	\$ 158.20	\$ 158.20
75726 00	Radiology	5.20	5.20	\$ 364.00	\$ 364.00
75726 26	Radiology	2.76	2.76	\$ 193.20	\$ 193.20
75726 TC	Radiology	2.44	2.44	\$ 170.80	\$ 170.80
75731 00	Radiology	4.60	4.60	\$ 322.00	\$ 322.00
75731 26	Radiology	1.60	1.60	\$ 112.00	\$ 112.00
75731 TC	Radiology	3.00	3.00	\$ 210.00	\$ 210.00
75733 00	Radiology	5.06	5.06	\$ 354.20	\$ 354.20
75733 26	Radiology	1.80	1.80	\$ 126.00	\$ 126.00
75733 TC	Radiology	3.26	3.26	\$ 228.20	\$ 228.20
75736 00	Radiology	4.27	4.27	\$ 298.90	\$ 298.90
75736 26	Radiology	1.54	1.54	\$ 107.80	\$ 107.80
75736 TC	Radiology	2.73	2.73	\$ 191.10	\$ 191.10
75741 00	Radiology	4.02	4.02	\$ 281.40	\$ 281.40
75741 26	Radiology	1.78	1.78	\$ 124.60	\$ 124.60
75741 TC	Radiology	2.24	2.24	\$ 156.80	\$ 156.80
75743 00	Radiology	4.53	4.53	\$ 317.10	\$ 317.10
75743 26	Radiology	2.26	2.26	\$ 158.20	\$ 158.20
75743 TC	Radiology	2.27	2.27	\$ 158.90	\$ 158.90
75746 00	Radiology	4.08	4.08	\$ 285.60	\$ 285.60
75746 26	Radiology	1.55	1.55	\$ 108.50	\$ 108.50
75746 TC	Radiology	2.53	2.53	\$ 177.10	\$ 177.10
75756 00	Radiology	4.72	4.72	\$ 330.40	\$ 330.40
75756 26	Radiology	1.59	1.59	\$ 111.30	\$ 111.30
75756 TC	Radiology	3.13	3.13	\$ 219.10	\$ 219.10
75774 00	Radiology	3.04	3.04	\$ 212.80	\$ 212.80
75774 26	Radiology	1.37	1.37	\$ 95.90	\$ 95.90
75774 TC	Radiology	1.67	1.67	\$ 116.90	\$ 116.90
75801 00	Radiology	-	-	\$ 518.70	\$ 518.70
75801 26	Radiology	1.28	1.28	\$ 89.60	\$ 89.60
75801 TC	Radiology	-	-	\$ 430.50	\$ 430.50
75803 00	Radiology	-	-	\$ 518.70	\$ 518.70
75803 26	Radiology	1.64	1.64	\$ 114.80	\$ 114.80
75803 TC	Radiology	-	-	\$ 404.60	\$ 404.60
75805 00	Radiology	-	-	\$ 532.00	\$ 532.00
75805 26	Radiology	1.14	1.14	\$ 79.80	\$ 79.80
75805 TC	Radiology	-	-	\$ 452.20	\$ 452.20
75807 00	Radiology	-	-	\$ 546.00	\$ 546.00
75807 26	Radiology	1.55	1.55	\$ 108.50	\$ 108.50
75807 TC	Radiology	-	-	\$ 436.80	\$ 436.80
75809 00	Radiology	2.61	2.61	\$ 182.70	\$ 182.70
75809 26	Radiology	0.69	0.69	\$ 48.30	\$ 48.30
75809 TC	Radiology	1.92	1.92	\$ 134.40	\$ 134.40
75810 00	Radiology	-	-	\$ 891.10	\$ 891.10
75810 26	Radiology	1.38	1.38	\$ 96.60	\$ 96.60
75810 TC	Radiology	-	-	\$ 793.10	\$ 793.10
75820 00	Radiology	3.45	3.45	\$ 241.50	\$ 241.50

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
75820 26	Radiology	1.48	1.48	\$ 103.60	\$ 103.60
75820 TC	Radiology	1.97	1.97	\$ 137.90	\$ 137.90
75822 00	Radiology	4.13	4.13	\$ 289.10	\$ 289.10
75822 26	Radiology	2.04	2.04	\$ 142.80	\$ 142.80
75822 TC	Radiology	2.09	2.09	\$ 146.30	\$ 146.30
75825 00	Radiology	3.55	3.55	\$ 248.50	\$ 248.50
75825 26	Radiology	1.58	1.58	\$ 110.60	\$ 110.60
75825 TC	Radiology	1.97	1.97	\$ 137.90	\$ 137.90
75827 00	Radiology	3.71	3.71	\$ 259.70	\$ 259.70
75827 26	Radiology	1.59	1.59	\$ 111.30	\$ 111.30
75827 TC	Radiology	2.12	2.12	\$ 148.40	\$ 148.40
75831 00	Radiology	3.67	3.67	\$ 256.90	\$ 256.90
75831 26	Radiology	1.52	1.52	\$ 106.40	\$ 106.40
75831 TC	Radiology	2.15	2.15	\$ 150.50	\$ 150.50
75833 00	Radiology	4.44	4.44	\$ 310.80	\$ 310.80
75833 26	Radiology	2.04	2.04	\$ 142.80	\$ 142.80
75833 TC	Radiology	2.40	2.40	\$ 168.00	\$ 168.00
75840 00	Radiology	3.96	3.96	\$ 277.20	\$ 277.20
75840 26	Radiology	1.60	1.60	\$ 112.00	\$ 112.00
75840 TC	Radiology	2.36	2.36	\$ 165.20	\$ 165.20
75842 00	Radiology	4.81	4.81	\$ 336.70	\$ 336.70
75842 26	Radiology	2.09	2.09	\$ 146.30	\$ 146.30
75842 TC	Radiology	2.72	2.72	\$ 190.40	\$ 190.40
75860 00	Radiology	3.91	3.91	\$ 273.70	\$ 273.70
75860 26	Radiology	1.59	1.59	\$ 111.30	\$ 111.30
75860 TC	Radiology	2.32	2.32	\$ 162.40	\$ 162.40
75870 00	Radiology	5.06	5.06	\$ 354.20	\$ 354.20
75870 26	Radiology	1.78	1.78	\$ 124.60	\$ 124.60
75870 TC	Radiology	3.28	3.28	\$ 229.60	\$ 229.60
75872 00	Radiology	3.96	3.96	\$ 277.20	\$ 277.20
75872 26	Radiology	1.60	1.60	\$ 112.00	\$ 112.00
75872 TC	Radiology	2.36	2.36	\$ 165.20	\$ 165.20
75880 00	Radiology	3.34	3.34	\$ 233.80	\$ 233.80
75880 26	Radiology	0.99	0.99	\$ 69.30	\$ 69.30
75880 TC	Radiology	2.35	2.35	\$ 164.50	\$ 164.50
75885 00	Radiology	4.18	4.18	\$ 292.60	\$ 292.60
75885 26	Radiology	1.91	1.91	\$ 133.70	\$ 133.70
75885 TC	Radiology	2.27	2.27	\$ 158.90	\$ 158.90
75887 00	Radiology	4.22	4.22	\$ 295.40	\$ 295.40
75887 26	Radiology	1.93	1.93	\$ 135.10	\$ 135.10
75887 TC	Radiology	2.29	2.29	\$ 160.30	\$ 160.30
75889 00	Radiology	3.78	3.78	\$ 264.60	\$ 264.60
75889 26	Radiology	1.50	1.50	\$ 105.00	\$ 105.00
75889 TC	Radiology	2.28	2.28	\$ 159.60	\$ 159.60
75891 00	Radiology	3.82	3.82	\$ 267.40	\$ 267.40
75891 26	Radiology	1.52	1.52	\$ 106.40	\$ 106.40
75891 TC	Radiology	2.30	2.30	\$ 161.00	\$ 161.00
75893 00	Radiology	3.24	3.24	\$ 226.80	\$ 226.80
75893 26	Radiology	0.75	0.75	\$ 52.50	\$ 52.50
75893 TC	Radiology	2.49	2.49	\$ 174.30	\$ 174.30
75894 00	Radiology	-	-	\$ 2,050.30	\$ 2,050.30
75894 26	Radiology	2.05	2.05	\$ 143.50	\$ 143.50
75894 TC	Radiology	-	-	\$ 1,906.80	\$ 1,906.80
75898 00	Radiology	-	-	\$ 270.90	\$ 270.90
75898 26	Radiology	2.58	2.58	\$ 180.60	\$ 180.60
75898 TC	Radiology	-	-	\$ 89.60	\$ 89.60
75901 00	Radiology	6.97	6.97	\$ 487.90	\$ 487.90
75901 26	Radiology	0.68	0.68	\$ 47.60	\$ 47.60
75901 TC	Radiology	6.29	6.29	\$ 440.30	\$ 440.30

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
75902 00	Radiology	2.70	2.70	\$ 189.00	\$ 189.00
75902 26	Radiology	0.55	0.55	\$ 38.50	\$ 38.50
75902 TC	Radiology	2.15	2.15	\$ 150.50	\$ 150.50
75956 00	Radiology	-	-	\$ 688.80	\$ 688.80
75956 26	Radiology	9.79	9.79	\$ 685.30	\$ 685.30
75956 TC	Radiology	0.00	0.00	BR	BR
75957 00	Radiology	-	-	\$ 589.40	\$ 589.40
75957 26	Radiology	8.39	8.39	\$ 587.30	\$ 587.30
75957 TC	Radiology	0.00	0.00	BR	BR
75958 00	Radiology	-	-	\$ 389.90	\$ 389.90
75958 26	Radiology	5.56	5.56	\$ 389.20	\$ 389.20
75958 TC	Radiology	0.00	0.00	BR	BR
75959 00	Radiology	-	-	\$ 340.90	\$ 340.90
75959 26	Radiology	4.87	4.87	\$ 340.90	\$ 340.90
75959 TC	Radiology	0.00	0.00	BR	BR
75970 00	Radiology	-	-	\$ 863.10	\$ 863.10
75970 26	Radiology	1.11	1.11	\$ 77.70	\$ 77.70
75970 TC	Radiology	-	-	\$ 785.40	\$ 785.40
75984 00	Radiology	3.05	3.05	\$ 213.50	\$ 213.50
75984 26	Radiology	1.11	1.11	\$ 77.70	\$ 77.70
75984 TC	Radiology	1.94	1.94	\$ 135.80	\$ 135.80
75989 00	Radiology	3.48	3.48	\$ 243.60	\$ 243.60
75989 26	Radiology	1.63	1.63	\$ 114.10	\$ 114.10
75989 TC	Radiology	1.85	1.85	\$ 129.50	\$ 129.50
76000 00	Radiology	1.25	1.25	\$ 87.50	\$ 87.50
76000 26	Radiology	0.45	0.45	\$ 31.50	\$ 31.50
76000 TC	Radiology	0.80	0.80	\$ 56.00	\$ 56.00
76010 00	Radiology	0.87	0.87	\$ 60.90	\$ 60.90
76010 26	Radiology	0.26	0.26	\$ 18.20	\$ 18.20
76010 TC	Radiology	0.61	0.61	\$ 42.70	\$ 42.70
76080 00	Radiology	1.77	1.77	\$ 123.90	\$ 123.90
76080 26	Radiology	0.74	0.74	\$ 51.80	\$ 51.80
76080 TC	Radiology	1.03	1.03	\$ 72.10	\$ 72.10
76098 00	Radiology	1.23	1.23	\$ 86.10	\$ 86.10
76098 26	Radiology	0.45	0.45	\$ 31.50	\$ 31.50
76098 TC	Radiology	0.78	0.78	\$ 54.60	\$ 54.60
76100 00	Radiology	2.75	2.75	\$ 192.50	\$ 192.50
76100 26	Radiology	0.85	0.85	\$ 59.50	\$ 59.50
76100 TC	Radiology	1.90	1.90	\$ 133.00	\$ 133.00
76101 00	Radiology	3.03	3.03	\$ 212.10	\$ 212.10
76101 26	Radiology	0.80	0.80	\$ 56.00	\$ 56.00
76101 TC	Radiology	2.23	2.23	\$ 156.10	\$ 156.10
76102 00	Radiology	5.31	5.31	\$ 371.70	\$ 371.70
76102 26	Radiology	0.87	0.87	\$ 60.90	\$ 60.90
76102 TC	Radiology	4.44	4.44	\$ 310.80	\$ 310.80
76120 00	Radiology	3.39	3.39	\$ 237.30	\$ 237.30
76120 26	Radiology	0.57	0.57	\$ 39.90	\$ 39.90
76120 TC	Radiology	2.82	2.82	\$ 197.40	\$ 197.40
76125 00	Radiology	-	-	\$ 86.10	\$ 86.10
76125 26	Radiology	0.38	0.38	\$ 26.60	\$ 26.60
76125 TC	Radiology	-	-	\$ 59.50	\$ 59.50
76140 00	Radiology	0.00	0.00	BR	BR
76145 00	Radiology	24.31	24.31	\$ 1,701.70	\$ 1,701.70
76376 00	Radiology	0.66	0.66	\$ 46.20	\$ 46.20
76376 26	Radiology	0.28	0.28	\$ 19.60	\$ 19.60
76376 TC	Radiology	0.38	0.38	\$ 26.60	\$ 26.60
76377 00	Radiology	2.08	2.08	\$ 145.60	\$ 145.60
76377 26	Radiology	1.12	1.12	\$ 78.40	\$ 78.40
76377 TC	Radiology	0.96	0.96	\$ 67.20	\$ 67.20

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
76380 00	Radiology	4.18	4.18	\$ 292.60	\$ 292.60
76380 26	Radiology	1.35	1.35	\$ 94.50	\$ 94.50
76380 TC	Radiology	2.83	2.83	\$ 198.10	\$ 198.10
76390 00	Radiology	12.31	12.31	\$ 861.70	\$ 861.70
76390 26	Radiology	1.99	1.99	\$ 139.30	\$ 139.30
76390 TC	Radiology	10.32	10.32	\$ 722.40	\$ 722.40
76391 00	Radiology	6.70	6.70	\$ 469.00	\$ 469.00
76391 26	Radiology	1.55	1.55	\$ 108.50	\$ 108.50
76391 TC	Radiology	5.15	5.15	\$ 360.50	\$ 360.50
76496 00	Radiology	-	-	\$ 137.20	\$ 137.20
76496 26	Radiology	-	-	\$ 48.30	\$ 48.30
76496 TC	Radiology	-	-	\$ 88.90	\$ 88.90
76497 00	Radiology	-	-	\$ 226.80	\$ 226.80
76497 26	Radiology	-	-	\$ 45.50	\$ 45.50
76497 TC	Radiology	-	-	\$ 181.30	\$ 181.30
76498 00	Radiology	-	-	\$ 197.40	\$ 197.40
76498 26	Radiology	-	-	\$ 39.20	\$ 39.20
76498 TC	Radiology	-	-	\$ 158.20	\$ 158.20
76499 00	Radiology	0.00	0.00	BR	BR
76499 26	Radiology	0.00	0.00	BR	BR
76499 TC	Radiology	0.00	0.00	BR	BR
76506 00	Radiology	3.44	3.44	\$ 240.80	\$ 240.80
76506 26	Radiology	0.91	0.91	\$ 63.70	\$ 63.70
76506 TC	Radiology	2.53	2.53	\$ 177.10	\$ 177.10
76510 00	Radiology	2.13	2.13	\$ 149.10	\$ 149.10
76510 26	Radiology	1.14	1.14	\$ 79.80	\$ 79.80
76510 TC	Radiology	0.99	0.99	\$ 69.30	\$ 69.30
76511 00	Radiology	1.68	1.68	\$ 117.60	\$ 117.60
76511 26	Radiology	1.03	1.03	\$ 72.10	\$ 72.10
76511 TC	Radiology	0.65	0.65	\$ 45.50	\$ 45.50
76512 00	Radiology	1.43	1.43	\$ 100.10	\$ 100.10
76512 26	Radiology	0.89	0.89	\$ 62.30	\$ 62.30
76512 TC	Radiology	0.54	0.54	\$ 37.80	\$ 37.80
76513 00	Radiology	2.29	2.29	\$ 160.30	\$ 160.30
76513 26	Radiology	0.93	0.93	\$ 65.10	\$ 65.10
76513 TC	Radiology	1.36	1.36	\$ 95.20	\$ 95.20
76514 00	Radiology	0.34	0.34	\$ 23.80	\$ 23.80
76514 26	Radiology	0.23	0.23	\$ 16.10	\$ 16.10
76514 TC	Radiology	0.11	0.11	\$ 7.70	\$ 7.70
76516 00	Radiology	1.36	1.36	\$ 95.20	\$ 95.20
76516 26	Radiology	0.65	0.65	\$ 45.50	\$ 45.50
76516 TC	Radiology	0.71	0.71	\$ 49.70	\$ 49.70
76519 00	Radiology	1.96	1.96	\$ 137.20	\$ 137.20
76519 26	Radiology	0.88	0.88	\$ 61.60	\$ 61.60
76519 TC	Radiology	1.08	1.08	\$ 75.60	\$ 75.60
76529 00	Radiology	2.54	2.54	\$ 177.80	\$ 177.80
76529 26	Radiology	0.93	0.93	\$ 65.10	\$ 65.10
76529 TC	Radiology	1.61	1.61	\$ 112.70	\$ 112.70
76536 00	Radiology	3.42	3.42	\$ 239.40	\$ 239.40
76536 26	Radiology	0.81	0.81	\$ 56.70	\$ 56.70
76536 TC	Radiology	2.61	2.61	\$ 182.70	\$ 182.70
76604 00	Radiology	1.96	1.96	\$ 137.20	\$ 137.20
76604 26	Radiology	0.82	0.82	\$ 57.40	\$ 57.40
76604 TC	Radiology	1.14	1.14	\$ 79.80	\$ 79.80
76641 00	Radiology	3.12	3.12	\$ 218.40	\$ 218.40
76641 26	Radiology	1.03	1.03	\$ 72.10	\$ 72.10
76641 TC	Radiology	2.09	2.09	\$ 146.30	\$ 146.30
76642 00	Radiology	2.57	2.57	\$ 179.90	\$ 179.90
76642 26	Radiology	0.97	0.97	\$ 67.90	\$ 67.90

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
76642 TC	Radiology	1.60	1.60	\$ 112.00	\$ 112.00
76700 00	Radiology	3.57	3.57	\$ 249.90	\$ 249.90
76700 26	Radiology	1.14	1.14	\$ 79.80	\$ 79.80
76700 TC	Radiology	2.43	2.43	\$ 170.10	\$ 170.10
76705 00	Radiology	2.67	2.67	\$ 186.90	\$ 186.90
76705 26	Radiology	0.84	0.84	\$ 58.80	\$ 58.80
76705 TC	Radiology	1.83	1.83	\$ 128.10	\$ 128.10
76706 00	Radiology	3.22	3.22	\$ 225.40	\$ 225.40
76706 26	Radiology	0.79	0.79	\$ 55.30	\$ 55.30
76706 TC	Radiology	2.43	2.43	\$ 170.10	\$ 170.10
76770 00	Radiology	3.30	3.30	\$ 231.00	\$ 231.00
76770 26	Radiology	1.04	1.04	\$ 72.80	\$ 72.80
76770 TC	Radiology	2.26	2.26	\$ 158.20	\$ 158.20
76775 00	Radiology	1.72	1.72	\$ 120.40	\$ 120.40
76775 26	Radiology	0.83	0.83	\$ 58.10	\$ 58.10
76775 TC	Radiology	0.89	0.89	\$ 62.30	\$ 62.30
76776 00	Radiology	4.56	4.56	\$ 319.20	\$ 319.20
76776 26	Radiology	1.07	1.07	\$ 74.90	\$ 74.90
76776 TC	Radiology	3.49	3.49	\$ 244.30	\$ 244.30
76800 00	Radiology	4.20	4.20	\$ 294.00	\$ 294.00
76800 26	Radiology	1.69	1.69	\$ 118.30	\$ 118.30
76800 TC	Radiology	2.51	2.51	\$ 175.70	\$ 175.70
76801 00	Radiology	3.56	3.56	\$ 249.20	\$ 249.20
76801 26	Radiology	1.40	1.40	\$ 98.00	\$ 98.00
76801 TC	Radiology	2.16	2.16	\$ 151.20	\$ 151.20
76802 00	Radiology	1.83	1.83	\$ 128.10	\$ 128.10
76802 26	Radiology	1.18	1.18	\$ 82.60	\$ 82.60
76802 TC	Radiology	0.65	0.65	\$ 45.50	\$ 45.50
76805 00	Radiology	4.10	4.10	\$ 287.00	\$ 287.00
76805 26	Radiology	1.40	1.40	\$ 98.00	\$ 98.00
76805 TC	Radiology	2.70	2.70	\$ 189.00	\$ 189.00
76810 00	Radiology	2.67	2.67	\$ 186.90	\$ 186.90
76810 26	Radiology	1.39	1.39	\$ 97.30	\$ 97.30
76810 TC	Radiology	1.28	1.28	\$ 89.60	\$ 89.60
76811 00	Radiology	5.15	5.15	\$ 360.50	\$ 360.50
76811 26	Radiology	2.68	2.68	\$ 187.60	\$ 187.60
76811 TC	Radiology	2.47	2.47	\$ 172.90	\$ 172.90
76812 00	Radiology	5.82	5.82	\$ 407.40	\$ 407.40
76812 26	Radiology	2.51	2.51	\$ 175.70	\$ 175.70
76812 TC	Radiology	3.31	3.31	\$ 231.70	\$ 231.70
76813 00	Radiology	3.57	3.57	\$ 249.90	\$ 249.90
76813 26	Radiology	1.67	1.67	\$ 116.90	\$ 116.90
76813 TC	Radiology	1.90	1.90	\$ 133.00	\$ 133.00
76814 00	Radiology	2.29	2.29	\$ 160.30	\$ 160.30
76814 26	Radiology	1.41	1.41	\$ 98.70	\$ 98.70
76814 TC	Radiology	0.88	0.88	\$ 61.60	\$ 61.60
76815 00	Radiology	2.47	2.47	\$ 172.90	\$ 172.90
76815 26	Radiology	0.93	0.93	\$ 65.10	\$ 65.10
76815 TC	Radiology	1.54	1.54	\$ 107.80	\$ 107.80
76816 00	Radiology	3.33	3.33	\$ 233.10	\$ 233.10
76816 26	Radiology	1.21	1.21	\$ 84.70	\$ 84.70
76816 TC	Radiology	2.12	2.12	\$ 148.40	\$ 148.40
76817 00	Radiology	2.82	2.82	\$ 197.40	\$ 197.40
76817 26	Radiology	1.07	1.07	\$ 74.90	\$ 74.90
76817 TC	Radiology	1.75	1.75	\$ 122.50	\$ 122.50
76818 00	Radiology	3.42	3.42	\$ 239.40	\$ 239.40
76818 26	Radiology	1.49	1.49	\$ 104.30	\$ 104.30
76818 TC	Radiology	1.93	1.93	\$ 135.10	\$ 135.10
76819 00	Radiology	2.53	2.53	\$ 177.10	\$ 177.10

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
76819 26	Radiology	1.10	1.10	\$ 77.00	\$ 77.00
76819 TC	Radiology	1.43	1.43	\$ 100.10	\$ 100.10
76820 00	Radiology	1.36	1.36	\$ 95.20	\$ 95.20
76820 26	Radiology	0.71	0.71	\$ 49.70	\$ 49.70
76820 TC	Radiology	0.65	0.65	\$ 45.50	\$ 45.50
76821 00	Radiology	2.68	2.68	\$ 187.60	\$ 187.60
76821 26	Radiology	0.99	0.99	\$ 69.30	\$ 69.30
76821 TC	Radiology	1.69	1.69	\$ 118.30	\$ 118.30
76825 00	Radiology	8.07	8.07	\$ 564.90	\$ 564.90
76825 26	Radiology	2.34	2.34	\$ 163.80	\$ 163.80
76825 TC	Radiology	5.73	5.73	\$ 401.10	\$ 401.10
76826 00	Radiology	4.84	4.84	\$ 338.80	\$ 338.80
76826 26	Radiology	1.17	1.17	\$ 81.90	\$ 81.90
76826 TC	Radiology	3.67	3.67	\$ 256.90	\$ 256.90
76827 00	Radiology	2.15	2.15	\$ 150.50	\$ 150.50
76827 26	Radiology	0.81	0.81	\$ 56.70	\$ 56.70
76827 TC	Radiology	1.34	1.34	\$ 93.80	\$ 93.80
76828 00	Radiology	1.51	1.51	\$ 105.70	\$ 105.70
76828 26	Radiology	0.79	0.79	\$ 55.30	\$ 55.30
76828 TC	Radiology	0.72	0.72	\$ 50.40	\$ 50.40
76830 00	Radiology	3.64	3.64	\$ 254.80	\$ 254.80
76830 26	Radiology	0.98	0.98	\$ 68.60	\$ 68.60
76830 TC	Radiology	2.66	2.66	\$ 186.20	\$ 186.20
76831 00	Radiology	3.55	3.55	\$ 248.50	\$ 248.50
76831 26	Radiology	1.03	1.03	\$ 72.10	\$ 72.10
76831 TC	Radiology	2.52	2.52	\$ 176.40	\$ 176.40
76856 00	Radiology	3.22	3.22	\$ 225.40	\$ 225.40
76856 26	Radiology	0.98	0.98	\$ 68.60	\$ 68.60
76856 TC	Radiology	2.24	2.24	\$ 156.80	\$ 156.80
76857 00	Radiology	1.40	1.40	\$ 98.00	\$ 98.00
76857 26	Radiology	0.69	0.69	\$ 48.30	\$ 48.30
76857 TC	Radiology	0.71	0.71	\$ 49.70	\$ 49.70
76870 00	Radiology	3.08	3.08	\$ 215.60	\$ 215.60
76870 26	Radiology	0.91	0.91	\$ 63.70	\$ 63.70
76870 TC	Radiology	2.17	2.17	\$ 151.90	\$ 151.90
76872 00	Radiology	5.51	5.51	\$ 385.70	\$ 385.70
76872 26	Radiology	0.95	0.95	\$ 66.50	\$ 66.50
76872 TC	Radiology	4.56	4.56	\$ 319.20	\$ 319.20
76873 00	Radiology	5.18	5.18	\$ 362.60	\$ 362.60
76873 26	Radiology	2.22	2.22	\$ 155.40	\$ 155.40
76873 TC	Radiology	2.96	2.96	\$ 207.20	\$ 207.20
76881 00	Radiology	1.94	1.94	\$ 135.80	\$ 135.80
76881 26	Radiology	0.89	0.89	\$ 62.30	\$ 62.30
76881 TC	Radiology	1.05	1.05	\$ 73.50	\$ 73.50
76882 00	Radiology	1.65	1.65	\$ 115.50	\$ 115.50
76882 26	Radiology	0.68	0.68	\$ 47.60	\$ 47.60
76882 TC	Radiology	0.97	0.97	\$ 67.90	\$ 67.90
76885 00	Radiology	4.20	4.20	\$ 294.00	\$ 294.00
76885 26	Radiology	1.05	1.05	\$ 73.50	\$ 73.50
76885 TC	Radiology	3.15	3.15	\$ 220.50	\$ 220.50
76886 00	Radiology	3.08	3.08	\$ 215.60	\$ 215.60
76886 26	Radiology	0.89	0.89	\$ 62.30	\$ 62.30
76886 TC	Radiology	2.19	2.19	\$ 153.30	\$ 153.30
76932 00	Radiology	-	-	\$ 193.20	\$ 193.20
76932 26	Radiology	1.00	1.00	\$ 70.00	\$ 70.00
76932 TC	Radiology	-	-	\$ 121.80	\$ 121.80
76936 00	Radiology	7.92	7.92	\$ 554.40	\$ 554.40
76936 26	Radiology	2.77	2.77	\$ 193.90	\$ 193.90
76936 TC	Radiology	5.15	5.15	\$ 360.50	\$ 360.50

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
76937 00	Radiology	1.12	1.12	\$ 78.40	\$ 78.40
76937 26	Radiology	0.40	0.40	\$ 28.00	\$ 28.00
76937 TC	Radiology	0.72	0.72	\$ 50.40	\$ 50.40
76940 00	Radiology	-	-	\$ 329.70	\$ 329.70
76940 26	Radiology	2.94	2.94	\$ 205.80	\$ 205.80
76940 TC	Radiology	-	-	\$ 125.30	\$ 125.30
76941 00	Radiology	-	-	\$ 247.80	\$ 247.80
76941 26	Radiology	1.89	1.89	\$ 132.30	\$ 132.30
76941 TC	Radiology	-	-	\$ 114.10	\$ 114.10
76942 00	Radiology	1.69	1.69	\$ 118.30	\$ 118.30
76942 26	Radiology	0.90	0.90	\$ 63.00	\$ 63.00
76942 TC	Radiology	0.79	0.79	\$ 55.30	\$ 55.30
76945 00	Radiology	-	-	\$ 186.90	\$ 186.90
76945 26	Radiology	0.95	0.95	\$ 66.50	\$ 66.50
76945 TC	Radiology	-	-	\$ 119.70	\$ 119.70
76946 00	Radiology	0.95	0.95	\$ 66.50	\$ 66.50
76946 26	Radiology	0.54	0.54	\$ 37.80	\$ 37.80
76946 TC	Radiology	0.41	0.41	\$ 28.70	\$ 28.70
76948 00	Radiology	2.35	2.35	\$ 164.50	\$ 164.50
76948 26	Radiology	0.95	0.95	\$ 66.50	\$ 66.50
76948 TC	Radiology	1.40	1.40	\$ 98.00	\$ 98.00
76965 00	Radiology	2.70	2.70	\$ 189.00	\$ 189.00
76965 26	Radiology	1.94	1.94	\$ 135.80	\$ 135.80
76965 TC	Radiology	0.76	0.76	\$ 53.20	\$ 53.20
76975 00	Radiology	-	-	\$ 202.30	\$ 202.30
76975 26	Radiology	1.19	1.19	\$ 83.30	\$ 83.30
76975 TC	Radiology	-	-	\$ 119.70	\$ 119.70
76977 00	Radiology	0.21	0.21	\$ 14.70	\$ 14.70
76977 26	Radiology	0.08	0.08	\$ 5.60	\$ 5.60
76977 TC	Radiology	0.13	0.13	\$ 9.10	\$ 9.10
76978 00	Radiology	9.28	9.28	\$ 649.60	\$ 649.60
76978 26	Radiology	2.29	2.29	\$ 160.30	\$ 160.30
76978 TC	Radiology	6.99	6.99	\$ 489.30	\$ 489.30
76979 00	Radiology	6.33	6.33	\$ 443.10	\$ 443.10
76979 26	Radiology	1.20	1.20	\$ 84.00	\$ 84.00
76979 TC	Radiology	5.13	5.13	\$ 359.10	\$ 359.10
76981 00	Radiology	3.14	3.14	\$ 219.80	\$ 219.80
76981 26	Radiology	0.84	0.84	\$ 58.80	\$ 58.80
76981 TC	Radiology	2.30	2.30	\$ 161.00	\$ 161.00
76982 00	Radiology	2.92	2.92	\$ 204.40	\$ 204.40
76982 26	Radiology	0.85	0.85	\$ 59.50	\$ 59.50
76982 TC	Radiology	2.07	2.07	\$ 144.90	\$ 144.90
76983 00	Radiology	1.83	1.83	\$ 128.10	\$ 128.10
76983 26	Radiology	0.72	0.72	\$ 50.40	\$ 50.40
76983 TC	Radiology	1.11	1.11	\$ 77.70	\$ 77.70
76998 00	Radiology	-	-	\$ 126.00	\$ 126.00
76998 26	Radiology	1.81	1.81	\$ 126.70	\$ 126.70
76998 TC	Radiology	0.00	0.00	BR	BR
76999 00	Radiology	0.00	0.00	BR	BR
76999 26	Radiology	0.00	0.00	BR	BR
76999 TC	Radiology	0.00	0.00	BR	BR
77001 00	Radiology	3.01	3.01	\$ 210.70	\$ 210.70
77001 26	Radiology	0.54	0.54	\$ 37.80	\$ 37.80
77001 TC	Radiology	2.47	2.47	\$ 172.90	\$ 172.90
77002 00	Radiology	3.41	3.41	\$ 238.70	\$ 238.70
77002 26	Radiology	0.80	0.80	\$ 56.00	\$ 56.00
77002 TC	Radiology	2.61	2.61	\$ 182.70	\$ 182.70
77003 00	Radiology	3.07	3.07	\$ 214.90	\$ 214.90
77003 26	Radiology	0.85	0.85	\$ 59.50	\$ 59.50

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
77003 TC	Radiology	2.22	2.22	\$ 155.40	\$ 155.40
77011 00	Radiology	6.90	6.90	\$ 483.00	\$ 483.00
77011 26	Radiology	1.81	1.81	\$ 126.70	\$ 126.70
77011 TC	Radiology	5.09	5.09	\$ 356.30	\$ 356.30
77012 00	Radiology	4.33	4.33	\$ 303.10	\$ 303.10
77012 26	Radiology	2.08	2.08	\$ 145.60	\$ 145.60
77012 TC	Radiology	2.25	2.25	\$ 157.50	\$ 157.50
77013 00	Radiology	-	-	\$ 1,038.10	\$ 1,038.10
77013 26	Radiology	5.37	5.37	\$ 375.90	\$ 375.90
77013 TC	Radiology	-	-	\$ 664.30	\$ 664.30
77014 00	Radiology	3.62	3.62	\$ 253.40	\$ 253.40
77014 26	Radiology	1.30	1.30	\$ 91.00	\$ 91.00
77014 TC	Radiology	2.32	2.32	\$ 162.40	\$ 162.40
77021 00	Radiology	13.51	13.51	\$ 945.70	\$ 945.70
77021 26	Radiology	2.05	2.05	\$ 143.50	\$ 143.50
77021 TC	Radiology	11.46	11.46	\$ 802.20	\$ 802.20
77022 00	Radiology	-	-	\$ 1,359.40	\$ 1,359.40
77022 26	Radiology	6.06	6.06	\$ 424.20	\$ 424.20
77022 TC	Radiology	-	-	\$ 938.00	\$ 938.00
77046 00	Radiology	6.97	6.97	\$ 487.90	\$ 487.90
77046 26	Radiology	2.03	2.03	\$ 142.10	\$ 142.10
77046 TC	Radiology	4.94	4.94	\$ 345.80	\$ 345.80
77047 00	Radiology	7.16	7.16	\$ 501.20	\$ 501.20
77047 26	Radiology	2.24	2.24	\$ 156.80	\$ 156.80
77047 TC	Radiology	4.92	4.92	\$ 344.40	\$ 344.40
77048 00	Radiology	11.10	11.10	\$ 777.00	\$ 777.00
77048 26	Radiology	2.96	2.96	\$ 207.20	\$ 207.20
77048 TC	Radiology	8.14	8.14	\$ 569.80	\$ 569.80
77049 00	Radiology	11.34	11.34	\$ 793.80	\$ 793.80
77049 26	Radiology	3.24	3.24	\$ 226.80	\$ 226.80
77049 TC	Radiology	8.10	8.10	\$ 567.00	\$ 567.00
77053 00	Radiology	1.62	1.62	\$ 113.40	\$ 113.40
77053 26	Radiology	0.51	0.51	\$ 35.70	\$ 35.70
77053 TC	Radiology	1.11	1.11	\$ 77.70	\$ 77.70
77054 00	Radiology	2.10	2.10	\$ 147.00	\$ 147.00
77054 26	Radiology	0.63	0.63	\$ 44.10	\$ 44.10
77054 TC	Radiology	1.47	1.47	\$ 102.90	\$ 102.90
77061 00	Radiology	-	-	\$ 263.90	\$ 263.90
77061 26	Radiology	-	-	\$ 79.80	\$ 79.80
77061 TC	Radiology	-	-	\$ 184.10	\$ 184.10
77062 00	Radiology	-	-	\$ 333.20	\$ 333.20
77062 26	Radiology	-	-	\$ 98.00	\$ 98.00
77062 TC	Radiology	-	-	\$ 235.20	\$ 235.20
77063 00	Radiology	1.59	1.59	\$ 111.30	\$ 111.30
77063 26	Radiology	0.86	0.86	\$ 60.20	\$ 60.20
77063 TC	Radiology	0.73	0.73	\$ 51.10	\$ 51.10
77065 00	Radiology	3.76	3.76	\$ 263.20	\$ 263.20
77065 26	Radiology	1.14	1.14	\$ 79.80	\$ 79.80
77065 TC	Radiology	2.62	2.62	\$ 183.40	\$ 183.40
77066 00	Radiology	4.76	4.76	\$ 333.20	\$ 333.20
77066 26	Radiology	1.41	1.41	\$ 98.70	\$ 98.70
77066 TC	Radiology	3.35	3.35	\$ 234.50	\$ 234.50
77067 00	Radiology	3.85	3.85	\$ 269.50	\$ 269.50
77067 26	Radiology	1.08	1.08	\$ 75.60	\$ 75.60
77067 TC	Radiology	2.77	2.77	\$ 193.90	\$ 193.90
77071 00	Radiology	1.60	1.60	\$ 112.00	\$ 112.00
77072 00	Radiology	0.76	0.76	\$ 53.20	\$ 53.20
77072 26	Radiology	0.27	0.27	\$ 18.90	\$ 18.90
77072 TC	Radiology	0.49	0.49	\$ 34.30	\$ 34.30

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
77073 00	Radiology	1.32	1.32	\$ 92.40	\$ 92.40
77073 26	Radiology	0.39	0.39	\$ 27.30	\$ 27.30
77073 TC	Radiology	0.93	0.93	\$ 65.10	\$ 65.10
77074 00	Radiology	1.90	1.90	\$ 133.00	\$ 133.00
77074 26	Radiology	0.62	0.62	\$ 43.40	\$ 43.40
77074 TC	Radiology	1.28	1.28	\$ 89.60	\$ 89.60
77075 00	Radiology	2.89	2.89	\$ 202.30	\$ 202.30
77075 26	Radiology	0.79	0.79	\$ 55.30	\$ 55.30
77075 TC	Radiology	2.10	2.10	\$ 147.00	\$ 147.00
77076 00	Radiology	3.11	3.11	\$ 217.70	\$ 217.70
77076 26	Radiology	0.99	0.99	\$ 69.30	\$ 69.30
77076 TC	Radiology	2.12	2.12	\$ 148.40	\$ 148.40
77077 00	Radiology	1.37	1.37	\$ 95.90	\$ 95.90
77077 26	Radiology	0.49	0.49	\$ 34.30	\$ 34.30
77077 TC	Radiology	0.88	0.88	\$ 61.60	\$ 61.60
77078 00	Radiology	3.32	3.32	\$ 232.40	\$ 232.40
77078 26	Radiology	0.35	0.35	\$ 24.50	\$ 24.50
77078 TC	Radiology	2.97	2.97	\$ 207.90	\$ 207.90
77080 00	Radiology	1.11	1.11	\$ 77.70	\$ 77.70
77080 26	Radiology	0.28	0.28	\$ 19.60	\$ 19.60
77080 TC	Radiology	0.83	0.83	\$ 58.10	\$ 58.10
77081 00	Radiology	0.92	0.92	\$ 64.40	\$ 64.40
77081 26	Radiology	0.29	0.29	\$ 20.30	\$ 20.30
77081 TC	Radiology	0.63	0.63	\$ 44.10	\$ 44.10
77084 00	Radiology	10.58	10.58	\$ 740.60	\$ 740.60
77084 26	Radiology	2.24	2.24	\$ 156.80	\$ 156.80
77084 TC	Radiology	8.34	8.34	\$ 583.80	\$ 583.80
77085 00	Radiology	1.53	1.53	\$ 107.10	\$ 107.10
77085 26	Radiology	0.43	0.43	\$ 30.10	\$ 30.10
77085 TC	Radiology	1.10	1.10	\$ 77.00	\$ 77.00
77086 00	Radiology	0.98	0.98	\$ 68.60	\$ 68.60
77086 26	Radiology	0.24	0.24	\$ 16.80	\$ 16.80
77086 TC	Radiology	0.74	0.74	\$ 51.80	\$ 51.80
77261 00	Radiology	2.06	2.06	\$ 144.20	\$ 144.20
77262 00	Radiology	3.13	3.13	\$ 219.10	\$ 219.10
77263 00	Radiology	4.87	4.87	\$ 340.90	\$ 340.90
77280 00	Radiology	8.30	8.30	\$ 581.00	\$ 581.00
77280 26	Radiology	1.10	1.10	\$ 77.00	\$ 77.00
77280 TC	Radiology	7.20	7.20	\$ 504.00	\$ 504.00
77285 00	Radiology	13.75	13.75	\$ 962.50	\$ 962.50
77285 26	Radiology	1.65	1.65	\$ 115.50	\$ 115.50
77285 TC	Radiology	12.10	12.10	\$ 847.00	\$ 847.00
77290 00	Radiology	14.37	14.37	\$ 1,005.90	\$ 1,005.90
77290 26	Radiology	2.36	2.36	\$ 165.20	\$ 165.20
77290 TC	Radiology	12.01	12.01	\$ 840.70	\$ 840.70
77293 00	Radiology	13.04	13.04	\$ 912.80	\$ 912.80
77293 26	Radiology	3.05	3.05	\$ 213.50	\$ 213.50
77293 TC	Radiology	9.99	9.99	\$ 699.30	\$ 699.30
77295 00	Radiology	14.07	14.07	\$ 984.90	\$ 984.90
77295 26	Radiology	6.49	6.49	\$ 454.30	\$ 454.30
77295 TC	Radiology	7.58	7.58	\$ 530.60	\$ 530.60
77299 00	Radiology	0.00	0.00	BR	BR
77299 26	Radiology	0.00	0.00	BR	BR
77299 TC	Radiology	0.00	0.00	BR	BR
77300 00	Radiology	1.93	1.93	\$ 135.10	\$ 135.10
77300 26	Radiology	0.94	0.94	\$ 65.80	\$ 65.80
77300 TC	Radiology	0.99	0.99	\$ 69.30	\$ 69.30
77301 00	Radiology	55.46	55.46	\$ 3,882.20	\$ 3,882.20
77301 26	Radiology	12.10	12.10	\$ 847.00	\$ 847.00

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
77301 TC	Radiology	43.36	43.36	\$ 3,035.20	\$ 3,035.20
77306 00	Radiology	4.31	4.31	\$ 301.70	\$ 301.70
77306 26	Radiology	2.12	2.12	\$ 148.40	\$ 148.40
77306 TC	Radiology	2.19	2.19	\$ 153.30	\$ 153.30
77307 00	Radiology	8.38	8.38	\$ 586.60	\$ 586.60
77307 26	Radiology	4.41	4.41	\$ 308.70	\$ 308.70
77307 TC	Radiology	3.97	3.97	\$ 277.90	\$ 277.90
77316 00	Radiology	6.78	6.78	\$ 474.60	\$ 474.60
77316 26	Radiology	2.12	2.12	\$ 148.40	\$ 148.40
77316 TC	Radiology	4.66	4.66	\$ 326.20	\$ 326.20
77317 00	Radiology	8.90	8.90	\$ 623.00	\$ 623.00
77317 26	Radiology	2.77	2.77	\$ 193.90	\$ 193.90
77317 TC	Radiology	6.13	6.13	\$ 429.10	\$ 429.10
77318 00	Radiology	12.68	12.68	\$ 887.60	\$ 887.60
77318 26	Radiology	4.40	4.40	\$ 308.00	\$ 308.00
77318 TC	Radiology	8.28	8.28	\$ 579.60	\$ 579.60
77321 00	Radiology	2.75	2.75	\$ 192.50	\$ 192.50
77321 26	Radiology	1.45	1.45	\$ 101.50	\$ 101.50
77321 TC	Radiology	1.30	1.30	\$ 91.00	\$ 91.00
77331 00	Radiology	1.89	1.89	\$ 132.30	\$ 132.30
77331 26	Radiology	1.33	1.33	\$ 93.10	\$ 93.10
77331 TC	Radiology	0.56	0.56	\$ 39.20	\$ 39.20
77332 00	Radiology	1.22	1.22	\$ 85.40	\$ 85.40
77332 26	Radiology	0.69	0.69	\$ 48.30	\$ 48.30
77332 TC	Radiology	0.53	0.53	\$ 37.10	\$ 37.10
77333 00	Radiology	3.89	3.89	\$ 272.30	\$ 272.30
77333 26	Radiology	1.15	1.15	\$ 80.50	\$ 80.50
77333 TC	Radiology	2.74	2.74	\$ 191.80	\$ 191.80
77334 00	Radiology	3.67	3.67	\$ 256.90	\$ 256.90
77334 26	Radiology	1.74	1.74	\$ 121.80	\$ 121.80
77334 TC	Radiology	1.93	1.93	\$ 135.10	\$ 135.10
77336 00	Radiology	2.37	2.37	\$ 165.90	\$ 165.90
77338 00	Radiology	13.77	13.77	\$ 963.90	\$ 963.90
77338 26	Radiology	6.49	6.49	\$ 454.30	\$ 454.30
77338 TC	Radiology	7.28	7.28	\$ 509.60	\$ 509.60
77370 00	Radiology	3.75	3.75	\$ 262.50	\$ 262.50
77371 00	Radiology	-	-	\$ 2,443.70	\$ 2,443.70
77372 00	Radiology	30.77	30.77	\$ 2,153.90	\$ 2,153.90
77373 00	Radiology	33.59	33.59	\$ 2,351.30	\$ 2,351.30
77385 00	Radiology	-	-	\$ 790.30	\$ 790.30
77386 00	Radiology	-	-	\$ 792.40	\$ 792.40
77387 00	Radiology	-	-	\$ 238.70	\$ 238.70
77399 00	Radiology	0.00	0.00	BR	BR
77399 26	Radiology	0.00	0.00	BR	BR
77399 TC	Radiology	0.00	0.00	BR	BR
77401 00	Radiology	1.26	1.26	\$ 88.20	\$ 88.20
77402 00	Radiology	-	-	\$ 297.50	\$ 297.50
77407 00	Radiology	-	-	\$ 410.20	\$ 410.20
77412 00	Radiology	-	-	\$ 545.30	\$ 545.30
77417 00	Radiology	0.34	0.34	\$ 23.80	\$ 23.80
77423 00	Radiology	-	-	\$ 193.20	\$ 193.20
77424 00	Radiology	0.00	0.00	BR	BR
77425 00	Radiology	0.00	0.00	BR	BR
77427 00	Radiology	5.50	5.50	\$ 385.00	\$ 385.00
77431 00	Radiology	3.09	3.09	\$ 216.30	\$ 216.30
77432 00	Radiology	12.29	12.29	\$ 860.30	\$ 860.30
77435 00	Radiology	18.54	18.54	\$ 1,297.80	\$ 1,297.80
77469 00	Radiology	9.20	9.20	\$ 644.00	\$ 644.00
77470 00	Radiology	3.86	3.86	\$ 270.20	\$ 270.20

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
77470 26	Radiology	3.10	3.10	\$ 217.00	\$ 217.00
77470 TC	Radiology	0.76	0.76	\$ 53.20	\$ 53.20
77499 00	Radiology	0.00	0.00	BR	BR
77499 26	Radiology	0.00	0.00	BR	BR
77499 TC	Radiology	0.00	0.00	BR	BR
77520 00	Radiology	-	-	\$ 1,926.40	\$ 1,926.40
77522 00	Radiology	-	-	\$ 1,925.70	\$ 1,925.70
77523 00	Radiology	-	-	\$ 2,231.60	\$ 2,231.60
77525 00	Radiology	-	-	\$ 2,480.10	\$ 2,480.10
77600 00	Radiology	14.33	14.33	\$ 1,003.10	\$ 1,003.10
77600 26	Radiology	2.03	2.03	\$ 142.10	\$ 142.10
77600 TC	Radiology	12.30	12.30	\$ 861.00	\$ 861.00
77605 00	Radiology	29.85	29.85	\$ 2,089.50	\$ 2,089.50
77605 26	Radiology	2.96	2.96	\$ 207.20	\$ 207.20
77605 TC	Radiology	26.89	26.89	\$ 1,882.30	\$ 1,882.30
77610 00	Radiology	20.82	20.82	\$ 1,457.40	\$ 1,457.40
77610 26	Radiology	1.99	1.99	\$ 139.30	\$ 139.30
77610 TC	Radiology	18.83	18.83	\$ 1,318.10	\$ 1,318.10
77615 00	Radiology	32.48	32.48	\$ 2,273.60	\$ 2,273.60
77615 26	Radiology	2.79	2.79	\$ 195.30	\$ 195.30
77615 TC	Radiology	29.69	29.69	\$ 2,078.30	\$ 2,078.30
77620 00	Radiology	19.12	19.12	\$ 1,338.40	\$ 1,338.40
77620 26	Radiology	2.47	2.47	\$ 172.90	\$ 172.90
77620 TC	Radiology	16.65	16.65	\$ 1,165.50	\$ 1,165.50
77750 00	Radiology	11.25	11.25	\$ 787.50	\$ 787.50
77750 26	Radiology	7.57	7.57	\$ 529.90	\$ 529.90
77750 TC	Radiology	3.68	3.68	\$ 257.60	\$ 257.60
77761 00	Radiology	11.93	11.93	\$ 835.10	\$ 835.10
77761 26	Radiology	5.85	5.85	\$ 409.50	\$ 409.50
77761 TC	Radiology	6.08	6.08	\$ 425.60	\$ 425.60
77762 00	Radiology	15.71	15.71	\$ 1,099.70	\$ 1,099.70
77762 26	Radiology	8.74	8.74	\$ 611.80	\$ 611.80
77762 TC	Radiology	6.97	6.97	\$ 487.90	\$ 487.90
77763 00	Radiology	22.08	22.08	\$ 1,545.60	\$ 1,545.60
77763 26	Radiology	13.15	13.15	\$ 920.50	\$ 920.50
77763 TC	Radiology	8.93	8.93	\$ 625.10	\$ 625.10
77767 00	Radiology	7.22	7.22	\$ 505.40	\$ 505.40
77767 26	Radiology	1.60	1.60	\$ 112.00	\$ 112.00
77767 TC	Radiology	5.62	5.62	\$ 393.40	\$ 393.40
77768 00	Radiology	10.67	10.67	\$ 746.90	\$ 746.90
77768 26	Radiology	2.13	2.13	\$ 149.10	\$ 149.10
77768 TC	Radiology	8.54	8.54	\$ 597.80	\$ 597.80
77770 00	Radiology	10.13	10.13	\$ 709.10	\$ 709.10
77770 26	Radiology	2.95	2.95	\$ 206.50	\$ 206.50
77770 TC	Radiology	7.18	7.18	\$ 502.60	\$ 502.60
77771 00	Radiology	17.66	17.66	\$ 1,236.20	\$ 1,236.20
77771 26	Radiology	5.76	5.76	\$ 403.20	\$ 403.20
77771 TC	Radiology	11.90	11.90	\$ 833.00	\$ 833.00
77772 00	Radiology	26.41	26.41	\$ 1,848.70	\$ 1,848.70
77772 26	Radiology	8.12	8.12	\$ 568.40	\$ 568.40
77772 TC	Radiology	18.29	18.29	\$ 1,280.30	\$ 1,280.30
77778 00	Radiology	25.80	25.80	\$ 1,806.00	\$ 1,806.00
77778 26	Radiology	13.28	13.28	\$ 929.60	\$ 929.60
77778 TC	Radiology	12.52	12.52	\$ 876.40	\$ 876.40
77789 00	Radiology	3.82	3.82	\$ 267.40	\$ 267.40
77789 26	Radiology	1.74	1.74	\$ 121.80	\$ 121.80
77789 TC	Radiology	2.08	2.08	\$ 145.60	\$ 145.60
77790 00	Radiology	0.45	0.45	\$ 31.50	\$ 31.50
77799 00	Radiology	0.00	0.00	BR	BR

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
77799 26	Radiology	0.00	0.00	BR	BR
77799 TC	Radiology	0.00	0.00	BR	BR
78012 00	Radiology	2.40	2.40	\$ 168.00	\$ 168.00
78012 26	Radiology	0.26	0.26	\$ 18.20	\$ 18.20
78012 TC	Radiology	2.14	2.14	\$ 149.80	\$ 149.80
78013 00	Radiology	5.75	5.75	\$ 402.50	\$ 402.50
78013 26	Radiology	0.51	0.51	\$ 35.70	\$ 35.70
78013 TC	Radiology	5.24	5.24	\$ 366.80	\$ 366.80
78014 00	Radiology	7.03	7.03	\$ 492.10	\$ 492.10
78014 26	Radiology	0.69	0.69	\$ 48.30	\$ 48.30
78014 TC	Radiology	6.34	6.34	\$ 443.80	\$ 443.80
78015 00	Radiology	6.67	6.67	\$ 466.90	\$ 466.90
78015 26	Radiology	0.94	0.94	\$ 65.80	\$ 65.80
78015 TC	Radiology	5.73	5.73	\$ 401.10	\$ 401.10
78016 00	Radiology	8.33	8.33	\$ 583.10	\$ 583.10
78016 26	Radiology	0.97	0.97	\$ 67.90	\$ 67.90
78016 TC	Radiology	7.36	7.36	\$ 515.20	\$ 515.20
78018 00	Radiology	9.23	9.23	\$ 646.10	\$ 646.10
78018 26	Radiology	1.17	1.17	\$ 81.90	\$ 81.90
78018 TC	Radiology	8.06	8.06	\$ 564.20	\$ 564.20
78020 00	Radiology	2.41	2.41	\$ 168.70	\$ 168.70
78020 26	Radiology	0.79	0.79	\$ 55.30	\$ 55.30
78020 TC	Radiology	1.62	1.62	\$ 113.40	\$ 113.40
78070 00	Radiology	8.68	8.68	\$ 607.60	\$ 607.60
78070 26	Radiology	1.11	1.11	\$ 77.70	\$ 77.70
78070 TC	Radiology	7.57	7.57	\$ 529.90	\$ 529.90
78071 00	Radiology	10.36	10.36	\$ 725.20	\$ 725.20
78071 26	Radiology	1.65	1.65	\$ 115.50	\$ 115.50
78071 TC	Radiology	8.71	8.71	\$ 609.70	\$ 609.70
78072 00	Radiology	13.04	13.04	\$ 912.80	\$ 912.80
78072 26	Radiology	2.15	2.15	\$ 150.50	\$ 150.50
78072 TC	Radiology	10.89	10.89	\$ 762.30	\$ 762.30
78075 00	Radiology	13.17	13.17	\$ 921.90	\$ 921.90
78075 26	Radiology	1.05	1.05	\$ 73.50	\$ 73.50
78075 TC	Radiology	12.12	12.12	\$ 848.40	\$ 848.40
78099 00	Radiology	0.00	0.00	BR	BR
78099 26	Radiology	0.00	0.00	BR	BR
78099 TC	Radiology	0.00	0.00	BR	BR
78102 00	Radiology	5.06	5.06	\$ 354.20	\$ 354.20
78102 26	Radiology	0.74	0.74	\$ 51.80	\$ 51.80
78102 TC	Radiology	4.32	4.32	\$ 302.40	\$ 302.40
78103 00	Radiology	6.32	6.32	\$ 442.40	\$ 442.40
78103 26	Radiology	0.98	0.98	\$ 68.60	\$ 68.60
78103 TC	Radiology	5.34	5.34	\$ 373.80	\$ 373.80
78104 00	Radiology	7.32	7.32	\$ 512.40	\$ 512.40
78104 26	Radiology	1.10	1.10	\$ 77.00	\$ 77.00
78104 TC	Radiology	6.22	6.22	\$ 435.40	\$ 435.40
78110 00	Radiology	2.06	2.06	\$ 144.20	\$ 144.20
78110 26	Radiology	0.23	0.23	\$ 16.10	\$ 16.10
78110 TC	Radiology	1.83	1.83	\$ 128.10	\$ 128.10
78111 00	Radiology	2.19	2.19	\$ 153.30	\$ 153.30
78111 26	Radiology	0.27	0.27	\$ 18.90	\$ 18.90
78111 TC	Radiology	1.92	1.92	\$ 134.40	\$ 134.40
78120 00	Radiology	2.11	2.11	\$ 147.70	\$ 147.70
78120 26	Radiology	0.28	0.28	\$ 19.60	\$ 19.60
78120 TC	Radiology	1.83	1.83	\$ 128.10	\$ 128.10
78121 00	Radiology	2.31	2.31	\$ 161.70	\$ 161.70
78121 26	Radiology	0.39	0.39	\$ 27.30	\$ 27.30
78121 TC	Radiology	1.92	1.92	\$ 134.40	\$ 134.40

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
78122 00	Radiology	2.86	2.86	\$ 200.20	\$ 200.20
78122 26	Radiology	0.59	0.59	\$ 41.30	\$ 41.30
78122 TC	Radiology	2.27	2.27	\$ 158.90	\$ 158.90
78130 00	Radiology	3.70	3.70	\$ 259.00	\$ 259.00
78130 26	Radiology	0.73	0.73	\$ 51.10	\$ 51.10
78130 TC	Radiology	2.97	2.97	\$ 207.90	\$ 207.90
78140 00	Radiology	3.29	3.29	\$ 230.30	\$ 230.30
78140 26	Radiology	0.73	0.73	\$ 51.10	\$ 51.10
78140 TC	Radiology	2.56	2.56	\$ 179.20	\$ 179.20
78185 00	Radiology	5.05	5.05	\$ 353.50	\$ 353.50
78185 26	Radiology	0.48	0.48	\$ 33.60	\$ 33.60
78185 TC	Radiology	4.57	4.57	\$ 319.90	\$ 319.90
78191 00	Radiology	3.70	3.70	\$ 259.00	\$ 259.00
78191 26	Radiology	0.73	0.73	\$ 51.10	\$ 51.10
78191 TC	Radiology	2.97	2.97	\$ 207.90	\$ 207.90
78195 00	Radiology	10.42	10.42	\$ 729.40	\$ 729.40
78195 26	Radiology	1.64	1.64	\$ 114.80	\$ 114.80
78195 TC	Radiology	8.78	8.78	\$ 614.60	\$ 614.60
78199 00	Radiology	0.00	0.00	BR	BR
78199 26	Radiology	0.00	0.00	BR	BR
78199 TC	Radiology	0.00	0.00	BR	BR
78201 00	Radiology	5.61	5.61	\$ 392.70	\$ 392.70
78201 26	Radiology	0.60	0.60	\$ 42.00	\$ 42.00
78201 TC	Radiology	5.01	5.01	\$ 350.70	\$ 350.70
78202 00	Radiology	6.16	6.16	\$ 431.20	\$ 431.20
78202 26	Radiology	0.69	0.69	\$ 48.30	\$ 48.30
78202 TC	Radiology	5.47	5.47	\$ 382.90	\$ 382.90
78215 00	Radiology	5.76	5.76	\$ 403.20	\$ 403.20
78215 26	Radiology	0.68	0.68	\$ 47.60	\$ 47.60
78215 TC	Radiology	5.08	5.08	\$ 355.60	\$ 355.60
78216 00	Radiology	3.80	3.80	\$ 266.00	\$ 266.00
78216 26	Radiology	0.77	0.77	\$ 53.90	\$ 53.90
78216 TC	Radiology	3.03	3.03	\$ 212.10	\$ 212.10
78226 00	Radiology	9.63	9.63	\$ 674.10	\$ 674.10
78226 26	Radiology	1.03	1.03	\$ 72.10	\$ 72.10
78226 TC	Radiology	8.60	8.60	\$ 602.00	\$ 602.00
78227 00	Radiology	12.96	12.96	\$ 907.20	\$ 907.20
78227 26	Radiology	1.25	1.25	\$ 87.50	\$ 87.50
78227 TC	Radiology	11.71	11.71	\$ 819.70	\$ 819.70
78230 00	Radiology	5.15	5.15	\$ 360.50	\$ 360.50
78230 26	Radiology	0.63	0.63	\$ 44.10	\$ 44.10
78230 TC	Radiology	4.52	4.52	\$ 316.40	\$ 316.40
78231 00	Radiology	3.12	3.12	\$ 218.40	\$ 218.40
78231 26	Radiology	0.62	0.62	\$ 43.40	\$ 43.40
78231 TC	Radiology	2.50	2.50	\$ 175.00	\$ 175.00
78232 00	Radiology	3.06	3.06	\$ 214.20	\$ 214.20
78232 26	Radiology	0.56	0.56	\$ 39.20	\$ 39.20
78232 TC	Radiology	2.50	2.50	\$ 175.00	\$ 175.00
78258 00	Radiology	6.28	6.28	\$ 439.60	\$ 439.60
78258 26	Radiology	0.98	0.98	\$ 68.60	\$ 68.60
78258 TC	Radiology	5.30	5.30	\$ 371.00	\$ 371.00
78261 00	Radiology	6.03	6.03	\$ 422.10	\$ 422.10
78261 26	Radiology	0.82	0.82	\$ 57.40	\$ 57.40
78261 TC	Radiology	5.21	5.21	\$ 364.70	\$ 364.70
78262 00	Radiology	7.13	7.13	\$ 499.10	\$ 499.10
78262 26	Radiology	0.96	0.96	\$ 67.20	\$ 67.20
78262 TC	Radiology	6.17	6.17	\$ 431.90	\$ 431.90
78264 00	Radiology	9.77	9.77	\$ 683.90	\$ 683.90
78264 26	Radiology	1.10	1.10	\$ 77.00	\$ 77.00

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
78264 TC	Radiology	8.67	8.67	\$ 606.90	\$ 606.90
78265 00	Radiology	11.53	11.53	\$ 807.10	\$ 807.10
78265 26	Radiology	1.35	1.35	\$ 94.50	\$ 94.50
78265 TC	Radiology	10.18	10.18	\$ 712.60	\$ 712.60
78266 00	Radiology	12.80	12.80	\$ 896.00	\$ 896.00
78266 26	Radiology	1.41	1.41	\$ 98.70	\$ 98.70
78266 TC	Radiology	11.39	11.39	\$ 797.30	\$ 797.30
78267 00	Radiology	-	-	\$ 23.80	\$ 23.80
78268 00	Radiology	-	-	\$ 203.70	\$ 203.70
78278 00	Radiology	10.24	10.24	\$ 716.80	\$ 716.80
78278 26	Radiology	1.37	1.37	\$ 95.90	\$ 95.90
78278 TC	Radiology	8.87	8.87	\$ 620.90	\$ 620.90
78282 00	Radiology	-	-	\$ 126.00	\$ 126.00
78282 26	Radiology	0.46	0.46	\$ 32.20	\$ 32.20
78282 TC	Radiology	-	-	\$ 94.50	\$ 94.50
78290 00	Radiology	9.72	9.72	\$ 680.40	\$ 680.40
78290 26	Radiology	0.95	0.95	\$ 66.50	\$ 66.50
78290 TC	Radiology	8.77	8.77	\$ 613.90	\$ 613.90
78291 00	Radiology	7.37	7.37	\$ 515.90	\$ 515.90
78291 26	Radiology	1.19	1.19	\$ 83.30	\$ 83.30
78291 TC	Radiology	6.18	6.18	\$ 432.60	\$ 432.60
78299 00	Radiology	0.00	0.00	BR	BR
78299 26	Radiology	0.00	0.00	BR	BR
78299 TC	Radiology	0.00	0.00	BR	BR
78300 00	Radiology	6.76	6.76	\$ 473.20	\$ 473.20
78300 26	Radiology	0.88	0.88	\$ 61.60	\$ 61.60
78300 TC	Radiology	5.88	5.88	\$ 411.60	\$ 411.60
78305 00	Radiology	8.18	8.18	\$ 572.60	\$ 572.60
78305 26	Radiology	1.15	1.15	\$ 80.50	\$ 80.50
78305 TC	Radiology	7.03	7.03	\$ 492.10	\$ 492.10
78306 00	Radiology	8.80	8.80	\$ 616.00	\$ 616.00
78306 26	Radiology	1.19	1.19	\$ 83.30	\$ 83.30
78306 TC	Radiology	7.61	7.61	\$ 532.70	\$ 532.70
78315 00	Radiology	10.18	10.18	\$ 712.60	\$ 712.60
78315 26	Radiology	1.41	1.41	\$ 98.70	\$ 98.70
78315 TC	Radiology	8.77	8.77	\$ 613.90	\$ 613.90
78350 00	Radiology	0.94	0.94	\$ 65.80	\$ 65.80
78350 26	Radiology	0.32	0.32	\$ 22.40	\$ 22.40
78350 TC	Radiology	0.62	0.62	\$ 43.40	\$ 43.40
78351 00	Radiology	0.44	0.44	\$ 30.80	\$ 30.80
78399 00	Radiology	0.00	0.00	BR	BR
78399 26	Radiology	0.00	0.00	BR	BR
78399 TC	Radiology	0.00	0.00	BR	BR
78414 00	Radiology	-	-	\$ 147.00	\$ 147.00
78414 26	Radiology	0.63	0.63	\$ 44.10	\$ 44.10
78414 TC	Radiology	-	-	\$ 102.90	\$ 102.90
78428 00	Radiology	5.48	5.48	\$ 383.60	\$ 383.60
78428 26	Radiology	1.08	1.08	\$ 75.60	\$ 75.60
78428 TC	Radiology	4.40	4.40	\$ 308.00	\$ 308.00
78429 00	Radiology	-	-	\$ 971.60	\$ 971.60
78429 26	Radiology	2.35	2.35	\$ 164.50	\$ 164.50
78429 TC	Radiology	-	-	\$ 806.40	\$ 806.40
78430 00	Radiology	-	-	\$ 1,115.10	\$ 1,115.10
78430 26	Radiology	2.23	2.23	\$ 156.10	\$ 156.10
78430 TC	Radiology	-	-	\$ 959.00	\$ 959.00
78431 00	Radiology	-	-	\$ 1,309.70	\$ 1,309.70
78431 26	Radiology	2.59	2.59	\$ 181.30	\$ 181.30
78431 TC	Radiology	-	-	\$ 1,126.30	\$ 1,126.30
78432 00	Radiology	-	-	\$ 1,385.30	\$ 1,385.30

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
78432 26	Radiology	2.76	2.76	\$ 193.20	\$ 193.20
78432 TC	Radiology	-	-	\$ 1,191.40	\$ 1,191.40
78433 00	Radiology	-	-	\$ 1,509.90	\$ 1,509.90
78433 26	Radiology	3.00	3.00	\$ 210.00	\$ 210.00
78433 TC	Radiology	-	-	\$ 1,298.50	\$ 1,298.50
78434 00	Radiology	-	-	\$ 434.70	\$ 434.70
78434 26	Radiology	0.87	0.87	\$ 60.90	\$ 60.90
78434 TC	Radiology	-	-	\$ 373.80	\$ 373.80
78445 00	Radiology	6.03	6.03	\$ 422.10	\$ 422.10
78445 26	Radiology	0.72	0.72	\$ 50.40	\$ 50.40
78445 TC	Radiology	5.31	5.31	\$ 371.70	\$ 371.70
78451 00	Radiology	10.01	10.01	\$ 700.70	\$ 700.70
78451 26	Radiology	1.90	1.90	\$ 133.00	\$ 133.00
78451 TC	Radiology	8.11	8.11	\$ 567.70	\$ 567.70
78452 00	Radiology	13.94	13.94	\$ 975.80	\$ 975.80
78452 26	Radiology	2.23	2.23	\$ 156.10	\$ 156.10
78452 TC	Radiology	11.71	11.71	\$ 819.70	\$ 819.70
78453 00	Radiology	8.80	8.80	\$ 616.00	\$ 616.00
78453 26	Radiology	1.39	1.39	\$ 97.30	\$ 97.30
78453 TC	Radiology	7.41	7.41	\$ 518.70	\$ 518.70
78454 00	Radiology	12.73	12.73	\$ 891.10	\$ 891.10
78454 26	Radiology	1.86	1.86	\$ 130.20	\$ 130.20
78454 TC	Radiology	10.87	10.87	\$ 760.90	\$ 760.90
78456 00	Radiology	9.22	9.22	\$ 645.40	\$ 645.40
78456 26	Radiology	1.39	1.39	\$ 97.30	\$ 97.30
78456 TC	Radiology	7.83	7.83	\$ 548.10	\$ 548.10
78457 00	Radiology	5.27	5.27	\$ 368.90	\$ 368.90
78457 26	Radiology	1.08	1.08	\$ 75.60	\$ 75.60
78457 TC	Radiology	4.19	4.19	\$ 293.30	\$ 293.30
78458 00	Radiology	6.04	6.04	\$ 422.80	\$ 422.80
78458 26	Radiology	1.27	1.27	\$ 88.90	\$ 88.90
78458 TC	Radiology	4.77	4.77	\$ 333.90	\$ 333.90
78459 00	Radiology	-	-	\$ 881.30	\$ 881.30
78459 26	Radiology	2.14	2.14	\$ 149.80	\$ 149.80
78459 TC	Radiology	-	-	\$ 731.50	\$ 731.50
78466 00	Radiology	5.82	5.82	\$ 407.40	\$ 407.40
78466 26	Radiology	1.00	1.00	\$ 70.00	\$ 70.00
78466 TC	Radiology	4.82	4.82	\$ 337.40	\$ 337.40
78468 00	Radiology	5.81	5.81	\$ 406.70	\$ 406.70
78468 26	Radiology	1.11	1.11	\$ 77.70	\$ 77.70
78468 TC	Radiology	4.70	4.70	\$ 329.00	\$ 329.00
78469 00	Radiology	6.48	6.48	\$ 453.60	\$ 453.60
78469 26	Radiology	1.28	1.28	\$ 89.60	\$ 89.60
78469 TC	Radiology	5.20	5.20	\$ 364.00	\$ 364.00
78472 00	Radiology	6.70	6.70	\$ 469.00	\$ 469.00
78472 26	Radiology	1.35	1.35	\$ 94.50	\$ 94.50
78472 TC	Radiology	5.35	5.35	\$ 374.50	\$ 374.50
78473 00	Radiology	8.49	8.49	\$ 594.30	\$ 594.30
78473 26	Radiology	2.01	2.01	\$ 140.70	\$ 140.70
78473 TC	Radiology	6.48	6.48	\$ 453.60	\$ 453.60
78481 00	Radiology	5.21	5.21	\$ 364.70	\$ 364.70
78481 26	Radiology	1.36	1.36	\$ 95.20	\$ 95.20
78481 TC	Radiology	3.85	3.85	\$ 269.50	\$ 269.50
78483 00	Radiology	7.12	7.12	\$ 498.40	\$ 498.40
78483 26	Radiology	2.04	2.04	\$ 142.80	\$ 142.80
78483 TC	Radiology	5.08	5.08	\$ 355.60	\$ 355.60
78491 00	Radiology	-	-	\$ 905.80	\$ 905.80
78491 26	Radiology	2.07	2.07	\$ 144.90	\$ 144.90
78491 TC	Radiology	-	-	\$ 760.90	\$ 760.90

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
78492 00	Radiology	-	-	\$ 1,085.00	\$ 1,085.00
78492 26	Radiology	2.45	2.45	\$ 171.50	\$ 171.50
78492 TC	Radiology	-	-	\$ 911.40	\$ 911.40
78494 00	Radiology	6.71	6.71	\$ 469.70	\$ 469.70
78494 26	Radiology	1.65	1.65	\$ 115.50	\$ 115.50
78494 TC	Radiology	5.06	5.06	\$ 354.20	\$ 354.20
78496 00	Radiology	1.25	1.25	\$ 87.50	\$ 87.50
78496 26	Radiology	0.69	0.69	\$ 48.30	\$ 48.30
78496 TC	Radiology	0.56	0.56	\$ 39.20	\$ 39.20
78499 00	Radiology	0.00	0.00	BR	BR
78499 26	Radiology	0.00	0.00	BR	BR
78499 TC	Radiology	0.00	0.00	BR	BR
78579 00	Radiology	5.50	5.50	\$ 385.00	\$ 385.00
78579 26	Radiology	0.67	0.67	\$ 46.90	\$ 46.90
78579 TC	Radiology	4.83	4.83	\$ 338.10	\$ 338.10
78580 00	Radiology	6.96	6.96	\$ 487.20	\$ 487.20
78580 26	Radiology	1.03	1.03	\$ 72.10	\$ 72.10
78580 TC	Radiology	5.93	5.93	\$ 415.10	\$ 415.10
78582 00	Radiology	9.79	9.79	\$ 685.30	\$ 685.30
78582 26	Radiology	1.47	1.47	\$ 102.90	\$ 102.90
78582 TC	Radiology	8.32	8.32	\$ 582.40	\$ 582.40
78597 00	Radiology	5.95	5.95	\$ 416.50	\$ 416.50
78597 26	Radiology	1.01	1.01	\$ 70.70	\$ 70.70
78597 TC	Radiology	4.94	4.94	\$ 345.80	\$ 345.80
78598 00	Radiology	8.94	8.94	\$ 625.80	\$ 625.80
78598 26	Radiology	1.16	1.16	\$ 81.20	\$ 81.20
78598 TC	Radiology	7.78	7.78	\$ 544.60	\$ 544.60
78599 00	Radiology	0.00	0.00	BR	BR
78599 26	Radiology	0.00	0.00	BR	BR
78599 TC	Radiology	0.00	0.00	BR	BR
78600 00	Radiology	5.40	5.40	\$ 378.00	\$ 378.00
78600 26	Radiology	0.62	0.62	\$ 43.40	\$ 43.40
78600 TC	Radiology	4.78	4.78	\$ 334.60	\$ 334.60
78601 00	Radiology	6.35	6.35	\$ 444.50	\$ 444.50
78601 26	Radiology	0.70	0.70	\$ 49.00	\$ 49.00
78601 TC	Radiology	5.65	5.65	\$ 395.50	\$ 395.50
78605 00	Radiology	5.87	5.87	\$ 410.90	\$ 410.90
78605 26	Radiology	0.74	0.74	\$ 51.80	\$ 51.80
78605 TC	Radiology	5.13	5.13	\$ 359.10	\$ 359.10
78606 00	Radiology	9.76	9.76	\$ 683.20	\$ 683.20
78606 26	Radiology	0.90	0.90	\$ 63.00	\$ 63.00
78606 TC	Radiology	8.86	8.86	\$ 620.20	\$ 620.20
78608 00	Radiology	-	-	\$ 1,166.90	\$ 1,166.90
78608 26	Radiology	2.02	2.02	\$ 141.40	\$ 141.40
78608 TC	Radiology	-	-	\$ 1,026.90	\$ 1,026.90
78609 00	Radiology	2.14	2.14	\$ 149.80	\$ 149.80
78609 26	Radiology	2.14	2.14	\$ 149.80	\$ 149.80
78609 TC	Radiology	0.00	0.00	BR	BR
78610 00	Radiology	5.13	5.13	\$ 359.10	\$ 359.10
78610 26	Radiology	0.41	0.41	\$ 28.70	\$ 28.70
78610 TC	Radiology	4.72	4.72	\$ 330.40	\$ 330.40
78630 00	Radiology	9.93	9.93	\$ 695.10	\$ 695.10
78630 26	Radiology	0.95	0.95	\$ 66.50	\$ 66.50
78630 TC	Radiology	8.98	8.98	\$ 628.60	\$ 628.60
78635 00	Radiology	9.94	9.94	\$ 695.80	\$ 695.80
78635 26	Radiology	0.87	0.87	\$ 60.90	\$ 60.90
78635 TC	Radiology	9.07	9.07	\$ 634.90	\$ 634.90
78645 00	Radiology	9.52	9.52	\$ 666.40	\$ 666.40
78645 26	Radiology	0.77	0.77	\$ 53.90	\$ 53.90

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
78645 TC	Radiology	8.75	8.75	\$ 612.50	\$ 612.50
78650 00	Radiology	8.17	8.17	\$ 571.90	\$ 571.90
78650 26	Radiology	0.73	0.73	\$ 51.10	\$ 51.10
78650 TC	Radiology	7.44	7.44	\$ 520.80	\$ 520.80
78660 00	Radiology	5.59	5.59	\$ 391.30	\$ 391.30
78660 26	Radiology	0.76	0.76	\$ 53.20	\$ 53.20
78660 TC	Radiology	4.83	4.83	\$ 338.10	\$ 338.10
78699 00	Radiology	0.00	0.00	BR	BR
78699 26	Radiology	0.00	0.00	BR	BR
78699 TC	Radiology	0.00	0.00	BR	BR
78700 00	Radiology	5.05	5.05	\$ 353.50	\$ 353.50
78700 26	Radiology	0.62	0.62	\$ 43.40	\$ 43.40
78700 TC	Radiology	4.43	4.43	\$ 310.10	\$ 310.10
78701 00	Radiology	6.48	6.48	\$ 453.60	\$ 453.60
78701 26	Radiology	0.68	0.68	\$ 47.60	\$ 47.60
78701 TC	Radiology	5.80	5.80	\$ 406.00	\$ 406.00
78707 00	Radiology	6.80	6.80	\$ 476.00	\$ 476.00
78707 26	Radiology	1.31	1.31	\$ 91.70	\$ 91.70
78707 TC	Radiology	5.49	5.49	\$ 384.30	\$ 384.30
78708 00	Radiology	5.19	5.19	\$ 363.30	\$ 363.30
78708 26	Radiology	1.66	1.66	\$ 116.20	\$ 116.20
78708 TC	Radiology	3.53	3.53	\$ 247.10	\$ 247.10
78709 00	Radiology	10.81	10.81	\$ 756.70	\$ 756.70
78709 26	Radiology	1.92	1.92	\$ 134.40	\$ 134.40
78709 TC	Radiology	8.89	8.89	\$ 622.30	\$ 622.30
78725 00	Radiology	3.31	3.31	\$ 231.70	\$ 231.70
78725 26	Radiology	0.52	0.52	\$ 36.40	\$ 36.40
78725 TC	Radiology	2.79	2.79	\$ 195.30	\$ 195.30
78730 00	Radiology	2.26	2.26	\$ 158.20	\$ 158.20
78730 26	Radiology	0.22	0.22	\$ 15.40	\$ 15.40
78730 TC	Radiology	2.04	2.04	\$ 142.80	\$ 142.80
78740 00	Radiology	6.49	6.49	\$ 454.30	\$ 454.30
78740 26	Radiology	0.78	0.78	\$ 54.60	\$ 54.60
78740 TC	Radiology	5.71	5.71	\$ 399.70	\$ 399.70
78761 00	Radiology	6.23	6.23	\$ 436.10	\$ 436.10
78761 26	Radiology	1.01	1.01	\$ 70.70	\$ 70.70
78761 TC	Radiology	5.22	5.22	\$ 365.40	\$ 365.40
78799 00	Radiology	0.00	0.00	BR	BR
78799 26	Radiology	0.00	0.00	BR	BR
78799 TC	Radiology	0.00	0.00	BR	BR
78800 00	Radiology	7.53	7.53	\$ 527.10	\$ 527.10
78800 26	Radiology	0.91	0.91	\$ 63.70	\$ 63.70
78800 TC	Radiology	6.62	6.62	\$ 463.40	\$ 463.40
78801 00	Radiology	8.31	8.31	\$ 581.70	\$ 581.70
78801 26	Radiology	1.02	1.02	\$ 71.40	\$ 71.40
78801 TC	Radiology	7.29	7.29	\$ 510.30	\$ 510.30
78802 00	Radiology	9.21	9.21	\$ 644.70	\$ 644.70
78802 26	Radiology	1.10	1.10	\$ 77.00	\$ 77.00
78802 TC	Radiology	8.11	8.11	\$ 567.70	\$ 567.70
78803 00	Radiology	11.38	11.38	\$ 796.60	\$ 796.60
78803 26	Radiology	1.47	1.47	\$ 102.90	\$ 102.90
78803 TC	Radiology	9.91	9.91	\$ 693.70	\$ 693.70
78804 00	Radiology	19.42	19.42	\$ 1,359.40	\$ 1,359.40
78804 26	Radiology	1.38	1.38	\$ 96.60	\$ 96.60
78804 TC	Radiology	18.04	18.04	\$ 1,262.80	\$ 1,262.80
78808 00	Radiology	1.19	1.19	\$ 83.30	\$ 83.30
78811 00	Radiology	-	-	\$ 1,219.40	\$ 1,219.40
78811 26	Radiology	2.08	2.08	\$ 145.60	\$ 145.60
78811 TC	Radiology	-	-	\$ 1,073.10	\$ 1,073.10

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
78812 00	Radiology	-	-	\$ 1,522.50	\$ 1,522.50
78812 26	Radiology	2.61	2.61	\$ 182.70	\$ 182.70
78812 TC	Radiology	-	-	\$ 1,339.80	\$ 1,339.80
78813 00	Radiology	-	-	\$ 1,516.90	\$ 1,516.90
78813 26	Radiology	2.62	2.62	\$ 183.40	\$ 183.40
78813 TC	Radiology	-	-	\$ 1,334.90	\$ 1,334.90
78814 00	Radiology	-	-	\$ 1,726.90	\$ 1,726.90
78814 26	Radiology	2.99	2.99	\$ 209.30	\$ 209.30
78814 TC	Radiology	-	-	\$ 1,519.70	\$ 1,519.70
78815 00	Radiology	-	-	\$ 1,942.50	\$ 1,942.50
78815 26	Radiology	3.35	3.35	\$ 234.50	\$ 234.50
78815 TC	Radiology	-	-	\$ 1,709.40	\$ 1,709.40
78816 00	Radiology	-	-	\$ 1,954.40	\$ 1,954.40
78816 26	Radiology	3.37	3.37	\$ 235.90	\$ 235.90
78816 TC	Radiology	-	-	\$ 1,719.90	\$ 1,719.90
78830 00	Radiology	14.46	14.46	\$ 1,012.20	\$ 1,012.20
78830 26	Radiology	2.01	2.01	\$ 140.70	\$ 140.70
78830 TC	Radiology	12.45	12.45	\$ 871.50	\$ 871.50
78831 00	Radiology	20.87	20.87	\$ 1,460.90	\$ 1,460.90
78831 26	Radiology	2.45	2.45	\$ 171.50	\$ 171.50
78831 TC	Radiology	18.42	18.42	\$ 1,289.40	\$ 1,289.40
78832 00	Radiology	27.19	27.19	\$ 1,903.30	\$ 1,903.30
78832 26	Radiology	2.88	2.88	\$ 201.60	\$ 201.60
78832 TC	Radiology	24.31	24.31	\$ 1,701.70	\$ 1,701.70
78835 00	Radiology	3.00	3.00	\$ 210.00	\$ 210.00
78835 26	Radiology	0.63	0.63	\$ 44.10	\$ 44.10
78835 TC	Radiology	2.37	2.37	\$ 165.90	\$ 165.90
78999 00	Radiology	0.00	0.00	BR	BR
78999 26	Radiology	0.00	0.00	BR	BR
78999 TC	Radiology	0.00	0.00	BR	BR
79005 00	Radiology	3.98	3.98	\$ 278.60	\$ 278.60
79005 26	Radiology	2.47	2.47	\$ 172.90	\$ 172.90
79005 TC	Radiology	1.51	1.51	\$ 105.70	\$ 105.70
79101 00	Radiology	4.32	4.32	\$ 302.40	\$ 302.40
79101 26	Radiology	2.76	2.76	\$ 193.20	\$ 193.20
79101 TC	Radiology	1.56	1.56	\$ 109.20	\$ 109.20
79200 00	Radiology	3.95	3.95	\$ 276.50	\$ 276.50
79200 26	Radiology	2.35	2.35	\$ 164.50	\$ 164.50
79200 TC	Radiology	1.60	1.60	\$ 112.00	\$ 112.00
79300 00	Radiology	-	-	\$ 219.10	\$ 219.10
79300 26	Radiology	1.89	1.89	\$ 132.30	\$ 132.30
79300 TC	Radiology	-	-	\$ 87.50	\$ 87.50
79403 00	Radiology	5.43	5.43	\$ 380.10	\$ 380.10
79403 26	Radiology	3.03	3.03	\$ 212.10	\$ 212.10
79403 TC	Radiology	2.40	2.40	\$ 168.00	\$ 168.00
79440 00	Radiology	3.55	3.55	\$ 248.50	\$ 248.50
79440 26	Radiology	2.35	2.35	\$ 164.50	\$ 164.50
79440 TC	Radiology	1.20	1.20	\$ 84.00	\$ 84.00
79445 00	Radiology	-	-	\$ 406.00	\$ 406.00
79445 26	Radiology	3.22	3.22	\$ 225.40	\$ 225.40
79445 TC	Radiology	-	-	\$ 182.70	\$ 182.70
79999 00	Radiology	0.00	0.00	BR	BR
79999 26	Radiology	0.00	0.00	BR	BR
79999 TC	Radiology	0.00	0.00	BR	BR

**Historical Note**

New Appendix A, Radiology Codes 2019-2020 made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A Radiology Codes 2019-2020 will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Radiology Codes 2019-2020 repealed; new Appendix A, Radiology Codes 2020-2021 made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Radiology Codes 2020-2021 repealed; new Appendix A, Radiology Codes 2021-2022 made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3).

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## PATHOLOGY AND LABORATORY GUIDELINES

This Fee Schedule has been updated to incorporate by reference the 2021 Edition of the American Medical Association's *Current Procedural Terminology* (CPT®) publication, including the general guidelines, identifiers, modifiers, and terminology changes associated with the adopted codes. In this Fee Schedule CPT® codes that contain explanatory language specific to Arizona are preceded by Δ. Codes, however, that are unique to Arizona and not otherwise found in CPT® are preceded by an AZ identifier and numbered in the following format: AZxxx. The Industrial Commission has adopted the Clinical Laboratory Fee Schedule (CLAB) used by Medicare to reimburse the majority of pathology and laboratory services (see additional information regarding publications adopted by reference in the Introduction Section of the Fee Schedule).

The following Commission guidelines are in addition to the CPT® guidelines and represent additional guidance from the Commission relative to unit values for these services. To the extent that a conflict may exist between an adopted portion of the CPT® and a code, guideline, identifier or modifier unique to Arizona, then the Arizona code, guideline, identifier or modifier shall control.

A. A healthcare provider seeking reimbursement for presumptive or “point of care” drug testing must submit to the payer written documentation establishing:

1. That the testing is medically necessary and reasonably required;
2. The type of drug testing utilized; and
3. The healthcare provider's interpretation of the “point of care” testing.

For purposes of this section, presumptive or “point of care” testing is testing that is performed at or near the site of patient care (i.e., the healthcare provider's office).

CPT® codes 80305-80307 are used for reporting presumptive drug class screening. Each code represents all drugs and drug classes performed by the respective methodology per date of service.

Healthcare providers performing validity testing on urine specimens utilized for drug testing shall not separately bill the validity testing. For example, if a laboratory performs a urinary pH, specific gravity, creatinine, nitrates, oxidants, or other tests to confirm that a urine specimen is not adulterated, this testing is not separately billed.

Definitive drug testing may be reported with HCPCS codes G0480 - G0483. These codes differ based on the number of drug classes including metabolites tested. Only one code from this group of codes may be reported per date of service. Any request for quantitative or definitive testing requires documentation that qualifies necessity.

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

G0480 – Definitive drug testing 1 – 7 drug class(es) including metabolites(s) if performed

G0481 – Definitive drug testing 8 – 14 drug class(es) including metabolite(s) if performed

G0482 – Definitive drug testing 15 – 21 drug class(es) including metabolites(s) if performed

G0483 – Definitive drug testing 22 or more drug class(es), including metabolite(s) if performed.

U0001 – Laboratory testing for infection of SARS-CoV-2/2019-nCoV (COVID-19). Tests developed by the CDC.

U0002 – Laboratory testing for infection of SARS-CoV2/2019-nCoV (COVID-19). Non-CDC developed tests.

**Historical Note**

New Appendix A, Pathology and Laboratory Guidelines made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Pathology and Laboratory Guidelines will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Pathology and Laboratory Guidelines repealed; new Appendix A, Pathology and Laboratory Guidelines made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Pathology and Laboratory Guidelines repealed; new Appendix A, Pathology and Laboratory Guidelines made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3).

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Pathology Codes 2021 -2022

## Pathology Conversion Factor \$65.00

Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
80047 00	Pathology	0.39	0.39	\$ 25.58	\$ 25.58
80048 00	Pathology	0.24	0.24	\$ 15.76	\$ 15.76
80050 00	Pathology	-	-	\$ 84.50	\$ 84.50
80051 00	Pathology	0.20	0.20	\$ 13.06	\$ 13.06
80053 00	Pathology	0.30	0.30	\$ 19.67	\$ 19.67
80055 00	Pathology	1.37	1.37	\$ 89.06	\$ 89.06
80061 00	Pathology	0.38	0.38	\$ 24.94	\$ 24.94
80069 00	Pathology	0.25	0.25	\$ 16.17	\$ 16.17
80074 00	Pathology	1.37	1.37	\$ 88.73	\$ 88.73
80076 00	Pathology	0.23	0.23	\$ 15.22	\$ 15.22
80081 00	Pathology	2.15	2.15	\$ 139.45	\$ 139.45
80143 00	Pathology	0.53	0.53	\$ 34.72	\$ 34.72
80145 00	Pathology	1.11	1.11	\$ 71.85	\$ 71.85
80150 00	Pathology	0.43	0.43	\$ 28.09	\$ 28.09
80151 00	Pathology	0.53	0.53	\$ 34.72	\$ 34.72
80155 00	Pathology	1.11	1.11	\$ 71.85	\$ 71.85
80156 00	Pathology	0.42	0.42	\$ 27.14	\$ 27.14
80157 00	Pathology	0.38	0.38	\$ 24.68	\$ 24.68
80158 00	Pathology	0.52	0.52	\$ 33.62	\$ 33.62
80159 00	Pathology	0.58	0.58	\$ 37.54	\$ 37.54
80161 00	Pathology	0.53	0.53	\$ 34.72	\$ 34.72
80162 00	Pathology	0.38	0.38	\$ 24.74	\$ 24.74
80163 00	Pathology	0.38	0.38	\$ 24.74	\$ 24.74
80164 00	Pathology	0.39	0.39	\$ 25.22	\$ 25.22
80165 00	Pathology	0.39	0.39	\$ 25.22	\$ 25.22
80167 00	Pathology	0.53	0.53	\$ 34.72	\$ 34.72
80168 00	Pathology	0.47	0.47	\$ 30.44	\$ 30.44
80169 00	Pathology	0.39	0.39	\$ 25.58	\$ 25.58
80170 00	Pathology	0.47	0.47	\$ 30.51	\$ 30.51
80171 00	Pathology	0.62	0.62	\$ 40.37	\$ 40.37
80173 00	Pathology	0.45	0.45	\$ 29.40	\$ 29.40
80175 00	Pathology	0.38	0.38	\$ 24.68	\$ 24.68
80176 00	Pathology	0.42	0.42	\$ 27.37	\$ 27.37
80177 00	Pathology	0.38	0.38	\$ 24.68	\$ 24.68
80178 00	Pathology	0.19	0.19	\$ 12.31	\$ 12.31
80179 00	Pathology	0.53	0.53	\$ 34.72	\$ 34.72
80180 00	Pathology	0.52	0.52	\$ 33.62	\$ 33.62
80181 00	Pathology	0.53	0.53	\$ 34.72	\$ 34.72
80183 00	Pathology	0.38	0.38	\$ 24.68	\$ 24.68
80184 00	Pathology	0.44	0.44	\$ 28.50	\$ 28.50
80185 00	Pathology	0.38	0.38	\$ 24.68	\$ 24.68
80186 00	Pathology	0.39	0.39	\$ 25.63	\$ 25.63
80187 00	Pathology	0.78	0.78	\$ 50.50	\$ 50.50
80188 00	Pathology	0.48	0.48	\$ 30.90	\$ 30.90
80189 00	Pathology	0.78	0.78	\$ 50.50	\$ 50.50
80190 00	Pathology	1.72	1.72	\$ 111.77	\$ 111.77
80192 00	Pathology	0.48	0.48	\$ 31.20	\$ 31.20
80193 00	Pathology	1.11	1.11	\$ 71.85	\$ 71.85
80194 00	Pathology	0.42	0.42	\$ 27.20	\$ 27.20
80195 00	Pathology	0.39	0.39	\$ 25.58	\$ 25.58
80197 00	Pathology	0.39	0.39	\$ 25.58	\$ 25.58
80198 00	Pathology	0.41	0.41	\$ 26.34	\$ 26.34
80199 00	Pathology	0.78	0.78	\$ 50.50	\$ 50.50
80200 00	Pathology	0.46	0.46	\$ 30.05	\$ 30.05
80201 00	Pathology	0.34	0.34	\$ 22.20	\$ 22.20

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
80202 00	Pathology	0.39	0.39	\$ 25.22	\$ 25.22
80203 00	Pathology	0.38	0.38	\$ 24.68	\$ 24.68
80204 00	Pathology	1.11	1.11	\$ 71.85	\$ 71.85
80210 00	Pathology	0.78	0.78	\$ 50.50	\$ 50.50
80230 00	Pathology	1.11	1.11	\$ 71.85	\$ 71.85
80235 00	Pathology	0.78	0.78	\$ 50.50	\$ 50.50
80280 00	Pathology	1.11	1.11	\$ 71.85	\$ 71.85
80285 00	Pathology	0.78	0.78	\$ 50.50	\$ 50.50
80299 00	Pathology	0.53	0.53	\$ 34.72	\$ 34.72
80305 00	Pathology	0.36	0.36	\$ 23.47	\$ 23.47
80306 00	Pathology	0.49	0.49	\$ 31.93	\$ 31.93
80307 00	Pathology	1.78	1.78	\$ 115.76	\$ 115.76
80320 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80321 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80322 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80323 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80324 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80325 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80326 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80327 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80328 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80329 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80330 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80331 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80332 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80333 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80334 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80335 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80336 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80337 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80338 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80339 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80340 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80341 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80342 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80343 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80344 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80345 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80346 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80347 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80348 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80349 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80350 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80351 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80352 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80353 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80354 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80355 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80356 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80357 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80358 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80359 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80360 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80361 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80362 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80363 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80364 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80365 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80366 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
80367 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80368 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80369 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80370 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80371 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80372 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80373 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80374 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80375 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80376 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80377 00	Pathology	0.00	0.00	See G0480-G0483	See G0480-G0483
80400 00	Pathology	0.93	0.93	\$ 60.77	\$ 60.77
80402 00	Pathology	2.49	2.49	\$ 161.99	\$ 161.99
80406 00	Pathology	2.24	2.24	\$ 145.79	\$ 145.79
80408 00	Pathology	3.60	3.60	\$ 233.79	\$ 233.79
80410 00	Pathology	2.30	2.30	\$ 149.72	\$ 149.72
80412 00	Pathology	22.97	22.97	\$ 1,493.28	\$ 1,493.28
80414 00	Pathology	1.48	1.48	\$ 96.20	\$ 96.20
80415 00	Pathology	1.60	1.60	\$ 104.11	\$ 104.11
80416 00	Pathology	6.00	6.00	\$ 389.93	\$ 389.93
80417 00	Pathology	1.26	1.26	\$ 81.95	\$ 81.95
80418 00	Pathology	16.61	16.61	\$ 1,079.47	\$ 1,079.47
80420 00	Pathology	4.64	4.64	\$ 301.56	\$ 301.56
80422 00	Pathology	1.32	1.32	\$ 85.82	\$ 85.82
80424 00	Pathology	1.45	1.45	\$ 94.07	\$ 94.07
80426 00	Pathology	4.25	4.25	\$ 276.46	\$ 276.46
80428 00	Pathology	1.91	1.91	\$ 124.25	\$ 124.25
80430 00	Pathology	3.71	3.71	\$ 240.92	\$ 240.92
80432 00	Pathology	4.75	4.75	\$ 308.50	\$ 308.50
80434 00	Pathology	8.17	8.17	\$ 530.96	\$ 530.96
80435 00	Pathology	2.95	2.95	\$ 191.87	\$ 191.87
80436 00	Pathology	2.61	2.61	\$ 169.82	\$ 169.82
80438 00	Pathology	1.44	1.44	\$ 93.91	\$ 93.91
80439 00	Pathology	1.93	1.93	\$ 125.20	\$ 125.20
80500 00	Pathology	0.64	0.55	\$ 41.60	\$ 35.75
80502 00	Pathology	2.08	1.99	\$ 135.20	\$ 129.35
81000 00	Pathology	0.12	0.12	\$ 7.49	\$ 7.49
81001 00	Pathology	0.09	0.09	\$ 5.91	\$ 5.91
81002 00	Pathology	0.10	0.10	\$ 6.48	\$ 6.48
81003 00	Pathology	0.06	0.06	\$ 4.19	\$ 4.19
81005 00	Pathology	0.06	0.06	\$ 4.04	\$ 4.04
81007 00	Pathology	0.86	0.86	\$ 55.85	\$ 55.85
81015 00	Pathology	0.09	0.09	\$ 5.68	\$ 5.68
81020 00	Pathology	0.13	0.13	\$ 8.76	\$ 8.76
81025 00	Pathology	0.25	0.25	\$ 16.04	\$ 16.04
81050 00	Pathology	0.10	0.10	\$ 6.78	\$ 6.78
81099 00	Pathology	0.00	0.00	BR	BR
81105 00	Pathology	3.50	3.50	\$ 227.68	\$ 227.68
81106 00	Pathology	3.50	3.50	\$ 227.68	\$ 227.68
81107 00	Pathology	3.50	3.50	\$ 227.68	\$ 227.68
81108 00	Pathology	3.50	3.50	\$ 227.68	\$ 227.68
81109 00	Pathology	3.50	3.50	\$ 227.68	\$ 227.68
81110 00	Pathology	3.50	3.50	\$ 227.68	\$ 227.68
81111 00	Pathology	3.50	3.50	\$ 227.68	\$ 227.68
81112 00	Pathology	3.50	3.50	\$ 227.68	\$ 227.68
81120 00	Pathology	5.54	5.54	\$ 359.99	\$ 359.99
81121 00	Pathology	8.48	8.48	\$ 551.01	\$ 551.01
81161 00	Pathology	8.00	8.00	\$ 519.73	\$ 519.73
81162 00	Pathology	52.30	52.30	\$ 3,399.45	\$ 3,399.45

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
81163 00	Pathology	13.41	13.41	\$ 871.81	\$ 871.81
81164 00	Pathology	16.74	16.74	\$ 1,088.32	\$ 1,088.32
81165 00	Pathology	8.11	8.11	\$ 526.96	\$ 526.96
81166 00	Pathology	8.64	8.64	\$ 561.36	\$ 561.36
81167 00	Pathology	8.11	8.11	\$ 526.96	\$ 526.96
81168 00	Pathology	5.94	5.94	\$ 386.18	\$ 386.18
81170 00	Pathology	8.60	8.60	\$ 558.85	\$ 558.85
81171 00	Pathology	3.93	3.93	\$ 255.21	\$ 255.21
81172 00	Pathology	7.88	7.88	\$ 511.96	\$ 511.96
81173 00	Pathology	8.64	8.64	\$ 561.36	\$ 561.36
81174 00	Pathology	5.31	5.31	\$ 345.00	\$ 345.00
81175 00	Pathology	19.39	19.39	\$ 1,260.21	\$ 1,260.21
81176 00	Pathology	6.93	6.93	\$ 450.62	\$ 450.62
81177 00	Pathology	3.93	3.93	\$ 255.21	\$ 255.21
81178 00	Pathology	3.93	3.93	\$ 255.21	\$ 255.21
81179 00	Pathology	3.93	3.93	\$ 255.21	\$ 255.21
81180 00	Pathology	3.93	3.93	\$ 255.21	\$ 255.21
81181 00	Pathology	3.93	3.93	\$ 255.21	\$ 255.21
81182 00	Pathology	3.93	3.93	\$ 255.21	\$ 255.21
81183 00	Pathology	3.93	3.93	\$ 255.21	\$ 255.21
81184 00	Pathology	3.93	3.93	\$ 255.21	\$ 255.21
81185 00	Pathology	24.25	24.25	\$ 1,576.46	\$ 1,576.46
81186 00	Pathology	5.31	5.31	\$ 345.00	\$ 345.00
81187 00	Pathology	3.93	3.93	\$ 255.21	\$ 255.21
81188 00	Pathology	3.93	3.93	\$ 255.21	\$ 255.21
81189 00	Pathology	7.88	7.88	\$ 511.96	\$ 511.96
81190 00	Pathology	5.31	5.31	\$ 345.00	\$ 345.00
81191 00	Pathology	5.94	5.94	\$ 386.18	\$ 386.18
81192 00	Pathology	5.94	5.94	\$ 386.18	\$ 386.18
81193 00	Pathology	5.94	5.94	\$ 386.18	\$ 386.18
81194 00	Pathology	14.85	14.85	\$ 965.47	\$ 965.47
81200 00	Pathology	1.35	1.35	\$ 88.02	\$ 88.02
81201 00	Pathology	22.35	22.35	\$ 1,453.01	\$ 1,453.01
81202 00	Pathology	8.02	8.02	\$ 521.59	\$ 521.59
81203 00	Pathology	5.73	5.73	\$ 372.57	\$ 372.57
81204 00	Pathology	3.93	3.93	\$ 255.21	\$ 255.21
81205 00	Pathology	2.72	2.72	\$ 176.95	\$ 176.95
81206 00	Pathology	4.70	4.70	\$ 305.43	\$ 305.43
81207 00	Pathology	4.15	4.15	\$ 269.81	\$ 269.81
81208 00	Pathology	6.15	6.15	\$ 399.80	\$ 399.80
81209 00	Pathology	1.13	1.13	\$ 73.23	\$ 73.23
81210 00	Pathology	5.03	5.03	\$ 326.74	\$ 326.74
81212 00	Pathology	12.61	12.61	\$ 819.65	\$ 819.65
81215 00	Pathology	10.75	10.75	\$ 699.03	\$ 699.03
81216 00	Pathology	5.31	5.31	\$ 344.85	\$ 344.85
81217 00	Pathology	10.75	10.75	\$ 699.03	\$ 699.03
81218 00	Pathology	6.93	6.93	\$ 450.62	\$ 450.62
81219 00	Pathology	3.49	3.49	\$ 226.58	\$ 226.58
81220 00	Pathology	15.95	15.95	\$ 1,036.85	\$ 1,036.85
81221 00	Pathology	2.79	2.79	\$ 181.10	\$ 181.10
81222 00	Pathology	12.47	12.47	\$ 810.46	\$ 810.46
81223 00	Pathology	14.30	14.30	\$ 929.55	\$ 929.55
81224 00	Pathology	4.84	4.84	\$ 314.35	\$ 314.35
81225 00	Pathology	8.35	8.35	\$ 542.75	\$ 542.75
81226 00	Pathology	12.92	12.92	\$ 839.97	\$ 839.97
81227 00	Pathology	5.01	5.01	\$ 325.64	\$ 325.64
81228 00	Pathology	25.79	25.79	\$ 1,676.55	\$ 1,676.55
81229 00	Pathology	33.24	33.24	\$ 2,160.89	\$ 2,160.89
81230 00	Pathology	5.01	5.01	\$ 325.64	\$ 325.64

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
81231 00	Pathology	5.01	5.01	\$ 325.64	\$ 325.64
81232 00	Pathology	5.01	5.01	\$ 325.64	\$ 325.64
81233 00	Pathology	5.03	5.03	\$ 326.74	\$ 326.74
81234 00	Pathology	3.93	3.93	\$ 255.21	\$ 255.21
81235 00	Pathology	9.30	9.30	\$ 604.64	\$ 604.64
81236 00	Pathology	8.11	8.11	\$ 526.96	\$ 526.96
81237 00	Pathology	5.03	5.03	\$ 326.74	\$ 326.74
81238 00	Pathology	17.20	17.20	\$ 1,117.70	\$ 1,117.70
81239 00	Pathology	7.88	7.88	\$ 511.96	\$ 511.96
81240 00	Pathology	1.88	1.88	\$ 122.37	\$ 122.37
81241 00	Pathology	2.10	2.10	\$ 136.68	\$ 136.68
81242 00	Pathology	1.05	1.05	\$ 68.22	\$ 68.22
81243 00	Pathology	1.63	1.63	\$ 106.26	\$ 106.26
81244 00	Pathology	1.29	1.29	\$ 83.62	\$ 83.62
81245 00	Pathology	4.74	4.74	\$ 308.32	\$ 308.32
81246 00	Pathology	2.38	2.38	\$ 154.62	\$ 154.62
81247 00	Pathology	5.01	5.01	\$ 325.64	\$ 325.64
81248 00	Pathology	10.75	10.75	\$ 699.03	\$ 699.03
81249 00	Pathology	17.20	17.20	\$ 1,117.70	\$ 1,117.70
81250 00	Pathology	1.68	1.68	\$ 108.96	\$ 108.96
81251 00	Pathology	1.35	1.35	\$ 88.02	\$ 88.02
81252 00	Pathology	2.90	2.90	\$ 188.37	\$ 188.37
81253 00	Pathology	1.76	1.76	\$ 114.60	\$ 114.60
81254 00	Pathology	1.00	1.00	\$ 65.20	\$ 65.20
81255 00	Pathology	1.47	1.47	\$ 95.84	\$ 95.84
81256 00	Pathology	1.87	1.87	\$ 121.75	\$ 121.75
81257 00	Pathology	2.93	2.93	\$ 190.49	\$ 190.49
81258 00	Pathology	10.75	10.75	\$ 699.03	\$ 699.03
81259 00	Pathology	17.20	17.20	\$ 1,117.70	\$ 1,117.70
81260 00	Pathology	1.13	1.13	\$ 73.23	\$ 73.23
81261 00	Pathology	5.67	5.67	\$ 368.82	\$ 368.82
81262 00	Pathology	1.96	1.96	\$ 127.70	\$ 127.70
81263 00	Pathology	8.44	8.44	\$ 548.64	\$ 548.64
81264 00	Pathology	4.95	4.95	\$ 321.77	\$ 321.77
81265 00	Pathology	6.68	6.68	\$ 434.17	\$ 434.17
81266 00	Pathology	8.74	8.74	\$ 567.81	\$ 567.81
81267 00	Pathology	5.95	5.95	\$ 386.46	\$ 386.46
81268 00	Pathology	7.47	7.47	\$ 485.81	\$ 485.81
81269 00	Pathology	5.80	5.80	\$ 377.04	\$ 377.04
81270 00	Pathology	2.63	2.63	\$ 170.75	\$ 170.75
81271 00	Pathology	3.93	3.93	\$ 255.21	\$ 255.21
81272 00	Pathology	9.44	9.44	\$ 613.82	\$ 613.82
81273 00	Pathology	3.58	3.58	\$ 232.61	\$ 232.61
81274 00	Pathology	7.88	7.88	\$ 511.96	\$ 511.96
81275 00	Pathology	5.54	5.54	\$ 359.99	\$ 359.99
81276 00	Pathology	5.54	5.54	\$ 359.99	\$ 359.99
81277 00	Pathology	33.24	33.24	\$ 2,160.89	\$ 2,160.89
81278 00	Pathology	5.94	5.94	\$ 386.18	\$ 386.18
81279 00	Pathology	5.31	5.31	\$ 345.00	\$ 345.00
81283 00	Pathology	2.10	2.10	\$ 136.68	\$ 136.68
81284 00	Pathology	3.93	3.93	\$ 255.21	\$ 255.21
81285 00	Pathology	7.88	7.88	\$ 511.96	\$ 511.96
81286 00	Pathology	7.88	7.88	\$ 511.96	\$ 511.96
81287 00	Pathology	3.57	3.57	\$ 232.18	\$ 232.18
81288 00	Pathology	5.51	5.51	\$ 358.26	\$ 358.26
81289 00	Pathology	5.31	5.31	\$ 345.00	\$ 345.00
81290 00	Pathology	1.13	1.13	\$ 73.23	\$ 73.23
81291 00	Pathology	1.87	1.87	\$ 121.72	\$ 121.72
81292 00	Pathology	19.36	19.36	\$ 1,258.16	\$ 1,258.16

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
81293 00	Pathology	9.49	9.49	\$ 616.60	\$ 616.60
81294 00	Pathology	5.80	5.80	\$ 377.04	\$ 377.04
81295 00	Pathology	10.94	10.94	\$ 711.04	\$ 711.04
81296 00	Pathology	9.68	9.68	\$ 629.13	\$ 629.13
81297 00	Pathology	6.11	6.11	\$ 397.34	\$ 397.34
81298 00	Pathology	18.39	18.39	\$ 1,195.66	\$ 1,195.66
81299 00	Pathology	8.83	8.83	\$ 573.75	\$ 573.75
81300 00	Pathology	6.82	6.82	\$ 443.35	\$ 443.35
81301 00	Pathology	9.99	9.99	\$ 649.31	\$ 649.31
81302 00	Pathology	15.13	15.13	\$ 983.33	\$ 983.33
81303 00	Pathology	3.44	3.44	\$ 223.54	\$ 223.54
81304 00	Pathology	4.30	4.30	\$ 279.42	\$ 279.42
81305 00	Pathology	5.03	5.03	\$ 326.74	\$ 326.74
81306 00	Pathology	8.35	8.35	\$ 542.75	\$ 542.75
81307 00	Pathology	19.39	19.39	\$ 1,260.21	\$ 1,260.21
81308 00	Pathology	8.64	8.64	\$ 561.36	\$ 561.36
81309 00	Pathology	7.88	7.88	\$ 511.96	\$ 511.96
81310 00	Pathology	7.07	7.07	\$ 459.23	\$ 459.23
81311 00	Pathology	8.48	8.48	\$ 551.01	\$ 551.01
81312 00	Pathology	3.93	3.93	\$ 255.21	\$ 255.21
81313 00	Pathology	7.31	7.31	\$ 475.12	\$ 475.12
81314 00	Pathology	9.44	9.44	\$ 613.82	\$ 613.82
81315 00	Pathology	5.94	5.94	\$ 386.18	\$ 386.18
81316 00	Pathology	5.94	5.94	\$ 386.18	\$ 386.18
81317 00	Pathology	19.39	19.39	\$ 1,260.21	\$ 1,260.21
81318 00	Pathology	9.49	9.49	\$ 616.60	\$ 616.60
81319 00	Pathology	5.83	5.83	\$ 379.09	\$ 379.09
81320 00	Pathology	8.35	8.35	\$ 542.75	\$ 542.75
81321 00	Pathology	17.20	17.20	\$ 1,117.70	\$ 1,117.70
81322 00	Pathology	1.34	1.34	\$ 86.81	\$ 86.81
81323 00	Pathology	8.60	8.60	\$ 558.85	\$ 558.85
81324 00	Pathology	21.73	21.73	\$ 1,412.70	\$ 1,412.70
81325 00	Pathology	22.06	22.06	\$ 1,433.60	\$ 1,433.60
81326 00	Pathology	1.34	1.34	\$ 86.81	\$ 86.81
81327 00	Pathology	5.50	5.50	\$ 357.66	\$ 357.66
81328 00	Pathology	5.01	5.01	\$ 325.64	\$ 325.64
81329 00	Pathology	3.93	3.93	\$ 255.21	\$ 255.21
81330 00	Pathology	1.35	1.35	\$ 87.55	\$ 87.55
81331 00	Pathology	1.46	1.46	\$ 95.13	\$ 95.13
81332 00	Pathology	1.25	1.25	\$ 81.31	\$ 81.31
81333 00	Pathology	3.93	3.93	\$ 255.21	\$ 255.21
81334 00	Pathology	9.44	9.44	\$ 613.82	\$ 613.82
81335 00	Pathology	5.01	5.01	\$ 325.64	\$ 325.64
81336 00	Pathology	8.64	8.64	\$ 561.36	\$ 561.36
81337 00	Pathology	5.31	5.31	\$ 345.00	\$ 345.00
81338 00	Pathology	4.31	4.31	\$ 280.04	\$ 280.04
81339 00	Pathology	5.31	5.31	\$ 345.00	\$ 345.00
81340 00	Pathology	5.99	5.99	\$ 389.18	\$ 389.18
81341 00	Pathology	1.42	1.42	\$ 92.38	\$ 92.38
81342 00	Pathology	5.77	5.77	\$ 375.36	\$ 375.36
81343 00	Pathology	3.93	3.93	\$ 255.21	\$ 255.21
81344 00	Pathology	3.93	3.93	\$ 255.21	\$ 255.21
81345 00	Pathology	5.31	5.31	\$ 345.00	\$ 345.00
81346 00	Pathology	5.01	5.01	\$ 325.64	\$ 325.64
81347 00	Pathology	5.54	5.54	\$ 359.99	\$ 359.99
81348 00	Pathology	5.03	5.03	\$ 326.74	\$ 326.74
81350 00	Pathology	6.71	6.71	\$ 435.90	\$ 435.90
81351 00	Pathology	18.39	18.39	\$ 1,195.66	\$ 1,195.66
81352 00	Pathology	9.44	9.44	\$ 613.82	\$ 613.82

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
81353 00	Pathology	8.83	8.83	\$ 573.75	\$ 573.75
81355 00	Pathology	2.53	2.53	\$ 164.30	\$ 164.30
81357 00	Pathology	5.54	5.54	\$ 359.99	\$ 359.99
81360 00	Pathology	5.54	5.54	\$ 359.99	\$ 359.99
81361 00	Pathology	5.01	5.01	\$ 325.64	\$ 325.64
81362 00	Pathology	10.75	10.75	\$ 699.03	\$ 699.03
81363 00	Pathology	5.80	5.80	\$ 377.04	\$ 377.04
81364 00	Pathology	9.30	9.30	\$ 604.64	\$ 604.64
81370 00	Pathology	11.52	11.52	\$ 749.08	\$ 749.08
81371 00	Pathology	11.59	11.59	\$ 753.55	\$ 753.55
81372 00	Pathology	11.57	11.57	\$ 751.82	\$ 751.82
81373 00	Pathology	3.65	3.65	\$ 237.38	\$ 237.38
81374 00	Pathology	2.13	2.13	\$ 138.46	\$ 138.46
81375 00	Pathology	6.33	6.33	\$ 411.20	\$ 411.20
81376 00	Pathology	3.50	3.50	\$ 227.68	\$ 227.68
81377 00	Pathology	2.72	2.72	\$ 176.48	\$ 176.48
81378 00	Pathology	9.90	9.90	\$ 643.74	\$ 643.74
81379 00	Pathology	9.61	9.61	\$ 624.76	\$ 624.76
81380 00	Pathology	5.08	5.08	\$ 330.19	\$ 330.19
81381 00	Pathology	4.87	4.87	\$ 316.50	\$ 316.50
81382 00	Pathology	3.54	3.54	\$ 230.40	\$ 230.40
81383 00	Pathology	3.13	3.13	\$ 203.29	\$ 203.29
81400 00	Pathology	1.83	1.83	\$ 119.15	\$ 119.15
81401 00	Pathology	3.93	3.93	\$ 255.21	\$ 255.21
81402 00	Pathology	4.31	4.31	\$ 280.04	\$ 280.04
81403 00	Pathology	5.31	5.31	\$ 345.00	\$ 345.00
81404 00	Pathology	7.88	7.88	\$ 511.96	\$ 511.96
81405 00	Pathology	8.64	8.64	\$ 561.36	\$ 561.36
81406 00	Pathology	8.11	8.11	\$ 526.96	\$ 526.96
81407 00	Pathology	24.25	24.25	\$ 1,576.46	\$ 1,576.46
81408 00	Pathology	57.32	57.32	\$ 3,725.66	\$ 3,725.66
81410 00	Pathology	14.44	14.44	\$ 938.87	\$ 938.87
81411 00	Pathology	38.70	38.70	\$ 2,515.18	\$ 2,515.18
81412 00	Pathology	70.17	70.17	\$ 4,561.26	\$ 4,561.26
81413 00	Pathology	16.76	16.76	\$ 1,089.57	\$ 1,089.57
81414 00	Pathology	16.76	16.76	\$ 1,089.57	\$ 1,089.57
81415 00	Pathology	136.99	136.99	\$ 8,904.34	\$ 8,904.34
81416 00	Pathology	343.91	343.91	\$ 22,353.99	\$ 22,353.99
81417 00	Pathology	9.17	9.17	\$ 596.11	\$ 596.11
81419 00	Pathology	70.17	70.17	\$ 4,561.26	\$ 4,561.26
81420 00	Pathology	21.75	21.75	\$ 1,413.98	\$ 1,413.98
81422 00	Pathology	21.75	21.75	\$ 1,413.98	\$ 1,413.98
81425 00	Pathology	144.19	144.19	\$ 9,372.28	\$ 9,372.28
81426 00	Pathology	77.66	77.66	\$ 5,048.18	\$ 5,048.18
81427 00	Pathology	66.99	66.99	\$ 4,354.65	\$ 4,354.65
81430 00	Pathology	46.57	46.57	\$ 3,027.10	\$ 3,027.10
81431 00	Pathology	19.48	19.48	\$ 1,265.93	\$ 1,265.93
81432 00	Pathology	19.46	19.46	\$ 1,264.96	\$ 1,264.96
81433 00	Pathology	12.58	12.58	\$ 817.65	\$ 817.65
81434 00	Pathology	17.14	17.14	\$ 1,113.81	\$ 1,113.81
81435 00	Pathology	16.76	16.76	\$ 1,089.57	\$ 1,089.57
81436 00	Pathology	16.76	16.76	\$ 1,089.57	\$ 1,089.57
81437 00	Pathology	12.58	12.58	\$ 817.65	\$ 817.65
81438 00	Pathology	12.58	12.58	\$ 817.65	\$ 817.65
81439 00	Pathology	16.76	16.76	\$ 1,089.57	\$ 1,089.57
81440 00	Pathology	95.26	95.26	\$ 6,192.06	\$ 6,192.06
81442 00	Pathology	61.43	61.43	\$ 3,993.17	\$ 3,993.17
81443 00	Pathology	70.17	70.17	\$ 4,561.26	\$ 4,561.26
81445 00	Pathology	17.14	17.14	\$ 1,113.81	\$ 1,113.81

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
81448 00	Pathology	16.76	16.76	\$ 1,089.57	\$ 1,089.57
81450 00	Pathology	21.77	21.77	\$ 1,414.88	\$ 1,414.88
81455 00	Pathology	83.67	83.67	\$ 5,438.73	\$ 5,438.73
81460 00	Pathology	36.88	36.88	\$ 2,397.47	\$ 2,397.47
81465 00	Pathology	26.82	26.82	\$ 1,743.61	\$ 1,743.61
81470 00	Pathology	26.19	26.19	\$ 1,702.63	\$ 1,702.63
81471 00	Pathology	26.19	26.19	\$ 1,702.63	\$ 1,702.63
81479 00	Pathology	0.00	0.00	BR	BR
81490 00	Pathology	24.09	24.09	\$ 1,565.99	\$ 1,565.99
81493 00	Pathology	30.09	30.09	\$ 1,955.97	\$ 1,955.97
81500 00	Pathology	7.47	7.47	\$ 485.27	\$ 485.27
81503 00	Pathology	25.71	25.71	\$ 1,670.96	\$ 1,670.96
81504 00	Pathology	14.90	14.90	\$ 968.67	\$ 968.67
81506 00	Pathology	1.98	1.98	\$ 128.39	\$ 128.39
81507 00	Pathology	22.78	22.78	\$ 1,480.95	\$ 1,480.95
81508 00	Pathology	1.56	1.56	\$ 101.15	\$ 101.15
81509 00	Pathology	42.63	42.63	\$ 2,770.72	\$ 2,770.72
81510 00	Pathology	1.59	1.59	\$ 103.46	\$ 103.46
81511 00	Pathology	4.40	4.40	\$ 285.94	\$ 285.94
81512 00	Pathology	1.99	1.99	\$ 129.50	\$ 129.50
81513 00	Pathology	4.09	4.09	\$ 265.70	\$ 265.70
81514 00	Pathology	7.54	7.54	\$ 489.91	\$ 489.91
81518 00	Pathology	111.00	111.00	\$ 7,214.75	\$ 7,214.75
81519 00	Pathology	111.00	111.00	\$ 7,214.75	\$ 7,214.75
81520 00	Pathology	71.94	71.94	\$ 4,676.10	\$ 4,676.10
81521 00	Pathology	111.00	111.00	\$ 7,214.75	\$ 7,214.75
81522 00	Pathology	111.00	111.00	\$ 7,214.75	\$ 7,214.75
81525 00	Pathology	89.30	89.30	\$ 5,804.59	\$ 5,804.59
81528 00	Pathology	14.58	14.58	\$ 947.94	\$ 947.94
81529 00	Pathology	206.14	206.14	\$ 13,399.35	\$ 13,399.35
81535 00	Pathology	16.61	16.61	\$ 1,079.44	\$ 1,079.44
81536 00	Pathology	5.09	5.09	\$ 330.76	\$ 330.76
81538 00	Pathology	82.28	82.28	\$ 5,348.19	\$ 5,348.19
81539 00	Pathology	21.78	21.78	\$ 1,415.75	\$ 1,415.75
81540 00	Pathology	107.47	107.47	\$ 6,985.62	\$ 6,985.62
81541 00	Pathology	111.00	111.00	\$ 7,214.75	\$ 7,214.75
81542 00	Pathology	111.00	111.00	\$ 7,214.75	\$ 7,214.75
81546 00	Pathology	103.17	103.17	\$ 6,706.20	\$ 6,706.20
81551 00	Pathology	58.18	58.18	\$ 3,781.55	\$ 3,781.55
81552 00	Pathology	222.85	222.85	\$ 14,485.39	\$ 14,485.39
81554 00	Pathology	157.62	157.62	\$ 10,245.58	\$ 10,245.58
81595 00	Pathology	92.86	92.86	\$ 6,035.58	\$ 6,035.58
81596 00	Pathology	2.07	2.07	\$ 134.48	\$ 134.48
81599 00	Pathology	0.00	0.00	BR	BR
82009 00	Pathology	0.13	0.13	\$ 8.42	\$ 8.42
82010 00	Pathology	0.23	0.23	\$ 15.22	\$ 15.22
82013 00	Pathology	0.35	0.35	\$ 22.89	\$ 22.89
82016 00	Pathology	0.47	0.47	\$ 30.72	\$ 30.72
82017 00	Pathology	0.48	0.48	\$ 31.43	\$ 31.43
82024 00	Pathology	1.11	1.11	\$ 71.94	\$ 71.94
82030 00	Pathology	0.74	0.74	\$ 48.06	\$ 48.06
82040 00	Pathology	0.14	0.14	\$ 9.22	\$ 9.22
82042 00	Pathology	0.22	0.22	\$ 14.49	\$ 14.49
82043 00	Pathology	0.17	0.17	\$ 10.77	\$ 10.77
82044 00	Pathology	0.18	0.18	\$ 11.61	\$ 11.61
82045 00	Pathology	0.97	0.97	\$ 63.22	\$ 63.22
82075 00	Pathology	0.86	0.86	\$ 55.88	\$ 55.88
82077 00	Pathology	0.49	0.49	\$ 32.17	\$ 32.17
82085 00	Pathology	0.28	0.28	\$ 18.09	\$ 18.09

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
82088 00	Pathology	1.17	1.17	\$ 75.91	\$ 75.91
82103 00	Pathology	0.39	0.39	\$ 25.04	\$ 25.04
82104 00	Pathology	0.41	0.41	\$ 26.94	\$ 26.94
82105 00	Pathology	0.48	0.48	\$ 31.24	\$ 31.24
82106 00	Pathology	0.49	0.49	\$ 31.67	\$ 31.67
82107 00	Pathology	1.85	1.85	\$ 119.99	\$ 119.99
82108 00	Pathology	0.73	0.73	\$ 47.46	\$ 47.46
82120 00	Pathology	0.17	0.17	\$ 11.16	\$ 11.16
82127 00	Pathology	0.41	0.41	\$ 26.41	\$ 26.41
82128 00	Pathology	0.40	0.40	\$ 25.84	\$ 25.84
82131 00	Pathology	0.66	0.66	\$ 42.81	\$ 42.81
82135 00	Pathology	0.47	0.47	\$ 30.64	\$ 30.64
82136 00	Pathology	0.56	0.56	\$ 36.53	\$ 36.53
82139 00	Pathology	0.48	0.48	\$ 31.43	\$ 31.43
82140 00	Pathology	0.42	0.42	\$ 27.14	\$ 27.14
82143 00	Pathology	0.27	0.27	\$ 17.42	\$ 17.42
82150 00	Pathology	0.19	0.19	\$ 12.07	\$ 12.07
82154 00	Pathology	0.83	0.83	\$ 53.71	\$ 53.71
82157 00	Pathology	0.84	0.84	\$ 54.54	\$ 54.54
82160 00	Pathology	0.73	0.73	\$ 47.60	\$ 47.60
82163 00	Pathology	0.59	0.59	\$ 38.23	\$ 38.23
82164 00	Pathology	0.42	0.42	\$ 27.20	\$ 27.20
82172 00	Pathology	0.60	0.60	\$ 39.29	\$ 39.29
82175 00	Pathology	0.54	0.54	\$ 35.34	\$ 35.34
82180 00	Pathology	0.28	0.28	\$ 18.42	\$ 18.42
82190 00	Pathology	0.46	0.46	\$ 29.62	\$ 29.62
82232 00	Pathology	0.46	0.46	\$ 30.14	\$ 30.14
82239 00	Pathology	0.49	0.49	\$ 31.89	\$ 31.89
82240 00	Pathology	0.76	0.76	\$ 49.51	\$ 49.51
82247 00	Pathology	0.14	0.14	\$ 9.35	\$ 9.35
82248 00	Pathology	0.14	0.14	\$ 9.35	\$ 9.35
82252 00	Pathology	0.13	0.13	\$ 8.49	\$ 8.49
82261 00	Pathology	0.48	0.48	\$ 31.43	\$ 31.43
82270 00	Pathology	0.13	0.13	\$ 8.16	\$ 8.16
82271 00	Pathology	0.15	0.15	\$ 9.91	\$ 9.91
82272 00	Pathology	0.12	0.12	\$ 7.88	\$ 7.88
82274 00	Pathology	0.46	0.46	\$ 29.66	\$ 29.66
82286 00	Pathology	0.15	0.15	\$ 9.61	\$ 9.61
82300 00	Pathology	0.68	0.68	\$ 44.04	\$ 44.04
82306 00	Pathology	0.85	0.85	\$ 55.14	\$ 55.14
82308 00	Pathology	0.77	0.77	\$ 49.91	\$ 49.91
82310 00	Pathology	0.15	0.15	\$ 9.61	\$ 9.61
82330 00	Pathology	0.39	0.39	\$ 25.48	\$ 25.48
82331 00	Pathology	0.38	0.38	\$ 24.85	\$ 24.85
82340 00	Pathology	0.17	0.17	\$ 11.23	\$ 11.23
82355 00	Pathology	0.33	0.33	\$ 21.57	\$ 21.57
82360 00	Pathology	0.37	0.37	\$ 23.97	\$ 23.97
82365 00	Pathology	0.37	0.37	\$ 24.03	\$ 24.03
82370 00	Pathology	0.36	0.36	\$ 23.32	\$ 23.32
82373 00	Pathology	0.52	0.52	\$ 33.64	\$ 33.64
82374 00	Pathology	0.14	0.14	\$ 9.09	\$ 9.09
82375 00	Pathology	0.35	0.35	\$ 22.95	\$ 22.95
82376 00	Pathology	0.40	0.40	\$ 26.21	\$ 26.21
82378 00	Pathology	0.54	0.54	\$ 35.32	\$ 35.32
82379 00	Pathology	0.48	0.48	\$ 31.43	\$ 31.43
82380 00	Pathology	0.26	0.26	\$ 17.18	\$ 17.18
82382 00	Pathology	0.78	0.78	\$ 50.86	\$ 50.86
82383 00	Pathology	0.83	0.83	\$ 54.17	\$ 54.17
82384 00	Pathology	0.72	0.72	\$ 47.04	\$ 47.04

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
82387 00	Pathology	0.52	0.52	\$ 33.64	\$ 33.64
82390 00	Pathology	0.31	0.31	\$ 20.01	\$ 20.01
82397 00	Pathology	0.40	0.40	\$ 26.30	\$ 26.30
82415 00	Pathology	0.36	0.36	\$ 23.60	\$ 23.60
82435 00	Pathology	0.13	0.13	\$ 8.57	\$ 8.57
82436 00	Pathology	0.16	0.16	\$ 10.71	\$ 10.71
82438 00	Pathology	0.14	0.14	\$ 9.31	\$ 9.31
82441 00	Pathology	0.17	0.17	\$ 11.20	\$ 11.20
82465 00	Pathology	0.12	0.12	\$ 8.10	\$ 8.10
82480 00	Pathology	0.23	0.23	\$ 14.66	\$ 14.66
82482 00	Pathology	0.28	0.28	\$ 18.27	\$ 18.27
82485 00	Pathology	0.59	0.59	\$ 38.47	\$ 38.47
82495 00	Pathology	0.58	0.58	\$ 37.78	\$ 37.78
82507 00	Pathology	0.80	0.80	\$ 51.79	\$ 51.79
82523 00	Pathology	0.54	0.54	\$ 34.80	\$ 34.80
82525 00	Pathology	0.36	0.36	\$ 23.12	\$ 23.12
82528 00	Pathology	0.65	0.65	\$ 41.95	\$ 41.95
82530 00	Pathology	0.48	0.48	\$ 31.13	\$ 31.13
82533 00	Pathology	0.47	0.47	\$ 30.36	\$ 30.36
82540 00	Pathology	0.13	0.13	\$ 8.64	\$ 8.64
82542 00	Pathology	0.69	0.69	\$ 44.88	\$ 44.88
82550 00	Pathology	0.19	0.19	\$ 12.13	\$ 12.13
82552 00	Pathology	0.38	0.38	\$ 24.94	\$ 24.94
82553 00	Pathology	0.33	0.33	\$ 21.52	\$ 21.52
82554 00	Pathology	0.34	0.34	\$ 22.11	\$ 22.11
82565 00	Pathology	0.15	0.15	\$ 9.54	\$ 9.54
82570 00	Pathology	0.15	0.15	\$ 9.65	\$ 9.65
82575 00	Pathology	0.27	0.27	\$ 17.62	\$ 17.62
82585 00	Pathology	0.41	0.41	\$ 26.34	\$ 26.34
82595 00	Pathology	0.19	0.19	\$ 12.05	\$ 12.05
82600 00	Pathology	0.56	0.56	\$ 36.14	\$ 36.14
82607 00	Pathology	0.43	0.43	\$ 28.09	\$ 28.09
82608 00	Pathology	0.41	0.41	\$ 26.68	\$ 26.68
82610 00	Pathology	0.53	0.53	\$ 34.50	\$ 34.50
82615 00	Pathology	0.27	0.27	\$ 17.79	\$ 17.79
82626 00	Pathology	0.72	0.72	\$ 47.07	\$ 47.07
82627 00	Pathology	0.64	0.64	\$ 41.41	\$ 41.41
82633 00	Pathology	0.89	0.89	\$ 57.71	\$ 57.71
82634 00	Pathology	0.84	0.84	\$ 54.54	\$ 54.54
82638 00	Pathology	0.35	0.35	\$ 22.82	\$ 22.82
82642 00	Pathology	0.84	0.84	\$ 54.54	\$ 54.54
82652 00	Pathology	1.10	1.10	\$ 71.72	\$ 71.72
82656 00	Pathology	0.33	0.33	\$ 21.48	\$ 21.48
82657 00	Pathology	0.64	0.64	\$ 41.30	\$ 41.30
82658 00	Pathology	1.26	1.26	\$ 82.02	\$ 82.02
82664 00	Pathology	1.76	1.76	\$ 114.56	\$ 114.56
82668 00	Pathology	0.54	0.54	\$ 35.00	\$ 35.00
82670 00	Pathology	0.80	0.80	\$ 52.05	\$ 52.05
82671 00	Pathology	0.93	0.93	\$ 60.17	\$ 60.17
82672 00	Pathology	0.62	0.62	\$ 40.42	\$ 40.42
82677 00	Pathology	0.69	0.69	\$ 45.04	\$ 45.04
82679 00	Pathology	0.72	0.72	\$ 46.48	\$ 46.48
82681 00	Pathology	0.80	0.80	\$ 52.05	\$ 52.05
82693 00	Pathology	0.43	0.43	\$ 27.76	\$ 27.76
82696 00	Pathology	0.75	0.75	\$ 48.88	\$ 48.88
82705 00	Pathology	0.15	0.15	\$ 9.50	\$ 9.50
82710 00	Pathology	0.48	0.48	\$ 31.30	\$ 31.30
82715 00	Pathology	0.66	0.66	\$ 42.79	\$ 42.79
82725 00	Pathology	0.54	0.54	\$ 34.97	\$ 34.97

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
82726 00	Pathology	0.57	0.57	\$ 36.79	\$ 36.79
82728 00	Pathology	0.39	0.39	\$ 25.39	\$ 25.39
82731 00	Pathology	1.85	1.85	\$ 119.99	\$ 119.99
82735 00	Pathology	0.53	0.53	\$ 34.54	\$ 34.54
82746 00	Pathology	0.42	0.42	\$ 27.38	\$ 27.38
82747 00	Pathology	0.51	0.51	\$ 32.88	\$ 32.88
82757 00	Pathology	0.50	0.50	\$ 32.30	\$ 32.30
82759 00	Pathology	0.62	0.62	\$ 40.01	\$ 40.01
82760 00	Pathology	0.32	0.32	\$ 20.86	\$ 20.86
82775 00	Pathology	0.60	0.60	\$ 39.25	\$ 39.25
82776 00	Pathology	0.34	0.34	\$ 21.87	\$ 21.87
82777 00	Pathology	1.27	1.27	\$ 82.43	\$ 82.43
82784 00	Pathology	0.27	0.27	\$ 17.32	\$ 17.32
82785 00	Pathology	0.47	0.47	\$ 30.66	\$ 30.66
82787 00	Pathology	0.23	0.23	\$ 14.94	\$ 14.94
82800 00	Pathology	0.32	0.32	\$ 20.49	\$ 20.49
82803 00	Pathology	0.75	0.75	\$ 48.56	\$ 48.56
82805 00	Pathology	2.26	2.26	\$ 146.74	\$ 146.74
82810 00	Pathology	0.28	0.28	\$ 18.20	\$ 18.20
82820 00	Pathology	0.38	0.38	\$ 24.85	\$ 24.85
82930 00	Pathology	0.19	0.19	\$ 12.50	\$ 12.50
82938 00	Pathology	0.51	0.51	\$ 32.95	\$ 32.95
82941 00	Pathology	0.51	0.51	\$ 32.84	\$ 32.84
82943 00	Pathology	0.41	0.41	\$ 26.62	\$ 26.62
82945 00	Pathology	0.11	0.11	\$ 7.32	\$ 7.32
82946 00	Pathology	0.51	0.51	\$ 33.10	\$ 33.10
82947 00	Pathology	0.11	0.11	\$ 7.32	\$ 7.32
82948 00	Pathology	0.14	0.14	\$ 9.39	\$ 9.39
82950 00	Pathology	0.14	0.14	\$ 8.85	\$ 8.85
82951 00	Pathology	0.37	0.37	\$ 23.97	\$ 23.97
82952 00	Pathology	0.11	0.11	\$ 7.30	\$ 7.30
82955 00	Pathology	0.28	0.28	\$ 18.07	\$ 18.07
82960 00	Pathology	0.17	0.17	\$ 11.27	\$ 11.27
82962 00	Pathology	0.09	0.09	\$ 6.11	\$ 6.11
82963 00	Pathology	0.62	0.62	\$ 40.01	\$ 40.01
82965 00	Pathology	0.38	0.38	\$ 24.50	\$ 24.50
82977 00	Pathology	0.21	0.21	\$ 13.41	\$ 13.41
82978 00	Pathology	0.44	0.44	\$ 28.78	\$ 28.78
82979 00	Pathology	0.27	0.27	\$ 17.59	\$ 17.59
82985 00	Pathology	0.48	0.48	\$ 31.22	\$ 31.22
83001 00	Pathology	0.53	0.53	\$ 34.61	\$ 34.61
83002 00	Pathology	0.53	0.53	\$ 34.50	\$ 34.50
83003 00	Pathology	0.48	0.48	\$ 31.05	\$ 31.05
83006 00	Pathology	2.17	2.17	\$ 140.83	\$ 140.83
83009 00	Pathology	1.93	1.93	\$ 125.48	\$ 125.48
83010 00	Pathology	0.36	0.36	\$ 23.43	\$ 23.43
83012 00	Pathology	0.77	0.77	\$ 50.09	\$ 50.09
83013 00	Pathology	1.93	1.93	\$ 125.48	\$ 125.48
83014 00	Pathology	0.23	0.23	\$ 14.64	\$ 14.64
83015 00	Pathology	0.60	0.60	\$ 39.01	\$ 39.01
83018 00	Pathology	0.63	0.63	\$ 40.91	\$ 40.91
83020 00	Pathology	0.37	0.37	\$ 23.97	\$ 23.97
83020 26	Pathology	0.53	0.53	\$ 34.45	\$ 34.45
83021 00	Pathology	0.52	0.52	\$ 33.64	\$ 33.64
83026 00	Pathology	0.11	0.11	\$ 7.47	\$ 7.47
83030 00	Pathology	0.31	0.31	\$ 20.01	\$ 20.01
83033 00	Pathology	0.23	0.23	\$ 14.90	\$ 14.90
83036 00	Pathology	0.28	0.28	\$ 18.09	\$ 18.09
83037 00	Pathology	0.28	0.28	\$ 18.09	\$ 18.09

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
83045 00	Pathology	0.19	0.19	\$ 12.09	\$ 12.09
83050 00	Pathology	0.24	0.24	\$ 15.28	\$ 15.28
83051 00	Pathology	0.21	0.21	\$ 13.62	\$ 13.62
83060 00	Pathology	0.25	0.25	\$ 16.39	\$ 16.39
83065 00	Pathology	0.26	0.26	\$ 16.77	\$ 16.77
83068 00	Pathology	0.27	0.27	\$ 17.64	\$ 17.64
83069 00	Pathology	0.11	0.11	\$ 7.36	\$ 7.36
83070 00	Pathology	0.14	0.14	\$ 8.85	\$ 8.85
83080 00	Pathology	0.48	0.48	\$ 31.43	\$ 31.43
83088 00	Pathology	0.85	0.85	\$ 55.01	\$ 55.01
83090 00	Pathology	0.51	0.51	\$ 33.38	\$ 33.38
83150 00	Pathology	0.64	0.64	\$ 41.75	\$ 41.75
83491 00	Pathology	0.51	0.51	\$ 33.34	\$ 33.34
83497 00	Pathology	0.37	0.37	\$ 24.03	\$ 24.03
83498 00	Pathology	0.78	0.78	\$ 50.61	\$ 50.61
83500 00	Pathology	0.65	0.65	\$ 42.19	\$ 42.19
83505 00	Pathology	0.70	0.70	\$ 45.27	\$ 45.27
83516 00	Pathology	0.33	0.33	\$ 21.48	\$ 21.48
83518 00	Pathology	0.28	0.28	\$ 17.96	\$ 17.96
83519 00	Pathology	0.53	0.53	\$ 34.28	\$ 34.28
83520 00	Pathology	0.49	0.49	\$ 32.17	\$ 32.17
83525 00	Pathology	0.33	0.33	\$ 21.29	\$ 21.29
83527 00	Pathology	0.37	0.37	\$ 24.12	\$ 24.12
83528 00	Pathology	0.57	0.57	\$ 36.92	\$ 36.92
83540 00	Pathology	0.19	0.19	\$ 12.05	\$ 12.05
83550 00	Pathology	0.25	0.25	\$ 16.28	\$ 16.28
83570 00	Pathology	0.25	0.25	\$ 16.49	\$ 16.49
83582 00	Pathology	0.44	0.44	\$ 28.82	\$ 28.82
83586 00	Pathology	0.37	0.37	\$ 23.84	\$ 23.84
83593 00	Pathology	0.82	0.82	\$ 53.09	\$ 53.09
83605 00	Pathology	0.33	0.33	\$ 21.55	\$ 21.55
83615 00	Pathology	0.17	0.17	\$ 11.25	\$ 11.25
83625 00	Pathology	0.37	0.37	\$ 23.83	\$ 23.83
83630 00	Pathology	0.56	0.56	\$ 36.70	\$ 36.70
83631 00	Pathology	0.56	0.56	\$ 36.57	\$ 36.57
83632 00	Pathology	0.58	0.58	\$ 37.67	\$ 37.67
83633 00	Pathology	0.32	0.32	\$ 20.96	\$ 20.96
83655 00	Pathology	0.35	0.35	\$ 22.56	\$ 22.56
83661 00	Pathology	0.63	0.63	\$ 40.96	\$ 40.96
83662 00	Pathology	0.54	0.54	\$ 35.23	\$ 35.23
83663 00	Pathology	0.54	0.54	\$ 35.23	\$ 35.23
83664 00	Pathology	0.55	0.55	\$ 35.99	\$ 35.99
83670 00	Pathology	0.28	0.28	\$ 18.27	\$ 18.27
83690 00	Pathology	0.20	0.20	\$ 12.83	\$ 12.83
83695 00	Pathology	0.41	0.41	\$ 26.68	\$ 26.68
83698 00	Pathology	1.33	1.33	\$ 86.27	\$ 86.27
83700 00	Pathology	0.32	0.32	\$ 20.98	\$ 20.98
83701 00	Pathology	0.97	0.97	\$ 63.08	\$ 63.08
83704 00	Pathology	0.98	0.98	\$ 63.69	\$ 63.69
83718 00	Pathology	0.23	0.23	\$ 15.26	\$ 15.26
83719 00	Pathology	0.37	0.37	\$ 23.75	\$ 23.75
83721 00	Pathology	0.30	0.30	\$ 19.56	\$ 19.56
83722 00	Pathology	0.98	0.98	\$ 63.69	\$ 63.69
83727 00	Pathology	0.49	0.49	\$ 32.02	\$ 32.02
83735 00	Pathology	0.19	0.19	\$ 12.48	\$ 12.48
83775 00	Pathology	0.21	0.21	\$ 13.73	\$ 13.73
83785 00	Pathology	0.76	0.76	\$ 49.64	\$ 49.64
83789 00	Pathology	0.69	0.69	\$ 44.91	\$ 44.91
83825 00	Pathology	0.47	0.47	\$ 30.29	\$ 30.29

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
83835 00	Pathology	0.49	0.49	\$ 31.56	\$ 31.56
83857 00	Pathology	0.31	0.31	\$ 20.01	\$ 20.01
83861 00	Pathology	0.64	0.64	\$ 41.88	\$ 41.88
83864 00	Pathology	0.82	0.82	\$ 53.09	\$ 53.09
83872 00	Pathology	0.17	0.17	\$ 10.92	\$ 10.92
83873 00	Pathology	0.49	0.49	\$ 32.04	\$ 32.04
83874 00	Pathology	0.37	0.37	\$ 24.07	\$ 24.07
83876 00	Pathology	1.46	1.46	\$ 94.74	\$ 94.74
83880 00	Pathology	1.13	1.13	\$ 73.13	\$ 73.13
83883 00	Pathology	0.39	0.39	\$ 25.33	\$ 25.33
83885 00	Pathology	0.70	0.70	\$ 45.66	\$ 45.66
83915 00	Pathology	0.32	0.32	\$ 20.77	\$ 20.77
83916 00	Pathology	0.78	0.78	\$ 51.02	\$ 51.02
83918 00	Pathology	0.68	0.68	\$ 43.96	\$ 43.96
83919 00	Pathology	0.47	0.47	\$ 30.64	\$ 30.64
83921 00	Pathology	0.61	0.61	\$ 39.51	\$ 39.51
83930 00	Pathology	0.19	0.19	\$ 12.31	\$ 12.31
83935 00	Pathology	0.20	0.20	\$ 12.70	\$ 12.70
83937 00	Pathology	0.86	0.86	\$ 55.61	\$ 55.61
83945 00	Pathology	0.41	0.41	\$ 26.92	\$ 26.92
83950 00	Pathology	1.85	1.85	\$ 119.99	\$ 119.99
83951 00	Pathology	1.85	1.85	\$ 119.99	\$ 119.99
83970 00	Pathology	1.18	1.18	\$ 76.90	\$ 76.90
83986 00	Pathology	0.10	0.10	\$ 6.67	\$ 6.67
83987 00	Pathology	0.10	0.10	\$ 6.67	\$ 6.67
83992 00	Pathology	-	-	\$ 77.35	\$ 77.35
83993 00	Pathology	0.56	0.56	\$ 36.57	\$ 36.57
84030 00	Pathology	0.16	0.16	\$ 10.25	\$ 10.25
84035 00	Pathology	0.11	0.11	\$ 7.41	\$ 7.41
84060 00	Pathology	0.22	0.22	\$ 14.23	\$ 14.23
84066 00	Pathology	0.28	0.28	\$ 17.99	\$ 17.99
84075 00	Pathology	0.15	0.15	\$ 9.65	\$ 9.65
84078 00	Pathology	0.24	0.24	\$ 15.39	\$ 15.39
84080 00	Pathology	0.42	0.42	\$ 27.53	\$ 27.53
84081 00	Pathology	0.47	0.47	\$ 30.77	\$ 30.77
84085 00	Pathology	0.27	0.27	\$ 17.59	\$ 17.59
84087 00	Pathology	0.31	0.31	\$ 19.99	\$ 19.99
84100 00	Pathology	0.14	0.14	\$ 8.83	\$ 8.83
84105 00	Pathology	0.17	0.17	\$ 10.77	\$ 10.77
84106 00	Pathology	0.17	0.17	\$ 10.84	\$ 10.84
84110 00	Pathology	0.24	0.24	\$ 15.72	\$ 15.72
84112 00	Pathology	2.81	2.81	\$ 182.76	\$ 182.76
84119 00	Pathology	0.38	0.38	\$ 24.89	\$ 24.89
84120 00	Pathology	0.42	0.42	\$ 27.40	\$ 27.40
84126 00	Pathology	1.12	1.12	\$ 72.86	\$ 72.86
84132 00	Pathology	0.14	0.14	\$ 8.87	\$ 8.87
84133 00	Pathology	0.14	0.14	\$ 8.81	\$ 8.81
84134 00	Pathology	0.42	0.42	\$ 27.18	\$ 27.18
84135 00	Pathology	0.61	0.61	\$ 39.62	\$ 39.62
84138 00	Pathology	0.60	0.60	\$ 39.21	\$ 39.21
84140 00	Pathology	0.59	0.59	\$ 38.50	\$ 38.50
84143 00	Pathology	0.65	0.65	\$ 42.49	\$ 42.49
84144 00	Pathology	0.60	0.60	\$ 38.86	\$ 38.86
84145 00	Pathology	0.78	0.78	\$ 50.71	\$ 50.71
84146 00	Pathology	0.56	0.56	\$ 36.10	\$ 36.10
84150 00	Pathology	1.20	1.20	\$ 77.81	\$ 77.81
84152 00	Pathology	0.53	0.53	\$ 34.26	\$ 34.26
84153 00	Pathology	0.53	0.53	\$ 34.26	\$ 34.26
84154 00	Pathology	0.53	0.53	\$ 34.26	\$ 34.26

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
84155 00	Pathology	0.11	0.11	\$ 6.84	\$ 6.84
84156 00	Pathology	0.11	0.11	\$ 6.84	\$ 6.84
84157 00	Pathology	0.11	0.11	\$ 7.45	\$ 7.45
84160 00	Pathology	0.16	0.16	\$ 10.45	\$ 10.45
84163 00	Pathology	0.43	0.43	\$ 28.04	\$ 28.04
84165 00	Pathology	0.31	0.31	\$ 20.01	\$ 20.01
84165 26	Pathology	0.53	0.53	\$ 34.45	\$ 34.45
84166 00	Pathology	0.51	0.51	\$ 33.21	\$ 33.21
84166 26	Pathology	0.53	0.53	\$ 34.45	\$ 34.45
84181 00	Pathology	0.49	0.49	\$ 31.72	\$ 31.72
84181 26	Pathology	0.53	0.53	\$ 34.45	\$ 34.45
84182 00	Pathology	0.84	0.84	\$ 54.41	\$ 54.41
84182 26	Pathology	0.53	0.53	\$ 34.45	\$ 34.45
84202 00	Pathology	0.41	0.41	\$ 26.73	\$ 26.73
84203 00	Pathology	0.28	0.28	\$ 18.14	\$ 18.14
84206 00	Pathology	0.76	0.76	\$ 49.72	\$ 49.72
84207 00	Pathology	0.81	0.81	\$ 52.35	\$ 52.35
84210 00	Pathology	0.41	0.41	\$ 26.97	\$ 26.97
84220 00	Pathology	0.27	0.27	\$ 17.59	\$ 17.59
84228 00	Pathology	0.33	0.33	\$ 21.66	\$ 21.66
84233 00	Pathology	2.52	2.52	\$ 163.71	\$ 163.71
84234 00	Pathology	1.86	1.86	\$ 120.86	\$ 120.86
84235 00	Pathology	2.04	2.04	\$ 132.69	\$ 132.69
84238 00	Pathology	1.05	1.05	\$ 68.12	\$ 68.12
84244 00	Pathology	0.63	0.63	\$ 40.96	\$ 40.96
84252 00	Pathology	0.58	0.58	\$ 37.70	\$ 37.70
84255 00	Pathology	0.73	0.73	\$ 47.56	\$ 47.56
84260 00	Pathology	0.89	0.89	\$ 57.71	\$ 57.71
84270 00	Pathology	0.62	0.62	\$ 40.48	\$ 40.48
84275 00	Pathology	0.39	0.39	\$ 25.04	\$ 25.04
84285 00	Pathology	0.72	0.72	\$ 46.96	\$ 46.96
84295 00	Pathology	0.14	0.14	\$ 8.96	\$ 8.96
84300 00	Pathology	0.15	0.15	\$ 9.43	\$ 9.43
84302 00	Pathology	0.14	0.14	\$ 9.05	\$ 9.05
84305 00	Pathology	0.61	0.61	\$ 39.60	\$ 39.60
84307 00	Pathology	0.52	0.52	\$ 34.05	\$ 34.05
84311 00	Pathology	0.23	0.23	\$ 15.09	\$ 15.09
84315 00	Pathology	0.09	0.09	\$ 6.11	\$ 6.11
84375 00	Pathology	1.12	1.12	\$ 72.65	\$ 72.65
84376 00	Pathology	0.16	0.16	\$ 10.25	\$ 10.25
84377 00	Pathology	0.16	0.16	\$ 10.25	\$ 10.25
84378 00	Pathology	0.33	0.33	\$ 21.48	\$ 21.48
84379 00	Pathology	0.33	0.33	\$ 21.48	\$ 21.48
84392 00	Pathology	0.16	0.16	\$ 10.23	\$ 10.23
84402 00	Pathology	0.73	0.73	\$ 47.45	\$ 47.45
84403 00	Pathology	0.74	0.74	\$ 48.08	\$ 48.08
84410 00	Pathology	1.47	1.47	\$ 95.53	\$ 95.53
84425 00	Pathology	0.61	0.61	\$ 39.55	\$ 39.55
84430 00	Pathology	0.33	0.33	\$ 21.66	\$ 21.66
84431 00	Pathology	1.01	1.01	\$ 65.40	\$ 65.40
84432 00	Pathology	0.46	0.46	\$ 29.92	\$ 29.92
84436 00	Pathology	0.20	0.20	\$ 12.80	\$ 12.80
84437 00	Pathology	0.19	0.19	\$ 12.05	\$ 12.05
84439 00	Pathology	0.26	0.26	\$ 16.80	\$ 16.80
84442 00	Pathology	0.42	0.42	\$ 27.53	\$ 27.53
84443 00	Pathology	0.48	0.48	\$ 31.30	\$ 31.30
84445 00	Pathology	1.46	1.46	\$ 94.74	\$ 94.74
84446 00	Pathology	0.41	0.41	\$ 26.41	\$ 26.41
84449 00	Pathology	0.52	0.52	\$ 33.53	\$ 33.53

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
84450 00	Pathology	0.15	0.15	\$ 9.65	\$ 9.65
84460 00	Pathology	0.15	0.15	\$ 9.87	\$ 9.87
84466 00	Pathology	0.37	0.37	\$ 23.77	\$ 23.77
84478 00	Pathology	0.16	0.16	\$ 10.69	\$ 10.69
84479 00	Pathology	0.19	0.19	\$ 12.05	\$ 12.05
84480 00	Pathology	0.41	0.41	\$ 26.41	\$ 26.41
84481 00	Pathology	0.49	0.49	\$ 31.56	\$ 31.56
84482 00	Pathology	0.45	0.45	\$ 29.36	\$ 29.36
84484 00	Pathology	0.36	0.36	\$ 23.23	\$ 23.23
84485 00	Pathology	0.21	0.21	\$ 13.41	\$ 13.41
84488 00	Pathology	0.21	0.21	\$ 13.60	\$ 13.60
84490 00	Pathology	0.28	0.28	\$ 18.50	\$ 18.50
84510 00	Pathology	0.30	0.30	\$ 19.80	\$ 19.80
84512 00	Pathology	0.29	0.29	\$ 18.80	\$ 18.80
84520 00	Pathology	0.11	0.11	\$ 7.36	\$ 7.36
84525 00	Pathology	0.15	0.15	\$ 9.56	\$ 9.56
84540 00	Pathology	0.16	0.16	\$ 10.36	\$ 10.36
84545 00	Pathology	0.21	0.21	\$ 13.41	\$ 13.41
84550 00	Pathology	0.13	0.13	\$ 8.42	\$ 8.42
84560 00	Pathology	0.15	0.15	\$ 9.46	\$ 9.46
84577 00	Pathology	0.48	0.48	\$ 31.30	\$ 31.30
84578 00	Pathology	0.13	0.13	\$ 8.33	\$ 8.33
84580 00	Pathology	0.27	0.27	\$ 17.79	\$ 17.79
84583 00	Pathology	0.17	0.17	\$ 11.27	\$ 11.27
84585 00	Pathology	0.44	0.44	\$ 28.87	\$ 28.87
84586 00	Pathology	1.01	1.01	\$ 65.81	\$ 65.81
84588 00	Pathology	0.97	0.97	\$ 63.22	\$ 63.22
84590 00	Pathology	0.33	0.33	\$ 21.63	\$ 21.63
84591 00	Pathology	0.49	0.49	\$ 31.78	\$ 31.78
84597 00	Pathology	0.39	0.39	\$ 25.56	\$ 25.56
84600 00	Pathology	0.49	0.49	\$ 31.87	\$ 31.87
84620 00	Pathology	0.37	0.37	\$ 24.05	\$ 24.05
84630 00	Pathology	0.33	0.33	\$ 21.22	\$ 21.22
84681 00	Pathology	0.60	0.60	\$ 38.77	\$ 38.77
84702 00	Pathology	0.43	0.43	\$ 28.04	\$ 28.04
84703 00	Pathology	0.22	0.22	\$ 14.01	\$ 14.01
84704 00	Pathology	0.44	0.44	\$ 28.48	\$ 28.48
84830 00	Pathology	0.36	0.36	\$ 23.66	\$ 23.66
84999 00	Pathology	0.00	0.00	BR	BR
85002 00	Pathology	0.14	0.14	\$ 8.98	\$ 8.98
85004 00	Pathology	0.19	0.19	\$ 12.05	\$ 12.05
85007 00	Pathology	0.11	0.11	\$ 7.08	\$ 7.08
85008 00	Pathology	0.10	0.10	\$ 6.39	\$ 6.39
85009 00	Pathology	0.15	0.15	\$ 9.44	\$ 9.44
85013 00	Pathology	0.20	0.20	\$ 13.04	\$ 13.04
85014 00	Pathology	0.07	0.07	\$ 4.41	\$ 4.41
85018 00	Pathology	0.07	0.07	\$ 4.41	\$ 4.41
85025 00	Pathology	0.22	0.22	\$ 14.47	\$ 14.47
85027 00	Pathology	0.19	0.19	\$ 12.05	\$ 12.05
85032 00	Pathology	0.12	0.12	\$ 8.03	\$ 8.03
85041 00	Pathology	0.09	0.09	\$ 5.63	\$ 5.63
85044 00	Pathology	0.12	0.12	\$ 8.03	\$ 8.03
85045 00	Pathology	0.11	0.11	\$ 7.43	\$ 7.43
85046 00	Pathology	0.16	0.16	\$ 10.38	\$ 10.38
85048 00	Pathology	0.07	0.07	\$ 4.73	\$ 4.73
85049 00	Pathology	0.13	0.13	\$ 8.35	\$ 8.35
85055 00	Pathology	1.02	1.02	\$ 66.58	\$ 66.58
85060 00	Pathology	0.71	0.71	\$ 46.15	\$ 46.15
85097 00	Pathology	2.00	1.41	\$ 130.00	\$ 91.65

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
85130 00	Pathology	0.34	0.34	\$ 22.15	\$ 22.15
85170 00	Pathology	0.47	0.47	\$ 30.36	\$ 30.36
85175 00	Pathology	0.58	0.58	\$ 37.95	\$ 37.95
85210 00	Pathology	0.37	0.37	\$ 24.18	\$ 24.18
85220 00	Pathology	0.51	0.51	\$ 32.88	\$ 32.88
85230 00	Pathology	0.51	0.51	\$ 33.34	\$ 33.34
85240 00	Pathology	0.51	0.51	\$ 33.34	\$ 33.34
85244 00	Pathology	0.59	0.59	\$ 38.04	\$ 38.04
85245 00	Pathology	0.66	0.66	\$ 42.73	\$ 42.73
85246 00	Pathology	0.66	0.66	\$ 42.73	\$ 42.73
85247 00	Pathology	0.66	0.66	\$ 42.73	\$ 42.73
85250 00	Pathology	0.55	0.55	\$ 35.47	\$ 35.47
85260 00	Pathology	0.51	0.51	\$ 33.34	\$ 33.34
85270 00	Pathology	0.51	0.51	\$ 33.34	\$ 33.34
85280 00	Pathology	0.55	0.55	\$ 36.05	\$ 36.05
85290 00	Pathology	0.47	0.47	\$ 30.44	\$ 30.44
85291 00	Pathology	0.26	0.26	\$ 16.97	\$ 16.97
85292 00	Pathology	0.54	0.54	\$ 35.26	\$ 35.26
85293 00	Pathology	0.54	0.54	\$ 35.26	\$ 35.26
85300 00	Pathology	0.34	0.34	\$ 22.07	\$ 22.07
85301 00	Pathology	0.31	0.31	\$ 20.14	\$ 20.14
85302 00	Pathology	0.34	0.34	\$ 22.37	\$ 22.37
85303 00	Pathology	0.40	0.40	\$ 25.78	\$ 25.78
85305 00	Pathology	0.33	0.33	\$ 21.63	\$ 21.63
85306 00	Pathology	0.44	0.44	\$ 28.54	\$ 28.54
85307 00	Pathology	0.44	0.44	\$ 28.54	\$ 28.54
85335 00	Pathology	0.37	0.37	\$ 23.97	\$ 23.97
85337 00	Pathology	0.49	0.49	\$ 32.17	\$ 32.17
85345 00	Pathology	0.13	0.13	\$ 8.74	\$ 8.74
85347 00	Pathology	0.12	0.12	\$ 7.97	\$ 7.97
85348 00	Pathology	0.13	0.13	\$ 8.36	\$ 8.36
85360 00	Pathology	0.24	0.24	\$ 15.67	\$ 15.67
85362 00	Pathology	0.20	0.20	\$ 12.83	\$ 12.83
85366 00	Pathology	2.31	2.31	\$ 149.88	\$ 149.88
85370 00	Pathology	0.36	0.36	\$ 23.16	\$ 23.16
85378 00	Pathology	0.28	0.28	\$ 18.11	\$ 18.11
85379 00	Pathology	0.29	0.29	\$ 18.96	\$ 18.96
85380 00	Pathology	0.29	0.29	\$ 18.96	\$ 18.96
85384 00	Pathology	0.28	0.28	\$ 18.11	\$ 18.11
85385 00	Pathology	0.41	0.41	\$ 26.94	\$ 26.94
85390 00	Pathology	0.44	0.44	\$ 28.84	\$ 28.84
85390 26	Pathology	1.08	1.08	\$ 70.20	\$ 70.20
85396 00	Pathology	0.57	0.57	\$ 37.05	\$ 37.05
85397 00	Pathology	0.88	0.88	\$ 57.49	\$ 57.49
85400 00	Pathology	0.22	0.22	\$ 14.36	\$ 14.36
85410 00	Pathology	0.22	0.22	\$ 14.36	\$ 14.36
85415 00	Pathology	0.49	0.49	\$ 32.02	\$ 32.02
85420 00	Pathology	0.19	0.19	\$ 12.16	\$ 12.16
85421 00	Pathology	0.29	0.29	\$ 18.96	\$ 18.96
85441 00	Pathology	0.12	0.12	\$ 7.82	\$ 7.82
85445 00	Pathology	0.20	0.20	\$ 12.70	\$ 12.70
85460 00	Pathology	0.22	0.22	\$ 14.40	\$ 14.40
85461 00	Pathology	0.27	0.27	\$ 17.44	\$ 17.44
85475 00	Pathology	0.25	0.25	\$ 16.52	\$ 16.52
85520 00	Pathology	0.38	0.38	\$ 24.38	\$ 24.38
85525 00	Pathology	0.34	0.34	\$ 22.06	\$ 22.06
85530 00	Pathology	0.38	0.38	\$ 24.38	\$ 24.38
85536 00	Pathology	0.20	0.20	\$ 12.82	\$ 12.82
85540 00	Pathology	0.25	0.25	\$ 16.02	\$ 16.02

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
85547 00	Pathology	0.25	0.25	\$ 16.02	\$ 16.02
85549 00	Pathology	0.54	0.54	\$ 34.93	\$ 34.93
85555 00	Pathology	0.21	0.21	\$ 13.92	\$ 13.92
85557 00	Pathology	0.38	0.38	\$ 24.89	\$ 24.89
85576 00	Pathology	0.71	0.71	\$ 46.40	\$ 46.40
85576 26	Pathology	0.53	0.53	\$ 34.45	\$ 34.45
85597 00	Pathology	0.52	0.52	\$ 33.49	\$ 33.49
85598 00	Pathology	0.52	0.52	\$ 33.49	\$ 33.49
85610 00	Pathology	0.12	0.12	\$ 7.99	\$ 7.99
85611 00	Pathology	0.11	0.11	\$ 7.34	\$ 7.34
85612 00	Pathology	0.50	0.50	\$ 32.58	\$ 32.58
85613 00	Pathology	0.27	0.27	\$ 17.85	\$ 17.85
85635 00	Pathology	0.28	0.28	\$ 18.35	\$ 18.35
85651 00	Pathology	0.12	0.12	\$ 7.95	\$ 7.95
85652 00	Pathology	0.08	0.08	\$ 5.03	\$ 5.03
85660 00	Pathology	0.16	0.16	\$ 10.26	\$ 10.26
85670 00	Pathology	0.17	0.17	\$ 10.75	\$ 10.75
85675 00	Pathology	0.20	0.20	\$ 12.76	\$ 12.76
85705 00	Pathology	0.28	0.28	\$ 17.94	\$ 17.94
85730 00	Pathology	0.17	0.17	\$ 11.20	\$ 11.20
85732 00	Pathology	0.19	0.19	\$ 12.05	\$ 12.05
85810 00	Pathology	0.33	0.33	\$ 21.74	\$ 21.74
85999 00	Pathology	0.00	0.00	BR	BR
86000 00	Pathology	0.20	0.20	\$ 13.00	\$ 13.00
86001 00	Pathology	0.22	0.22	\$ 14.57	\$ 14.57
86003 00	Pathology	0.15	0.15	\$ 9.72	\$ 9.72
86005 00	Pathology	0.23	0.23	\$ 14.85	\$ 14.85
86008 00	Pathology	0.51	0.51	\$ 33.40	\$ 33.40
86021 00	Pathology	0.43	0.43	\$ 28.04	\$ 28.04
86022 00	Pathology	0.53	0.53	\$ 34.22	\$ 34.22
86023 00	Pathology	0.36	0.36	\$ 23.21	\$ 23.21
86038 00	Pathology	0.35	0.35	\$ 22.52	\$ 22.52
86039 00	Pathology	0.32	0.32	\$ 20.79	\$ 20.79
86060 00	Pathology	0.21	0.21	\$ 13.60	\$ 13.60
86063 00	Pathology	0.17	0.17	\$ 10.75	\$ 10.75
86077 00	Pathology	1.56	1.45	\$ 101.40	\$ 94.25
86078 00	Pathology	1.56	1.45	\$ 101.40	\$ 94.25
86079 00	Pathology	1.55	1.44	\$ 100.75	\$ 93.60
86140 00	Pathology	0.15	0.15	\$ 9.65	\$ 9.65
86141 00	Pathology	0.37	0.37	\$ 24.12	\$ 24.12
86146 00	Pathology	0.73	0.73	\$ 47.41	\$ 47.41
86147 00	Pathology	0.73	0.73	\$ 47.41	\$ 47.41
86148 00	Pathology	0.46	0.46	\$ 29.94	\$ 29.94
86152 00	Pathology	7.19	7.19	\$ 467.16	\$ 467.16
86153 26	Pathology	1.00	1.00	\$ 65.00	\$ 65.00
86155 00	Pathology	0.46	0.46	\$ 29.79	\$ 29.79
86156 00	Pathology	0.23	0.23	\$ 15.03	\$ 15.03
86157 00	Pathology	0.23	0.23	\$ 15.01	\$ 15.01
86160 00	Pathology	0.34	0.34	\$ 22.35	\$ 22.35
86161 00	Pathology	0.34	0.34	\$ 22.35	\$ 22.35
86162 00	Pathology	0.58	0.58	\$ 37.85	\$ 37.85
86171 00	Pathology	0.29	0.29	\$ 18.65	\$ 18.65
86200 00	Pathology	0.37	0.37	\$ 24.12	\$ 24.12
86215 00	Pathology	0.38	0.38	\$ 24.68	\$ 24.68
86225 00	Pathology	0.39	0.39	\$ 25.60	\$ 25.60
86226 00	Pathology	0.35	0.35	\$ 22.56	\$ 22.56
86235 00	Pathology	0.51	0.51	\$ 33.40	\$ 33.40
86255 00	Pathology	0.35	0.35	\$ 22.45	\$ 22.45
86255 26	Pathology	0.53	0.53	\$ 34.45	\$ 34.45

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
86256 00	Pathology	0.35	0.35	\$ 22.45	\$ 22.45
86256 26	Pathology	0.53	0.53	\$ 34.45	\$ 34.45
86277 00	Pathology	0.45	0.45	\$ 29.32	\$ 29.32
86280 00	Pathology	0.23	0.23	\$ 15.26	\$ 15.26
86294 00	Pathology	0.73	0.73	\$ 47.63	\$ 47.63
86300 00	Pathology	0.60	0.60	\$ 38.77	\$ 38.77
86301 00	Pathology	0.60	0.60	\$ 38.77	\$ 38.77
86304 00	Pathology	0.60	0.60	\$ 38.77	\$ 38.77
86305 00	Pathology	0.60	0.60	\$ 38.77	\$ 38.77
86308 00	Pathology	0.15	0.15	\$ 9.65	\$ 9.65
86309 00	Pathology	0.19	0.19	\$ 12.05	\$ 12.05
86310 00	Pathology	0.21	0.21	\$ 13.73	\$ 13.73
86316 00	Pathology	0.60	0.60	\$ 38.77	\$ 38.77
86317 00	Pathology	0.43	0.43	\$ 27.92	\$ 27.92
86318 00	Pathology	0.52	0.52	\$ 33.70	\$ 33.70
86320 00	Pathology	0.86	0.86	\$ 55.74	\$ 55.74
86320 26	Pathology	0.53	0.53	\$ 34.45	\$ 34.45
86325 00	Pathology	0.66	0.66	\$ 43.09	\$ 43.09
86325 26	Pathology	0.53	0.53	\$ 34.45	\$ 34.45
86327 00	Pathology	0.86	0.86	\$ 55.74	\$ 55.74
86327 26	Pathology	0.64	0.64	\$ 41.60	\$ 41.60
86328 00	Pathology	-	-	\$ 91.00	\$ 91.00
86329 00	Pathology	0.40	0.40	\$ 26.17	\$ 26.17
86331 00	Pathology	0.34	0.34	\$ 22.32	\$ 22.32
86332 00	Pathology	0.70	0.70	\$ 45.40	\$ 45.40
86334 00	Pathology	0.64	0.64	\$ 41.62	\$ 41.62
86334 26	Pathology	0.53	0.53	\$ 34.45	\$ 34.45
86335 00	Pathology	0.84	0.84	\$ 54.67	\$ 54.67
86335 26	Pathology	0.53	0.53	\$ 34.45	\$ 34.45
86336 00	Pathology	0.45	0.45	\$ 29.04	\$ 29.04
86337 00	Pathology	0.61	0.61	\$ 39.88	\$ 39.88
86340 00	Pathology	0.43	0.43	\$ 28.09	\$ 28.09
86341 00	Pathology	0.68	0.68	\$ 43.91	\$ 43.91
86343 00	Pathology	0.36	0.36	\$ 23.21	\$ 23.21
86344 00	Pathology	0.30	0.30	\$ 19.35	\$ 19.35
86352 00	Pathology	3.89	3.89	\$ 253.08	\$ 253.08
86353 00	Pathology	1.41	1.41	\$ 91.33	\$ 91.33
86355 00	Pathology	1.08	1.08	\$ 70.28	\$ 70.28
86356 00	Pathology	0.77	0.77	\$ 49.89	\$ 49.89
86357 00	Pathology	1.08	1.08	\$ 70.28	\$ 70.28
86359 00	Pathology	1.08	1.08	\$ 70.28	\$ 70.28
86360 00	Pathology	1.35	1.35	\$ 87.52	\$ 87.52
86361 00	Pathology	0.77	0.77	\$ 49.89	\$ 49.89
86367 00	Pathology	2.23	2.23	\$ 144.89	\$ 144.89
86376 00	Pathology	0.42	0.42	\$ 27.10	\$ 27.10
86382 00	Pathology	0.48	0.48	\$ 31.50	\$ 31.50
86384 00	Pathology	0.39	0.39	\$ 25.35	\$ 25.35
86386 00	Pathology	0.62	0.62	\$ 40.57	\$ 40.57
86403 00	Pathology	0.33	0.33	\$ 21.50	\$ 21.50
86406 00	Pathology	0.30	0.30	\$ 19.82	\$ 19.82
86408 00	Pathology	-	-	\$ 84.50	\$ 84.50
86409 00	Pathology	-	-	\$ 211.25	\$ 211.25
86413 00	Pathology	-	-	\$ 84.50	\$ 84.50
86430 00	Pathology	0.18	0.18	\$ 11.44	\$ 11.44
86431 00	Pathology	0.16	0.16	\$ 10.56	\$ 10.56
86480 00	Pathology	1.78	1.78	\$ 115.46	\$ 115.46
86481 00	Pathology	2.87	2.87	\$ 186.28	\$ 186.28
86485 00	Pathology	-	-	\$ 39.00	\$ 39.00
86486 00	Pathology	0.17	0.17	\$ 11.05	\$ 11.05

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
86490 00	Pathology	2.64	2.64	\$ 171.60	\$ 171.60
86510 00	Pathology	0.21	0.21	\$ 13.65	\$ 13.65
86580 00	Pathology	0.29	0.29	\$ 18.85	\$ 18.85
86590 00	Pathology	0.36	0.36	\$ 23.58	\$ 23.58
86592 00	Pathology	0.12	0.12	\$ 7.95	\$ 7.95
86593 00	Pathology	0.13	0.13	\$ 8.20	\$ 8.20
86602 00	Pathology	0.29	0.29	\$ 18.96	\$ 18.96
86603 00	Pathology	0.37	0.37	\$ 23.97	\$ 23.97
86606 00	Pathology	0.43	0.43	\$ 28.04	\$ 28.04
86609 00	Pathology	0.37	0.37	\$ 23.99	\$ 23.99
86611 00	Pathology	0.29	0.29	\$ 18.96	\$ 18.96
86612 00	Pathology	0.37	0.37	\$ 24.03	\$ 24.03
86615 00	Pathology	0.38	0.38	\$ 24.57	\$ 24.57
86617 00	Pathology	0.44	0.44	\$ 28.86	\$ 28.86
86618 00	Pathology	0.49	0.49	\$ 31.72	\$ 31.72
86619 00	Pathology	0.38	0.38	\$ 24.92	\$ 24.92
86622 00	Pathology	0.26	0.26	\$ 16.64	\$ 16.64
86625 00	Pathology	0.38	0.38	\$ 24.44	\$ 24.44
86628 00	Pathology	0.34	0.34	\$ 22.37	\$ 22.37
86631 00	Pathology	0.34	0.34	\$ 22.02	\$ 22.02
86632 00	Pathology	0.36	0.36	\$ 23.62	\$ 23.62
86635 00	Pathology	0.33	0.33	\$ 21.37	\$ 21.37
86638 00	Pathology	0.35	0.35	\$ 22.58	\$ 22.58
86641 00	Pathology	0.41	0.41	\$ 26.84	\$ 26.84
86644 00	Pathology	0.41	0.41	\$ 26.81	\$ 26.81
86645 00	Pathology	0.48	0.48	\$ 31.39	\$ 31.39
86648 00	Pathology	0.44	0.44	\$ 28.33	\$ 28.33
86651 00	Pathology	0.38	0.38	\$ 24.57	\$ 24.57
86652 00	Pathology	0.38	0.38	\$ 24.57	\$ 24.57
86653 00	Pathology	0.38	0.38	\$ 24.57	\$ 24.57
86654 00	Pathology	0.38	0.38	\$ 24.57	\$ 24.57
86658 00	Pathology	0.37	0.37	\$ 24.27	\$ 24.27
86663 00	Pathology	0.38	0.38	\$ 24.44	\$ 24.44
86664 00	Pathology	0.44	0.44	\$ 28.48	\$ 28.48
86665 00	Pathology	0.52	0.52	\$ 33.79	\$ 33.79
86666 00	Pathology	0.29	0.29	\$ 18.96	\$ 18.96
86668 00	Pathology	0.41	0.41	\$ 26.38	\$ 26.38
86671 00	Pathology	0.35	0.35	\$ 22.82	\$ 22.82
86674 00	Pathology	0.42	0.42	\$ 27.42	\$ 27.42
86677 00	Pathology	0.48	0.48	\$ 31.39	\$ 31.39
86682 00	Pathology	0.37	0.37	\$ 24.24	\$ 24.24
86684 00	Pathology	0.45	0.45	\$ 29.51	\$ 29.51
86687 00	Pathology	0.26	0.26	\$ 16.93	\$ 16.93
86688 00	Pathology	0.40	0.40	\$ 26.08	\$ 26.08
86689 00	Pathology	0.55	0.55	\$ 36.05	\$ 36.05
86692 00	Pathology	0.49	0.49	\$ 31.97	\$ 31.97
86694 00	Pathology	0.41	0.41	\$ 26.81	\$ 26.81
86695 00	Pathology	0.38	0.38	\$ 24.57	\$ 24.57
86696 00	Pathology	0.55	0.55	\$ 36.05	\$ 36.05
86698 00	Pathology	0.40	0.40	\$ 25.69	\$ 25.69
86701 00	Pathology	0.25	0.25	\$ 16.56	\$ 16.56
86702 00	Pathology	0.39	0.39	\$ 25.19	\$ 25.19
86703 00	Pathology	0.39	0.39	\$ 25.54	\$ 25.54
86704 00	Pathology	0.35	0.35	\$ 22.45	\$ 22.45
86705 00	Pathology	0.34	0.34	\$ 21.93	\$ 21.93
86706 00	Pathology	0.31	0.31	\$ 20.01	\$ 20.01
86707 00	Pathology	0.33	0.33	\$ 21.55	\$ 21.55
86708 00	Pathology	0.36	0.36	\$ 23.08	\$ 23.08
86709 00	Pathology	0.32	0.32	\$ 20.98	\$ 20.98

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
86710 00	Pathology	0.39	0.39	\$ 25.24	\$ 25.24
86711 00	Pathology	0.48	0.48	\$ 31.46	\$ 31.46
86713 00	Pathology	0.44	0.44	\$ 28.50	\$ 28.50
86717 00	Pathology	0.35	0.35	\$ 22.82	\$ 22.82
86720 00	Pathology	0.46	0.46	\$ 30.18	\$ 30.18
86723 00	Pathology	0.38	0.38	\$ 24.57	\$ 24.57
86727 00	Pathology	0.37	0.37	\$ 23.97	\$ 23.97
86732 00	Pathology	0.43	0.43	\$ 27.94	\$ 27.94
86735 00	Pathology	0.37	0.37	\$ 24.31	\$ 24.31
86738 00	Pathology	0.38	0.38	\$ 24.66	\$ 24.66
86741 00	Pathology	0.38	0.38	\$ 24.57	\$ 24.57
86744 00	Pathology	0.46	0.46	\$ 29.79	\$ 29.79
86747 00	Pathology	0.43	0.43	\$ 28.00	\$ 28.00
86750 00	Pathology	0.38	0.38	\$ 24.57	\$ 24.57
86753 00	Pathology	0.36	0.36	\$ 23.08	\$ 23.08
86756 00	Pathology	0.46	0.46	\$ 29.60	\$ 29.60
86757 00	Pathology	0.55	0.55	\$ 36.05	\$ 36.05
86759 00	Pathology	0.52	0.52	\$ 33.96	\$ 33.96
86762 00	Pathology	0.41	0.41	\$ 26.81	\$ 26.81
86765 00	Pathology	0.37	0.37	\$ 23.99	\$ 23.99
86768 00	Pathology	0.38	0.38	\$ 24.57	\$ 24.57
86769 00	Pathology	-	-	\$ 84.50	\$ 84.50
86771 00	Pathology	0.70	0.70	\$ 45.60	\$ 45.60
86774 00	Pathology	0.42	0.42	\$ 27.57	\$ 27.57
86777 00	Pathology	0.41	0.41	\$ 26.81	\$ 26.81
86778 00	Pathology	0.41	0.41	\$ 26.84	\$ 26.84
86780 00	Pathology	0.38	0.38	\$ 24.66	\$ 24.66
86784 00	Pathology	0.36	0.36	\$ 23.40	\$ 23.40
86787 00	Pathology	0.37	0.37	\$ 23.99	\$ 23.99
86788 00	Pathology	0.48	0.48	\$ 31.39	\$ 31.39
86789 00	Pathology	0.41	0.41	\$ 26.81	\$ 26.81
86790 00	Pathology	0.37	0.37	\$ 23.99	\$ 23.99
86793 00	Pathology	0.38	0.38	\$ 24.57	\$ 24.57
86794 00	Pathology	0.48	0.48	\$ 31.39	\$ 31.39
86800 00	Pathology	0.46	0.46	\$ 29.64	\$ 29.64
86803 00	Pathology	0.41	0.41	\$ 26.58	\$ 26.58
86804 00	Pathology	0.44	0.44	\$ 28.86	\$ 28.86
86805 00	Pathology	5.43	5.43	\$ 353.03	\$ 353.03
86806 00	Pathology	1.36	1.36	\$ 88.65	\$ 88.65
86807 00	Pathology	2.25	2.25	\$ 146.51	\$ 146.51
86808 00	Pathology	0.85	0.85	\$ 55.29	\$ 55.29
86812 00	Pathology	0.74	0.74	\$ 48.08	\$ 48.08
86813 00	Pathology	1.66	1.66	\$ 108.04	\$ 108.04
86816 00	Pathology	0.86	0.86	\$ 56.20	\$ 56.20
86817 00	Pathology	3.04	3.04	\$ 197.72	\$ 197.72
86821 00	Pathology	1.05	1.05	\$ 68.11	\$ 68.11
86825 00	Pathology	3.14	3.14	\$ 203.96	\$ 203.96
86826 00	Pathology	1.05	1.05	\$ 68.05	\$ 68.05
86828 00	Pathology	1.84	1.84	\$ 119.58	\$ 119.58
86829 00	Pathology	1.84	1.84	\$ 119.58	\$ 119.58
86830 00	Pathology	2.74	2.74	\$ 177.94	\$ 177.94
86831 00	Pathology	2.35	2.35	\$ 152.53	\$ 152.53
86832 00	Pathology	9.28	9.28	\$ 603.09	\$ 603.09
86833 00	Pathology	9.34	9.34	\$ 606.91	\$ 606.91
86834 00	Pathology	10.25	10.25	\$ 666.07	\$ 666.07
86835 00	Pathology	9.26	9.26	\$ 601.62	\$ 601.62
86849 00	Pathology	0.00	0.00	BR	BR
86850 00	Pathology	0.28	0.28	\$ 18.20	\$ 18.20
86860 00	Pathology	-	-	\$ 61.75	\$ 61.75

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
86870 00	Pathology	-	-	\$ 85.15	\$ 85.15
86880 00	Pathology	0.15	0.15	\$ 10.04	\$ 10.04
86885 00	Pathology	0.16	0.16	\$ 10.66	\$ 10.66
86886 00	Pathology	0.15	0.15	\$ 9.65	\$ 9.65
86890 00	Pathology	-	-	\$ 195.00	\$ 195.00
86891 00	Pathology	-	-	\$ 275.60	\$ 275.60
86900 00	Pathology	0.09	0.09	\$ 5.57	\$ 5.57
86901 00	Pathology	0.09	0.09	\$ 5.57	\$ 5.57
86902 00	Pathology	0.18	0.18	\$ 11.83	\$ 11.83
86904 00	Pathology	0.47	0.47	\$ 30.44	\$ 30.44
86905 00	Pathology	0.11	0.11	\$ 7.13	\$ 7.13
86906 00	Pathology	0.22	0.22	\$ 14.44	\$ 14.44
86910 00	Pathology	-	-	\$ 50.70	\$ 50.70
86911 00	Pathology	-	-	\$ 43.55	\$ 43.55
86920 00	Pathology	-	-	\$ 68.90	\$ 68.90
86921 00	Pathology	-	-	\$ 61.75	\$ 61.75
86922 00	Pathology	-	-	\$ 73.45	\$ 73.45
86923 00	Pathology	-	-	\$ 55.25	\$ 55.25
86927 00	Pathology	-	-	\$ 39.00	\$ 39.00
86930 00	Pathology	-	-	\$ 229.45	\$ 229.45
86931 00	Pathology	-	-	\$ 172.25	\$ 172.25
86932 00	Pathology	-	-	\$ 195.00	\$ 195.00
86940 00	Pathology	0.25	0.25	\$ 16.34	\$ 16.34
86941 00	Pathology	0.35	0.35	\$ 22.56	\$ 22.56
86945 00	Pathology	-	-	\$ 57.20	\$ 57.20
86950 00	Pathology	-	-	\$ 148.85	\$ 148.85
86960 00	Pathology	-	-	\$ 64.35	\$ 64.35
86965 00	Pathology	-	-	\$ 64.35	\$ 64.35
86970 00	Pathology	-	-	\$ 57.20	\$ 57.20
86971 00	Pathology	-	-	\$ 46.15	\$ 46.15
86972 00	Pathology	-	-	\$ 80.60	\$ 80.60
86975 00	Pathology	-	-	\$ 61.75	\$ 61.75
86976 00	Pathology	-	-	\$ 68.90	\$ 68.90
86977 00	Pathology	-	-	\$ 68.90	\$ 68.90
86978 00	Pathology	-	-	\$ 68.90	\$ 68.90
86985 00	Pathology	-	-	\$ 50.70	\$ 50.70
86999 00	Pathology	0.00	0.00	BR	BR
87003 00	Pathology	0.48	0.48	\$ 31.37	\$ 31.37
87015 00	Pathology	0.19	0.19	\$ 12.44	\$ 12.44
87040 00	Pathology	0.30	0.30	\$ 19.22	\$ 19.22
87045 00	Pathology	0.27	0.27	\$ 17.59	\$ 17.59
87046 00	Pathology	0.27	0.27	\$ 17.59	\$ 17.59
87070 00	Pathology	0.25	0.25	\$ 16.06	\$ 16.06
87071 00	Pathology	0.28	0.28	\$ 18.42	\$ 18.42
87073 00	Pathology	0.28	0.28	\$ 17.99	\$ 17.99
87075 00	Pathology	0.27	0.27	\$ 17.64	\$ 17.64
87076 00	Pathology	0.23	0.23	\$ 15.05	\$ 15.05
87077 00	Pathology	0.23	0.23	\$ 15.05	\$ 15.05
87081 00	Pathology	0.19	0.19	\$ 12.35	\$ 12.35
87084 00	Pathology	0.78	0.78	\$ 50.43	\$ 50.43
87086 00	Pathology	0.23	0.23	\$ 15.03	\$ 15.03
87088 00	Pathology	0.23	0.23	\$ 15.07	\$ 15.07
87101 00	Pathology	0.22	0.22	\$ 14.36	\$ 14.36
87102 00	Pathology	0.24	0.24	\$ 15.67	\$ 15.67
87103 00	Pathology	0.59	0.59	\$ 38.11	\$ 38.11
87106 00	Pathology	0.30	0.30	\$ 19.22	\$ 19.22
87107 00	Pathology	0.30	0.30	\$ 19.22	\$ 19.22
87109 00	Pathology	0.44	0.44	\$ 28.67	\$ 28.67
87110 00	Pathology	0.56	0.56	\$ 36.51	\$ 36.51

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
87116 00	Pathology	0.31	0.31	\$ 20.12	\$ 20.12
87118 00	Pathology	0.42	0.42	\$ 27.22	\$ 27.22
87140 00	Pathology	0.16	0.16	\$ 10.38	\$ 10.38
87143 00	Pathology	0.36	0.36	\$ 23.32	\$ 23.32
87147 00	Pathology	0.15	0.15	\$ 9.65	\$ 9.65
87149 00	Pathology	0.57	0.57	\$ 37.35	\$ 37.35
87150 00	Pathology	1.01	1.01	\$ 65.37	\$ 65.37
87152 00	Pathology	0.22	0.22	\$ 14.42	\$ 14.42
87153 00	Pathology	3.31	3.31	\$ 214.90	\$ 214.90
87158 00	Pathology	0.22	0.22	\$ 14.42	\$ 14.42
87164 00	Pathology	0.31	0.31	\$ 20.01	\$ 20.01
87164 26	Pathology	0.56	0.56	\$ 36.40	\$ 36.40
87166 00	Pathology	0.32	0.32	\$ 21.05	\$ 21.05
87168 00	Pathology	0.12	0.12	\$ 7.95	\$ 7.95
87169 00	Pathology	0.12	0.12	\$ 8.03	\$ 8.03
87172 00	Pathology	0.12	0.12	\$ 7.95	\$ 7.95
87176 00	Pathology	0.17	0.17	\$ 10.95	\$ 10.95
87177 00	Pathology	0.26	0.26	\$ 16.58	\$ 16.58
87181 00	Pathology	0.14	0.14	\$ 8.85	\$ 8.85
87184 00	Pathology	0.21	0.21	\$ 13.93	\$ 13.93
87185 00	Pathology	0.14	0.14	\$ 8.85	\$ 8.85
87186 00	Pathology	0.25	0.25	\$ 16.11	\$ 16.11
87187 00	Pathology	1.15	1.15	\$ 74.83	\$ 74.83
87188 00	Pathology	0.19	0.19	\$ 12.37	\$ 12.37
87190 00	Pathology	0.21	0.21	\$ 13.62	\$ 13.62
87197 00	Pathology	0.43	0.43	\$ 27.98	\$ 27.98
87205 00	Pathology	0.12	0.12	\$ 7.95	\$ 7.95
87206 00	Pathology	0.15	0.15	\$ 10.04	\$ 10.04
87207 00	Pathology	0.17	0.17	\$ 11.16	\$ 11.16
87207 26	Pathology	0.53	0.53	\$ 34.45	\$ 34.45
87209 00	Pathology	0.52	0.52	\$ 33.49	\$ 33.49
87210 00	Pathology	0.17	0.17	\$ 10.84	\$ 10.84
87220 00	Pathology	0.12	0.12	\$ 7.95	\$ 7.95
87230 00	Pathology	0.57	0.57	\$ 36.77	\$ 36.77
87250 00	Pathology	0.56	0.56	\$ 36.44	\$ 36.44
87252 00	Pathology	0.75	0.75	\$ 48.56	\$ 48.56
87253 00	Pathology	0.58	0.58	\$ 37.63	\$ 37.63
87254 00	Pathology	0.56	0.56	\$ 36.44	\$ 36.44
87255 00	Pathology	0.97	0.97	\$ 63.08	\$ 63.08
87260 00	Pathology	0.41	0.41	\$ 26.88	\$ 26.88
87265 00	Pathology	0.34	0.34	\$ 22.32	\$ 22.32
87267 00	Pathology	0.38	0.38	\$ 25.00	\$ 25.00
87269 00	Pathology	0.39	0.39	\$ 25.35	\$ 25.35
87270 00	Pathology	0.34	0.34	\$ 22.32	\$ 22.32
87271 00	Pathology	0.38	0.38	\$ 25.00	\$ 25.00
87272 00	Pathology	0.34	0.34	\$ 22.32	\$ 22.32
87273 00	Pathology	0.34	0.34	\$ 22.32	\$ 22.32
87274 00	Pathology	0.34	0.34	\$ 22.32	\$ 22.32
87275 00	Pathology	0.35	0.35	\$ 22.82	\$ 22.82
87276 00	Pathology	0.46	0.46	\$ 29.94	\$ 29.94
87278 00	Pathology	0.45	0.45	\$ 29.06	\$ 29.06
87279 00	Pathology	0.47	0.47	\$ 30.61	\$ 30.61
87280 00	Pathology	0.38	0.38	\$ 25.00	\$ 25.00
87281 00	Pathology	0.34	0.34	\$ 22.32	\$ 22.32
87283 00	Pathology	1.74	1.74	\$ 113.26	\$ 113.26
87285 00	Pathology	0.35	0.35	\$ 22.69	\$ 22.69
87290 00	Pathology	0.38	0.38	\$ 25.00	\$ 25.00
87299 00	Pathology	0.46	0.46	\$ 29.99	\$ 29.99
87300 00	Pathology	0.34	0.34	\$ 22.32	\$ 22.32

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
87301 00	Pathology	0.34	0.34	\$ 22.32	\$ 22.32
87305 00	Pathology	0.34	0.34	\$ 22.32	\$ 22.32
87320 00	Pathology	0.43	0.43	\$ 27.94	\$ 27.94
87324 00	Pathology	0.34	0.34	\$ 22.32	\$ 22.32
87327 00	Pathology	0.38	0.38	\$ 25.00	\$ 25.00
87328 00	Pathology	0.40	0.40	\$ 25.74	\$ 25.74
87329 00	Pathology	0.34	0.34	\$ 22.32	\$ 22.32
87332 00	Pathology	0.34	0.34	\$ 22.32	\$ 22.32
87335 00	Pathology	0.36	0.36	\$ 23.58	\$ 23.58
87336 00	Pathology	0.46	0.46	\$ 29.81	\$ 29.81
87337 00	Pathology	0.34	0.34	\$ 22.32	\$ 22.32
87338 00	Pathology	0.41	0.41	\$ 26.79	\$ 26.79
87339 00	Pathology	0.46	0.46	\$ 29.81	\$ 29.81
87340 00	Pathology	0.30	0.30	\$ 19.24	\$ 19.24
87341 00	Pathology	0.30	0.30	\$ 19.24	\$ 19.24
87350 00	Pathology	0.33	0.33	\$ 21.48	\$ 21.48
87380 00	Pathology	0.53	0.53	\$ 34.20	\$ 34.20
87385 00	Pathology	0.38	0.38	\$ 24.68	\$ 24.68
87389 00	Pathology	0.69	0.69	\$ 44.86	\$ 44.86
87390 00	Pathology	0.69	0.69	\$ 44.82	\$ 44.82
87391 00	Pathology	0.63	0.63	\$ 40.80	\$ 40.80
87400 00	Pathology	0.40	0.40	\$ 26.32	\$ 26.32
87420 00	Pathology	0.40	0.40	\$ 25.91	\$ 25.91
87425 00	Pathology	0.34	0.34	\$ 22.32	\$ 22.32
87426 00	Pathology	-	-	\$ 91.00	\$ 91.00
87427 00	Pathology	0.34	0.34	\$ 22.32	\$ 22.32
87428 00	Pathology	-	-	\$ 147.55	\$ 147.55
87430 00	Pathology	0.48	0.48	\$ 31.31	\$ 31.31
87449 00	Pathology	0.34	0.34	\$ 22.32	\$ 22.32
87451 00	Pathology	0.30	0.30	\$ 19.58	\$ 19.58
87471 00	Pathology	1.01	1.01	\$ 65.37	\$ 65.37
87472 00	Pathology	1.23	1.23	\$ 79.80	\$ 79.80
87475 00	Pathology	0.57	0.57	\$ 37.35	\$ 37.35
87476 00	Pathology	1.01	1.01	\$ 65.37	\$ 65.37
87480 00	Pathology	0.57	0.57	\$ 37.35	\$ 37.35
87481 00	Pathology	1.01	1.01	\$ 65.37	\$ 65.37
87482 00	Pathology	1.60	1.60	\$ 103.83	\$ 103.83
87483 00	Pathology	11.94	11.94	\$ 776.39	\$ 776.39
87485 00	Pathology	0.57	0.57	\$ 37.35	\$ 37.35
87486 00	Pathology	1.01	1.01	\$ 65.37	\$ 65.37
87487 00	Pathology	1.23	1.23	\$ 79.80	\$ 79.80
87490 00	Pathology	0.65	0.65	\$ 42.38	\$ 42.38
87491 00	Pathology	1.01	1.01	\$ 65.37	\$ 65.37
87492 00	Pathology	1.53	1.53	\$ 99.61	\$ 99.61
87493 00	Pathology	1.07	1.07	\$ 69.43	\$ 69.43
87495 00	Pathology	0.86	0.86	\$ 55.94	\$ 55.94
87496 00	Pathology	1.01	1.01	\$ 65.37	\$ 65.37
87497 00	Pathology	1.23	1.23	\$ 79.80	\$ 79.80
87498 00	Pathology	1.01	1.01	\$ 65.37	\$ 65.37
87500 00	Pathology	1.01	1.01	\$ 65.37	\$ 65.37
87501 00	Pathology	1.47	1.47	\$ 95.58	\$ 95.58
87502 00	Pathology	2.75	2.75	\$ 178.46	\$ 178.46
87503 00	Pathology	0.84	0.84	\$ 54.43	\$ 54.43
87505 00	Pathology	3.68	3.68	\$ 238.98	\$ 238.98
87506 00	Pathology	7.54	7.54	\$ 489.91	\$ 489.91
87507 00	Pathology	11.94	11.94	\$ 776.39	\$ 776.39
87510 00	Pathology	0.57	0.57	\$ 37.35	\$ 37.35
87511 00	Pathology	1.01	1.01	\$ 65.37	\$ 65.37
87512 00	Pathology	1.20	1.20	\$ 77.79	\$ 77.79

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
87516 00	Pathology	1.01	1.01	\$ 65.37	\$ 65.37
87517 00	Pathology	1.23	1.23	\$ 79.80	\$ 79.80
87520 00	Pathology	0.89	0.89	\$ 58.16	\$ 58.16
87521 00	Pathology	1.01	1.01	\$ 65.37	\$ 65.37
87522 00	Pathology	1.23	1.23	\$ 79.80	\$ 79.80
87525 00	Pathology	0.85	0.85	\$ 55.51	\$ 55.51
87526 00	Pathology	1.13	1.13	\$ 73.13	\$ 73.13
87527 00	Pathology	1.20	1.20	\$ 77.79	\$ 77.79
87528 00	Pathology	0.57	0.57	\$ 37.35	\$ 37.35
87529 00	Pathology	1.01	1.01	\$ 65.37	\$ 65.37
87530 00	Pathology	1.23	1.23	\$ 79.80	\$ 79.80
87531 00	Pathology	1.66	1.66	\$ 108.04	\$ 108.04
87532 00	Pathology	1.01	1.01	\$ 65.37	\$ 65.37
87533 00	Pathology	1.20	1.20	\$ 77.79	\$ 77.79
87534 00	Pathology	0.63	0.63	\$ 40.83	\$ 40.83
87535 00	Pathology	1.01	1.01	\$ 65.37	\$ 65.37
87536 00	Pathology	2.44	2.44	\$ 158.53	\$ 158.53
87537 00	Pathology	0.63	0.63	\$ 40.83	\$ 40.83
87538 00	Pathology	1.01	1.01	\$ 65.37	\$ 65.37
87539 00	Pathology	1.68	1.68	\$ 109.20	\$ 109.20
87540 00	Pathology	0.57	0.57	\$ 37.35	\$ 37.35
87541 00	Pathology	1.01	1.01	\$ 65.37	\$ 65.37
87542 00	Pathology	1.20	1.20	\$ 77.79	\$ 77.79
87550 00	Pathology	0.57	0.57	\$ 37.35	\$ 37.35
87551 00	Pathology	1.38	1.38	\$ 89.86	\$ 89.86
87552 00	Pathology	1.23	1.23	\$ 79.80	\$ 79.80
87555 00	Pathology	0.77	0.77	\$ 50.07	\$ 50.07
87556 00	Pathology	1.19	1.19	\$ 77.64	\$ 77.64
87557 00	Pathology	1.23	1.23	\$ 79.80	\$ 79.80
87560 00	Pathology	0.78	0.78	\$ 50.84	\$ 50.84
87561 00	Pathology	1.01	1.01	\$ 65.37	\$ 65.37
87562 00	Pathology	1.23	1.23	\$ 79.80	\$ 79.80
87563 00	Pathology	1.01	1.01	\$ 65.37	\$ 65.37
87580 00	Pathology	0.57	0.57	\$ 37.35	\$ 37.35
87581 00	Pathology	1.01	1.01	\$ 65.37	\$ 65.37
87582 00	Pathology	8.67	8.67	\$ 563.73	\$ 563.73
87590 00	Pathology	0.77	0.77	\$ 50.07	\$ 50.07
87591 00	Pathology	1.01	1.01	\$ 65.37	\$ 65.37
87592 00	Pathology	1.23	1.23	\$ 79.80	\$ 79.80
87623 00	Pathology	1.01	1.01	\$ 65.37	\$ 65.37
87624 00	Pathology	1.01	1.01	\$ 65.37	\$ 65.37
87625 00	Pathology	1.16	1.16	\$ 75.54	\$ 75.54
87631 00	Pathology	4.09	4.09	\$ 265.70	\$ 265.70
87632 00	Pathology	6.25	6.25	\$ 406.21	\$ 406.21
87633 00	Pathology	11.94	11.94	\$ 776.39	\$ 776.39
87634 00	Pathology	2.01	2.01	\$ 130.77	\$ 130.77
87635 00	Pathology	-	-	\$ 102.70	\$ 102.70
87636 00	Pathology	-	-	\$ 286.00	\$ 286.00
87637 00	Pathology	-	-	\$ 286.00	\$ 286.00
87640 00	Pathology	1.01	1.01	\$ 65.37	\$ 65.37
87641 00	Pathology	1.01	1.01	\$ 65.37	\$ 65.37
87650 00	Pathology	0.57	0.57	\$ 37.35	\$ 37.35
87651 00	Pathology	1.01	1.01	\$ 65.37	\$ 65.37
87652 00	Pathology	1.20	1.20	\$ 77.79	\$ 77.79
87653 00	Pathology	1.01	1.01	\$ 65.37	\$ 65.37
87660 00	Pathology	0.57	0.57	\$ 37.35	\$ 37.35
87661 00	Pathology	1.01	1.01	\$ 65.37	\$ 65.37
87662 00	Pathology	1.47	1.47	\$ 95.58	\$ 95.58
87797 00	Pathology	0.86	0.86	\$ 55.94	\$ 55.94

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
87798 00	Pathology	1.01	1.01	\$ 65.37	\$ 65.37
87799 00	Pathology	1.23	1.23	\$ 79.80	\$ 79.80
87800 00	Pathology	1.25	1.25	\$ 81.35	\$ 81.35
87801 00	Pathology	2.01	2.01	\$ 130.77	\$ 130.77
87802 00	Pathology	0.36	0.36	\$ 23.71	\$ 23.71
87803 00	Pathology	0.46	0.46	\$ 29.81	\$ 29.81
87804 00	Pathology	0.47	0.47	\$ 30.83	\$ 30.83
87806 00	Pathology	0.94	0.94	\$ 61.05	\$ 61.05
87807 00	Pathology	0.38	0.38	\$ 24.40	\$ 24.40
87808 00	Pathology	0.44	0.44	\$ 28.48	\$ 28.48
87809 00	Pathology	0.62	0.62	\$ 40.54	\$ 40.54
87810 00	Pathology	1.01	1.01	\$ 65.74	\$ 65.74
87811 00	Pathology	-	-	\$ 83.20	\$ 83.20
87850 00	Pathology	0.70	0.70	\$ 45.75	\$ 45.75
87880 00	Pathology	0.47	0.47	\$ 30.79	\$ 30.79
87899 00	Pathology	0.46	0.46	\$ 29.94	\$ 29.94
87900 00	Pathology	3.74	3.74	\$ 242.82	\$ 242.82
87901 00	Pathology	7.38	7.38	\$ 479.59	\$ 479.59
87902 00	Pathology	7.38	7.38	\$ 479.59	\$ 479.59
87903 00	Pathology	14.00	14.00	\$ 910.29	\$ 910.29
87904 00	Pathology	0.75	0.75	\$ 48.56	\$ 48.56
87905 00	Pathology	0.35	0.35	\$ 22.76	\$ 22.76
87906 00	Pathology	3.69	3.69	\$ 239.80	\$ 239.80
87910 00	Pathology	7.38	7.38	\$ 479.59	\$ 479.59
87912 00	Pathology	7.38	7.38	\$ 479.59	\$ 479.59
87999 00	Pathology	0.00	0.00	BR	BR
88000 00	Pathology	-	-	\$ 399.10	\$ 399.10
88005 00	Pathology	-	-	\$ 465.40	\$ 465.40
88007 00	Pathology	-	-	\$ 487.50	\$ 487.50
88012 00	Pathology	-	-	\$ 399.10	\$ 399.10
88014 00	Pathology	-	-	\$ 365.95	\$ 365.95
88016 00	Pathology	-	-	\$ 509.60	\$ 509.60
88020 00	Pathology	-	-	\$ 687.05	\$ 687.05
88025 00	Pathology	-	-	\$ 664.95	\$ 664.95
88027 00	Pathology	-	-	\$ 709.15	\$ 709.15
88028 00	Pathology	-	-	\$ 399.10	\$ 399.10
88029 00	Pathology	-	-	\$ 399.10	\$ 399.10
88036 00	Pathology	-	-	\$ 199.55	\$ 199.55
88037 00	Pathology	-	-	\$ 177.45	\$ 177.45
88040 00	Pathology	-	-	\$ 1,108.25	\$ 1,108.25
88045 00	Pathology	-	-	\$ 111.15	\$ 111.15
88099 00	Pathology	0.00	0.00	BR	BR
88104 00	Pathology	1.93	1.93	\$ 125.45	\$ 125.45
88104 26	Pathology	0.79	0.79	\$ 51.35	\$ 51.35
88104 TC	Pathology	1.14	1.14	\$ 74.10	\$ 74.10
88106 00	Pathology	1.92	1.92	\$ 124.80	\$ 124.80
88106 26	Pathology	0.56	0.56	\$ 36.40	\$ 36.40
88106 TC	Pathology	1.36	1.36	\$ 88.40	\$ 88.40
88108 00	Pathology	1.83	1.83	\$ 118.95	\$ 118.95
88108 26	Pathology	0.65	0.65	\$ 42.25	\$ 42.25
88108 TC	Pathology	1.18	1.18	\$ 76.70	\$ 76.70
88112 00	Pathology	1.94	1.94	\$ 126.10	\$ 126.10
88112 26	Pathology	0.80	0.80	\$ 52.00	\$ 52.00
88112 TC	Pathology	1.14	1.14	\$ 74.10	\$ 74.10
88120 00	Pathology	18.14	18.14	\$ 1,179.10	\$ 1,179.10
88120 26	Pathology	1.67	1.67	\$ 108.55	\$ 108.55
88120 TC	Pathology	16.47	16.47	\$ 1,070.55	\$ 1,070.55
88121 00	Pathology	13.09	13.09	\$ 850.85	\$ 850.85
88121 26	Pathology	1.39	1.39	\$ 90.35	\$ 90.35

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
88121 TC	Pathology	11.70	11.70	\$ 760.50	\$ 760.50
88125 00	Pathology	0.77	0.77	\$ 50.05	\$ 50.05
88125 26	Pathology	0.40	0.40	\$ 26.00	\$ 26.00
88125 TC	Pathology	0.37	0.37	\$ 24.05	\$ 24.05
88130 00	Pathology	0.52	0.52	\$ 33.49	\$ 33.49
88140 00	Pathology	0.23	0.23	\$ 14.88	\$ 14.88
88141 00	Pathology	0.63	0.63	\$ 40.95	\$ 40.95
88142 00	Pathology	0.58	0.58	\$ 37.74	\$ 37.74
88143 00	Pathology	0.66	0.66	\$ 42.92	\$ 42.92
88147 00	Pathology	1.45	1.45	\$ 94.18	\$ 94.18
88148 00	Pathology	0.46	0.46	\$ 29.81	\$ 29.81
88150 00	Pathology	0.43	0.43	\$ 28.22	\$ 28.22
88152 00	Pathology	0.79	0.79	\$ 51.49	\$ 51.49
88153 00	Pathology	0.69	0.69	\$ 44.76	\$ 44.76
88155 00	Pathology	0.42	0.42	\$ 27.29	\$ 27.29
88160 00	Pathology	2.06	2.06	\$ 133.90	\$ 133.90
88160 26	Pathology	0.74	0.74	\$ 48.10	\$ 48.10
88160 TC	Pathology	1.32	1.32	\$ 85.80	\$ 85.80
88161 00	Pathology	2.06	2.06	\$ 133.90	\$ 133.90
88161 26	Pathology	0.73	0.73	\$ 47.45	\$ 47.45
88161 TC	Pathology	1.33	1.33	\$ 86.45	\$ 86.45
88162 00	Pathology	2.99	2.99	\$ 194.35	\$ 194.35
88162 26	Pathology	1.12	1.12	\$ 72.80	\$ 72.80
88162 TC	Pathology	1.87	1.87	\$ 121.55	\$ 121.55
88164 00	Pathology	0.43	0.43	\$ 28.22	\$ 28.22
88165 00	Pathology	1.21	1.21	\$ 78.65	\$ 78.65
88166 00	Pathology	0.43	0.43	\$ 28.22	\$ 28.22
88167 00	Pathology	0.43	0.43	\$ 28.22	\$ 28.22
88172 00	Pathology	1.60	1.60	\$ 104.00	\$ 104.00
88172 26	Pathology	1.03	1.03	\$ 66.95	\$ 66.95
88172 TC	Pathology	0.57	0.57	\$ 37.05	\$ 37.05
88173 00	Pathology	4.49	4.49	\$ 291.85	\$ 291.85
88173 26	Pathology	2.04	2.04	\$ 132.60	\$ 132.60
88173 TC	Pathology	2.45	2.45	\$ 159.25	\$ 159.25
88174 00	Pathology	0.73	0.73	\$ 47.26	\$ 47.26
88175 00	Pathology	0.76	0.76	\$ 49.57	\$ 49.57
88177 00	Pathology	0.84	0.84	\$ 54.60	\$ 54.60
88177 26	Pathology	0.63	0.63	\$ 40.95	\$ 40.95
88177 TC	Pathology	0.21	0.21	\$ 13.65	\$ 13.65
88182 00	Pathology	4.03	4.03	\$ 261.95	\$ 261.95
88182 26	Pathology	1.11	1.11	\$ 72.15	\$ 72.15
88182 TC	Pathology	2.92	2.92	\$ 189.80	\$ 189.80
88184 00	Pathology	2.00	2.00	\$ 130.00	\$ 130.00
88185 00	Pathology	0.66	0.66	\$ 42.90	\$ 42.90
88187 00	Pathology	1.05	1.05	\$ 68.25	\$ 68.25
88188 00	Pathology	1.80	1.80	\$ 117.00	\$ 117.00
88189 00	Pathology	2.44	2.44	\$ 158.60	\$ 158.60
88199 00	Pathology	0.00	0.00	BR	BR
88199 26	Pathology	0.00	0.00	BR	BR
88199 TC	Pathology	0.00	0.00	BR	BR
88230 00	Pathology	3.34	3.34	\$ 217.00	\$ 217.00
88233 00	Pathology	4.03	4.03	\$ 262.16	\$ 262.16
88235 00	Pathology	4.31	4.31	\$ 279.98	\$ 279.98
88237 00	Pathology	4.12	4.12	\$ 267.78	\$ 267.78
88239 00	Pathology	4.23	4.23	\$ 274.81	\$ 274.81
88240 00	Pathology	0.37	0.37	\$ 24.35	\$ 24.35
88241 00	Pathology	0.35	0.35	\$ 22.52	\$ 22.52
88245 00	Pathology	4.96	4.96	\$ 322.59	\$ 322.59
88248 00	Pathology	4.96	4.96	\$ 322.59	\$ 322.59

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
88249 00	Pathology	4.96	4.96	\$ 322.59	\$ 322.59
88261 00	Pathology	7.58	7.58	\$ 492.42	\$ 492.42
88262 00	Pathology	3.60	3.60	\$ 233.77	\$ 233.77
88263 00	Pathology	4.31	4.31	\$ 279.97	\$ 279.97
88264 00	Pathology	4.14	4.14	\$ 269.38	\$ 269.38
88267 00	Pathology	5.40	5.40	\$ 351.27	\$ 351.27
88269 00	Pathology	4.98	4.98	\$ 323.50	\$ 323.50
88271 00	Pathology	0.61	0.61	\$ 39.90	\$ 39.90
88272 00	Pathology	1.17	1.17	\$ 75.82	\$ 75.82
88273 00	Pathology	1.00	1.00	\$ 64.85	\$ 64.85
88274 00	Pathology	1.21	1.21	\$ 78.95	\$ 78.95
88275 00	Pathology	1.47	1.47	\$ 95.36	\$ 95.36
88280 00	Pathology	0.96	0.96	\$ 62.35	\$ 62.35
88283 00	Pathology	1.97	1.97	\$ 127.79	\$ 127.79
88285 00	Pathology	0.77	0.77	\$ 50.13	\$ 50.13
88289 00	Pathology	0.99	0.99	\$ 64.14	\$ 64.14
88291 00	Pathology	0.97	0.97	\$ 63.05	\$ 63.05
88299 00	Pathology	0.00	0.00	BR	BR
88300 00	Pathology	0.45	0.45	\$ 29.25	\$ 29.25
88300 26	Pathology	0.13	0.13	\$ 8.45	\$ 8.45
88300 TC	Pathology	0.32	0.32	\$ 20.80	\$ 20.80
88302 00	Pathology	0.92	0.92	\$ 59.80	\$ 59.80
88302 26	Pathology	0.20	0.20	\$ 13.00	\$ 13.00
88302 TC	Pathology	0.72	0.72	\$ 46.80	\$ 46.80
88304 00	Pathology	1.21	1.21	\$ 78.65	\$ 78.65
88304 26	Pathology	0.33	0.33	\$ 21.45	\$ 21.45
88304 TC	Pathology	0.88	0.88	\$ 57.20	\$ 57.20
88305 00	Pathology	2.05	2.05	\$ 133.25	\$ 133.25
88305 26	Pathology	1.08	1.08	\$ 70.20	\$ 70.20
88305 TC	Pathology	0.97	0.97	\$ 63.05	\$ 63.05
88307 00	Pathology	8.32	8.32	\$ 540.80	\$ 540.80
88307 26	Pathology	2.39	2.39	\$ 155.35	\$ 155.35
88307 TC	Pathology	5.93	5.93	\$ 385.45	\$ 385.45
88309 00	Pathology	12.66	12.66	\$ 822.90	\$ 822.90
88309 26	Pathology	4.21	4.21	\$ 273.65	\$ 273.65
88309 TC	Pathology	8.45	8.45	\$ 549.25	\$ 549.25
88311 00	Pathology	0.61	0.61	\$ 39.65	\$ 39.65
88311 26	Pathology	0.36	0.36	\$ 23.40	\$ 23.40
88311 TC	Pathology	0.25	0.25	\$ 16.25	\$ 16.25
88312 00	Pathology	3.24	3.24	\$ 210.60	\$ 210.60
88312 26	Pathology	0.77	0.77	\$ 50.05	\$ 50.05
88312 TC	Pathology	2.47	2.47	\$ 160.55	\$ 160.55
88313 00	Pathology	2.34	2.34	\$ 152.10	\$ 152.10
88313 26	Pathology	0.35	0.35	\$ 22.75	\$ 22.75
88313 TC	Pathology	1.99	1.99	\$ 129.35	\$ 129.35
88314 00	Pathology	2.91	2.91	\$ 189.15	\$ 189.15
88314 26	Pathology	0.62	0.62	\$ 40.30	\$ 40.30
88314 TC	Pathology	2.29	2.29	\$ 148.85	\$ 148.85
88319 00	Pathology	3.73	3.73	\$ 242.45	\$ 242.45
88319 26	Pathology	0.78	0.78	\$ 50.70	\$ 50.70
88319 TC	Pathology	2.95	2.95	\$ 191.75	\$ 191.75
88321 00	Pathology	2.84	2.43	\$ 184.60	\$ 157.95
88323 00	Pathology	3.29	3.29	\$ 213.85	\$ 213.85
88323 26	Pathology	2.51	2.51	\$ 163.15	\$ 163.15
88323 TC	Pathology	0.78	0.78	\$ 50.70	\$ 50.70
88325 00	Pathology	4.78	4.05	\$ 310.70	\$ 263.25
88329 00	Pathology	1.70	1.03	\$ 110.50	\$ 66.95
88331 00	Pathology	3.00	3.00	\$ 195.00	\$ 195.00
88331 26	Pathology	1.79	1.79	\$ 116.35	\$ 116.35

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
88331 TC	Pathology	1.21	1.21	\$ 78.65	\$ 78.65
88332 00	Pathology	1.58	1.58	\$ 102.70	\$ 102.70
88332 26	Pathology	0.89	0.89	\$ 57.85	\$ 57.85
88332 TC	Pathology	0.69	0.69	\$ 44.85	\$ 44.85
88333 00	Pathology	2.76	2.76	\$ 179.40	\$ 179.40
88333 26	Pathology	1.79	1.79	\$ 116.35	\$ 116.35
88333 TC	Pathology	0.97	0.97	\$ 63.05	\$ 63.05
88334 00	Pathology	1.64	1.64	\$ 106.60	\$ 106.60
88334 26	Pathology	1.09	1.09	\$ 70.85	\$ 70.85
88334 TC	Pathology	0.55	0.55	\$ 35.75	\$ 35.75
88341 00	Pathology	2.69	2.69	\$ 174.85	\$ 174.85
88341 26	Pathology	0.82	0.82	\$ 53.30	\$ 53.30
88341 TC	Pathology	1.87	1.87	\$ 121.55	\$ 121.55
88342 00	Pathology	3.04	3.04	\$ 197.60	\$ 197.60
88342 26	Pathology	1.01	1.01	\$ 65.65	\$ 65.65
88342 TC	Pathology	2.03	2.03	\$ 131.95	\$ 131.95
88344 00	Pathology	5.11	5.11	\$ 332.15	\$ 332.15
88344 26	Pathology	1.10	1.10	\$ 71.50	\$ 71.50
88344 TC	Pathology	4.01	4.01	\$ 260.65	\$ 260.65
88346 00	Pathology	4.18	4.18	\$ 271.70	\$ 271.70
88346 26	Pathology	1.04	1.04	\$ 67.60	\$ 67.60
88346 TC	Pathology	3.14	3.14	\$ 204.10	\$ 204.10
88348 00	Pathology	12.40	12.40	\$ 806.00	\$ 806.00
88348 26	Pathology	2.24	2.24	\$ 145.60	\$ 145.60
88348 TC	Pathology	10.16	10.16	\$ 660.40	\$ 660.40
88350 00	Pathology	3.17	3.17	\$ 206.05	\$ 206.05
88350 26	Pathology	0.84	0.84	\$ 54.60	\$ 54.60
88350 TC	Pathology	2.33	2.33	\$ 151.45	\$ 151.45
88355 00	Pathology	4.17	4.17	\$ 271.05	\$ 271.05
88355 26	Pathology	2.41	2.41	\$ 156.65	\$ 156.65
88355 TC	Pathology	1.76	1.76	\$ 114.40	\$ 114.40
88356 00	Pathology	6.99	6.99	\$ 454.35	\$ 454.35
88356 26	Pathology	3.73	3.73	\$ 242.45	\$ 242.45
88356 TC	Pathology	3.26	3.26	\$ 211.90	\$ 211.90
88358 00	Pathology	4.04	4.04	\$ 262.60	\$ 262.60
88358 26	Pathology	1.44	1.44	\$ 93.60	\$ 93.60
88358 TC	Pathology	2.60	2.60	\$ 169.00	\$ 169.00
88360 00	Pathology	3.58	3.58	\$ 232.70	\$ 232.70
88360 26	Pathology	1.21	1.21	\$ 78.65	\$ 78.65
88360 TC	Pathology	2.37	2.37	\$ 154.05	\$ 154.05
88361 00	Pathology	3.56	3.56	\$ 231.40	\$ 231.40
88361 26	Pathology	1.26	1.26	\$ 81.90	\$ 81.90
88361 TC	Pathology	2.30	2.30	\$ 149.50	\$ 149.50
88362 00	Pathology	6.43	6.43	\$ 417.95	\$ 417.95
88362 26	Pathology	3.24	3.24	\$ 210.60	\$ 210.60
88362 TC	Pathology	3.19	3.19	\$ 207.35	\$ 207.35
88363 00	Pathology	0.67	0.57	\$ 43.55	\$ 37.05
88364 00	Pathology	4.14	4.14	\$ 269.10	\$ 269.10
88364 26	Pathology	1.00	1.00	\$ 65.00	\$ 65.00
88364 TC	Pathology	3.14	3.14	\$ 204.10	\$ 204.10
88365 00	Pathology	5.33	5.33	\$ 346.45	\$ 346.45
88365 26	Pathology	1.26	1.26	\$ 81.90	\$ 81.90
88365 TC	Pathology	4.07	4.07	\$ 264.55	\$ 264.55
88366 00	Pathology	8.41	8.41	\$ 546.65	\$ 546.65
88366 26	Pathology	1.79	1.79	\$ 116.35	\$ 116.35
88366 TC	Pathology	6.62	6.62	\$ 430.30	\$ 430.30
88367 00	Pathology	3.32	3.32	\$ 215.80	\$ 215.80
88367 26	Pathology	0.97	0.97	\$ 63.05	\$ 63.05
88367 TC	Pathology	2.35	2.35	\$ 152.75	\$ 152.75

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
88368 00	Pathology	3.93	3.93	\$ 255.45	\$ 255.45
88368 26	Pathology	1.19	1.19	\$ 77.35	\$ 77.35
88368 TC	Pathology	2.74	2.74	\$ 178.10	\$ 178.10
88369 00	Pathology	3.39	3.39	\$ 220.35	\$ 220.35
88369 26	Pathology	0.93	0.93	\$ 60.45	\$ 60.45
88369 TC	Pathology	2.46	2.46	\$ 159.90	\$ 159.90
88371 00	Pathology	0.64	0.64	\$ 41.41	\$ 41.41
88371 26	Pathology	0.56	0.56	\$ 36.40	\$ 36.40
88372 00	Pathology	0.75	0.75	\$ 48.84	\$ 48.84
88372 26	Pathology	0.53	0.53	\$ 34.45	\$ 34.45
88373 00	Pathology	2.10	2.10	\$ 136.50	\$ 136.50
88373 26	Pathology	0.75	0.75	\$ 48.75	\$ 48.75
88373 TC	Pathology	1.35	1.35	\$ 87.75	\$ 87.75
88374 00	Pathology	10.10	10.10	\$ 656.50	\$ 656.50
88374 26	Pathology	1.26	1.26	\$ 81.90	\$ 81.90
88374 TC	Pathology	8.84	8.84	\$ 574.60	\$ 574.60
88375 00	Pathology	1.41	1.41	\$ 91.65	\$ 91.65
88377 00	Pathology	12.17	12.17	\$ 791.05	\$ 791.05
88377 26	Pathology	1.85	1.85	\$ 120.25	\$ 120.25
88377 TC	Pathology	10.32	10.32	\$ 670.80	\$ 670.80
88380 00	Pathology	3.85	3.85	\$ 250.25	\$ 250.25
88380 26	Pathology	1.59	1.59	\$ 103.35	\$ 103.35
88380 TC	Pathology	2.26	2.26	\$ 146.90	\$ 146.90
88381 00	Pathology	5.87	5.87	\$ 381.55	\$ 381.55
88381 26	Pathology	0.71	0.71	\$ 46.15	\$ 46.15
88381 TC	Pathology	5.16	5.16	\$ 335.40	\$ 335.40
88387 00	Pathology	1.02	1.02	\$ 66.30	\$ 66.30
88387 26	Pathology	0.79	0.79	\$ 51.35	\$ 51.35
88387 TC	Pathology	0.23	0.23	\$ 14.95	\$ 14.95
88388 00	Pathology	1.08	1.08	\$ 70.20	\$ 70.20
88388 26	Pathology	0.68	0.68	\$ 44.20	\$ 44.20
88388 TC	Pathology	0.40	0.40	\$ 26.00	\$ 26.00
88399 00	Pathology	0.00	0.00	BR	BR
88399 26	Pathology	0.00	0.00	BR	BR
88399 TC	Pathology	0.00	0.00	BR	BR
88720 00	Pathology	0.14	0.14	\$ 9.35	\$ 9.35
88738 00	Pathology	0.14	0.14	\$ 9.35	\$ 9.35
88740 00	Pathology	0.27	0.27	\$ 17.45	\$ 17.45
88741 00	Pathology	0.27	0.27	\$ 17.45	\$ 17.45
88749 00	Pathology	0.00	0.00	BR	BR
89049 00	Pathology	7.71	1.78	\$ 501.15	\$ 115.70
89050 00	Pathology	0.14	0.14	\$ 8.79	\$ 8.79
89051 00	Pathology	0.16	0.16	\$ 10.43	\$ 10.43
89055 00	Pathology	0.12	0.12	\$ 7.95	\$ 7.95
89060 00	Pathology	0.21	0.21	\$ 13.65	\$ 13.65
89060 26	Pathology	0.53	0.53	\$ 34.45	\$ 34.45
89125 00	Pathology	0.17	0.17	\$ 10.95	\$ 10.95
89160 00	Pathology	0.14	0.14	\$ 9.03	\$ 9.03
89190 00	Pathology	0.17	0.17	\$ 10.79	\$ 10.79
89220 00	Pathology	0.54	0.54	\$ 35.10	\$ 35.10
89230 00	Pathology	0.07	0.07	\$ 4.55	\$ 4.55
89240 00	Pathology	0.00	0.00	BR	BR
89250 00	Pathology	-	-	\$ 1,981.85	\$ 1,981.85
89251 00	Pathology	-	-	\$ 2,061.15	\$ 2,061.15
89253 00	Pathology	0.00	0.00	BR	BR
89254 00	Pathology	0.00	0.00	BR	BR
89255 00	Pathology	0.00	0.00	BR	BR
89257 00	Pathology	0.00	0.00	BR	BR
89258 00	Pathology	0.00	0.00	BR	BR

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
89259 00	Pathology	0.00	0.00	BR	BR
89260 00	Pathology	0.00	0.00	BR	BR
89261 00	Pathology	0.00	0.00	BR	BR
89264 00	Pathology	0.00	0.00	BR	BR
89268 00	Pathology	0.00	0.00	BR	BR
89272 00	Pathology	0.00	0.00	BR	BR
89280 00	Pathology	0.00	0.00	BR	BR
89281 00	Pathology	0.00	0.00	BR	BR
89290 00	Pathology	0.00	0.00	BR	BR
89291 00	Pathology	0.00	0.00	BR	BR
89300 00	Pathology	0.28	0.28	\$ 18.33	\$ 18.33
89310 00	Pathology	0.25	0.25	\$ 16.04	\$ 16.04
89320 00	Pathology	0.35	0.35	\$ 22.93	\$ 22.93
89321 00	Pathology	0.35	0.35	\$ 22.45	\$ 22.45
89322 00	Pathology	0.44	0.44	\$ 28.87	\$ 28.87
89325 00	Pathology	0.31	0.31	\$ 19.88	\$ 19.88
89329 00	Pathology	0.56	0.56	\$ 36.49	\$ 36.49
89330 00	Pathology	0.30	0.30	\$ 19.34	\$ 19.34
89331 00	Pathology	0.56	0.56	\$ 36.49	\$ 36.49
89335 00	Pathology	0.00	0.00	BR	BR
89337 00	Pathology	0.00	0.00	BR	BR
89342 00	Pathology	0.00	0.00	BR	BR
89343 00	Pathology	0.00	0.00	BR	BR
89344 00	Pathology	0.00	0.00	BR	BR
89346 00	Pathology	0.00	0.00	BR	BR
89352 00	Pathology	0.00	0.00	BR	BR
89353 00	Pathology	0.00	0.00	BR	BR
89354 00	Pathology	0.00	0.00	BR	BR
89356 00	Pathology	0.00	0.00	BR	BR
89398 00	Pathology	0.00	0.00	BR	BR
G0480 00	Pathology	3.28	3.28	\$ 213.16	\$ 213.16
G0481 00	Pathology	4.49	4.49	\$ 291.70	\$ 291.70
G0482 00	Pathology	5.70	5.70	\$ 370.22	\$ 370.22
G0483 00	Pathology	7.08	7.08	\$ 459.97	\$ 459.97
G2023 00	Pathology	0.67	0.67	\$ 43.70	\$ 43.70
G2024 00	Pathology	0.73	0.73	\$ 47.43	\$ 47.43
U0001 00	Pathology	-	-	\$ 72.15	\$ 72.15
U0002 00	Pathology	-	-	\$ 102.70	\$ 102.70

**Historical Note**

New Appendix A, Pathology and Laboratory Codes 2019-2020 made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Pathology and Laboratory Codes 2019-2020 will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Pathology and Laboratory Codes 2019-2020 repealed; new Appendix A, Pathology and Laboratory Codes 2020-2021 made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Pathology Codes 2020-2021 repealed; new Appendix A, Pathology Codes 2021-2022 made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3).



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CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA  
MEDICINE GUIDELINES

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This Fee Schedule has been updated to incorporate by reference the 2021 Edition of the American Medical Association's *Current Procedural Terminology* (CPT®) publication, including the general guidelines, identifiers, modifiers, and terminology changes associated with the adopted codes. In this Fee Schedule CPT® codes that contain explanatory language specific to Arizona are preceded by Δ. Codes, however, that are unique to Arizona and not otherwise found in CPT® are preceded by an AZ identifier and numbered in the following format: AZxxx. Additional information regarding publications adopted by reference is found in the Introduction of the Fee Schedule.

The following Commission guidelines are in addition to the CPT® guidelines and represent additional guidance from the Commission relative to unit values for these services. To the extent that a conflict may exist between an adopted portion of the CPT® and a code, guideline, identifier or modifier unique to Arizona, then the Arizona code, guideline, identifier or modifier shall control.

- A. **MATERIALS SUPPLIED BY A HEALTHCARE PROVIDER:** A healthcare provider may charge for materials and supplies as described in subsection (I)(4) of the Introduction Section of the Physician's Fee Schedule.
- B. **COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT:** Code 99199 can be used to bill for the services of an interpreter when they are used to comply with the provisions of "The Americans With Disabilities Act", i.e., interpreters for the hearing impaired.
- C. **ADD-ON CODES:** Some of the listed procedures are commonly carried out in addition to the primary procedure performed. All add-on codes found in the CPT® codebook are exempt from the multiple procedure concept. They are exempt from the use of modifier -51.
- D. **SEPARATE PROCEDURES:** Some of the procedures or services listed in the CPT® codebook that are commonly carried out as an integral component of a total service or procedure have been identified by the inclusion of the term "separate procedure". The codes designated as a "separate procedure" should not be reported in addition to the code for the total procedure or service of which it is considered an integral component.

When a procedure or service is carried out independently or considered to be unrelated or distinct from other procedures/services provided at that time, it may be reported by itself, or in addition to other procedures/services by appending modifier -59 to the specific "separate procedure" code to indicate that the procedure is not considered to be a component of another procedure, but is a distinct, independent procedure.

- E. **BUNDLED CODES:** Indicates that the service is always bundled in a payment for another service. If these services are covered, payment for them is subsumed by the payment for the services to which they are incident (e.g., a telephone call from a hospital nurse regarding the care of a patient).

**Historical Note**

New Appendix A, Medicine Guidelines made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Medicine Guidelines will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Medicine Guidelines repealed; new Appendix A, Medicine Guidelines made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Medicine Guidelines repealed; new Appendix A, Medicine Guidelines made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3).

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## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

## Medicine Codes 2021-2022

## Medicine Conversion Factor \$65.00

Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
90281 00	Medicine	0.00	0.00	BR	BR
90283 00	Medicine	0.00	0.00	BR	BR
90284 00	Medicine	0.00	0.00	BR	BR
90287 00	Medicine	0.00	0.00	BR	BR
90288 00	Medicine	0.00	0.00	BR	BR
90291 00	Medicine	0.00	0.00	BR	BR
90296 00	Medicine	0.00	0.00	BR	BR
90371 00	Medicine	-	-	\$ 254.15	\$ 254.15
90375 00	Medicine	-	-	\$ 544.05	\$ 544.05
90376 00	Medicine	-	-	\$ 475.80	\$ 475.80
90377 00	Medicine	0.00	0.00	BR	BR
90378 00	Medicine	0.00	0.00	BR	BR
90384 00	Medicine	-	-	\$ 187.20	\$ 187.20
90385 00	Medicine	-	-	\$ 85.80	\$ 85.80
90386 00	Medicine	-	-	\$ 200.85	\$ 200.85
90389 00	Medicine	-	-	\$ 174.20	\$ 174.20
90393 00	Medicine	0.00	0.00	BR	BR
90396 00	Medicine	-	-	\$ 193.05	\$ 193.05
90399 00	Medicine	0.00	0.00	BR	BR
90460 00	Medicine	0.49	0.49	\$ 31.85	\$ 31.85
90461 00	Medicine	0.37	0.37	\$ 24.05	\$ 24.05
90471 00	Medicine	0.49	0.49	\$ 31.85	\$ 31.85
90472 00	Medicine	0.37	0.37	\$ 24.05	\$ 24.05
90473 00	Medicine	0.49	0.49	\$ 31.85	\$ 31.85
90474 00	Medicine	0.37	0.37	\$ 24.05	\$ 24.05
90476 00	Medicine	0.00	0.00	BR	BR
90477 00	Medicine	0.00	0.00	BR	BR
90581 00	Medicine	-	-	\$ 222.95	\$ 222.95
90585 00	Medicine	-	-	\$ 200.85	\$ 200.85
90586 00	Medicine	-	-	\$ 286.00	\$ 286.00
90587 00	Medicine	0.00	0.00	BR	BR
90619 00	Medicine	0.00	0.00	BR	BR
90620 00	Medicine	0.00	0.00	BR	BR
90621 00	Medicine	0.00	0.00	BR	BR
90625 00	Medicine	0.00	0.00	BR	BR
90630 00	Medicine	0.00	0.00	BR	BR
90632 00	Medicine	-	-	\$ 121.55	\$ 121.55
90633 00	Medicine	-	-	\$ 53.30	\$ 53.30
90634 00	Medicine	-	-	\$ 56.55	\$ 56.55
90636 00	Medicine	-	-	\$ 147.55	\$ 147.55
90644 00	Medicine	-	-	\$ 42.90	\$ 42.90
90647 00	Medicine	-	-	\$ 45.50	\$ 45.50
90648 00	Medicine	-	-	\$ 42.90	\$ 42.90
90649 00	Medicine	-	-	\$ 203.45	\$ 203.45
90650 00	Medicine	0.00	0.00	BR	BR
90651 00	Medicine	0.00	0.00	BR	BR
90653 00	Medicine	-	-	\$ 119.60	\$ 119.60
90654 00	Medicine	0.00	0.00	BR	BR
90655 00	Medicine	-	-	\$ 24.05	\$ 24.05
90656 00	Medicine	-	-	\$ 24.05	\$ 24.05
90657 00	Medicine	-	-	\$ 24.70	\$ 24.70
90658 00	Medicine	-	-	\$ 24.70	\$ 24.70
90660 00	Medicine	-	-	\$ 31.85	\$ 31.85
90661 00	Medicine	0.00	0.00	BR	BR
90662 00	Medicine	-	-	\$ 122.20	\$ 122.20

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
90664 00	Medicine	0.00	0.00	BR	BR
90666 00	Medicine	0.00	0.00	BR	BR
90667 00	Medicine	0.00	0.00	BR	BR
90668 00	Medicine	0.00	0.00	BR	BR
90670 00	Medicine	-	-	\$ 461.50	\$ 461.50
90672 00	Medicine	-	-	\$ 53.95	\$ 53.95
90673 00	Medicine	0.00	0.00	BR	BR
90674 00	Medicine	-	-	\$ 58.50	\$ 58.50
90675 00	Medicine	-	-	\$ 637.65	\$ 637.65
90676 00	Medicine	0.00	0.00	BR	BR
90680 00	Medicine	-	-	\$ 120.25	\$ 120.25
90681 00	Medicine	-	-	\$ 120.25	\$ 120.25
90682 00	Medicine	-	-	\$ 122.20	\$ 122.20
90685 00	Medicine	-	-	\$ 42.25	\$ 42.25
90686 00	Medicine	-	-	\$ 39.00	\$ 39.00
90687 00	Medicine	-	-	\$ 19.50	\$ 19.50
90688 00	Medicine	-	-	\$ 38.35	\$ 38.35
90689 00	Medicine	0.00	0.00	BR	BR
90690 00	Medicine	-	-	\$ 61.75	\$ 61.75
90691 00	Medicine	-	-	\$ 248.30	\$ 248.30
90694 00	Medicine	-	-	\$ 122.20	\$ 122.20
90696 00	Medicine	0.00	0.00	BR	BR
90697 00	Medicine	0.00	0.00	BR	BR
90698 00	Medicine	-	-	\$ 120.25	\$ 120.25
90700 00	Medicine	-	-	\$ 40.30	\$ 40.30
90702 00	Medicine	-	-	\$ 32.50	\$ 32.50
90707 00	Medicine	-	-	\$ 80.60	\$ 80.60
90710 00	Medicine	-	-	\$ 214.50	\$ 214.50
90713 00	Medicine	-	-	\$ 45.50	\$ 45.50
90714 00	Medicine	-	-	\$ 50.70	\$ 50.70
90715 00	Medicine	-	-	\$ 68.25	\$ 68.25
90716 00	Medicine	-	-	\$ 117.65	\$ 117.65
90717 00	Medicine	-	-	\$ 136.50	\$ 136.50
90723 00	Medicine	-	-	\$ 117.65	\$ 117.65
90732 00	Medicine	-	-	\$ 240.50	\$ 240.50
90733 00	Medicine	-	-	\$ 160.55	\$ 160.55
90734 00	Medicine	-	-	\$ 152.75	\$ 152.75
90736 00	Medicine	-	-	\$ 257.40	\$ 257.40
90738 00	Medicine	-	-	\$ 105.95	\$ 105.95
90739 00	Medicine	-	-	\$ 263.25	\$ 263.25
90740 00	Medicine	-	-	\$ 282.10	\$ 282.10
90743 00	Medicine	-	-	\$ 80.60	\$ 80.60
90744 00	Medicine	-	-	\$ 56.55	\$ 56.55
90746 00	Medicine	-	-	\$ 139.75	\$ 139.75
90747 00	Medicine	-	-	\$ 282.10	\$ 282.10
90748 00	Medicine	-	-	\$ 89.70	\$ 89.70
90749 00	Medicine	0.00	0.00	BR	BR
90750 00	Medicine	0.00	0.00	BR	BR
90756 00	Medicine	-	-	\$ 55.25	\$ 55.25
90785 00	Medicine	0.43	0.38	\$ 27.95	\$ 24.70
90791 00	Medicine	5.18	4.48	\$ 336.70	\$ 291.20
90792 00	Medicine	5.78	5.06	\$ 375.70	\$ 328.90
90832 00	Medicine	2.23	1.97	\$ 144.95	\$ 128.05
90833 00	Medicine	2.04	1.82	\$ 132.60	\$ 118.30
90834 00	Medicine	2.96	2.61	\$ 192.40	\$ 169.65
90836 00	Medicine	2.58	2.30	\$ 167.70	\$ 149.50
90837 00	Medicine	4.37	3.86	\$ 284.05	\$ 250.90
90838 00	Medicine	3.42	3.06	\$ 222.30	\$ 198.90
90839 00	Medicine	4.16	3.67	\$ 270.40	\$ 238.55

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
90840 00	Medicine	1.97	1.74	\$ 128.05	\$ 113.10
90845 00	Medicine	2.81	2.50	\$ 182.65	\$ 162.50
90846 00	Medicine	2.84	2.82	\$ 184.60	\$ 183.30
90847 00	Medicine	2.94	2.92	\$ 191.10	\$ 189.80
90849 00	Medicine	1.01	0.81	\$ 65.65	\$ 52.65
90853 00	Medicine	0.79	0.69	\$ 51.35	\$ 44.85
90863 00	Medicine	0.75	0.71	\$ 48.75	\$ 46.15
90865 00	Medicine	4.86	3.60	\$ 315.90	\$ 234.00
90867 00	Medicine	-	-	\$ 445.90	\$ 445.90
90868 00	Medicine	-	-	\$ 287.30	\$ 287.30
90869 00	Medicine	-	-	\$ 407.55	\$ 407.55
90870 00	Medicine	5.08	3.10	\$ 330.20	\$ 201.50
90875 00	Medicine	1.78	1.76	\$ 115.70	\$ 114.40
90876 00	Medicine	3.09	2.79	\$ 200.85	\$ 181.35
90880 00	Medicine	3.09	2.58	\$ 200.85	\$ 167.70
90882 00	Medicine	-	-	\$ 160.55	\$ 160.55
90885 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
90887 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
90889 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
90899 00	Medicine	0.00	0.00	BR	BR
90901 00	Medicine	1.20	0.57	\$ 78.00	\$ 37.05
90912 00	Medicine	2.38	1.26	\$ 154.70	\$ 81.90
90913 00	Medicine	0.94	0.71	\$ 61.10	\$ 46.15
90935 00	Medicine	2.10	2.10	\$ 136.50	\$ 136.50
90937 00	Medicine	3.02	3.02	\$ 196.30	\$ 196.30
90940 00	Medicine	-	-	\$ 126.10	\$ 126.10
90945 00	Medicine	2.49	2.49	\$ 161.85	\$ 161.85
90947 00	Medicine	3.58	3.58	\$ 232.70	\$ 232.70
90951 00	Medicine	34.35	34.35	\$ 2,232.75	\$ 2,232.75
90952 00	Medicine	-	-	\$ 1,576.25	\$ 1,576.25
90953 00	Medicine	-	-	\$ 1,050.40	\$ 1,050.40
90954 00	Medicine	22.64	22.64	\$ 1,471.60	\$ 1,471.60
90955 00	Medicine	15.31	15.31	\$ 995.15	\$ 995.15
90956 00	Medicine	10.17	10.17	\$ 661.05	\$ 661.05
90957 00	Medicine	22.61	22.61	\$ 1,469.65	\$ 1,469.65
90958 00	Medicine	14.72	14.72	\$ 956.80	\$ 956.80
90959 00	Medicine	9.50	9.50	\$ 617.50	\$ 617.50
90960 00	Medicine	10.39	10.39	\$ 675.35	\$ 675.35
90961 00	Medicine	8.60	8.60	\$ 559.00	\$ 559.00
90962 00	Medicine	5.89	5.89	\$ 382.85	\$ 382.85
90963 00	Medicine	17.76	17.76	\$ 1,154.40	\$ 1,154.40
90964 00	Medicine	15.26	15.26	\$ 991.90	\$ 991.90
90965 00	Medicine	14.68	14.68	\$ 954.20	\$ 954.20
90966 00	Medicine	8.59	8.59	\$ 558.35	\$ 558.35
90967 00	Medicine	0.52	0.52	\$ 33.80	\$ 33.80
90968 00	Medicine	0.51	0.51	\$ 33.15	\$ 33.15
90969 00	Medicine	0.49	0.49	\$ 31.85	\$ 31.85
90970 00	Medicine	0.28	0.28	\$ 18.20	\$ 18.20
90989 00	Medicine	-	-	\$ 787.80	\$ 787.80
90993 00	Medicine	-	-	\$ 170.95	\$ 170.95
90997 00	Medicine	2.59	2.59	\$ 168.35	\$ 168.35
90999 00	Medicine	0.00	0.00	BR	BR
91010 00	Medicine	6.52	6.52	\$ 423.80	\$ 423.80
91010 26	Medicine	1.89	1.89	\$ 122.85	\$ 122.85
91010 TC	Medicine	4.63	4.63	\$ 300.95	\$ 300.95
91013 00	Medicine	0.78	0.78	\$ 50.70	\$ 50.70
91013 26	Medicine	0.27	0.27	\$ 17.55	\$ 17.55
91013 TC	Medicine	0.51	0.51	\$ 33.15	\$ 33.15
91020 00	Medicine	8.27	8.27	\$ 537.55	\$ 537.55

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
91020 26	Medicine	2.13	2.13	\$ 138.45	\$ 138.45
91020 TC	Medicine	6.14	6.14	\$ 399.10	\$ 399.10
91022 00	Medicine	5.14	5.14	\$ 334.10	\$ 334.10
91022 26	Medicine	2.12	2.12	\$ 137.80	\$ 137.80
91022 TC	Medicine	3.02	3.02	\$ 196.30	\$ 196.30
91030 00	Medicine	4.34	4.34	\$ 282.10	\$ 282.10
91030 26	Medicine	1.35	1.35	\$ 87.75	\$ 87.75
91030 TC	Medicine	2.99	2.99	\$ 194.35	\$ 194.35
91034 00	Medicine	5.85	5.85	\$ 380.25	\$ 380.25
91034 26	Medicine	1.44	1.44	\$ 93.60	\$ 93.60
91034 TC	Medicine	4.41	4.41	\$ 286.65	\$ 286.65
91035 00	Medicine	14.81	14.81	\$ 962.65	\$ 962.65
91035 26	Medicine	2.38	2.38	\$ 154.70	\$ 154.70
91035 TC	Medicine	12.43	12.43	\$ 807.95	\$ 807.95
91037 00	Medicine	5.12	5.12	\$ 332.80	\$ 332.80
91037 26	Medicine	1.43	1.43	\$ 92.95	\$ 92.95
91037 TC	Medicine	3.69	3.69	\$ 239.85	\$ 239.85
91038 00	Medicine	13.23	13.23	\$ 859.95	\$ 859.95
91038 26	Medicine	1.62	1.62	\$ 105.30	\$ 105.30
91038 TC	Medicine	11.61	11.61	\$ 754.65	\$ 754.65
91040 00	Medicine	16.11	16.11	\$ 1,047.15	\$ 1,047.15
91040 26	Medicine	1.43	1.43	\$ 92.95	\$ 92.95
91040 TC	Medicine	14.68	14.68	\$ 954.20	\$ 954.20
91065 00	Medicine	2.70	2.70	\$ 175.50	\$ 175.50
91065 26	Medicine	0.30	0.30	\$ 19.50	\$ 19.50
91065 TC	Medicine	2.40	2.40	\$ 156.00	\$ 156.00
91110 00	Medicine	25.38	25.38	\$ 1,649.70	\$ 1,649.70
91110 26	Medicine	3.68	3.68	\$ 239.20	\$ 239.20
91110 TC	Medicine	21.70	21.70	\$ 1,410.50	\$ 1,410.50
91111 00	Medicine	27.79	27.79	\$ 1,806.35	\$ 1,806.35
91111 26	Medicine	1.48	1.48	\$ 96.20	\$ 96.20
91111 TC	Medicine	26.31	26.31	\$ 1,710.15	\$ 1,710.15
91112 00	Medicine	49.21	49.21	\$ 3,198.65	\$ 3,198.65
91112 26	Medicine	3.09	3.09	\$ 200.85	\$ 200.85
91112 TC	Medicine	46.12	46.12	\$ 2,997.80	\$ 2,997.80
91117 00	Medicine	3.96	3.96	\$ 257.40	\$ 257.40
91120 00	Medicine	15.71	15.71	\$ 1,021.15	\$ 1,021.15
91120 26	Medicine	1.42	1.42	\$ 92.30	\$ 92.30
91120 TC	Medicine	14.29	14.29	\$ 928.85	\$ 928.85
91122 00	Medicine	7.99	7.99	\$ 519.35	\$ 519.35
91122 26	Medicine	2.56	2.56	\$ 166.40	\$ 166.40
91122 TC	Medicine	5.43	5.43	\$ 352.95	\$ 352.95
91132 00	Medicine	12.27	12.27	\$ 797.55	\$ 797.55
91132 26	Medicine	0.77	0.77	\$ 50.05	\$ 50.05
91132 TC	Medicine	11.50	11.50	\$ 747.50	\$ 747.50
91133 00	Medicine	12.94	12.94	\$ 841.10	\$ 841.10
91133 26	Medicine	0.97	0.97	\$ 63.05	\$ 63.05
91133 TC	Medicine	11.97	11.97	\$ 778.05	\$ 778.05
91200 00	Medicine	0.94	0.94	\$ 61.10	\$ 61.10
91200 26	Medicine	0.32	0.32	\$ 20.80	\$ 20.80
91200 TC	Medicine	0.62	0.62	\$ 40.30	\$ 40.30
91299 00	Medicine	0.00	0.00	BR	BR
91299 26	Medicine	0.00	0.00	BR	BR
91299 TC	Medicine	0.00	0.00	BR	BR
91300 00	Medicine	0.00	0.00	BR	BR
91301 00	Medicine	0.00	0.00	BR	BR
92002 00	Medicine	2.51	1.36	\$ 163.15	\$ 88.40
92004 00	Medicine	4.37	2.77	\$ 284.05	\$ 180.05
92012 00	Medicine	2.61	1.48	\$ 169.65	\$ 96.20

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
92014 00	Medicine	3.68	2.23	\$ 239.20	\$ 144.95
92015 00	Medicine	0.58	0.57	\$ 37.70	\$ 37.05
92018 00	Medicine	4.06	4.06	\$ 263.90	\$ 263.90
92019 00	Medicine	2.08	2.08	\$ 135.20	\$ 135.20
92020 00	Medicine	0.81	0.59	\$ 52.65	\$ 38.35
92025 00	Medicine	1.07	1.07	\$ 69.55	\$ 69.55
92025 26	Medicine	0.56	0.56	\$ 36.40	\$ 36.40
92025 TC	Medicine	0.51	0.51	\$ 33.15	\$ 33.15
92060 00	Medicine	1.84	1.84	\$ 119.60	\$ 119.60
92060 26	Medicine	1.07	1.07	\$ 69.55	\$ 69.55
92060 TC	Medicine	0.77	0.77	\$ 50.05	\$ 50.05
92065 00	Medicine	1.56	1.56	\$ 101.40	\$ 101.40
92065 26	Medicine	0.51	0.51	\$ 33.15	\$ 33.15
92065 TC	Medicine	1.05	1.05	\$ 68.25	\$ 68.25
92071 00	Medicine	1.07	0.94	\$ 69.55	\$ 61.10
92072 00	Medicine	3.73	2.79	\$ 242.45	\$ 181.35
92081 00	Medicine	0.98	0.98	\$ 63.70	\$ 63.70
92081 26	Medicine	0.46	0.46	\$ 29.90	\$ 29.90
92081 TC	Medicine	0.52	0.52	\$ 33.80	\$ 33.80
92082 00	Medicine	1.38	1.38	\$ 89.70	\$ 89.70
92082 26	Medicine	0.61	0.61	\$ 39.65	\$ 39.65
92082 TC	Medicine	0.77	0.77	\$ 50.05	\$ 50.05
92083 00	Medicine	1.84	1.84	\$ 119.60	\$ 119.60
92083 26	Medicine	0.78	0.78	\$ 50.70	\$ 50.70
92083 TC	Medicine	1.06	1.06	\$ 68.90	\$ 68.90
92100 00	Medicine	2.48	0.95	\$ 161.20	\$ 61.75
92132 00	Medicine	0.92	0.92	\$ 59.80	\$ 59.80
92132 26	Medicine	0.47	0.47	\$ 30.55	\$ 30.55
92132 TC	Medicine	0.45	0.45	\$ 29.25	\$ 29.25
92133 00	Medicine	1.08	1.08	\$ 70.20	\$ 70.20
92133 26	Medicine	0.63	0.63	\$ 40.95	\$ 40.95
92133 TC	Medicine	0.45	0.45	\$ 29.25	\$ 29.25
92134 00	Medicine	1.19	1.19	\$ 77.35	\$ 77.35
92134 26	Medicine	0.73	0.73	\$ 47.45	\$ 47.45
92134 TC	Medicine	0.46	0.46	\$ 29.90	\$ 29.90
92136 00	Medicine	1.59	1.59	\$ 103.35	\$ 103.35
92136 26	Medicine	0.88	0.88	\$ 57.20	\$ 57.20
92136 TC	Medicine	0.71	0.71	\$ 46.15	\$ 46.15
92145 00	Medicine	0.39	0.39	\$ 25.35	\$ 25.35
92145 26	Medicine	0.18	0.18	\$ 11.70	\$ 11.70
92145 TC	Medicine	0.21	0.21	\$ 13.65	\$ 13.65
92201 00	Medicine	0.72	0.66	\$ 46.80	\$ 42.90
92202 00	Medicine	0.46	0.42	\$ 29.90	\$ 27.30
92227 00	Medicine	0.46	0.46	\$ 29.90	\$ 29.90
92228 00	Medicine	0.89	0.89	\$ 57.85	\$ 57.85
92228 26	Medicine	0.52	0.52	\$ 33.80	\$ 33.80
92228 TC	Medicine	0.37	0.37	\$ 24.05	\$ 24.05
92229 00	Medicine	0.00	0.00	BR	BR
92230 00	Medicine	2.65	0.97	\$ 172.25	\$ 63.05
92235 00	Medicine	3.42	3.42	\$ 222.30	\$ 222.30
92235 26	Medicine	1.22	1.22	\$ 79.30	\$ 79.30
92235 TC	Medicine	2.20	2.20	\$ 143.00	\$ 143.00
92240 00	Medicine	5.93	5.93	\$ 385.45	\$ 385.45
92240 26	Medicine	1.34	1.34	\$ 87.10	\$ 87.10
92240 TC	Medicine	4.59	4.59	\$ 298.35	\$ 298.35
92242 00	Medicine	7.35	7.35	\$ 477.75	\$ 477.75
92242 26	Medicine	1.56	1.56	\$ 101.40	\$ 101.40
92242 TC	Medicine	5.79	5.79	\$ 376.35	\$ 376.35
92250 00	Medicine	1.14	1.14	\$ 74.10	\$ 74.10

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
92250 26	Medicine	0.61	0.61	\$ 39.65	\$ 39.65
92250 TC	Medicine	0.53	0.53	\$ 34.45	\$ 34.45
92260 00	Medicine	0.58	0.31	\$ 37.70	\$ 20.15
92265 00	Medicine	2.54	2.54	\$ 165.10	\$ 165.10
92265 26	Medicine	1.32	1.32	\$ 85.80	\$ 85.80
92265 TC	Medicine	1.22	1.22	\$ 79.30	\$ 79.30
92270 00	Medicine	3.00	3.00	\$ 195.00	\$ 195.00
92270 26	Medicine	1.21	1.21	\$ 78.65	\$ 78.65
92270 TC	Medicine	1.79	1.79	\$ 116.35	\$ 116.35
92273 00	Medicine	3.83	3.83	\$ 248.95	\$ 248.95
92273 26	Medicine	1.06	1.06	\$ 68.90	\$ 68.90
92273 TC	Medicine	2.77	2.77	\$ 180.05	\$ 180.05
92274 00	Medicine	2.60	2.60	\$ 169.00	\$ 169.00
92274 26	Medicine	0.94	0.94	\$ 61.10	\$ 61.10
92274 TC	Medicine	1.66	1.66	\$ 107.90	\$ 107.90
92283 00	Medicine	1.59	1.59	\$ 103.35	\$ 103.35
92283 26	Medicine	0.26	0.26	\$ 16.90	\$ 16.90
92283 TC	Medicine	1.33	1.33	\$ 86.45	\$ 86.45
92284 00	Medicine	1.72	1.72	\$ 111.80	\$ 111.80
92284 26	Medicine	0.35	0.35	\$ 22.75	\$ 22.75
92284 TC	Medicine	1.37	1.37	\$ 89.05	\$ 89.05
92285 00	Medicine	0.67	0.67	\$ 43.55	\$ 43.55
92285 26	Medicine	0.09	0.09	\$ 5.85	\$ 5.85
92285 TC	Medicine	0.58	0.58	\$ 37.70	\$ 37.70
92286 00	Medicine	1.14	1.14	\$ 74.10	\$ 74.10
92286 26	Medicine	0.63	0.63	\$ 40.95	\$ 40.95
92286 TC	Medicine	0.51	0.51	\$ 33.15	\$ 33.15
92287 00	Medicine	5.05	5.05	\$ 328.25	\$ 328.25
92287 26	Medicine	1.32	1.32	\$ 85.80	\$ 85.80
92287 TC	Medicine	3.73	3.73	\$ 242.45	\$ 242.45
92310 00	Medicine	3.01	1.72	\$ 195.65	\$ 111.80
92311 00	Medicine	3.13	1.55	\$ 203.45	\$ 100.75
92312 00	Medicine	3.60	1.78	\$ 234.00	\$ 115.70
92313 00	Medicine	2.95	1.27	\$ 191.75	\$ 82.55
92314 00	Medicine	2.58	1.01	\$ 167.70	\$ 65.65
92315 00	Medicine	2.41	0.61	\$ 156.65	\$ 39.65
92316 00	Medicine	2.98	0.92	\$ 193.70	\$ 59.80
92317 00	Medicine	2.53	0.61	\$ 164.45	\$ 39.65
92325 00	Medicine	1.38	1.38	\$ 89.70	\$ 89.70
92326 00	Medicine	1.15	1.15	\$ 74.75	\$ 74.75
92340 00	Medicine	1.02	0.55	\$ 66.30	\$ 35.75
92341 00	Medicine	1.16	0.69	\$ 75.40	\$ 44.85
92342 00	Medicine	1.24	0.78	\$ 80.60	\$ 50.70
92352 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92353 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92354 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92355 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92358 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92370 00	Medicine	0.92	0.48	\$ 59.80	\$ 31.20
92371 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92499 00	Medicine	0.00	0.00	BR	BR
92499 26	Medicine	0.00	0.00	BR	BR
92499 TC	Medicine	0.00	0.00	BR	BR
92502 00	Medicine	2.73	2.73	\$ 177.45	\$ 177.45
92504 00	Medicine	0.86	0.27	\$ 55.90	\$ 17.55
92507 00	Medicine	2.24	2.24	\$ 145.60	\$ 145.60
92508 00	Medicine	0.69	0.69	\$ 44.85	\$ 44.85
92511 00	Medicine	3.45	1.08	\$ 224.25	\$ 70.20
92512 00	Medicine	1.76	0.80	\$ 114.40	\$ 52.00

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
92516 00	Medicine	2.03	0.67	\$ 131.95	\$ 43.55
92517 00	Medicine	2.50	1.26	\$ 162.50	\$ 81.90
92518 00	Medicine	2.33	1.26	\$ 151.45	\$ 81.90
92519 00	Medicine	3.88	1.89	\$ 252.20	\$ 122.85
92520 00	Medicine	2.36	1.15	\$ 153.40	\$ 74.75
92521 00	Medicine	3.92	3.92	\$ 254.80	\$ 254.80
92522 00	Medicine	3.28	3.28	\$ 213.20	\$ 213.20
92523 00	Medicine	6.74	6.74	\$ 438.10	\$ 438.10
92524 00	Medicine	3.21	3.21	\$ 208.65	\$ 208.65
92526 00	Medicine	2.48	2.48	\$ 161.20	\$ 161.20
92531 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92532 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92533 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92534 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92537 00	Medicine	1.22	1.22	\$ 79.30	\$ 79.30
92537 26	Medicine	0.91	0.91	\$ 59.15	\$ 59.15
92537 TC	Medicine	0.31	0.31	\$ 20.15	\$ 20.15
92538 00	Medicine	0.66	0.66	\$ 42.90	\$ 42.90
92538 26	Medicine	0.46	0.46	\$ 29.90	\$ 29.90
92538 TC	Medicine	0.20	0.20	\$ 13.00	\$ 13.00
92540 00	Medicine	3.21	3.21	\$ 208.65	\$ 208.65
92540 26	Medicine	2.27	2.27	\$ 147.55	\$ 147.55
92540 TC	Medicine	0.94	0.94	\$ 61.10	\$ 61.10
92541 00	Medicine	0.74	0.74	\$ 48.10	\$ 48.10
92541 26	Medicine	0.61	0.61	\$ 39.65	\$ 39.65
92541 TC	Medicine	0.13	0.13	\$ 8.45	\$ 8.45
92542 00	Medicine	0.86	0.86	\$ 55.90	\$ 55.90
92542 26	Medicine	0.73	0.73	\$ 47.45	\$ 47.45
92542 TC	Medicine	0.13	0.13	\$ 8.45	\$ 8.45
92544 00	Medicine	0.53	0.53	\$ 34.45	\$ 34.45
92544 26	Medicine	0.42	0.42	\$ 27.30	\$ 27.30
92544 TC	Medicine	0.11	0.11	\$ 7.15	\$ 7.15
92545 00	Medicine	0.49	0.49	\$ 31.85	\$ 31.85
92545 26	Medicine	0.39	0.39	\$ 25.35	\$ 25.35
92545 TC	Medicine	0.10	0.10	\$ 6.50	\$ 6.50
92546 00	Medicine	3.48	3.48	\$ 226.20	\$ 226.20
92546 26	Medicine	0.43	0.43	\$ 27.95	\$ 27.95
92546 TC	Medicine	3.05	3.05	\$ 198.25	\$ 198.25
92547 00	Medicine	0.29	0.29	\$ 18.85	\$ 18.85
92548 00	Medicine	1.45	1.45	\$ 94.25	\$ 94.25
92548 26	Medicine	1.00	1.00	\$ 65.00	\$ 65.00
92548 TC	Medicine	0.45	0.45	\$ 29.25	\$ 29.25
92549 00	Medicine	1.86	1.86	\$ 120.90	\$ 120.90
92549 26	Medicine	1.31	1.31	\$ 85.15	\$ 85.15
92549 TC	Medicine	0.55	0.55	\$ 35.75	\$ 35.75
92550 00	Medicine	0.65	0.65	\$ 42.25	\$ 42.25
92551 00	Medicine	0.34	0.34	\$ 22.10	\$ 22.10
92552 00	Medicine	0.94	0.94	\$ 61.10	\$ 61.10
92553 00	Medicine	1.15	1.15	\$ 74.75	\$ 74.75
92555 00	Medicine	0.72	0.72	\$ 46.80	\$ 46.80
92556 00	Medicine	1.14	1.14	\$ 74.10	\$ 74.10
92557 00	Medicine	1.12	0.95	\$ 72.80	\$ 61.75
92558 00	Medicine	0.28	0.25	\$ 18.20	\$ 16.25
92559 00	Medicine	-	-	\$ 59.15	\$ 59.15
92560 00	Medicine	-	-	\$ 40.95	\$ 40.95
92561 00	Medicine	1.15	1.15	\$ 74.75	\$ 74.75
92562 00	Medicine	1.35	1.35	\$ 87.75	\$ 87.75
92563 00	Medicine	0.91	0.91	\$ 59.15	\$ 59.15
92564 00	Medicine	0.69	0.69	\$ 44.85	\$ 44.85

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
92565 00	Medicine	0.51	0.51	\$ 33.15	\$ 33.15
92567 00	Medicine	0.48	0.31	\$ 31.20	\$ 20.15
92568 00	Medicine	0.45	0.44	\$ 29.25	\$ 28.60
92570 00	Medicine	0.97	0.87	\$ 63.05	\$ 56.55
92571 00	Medicine	0.81	0.81	\$ 52.65	\$ 52.65
92572 00	Medicine	1.04	1.04	\$ 67.60	\$ 67.60
92575 00	Medicine	1.99	1.99	\$ 129.35	\$ 129.35
92576 00	Medicine	1.10	1.10	\$ 71.50	\$ 71.50
92577 00	Medicine	0.44	0.44	\$ 28.60	\$ 28.60
92579 00	Medicine	1.37	1.11	\$ 89.05	\$ 72.15
92582 00	Medicine	2.19	2.19	\$ 142.35	\$ 142.35
92583 00	Medicine	1.47	1.47	\$ 95.55	\$ 95.55
92584 00	Medicine	3.48	3.48	\$ 226.20	\$ 226.20
92587 00	Medicine	0.65	0.65	\$ 42.25	\$ 42.25
92587 26	Medicine	0.53	0.53	\$ 34.45	\$ 34.45
92587 TC	Medicine	0.12	0.12	\$ 7.80	\$ 7.80
92588 00	Medicine	0.99	0.99	\$ 64.35	\$ 64.35
92588 26	Medicine	0.83	0.83	\$ 53.95	\$ 53.95
92588 TC	Medicine	0.16	0.16	\$ 10.40	\$ 10.40
92590 00	Medicine	-	-	\$ 107.25	\$ 107.25
92591 00	Medicine	-	-	\$ 137.15	\$ 137.15
92592 00	Medicine	-	-	\$ 42.90	\$ 42.90
92593 00	Medicine	-	-	\$ 70.85	\$ 70.85
92594 00	Medicine	-	-	\$ 40.95	\$ 40.95
92595 00	Medicine	-	-	\$ 88.40	\$ 88.40
92596 00	Medicine	1.96	1.96	\$ 127.40	\$ 127.40
92597 00	Medicine	2.08	2.08	\$ 135.20	\$ 135.20
92601 00	Medicine	4.88	3.63	\$ 317.20	\$ 235.95
92602 00	Medicine	3.10	2.05	\$ 201.50	\$ 133.25
92603 00	Medicine	4.54	3.53	\$ 295.10	\$ 229.45
92604 00	Medicine	2.75	1.96	\$ 178.75	\$ 127.40
92605 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92606 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92607 00	Medicine	3.66	3.66	\$ 237.90	\$ 237.90
92608 00	Medicine	1.47	1.47	\$ 95.55	\$ 95.55
92609 00	Medicine	3.06	3.06	\$ 198.90	\$ 198.90
92610 00	Medicine	2.48	2.03	\$ 161.20	\$ 131.95
92611 00	Medicine	2.69	2.69	\$ 174.85	\$ 174.85
92612 00	Medicine	5.77	1.92	\$ 375.05	\$ 124.80
92613 00	Medicine	1.07	1.07	\$ 69.55	\$ 69.55
92614 00	Medicine	4.30	1.90	\$ 279.50	\$ 123.50
92615 00	Medicine	0.95	0.95	\$ 61.75	\$ 61.75
92616 00	Medicine	6.33	2.86	\$ 411.45	\$ 185.90
92617 00	Medicine	1.19	1.19	\$ 77.35	\$ 77.35
92618 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92620 00	Medicine	2.70	2.34	\$ 175.50	\$ 152.10
92621 00	Medicine	0.66	0.55	\$ 42.90	\$ 35.75
92625 00	Medicine	2.03	1.80	\$ 131.95	\$ 117.00
92626 00	Medicine	2.62	2.19	\$ 170.30	\$ 142.35
92627 00	Medicine	0.62	0.52	\$ 40.30	\$ 33.80
92630 00	Medicine	0.00	0.00	BR	BR
92633 00	Medicine	0.00	0.00	BR	BR
92640 00	Medicine	3.31	2.76	\$ 215.15	\$ 179.40
92650 00	Medicine	0.83	0.83	\$ 53.95	\$ 53.95
92651 00	Medicine	2.62	2.62	\$ 170.30	\$ 170.30
92652 00	Medicine	3.43	3.43	\$ 222.95	\$ 222.95
92653 00	Medicine	2.51	2.51	\$ 163.15	\$ 163.15
92700 00	Medicine	0.00	0.00	BR	BR
92920 00	Medicine	15.45	15.45	\$ 1,004.25	\$ 1,004.25

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
92921 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92924 00	Medicine	18.42	18.42	\$ 1,197.30	\$ 1,197.30
92925 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92928 00	Medicine	17.19	17.19	\$ 1,117.35	\$ 1,117.35
92929 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92933 00	Medicine	19.30	19.30	\$ 1,254.50	\$ 1,254.50
92934 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92937 00	Medicine	17.17	17.17	\$ 1,116.05	\$ 1,116.05
92938 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92941 00	Medicine	19.31	19.31	\$ 1,255.15	\$ 1,255.15
92943 00	Medicine	19.33	19.33	\$ 1,256.45	\$ 1,256.45
92944 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
92950 00	Medicine	9.72	5.37	\$ 631.80	\$ 349.05
92953 00	Medicine	0.03	0.03	\$ 1.95	\$ 1.95
92960 00	Medicine	4.64	3.16	\$ 301.60	\$ 205.40
92961 00	Medicine	7.20	7.20	\$ 468.00	\$ 468.00
92970 00	Medicine	5.50	5.50	\$ 357.50	\$ 357.50
92971 00	Medicine	2.93	2.93	\$ 190.45	\$ 190.45
92973 00	Medicine	5.16	5.16	\$ 335.40	\$ 335.40
92974 00	Medicine	4.71	4.71	\$ 306.15	\$ 306.15
92975 00	Medicine	10.97	10.97	\$ 713.05	\$ 713.05
92977 00	Medicine	1.58	1.58	\$ 102.70	\$ 102.70
92978 00	Medicine	-	-	\$ 518.05	\$ 518.05
92978 26	Medicine	2.77	2.77	\$ 180.05	\$ 180.05
92978 TC	Medicine	-	-	\$ 336.70	\$ 336.70
92979 00	Medicine	-	-	\$ 315.25	\$ 315.25
92979 26	Medicine	2.20	2.20	\$ 143.00	\$ 143.00
92979 TC	Medicine	-	-	\$ 170.30	\$ 170.30
92986 00	Medicine	38.47	38.47	\$ 2,500.55	\$ 2,500.55
92987 00	Medicine	39.76	39.76	\$ 2,584.40	\$ 2,584.40
92990 00	Medicine	31.73	31.73	\$ 2,062.45	\$ 2,062.45
92997 00	Medicine	18.50	18.50	\$ 1,202.50	\$ 1,202.50
92998 00	Medicine	9.20	9.20	\$ 598.00	\$ 598.00
93000 00	Medicine	0.43	0.43	\$ 27.95	\$ 27.95
93005 00	Medicine	0.19	0.19	\$ 12.35	\$ 12.35
93010 00	Medicine	0.24	0.24	\$ 15.60	\$ 15.60
93015 00	Medicine	2.06	2.06	\$ 133.90	\$ 133.90
93016 00	Medicine	0.63	0.63	\$ 40.95	\$ 40.95
93017 00	Medicine	1.01	1.01	\$ 65.65	\$ 65.65
93018 00	Medicine	0.42	0.42	\$ 27.30	\$ 27.30
93024 00	Medicine	3.16	3.16	\$ 205.40	\$ 205.40
93024 26	Medicine	1.62	1.62	\$ 105.30	\$ 105.30
93024 TC	Medicine	1.54	1.54	\$ 100.10	\$ 100.10
93025 00	Medicine	3.94	3.94	\$ 256.10	\$ 256.10
93025 26	Medicine	1.08	1.08	\$ 70.20	\$ 70.20
93025 TC	Medicine	2.86	2.86	\$ 185.90	\$ 185.90
93040 00	Medicine	0.37	0.37	\$ 24.05	\$ 24.05
93041 00	Medicine	0.17	0.17	\$ 11.05	\$ 11.05
93042 00	Medicine	0.20	0.20	\$ 13.00	\$ 13.00
93050 00	Medicine	0.47	0.47	\$ 30.55	\$ 30.55
93050 26	Medicine	0.24	0.24	\$ 15.60	\$ 15.60
93050 TC	Medicine	0.23	0.23	\$ 14.95	\$ 14.95
93224 00	Medicine	2.31	2.31	\$ 150.15	\$ 150.15
93225 00	Medicine	0.58	0.58	\$ 37.70	\$ 37.70
93226 00	Medicine	1.19	1.19	\$ 77.35	\$ 77.35
93227 00	Medicine	0.54	0.54	\$ 35.10	\$ 35.10
93228 00	Medicine	0.75	0.75	\$ 48.75	\$ 48.75
93229 00	Medicine	20.55	20.55	\$ 1,335.75	\$ 1,335.75
93241 00	Medicine	0.00	0.00	BR	BR

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
93242 00	Medicine	0.44	0.44	\$ 28.60	\$ 28.60
93243 00	Medicine	0.00	0.00	BR	BR
93244 00	Medicine	0.71	0.71	\$ 46.15	\$ 46.15
93245 00	Medicine	0.00	0.00	BR	BR
93246 00	Medicine	0.44	0.44	\$ 28.60	\$ 28.60
93247 00	Medicine	0.00	0.00	BR	BR
93248 00	Medicine	0.78	0.78	\$ 50.70	\$ 50.70
93260 00	Medicine	2.21	2.21	\$ 143.65	\$ 143.65
93260 26	Medicine	1.24	1.24	\$ 80.60	\$ 80.60
93260 TC	Medicine	0.97	0.97	\$ 63.05	\$ 63.05
93261 00	Medicine	2.02	2.02	\$ 131.30	\$ 131.30
93261 26	Medicine	1.06	1.06	\$ 68.90	\$ 68.90
93261 TC	Medicine	0.96	0.96	\$ 62.40	\$ 62.40
93264 00	Medicine	1.45	1.03	\$ 94.25	\$ 66.95
93268 00	Medicine	5.78	5.78	\$ 375.70	\$ 375.70
93270 00	Medicine	0.26	0.26	\$ 16.90	\$ 16.90
93271 00	Medicine	4.80	4.80	\$ 312.00	\$ 312.00
93272 00	Medicine	0.72	0.72	\$ 46.80	\$ 46.80
93278 00	Medicine	0.87	0.87	\$ 56.55	\$ 56.55
93278 26	Medicine	0.36	0.36	\$ 23.40	\$ 23.40
93278 TC	Medicine	0.51	0.51	\$ 33.15	\$ 33.15
93279 00	Medicine	1.93	1.93	\$ 125.45	\$ 125.45
93279 26	Medicine	0.92	0.92	\$ 59.80	\$ 59.80
93279 TC	Medicine	1.01	1.01	\$ 65.65	\$ 65.65
93280 00	Medicine	2.29	2.29	\$ 148.85	\$ 148.85
93280 26	Medicine	1.11	1.11	\$ 72.15	\$ 72.15
93280 TC	Medicine	1.18	1.18	\$ 76.70	\$ 76.70
93281 00	Medicine	2.44	2.44	\$ 158.60	\$ 158.60
93281 26	Medicine	1.24	1.24	\$ 80.60	\$ 80.60
93281 TC	Medicine	1.20	1.20	\$ 78.00	\$ 78.00
93282 00	Medicine	2.32	2.32	\$ 150.80	\$ 150.80
93282 26	Medicine	1.23	1.23	\$ 79.95	\$ 79.95
93282 TC	Medicine	1.09	1.09	\$ 70.85	\$ 70.85
93283 00	Medicine	2.84	2.84	\$ 184.60	\$ 184.60
93283 26	Medicine	1.65	1.65	\$ 107.25	\$ 107.25
93283 TC	Medicine	1.19	1.19	\$ 77.35	\$ 77.35
93284 00	Medicine	3.07	3.07	\$ 199.55	\$ 199.55
93284 26	Medicine	1.80	1.80	\$ 117.00	\$ 117.00
93284 TC	Medicine	1.27	1.27	\$ 82.55	\$ 82.55
93285 00	Medicine	1.73	1.73	\$ 112.45	\$ 112.45
93285 26	Medicine	0.75	0.75	\$ 48.75	\$ 48.75
93285 TC	Medicine	0.98	0.98	\$ 63.70	\$ 63.70
93286 00	Medicine	1.32	1.32	\$ 85.80	\$ 85.80
93286 26	Medicine	0.44	0.44	\$ 28.60	\$ 28.60
93286 TC	Medicine	0.88	0.88	\$ 57.20	\$ 57.20
93287 00	Medicine	1.54	1.54	\$ 100.10	\$ 100.10
93287 26	Medicine	0.66	0.66	\$ 42.90	\$ 42.90
93287 TC	Medicine	0.88	0.88	\$ 57.20	\$ 57.20
93288 00	Medicine	1.60	1.60	\$ 104.00	\$ 104.00
93288 26	Medicine	0.60	0.60	\$ 39.00	\$ 39.00
93288 TC	Medicine	1.00	1.00	\$ 65.00	\$ 65.00
93289 00	Medicine	2.09	2.09	\$ 135.85	\$ 135.85
93289 26	Medicine	1.08	1.08	\$ 70.20	\$ 70.20
93289 TC	Medicine	1.01	1.01	\$ 65.65	\$ 65.65
93290 00	Medicine	1.53	1.53	\$ 99.45	\$ 99.45
93290 26	Medicine	0.62	0.62	\$ 40.30	\$ 40.30
93290 TC	Medicine	0.91	0.91	\$ 59.15	\$ 59.15
93291 00	Medicine	1.41	1.41	\$ 91.65	\$ 91.65
93291 26	Medicine	0.53	0.53	\$ 34.45	\$ 34.45

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
93291 TC	Medicine	0.88	0.88	\$ 57.20	\$ 57.20
93292 00	Medicine	1.44	1.44	\$ 93.60	\$ 93.60
93292 26	Medicine	0.61	0.61	\$ 39.65	\$ 39.65
93292 TC	Medicine	0.83	0.83	\$ 53.95	\$ 53.95
93293 00	Medicine	1.48	1.48	\$ 96.20	\$ 96.20
93293 26	Medicine	0.43	0.43	\$ 27.95	\$ 27.95
93293 TC	Medicine	1.05	1.05	\$ 68.25	\$ 68.25
93294 00	Medicine	0.88	0.88	\$ 57.20	\$ 57.20
93295 00	Medicine	1.09	1.09	\$ 70.85	\$ 70.85
93296 00	Medicine	0.74	0.74	\$ 48.10	\$ 48.10
93297 00	Medicine	0.77	0.77	\$ 50.05	\$ 50.05
93298 00	Medicine	0.77	0.77	\$ 50.05	\$ 50.05
93303 00	Medicine	6.82	6.82	\$ 443.30	\$ 443.30
93303 26	Medicine	1.80	1.80	\$ 117.00	\$ 117.00
93303 TC	Medicine	5.02	5.02	\$ 326.30	\$ 326.30
93304 00	Medicine	4.78	4.78	\$ 310.70	\$ 310.70
93304 26	Medicine	1.06	1.06	\$ 68.90	\$ 68.90
93304 TC	Medicine	3.72	3.72	\$ 241.80	\$ 241.80
93306 00	Medicine	5.96	5.96	\$ 387.40	\$ 387.40
93306 26	Medicine	2.03	2.03	\$ 131.95	\$ 131.95
93306 TC	Medicine	3.93	3.93	\$ 255.45	\$ 255.45
93307 00	Medicine	4.21	4.21	\$ 273.65	\$ 273.65
93307 26	Medicine	1.30	1.30	\$ 84.50	\$ 84.50
93307 TC	Medicine	2.91	2.91	\$ 189.15	\$ 189.15
93308 00	Medicine	2.95	2.95	\$ 191.75	\$ 191.75
93308 26	Medicine	0.73	0.73	\$ 47.45	\$ 47.45
93308 TC	Medicine	2.22	2.22	\$ 144.30	\$ 144.30
93312 00	Medicine	7.23	7.23	\$ 469.95	\$ 469.95
93312 26	Medicine	3.13	3.13	\$ 203.45	\$ 203.45
93312 TC	Medicine	4.10	4.10	\$ 266.50	\$ 266.50
93313 00	Medicine	0.33	0.33	\$ 21.45	\$ 21.45
93314 00	Medicine	6.98	6.98	\$ 453.70	\$ 453.70
93314 26	Medicine	2.62	2.62	\$ 170.30	\$ 170.30
93314 TC	Medicine	4.36	4.36	\$ 283.40	\$ 283.40
93315 00	Medicine	-	-	\$ 482.30	\$ 482.30
93315 26	Medicine	3.69	3.69	\$ 239.85	\$ 239.85
93315 TC	Medicine	-	-	\$ 241.15	\$ 241.15
93316 00	Medicine	0.79	0.79	\$ 51.35	\$ 51.35
93317 00	Medicine	-	-	\$ 341.90	\$ 341.90
93317 26	Medicine	2.62	2.62	\$ 170.30	\$ 170.30
93317 TC	Medicine	-	-	\$ 170.95	\$ 170.95
93318 00	Medicine	-	-	\$ 388.70	\$ 388.70
93318 26	Medicine	2.99	2.99	\$ 194.35	\$ 194.35
93318 TC	Medicine	-	-	\$ 194.35	\$ 194.35
93320 00	Medicine	1.56	1.56	\$ 101.40	\$ 101.40
93320 26	Medicine	0.52	0.52	\$ 33.80	\$ 33.80
93320 TC	Medicine	1.04	1.04	\$ 67.60	\$ 67.60
93321 00	Medicine	0.78	0.78	\$ 50.70	\$ 50.70
93321 26	Medicine	0.21	0.21	\$ 13.65	\$ 13.65
93321 TC	Medicine	0.57	0.57	\$ 37.05	\$ 37.05
93325 00	Medicine	0.73	0.73	\$ 47.45	\$ 47.45
93325 26	Medicine	0.09	0.09	\$ 5.85	\$ 5.85
93325 TC	Medicine	0.64	0.64	\$ 41.60	\$ 41.60
93350 00	Medicine	5.64	5.64	\$ 366.60	\$ 366.60
93350 26	Medicine	2.03	2.03	\$ 131.95	\$ 131.95
93350 TC	Medicine	3.61	3.61	\$ 234.65	\$ 234.65
93351 00	Medicine	6.97	6.97	\$ 453.05	\$ 453.05
93351 26	Medicine	2.42	2.42	\$ 157.30	\$ 157.30
93351 TC	Medicine	4.55	4.55	\$ 295.75	\$ 295.75

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
93352 00	Medicine	0.98	0.98	\$ 63.70	\$ 63.70
93355 00	Medicine	6.61	6.61	\$ 429.65	\$ 429.65
93356 00	Medicine	1.18	0.35	\$ 76.70	\$ 22.75
93451 00	Medicine	26.77	26.77	\$ 1,740.05	\$ 1,740.05
93451 26	Medicine	3.81	3.81	\$ 247.65	\$ 247.65
93451 TC	Medicine	22.96	22.96	\$ 1,492.40	\$ 1,492.40
93452 00	Medicine	28.14	28.14	\$ 1,829.10	\$ 1,829.10
93452 26	Medicine	6.88	6.88	\$ 447.20	\$ 447.20
93452 TC	Medicine	21.26	21.26	\$ 1,381.90	\$ 1,381.90
93453 00	Medicine	35.91	35.91	\$ 2,334.15	\$ 2,334.15
93453 26	Medicine	9.22	9.22	\$ 599.30	\$ 599.30
93453 TC	Medicine	26.69	26.69	\$ 1,734.85	\$ 1,734.85
93454 00	Medicine	28.19	28.19	\$ 1,832.35	\$ 1,832.35
93454 26	Medicine	6.97	6.97	\$ 453.05	\$ 453.05
93454 TC	Medicine	21.22	21.22	\$ 1,379.30	\$ 1,379.30
93455 00	Medicine	31.66	31.66	\$ 2,057.90	\$ 2,057.90
93455 26	Medicine	8.12	8.12	\$ 527.80	\$ 527.80
93455 TC	Medicine	23.54	23.54	\$ 1,530.10	\$ 1,530.10
93456 00	Medicine	35.33	35.33	\$ 2,296.45	\$ 2,296.45
93456 26	Medicine	9.07	9.07	\$ 589.55	\$ 589.55
93456 TC	Medicine	26.26	26.26	\$ 1,706.90	\$ 1,706.90
93457 00	Medicine	38.76	38.76	\$ 2,519.40	\$ 2,519.40
93457 26	Medicine	10.21	10.21	\$ 663.65	\$ 663.65
93457 TC	Medicine	28.55	28.55	\$ 1,855.75	\$ 1,855.75
93458 00	Medicine	32.57	32.57	\$ 2,117.05	\$ 2,117.05
93458 26	Medicine	8.58	8.58	\$ 557.70	\$ 557.70
93458 TC	Medicine	23.99	23.99	\$ 1,559.35	\$ 1,559.35
93459 00	Medicine	35.22	35.22	\$ 2,289.30	\$ 2,289.30
93459 26	Medicine	9.74	9.74	\$ 633.10	\$ 633.10
93459 TC	Medicine	25.48	25.48	\$ 1,656.20	\$ 1,656.20
93460 00	Medicine	39.08	39.08	\$ 2,540.20	\$ 2,540.20
93460 26	Medicine	10.91	10.91	\$ 709.15	\$ 709.15
93460 TC	Medicine	28.17	28.17	\$ 1,831.05	\$ 1,831.05
93461 00	Medicine	43.33	43.33	\$ 2,816.45	\$ 2,816.45
93461 26	Medicine	12.04	12.04	\$ 782.60	\$ 782.60
93461 TC	Medicine	31.29	31.29	\$ 2,033.85	\$ 2,033.85
93462 00	Medicine	6.15	6.15	\$ 399.75	\$ 399.75
93463 00	Medicine	2.85	2.85	\$ 185.25	\$ 185.25
93464 00	Medicine	6.98	6.98	\$ 453.70	\$ 453.70
93464 26	Medicine	2.55	2.55	\$ 165.75	\$ 165.75
93464 TC	Medicine	4.43	4.43	\$ 287.95	\$ 287.95
93503 00	Medicine	2.55	2.55	\$ 165.75	\$ 165.75
93505 00	Medicine	20.70	20.70	\$ 1,345.50	\$ 1,345.50
93505 26	Medicine	6.52	6.52	\$ 423.80	\$ 423.80
93505 TC	Medicine	14.18	14.18	\$ 921.70	\$ 921.70
93530 00	Medicine	-	-	\$ 1,477.45	\$ 1,477.45
93530 26	Medicine	5.85	5.85	\$ 380.25	\$ 380.25
93530 TC	Medicine	-	-	\$ 1,093.30	\$ 1,093.30
93531 00	Medicine	-	-	\$ 3,211.00	\$ 3,211.00
93531 26	Medicine	12.23	12.23	\$ 794.95	\$ 794.95
93531 TC	Medicine	-	-	\$ 2,408.25	\$ 2,408.25
93532 00	Medicine	-	-	\$ 4,032.60	\$ 4,032.60
93532 26	Medicine	15.35	15.35	\$ 997.75	\$ 997.75
93532 TC	Medicine	-	-	\$ 3,024.45	\$ 3,024.45
93533 00	Medicine	-	-	\$ 3,380.00	\$ 3,380.00
93533 26	Medicine	10.27	10.27	\$ 667.55	\$ 667.55
93533 TC	Medicine	-	-	\$ 2,704.00	\$ 2,704.00
93561 00	Medicine	-	-	\$ 158.60	\$ 158.60
93561 26	Medicine	1.32	1.32	\$ 85.80	\$ 85.80

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
93561 TC	Medicine	-	-	\$ 72.80	\$ 72.80
93562 00	Medicine	-	-	\$ 183.30	\$ 183.30
93562 26	Medicine	1.08	1.08	\$ 70.20	\$ 70.20
93562 TC	Medicine	-	-	\$ 113.75	\$ 113.75
93563 00	Medicine	1.67	1.67	\$ 108.55	\$ 108.55
93564 00	Medicine	1.77	1.77	\$ 115.05	\$ 115.05
93565 00	Medicine	1.30	1.30	\$ 84.50	\$ 84.50
93566 00	Medicine	4.16	1.32	\$ 270.40	\$ 85.80
93567 00	Medicine	3.51	1.52	\$ 228.15	\$ 98.80
93568 00	Medicine	3.88	1.39	\$ 252.20	\$ 90.35
93571 00	Medicine	-	-	\$ 397.15	\$ 397.15
93571 26	Medicine	2.12	2.12	\$ 137.80	\$ 137.80
93571 TC	Medicine	-	-	\$ 258.05	\$ 258.05
93572 00	Medicine	-	-	\$ 214.50	\$ 214.50
93572 26	Medicine	1.54	1.54	\$ 100.10	\$ 100.10
93572 TC	Medicine	-	-	\$ 113.75	\$ 113.75
93580 00	Medicine	28.37	28.37	\$ 1,844.05	\$ 1,844.05
93581 00	Medicine	38.66	38.66	\$ 2,512.90	\$ 2,512.90
93582 00	Medicine	19.34	19.34	\$ 1,257.10	\$ 1,257.10
93583 00	Medicine	21.64	21.64	\$ 1,406.60	\$ 1,406.60
93590 00	Medicine	31.31	31.31	\$ 2,035.15	\$ 2,035.15
93591 00	Medicine	25.85	25.85	\$ 1,680.25	\$ 1,680.25
93592 00	Medicine	11.39	11.39	\$ 740.35	\$ 740.35
93600 00	Medicine	-	-	\$ 378.30	\$ 378.30
93600 26	Medicine	3.48	3.48	\$ 226.20	\$ 226.20
93600 TC	Medicine	-	-	\$ 151.45	\$ 151.45
93602 00	Medicine	-	-	\$ 308.75	\$ 308.75
93602 26	Medicine	3.42	3.42	\$ 222.30	\$ 222.30
93602 TC	Medicine	-	-	\$ 86.45	\$ 86.45
93603 00	Medicine	-	-	\$ 353.60	\$ 353.60
93603 26	Medicine	3.42	3.42	\$ 222.30	\$ 222.30
93603 TC	Medicine	-	-	\$ 130.65	\$ 130.65
93609 00	Medicine	-	-	\$ 737.75	\$ 737.75
93609 26	Medicine	8.10	8.10	\$ 526.50	\$ 526.50
93609 TC	Medicine	-	-	\$ 206.70	\$ 206.70
93610 00	Medicine	-	-	\$ 420.55	\$ 420.55
93610 26	Medicine	4.80	4.80	\$ 312.00	\$ 312.00
93610 TC	Medicine	-	-	\$ 105.30	\$ 105.30
93612 00	Medicine	-	-	\$ 434.20	\$ 434.20
93612 26	Medicine	4.76	4.76	\$ 309.40	\$ 309.40
93612 TC	Medicine	-	-	\$ 121.55	\$ 121.55
93613 00	Medicine	8.67	8.67	\$ 563.55	\$ 563.55
93615 00	Medicine	-	-	\$ 89.70	\$ 89.70
93615 26	Medicine	1.09	1.09	\$ 70.85	\$ 70.85
93615 TC	Medicine	-	-	\$ 18.85	\$ 18.85
93616 00	Medicine	-	-	\$ 148.85	\$ 148.85
93616 26	Medicine	1.71	1.71	\$ 111.15	\$ 111.15
93616 TC	Medicine	-	-	\$ 37.05	\$ 37.05
93618 00	Medicine	-	-	\$ 700.70	\$ 700.70
93618 26	Medicine	6.41	6.41	\$ 416.65	\$ 416.65
93618 TC	Medicine	-	-	\$ 280.15	\$ 280.15
93619 00	Medicine	-	-	\$ 1,311.70	\$ 1,311.70
93619 26	Medicine	11.43	11.43	\$ 742.95	\$ 742.95
93619 TC	Medicine	-	-	\$ 564.20	\$ 564.20
93620 00	Medicine	-	-	\$ 1,599.65	\$ 1,599.65
93620 26	Medicine	18.31	18.31	\$ 1,190.15	\$ 1,190.15
93620 TC	Medicine	-	-	\$ 399.75	\$ 399.75
93621 00	Medicine	-	-	\$ 297.05	\$ 297.05
93621 26	Medicine	3.42	3.42	\$ 222.30	\$ 222.30

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
93621 TC	Medicine	-	-	\$ 74.10	\$ 74.10
93622 00	Medicine	-	-	\$ 438.75	\$ 438.75
93622 26	Medicine	5.02	5.02	\$ 326.30	\$ 326.30
93622 TC	Medicine	-	-	\$ 109.85	\$ 109.85
93623 00	Medicine	-	-	\$ 322.40	\$ 322.40
93623 26	Medicine	3.72	3.72	\$ 241.80	\$ 241.80
93623 TC	Medicine	-	-	\$ 80.60	\$ 80.60
93624 00	Medicine	-	-	\$ 590.20	\$ 590.20
93624 26	Medicine	6.98	6.98	\$ 453.70	\$ 453.70
93624 TC	Medicine	-	-	\$ 130.00	\$ 130.00
93631 00	Medicine	-	-	\$ 1,002.95	\$ 1,002.95
93631 26	Medicine	11.52	11.52	\$ 748.80	\$ 748.80
93631 TC	Medicine	-	-	\$ 250.90	\$ 250.90
93640 00	Medicine	-	-	\$ 854.75	\$ 854.75
93640 26	Medicine	5.23	5.23	\$ 339.95	\$ 339.95
93640 TC	Medicine	-	-	\$ 512.85	\$ 512.85
93641 00	Medicine	-	-	\$ 1,125.80	\$ 1,125.80
93641 26	Medicine	9.10	9.10	\$ 591.50	\$ 591.50
93641 TC	Medicine	-	-	\$ 529.10	\$ 529.10
93642 00	Medicine	9.86	9.86	\$ 640.90	\$ 640.90
93642 26	Medicine	7.42	7.42	\$ 482.30	\$ 482.30
93642 TC	Medicine	2.44	2.44	\$ 158.60	\$ 158.60
93644 00	Medicine	5.75	5.75	\$ 373.75	\$ 373.75
93644 26	Medicine	4.19	4.19	\$ 272.35	\$ 272.35
93644 TC	Medicine	1.56	1.56	\$ 101.40	\$ 101.40
93650 00	Medicine	17.28	17.28	\$ 1,123.20	\$ 1,123.20
93653 00	Medicine	24.44	24.44	\$ 1,588.60	\$ 1,588.60
93654 00	Medicine	32.71	32.71	\$ 2,126.15	\$ 2,126.15
93655 00	Medicine	12.44	12.44	\$ 808.60	\$ 808.60
93656 00	Medicine	32.82	32.82	\$ 2,133.30	\$ 2,133.30
93657 00	Medicine	12.43	12.43	\$ 807.95	\$ 807.95
93660 00	Medicine	4.59	4.59	\$ 298.35	\$ 298.35
93660 26	Medicine	2.66	2.66	\$ 172.90	\$ 172.90
93660 TC	Medicine	1.93	1.93	\$ 125.45	\$ 125.45
93662 00	Medicine	-	-	\$ 286.65	\$ 286.65
93662 26	Medicine	3.30	3.30	\$ 214.50	\$ 214.50
93662 TC	Medicine	-	-	\$ 72.15	\$ 72.15
93668 00	Medicine	0.41	0.41	\$ 26.65	\$ 26.65
93701 00	Medicine	0.81	0.81	\$ 52.65	\$ 52.65
93702 00	Medicine	4.30	4.30	\$ 279.50	\$ 279.50
93724 00	Medicine	8.26	8.26	\$ 536.90	\$ 536.90
93724 26	Medicine	6.99	6.99	\$ 454.35	\$ 454.35
93724 TC	Medicine	1.27	1.27	\$ 82.55	\$ 82.55
93740 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
93745 00	Medicine	-	-	\$ 191.10	\$ 191.10
93745 26	Medicine	-	-	\$ 124.15	\$ 124.15
93745 TC	Medicine	-	-	\$ 66.95	\$ 66.95
93750 00	Medicine	1.44	1.14	\$ 93.60	\$ 74.10
93770 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
93784 00	Medicine	1.35	1.35	\$ 87.75	\$ 87.75
93786 00	Medicine	0.67	0.67	\$ 43.55	\$ 43.55
93788 00	Medicine	0.15	0.15	\$ 9.75	\$ 9.75
93790 00	Medicine	0.53	0.53	\$ 34.45	\$ 34.45
93792 00	Medicine	1.94	1.94	\$ 126.10	\$ 126.10
93793 00	Medicine	0.33	0.33	\$ 21.45	\$ 21.45
93797 00	Medicine	0.49	0.27	\$ 31.85	\$ 17.55
93798 00	Medicine	0.75	0.40	\$ 48.75	\$ 26.00
93799 00	Medicine	0.00	0.00	BR	BR
93799 26	Medicine	0.00	0.00	BR	BR

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
93799 TC	Medicine	0.00	0.00	BR	BR
93880 00	Medicine	5.85	5.85	\$ 380.25	\$ 380.25
93880 26	Medicine	1.12	1.12	\$ 72.80	\$ 72.80
93880 TC	Medicine	4.73	4.73	\$ 307.45	\$ 307.45
93882 00	Medicine	3.81	3.81	\$ 247.65	\$ 247.65
93882 26	Medicine	0.71	0.71	\$ 46.15	\$ 46.15
93882 TC	Medicine	3.10	3.10	\$ 201.50	\$ 201.50
93886 00	Medicine	8.14	8.14	\$ 529.10	\$ 529.10
93886 26	Medicine	1.35	1.35	\$ 87.75	\$ 87.75
93886 TC	Medicine	6.79	6.79	\$ 441.35	\$ 441.35
93888 00	Medicine	4.90	4.90	\$ 318.50	\$ 318.50
93888 26	Medicine	0.74	0.74	\$ 48.10	\$ 48.10
93888 TC	Medicine	4.16	4.16	\$ 270.40	\$ 270.40
93890 00	Medicine	8.36	8.36	\$ 543.40	\$ 543.40
93890 26	Medicine	1.47	1.47	\$ 95.55	\$ 95.55
93890 TC	Medicine	6.89	6.89	\$ 447.85	\$ 447.85
93892 00	Medicine	9.38	9.38	\$ 609.70	\$ 609.70
93892 26	Medicine	1.70	1.70	\$ 110.50	\$ 110.50
93892 TC	Medicine	7.68	7.68	\$ 499.20	\$ 499.20
93893 00	Medicine	11.13	11.13	\$ 723.45	\$ 723.45
93893 26	Medicine	1.73	1.73	\$ 112.45	\$ 112.45
93893 TC	Medicine	9.40	9.40	\$ 611.00	\$ 611.00
93895 00	Medicine	0.00	0.00	BR	BR
93895 26	Medicine	0.00	0.00	BR	BR
93895 TC	Medicine	0.00	0.00	BR	BR
93922 00	Medicine	2.50	2.50	\$ 162.50	\$ 162.50
93922 26	Medicine	0.37	0.37	\$ 24.05	\$ 24.05
93922 TC	Medicine	2.13	2.13	\$ 138.45	\$ 138.45
93923 00	Medicine	3.87	3.87	\$ 251.55	\$ 251.55
93923 26	Medicine	0.63	0.63	\$ 40.95	\$ 40.95
93923 TC	Medicine	3.24	3.24	\$ 210.60	\$ 210.60
93924 00	Medicine	4.80	4.80	\$ 312.00	\$ 312.00
93924 26	Medicine	0.70	0.70	\$ 45.50	\$ 45.50
93924 TC	Medicine	4.10	4.10	\$ 266.50	\$ 266.50
93925 00	Medicine	7.45	7.45	\$ 484.25	\$ 484.25
93925 26	Medicine	1.10	1.10	\$ 71.50	\$ 71.50
93925 TC	Medicine	6.35	6.35	\$ 412.75	\$ 412.75
93926 00	Medicine	4.39	4.39	\$ 285.35	\$ 285.35
93926 26	Medicine	0.68	0.68	\$ 44.20	\$ 44.20
93926 TC	Medicine	3.71	3.71	\$ 241.15	\$ 241.15
93930 00	Medicine	6.05	6.05	\$ 393.25	\$ 393.25
93930 26	Medicine	1.14	1.14	\$ 74.10	\$ 74.10
93930 TC	Medicine	4.91	4.91	\$ 319.15	\$ 319.15
93931 00	Medicine	3.78	3.78	\$ 245.70	\$ 245.70
93931 26	Medicine	0.70	0.70	\$ 45.50	\$ 45.50
93931 TC	Medicine	3.08	3.08	\$ 200.20	\$ 200.20
93970 00	Medicine	5.74	5.74	\$ 373.10	\$ 373.10
93970 26	Medicine	0.97	0.97	\$ 63.05	\$ 63.05
93970 TC	Medicine	4.77	4.77	\$ 310.05	\$ 310.05
93971 00	Medicine	3.61	3.61	\$ 234.65	\$ 234.65
93971 26	Medicine	0.63	0.63	\$ 40.95	\$ 40.95
93971 TC	Medicine	2.98	2.98	\$ 193.70	\$ 193.70
93975 00	Medicine	8.14	8.14	\$ 529.10	\$ 529.10
93975 26	Medicine	1.63	1.63	\$ 105.95	\$ 105.95
93975 TC	Medicine	6.51	6.51	\$ 423.15	\$ 423.15
93976 00	Medicine	4.81	4.81	\$ 312.65	\$ 312.65
93976 26	Medicine	1.12	1.12	\$ 72.80	\$ 72.80
93976 TC	Medicine	3.69	3.69	\$ 239.85	\$ 239.85
93978 00	Medicine	5.53	5.53	\$ 359.45	\$ 359.45

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
93978 26	Medicine	1.13	1.13	\$ 73.45	\$ 73.45
93978 TC	Medicine	4.40	4.40	\$ 286.00	\$ 286.00
93979 00	Medicine	3.57	3.57	\$ 232.05	\$ 232.05
93979 26	Medicine	0.69	0.69	\$ 44.85	\$ 44.85
93979 TC	Medicine	2.88	2.88	\$ 187.20	\$ 187.20
93980 00	Medicine	3.52	3.52	\$ 228.80	\$ 228.80
93980 26	Medicine	1.75	1.75	\$ 113.75	\$ 113.75
93980 TC	Medicine	1.77	1.77	\$ 115.05	\$ 115.05
93981 00	Medicine	2.14	2.14	\$ 139.10	\$ 139.10
93981 26	Medicine	0.61	0.61	\$ 39.65	\$ 39.65
93981 TC	Medicine	1.53	1.53	\$ 99.45	\$ 99.45
93985 00	Medicine	7.84	7.84	\$ 509.60	\$ 509.60
93985 26	Medicine	1.12	1.12	\$ 72.80	\$ 72.80
93985 TC	Medicine	6.72	6.72	\$ 436.80	\$ 436.80
93986 00	Medicine	4.53	4.53	\$ 294.45	\$ 294.45
93986 26	Medicine	0.69	0.69	\$ 44.85	\$ 44.85
93986 TC	Medicine	3.84	3.84	\$ 249.60	\$ 249.60
93990 00	Medicine	4.51	4.51	\$ 293.15	\$ 293.15
93990 26	Medicine	0.70	0.70	\$ 45.50	\$ 45.50
93990 TC	Medicine	3.81	3.81	\$ 247.65	\$ 247.65
93998 00	Medicine	0.00	0.00	BR	BR
94002 00	Medicine	2.66	2.66	\$ 172.90	\$ 172.90
94003 00	Medicine	1.90	1.90	\$ 123.50	\$ 123.50
94004 00	Medicine	1.40	1.40	\$ 91.00	\$ 91.00
94005 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
94010 00	Medicine	0.86	0.86	\$ 55.90	\$ 55.90
94010 26	Medicine	0.24	0.24	\$ 15.60	\$ 15.60
94010 TC	Medicine	0.62	0.62	\$ 40.30	\$ 40.30
94011 00	Medicine	2.50	2.50	\$ 162.50	\$ 162.50
94012 00	Medicine	4.06	4.06	\$ 263.90	\$ 263.90
94013 00	Medicine	0.57	0.57	\$ 37.05	\$ 37.05
94014 00	Medicine	1.62	1.62	\$ 105.30	\$ 105.30
94015 00	Medicine	0.90	0.90	\$ 58.50	\$ 58.50
94016 00	Medicine	0.72	0.72	\$ 46.80	\$ 46.80
94060 00	Medicine	1.35	1.35	\$ 87.75	\$ 87.75
94060 26	Medicine	0.30	0.30	\$ 19.50	\$ 19.50
94060 TC	Medicine	1.05	1.05	\$ 68.25	\$ 68.25
94070 00	Medicine	1.81	1.81	\$ 117.65	\$ 117.65
94070 26	Medicine	0.82	0.82	\$ 53.30	\$ 53.30
94070 TC	Medicine	0.99	0.99	\$ 64.35	\$ 64.35
94150 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
94150 26	Medicine	0.00	0.00	Bundled Code	Bundled Code
94150 TC	Medicine	0.00	0.00	Bundled Code	Bundled Code
94200 00	Medicine	0.52	0.52	\$ 33.80	\$ 33.80
94200 26	Medicine	0.11	0.11	\$ 7.15	\$ 7.15
94200 TC	Medicine	0.41	0.41	\$ 26.65	\$ 26.65
94375 00	Medicine	1.13	1.13	\$ 73.45	\$ 73.45
94375 26	Medicine	0.42	0.42	\$ 27.30	\$ 27.30
94375 TC	Medicine	0.71	0.71	\$ 46.15	\$ 46.15
94450 00	Medicine	1.79	1.79	\$ 116.35	\$ 116.35
94450 26	Medicine	0.53	0.53	\$ 34.45	\$ 34.45
94450 TC	Medicine	1.26	1.26	\$ 81.90	\$ 81.90
94452 00	Medicine	1.49	1.49	\$ 96.85	\$ 96.85
94452 26	Medicine	0.41	0.41	\$ 26.65	\$ 26.65
94452 TC	Medicine	1.08	1.08	\$ 70.20	\$ 70.20
94453 00	Medicine	2.05	2.05	\$ 133.25	\$ 133.25
94453 26	Medicine	0.54	0.54	\$ 35.10	\$ 35.10
94453 TC	Medicine	1.51	1.51	\$ 98.15	\$ 98.15
94610 00	Medicine	1.60	1.60	\$ 104.00	\$ 104.00

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
94617 00	Medicine	2.74	2.74	\$ 178.10	\$ 178.10
94617 26	Medicine	0.97	0.97	\$ 63.05	\$ 63.05
94617 TC	Medicine	1.77	1.77	\$ 115.05	\$ 115.05
94618 00	Medicine	0.97	0.97	\$ 63.05	\$ 63.05
94618 26	Medicine	0.65	0.65	\$ 42.25	\$ 42.25
94618 TC	Medicine	0.32	0.32	\$ 20.80	\$ 20.80
94619 00	Medicine	2.13	2.13	\$ 138.45	\$ 138.45
94619 26	Medicine	0.68	0.68	\$ 44.20	\$ 44.20
94619 TC	Medicine	1.45	1.45	\$ 94.25	\$ 94.25
94621 00	Medicine	4.59	4.59	\$ 298.35	\$ 298.35
94621 26	Medicine	1.98	1.98	\$ 128.70	\$ 128.70
94621 TC	Medicine	2.61	2.61	\$ 169.65	\$ 169.65
94640 00	Medicine	0.41	0.41	\$ 26.65	\$ 26.65
94642 00	Medicine	-	-	\$ 82.55	\$ 82.55
94644 00	Medicine	1.76	1.76	\$ 114.40	\$ 114.40
94645 00	Medicine	0.48	0.48	\$ 31.20	\$ 31.20
94660 00	Medicine	1.83	1.09	\$ 118.95	\$ 70.85
94662 00	Medicine	1.03	1.03	\$ 66.95	\$ 66.95
94664 00	Medicine	0.49	0.49	\$ 31.85	\$ 31.85
94667 00	Medicine	0.62	0.62	\$ 40.30	\$ 40.30
94668 00	Medicine	0.96	0.96	\$ 62.40	\$ 62.40
94669 00	Medicine	0.67	0.67	\$ 43.55	\$ 43.55
94680 00	Medicine	1.55	1.55	\$ 100.75	\$ 100.75
94680 26	Medicine	0.36	0.36	\$ 23.40	\$ 23.40
94680 TC	Medicine	1.19	1.19	\$ 77.35	\$ 77.35
94681 00	Medicine	1.49	1.49	\$ 96.85	\$ 96.85
94681 26	Medicine	0.29	0.29	\$ 18.85	\$ 18.85
94681 TC	Medicine	1.20	1.20	\$ 78.00	\$ 78.00
94690 00	Medicine	1.28	1.28	\$ 83.20	\$ 83.20
94690 26	Medicine	0.11	0.11	\$ 7.15	\$ 7.15
94690 TC	Medicine	1.17	1.17	\$ 76.05	\$ 76.05
94726 00	Medicine	1.59	1.59	\$ 103.35	\$ 103.35
94726 26	Medicine	0.35	0.35	\$ 22.75	\$ 22.75
94726 TC	Medicine	1.24	1.24	\$ 80.60	\$ 80.60
94727 00	Medicine	1.28	1.28	\$ 83.20	\$ 83.20
94727 26	Medicine	0.35	0.35	\$ 22.75	\$ 22.75
94727 TC	Medicine	0.93	0.93	\$ 60.45	\$ 60.45
94728 00	Medicine	1.19	1.19	\$ 77.35	\$ 77.35
94728 26	Medicine	0.36	0.36	\$ 23.40	\$ 23.40
94728 TC	Medicine	0.83	0.83	\$ 53.95	\$ 53.95
94729 00	Medicine	1.73	1.73	\$ 112.45	\$ 112.45
94729 26	Medicine	0.26	0.26	\$ 16.90	\$ 16.90
94729 TC	Medicine	1.47	1.47	\$ 95.55	\$ 95.55
94760 00	Medicine	0.07	0.07	\$ 4.55	\$ 4.55
94761 00	Medicine	0.11	0.11	\$ 7.15	\$ 7.15
94762 00	Medicine	0.79	0.79	\$ 51.35	\$ 51.35
94772 00	Medicine	-	-	\$ 581.75	\$ 581.75
94772 26	Medicine	-	-	\$ 232.70	\$ 232.70
94772 TC	Medicine	-	-	\$ 349.05	\$ 349.05
94774 00	Medicine	-	-	\$ 549.90	\$ 549.90
94775 00	Medicine	-	-	\$ 86.45	\$ 86.45
94776 00	Medicine	-	-	\$ 411.45	\$ 411.45
94777 00	Medicine	-	-	\$ 51.35	\$ 51.35
94780 00	Medicine	1.48	0.69	\$ 96.20	\$ 44.85
94781 00	Medicine	0.58	0.24	\$ 37.70	\$ 15.60
94799 00	Medicine	0.00	0.00	BR	BR
94799 26	Medicine	0.00	0.00	BR	BR
94799 TC	Medicine	0.00	0.00	BR	BR
95004 00	Medicine	0.12	0.12	\$ 7.80	\$ 7.80

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
95012 00	Medicine	0.58	0.58	\$ 37.70	\$ 37.70
95017 00	Medicine	0.25	0.11	\$ 16.25	\$ 7.15
95018 00	Medicine	0.62	0.21	\$ 40.30	\$ 13.65
95024 00	Medicine	0.25	0.03	\$ 16.25	\$ 1.95
95027 00	Medicine	0.14	0.14	\$ 9.10	\$ 9.10
95028 00	Medicine	0.38	0.38	\$ 24.70	\$ 24.70
95044 00	Medicine	0.16	0.16	\$ 10.40	\$ 10.40
95052 00	Medicine	0.20	0.20	\$ 13.00	\$ 13.00
95056 00	Medicine	1.41	1.41	\$ 91.65	\$ 91.65
95060 00	Medicine	1.06	1.06	\$ 68.90	\$ 68.90
95065 00	Medicine	0.78	0.78	\$ 50.70	\$ 50.70
95070 00	Medicine	1.02	1.02	\$ 66.30	\$ 66.30
95076 00	Medicine	3.44	2.14	\$ 223.60	\$ 139.10
95079 00	Medicine	2.44	1.97	\$ 158.60	\$ 128.05
95115 00	Medicine	0.27	0.27	\$ 17.55	\$ 17.55
95117 00	Medicine	0.33	0.33	\$ 21.45	\$ 21.45
95120 00	Medicine	-	-	\$ 22.75	\$ 22.75
95125 00	Medicine	-	-	\$ 27.95	\$ 27.95
95130 00	Medicine	-	-	\$ 39.00	\$ 39.00
95131 00	Medicine	-	-	\$ 50.05	\$ 50.05
95132 00	Medicine	-	-	\$ 60.45	\$ 60.45
95133 00	Medicine	-	-	\$ 72.80	\$ 72.80
95134 00	Medicine	-	-	\$ 87.10	\$ 87.10
95144 00	Medicine	0.48	0.09	\$ 31.20	\$ 5.85
95145 00	Medicine	1.00	0.09	\$ 65.00	\$ 5.85
95146 00	Medicine	1.84	0.09	\$ 119.60	\$ 5.85
95147 00	Medicine	1.82	0.09	\$ 118.30	\$ 5.85
95148 00	Medicine	2.66	0.09	\$ 172.90	\$ 5.85
95149 00	Medicine	3.54	0.09	\$ 230.10	\$ 5.85
95165 00	Medicine	0.46	0.09	\$ 29.90	\$ 5.85
95170 00	Medicine	0.34	0.09	\$ 22.10	\$ 5.85
95180 00	Medicine	3.95	2.97	\$ 256.75	\$ 193.05
95199 00	Medicine	0.00	0.00	BR	BR
95249 00	Medicine	1.68	1.68	\$ 109.20	\$ 109.20
95250 00	Medicine	4.51	4.51	\$ 293.15	\$ 293.15
95251 00	Medicine	1.02	1.02	\$ 66.30	\$ 66.30
95700 00	Medicine	-	-	\$ 458.90	\$ 458.90
95705 00	Medicine	-	-	\$ 378.95	\$ 378.95
95706 00	Medicine	-	-	\$ 700.05	\$ 700.05
95707 00	Medicine	-	-	\$ 817.70	\$ 817.70
95708 00	Medicine	-	-	\$ 557.05	\$ 557.05
95709 00	Medicine	-	-	\$ 1,372.15	\$ 1,372.15
95710 00	Medicine	-	-	\$ 1,726.40	\$ 1,726.40
95711 00	Medicine	-	-	\$ 403.00	\$ 403.00
95712 00	Medicine	-	-	\$ 817.70	\$ 817.70
95713 00	Medicine	-	-	\$ 1,065.35	\$ 1,065.35
95714 00	Medicine	-	-	\$ 594.75	\$ 594.75
95715 00	Medicine	-	-	\$ 1,585.35	\$ 1,585.35
95716 00	Medicine	-	-	\$ 2,151.50	\$ 2,151.50
95717 00	Medicine	2.96	2.93	\$ 192.40	\$ 190.45
95718 00	Medicine	3.95	3.88	\$ 256.75	\$ 252.20
95719 00	Medicine	4.58	4.53	\$ 297.70	\$ 294.45
95720 00	Medicine	6.05	5.96	\$ 393.25	\$ 387.40
95721 00	Medicine	6.09	5.97	\$ 395.85	\$ 388.05
95722 00	Medicine	7.42	7.28	\$ 482.30	\$ 473.20
95723 00	Medicine	7.57	7.40	\$ 492.05	\$ 481.00
95724 00	Medicine	9.47	9.29	\$ 615.55	\$ 603.85
95725 00	Medicine	8.65	8.44	\$ 562.25	\$ 548.60
95726 00	Medicine	12.00	11.76	\$ 780.00	\$ 764.40

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
95782 00	Medicine	27.14	27.14	\$ 1,764.10	\$ 1,764.10
95782 26	Medicine	3.62	3.62	\$ 235.30	\$ 235.30
95782 TC	Medicine	23.52	23.52	\$ 1,528.80	\$ 1,528.80
95783 00	Medicine	28.77	28.77	\$ 1,870.05	\$ 1,870.05
95783 26	Medicine	3.93	3.93	\$ 255.45	\$ 255.45
95783 TC	Medicine	24.84	24.84	\$ 1,614.60	\$ 1,614.60
95800 00	Medicine	4.88	4.88	\$ 317.20	\$ 317.20
95800 26	Medicine	1.20	1.20	\$ 78.00	\$ 78.00
95800 TC	Medicine	3.68	3.68	\$ 239.20	\$ 239.20
95801 00	Medicine	2.62	2.62	\$ 170.30	\$ 170.30
95801 26	Medicine	1.20	1.20	\$ 78.00	\$ 78.00
95801 TC	Medicine	1.42	1.42	\$ 92.30	\$ 92.30
95803 00	Medicine	4.50	4.50	\$ 292.50	\$ 292.50
95803 26	Medicine	1.29	1.29	\$ 83.85	\$ 83.85
95803 TC	Medicine	3.21	3.21	\$ 208.65	\$ 208.65
95805 00	Medicine	12.30	12.30	\$ 799.50	\$ 799.50
95805 26	Medicine	1.68	1.68	\$ 109.20	\$ 109.20
95805 TC	Medicine	10.62	10.62	\$ 690.30	\$ 690.30
95806 00	Medicine	2.94	2.94	\$ 191.10	\$ 191.10
95806 26	Medicine	1.30	1.30	\$ 84.50	\$ 84.50
95806 TC	Medicine	1.64	1.64	\$ 106.60	\$ 106.60
95807 00	Medicine	11.66	11.66	\$ 757.90	\$ 757.90
95807 26	Medicine	1.76	1.76	\$ 114.40	\$ 114.40
95807 TC	Medicine	9.90	9.90	\$ 643.50	\$ 643.50
95808 00	Medicine	19.34	19.34	\$ 1,257.10	\$ 1,257.10
95808 26	Medicine	2.51	2.51	\$ 163.15	\$ 163.15
95808 TC	Medicine	16.83	16.83	\$ 1,093.95	\$ 1,093.95
95810 00	Medicine	18.02	18.02	\$ 1,171.30	\$ 1,171.30
95810 26	Medicine	3.48	3.48	\$ 226.20	\$ 226.20
95810 TC	Medicine	14.54	14.54	\$ 945.10	\$ 945.10
95811 00	Medicine	18.81	18.81	\$ 1,222.65	\$ 1,222.65
95811 26	Medicine	3.61	3.61	\$ 234.65	\$ 234.65
95811 TC	Medicine	15.20	15.20	\$ 988.00	\$ 988.00
95812 00	Medicine	10.13	10.13	\$ 658.45	\$ 658.45
95812 26	Medicine	1.66	1.66	\$ 107.90	\$ 107.90
95812 TC	Medicine	8.47	8.47	\$ 550.55	\$ 550.55
95813 00	Medicine	12.46	12.46	\$ 809.90	\$ 809.90
95813 26	Medicine	2.53	2.53	\$ 164.45	\$ 164.45
95813 TC	Medicine	9.93	9.93	\$ 645.45	\$ 645.45
95816 00	Medicine	11.08	11.08	\$ 720.20	\$ 720.20
95816 26	Medicine	1.66	1.66	\$ 107.90	\$ 107.90
95816 TC	Medicine	9.42	9.42	\$ 612.30	\$ 612.30
95819 00	Medicine	13.29	13.29	\$ 863.85	\$ 863.85
95819 26	Medicine	1.67	1.67	\$ 108.55	\$ 108.55
95819 TC	Medicine	11.62	11.62	\$ 755.30	\$ 755.30
95822 00	Medicine	12.12	12.12	\$ 787.80	\$ 787.80
95822 26	Medicine	1.67	1.67	\$ 108.55	\$ 108.55
95822 TC	Medicine	10.45	10.45	\$ 679.25	\$ 679.25
95824 00	Medicine	-	-	\$ 191.75	\$ 191.75
95824 26	Medicine	1.14	1.14	\$ 74.10	\$ 74.10
95824 TC	Medicine	-	-	\$ 117.00	\$ 117.00
95829 00	Medicine	56.36	56.36	\$ 3,663.40	\$ 3,663.40
95829 26	Medicine	9.69	9.69	\$ 629.85	\$ 629.85
95829 TC	Medicine	46.67	46.67	\$ 3,033.55	\$ 3,033.55
95830 00	Medicine	18.98	2.69	\$ 1,233.70	\$ 174.85
95836 00	Medicine	3.07	3.07	\$ 199.55	\$ 199.55
95851 00	Medicine	0.66	0.22	\$ 42.90	\$ 14.30
95852 00	Medicine	0.53	0.16	\$ 34.45	\$ 10.40
95857 00	Medicine	1.63	0.86	\$ 105.95	\$ 55.90

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
95860 00	Medicine	3.49	3.49	\$ 226.85	\$ 226.85
95860 26	Medicine	1.49	1.49	\$ 96.85	\$ 96.85
95860 TC	Medicine	2.00	2.00	\$ 130.00	\$ 130.00
95861 00	Medicine	5.04	5.04	\$ 327.60	\$ 327.60
95861 26	Medicine	2.37	2.37	\$ 154.05	\$ 154.05
95861 TC	Medicine	2.67	2.67	\$ 173.55	\$ 173.55
95863 00	Medicine	6.57	6.57	\$ 427.05	\$ 427.05
95863 26	Medicine	2.88	2.88	\$ 187.20	\$ 187.20
95863 TC	Medicine	3.69	3.69	\$ 239.85	\$ 239.85
95864 00	Medicine	7.35	7.35	\$ 477.75	\$ 477.75
95864 26	Medicine	3.09	3.09	\$ 200.85	\$ 200.85
95864 TC	Medicine	4.26	4.26	\$ 276.90	\$ 276.90
95865 00	Medicine	4.58	4.58	\$ 297.70	\$ 297.70
95865 26	Medicine	2.40	2.40	\$ 156.00	\$ 156.00
95865 TC	Medicine	2.18	2.18	\$ 141.70	\$ 141.70
95866 00	Medicine	3.99	3.99	\$ 259.35	\$ 259.35
95866 26	Medicine	1.90	1.90	\$ 123.50	\$ 123.50
95866 TC	Medicine	2.09	2.09	\$ 135.85	\$ 135.85
95867 00	Medicine	3.29	3.29	\$ 213.85	\$ 213.85
95867 26	Medicine	1.22	1.22	\$ 79.30	\$ 79.30
95867 TC	Medicine	2.07	2.07	\$ 134.55	\$ 134.55
95868 00	Medicine	4.29	4.29	\$ 278.85	\$ 278.85
95868 26	Medicine	1.82	1.82	\$ 118.30	\$ 118.30
95868 TC	Medicine	2.47	2.47	\$ 160.55	\$ 160.55
95869 00	Medicine	3.00	3.00	\$ 195.00	\$ 195.00
95869 26	Medicine	0.58	0.58	\$ 37.70	\$ 37.70
95869 TC	Medicine	2.42	2.42	\$ 157.30	\$ 157.30
95870 00	Medicine	2.68	2.68	\$ 174.20	\$ 174.20
95870 26	Medicine	0.57	0.57	\$ 37.05	\$ 37.05
95870 TC	Medicine	2.11	2.11	\$ 137.15	\$ 137.15
95872 00	Medicine	6.01	6.01	\$ 390.65	\$ 390.65
95872 26	Medicine	4.44	4.44	\$ 288.60	\$ 288.60
95872 TC	Medicine	1.57	1.57	\$ 102.05	\$ 102.05
95873 00	Medicine	2.33	2.33	\$ 151.45	\$ 151.45
95873 26	Medicine	0.58	0.58	\$ 37.70	\$ 37.70
95873 TC	Medicine	1.75	1.75	\$ 113.75	\$ 113.75
95874 00	Medicine	2.43	2.43	\$ 157.95	\$ 157.95
95874 26	Medicine	0.57	0.57	\$ 37.05	\$ 37.05
95874 TC	Medicine	1.86	1.86	\$ 120.90	\$ 120.90
95875 00	Medicine	4.03	4.03	\$ 261.95	\$ 261.95
95875 26	Medicine	1.70	1.70	\$ 110.50	\$ 110.50
95875 TC	Medicine	2.33	2.33	\$ 151.45	\$ 151.45
95885 00	Medicine	1.95	1.95	\$ 126.75	\$ 126.75
95885 26	Medicine	0.54	0.54	\$ 35.10	\$ 35.10
95885 TC	Medicine	1.41	1.41	\$ 91.65	\$ 91.65
95886 00	Medicine	2.99	2.99	\$ 194.35	\$ 194.35
95886 26	Medicine	1.33	1.33	\$ 86.45	\$ 86.45
95886 TC	Medicine	1.66	1.66	\$ 107.90	\$ 107.90
95887 00	Medicine	2.59	2.59	\$ 168.35	\$ 168.35
95887 26	Medicine	1.09	1.09	\$ 70.85	\$ 70.85
95887 TC	Medicine	1.50	1.50	\$ 97.50	\$ 97.50
95905 00	Medicine	1.39	1.39	\$ 90.35	\$ 90.35
95905 26	Medicine	0.08	0.08	\$ 5.20	\$ 5.20
95905 TC	Medicine	1.31	1.31	\$ 85.15	\$ 85.15
95907 00	Medicine	2.78	2.78	\$ 180.70	\$ 180.70
95907 26	Medicine	1.55	1.55	\$ 100.75	\$ 100.75
95907 TC	Medicine	1.23	1.23	\$ 79.95	\$ 79.95
95908 00	Medicine	3.51	3.51	\$ 228.15	\$ 228.15
95908 26	Medicine	1.94	1.94	\$ 126.10	\$ 126.10

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
95908 TC	Medicine	1.57	1.57	\$ 102.05	\$ 102.05
95909 00	Medicine	4.19	4.19	\$ 272.35	\$ 272.35
95909 26	Medicine	2.31	2.31	\$ 150.15	\$ 150.15
95909 TC	Medicine	1.88	1.88	\$ 122.20	\$ 122.20
95910 00	Medicine	5.51	5.51	\$ 358.15	\$ 358.15
95910 26	Medicine	3.11	3.11	\$ 202.15	\$ 202.15
95910 TC	Medicine	2.40	2.40	\$ 156.00	\$ 156.00
95911 00	Medicine	6.61	6.61	\$ 429.65	\$ 429.65
95911 26	Medicine	3.86	3.86	\$ 250.90	\$ 250.90
95911 TC	Medicine	2.75	2.75	\$ 178.75	\$ 178.75
95912 00	Medicine	7.65	7.65	\$ 497.25	\$ 497.25
95912 26	Medicine	4.62	4.62	\$ 300.30	\$ 300.30
95912 TC	Medicine	3.03	3.03	\$ 196.95	\$ 196.95
95913 00	Medicine	8.88	8.88	\$ 577.20	\$ 577.20
95913 26	Medicine	5.47	5.47	\$ 355.55	\$ 355.55
95913 TC	Medicine	3.41	3.41	\$ 221.65	\$ 221.65
95921 00	Medicine	2.61	2.61	\$ 169.65	\$ 169.65
95921 26	Medicine	1.31	1.31	\$ 85.15	\$ 85.15
95921 TC	Medicine	1.30	1.30	\$ 84.50	\$ 84.50
95922 00	Medicine	3.10	3.10	\$ 201.50	\$ 201.50
95922 26	Medicine	1.38	1.38	\$ 89.70	\$ 89.70
95922 TC	Medicine	1.72	1.72	\$ 111.80	\$ 111.80
95923 00	Medicine	3.83	3.83	\$ 248.95	\$ 248.95
95923 26	Medicine	1.31	1.31	\$ 85.15	\$ 85.15
95923 TC	Medicine	2.52	2.52	\$ 163.80	\$ 163.80
95924 00	Medicine	4.42	4.42	\$ 287.30	\$ 287.30
95924 26	Medicine	2.52	2.52	\$ 163.80	\$ 163.80
95924 TC	Medicine	1.90	1.90	\$ 123.50	\$ 123.50
95925 00	Medicine	4.62	4.62	\$ 300.30	\$ 300.30
95925 26	Medicine	0.83	0.83	\$ 53.95	\$ 53.95
95925 TC	Medicine	3.79	3.79	\$ 246.35	\$ 246.35
95926 00	Medicine	4.26	4.26	\$ 276.90	\$ 276.90
95926 26	Medicine	0.80	0.80	\$ 52.00	\$ 52.00
95926 TC	Medicine	3.46	3.46	\$ 224.90	\$ 224.90
95927 00	Medicine	4.18	4.18	\$ 271.70	\$ 271.70
95927 26	Medicine	0.78	0.78	\$ 50.70	\$ 50.70
95927 TC	Medicine	3.40	3.40	\$ 221.00	\$ 221.00
95928 00	Medicine	6.96	6.96	\$ 452.40	\$ 452.40
95928 26	Medicine	2.31	2.31	\$ 150.15	\$ 150.15
95928 TC	Medicine	4.65	4.65	\$ 302.25	\$ 302.25
95929 00	Medicine	7.16	7.16	\$ 465.40	\$ 465.40
95929 26	Medicine	2.29	2.29	\$ 148.85	\$ 148.85
95929 TC	Medicine	4.87	4.87	\$ 316.55	\$ 316.55
95930 00	Medicine	1.97	1.97	\$ 128.05	\$ 128.05
95930 26	Medicine	0.54	0.54	\$ 35.10	\$ 35.10
95930 TC	Medicine	1.43	1.43	\$ 92.95	\$ 92.95
95933 00	Medicine	2.53	2.53	\$ 164.45	\$ 164.45
95933 26	Medicine	0.92	0.92	\$ 59.80	\$ 59.80
95933 TC	Medicine	1.61	1.61	\$ 104.65	\$ 104.65
95937 00	Medicine	3.07	3.07	\$ 199.55	\$ 199.55
95937 26	Medicine	1.01	1.01	\$ 65.65	\$ 65.65
95937 TC	Medicine	2.06	2.06	\$ 133.90	\$ 133.90
95938 00	Medicine	10.58	10.58	\$ 687.70	\$ 687.70
95938 26	Medicine	1.33	1.33	\$ 86.45	\$ 86.45
95938 TC	Medicine	9.25	9.25	\$ 601.25	\$ 601.25
95939 00	Medicine	16.02	16.02	\$ 1,041.30	\$ 1,041.30
95939 26	Medicine	3.46	3.46	\$ 224.90	\$ 224.90
95939 TC	Medicine	12.56	12.56	\$ 816.40	\$ 816.40
95940 00	Medicine	0.95	0.95	\$ 61.75	\$ 61.75

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
95941 00	Medicine	0.00	0.00	BR	BR
95943 00	Medicine	-	-	\$ 297.05	\$ 297.05
95943 26	Medicine	-	-	\$ 178.10	\$ 178.10
95943 TC	Medicine	-	-	\$ 118.95	\$ 118.95
95954 00	Medicine	11.56	11.56	\$ 751.40	\$ 751.40
95954 26	Medicine	3.21	3.21	\$ 208.65	\$ 208.65
95954 TC	Medicine	8.35	8.35	\$ 542.75	\$ 542.75
95955 00	Medicine	6.36	6.36	\$ 413.40	\$ 413.40
95955 26	Medicine	1.56	1.56	\$ 101.40	\$ 101.40
95955 TC	Medicine	4.80	4.80	\$ 312.00	\$ 312.00
95957 00	Medicine	7.40	7.40	\$ 481.00	\$ 481.00
95957 26	Medicine	2.96	2.96	\$ 192.40	\$ 192.40
95957 TC	Medicine	4.44	4.44	\$ 288.60	\$ 288.60
95958 00	Medicine	17.54	17.54	\$ 1,140.10	\$ 1,140.10
95958 26	Medicine	6.52	6.52	\$ 423.80	\$ 423.80
95958 TC	Medicine	11.02	11.02	\$ 716.30	\$ 716.30
95961 00	Medicine	9.25	9.25	\$ 601.25	\$ 601.25
95961 26	Medicine	4.69	4.69	\$ 304.85	\$ 304.85
95961 TC	Medicine	4.56	4.56	\$ 296.40	\$ 296.40
95962 00	Medicine	7.72	7.72	\$ 501.80	\$ 501.80
95962 26	Medicine	5.02	5.02	\$ 326.30	\$ 326.30
95962 TC	Medicine	2.70	2.70	\$ 175.50	\$ 175.50
95965 00	Medicine	-	-	\$ 3,932.50	\$ 3,932.50
95965 26	Medicine	12.03	12.03	\$ 781.95	\$ 781.95
95965 TC	Medicine	-	-	\$ 3,146.00	\$ 3,146.00
95966 00	Medicine	-	-	\$ 2,018.25	\$ 2,018.25
95966 26	Medicine	6.16	6.16	\$ 400.40	\$ 400.40
95966 TC	Medicine	-	-	\$ 1,614.60	\$ 1,614.60
95967 00	Medicine	-	-	\$ 1,764.75	\$ 1,764.75
95967 26	Medicine	5.39	5.39	\$ 350.35	\$ 350.35
95967 TC	Medicine	-	-	\$ 1,411.80	\$ 1,411.80
95970 00	Medicine	0.56	0.55	\$ 36.40	\$ 35.75
95971 00	Medicine	1.43	1.16	\$ 92.95	\$ 75.40
95972 00	Medicine	1.65	1.20	\$ 107.25	\$ 78.00
95976 00	Medicine	1.17	1.15	\$ 76.05	\$ 74.75
95977 00	Medicine	1.57	1.54	\$ 102.05	\$ 100.10
95980 00	Medicine	1.32	1.32	\$ 85.80	\$ 85.80
95981 00	Medicine	1.08	0.52	\$ 70.20	\$ 33.80
95982 00	Medicine	1.71	1.09	\$ 111.15	\$ 70.85
95983 00	Medicine	1.49	1.46	\$ 96.85	\$ 94.90
95984 00	Medicine	1.30	1.29	\$ 84.50	\$ 83.85
95990 00	Medicine	2.72	2.72	\$ 176.80	\$ 176.80
95991 00	Medicine	3.36	1.18	\$ 218.40	\$ 76.70
95992 00	Medicine	1.28	1.07	\$ 83.20	\$ 69.55
95999 00	Medicine	0.00	0.00	BR	BR
96000 00	Medicine	2.58	2.58	\$ 167.70	\$ 167.70
96001 00	Medicine	3.24	3.24	\$ 210.60	\$ 210.60
96002 00	Medicine	0.65	0.65	\$ 42.25	\$ 42.25
96003 00	Medicine	0.49	0.49	\$ 31.85	\$ 31.85
96004 00	Medicine	3.22	3.22	\$ 209.30	\$ 209.30
96020 00	Medicine	0.00	0.00	BR	BR
96020 26	Medicine	4.66	4.66	\$ 302.90	\$ 302.90
96020 TC	Medicine	0.00	0.00	BR	BR
96040 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
96105 00	Medicine	2.91	2.91	\$ 189.15	\$ 189.15
96110 00	Medicine	0.29	0.29	\$ 18.85	\$ 18.85
96112 00	Medicine	3.77	3.71	\$ 245.05	\$ 241.15
96113 00	Medicine	1.68	1.56	\$ 109.20	\$ 101.40
96116 00	Medicine	2.78	2.40	\$ 180.70	\$ 156.00

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
96121 00	Medicine	2.36	2.13	\$ 153.40	\$ 138.45
96125 00	Medicine	3.07	3.07	\$ 199.55	\$ 199.55
96127 00	Medicine	0.14	0.14	\$ 9.10	\$ 9.10
96130 00	Medicine	3.46	3.11	\$ 224.90	\$ 202.15
96131 00	Medicine	2.62	2.34	\$ 170.30	\$ 152.10
96132 00	Medicine	3.82	3.04	\$ 248.30	\$ 197.60
96133 00	Medicine	2.98	2.29	\$ 193.70	\$ 148.85
96136 00	Medicine	1.34	0.70	\$ 87.10	\$ 45.50
96137 00	Medicine	1.20	0.54	\$ 78.00	\$ 35.10
96138 00	Medicine	1.07	1.07	\$ 69.55	\$ 69.55
96139 00	Medicine	1.07	1.07	\$ 69.55	\$ 69.55
96146 00	Medicine	0.06	0.06	\$ 3.90	\$ 3.90
96156 00	Medicine	2.79	2.47	\$ 181.35	\$ 160.55
96158 00	Medicine	1.91	1.69	\$ 124.15	\$ 109.85
96159 00	Medicine	0.66	0.59	\$ 42.90	\$ 38.35
96160 00	Medicine	0.08	0.08	\$ 5.20	\$ 5.20
96161 00	Medicine	0.08	0.08	\$ 5.20	\$ 5.20
96164 00	Medicine	0.28	0.25	\$ 18.20	\$ 16.25
96165 00	Medicine	0.13	0.11	\$ 8.45	\$ 7.15
96167 00	Medicine	2.04	1.80	\$ 132.60	\$ 117.00
96168 00	Medicine	0.73	0.64	\$ 47.45	\$ 41.60
96170 00	Medicine	2.34	2.21	\$ 152.10	\$ 143.65
96171 00	Medicine	0.84	0.79	\$ 54.60	\$ 51.35
96360 00	Medicine	1.04	1.04	\$ 67.60	\$ 67.60
96361 00	Medicine	0.40	0.40	\$ 26.00	\$ 26.00
96365 00	Medicine	2.11	2.11	\$ 137.15	\$ 137.15
96366 00	Medicine	0.64	0.64	\$ 41.60	\$ 41.60
96367 00	Medicine	0.92	0.92	\$ 59.80	\$ 59.80
96368 00	Medicine	0.61	0.61	\$ 39.65	\$ 39.65
96369 00	Medicine	4.55	4.55	\$ 295.75	\$ 295.75
96370 00	Medicine	0.44	0.44	\$ 28.60	\$ 28.60
96371 00	Medicine	1.89	1.89	\$ 122.85	\$ 122.85
96372 00	Medicine	0.41	0.41	\$ 26.65	\$ 26.65
96373 00	Medicine	0.53	0.53	\$ 34.45	\$ 34.45
96374 00	Medicine	1.20	1.20	\$ 78.00	\$ 78.00
96375 00	Medicine	0.49	0.49	\$ 31.85	\$ 31.85
96376 00	Medicine	-	-	\$ 19.50	\$ 19.50
96377 00	Medicine	0.58	0.58	\$ 37.70	\$ 37.70
96379 00	Medicine	0.00	0.00	BR	BR
96401 00	Medicine	2.36	2.36	\$ 153.40	\$ 153.40
96402 00	Medicine	0.95	0.95	\$ 61.75	\$ 61.75
96405 00	Medicine	2.51	0.84	\$ 163.15	\$ 54.60
96406 00	Medicine	3.90	1.30	\$ 253.50	\$ 84.50
96409 00	Medicine	3.25	3.25	\$ 211.25	\$ 211.25
96411 00	Medicine	1.78	1.78	\$ 115.70	\$ 115.70
96413 00	Medicine	4.25	4.25	\$ 276.25	\$ 276.25
96415 00	Medicine	0.90	0.90	\$ 58.50	\$ 58.50
96416 00	Medicine	4.22	4.22	\$ 274.30	\$ 274.30
96417 00	Medicine	2.06	2.06	\$ 133.90	\$ 133.90
96420 00	Medicine	3.31	3.31	\$ 215.15	\$ 215.15
96422 00	Medicine	5.16	5.16	\$ 335.40	\$ 335.40
96423 00	Medicine	2.37	2.37	\$ 154.05	\$ 154.05
96425 00	Medicine	5.53	5.53	\$ 359.45	\$ 359.45
96440 00	Medicine	28.54	3.60	\$ 1,855.10	\$ 234.00
96446 00	Medicine	6.18	0.74	\$ 401.70	\$ 48.10
96450 00	Medicine	5.23	2.26	\$ 339.95	\$ 146.90
96521 00	Medicine	4.38	4.38	\$ 284.70	\$ 284.70
96522 00	Medicine	3.75	3.75	\$ 243.75	\$ 243.75
96523 00	Medicine	0.83	0.83	\$ 53.95	\$ 53.95

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
96542 00	Medicine	4.02	1.21	\$ 261.30	\$ 78.65
96549 00	Medicine	-	-	\$ 0.65	\$ 0.65
96567 00	Medicine	4.25	4.25	\$ 276.25	\$ 276.25
96570 00	Medicine	1.61	1.61	\$ 104.65	\$ 104.65
96571 00	Medicine	0.75	0.75	\$ 48.75	\$ 48.75
96573 00	Medicine	6.90	6.90	\$ 448.50	\$ 448.50
96574 00	Medicine	8.49	8.49	\$ 551.85	\$ 551.85
96900 00	Medicine	0.68	0.68	\$ 44.20	\$ 44.20
96902 00	Medicine	0.00	0.00	Bundled Code	Bundled Code
96904 00	Medicine	2.13	2.13	\$ 138.45	\$ 138.45
96910 00	Medicine	3.50	3.50	\$ 227.50	\$ 227.50
96912 00	Medicine	3.01	3.01	\$ 195.65	\$ 195.65
96913 00	Medicine	4.44	4.44	\$ 288.60	\$ 288.60
96920 00	Medicine	4.76	1.86	\$ 309.40	\$ 120.90
96921 00	Medicine	5.20	2.09	\$ 338.00	\$ 135.85
96922 00	Medicine	7.05	3.38	\$ 458.25	\$ 219.70
96931 00	Medicine	5.14	5.14	\$ 334.10	\$ 334.10
96932 00	Medicine	3.84	3.84	\$ 249.60	\$ 249.60
96933 00	Medicine	1.30	1.30	\$ 84.50	\$ 84.50
96934 00	Medicine	3.34	3.34	\$ 217.10	\$ 217.10
96935 00	Medicine	2.10	2.10	\$ 136.50	\$ 136.50
96936 00	Medicine	1.24	1.24	\$ 80.60	\$ 80.60
96999 00	Medicine	0.00	0.00	BR	BR

#### Historical Note

New Appendix A, Medicine Codes 2019-2020 made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Medicine Codes 2019-2020 will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Medicine Codes 2019-2020 repealed; new Appendix A, Medicine Codes 2020-2021 made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Medicine Codes 2020-2021 repealed; new Appendix A, Medicine Codes 2021-2022 made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3).

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## PHYSICAL MEDICINE AND REHABILITATION GUIDELINES

This Fee Schedule has been updated to incorporate by reference the 2021 Edition of the American Medical Association's *Current Procedural Terminology* (CPT®) publication, including the general guidelines, identifiers, modifiers, and terminology changes associated with the adopted codes. In this Fee Schedule CPT® codes that contain explanatory language specific to Arizona are preceded by Δ. Codes, however, that are unique to Arizona and not otherwise found in CPT® are preceded by an AZ identifier and numbered in the following format: AZxxx. Additional information regarding publications adopted by reference is found in the Introduction of the Fee Schedule.

The following Commission guidelines are in addition to the CPT® guidelines and represent additional guidance from the Commission relative to physical medicine and rehabilitation services. To the extent that a conflict may exist between an adopted portion of the CPT® and a code, guideline, identifier or modifier unique to Arizona, then the Arizona code, guideline, identifier or modifier shall control.

General requirements in reporting services are found in the Introduction of the Fee Schedule. In addition to the definitions and commonalities preceding the coded medical procedures, several other requirements unique to this Section (Physical Medicine and Rehabilitation) are defined or identified as follows:

- A. Physical therapy (PT) evaluation codes (97161-97163) and occupational therapy (OT) evaluation codes (97165-97167) are billed at the initial visit and a re-evaluation code (97164 for PT, 97168 for OT) may be billed once every two calendar weeks following an initial evaluation. Additional billing for PT and OT evaluation services may be allowed when specific additional services are warranted. Approval of the payer must be obtained prior to performing additional services. Criteria to select the appropriate evaluation and re-evaluation codes are outlined in the current CPT® publication.

NOTE: These limitations do **not** apply to referring healthcare providers or to providers who treat patients once per month.

- B. When multiple modalities (untimed 97012-97028 and/or time based 97032-97036) are performed, the first modality (or the first unit of a time-based modality) is reported as listed. The second modality (or the second unit of a time-based modality) is identified by adding modifier -51 to the code number. The second and each subsequent modality (or unit(s) of a time-based modality) should be valued at 50% of its listed value.

First modality reported or first unit of a time-based modality	-100%
Second, third, and additional approved modality or unit(s)	- 50%

Any more than three modalities or more than three units of a time-based modality per body part being treated must have prior approval from the payer. The time a healthcare provider

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

bills for a time-based modality (97032-97036) does not count towards the total timed therapeutic procedure maximum of four units or 67 minutes.

NOTE: 97010 is a bundled service and not separately reportable.

Example:

During a visit a patient receives the following services:

45 minutes therapeutic exercise 97110

15 minutes mechanical traction 97012

15 minutes unattended electrical stimulation 97014

10 minutes ultrasound 97035

15 minutes moist heat 97010 while receiving the electric stimulation

Under the multiple modality rule, the healthcare provider would bill:

97110 3 units at 100% of value (therapeutic procedure, timed code)

97012 1 unit at 100% of value (untimed code)

97014 1 unit at 50% of value (untimed code)

97035 1 unit at 50% of value (timed code)

97010 is bundled into the above services and not paid as a separate service

- C. CPT® codes describing therapeutic procedures (97110-97150 and 97530-97546) are not subject to the multiple modality rule and shall be paid at 100% of their listed value. When performing therapeutic procedure(s), (excluding work hardening/conditioning, 97545-97546, and physical test or measures for functional capacity evaluation, 97750), a maximum of four units or 67 minutes is allowed each day. Approval must be obtained from the payer prior to performing therapeutic procedures in excess of this maximum (e.g., when multiple body parts are treated in a single visit).
- D. The values for the codes in this section include the time and work of the provider, the equipment required to provide the service, and the cost of the healthcare provider's liability insurance. Medications and disposable electrodes used in these procedures should be considered supplies, code 99070, (see Section A in the Medicine Guidelines and Subsection (I)(4) of the Fee Schedule Introduction regarding billing for supplies).
- E. Time-Based Physical Medicine and Rehabilitation CPT® codes are billed according to guidance from the Centers for Medicare and Medicaid Services (CMS), as published in the Medicare Claims Processing Manual, Chapter 5, Section 20.2, C. Counting Minutes for Timed Codes in 15 Minute Units.

When only one service is provided in a day, healthcare providers should not bill for services provided for less than 8 minutes. For any single 15-minute timed CPT code in the same day, healthcare providers bill a single 15-minute unit for treatment of greater than or equal to 8 minutes through and including 22 minutes. If the duration of a single procedure in a day is greater than or equal to 23 minutes through and including 37 minutes, two units should be billed. Please refer to the table below, which outlines how to bill for up to four units or 67 minutes, without payer approval.

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Units	Number of Minutes
0	< 8 minutes
1	≥ 8 minutes and ≤ 22 minutes
2	≥ 23 minutes and ≤ 37 minutes
3	≥ 38 minutes and ≤ 52 minutes
4	≥ 53 minutes and ≤ 67 minutes

If additional therapeutic procedures are approved by the payer, the pattern for determining time/units is continued.

When more than one service represented by 15-minute timed codes is performed in a single day, the total number of minutes of service determines the number of timed units billed (as noted in the chart above). For any service represented by a 15-minute timed code that is performed for 7 minutes or less on the same day as another service also represented by a 15-minute timed code performed for 7 minutes or less, and the total time of these two services is 8 minutes or greater, the provider may bill one unit of service that was performed for the most minutes. The same logic is applied if three or more different services are performed on the same day for 7 minutes or less.

The expectation, based on the work values assigned to these codes, is that a provider's direct patient contact time for each unit will average 15 minutes in length. If more than one 15-minute timed CPT<sup>®</sup> code is billed during a single calendar day, the total number of units billed is constrained by the total treatment time for that day.

When documenting to support the billing of timed CPT<sup>®</sup> codes, the provider should **document the total number of timed minutes and the total time of the treatment provided that day.** Total treatment time includes the minutes for timed code treatment and untimed code treatment. Total treatment time does not include time for services that are not billable (e.g., rest periods). **The amount of time for each specific intervention/modality provided to the patient is not required to be documented in the treatment note.**

It is important that the total number of timed treatment minutes support the billing of units on the invoice and that the total treatment time also reflects the services billed as untimed codes. The billing and the total timed code treatment minutes documented must be consistent. Additional guidance for documentation of timed codes is found in the CMS Benefit Policy Manual, Chapter 15, 220.3, E. Treatment Note

Examples on how to count the appropriate number of minutes for the total therapy minutes provided:

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## Example 1

During a visit, the patient receives the following services:

45 minutes therapeutic exercise 97110

5 minutes manual therapy 97140

7 minutes therapeutic activities 97530

Total Timed Codes – 57 minutes

The healthcare provider would bill: 4 units

97110      3 units

97530      1 unit

Since the total time spent providing manual therapy and therapeutic exercises is greater than 8 minutes, one unit is billed of the service which was performed for more time.

## Example 2

During a visit, the patient receives the following services:

24 minutes neuromuscular reeducation 97112

23 minutes therapeutic exercise 97110

Total Timed Codes: 47 minutes

The healthcare provider would bill: 3 units

97112      2 units

97110      1 unit

Each service is provided for more than 15 minutes, so at least one unit is appropriate for each. Two units are billed for Neuromuscular reeducation since that service was performed for more time.

## Example 3

During a visit, the patient receives the following services:

20 minutes therapeutic activities 97530

20 minutes therapeutic exercise 97110

Total Timed Codes: 40 minutes

The healthcare provider would bill: 3 units

97530      2 units

97110      1 unit

OR

97110      2 units

97530      1 unit

Each service was provided for 20 minutes, which would allow for one unit for each service. However, the total time of 40 minutes allows for three units to be billed. Since the time for each service is the same, the provider can choose which code to bill for two units and which code to bill for one unit.

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## Example 4

During a visit, the patient receives the following services:

33 minutes therapeutic exercise 97110

7 minutes manual therapy 97140

Total Timed Codes: 40 minutes

The healthcare provider would bill: 3 units

97110      2 units

97140      1 unit

The first 30 minutes of therapeutic exercise is 2 units. The remaining 3 minutes is added to the 7 minutes of manual therapy and then is billed for one unit of manual therapy. The time for manual therapy is greater than the remaining time from the therapeutic exercise.

## Example 5

During a visit, the patient receives the following services:

18 minutes therapeutic exercise 97110

13 minutes manual therapy 97140

10 minutes gait training 97116

8 minutes ultrasound 97035

Total Timed Codes: 49 minutes

The healthcare provider would bill: 3 units

97110      1 unit

97140      1 unit

97116      1 unit

Bill the procedures that the most time was spent performing. One unit each of 97110, 97140, and 97116. Although the ultrasound should be documented, it cannot be billed, as the healthcare provider is constrained by the total timed codes minutes. Since the total for the timed codes is 49 minutes, only three units would be billed.

- F. A work hardening program is limited to 6 1/2 hours per day, not to exceed a 6 week period of time.
- G. The payer has the right to require documentation to establish that a modality or therapeutic procedure was performed. Inasmuch as these Guidelines allow for re-evaluations to be performed every two weeks, it is at that time the healthcare provider should address and document the status of the treatment protocol.

It is not appropriate for the payer on a per billing basis to require a healthcare provider to provide unnecessary detailed documentation to justify payment. A healthcare provider is required to comply with A.R.S. § 23-1062.01 when submitting a bill. For example, the purpose of modalities like hot and cold packs, paraffin baths, and whirlpools are straightforward. Modalities are utilized as a sub-element of the over-all treatment protocol

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to prepare the injured worker for therapy or to minimize the impact of the therapy on the injured worker. Other than a statement that certain modalities were performed, any additional documentation such as the purpose of the application of modalities, resulting flexibility or comfort is unnecessary. Additionally, listing the amount of weight an individual is lifting, repetitions, and sets is, again, unnecessary. During a re-evaluation visit, the healthcare provider should provide documentation regarding changes in strength, stamina, and flexibility.

Documentation of each treatment shall include the following elements:

- Date of treatment.
- Identification of each specific intervention/modality provided and billed, both timed and untimed services in a manner that it can be compared with the billing record to verify correct coding.
- Total timed code treatment minutes and total treatment time in minutes (the amount of time for each specific intervention/modality provided is not required).
- Signatures (written or electronic) and professional designation of the qualified healthcare provider who furnished or supervised the services provided.

**Historical Note**

New Appendix A, Physical Medicine Guidelines made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Physical Medicine Guidelines will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Physical Medicine Guidelines repealed; new Appendix A, Physical Medicine Guidelines made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Physical Medicine Guidelines repealed; new Appendix A, Physical Medicine and Rehabilitation Guidelines made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3).

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**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**Physical Medicine Codes 2021-2022**  
**Physical Medicine Conversion Factor \$65.00**

Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
97010 00	Physical Medicine	0.18	0.18	\$ 11.70	\$ 11.70
97012 00	Physical Medicine	0.43	0.43	\$ 27.95	\$ 27.95
97014 00	Physical Medicine	0.39	0.39	\$ 25.35	\$ 25.35
97016 00	Physical Medicine	0.35	0.35	\$ 22.75	\$ 22.75
97018 00	Physical Medicine	0.17	0.17	\$ 11.05	\$ 11.05
97022 00	Physical Medicine	0.52	0.52	\$ 33.80	\$ 33.80
97024 00	Physical Medicine	0.21	0.21	\$ 13.65	\$ 13.65
97026 00	Physical Medicine	0.19	0.19	\$ 12.35	\$ 12.35
97028 00	Physical Medicine	0.24	0.24	\$ 15.60	\$ 15.60
97032 00	Physical Medicine	0.43	0.43	\$ 27.95	\$ 27.95
97033 00	Physical Medicine	0.59	0.59	\$ 38.35	\$ 38.35
97034 00	Physical Medicine	0.43	0.43	\$ 27.95	\$ 27.95
97035 00	Physical Medicine	0.42	0.42	\$ 27.30	\$ 27.30
97036 00	Physical Medicine	1.01	1.01	\$ 65.65	\$ 65.65
97039 00	Physical Medicine	-	-	\$ 25.35	\$ 25.35
97110 00	Physical Medicine	0.87	0.87	\$ 56.55	\$ 56.55
97112 00	Physical Medicine	1.01	1.01	\$ 65.65	\$ 65.65
97113 00	Physical Medicine	1.10	1.10	\$ 71.50	\$ 71.50
97116 00	Physical Medicine	0.87	0.87	\$ 56.55	\$ 56.55
97124 00	Physical Medicine	0.85	0.85	\$ 55.25	\$ 55.25
97129 00	Physical Medicine	0.67	0.67	\$ 43.55	\$ 43.55
97130 00	Physical Medicine	0.65	0.64	\$ 42.25	\$ 41.60
97139 00	Physical Medicine	-	-	\$ 31.85	\$ 31.85
97140 00	Physical Medicine	0.80	0.80	\$ 52.00	\$ 52.00
97150 00	Physical Medicine	0.52	0.52	\$ 33.80	\$ 33.80
97151 00	Physical Medicine	0.00	0.00	BR	BR
97152 00	Physical Medicine	0.00	0.00	BR	BR
97153 00	Physical Medicine	0.00	0.00	BR	BR
97154 00	Physical Medicine	0.00	0.00	BR	BR
97155 00	Physical Medicine	0.00	0.00	BR	BR
97156 00	Physical Medicine	0.00	0.00	BR	BR
97157 00	Physical Medicine	0.00	0.00	BR	BR
97158 00	Physical Medicine	0.00	0.00	BR	BR
97161 00	Physical Medicine	2.92	2.92	\$ 189.80	\$ 189.80
97162 00	Physical Medicine	2.92	2.92	\$ 189.80	\$ 189.80
97163 00	Physical Medicine	2.92	2.92	\$ 189.80	\$ 189.80
97164 00	Physical Medicine	2.00	2.00	\$ 130.00	\$ 130.00
97165 00	Physical Medicine	2.83	2.83	\$ 183.95	\$ 183.95
97166 00	Physical Medicine	2.83	2.83	\$ 183.95	\$ 183.95
97167 00	Physical Medicine	2.83	2.83	\$ 183.95	\$ 183.95
97168 00	Physical Medicine	1.91	1.91	\$ 124.15	\$ 124.15
97169 00	Physical Medicine	-	-	\$ 100.75	\$ 100.75
97170 00	Physical Medicine	-	-	\$ 100.75	\$ 100.75
97171 00	Physical Medicine	-	-	\$ 100.75	\$ 100.75
97172 00	Physical Medicine	-	-	\$ 50.70	\$ 50.70
97530 00	Physical Medicine	1.13	1.13	\$ 73.45	\$ 73.45
97533 00	Physical Medicine	1.74	1.74	\$ 113.10	\$ 113.10
97535 00	Physical Medicine	0.97	0.97	\$ 63.05	\$ 63.05
97537 00	Physical Medicine	0.93	0.93	\$ 60.45	\$ 60.45
97542 00	Physical Medicine	0.94	0.94	\$ 61.10	\$ 61.10
97545 00	Physical Medicine	-	-	\$ 317.20	\$ 317.20
97546 00	Physical Medicine	-	-	\$ 126.75	\$ 126.75
97597 00	Physical Medicine	2.94	1.04	\$ 191.10	\$ 67.60
97598 00	Physical Medicine	1.34	0.73	\$ 87.10	\$ 47.45
97602 00	Physical Medicine	-	-	\$ 160.55	\$ 160.55

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
97605 00	Physical Medicine	1.24	0.73	\$ 80.60	\$ 47.45
97606 00	Physical Medicine	1.47	0.80	\$ 95.55	\$ 52.00
97607 00	Physical Medicine	10.08	0.67	\$ 655.20	\$ 43.55
97608 00	Physical Medicine	9.81	0.74	\$ 637.65	\$ 48.10
97610 00	Physical Medicine	11.93	0.53	\$ 775.45	\$ 34.45
97750 00	Physical Medicine	0.99	0.99	\$ 64.35	\$ 64.35
97755 00	Physical Medicine	1.11	1.11	\$ 72.15	\$ 72.15
97760 00	Physical Medicine	1.44	1.44	\$ 93.60	\$ 93.60
97761 00	Physical Medicine	1.22	1.22	\$ 79.30	\$ 79.30
97763 00	Physical Medicine	1.58	1.58	\$ 102.70	\$ 102.70
97799 00	Physical Medicine	0.00	0.00	BR	BR
97802 00	Physical Medicine	1.08	0.95	\$ 70.20	\$ 61.75
97803 00	Physical Medicine	0.93	0.81	\$ 60.45	\$ 52.65
97804 00	Physical Medicine	0.49	0.45	\$ 31.85	\$ 29.25
97810 00	Physical Medicine	1.06	0.88	\$ 68.90	\$ 57.20
97811 00	Physical Medicine	0.80	0.73	\$ 52.00	\$ 47.45
97813 00	Physical Medicine	1.21	0.95	\$ 78.65	\$ 61.75
97814 00	Physical Medicine	1.00	0.81	\$ 65.00	\$ 52.65
98925 00	Physical Medicine	0.92	0.70	\$ 59.80	\$ 45.50
98926 00	Physical Medicine	1.30	1.03	\$ 84.50	\$ 66.95
98927 00	Physical Medicine	1.70	1.36	\$ 110.50	\$ 88.40
98928 00	Physical Medicine	2.07	1.70	\$ 134.55	\$ 110.50
98929 00	Physical Medicine	2.49	2.08	\$ 161.85	\$ 135.20
98940 00	Physical Medicine	0.81	0.64	\$ 52.65	\$ 41.60
98941 00	Physical Medicine	1.16	0.98	\$ 75.40	\$ 63.70
98942 00	Physical Medicine	1.52	1.34	\$ 98.80	\$ 87.10
98943 00	Physical Medicine	0.79	0.68	\$ 51.35	\$ 44.20
98960 00	Physical Medicine	0.80	0.80	\$ 52.00	\$ 52.00
98961 00	Physical Medicine	0.39	0.39	\$ 25.35	\$ 25.35
98962 00	Physical Medicine	0.29	0.29	\$ 18.85	\$ 18.85
98966 00	Physical Medicine	0.40	0.37	\$ 26.00	\$ 24.05
98967 00	Physical Medicine	0.77	0.73	\$ 50.05	\$ 47.45
98968 00	Physical Medicine	1.13	1.09	\$ 73.45	\$ 70.85
98970 00	Physical Medicine	0.34	0.33	\$ 22.10	\$ 21.45
98971 00	Physical Medicine	0.60	0.59	\$ 39.00	\$ 38.35
98972 00	Physical Medicine	0.94	0.94	\$ 61.10	\$ 61.10

#### Historical Note

New Appendix A, Physical Medicine Codes 2019-2020 made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Physical Medicine Codes 2019-2020 will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Physical Medicine Codes 2019-2020 repealed; new Appendix A, Physical Medicine Codes 2020-2021 made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Physical Medicine Codes 2020-2021 repealed; new Appendix A, Physical Medicine Codes 2021-2022 made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3).

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## SPECIAL SERVICES GUIDELINES

This Fee Schedule has been updated to incorporate by reference the 2021 Edition of the American Medical Association's *Current Procedural Terminology* (CPT®) publication, including the general guidelines, identifiers, modifiers, and terminology changes associated with the adopted codes. In this Fee Schedule CPT® codes that contain explanatory language specific to Arizona are preceded by Δ. Codes, however, that are unique to Arizona and not otherwise found in CPT® are preceded by an AZ identifier and numbered in the following format: AZxxx. Additional information regarding publications adopted by reference is found in the Introduction of the Fee Schedule.

To the extent that a conflict may exist between an adopted portion of the CPT® and a code, guideline, identifier or modifier unique to Arizona, then the Arizona code, guideline, identifier or modifier shall control.

**Historical Note**

New Appendix A, Special Services Guidelines made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Special Services Guidelines will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Special Services Guidelines repealed; new Appendix A, Special Services Guidelines made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Special Services Guidelines repealed; new Appendix A, Special Services Guidelines made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3).

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**ARIZONA PHYSICIANS' FEE SCHEDULE**  
**Special Service Codes 2021-2022**  
**Special Service Conversion Factor \$65.00**

Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
99000 00	Special Service	-	-	\$ 11.05	\$ 11.05
99001 00	Special Service	-	-	\$ 13.00	\$ 13.00
99002 00	Special Service	0.00	0.00	Bundled Code	Bundled Code
99024 00	Special Service	0.00	0.00	Bundled Code	Bundled Code
99026 00	Special Service	0.00	0.00	BR	BR
99027 00	Special Service	0.00	0.00	BR	BR
99050 00	Special Service	-	-	\$ 36.40	\$ 36.40
99051 00	Special Service	0.00	0.00	Bundled Code	Bundled Code
99053 00	Special Service	0.00	0.00	Bundled Code	Bundled Code
99056 00	Special Service	0.00	0.00	Bundled Code	Bundled Code
99058 00	Special Service	-	-	\$ 43.55	\$ 43.55
99060 00	Special Service	0.00	0.00	Bundled Code	Bundled Code
99070 00	Special Service	0.00	0.00	BR	BR
99071 00	Special Service	0.00	0.00	Bundled Code	Bundled Code
99072 00	Special Service	0.00	0.00	BR	BR
99075 00	Special Service	0.00	0.00	BR	BR
99078 00	Special Service	0.00	0.00	Bundled Code	Bundled Code
99080 00	Special Service	0.00	0.00	BR	BR
99082 00	Special Service	-	-	\$ 55.90	\$ 55.90
99091 00	Special Service	1.63	1.63	\$ 105.95	\$ 105.95
99100 00	Special Service	0.00	0.00	See Anesthesia Section	See Anesthesia Section
99116 00	Special Service	0.00	0.00	See Anesthesia Section	See Anesthesia Section
99135 00	Special Service	0.00	0.00	See Anesthesia Section	See Anesthesia Section
99140 00	Special Service	0.00	0.00	See Anesthesia Section	See Anesthesia Section
99151 00	Special Service	2.54	0.73	\$ 165.10	\$ 47.45
99152 00	Special Service	1.51	0.36	\$ 98.15	\$ 23.40
99153 00	Special Service	0.31	0.31	\$ 20.15	\$ 20.15
99155 00	Special Service	2.43	2.43	\$ 157.95	\$ 157.95
99156 00	Special Service	2.22	2.22	\$ 144.30	\$ 144.30
99157 00	Special Service	1.83	1.83	\$ 118.95	\$ 118.95
99170 00	Special Service	4.69	2.50	\$ 304.85	\$ 162.50
99172 00	Special Service	-	-	\$ 34.45	\$ 34.45
99173 00	Special Service	0.09	0.09	\$ 5.85	\$ 5.85
99174 00	Special Service	0.16	0.16	\$ 10.40	\$ 10.40
99175 00	Special Service	0.86	0.86	\$ 55.90	\$ 55.90
99177 00	Special Service	0.13	0.13	\$ 8.45	\$ 8.45
99183 00	Special Service	3.15	3.15	\$ 204.75	\$ 204.75
99184 00	Special Service	6.36	6.36	\$ 413.40	\$ 413.40
99188 00	Special Service	0.36	0.30	\$ 23.40	\$ 19.50
99190 00	Special Service	-	-	\$ 864.50	\$ 864.50
99191 00	Special Service	-	-	\$ 605.15	\$ 605.15
99192 00	Special Service	-	-	\$ 432.25	\$ 432.25
99195 00	Special Service	3.11	3.11	\$ 202.15	\$ 202.15
99199 00	Special Service	0.00	0.00	BR	BR
99500 00	Special Service	0.00	0.00	BR	BR
99501 00	Special Service	0.00	0.00	BR	BR
99502 00	Special Service	0.00	0.00	BR	BR
99503 00	Special Service	0.00	0.00	BR	BR
99504 00	Special Service	0.00	0.00	BR	BR
99505 00	Special Service	0.00	0.00	BR	BR
99506 00	Special Service	0.00	0.00	BR	BR
99507 00	Special Service	0.00	0.00	BR	BR
99509 00	Special Service	0.00	0.00	BR	BR
99510 00	Special Service	0.00	0.00	BR	BR
99511 00	Special Service	0.00	0.00	BR	BR

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
99512 00	Special Service	0.00	0.00	BR	BR
99600 00	Special Service	0.00	0.00	BR	BR
99601 00	Special Service	0.00	0.00	BR	BR
99602 00	Special Service	0.00	0.00	BR	BR
99605 00	Special Service	0.00	0.00	BR	BR
99606 00	Special Service	0.00	0.00	BR	BR
99607 00	Special Service	0.00	0.00	BR	BR
AZ001 00 Peer-to-Peer interprofessional telephone consultations between treating physician or medical provider and Peer Reviewer; 5-10 minutes of medical consultative discussion and review.	Special Service	1.16	1.16	\$ 75.43	\$ 75.43
AZ002 00 Peer-to-Peer interprofessional telephone consultations between treating physician or medical provider and Peer Reviewer; 11-30 minutes of medical consultative discussion and review.	Special Service	1.55	1.55	\$ 100.57	\$ 100.57
AZ003 00 Meeting with NCM with patient.	Special Service	1.16	1.16	\$ 75.43	\$ 75.43
AZ004 00 Meeting with NCM without patient.	Special Service	1.55	1.55	\$ 100.57	\$ 100.57
AZ005 00 Completion of workers' compensation insurance forms (i.e. return-to-work status, work restrictions, supportive care restrictions) which are requested or required either by the Commission, the applicable payer (insurance, self-insured employer, or the Special Fund of the Commission), or a third-party administrator of the applicable payer, not to exceed more than one billing in a thirty (30) day period. The applicable form must be attached to the billing.	Special Service	0.62	0.62	\$ 40.30	\$ 40.30
AZ026 00 Mileage charge, within a radius of 7 miles, for a collection and handling service performed outside the physician's office or laboratory.	Special Service	0.00	0.00	BR	BR
AZ027 00 Over 7 miles, per mile.	Special Service	0.00	0.00	BR	BR
AZ028 00 When more than one patient seen, apportion mileage charge among total number of patients.	Special Service	0.00	0.00	BR	BR
AZ030 00 Mileage round-trip: each mile in excess of 8 miles of travel by physician.	Special Service	0.00	0.00	BR	BR

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
AZ031 00 Within large metropolitan areas a travel time basis may be appropriate. Code AZ031 00 would apply to Arizona's major metropolitan areas, to include Phoenix, Tucson, Flagstaff, Kingman and Yuma. This code would only be used when travel times are 45 minutes or more.	Special Service	0.00	0.00	BR	BR
AZ044 00 Services rendered in a night medical care facility: a charge in addition to the usual value of the procedure may be warranted.	Special Service	0.00	0.00	BR	BR
AZ099 00 Expert testimony at hearing, per hour.	Special Service	1.70	1.70	\$ 110.62	\$ 110.62

**Historical Note**

New Appendix A, Special Services Codes 2019-2020 made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Special Services Codes 2019-2020 will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Special Services Codes 2019-2020 repealed; new Appendix A, Special Services Codes 2020-2021 made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Special Services Codes 2020-2021 repealed; new Appendix A, Special Services Codes 2021-2022 made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3).

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## EVALUATION AND MANAGEMENT GUIDELINES

This Fee Schedule has been updated to incorporate by reference the 2021 Edition of the American Medical Association's *Current Procedural Terminology* (CPT®) publication, including the general guidelines, identifiers, modifiers, and terminology changes associated with the adopted codes. In this Fee Schedule CPT® codes that contain explanatory language specific to Arizona are preceded by Δ. Codes, however, that are unique to Arizona and not otherwise found in CPT® are preceded by an AZ identifier and numbered in the following format: AZxxx. Additional information regarding publications adopted by reference is found in the Introduction of the Fee Schedule.

The evaluation and management guidelines adopted by reference may be found in the *Current Procedural Terminology*® (CPT®) published by the AMA and is reprinted, in part, below with permission. To the extent that a conflict may exist between an adopted portion of the CPT® and a code, guideline, identifier or modifier unique to Arizona, then the Arizona code, guideline, identifier or modifier shall control.

Documentation and review of records is inclusive to the performance of the appropriate E/M service. A health care provider shall only be reimbursed for time that is not accounted for in the E/M service code by billing codes 99354, 99355, 99356, 99357, 99358, or 99359. Proper documentation must justify the use of these codes and accompany the invoice.

Two HCPCS codes are included in this section of the 2021/2022 Fee Schedule:

G2010 – Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment.

G2012 – Brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion.

#### A. CLASSIFICATION OF EVALUATION AND MANAGEMENT (E/M) SERVICES.

The E/M section is divided into broad categories such as office visits, hospital visits, and consultations. Most of the categories are further divided into two or more subcategories of E/M services. For example, there are two subcategories of office visits (new patient and established patient) and there are two subcategories of hospital visits (initial and subsequent). The subcategories of E/M services are further classified into levels of E/M services that are identified by specific codes.

The basic format of the levels of E/M services is the same for most categories. First, a unique code number is listed. Second, the place and/or type of service is specified, e.g.,

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office consultation. Third, the content of the service is defined. Fourth, time is specified. A detailed discussion of time is provided in Section C.

**B. DEFINITIONS OF COMMONLY USED TERMS.**

Certain key words and phrases are used throughout the E/M section. The following definitions are intended to reduce the potential for differing interpretations and to increase the consistency of reporting by physicians. The definitions in the E/M Guidelines are provided solely for the basis of code selection.

Some definitions are common to all categories of services and others are specific to one or more categories only.

**C. GUIDELINES COMMON TO ALL E/M SERVICES.**

- **Levels of E/M Services:** Within each category or subcategory of E/M service, there are three to five levels of E/M services available for reporting purposes. Levels of E/M services are NOT interchangeable among the different categories or subcategories of service. For example, the first level of E/M services in the subcategory of office visit, new patient, does not have the same definition as the first level of E/M services in the subcategory of office visit, established patient. Each level of E/M services may be used by all physicians.
- **New and Established Patient:** Solely for the purposes of distinguishing between new and established patients, professional services are those face-to-face services rendered by physicians who may report evaluation and management services reported by a specific CPT® code(s). A new patient is one who has not received any professional services from the physician or another physician of the exact same specialty and subspecialty who belongs to the same group practice, within the past three years.

An established patient is one who has received professional services from the physician or another physician of the exact same specialty and subspecialty who belongs to the same group practice, within the past three years.

In the instance where a physician is on call for or covering for another physician, the patient's encounter will be classified as it would have been by the physician who is not available. When advanced practice nurses and physician assistants are working with physicians, they are considered as working in the exact same specialty and exact same subspecialties as the physician.

No distinction is made between new and established patients in the emergency department. E/M services in the emergency department category may be reported for any new or established patient who presents for treatment in the emergency department.

- **Time:** The inclusion of time in the definitions of levels of E/M services has been implicit in prior editions of the CPT® codebook. The inclusion of time as an explicit factor beginning in CPT® 1992 is done to assist in selecting the most appropriate level

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of E/M services. Beginning with CPT® 2021, except for 99211, time alone may be used to select the appropriate code level for the office or other outpatient E/M services codes (99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215). Different categories of services use time differently. It is important to review the instructions for each category.

Time is **not** a descriptive component for the emergency department levels of E/M services because emergency department services are typically provided on a variable intensity basis, often involving multiple encounters with several patients over an extended period of time. Therefore, it is often difficult to provide accurate estimates of the time spent face-to-face with the patient.

Time may be used to select a code level in office or other outpatient services whether or not counseling and/or coordination of care dominates the service. Time may only be used for selecting the level of the **other** E/M services when counseling and/or coordination of care dominates the service.

When time is used for reporting E/M services codes, the time defined in the service descriptors is used for selecting the appropriate level of services. The E/M services for which these guidelines apply require a face-to-face encounter with the physician. For office or other outpatient services, if the physician's time is spent in the supervision of clinical staff who perform the face-to-face services of the encounter, use 99211.

A shared or split visit is defined as a visit in which a physician and other qualified health care professional jointly provide face-to-face and non-face-to-face work related to the visit. When time is being used to select the appropriate level of services for which time-based reporting of shared or split visits is allowed, the time personally spent by the physician and other qualified health care professional(s) assessing and managing the patient on the date of the encounter is summed to define total time. Only distinct time should be summed for shared or split visits (i.e., when two or more individuals jointly meet with or discuss the patient, only the time of one individual should be counted).

When prolonged time occurs, the appropriate prolonged services code may be reported. The appropriate time should be documented in the medical record when it is used as the basis for code selection.

Face-to-face time (outpatient consultations [99241, 99242, 99243, 99244, 99245], domiciliary, rest home, or custodial services [99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337], home services [99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350], cognitive assessment and care plan services [99483]): For coding purposes, face-to-face time for these services is defined as only that time spent face-to-face with the patient and/or family. This includes the time spent performing such tasks as obtaining a history, examination, and counseling the patient.

Unit/floor time (hospital observation services [99218, 99219, 99220, 99224, 99225, 99226, 99234, 99235, 99236], hospital inpatient services [99221, 99222, 99223, 99231, 99232, 99233], inpatient consultations [99521, 99522, 99523, 99524, 99525],



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nursing facility services [99304, 99305, 99306, 99307, 99308, 99309, 99310, 99315, 99316, 99318]): For coding purposes, time for these services is defined as unit/floor time, which includes the time present on the patient's hospital unit and at the bedside rendering services for that patient. This includes the time to establish and/or review the patient's chart, examine the patient, write notes, and communicate with other professionals and the patient's family.

Total time on the date of the encounter (office or other outpatient services [99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215]): For coding purposes, time for these services is the total time on the date of the encounter. It includes both the face-to-face and non-face-to-face time personally spent by the physician on the day of the encounter (includes time in activities that require the physician and does not include time in activities normally performed by clinical staff.

Physician time includes the following activities when performed:

- Preparing to see the patient (e.g., review of tests)
- Obtaining and/or reviewing separately obtained history
- Performing a medical examination and/or evaluation
- Counseling and educating the patient/family/caregiver
- Ordering medications, tests, or procedures
- Referring and communicating with other health care professionals (when not separately reported)
- Documenting clinical information in the electronic or other health record
- Independently interpreting results (not separately reported) and communicating results to the patient/family/caregiver
- Care coordination (not separately reported)

Do not count time spent on the following:

- The performance of other services that are reported separately
- Travel
- Teaching that is general and not limited to discussion that is required for the management of a specific patient
- Concurrent Care and Transfer of Care: Concurrent care is the provision of similar services (e.g., hospital visits) to the same patient by more than one physician on the same day. When concurrent care is provided, no special reporting is required. Transfer of care is the process whereby a physician who is providing management for some or all of a patient's problems relinquishes this responsibility to another physician who explicitly agrees to accept this responsibility and who, from the initial encounter, is not providing consultative services. The physician transferring care is then no longer providing care for these problems though he or she may continue providing care for other conditions when appropriate. Consultation codes should not be reported by the physician who has agreed to accept transfer of care before an initial evaluation but are appropriate to report if the decision to accept transfer of care cannot be made until after the initial consultation evaluation, regardless of site of service.

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- **Counseling:** Counseling is a discussion with a patient and/or family concerning one or more of the following areas:
  - Diagnostic results, impressions, and/or recommended diagnostic studies;
  - Prognosis;
  - Risks and benefits of management (treatment) options;
  - Instructions for management (treatment) and/or follow-up;
  - Importance of compliance with chosen management (treatment) options;
  - Risk factor reduction; and
  - Patient and family education.(For psychotherapy, see 90832-90834, 90836-90840)
- **Services Reported Separately:** Any specifically identifiable procedure or service (i.e., identified with a specific CPT code) performed on the date of E/M services may be reported separately.

The ordering and actual performance and/or interpretation of diagnostic tests/studies during a patient encounter are not included in determining the levels of E/M services when the professional interpretation of those tests/studies is reported separately by the physician reporting the E/M service. Tests that do not require separate interpretation (e.g., tests that are results only) and are analyzed as part of MDM do not count as an independent interpretation, but may be counted as ordered or reviewed for selecting an MDM level. Physician performance of diagnostic tests/studies for which specific CPT codes are available may be reported separately, in addition to the appropriate E/M code. The physician's interpretation of the results of diagnostic tests/studies (i.e., professional component) with preparation of a separate distinctly identifiable signed written report may also be reported separately, using the appropriate CPT code, and, if required, with modifier 26 appended. If a test/study is independently interpreted in order to manage the patient as part of the E/M service, but is not separately reported, it is part of the MDM.

The physician may need to indicate that on the day a procedure or service identified by a CPT code was performed, the patient's condition required a significant separately identifiable E/M service. The E/M service may be caused or prompted by the symptoms or conditions for which the procedure and/or service was provided. This circumstance may be reported by adding modifier 25 to the appropriate level of E/M service. As such, different diagnoses are not required for reporting of the procedure and the E/M services on the same day.

**D. GUIDELINES FOR HOSPITAL OBSERVATION, HOSPITAL INPATIENT, CONSULTATIONS, EMERGENCY DEPARTMENT, NURSING FACILITY, DOMICILIARY REST HOME, OR CUSTODIAL CARE, AND HOME E/M SERVICES.**

- The descriptors for the levels of E/M services recognize seven components, six of which are used in defining the levels of E/M services. These components are:

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- History;
- Examination;
- Medical decision making;
- Counseling;
- Coordination of care;
- Nature of presenting problem;
- Time.

The first three of these components (history, examination, and medical decision making) are considered the **key** components in selecting a level of E/M services. (See “Determine the Extent of History Obtained.”)

The next three components (counseling, coordination of care, and the nature of the presenting problem) are considered **contributory** factors in the majority of encounters. Although the first two of these contributory factors are important E/M services, it is not required that these services be provided at every patient encounter.

Coordination of care with other physicians, other health care professionals, or agencies without a patient encounter on that day is reported using the case management codes.

The final component, time, is discussed in detail in section C.

- **Chief Complaint:** A chief complaint is a concise statement describing the symptom, problem, condition, diagnosis, or other factor that is the reason for the encounter, usually stated in the patient’s words.
- **History of Present Illness:** A chronological description of the development of the patient’s present illness from the first sign and/or symptom to the present. This includes a description of location, quality, severity, timing, context, modifying factors, and associated signs and symptoms significantly related to the presenting problem(s).
- **Nature of Presenting Problem:** A presenting problem is a disease, condition, illness, injury, symptom, sign, finding, complaint, or other reason for encounter, with or without a diagnosis being established at the time of the encounter. The E/M codes recognize five types of presenting problems that are defined as follows:

**Minimal** - A problem that may not require the presence of the physician, but service is provided under the physician’s supervision.

**Self-limited or Minor** - A problem that runs a definite and prescribed course, is transient in nature, and is not likely to permanently alter health status.

**Low severity** - A problem where the risk of morbidity without treatment is low; there is little to no risk of mortality without treatment; full recovery without functional impairment is expected.

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Moderate severity - A problem where the risk of morbidity without treatment is moderate; there is moderate risk of mortality without treatment; uncertain prognosis OR increased probability of prolonged functional impairment.

High severity - A problem where the risk of morbidity without treatment is high to extreme; there is a moderate to high risk of mortality without treatment OR high probability of severe, prolonged functional impairment.

- Past History: A review of the patient's past experiences with illnesses, injuries, and treatments that includes significant information about:
  - Prior major illnesses and injuries;
  - Prior operations;
  - Prior hospitalizations;
  - Current medications;
  - Allergies (e.g., drug, food);
  - Age appropriate immunization status;
  - Age appropriate feeding/dietary status.
- Family History: A review of medical events in the patient's family that includes significant information about:
  - The health status or cause of death of parents, siblings and children;
  - Specific diseases related to problems identified in the Chief Complaint or History of the Present Illness, and/or System Review;
  - Diseases of family members which may be hereditary or place the patient at risk.
- Social History: An age appropriate review of past and current activities that includes significant information about:
  - Marital status and/or living arrangements;
  - Current employment;
  - Occupational history;
  - Military history;
  - Use of drugs, alcohol, and tobacco;
  - Level of education;
  - Sexual history;
  - Other relevant social factors.
- System Review (Review of Systems): An inventory of body systems obtained through a series of questions seeking to identify signs and/or symptoms that the patient may be experiencing or has experienced. For the purposes of CPT®, the following elements of a system review have been identified:
  - Constitutional symptoms (fever, weight loss, etc.);
  - Eyes;
  - Ears, nose, mouth, throat;
  - Cardiovascular;

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- Respiratory;
- Gastrointestinal;
- Genitourinary;
- Musculoskeletal;
- Integumentary (skin and/or breast);
- Neurological;
- Psychiatric;
- Endocrine;
- Hematologic/Lymphatic;
- Allergic/Immunologic.

The review of systems helps define the problem, clarify the differential diagnosis, identify needed testing, or serves as baseline data on other systems that might be affected by any possible management options.

**E. INSTRUCTIONS FOR SELECTING A LEVEL OF E/M SERVICE FOR HOSPITAL OBSERVATION, HOSPITAL INPATIENT, CONSULTATIONS, EMERGENCY DEPARTMENT, NURSING FACILITY, DOMICILIARY REST HOME, OR CUSTODIAL CARE, AND HOME E/M SERVICES.**

- Review the Level of E/M Service Descriptors and Examples in the Selected Category or Subcategory: The descriptors for the levels of E/M services recognize seven components, six of which are used in defining the levels of E/M services. These components are:
  - History;
  - Examination;
  - Medical decision making;
  - Counseling;
  - Coordination of care;
  - Nature of presenting problem;
  - Time.

The first three components (i.e., history, examination, and medical decision making) should be considered the **key** components in selecting the level of E/M services. An exception to this rule is in the case of visits that consist predominately of counseling or coordination of care.

The nature of the presenting problem and time are provided in some levels to assist the physician in determining the appropriate level of E/M service.

- Determine the Extent of History Obtained: The extent of the history is dependent upon clinical judgment and on the nature of the presenting problem(s). The levels of E/M services recognize four types of history that are defined as follows:

Problem Focused - Chief complaint; brief history of present illness or problem.

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Expanded Problem Focused - Chief complaint; brief history of present illness; problem pertinent system review.

Detailed - Chief complaint; extended history of present illness; problem pertinent system review extended to include a review of a limited number of additional systems; pertinent past, family, and/or social history directly related to the patient's problems.

Comprehensive - Chief complaint; extended history of present illness; review of systems that is directly related to the problem(s) identified in the history of the present illness plus a review of all additional body systems; complete past, family, and social history.

The comprehensive history obtained as part of the preventive medicine E/M service is not problem-oriented and does not involve a chief complaint or present illness. It does, however, include a comprehensive system review and comprehensive or interval past, family, and social history as well as a comprehensive assessment/history of pertinent risk factors.

- Determine the Extent of Examination Performed: The extent of the examination performed is dependent on clinical judgment and on the nature of the presenting problem(s). The levels of E/M services recognize four types of examination that are defined as follows:

Problem Focused - A limited examination of the affected body area or organ system.

Expanded Problem Focused - A limited examination of the affected body area or organ system and other symptomatic or related organ system(s).

Detailed - An extended examination of the affected body area(s) and other symptomatic or related organ system(s).

Comprehensive - A general multisystem examination or a complete examination of a single organ system. Note: The comprehensive examination performed as part of the preventive medicine E/M service is multisystem, but its extent is based on age and risk factors identified.

For the purposes of these CPT<sup>®</sup> definitions, the following body areas are recognized:

- Head, including the face;
- Neck;
- Chest, including breasts and axilla;
- Abdomen;
- Genitalia, groin, buttocks;
- Back;
- Each extremity;

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For the purposes of these CPT<sup>®</sup> definitions, the following organ systems are recognized:

- Eyes;
  - Ears, nose, mouth, and throat;
  - Cardiovascular;
  - Respiratory;
  - Gastrointestinal;
  - Genitourinary;
  - Musculoskeletal;
  - Skin;
  - Neurologic;
  - Psychiatric;
  - Hematologic/Lymphatic/Immunologic.
- Determine the Complexity of Medical Decision Making:

Medical decision making refers to the complexity of establishing a diagnosis and/or selecting a management option as measured by:

- The number of possible diagnoses and/or the number of management options that must be considered;
- The amount and/or complexity of medical records, diagnostic tests, and/or other information that must be obtained, reviewed and analyzed; and
- The risk of significant complications, morbidity, and/or mortality, as well as comorbidities, associated with the patient's presenting problem(s), the diagnostic procedure(s) and/or the possible management options.

Four types of medical decision making are recognized: straightforward; low complexity; moderate complexity; and high complexity. To qualify for a given type of decision making, two of the three elements in Table 1, Complexity of Medical Decision Making, must be met or exceeded.

**Table 1 – Complexity of Medical Decision Making**

<b>Number of Diagnoses or Management Options</b>	<b>Amount and/or Complexity of Data to be Reviewed</b>	<b>Risk of Complications and/or Morbidity or Mortality</b>	<b>Type of Decision Making</b>
Minimal	Minimal or none	Minimal	Straightforward
Limited	Limited	Low	Low complexity
Multiple	Moderate	Moderate	Moderate complexity
Extensive	Extensive	High	High complexity

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Comorbidities/underlying diseases, in and of themselves, are not considered in selecting a level of E/M services unless their presence significantly increases the complexity of the medical decision making.

- Select the Appropriate Level of E/M Services Based on the Following:
  1. For the following categories/subcategories, **all of the key components** i.e., history, examination, and medical decision making, must meet or exceed the stated requirements to qualify for a particular level of E/M service: initial observation care; initial hospital care; observation or inpatient hospital care (including admission and discharge services); office or other outpatient consultations, inpatient consultations; emergency department services; initial nursing facility care; other nursing facility services; domiciliary care, new patient; and home services, new patient.
  2. For the following categories/subcategories, **two of the three key components** (i.e., history, examination, and medical decision making) must meet or exceed the stated requirements to qualify for a particular level of E/M services: subsequent observation care; subsequent hospital care; subsequent nursing facility care; domiciliary care, established patient; and home services, established patient.
  3. When counseling and/or coordination of care dominates (more than 50%) the encounter with the patient and/or family (face-to-face time in the office or other outpatient setting or floor/unit time in the hospital or nursing facility), then **time** shall be considered the key or controlling factor to qualify for a particular level of E/M services. This includes time spent with parties who have assumed responsibility for the care of the patient or decision making whether or not they are family members (e.g., foster parents, person acting in loco parentis, legal guardian). The extent of counseling and/or coordination of care must be documented in the medical record.

#### F. GUIDELINES FOR OFFICE OR OTHER OUTPATIENT E/M SERVICES.

- History and/or Examination: Office or other outpatient services include a medically appropriate history and/or physical examination, when performed. The nature and extent of the history and/or physical examination are determined by the treating physician reporting the service. The care team may collect information and the patient or caregiver may supply information directly (e.g., by electronic health record [EHR] portal or questionnaire) that is reviewed by the reporting physician. The extent of history and physical examination is not an element in the selection of the office or other outpatient codes.
- Number and Complexity of Problems Addressed at the Encounter: One element used in selecting the level of office or other outpatient services is the number and complexity of the problems that are addressed at an encounter. Multiple new or established conditions may be addressed at the same time and may affect MDM. Symptoms may cluster around a specific diagnosis and each symptom is not necessarily a unique



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condition. Comorbidities/underlying diseases, in and of themselves, are not considered in selecting a level of E/M services **unless** they are addressed, and their presence increases the amount and/or complexity of data to be reviewed and analyzed or the risk of complications and/or morbidity or mortality of patient management. The final diagnosis for a condition does not, in and of itself, determine the complexity or risk, as extensive evaluation may be required to reach the conclusion that the signs or symptoms do not represent a highly morbid condition. Therefore, presenting symptoms that are unlikely to represent a highly morbid condition may “drive” MDM even when the ultimate diagnosis is not highly morbid. The evaluation and/or treatment should be consistent with the likely nature of the condition. Multiple problems of a lower severity may, in the aggregate, create higher risk due to interaction.

The term “risk” as used in these definitions relates to risk from the condition. While condition risk and management risk may often correlate, the risk from the condition is distinct from the risk of management.

Definitions for the elements of MDM (see Table 2, Levels of Medical Decision Making) for other office or other outpatient services are:

**Problem:** A problem is a disease, condition, illness, injury, symptom, sign, finding, complaint, or other matter addressed at the encounter, with or without a diagnosis being established at the time of the encounter.

**Problem addressed:** A problem is addressed or managed when it is evaluated or treated at the encounter by the physician reporting the service. This includes consideration of further testing or treatment that may not be elected by virtue of risk/benefit analysis or patient/parent/guardian/surrogate choice. Notation in the patient’s medical record that another professional is managing the problem without additional assessment or care coordination documented does not qualify as being addressed or managed by the physician reporting the service. Referral without evaluation (by history, examination, or diagnostic study[ies]) or consideration of treatment does not qualify as being addressed or managed by the physician reporting the service.

**Minimal problem:** A problem that may not require the presence of the physician, but the service is provided under the physician’s supervision (see 99211).

**Self-limiting or minor problem:** A problem that runs a definite and prescribed course, is transient in nature, and is not likely to permanently alter health status.

**Stable, chronic illness:** A problem with an expected duration of at least one year or until the death of the patient. For the purpose of defining chronicity, conditions are treated as chronic whether or not stage or severity changes (e.g., uncontrolled diabetes and controlled diabetes are a single chronic condition). “Stable” for the purposes of categorizing MDM is defined by the specific treatment goals for an individual patient. A patient who is not at his or her treatment goal is not stable, even if the condition has not changed and there is no short-term threat to life or function. For example, in a patient with persistently poorly controlled blood pressure for whom better control is a

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goal is not stable, even if the pressures are not changing and the patient is asymptomatic, the risk of morbidity **without** treatment is significant. Examples may include well-controlled hypertension, non-insulin-dependent diabetes, cataract, or benign prostatic hyperplasia.

Acute, uncomplicated illness or injury: A recent or new short-term problem with low risk of morbidity for which treatment is considered. There is little to no risk of mortality with treatment, and full recovery without functional impairment is expected. A problem that is normally self-limited or minor but is not resolving consistent with a definite and prescribed course is an acute, uncomplicated illness. Examples may include cystitis, allergic rhinitis, or a simple sprain.

Chronic illness with exacerbation, progression, or side effects of treatment: A chronic illness that is acutely worsening, poorly controlled, or progressing with an intent to control progression and requiring additional supportive care or requiring attention to treatment for side effects but that does not require consideration of hospital level of care.

Undiagnosed new problem with uncertain prognosis: A problem in the differential diagnosis that represents a condition likely to result in a high risk of morbidity without treatment. An example may be a lump in the breast.

Acute illness with systemic symptoms: An illness that causes systemic symptoms and has a high risk of morbidity without treatment. For systemic general symptoms, such as fever, body aches, or fatigue in a minor illness that may be treated to alleviate symptoms, shorten the course of illness, or to prevent complications, see the definitions for *self-limited or minor problem* or *acute, uncomplicated illness or injury*. Systemic symptoms may not be general but may be single system. Examples may include pyelonephritis, pneumonitis, or colitis.

Acute, complicated injury: An injury which requires treatment that includes evaluation of body systems that are not directly part of the injured organ, the injury is extensive, or the treatment options are multiple and/or associated with a risk of morbidity. An example may be a head injury with brief loss of consciousness.

Chronic illness with severe exacerbation, progression, or side effects of treatment: The severe exacerbation or progression of a chronic illness or severe side effects of treatment that have significant risk of morbidity and may require hospital level of care.

Acute or chronic illness or injury that poses a threat to life or bodily function: An acute illness with systemic symptoms, and acute complicated injury, or a chronic illness or injury with exacerbation and/or progression or side effects of treatment, that poses a threat to life or bodily function in the near term without treatment. Examples may include myocardial infarction, pulmonary embolus, severe respiratory distress, progressive severe rheumatoid arthritis, psychiatric illness with potential threat to self or others, peritonitis, acute renal failure, or an abrupt change in neurologic status.

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**Analyzed:** the process of using the data as part of the MDM. The data element itself may not be subject to analysis (e.g., glucose), but it is instead included in the thought processes for diagnosis, evaluation, or treatment. Tests ordered are presumed to be analyzed when the results are reported. Therefore, when they are ordered during an encounter, they are counted in that encounter. Tests that are ordered outside of an encounter may be counted in the encounter in which they are analyzed. In the case of a recurring order, each new result may be counted in the encounter in which it is analyzed. For example, an encounter that includes an order for monthly prothrombin times would count for one prothrombin time ordered and reviewed. Additional future results, if analyzed in a subsequent encounter, may be counted as a single test in that subsequent encounter. Any service for which the professional component is separately reported by the physician reporting the E/M services is not counted as a data element ordered, reviewed, analyzed, or independently interpreted for the purposes of determining the level of MDM.

**Test:** Tests are imaging, laboratory, psychometric, or physiologic data. A clinical laboratory panel (e.g., basic metabolic panel [80047]) is a single test. The differentiation between single or multiple tests is defined in accordance with the CPT<sup>®</sup> code set. For the purposes of data reviewed and analyzed, pulse oximetry is not a test.

**Unique:** A unique test is defined by the CPT<sup>®</sup> code set. When multiple results of the same unique test (e.g., serial blood glucose values) are compared during an E/M service, count it as one unique test. Tests that have overlapping elements are not unique, even if they are identified with distinct CPT<sup>®</sup> codes. For example, a CBC with differential would incorporate the set of hemoglobin, CBC, without differential, and platelet count. A unique source is defined as a physician in a distinct group or different specialty or subspecialty, or a unique entity. Review of all the materials from any unique source counts as one element toward MDM.

**Combination of Data Elements:** A combination of different data elements, for example, a combination of notes reviewed, tests ordered, tests reviewed, or independent historian, allows these elements to be summed. It does not require each item type or category to be represented. A unique test ordered, plus a note reviewed and an independent historian would be a combination of three elements.

**External:** External records, communications and/or test results are from an external physician, other qualified health care professional, facility, or health care organization.

**External physician or other qualified health care professional:** An external physician or other qualified health care professional who is not in the same group practice or is of a different specialty or subspecialty. This includes licensed professionals who are practicing independently. The individual may also be a facility or organizational provider such as from a hospital, nursing facility, or home health care agency.

**Discussion:** Discussion requires an interactive exchange. The exchange must be direct and not through intermediaries (e.g., clinical staff or trainees). Sending chart notes or written exchanges that are within progress notes does not qualify as an interactive

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exchange. The discussion does not need to be on the date of the encounter, but it is counted only once and only when it is used in the decision making of the encounter. It may be synchronous (i.e., does not need to be in person), but it must be initiated and completed within a short time period (e.g., within a day or two).

**Independent historian(s):** An individual (e.g., parent, guardian, surrogate, spouse, witness) who provides a history in addition to a history provided by the patient who is unable to provide a complete or reliable history (e.g., due to developmental stage, dementia, or psychosis) or because a confirmatory history is judged to be necessary. In the case where there may be conflict or poor communication between multiple historians and more than one historian is needed, the independent historian requirement is met. The independent history does not need to be obtained in person but does need to be obtained directly from the historian providing the independent information.

**Independent interpretations:** The interpretation of a test for which there is a CPT® code and an interpretation or report is customary. This does not apply when the physician is reporting the service or has previously reported the service for the patient. A form of interpretation should be documented but need not conform to the usual standards of a complete report for the test.

**Appropriate source:** For the purpose of the discussion of management data element (see Table 2, levels of Medical Decision Making), an appropriate source includes professionals who are not health care professionals but may be involved in the management of the patient (e.g., lawyer, parole officer, case manager, teacher). It does not include discussion with family or informal caregivers.

One element used in selecting the level of service is the risk of complications and/or morbidity or mortality of patient management at an encounter. This is distinct from the risk of the condition itself.

**Risk:** The probability and/or consequences of an event. The assessment of the level of risk is affected by the nature of the event under consideration. For example, a low probability of death may be high risk, whereas a high chance of a minor, self-limited adverse effect of treatment may be low risk. Definitions of risk are based upon the usual behavior and thought processes of a physician in the same specialty. Trained clinicians apply common language usage meanings to terms such as *high*, *medium*, *low*, or *minimal* risk and do not require quantification for these definitions (though quantification may be provided when evidence-based medicine has established probabilities). For the purposes of MDM, level of risk is based upon consequences of the problem(s) addressed at the encounter when appropriately treated. Risk also includes MDM related to the need to initiate or forego further testing, treatment and/or hospitalization. The risk of patient management criteria applies to the patient management decisions made by the reporting physician as part of the reported encounter.

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**Morbidity:** A state of illness or functional impairment that is expected to be of substantial duration during which function is limited, quality of life is impaired, or there is organ damage that may not be transient despite treatment.

**Social determinants of health:** Economic and social conditions that influence the health of people and communities. Examples may include food or housing insecurity.

**Surgery (minor or major, elective, emergency, procedure or patient risk):**

**Surgery - Minor or Major:** The classification of surgery into minor or major is based on the common meaning of such terms when used by trained clinicians, similar to the use of the term “risk”. These terms are not defined by a surgical package classification.

**Surgery – Elective or Emergency:** Elective procedures and emergent or urgent procedures describe the timing of the procedure when the timing is related to the patient’s condition. An elective procedure is typically planned in advance (e.g., scheduled for weeks later), while an emergent procedure is typically performed immediately or with minimal delay to allow for patient stabilization. Both elective and emergent procedures may be minor or major procedures.

**Surgery – Risk Factors, Patient or Procedure:** Risk factors are those that are relevant to the patient and procedure. Evidence-based risk calculators may be used, but are not required, in assessing patient and procedure risk.

**Drug therapy requiring intensive monitoring for toxicity:** A drug that requires intensive monitoring is a therapeutic agent that has the potential to cause serious morbidity or death. The monitoring is performed for assessment of these adverse effects and not primarily for assessment of therapeutic efficacy. The monitoring should be that which is generally accepted practice for the agent but may be patient-specific in some cases. Intensive monitoring may be long-term or short-term. Long-term intensive monitoring is not performed less than quarterly. The monitoring may be performed with a laboratory test, a physiologic test, or imaging. Monitoring by history or examination does not qualify. The monitoring affects the level of MDM in an encounter in which it is considered in the management of the patient. Examples may include monitoring for cytopenia in the use of an antineoplastic agent between dose cycles or the short-term intensive monitoring of electrolytes and renal function in a patient who is undergoing diuresis. Examples of monitoring that do not qualify include monitoring glucose levels during insulin therapy, as the primary reason is the therapeutic effect (unless severe hypoglycemia is a current, significant concern); or annual electrolytes and renal function for a patient on a diuretic, as the frequency does not meet the threshold.

## **G. INSTRUCTIONS FOR SELECTING A LEVEL OF OFFICE OR OTHER OUTPATIENT E/M SERVICES.**

- Select the Appropriate Level of E/M Services Based on the Following:

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1. The level of the MDM as defined for each service, **or**
  2. The total time for E/M services performed on the date of the encounter.
- Medical Decision Making: MDM includes establishing diagnoses, assessing the status of a condition, and/or selecting a management option. MDM in the office or other outpatient services codes is defined by three elements:
    - The number and complexity of problem(s) that are addressed during the encounter.
    - The amount and/or complexity of data to be reviewed and analyzed. These data include medical records, tests, and/or other information that must be obtained, ordered, reviewed, and analyzed for the encounter. This includes information obtained from multiple sources or interprofessional communications that are not reported separately and interpretation of tests that are not reported separately. Ordering a test is included in the category of test result(s) and the review of the test result is part of the encounter and not a subsequent encounter. Ordering a test may include those considered, but not selected after shared decision making. For example, a patient may request diagnostic imaging that is not necessary for their condition and discussion of the lack of benefit may be required. Alternatively, a test may normally be performed, but due to the risk for a specific patient it is not ordered. Data are divided into three categories:
      1. Tests, documents, orders or independent historian(s). (Each unique test, order, or document is counted to meet a threshold number.)
      2. Independent interpretation of tests.
      3. Discussion of management or test interpretation with an external physician or appropriate source.
    - The risk of complications and/or morbidity or mortality of patient management decisions made at the visit, associated with the patient's problem(s), the diagnostic procedure(s), and/or treatment(s). This includes the possible management options selected and those considered but not selected, after shared MDM with the patient and/or family. For example, a decision about hospitalization includes alternative levels of care. Examples may include a psychiatric patient with a sufficient degree of support in the outpatient setting or the decision to not hospitalize a patient with advanced dementia with an acute condition that would generally warrant inpatient care, but for whom the goal is palliative treatment.

Four types of MDM are recognized: straightforward, low, moderate, and high. The concept of the level of MDM does not apply to 99211.

Shared MDM involves eliciting patient and/or family preferences, patient and/or family education, and explaining risks and benefits of management options.

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MDM may be impacted by role and management responsibility.

When the physician is reporting a separate CPT® code that includes interpretation and/or report, the interpretation and/or report should not count toward the MDM when selecting a level of office or other outpatient services. When the physician is reporting a separate service for discussion of management with a physician, the discussion is not counted toward the MDM when selecting a level of office or other outpatient services.

The Levels of Medical Decision Making (MDM) table (Table 2) is a guide to assist in selecting the level of MDM for reporting an office or other outpatient E/M services code. The table includes the four levels of MDM (i.e., straightforward, low, moderate, high) and the three elements of MDM (i.e., number and complexity of problems addressed at the encounter, amount and/or complexity of data reviewed and analyzed, and risk of complications and/or morbidity or mortality of patient management). To qualify for a particular level of MDM, two of the three elements for that level of MDM must be met or exceeded. See Table 2: Levels of Medical Decision Making (MDM).

**Table 2: Levels of Medical Decision Making (MDM)**

<b>Elements of Medical Decision Making</b>				
<b>Code</b>	<b>Level of MDM</b> (Based on 2 out of 3 Elements of MDM)	<b>Number and Complexity of Problems Addressed at the Encounter</b>	<b>Amount and/or Complexity of Data to be Reviewed and Analyzed</b> <i>*Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below</i>	<b>Risk or Complications and/or Morbidity or Mortality of Patient Management</b>
<b>99211</b>	N/A	N/A	N/A	N/A
<b>99202 99212</b>	<b>Straightforward</b>	<b>Minimal</b> 1 self-limited or minor problem	<b>Minimal or more</b>	<b>Minimal risk of morbidity from additional diagnostic testing or treatment</b>
<b>99203 99213</b>	<b>Low</b>	<b>Low</b> 2 or more self-limited or minor problems; <b>or</b> 1 stable, chronic illness; <b>or</b> 1 acute, uncomplicated illness or injury	<b>Limited</b> (Must meet the requirements of at least 1 out of the 2 categories) <b>Category 1: Tests and documents</b> <b>Any Combination of 2 from the following:</b> Review of prior external note(s) from each unique source*; Review of the result(s) of each unique test*; Ordering of each unique test* <b>or</b> <b>Category 2: Assessment requiring an independent historian(s)</b> (For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)	<b>Low risk of morbidity form additional diagnostic testing or treatment</b>

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99204 99214	Moderate	<p><b>Moderate</b></p> <p><b>1</b> or more chronic illnesses with exacerbation, progression, or side effects treatment;</p> <p><b>or</b></p> <p><b>2</b> or more stable, chronic illnesses;</p> <p><b>or</b></p> <p><b>1</b> undiagnosed new problem with uncertain prognosis;</p> <p><b>or</b></p> <p><b>1</b> acute illness with systemic symptoms;</p> <p><b>or</b></p> <p><b>1</b> acute, complicated injury</p>	<p><b>Moderate</b></p> <p><i>(Must meet the requirements of at least 1 of the 3 categories)</i></p> <p><b>Category 1: Tests, Documents, or independent historian(s)</b></p> <p><b>Any combination of 3 from the following:</b></p> <p>Review of prior external note(s) from each unique source*;</p> <p>Review of the result(s) of each unique test*;</p> <p>Ordering of each unique test*;</p> <p>Assessment requiring an independent historian(s)</p> <p><b>or</b></p> <p><b>Category 2: Independent interpretation of tests</b></p> <p>Independent interpretation of a test performed by another physician (not separately reported);</p> <p><b>or</b></p> <p><b>Category 3: Discussion of management or test interpretation</b></p> <p>Discussion of management or test interpretation with external physician/appropriate source (not separately reported)</p>	<p><b>Moderate risk of morbidity from additional diagnostic testing or treatment</b></p> <p><i>Examples only:</i></p> <p>Prescription drug management</p> <p>Decision regarding minor surgery with identified patient or procedure risk forms</p> <p>Decision regarding elective major surgery without identified patient or procedure risk factors</p> <p>Diagnosis or treatment significantly limited by social determinants of health</p>
99205 99215	High	<p><b>High</b></p> <p><b>1</b> or more chronic illnesses with severe exacerbation, progression, or side effects of treatment;</p> <p><b>or</b></p> <p><b>1</b> acute or chronic illness or injury that poses a threat to life or bodily function</p>	<p><b>Extensive</b></p> <p><i>(Must meet the requirements of at least 2 out of the 3 categories)</i></p> <p><b>Category 1: Tests, documents, or independent historian(s)</b></p> <p><b>Any combination of 3 from the following:</b></p> <p>Review of prior external notes(s) from each unique source*;</p> <p>Review of the result(s) of each unique test*;</p> <p>Ordering of each unique test*;</p> <p>Assessment requiring an independent historian(s)</p> <p><b>or</b></p> <p><b>Category 2: Independent interpretation of tests</b></p> <p>Independent interpretation of a test performed by another physician (not separately reported);</p> <p><b>or</b></p> <p><b>Category 3: Discussion of management or test interpretation</b></p> <p>Discussion of management or test interpretation with external physician/appropriate source (not separately reported)</p>	<p><b>High risk of morbidity from additional diagnostic testing or treatment</b></p> <p><i>Examples only:</i></p> <p>Drug therapy requiring intensive monitoring for toxicity</p> <p>Decision regarding elective major surgery with identified patient or procedure risk factors</p> <p>Decision regarding emergency major surgery</p> <p>Decision regarding hospitalization</p> <p>Decision not to resuscitate or to de-escalate care because of poor prognosis</p>



## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

**H. TIME.**

For instructions on using time to select the level of office or other outpatient E/M services code, see the *Time* subsection in Item C (*Guidelines Common to all E/M Services*).

**I. UNLISTED SERVICE.**

An E/M service may be provided that is not listed in this section of CPT<sup>®</sup> codebook. When reporting such a service, the appropriate unlisted code may be used to indicate the service, identifying it by “Special Report,” as discussed in item J. The “Unlisted Services” and accompanying codes for the E/M section are as follows:

99429 Unlisted preventive medicine service

99499 Unlisted evaluation and management service

**J. SPECIAL REPORT.**

An unlisted service or one that is unusual, variable, or new may require a special report demonstrating the medical appropriateness of the service. Pertinent information should include an adequate definition or description of the nature, extent, and need for the procedure and the time, effort, and equipment necessary to provide the service. Additional items that may be included are complexity of symptoms, final diagnosis, pertinent physical findings, diagnostic and therapeutic procedures, concurrent problems, and follow-up care.

**K. CLINICAL EXAMPLES.**

Clinical examples of the codes for E/M services are provided to assist in understanding the meaning of the descriptors and selecting the correct code. The clinical examples are listed in Appendix C. (*Appendix C of the CPT<sup>®</sup> has not been reprinted in this text.*) Each example was developed by the specialties shown.

The same problem, when seen by different specialties, may involve different amounts of work. Therefore, the appropriate level of encounter should be reported using the descriptors rather than the examples.

**Historical Note**

New Appendix A, Evaluation and Management Guidelines made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Evaluation and Management Guidelines will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Evaluation and Management Guidelines repealed; new Appendix A, Evaluation and Management Guidelines made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Evaluation and Management Guidelines repealed; new Appendix A, Evaluation and Management Guidelines made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3).

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## ARIZONA PHYSICIANS' FEE SCHEDULE

E&amp;M Codes 2021-2022

E&amp;M Conversion Factor \$65.00

Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
99202 00	E&M	2.12	1.43	\$ 137.80	\$ 92.95
99203 00	E&M	3.26	2.42	\$ 211.90	\$ 157.30
99204 00	E&M	4.87	3.94	\$ 316.55	\$ 256.10
99205 00	E&M	6.43	5.35	\$ 417.95	\$ 347.75
99211 00	E&M	0.66	0.26	\$ 42.90	\$ 16.90
99212 00	E&M	1.63	1.04	\$ 105.95	\$ 67.60
99213 00	E&M	2.65	1.95	\$ 172.25	\$ 126.75
99214 00	E&M	3.76	2.88	\$ 244.40	\$ 187.20
99215 00	E&M	5.25	4.24	\$ 341.25	\$ 275.60
99217 00	E&M	2.07	2.07	\$ 134.55	\$ 134.55
99218 00	E&M	2.82	2.82	\$ 183.30	\$ 183.30
99219 00	E&M	3.85	3.85	\$ 250.25	\$ 250.25
99220 00	E&M	5.21	5.21	\$ 338.65	\$ 338.65
99221 00	E&M	2.90	2.90	\$ 188.50	\$ 188.50
99222 00	E&M	3.90	3.90	\$ 253.50	\$ 253.50
99223 00	E&M	5.74	5.74	\$ 373.10	\$ 373.10
99224 00	E&M	1.11	1.11	\$ 72.15	\$ 72.15
99225 00	E&M	2.06	2.06	\$ 133.90	\$ 133.90
99226 00	E&M	2.96	2.96	\$ 192.40	\$ 192.40
99231 00	E&M	1.10	1.10	\$ 71.50	\$ 71.50
99232 00	E&M	2.06	2.06	\$ 133.90	\$ 133.90
99233 00	E&M	2.96	2.96	\$ 192.40	\$ 192.40
99234 00	E&M	3.77	3.77	\$ 245.05	\$ 245.05
99235 00	E&M	4.79	4.79	\$ 311.35	\$ 311.35
99236 00	E&M	6.15	6.15	\$ 399.75	\$ 399.75
99238 00	E&M	2.07	2.07	\$ 134.55	\$ 134.55
99239 00	E&M	3.05	3.05	\$ 198.25	\$ 198.25
99241 00	E&M	1.35	0.93	\$ 87.75	\$ 60.45
99242 00	E&M	2.55	1.96	\$ 165.75	\$ 127.40
99243 00	E&M	3.49	2.74	\$ 226.85	\$ 178.10
99244 00	E&M	5.23	4.41	\$ 339.95	\$ 286.65
99245 00	E&M	6.37	5.45	\$ 414.05	\$ 354.25
99251 00	E&M	1.41	1.41	\$ 91.65	\$ 91.65
99252 00	E&M	2.15	2.15	\$ 139.75	\$ 139.75
99253 00	E&M	3.30	3.30	\$ 214.50	\$ 214.50
99254 00	E&M	4.78	4.78	\$ 310.70	\$ 310.70
99255 00	E&M	5.76	5.76	\$ 374.40	\$ 374.40
99281 00	E&M	0.64	0.64	\$ 41.60	\$ 41.60
99282 00	E&M	1.24	1.24	\$ 80.60	\$ 80.60
99283 00	E&M	2.09	2.09	\$ 135.85	\$ 135.85
99284 00	E&M	3.55	3.55	\$ 230.75	\$ 230.75
99285 00	E&M	5.18	5.18	\$ 336.70	\$ 336.70
99288 00	E&M	0.00	0.00	Bundled Code	Bundled Code
99291 00	E&M	8.11	6.33	\$ 527.15	\$ 411.45
99292 00	E&M	3.55	3.18	\$ 230.75	\$ 206.70
99304 00	E&M	2.57	2.57	\$ 167.05	\$ 167.05
99305 00	E&M	3.71	3.71	\$ 241.15	\$ 241.15
99306 00	E&M	4.77	4.77	\$ 310.05	\$ 310.05
99307 00	E&M	1.26	1.26	\$ 81.90	\$ 81.90
99308 00	E&M	1.98	1.98	\$ 128.70	\$ 128.70
99309 00	E&M	2.61	2.61	\$ 169.65	\$ 169.65
99310 00	E&M	3.87	3.87	\$ 251.55	\$ 251.55
99315 00	E&M	2.09	2.09	\$ 135.85	\$ 135.85
99316 00	E&M	3.01	3.01	\$ 195.65	\$ 195.65
99318 00	E&M	2.74	2.74	\$ 178.10	\$ 178.10

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
99324 00	E&M	1.55	1.55	\$ 100.75	\$ 100.75
99325 00	E&M	2.27	2.27	\$ 147.55	\$ 147.55
99326 00	E&M	3.97	3.97	\$ 258.05	\$ 258.05
99327 00	E&M	5.32	5.32	\$ 345.80	\$ 345.80
99328 00	E&M	6.26	6.26	\$ 406.90	\$ 406.90
99334 00	E&M	1.72	1.72	\$ 111.80	\$ 111.80
99335 00	E&M	2.74	2.74	\$ 178.10	\$ 178.10
99336 00	E&M	3.88	3.88	\$ 252.20	\$ 252.20
99337 00	E&M	5.55	5.55	\$ 360.75	\$ 360.75
99339 00	E&M	0.00	0.00	Bundled Code	Bundled Code
99340 00	E&M	0.00	0.00	Bundled Code	Bundled Code
99341 00	E&M	1.56	1.56	\$ 101.40	\$ 101.40
99342 00	E&M	2.20	2.20	\$ 143.00	\$ 143.00
99343 00	E&M	3.64	3.64	\$ 236.60	\$ 236.60
99344 00	E&M	5.19	5.19	\$ 337.35	\$ 337.35
99345 00	E&M	6.32	6.32	\$ 410.80	\$ 410.80
99347 00	E&M	1.57	1.57	\$ 102.05	\$ 102.05
99348 00	E&M	2.40	2.40	\$ 156.00	\$ 156.00
99349 00	E&M	3.70	3.70	\$ 240.50	\$ 240.50
99350 00	E&M	5.12	5.12	\$ 332.80	\$ 332.80
99354 00	E&M	3.70	3.46	\$ 240.50	\$ 224.90
99355 00	E&M	2.76	2.55	\$ 179.40	\$ 165.75
99356 00	E&M	2.62	2.62	\$ 170.30	\$ 170.30
99357 00	E&M	2.63	2.63	\$ 170.95	\$ 170.95
99358 00	E&M	3.20	3.20	\$ 208.00	\$ 208.00
99359 00	E&M	1.53	1.53	\$ 99.45	\$ 99.45
99360 00	E&M	1.76	1.76	\$ 114.40	\$ 114.40
99366 00	E&M	1.23	1.20	\$ 79.95	\$ 78.00
99367 00	E&M	1.62	1.62	\$ 105.30	\$ 105.30
99368 00	E&M	1.05	1.05	\$ 68.25	\$ 68.25
99374 00	E&M	0.00	0.00	Bundled Code	Bundled Code
99375 00	E&M	3.00	2.54	\$ 195.00	\$ 165.10
99377 00	E&M	0.00	0.00	Bundled Code	Bundled Code
99378 00	E&M	3.00	2.54	\$ 195.00	\$ 165.10
99379 00	E&M	0.00	0.00	Bundled Code	Bundled Code
99380 00	E&M	0.00	0.00	Bundled Code	Bundled Code
99381 00	E&M	0.00	0.00	BR	BR
99382 00	E&M	0.00	0.00	BR	BR
99383 00	E&M	0.00	0.00	BR	BR
99384 00	E&M	0.00	0.00	BR	BR
99385 00	E&M	0.00	0.00	BR	BR
99386 00	E&M	0.00	0.00	BR	BR
99387 00	E&M	0.00	0.00	BR	BR
99391 00	E&M	0.00	0.00	BR	BR
99392 00	E&M	0.00	0.00	BR	BR
99393 00	E&M	0.00	0.00	BR	BR
99394 00	E&M	0.00	0.00	BR	BR
99395 00	E&M	0.00	0.00	BR	BR
99396 00	E&M	0.00	0.00	BR	BR
99397 00	E&M	0.00	0.00	BR	BR
99401 00	E&M	0.00	0.00	BR	BR
99402 00	E&M	0.00	0.00	BR	BR
99403 00	E&M	0.00	0.00	BR	BR
99404 00	E&M	0.00	0.00	BR	BR
99406 00	E&M	0.00	0.00	BR	BR
99407 00	E&M	0.00	0.00	BR	BR
99408 00	E&M	0.00	0.00	BR	BR
99409 00	E&M	0.00	0.00	BR	BR
99411 00	E&M	0.00	0.00	BR	BR

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
99412 00	E&M	0.00	0.00	BR	BR
99415 00	E&M	0.29	0.29	\$ 18.85	\$ 18.85
99416 00	E&M	0.15	0.15	\$ 9.75	\$ 9.75
99417 00	E&M	0.00	0.00	BR	BR
99421 00	E&M	0.43	0.37	\$ 27.95	\$ 24.05
99422 00	E&M	0.86	0.75	\$ 55.90	\$ 48.75
99423 00	E&M	1.36	1.18	\$ 88.40	\$ 76.70
99429 00	E&M	0.00	0.00	BR	BR
99439 00	E&M	1.08	0.81	\$ 70.20	\$ 52.65
99441 00	E&M	1.63	1.04	\$ 105.95	\$ 67.60
99442 00	E&M	2.66	1.96	\$ 172.90	\$ 127.40
99443 00	E&M	3.77	2.89	\$ 245.05	\$ 187.85
99446 00	E&M	0.54	0.54	\$ 35.10	\$ 35.10
99447 00	E&M	0.97	0.97	\$ 63.05	\$ 63.05
99448 00	E&M	1.54	1.54	\$ 100.10	\$ 100.10
99449 00	E&M	2.10	2.10	\$ 136.50	\$ 136.50
99450 00	E&M	0.00	0.00	BR	BR
99451 00	E&M	1.04	1.04	\$ 67.60	\$ 67.60
99452 00	E&M	1.05	1.05	\$ 68.25	\$ 68.25
99453 00	E&M	0.55	0.55	\$ 35.75	\$ 35.75
99454 00	E&M	1.81	1.81	\$ 117.65	\$ 117.65
99455 00	E&M	5.23	5.23	\$ 339.95	\$ 339.95
99456 00	E&M	6.87	6.87	\$ 446.55	\$ 446.55
99457 00	E&M	1.46	0.91	\$ 94.90	\$ 59.15
99458 00	E&M	1.18	0.91	\$ 76.70	\$ 59.15
99460 00	E&M	2.74	2.74	\$ 178.10	\$ 178.10
99461 00	E&M	2.65	1.80	\$ 172.25	\$ 117.00
99462 00	E&M	1.19	1.19	\$ 77.35	\$ 77.35
99463 00	E&M	3.16	3.16	\$ 205.40	\$ 205.40
99464 00	E&M	2.14	2.14	\$ 139.10	\$ 139.10
99465 00	E&M	4.18	4.18	\$ 271.70	\$ 271.70
99466 00	E&M	6.81	6.81	\$ 442.65	\$ 442.65
99467 00	E&M	3.41	3.41	\$ 221.65	\$ 221.65
99468 00	E&M	26.22	26.22	\$ 1,704.30	\$ 1,704.30
99469 00	E&M	11.34	11.34	\$ 737.10	\$ 737.10
99471 00	E&M	22.70	22.70	\$ 1,475.50	\$ 1,475.50
99472 00	E&M	11.56	11.56	\$ 751.40	\$ 751.40
99473 00	E&M	0.33	0.33	\$ 21.45	\$ 21.45
99474 00	E&M	0.43	0.25	\$ 27.95	\$ 16.25
99475 00	E&M	16.41	16.41	\$ 1,066.65	\$ 1,066.65
99476 00	E&M	9.85	9.85	\$ 640.25	\$ 640.25
99477 00	E&M	9.94	9.94	\$ 646.10	\$ 646.10
99478 00	E&M	3.90	3.90	\$ 253.50	\$ 253.50
99479 00	E&M	3.55	3.55	\$ 230.75	\$ 230.75
99480 00	E&M	3.41	3.41	\$ 221.65	\$ 221.65
99483 00	E&M	8.10	5.70	\$ 526.50	\$ 370.50
99484 00	E&M	1.34	0.88	\$ 87.10	\$ 57.20
99485 00	E&M	0.00	0.00	Bundled Code	Bundled Code
99486 00	E&M	0.00	0.00	Bundled Code	Bundled Code
99487 00	E&M	2.63	1.47	\$ 170.95	\$ 95.55
99489 00	E&M	1.26	0.74	\$ 81.90	\$ 48.10
99490 00	E&M	1.18	0.91	\$ 76.70	\$ 59.15
99491 00	E&M	2.36	2.36	\$ 153.40	\$ 153.40
99492 00	E&M	4.42	2.69	\$ 287.30	\$ 174.85
99493 00	E&M	4.42	2.94	\$ 287.30	\$ 191.10
99494 00	E&M	1.69	1.17	\$ 109.85	\$ 76.05
99495 00	E&M	5.96	4.16	\$ 387.40	\$ 270.40
99496 00	E&M	8.07	5.66	\$ 524.55	\$ 367.90
99497 00	E&M	2.46	2.25	\$ 159.90	\$ 146.25

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
99498 00	E&M	2.13	2.12	\$ 138.45	\$ 137.80
99499 00	E&M	0.00	0.00	BR	BR
G2010 00	E&M	0.35	0.27	\$ 22.75	\$ 17.55
G2012 00	E&M	0.42	0.38	\$ 27.30	\$ 24.70

**Historical Note**

New Appendix A, Evaluation and Management Codes 2019-2020 made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019;

Appendix A, Evaluation and Management Codes 2019-2020 will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Evaluation and Management Codes 2019-2020 repealed; new Appendix A, Evaluation and Management Codes 2020-2021 made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Evaluation and Management Codes 2020-2021 repealed; new Appendix A, Evaluation and Management Codes 2021-2022 made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3).

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

## CATEGORY III CODES GUIDELINES

This Fee Schedule has been updated to incorporate by reference the 2020 Edition of the American Medical Association's *Current Procedural Terminology* (CPT®) publication, including the general guidelines, identifiers, modifiers, and terminology changes associated with the adopted codes. In this Fee Schedule CPT® codes that contain explanatory language specific to Arizona are preceded by Δ. Codes, however, that are unique to Arizona and not otherwise found in CPT® are preceded by an AZ identifier and numbered in the following format: AZxxx. Additional information regarding publications adopted by reference is found in the Introduction of the Fee Schedule.

Category III Codes are temporary codes developed to allow collection of data for emerging technology, services, and procedures. The five character alphanumeric codes contain four numbers with one alpha character in the fifth place. If a Category III Code is available, this code must be reported instead of a Category I unlisted code.

To the extent that a conflict may exist between an adopted portion of the CPT® and a code, guideline, identifier or modifier unique to Arizona, then the Arizona code, guideline, identifier or modifier shall control.

**Historical Note**

New Appendix A, Category III Guidelines made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Category III Guidelines will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Category III Guidelines; new Appendix A, Category III

Guidelines made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Category III Guidelines repealed; new Appendix A, Category III Codes Guidelines made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3).

## CHAPTER 5. INDUSTRIAL COMMISSION OF ARIZONA

ARIZONA PHYSICIANS' FEE SCHEDULE  
Category III Codes 2021-2022

Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
0042T 00	Category III	-	-	RNE	RNE
0054T 00	Category III	-	-	RNE	RNE
0055T 00	Category III	-	-	RNE	RNE
0071T 00	Category III	-	-	RNE	RNE
0072T 00	Category III	-	-	RNE	RNE
0075T 00	Category III	-	-	RNE	RNE
0075T 26	Category III	-	-	RNE	RNE
0075T TC	Category III	-	-	RNE	RNE
0076T 00	Category III	-	-	RNE	RNE
0076T 26	Category III	-	-	RNE	RNE
0076T TC	Category III	-	-	RNE	RNE
0095T 00	Category III	-	-	RNE	RNE
0098T 00	Category III	-	-	RNE	RNE
0100T 00	Category III	-	-	RNE	RNE
0101T 00	Category III	-	-	RNE	RNE
0102T 00	Category III	-	-	RNE	RNE
0106T 00	Category III	-	-	RNE	RNE
0107T 00	Category III	-	-	RNE	RNE
0108T 00	Category III	-	-	RNE	RNE
0109T 00	Category III	-	-	RNE	RNE
0110T 00	Category III	-	-	RNE	RNE
0163T 00	Category III	-	-	RNE	RNE
0164T 00	Category III	-	-	RNE	RNE
0165T 00	Category III	-	-	RNE	RNE
0174T 00	Category III	-	-	RNE	RNE
0175T 00	Category III	-	-	RNE	RNE
0184T 00	Category III	-	-	RNE	RNE
0191T 00	Category III	-	-	RNE	RNE
0198T 00	Category III	-	-	RNE	RNE
0200T 00	Category III	-	-	RNE	RNE
0201T 00	Category III	-	-	RNE	RNE
0202T 00	Category III	-	-	RNE	RNE
0207T 00	Category III	-	-	RNE	RNE
0208T 00	Category III	-	-	RNE	RNE
0209T 00	Category III	-	-	RNE	RNE
0210T 00	Category III	-	-	RNE	RNE
0211T 00	Category III	-	-	RNE	RNE
0212T 00	Category III	-	-	RNE	RNE
0213T 00	Category III	-	-	RNE	RNE
0214T 00	Category III	-	-	RNE	RNE
0215T 00	Category III	-	-	RNE	RNE
0216T 00	Category III	-	-	RNE	RNE
0217T 00	Category III	-	-	RNE	RNE
0218T 00	Category III	-	-	RNE	RNE
0219T 00	Category III	-	-	RNE	RNE
0220T 00	Category III	-	-	RNE	RNE
0221T 00	Category III	-	-	RNE	RNE
0222T 00	Category III	-	-	RNE	RNE
0232T 00	Category III	-	-	RNE	RNE
0234T 00	Category III	-	-	RNE	RNE
0235T 00	Category III	-	-	RNE	RNE
0236T 00	Category III	-	-	RNE	RNE
0237T 00	Category III	-	-	RNE	RNE
0238T 00	Category III	-	-	RNE	RNE
0253T 00	Category III	-	-	RNE	RNE

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
0263T 00	Category III	-	-	RNE	RNE
0264T 00	Category III	-	-	RNE	RNE
0265T 00	Category III	-	-	RNE	RNE
0266T 00	Category III	-	-	RNE	RNE
0267T 00	Category III	-	-	RNE	RNE
0268T 00	Category III	-	-	RNE	RNE
0269T 00	Category III	-	-	RNE	RNE
0270T 00	Category III	-	-	RNE	RNE
0271T 00	Category III	-	-	RNE	RNE
0272T 00	Category III	-	-	RNE	RNE
0273T 00	Category III	-	-	RNE	RNE
0274T 00	Category III	-	-	RNE	RNE
0275T 00	Category III	-	-	RNE	RNE
0278T 00	Category III	-	-	RNE	RNE
0290T 00	Category III	-	-	RNE	RNE
0308T 00	Category III	-	-	RNE	RNE
0312T 00	Category III	-	-	RNE	RNE
0313T 00	Category III	-	-	RNE	RNE
0314T 00	Category III	-	-	RNE	RNE
0315T 00	Category III	-	-	RNE	RNE
0316T 00	Category III	-	-	RNE	RNE
0317T 00	Category III	-	-	RNE	RNE
0329T 00	Category III	-	-	RNE	RNE
0330T 00	Category III	-	-	RNE	RNE
0331T 00	Category III	-	-	RNE	RNE
0332T 00	Category III	-	-	RNE	RNE
0333T 00	Category III	-	-	RNE	RNE
0335T 00	Category III	-	-	RNE	RNE
0338T 00	Category III	-	-	RNE	RNE
0339T 00	Category III	-	-	RNE	RNE
0342T 00	Category III	-	-	RNE	RNE
0345T 00	Category III	-	-	RNE	RNE
0347T 00	Category III	-	-	RNE	RNE
0348T 00	Category III	-	-	RNE	RNE
0349T 00	Category III	-	-	RNE	RNE
0350T 00	Category III	-	-	RNE	RNE
0351T 00	Category III	-	-	RNE	RNE
0352T 00	Category III	-	-	RNE	RNE
0353T 00	Category III	-	-	RNE	RNE
0354T 00	Category III	-	-	RNE	RNE
0355T 00	Category III	-	-	RNE	RNE
0356T 00	Category III	-	-	RNE	RNE
0358T 00	Category III	-	-	RNE	RNE
0362T 00	Category III	-	-	RNE	RNE
0373T 00	Category III	-	-	RNE	RNE
0376T 00	Category III	-	-	RNE	RNE
0378T 00	Category III	-	-	RNE	RNE
0379T 00	Category III	-	-	RNE	RNE
0394T 00	Category III	-	-	RNE	RNE
0395T 00	Category III	-	-	RNE	RNE
0397T 00	Category III	-	-	RNE	RNE
0398T 00	Category III	-	-	RNE	RNE
0402T 00	Category III	-	-	RNE	RNE
0403T 00	Category III	-	-	RNE	RNE
0404T 00	Category III	-	-	RNE	RNE
0408T 00	Category III	-	-	RNE	RNE
0409T 00	Category III	-	-	RNE	RNE
0410T 00	Category III	-	-	RNE	RNE
0411T 00	Category III	-	-	RNE	RNE

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
0412T 00	Category III	-	-	RNE	RNE
0413T 00	Category III	-	-	RNE	RNE
0414T 00	Category III	-	-	RNE	RNE
0415T 00	Category III	-	-	RNE	RNE
0416T 00	Category III	-	-	RNE	RNE
0417T 00	Category III	-	-	RNE	RNE
0418T 00	Category III	-	-	RNE	RNE
0419T 00	Category III	-	-	RNE	RNE
0420T 00	Category III	-	-	RNE	RNE
0421T 00	Category III	-	-	RNE	RNE
0422T 00	Category III	-	-	RNE	RNE
0423T 00	Category III	-	-	RNE	RNE
0424T 00	Category III	-	-	RNE	RNE
0425T 00	Category III	-	-	RNE	RNE
0426T 00	Category III	-	-	RNE	RNE
0427T 00	Category III	-	-	RNE	RNE
0428T 00	Category III	-	-	RNE	RNE
0429T 00	Category III	-	-	RNE	RNE
0430T 00	Category III	-	-	RNE	RNE
0431T 00	Category III	-	-	RNE	RNE
0432T 00	Category III	-	-	RNE	RNE
0433T 00	Category III	-	-	RNE	RNE
0434T 00	Category III	-	-	RNE	RNE
0435T 00	Category III	-	-	RNE	RNE
0436T 00	Category III	-	-	RNE	RNE
0437T 00	Category III	-	-	RNE	RNE
0439T 00	Category III	-	-	RNE	RNE
0440T 00	Category III	-	-	RNE	RNE
0441T 00	Category III	-	-	RNE	RNE
0442T 00	Category III	-	-	RNE	RNE
0443T 00	Category III	-	-	RNE	RNE
0444T 00	Category III	-	-	RNE	RNE
0445T 00	Category III	-	-	RNE	RNE
0446T 00	Category III	-	-	RNE	RNE
0447T 00	Category III	-	-	RNE	RNE
0448T 00	Category III	-	-	RNE	RNE
0449T 00	Category III	-	-	RNE	RNE
0450T 00	Category III	-	-	RNE	RNE
0451T 00	Category III	-	-	RNE	RNE
0452T 00	Category III	-	-	RNE	RNE
0453T 00	Category III	-	-	RNE	RNE
0454T 00	Category III	-	-	RNE	RNE
0455T 00	Category III	-	-	RNE	RNE
0456T 00	Category III	-	-	RNE	RNE
0457T 00	Category III	-	-	RNE	RNE
0458T 00	Category III	-	-	RNE	RNE
0459T 00	Category III	-	-	RNE	RNE
0460T 00	Category III	-	-	RNE	RNE
0461T 00	Category III	-	-	RNE	RNE
0462T 00	Category III	-	-	RNE	RNE
0463T 00	Category III	-	-	RNE	RNE
0464T 00	Category III	-	-	RNE	RNE
0464T 00	Category III	-	-	RNE	RNE
0465T 00	Category III	-	-	RNE	RNE
0465T 00	Category III	-	-	RNE	RNE
0466T 00	Category III	-	-	RNE	RNE
0466T 00	Category III	-	-	RNE	RNE
0467T 00	Category III	-	-	RNE	RNE
0467T 00	Category III	-	-	RNE	RNE

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
0468T 00	Category III	-	-	RNE	RNE
0468T 00	Category III	-	-	RNE	RNE
0469T 00	Category III	-	-	RNE	RNE
0470T 00	Category III	-	-	RNE	RNE
0471T 00	Category III	-	-	RNE	RNE
0472T 00	Category III	-	-	RNE	RNE
0473T 00	Category III	-	-	RNE	RNE
0474T 00	Category III	-	-	RNE	RNE
0475T 00	Category III	-	-	RNE	RNE
0476T 00	Category III	-	-	RNE	RNE
0477T 00	Category III	-	-	RNE	RNE
0478T 00	Category III	-	-	RNE	RNE
0479T 00	Category III	-	-	RNE	RNE
0480T 00	Category III	-	-	RNE	RNE
0481T 00	Category III	-	-	RNE	RNE
0483T 00	Category III	-	-	RNE	RNE
0484T 00	Category III	-	-	RNE	RNE
0485T 00	Category III	-	-	RNE	RNE
0486T 00	Category III	-	-	RNE	RNE
0487T 00	Category III	-	-	RNE	RNE
0488T 00	Category III	-	-	RNE	RNE
0489T 00	Category III	-	-	RNE	RNE
0490T 00	Category III	-	-	RNE	RNE
0491T 00	Category III	-	-	RNE	RNE
0492T 00	Category III	-	-	RNE	RNE
0493T 00	Category III	-	-	RNE	RNE
0494T 00	Category III	-	-	RNE	RNE
0495T 00	Category III	-	-	RNE	RNE
0496T 00	Category III	-	-	RNE	RNE
0497T 00	Category III	-	-	RNE	RNE
0498T 00	Category III	-	-	RNE	RNE
0499T 00	Category III	-	-	RNE	RNE
0500T 00	Category III	-	-	RNE	RNE
0501T 00	Category III	-	-	RNE	RNE
0502T 00	Category III	-	-	RNE	RNE
0503T 00	Category III	-	-	RNE	RNE
0504T 00	Category III	-	-	RNE	RNE
0505T 00	Category III	-	-	RNE	RNE
0506T 00	Category III	-	-	RNE	RNE
0506T 26	Category III	-	-	RNE	RNE
0506T TC	Category III	-	-	RNE	RNE
0507T 00	Category III	-	-	RNE	RNE
0507T 26	Category III	-	-	RNE	RNE
0507T TC	Category III	-	-	RNE	RNE
0508T 00	Category III	-	-	RNE	RNE
0508T 26	Category III	-	-	RNE	RNE
0508T TC	Category III	-	-	RNE	RNE
0509T 00	Category III	-	-	RNE	RNE
0509T 26	Category III	-	-	RNE	RNE
0509T TC	Category III	-	-	RNE	RNE
0510T 00	Category III	-	-	RNE	RNE
0511T 00	Category III	-	-	RNE	RNE
0512T 00	Category III	-	-	RNE	RNE
0513T 00	Category III	-	-	RNE	RNE
0514T 00	Category III	-	-	RNE	RNE
0515T 00	Category III	-	-	RNE	RNE
0516T 00	Category III	-	-	RNE	RNE
0517T 00	Category III	-	-	RNE	RNE
0518T 00	Category III	-	-	RNE	RNE

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
0519T 00	Category III	-	-	RNE	RNE
0520T 00	Category III	-	-	RNE	RNE
0521T 00	Category III	-	-	RNE	RNE
0521T 26	Category III	-	-	RNE	RNE
0521T TC	Category III	-	-	RNE	RNE
0522T 00	Category III	-	-	RNE	RNE
0522T 26	Category III	-	-	RNE	RNE
0522T TC	Category III	-	-	RNE	RNE
0523T 00	Category III	-	-	RNE	RNE
0524T 00	Category III	-	-	RNE	RNE
0525T 00	Category III	-	-	RNE	RNE
0526T 00	Category III	-	-	RNE	RNE
0527T 00	Category III	-	-	RNE	RNE
0528T 00	Category III	-	-	RNE	RNE
0528T 26	Category III	-	-	RNE	RNE
0528T TC	Category III	-	-	RNE	RNE
0529T 00	Category III	-	-	RNE	RNE
0529T 26	Category III	-	-	RNE	RNE
0529T TC	Category III	-	-	RNE	RNE
0530T 00	Category III	-	-	RNE	RNE
0531T 00	Category III	-	-	RNE	RNE
0532T 00	Category III	-	-	RNE	RNE
0533T 00	Category III	-	-	RNE	RNE
0533T 26	Category III	-	-	RNE	RNE
0533T TC	Category III	-	-	RNE	RNE
0534T 00	Category III	-	-	RNE	RNE
0534T 26	Category III	-	-	RNE	RNE
0534T TC	Category III	-	-	RNE	RNE
0535T 00	Category III	-	-	RNE	RNE
0535T 26	Category III	-	-	RNE	RNE
0535T TC	Category III	-	-	RNE	RNE
0536T 00	Category III	-	-	RNE	RNE
0536T 26	Category III	-	-	RNE	RNE
0536T TC	Category III	-	-	RNE	RNE
0537T 00	Category III	-	-	RNE	RNE
0538T 00	Category III	-	-	RNE	RNE
0539T 00	Category III	-	-	RNE	RNE
0540T 00	Category III	-	-	RNE	RNE
0541T 00	Category III	-	-	RNE	RNE
0542T 00	Category III	-	-	RNE	RNE
0543T 00	Category III	-	-	RNE	RNE
0544T 00	Category III	-	-	RNE	RNE
0545T 00	Category III	-	-	RNE	RNE
0546T 00	Category III	-	-	RNE	RNE
0547T 00	Category III	-	-	RNE	RNE
0548T 00	Category III	-	-	RNE	RNE
0549T 00	Category III	-	-	RNE	RNE
0550T 00	Category III	-	-	RNE	RNE
0551T 00	Category III	-	-	RNE	RNE
0552T 00	Category III	-	-	RNE	RNE
0553T 00	Category III	-	-	RNE	RNE
0554T 00	Category III	-	-	RNE	RNE
0555T 00	Category III	-	-	RNE	RNE
0556T 00	Category III	-	-	RNE	RNE
0557T 00	Category III	-	-	RNE	RNE
0558T 00	Category III	-	-	RNE	RNE
0559T 00	Category III	-	-	RNE	RNE
0560T 00	Category III	-	-	RNE	RNE
0561T 00	Category III	-	-	RNE	RNE

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
0562T 00	Category III	-	-	RNE	RNE
0563T 00	Category III	-	-	RNE	RNE
0564T 00	Category III	-	-	RNE	RNE
0565T 00	Category III	-	-	RNE	RNE
0566T 00	Category III	-	-	RNE	RNE
0567T 00	Category III	-	-	RNE	RNE
0568T 00	Category III	-	-	RNE	RNE
0569T 00	Category III	-	-	RNE	RNE
0570T 00	Category III	-	-	RNE	RNE
0571T 00	Category III	-	-	RNE	RNE
0572T 00	Category III	-	-	RNE	RNE
0573T 00	Category III	-	-	RNE	RNE
0574T 00	Category III	-	-	RNE	RNE
0575T 00	Category III	-	-	RNE	RNE
0576T 00	Category III	-	-	RNE	RNE
0577T 00	Category III	-	-	RNE	RNE
0578T 00	Category III	-	-	RNE	RNE
0579T 00	Category III	-	-	RNE	RNE
0580T 00	Category III	-	-	RNE	RNE
0581T 00	Category III	-	-	RNE	RNE
0582T 00	Category III	-	-	RNE	RNE
0583T 00	Category III	-	-	RNE	RNE
0584T 00	Category III	-	-	RNE	RNE
0585T 00	Category III	-	-	RNE	RNE
0586T 00	Category III	-	-	RNE	RNE
0587T 00	Category III	-	-	RNE	RNE
0588T 00	Category III	-	-	RNE	RNE
0589T 00	Category III	-	-	RNE	RNE
0590T 00	Category III	-	-	RNE	RNE
0591T 00	Category III	-	-	RNE	RNE
0592T 00	Category III	-	-	RNE	RNE
0593T 00	Category III	-	-	RNE	RNE
0594T 00	Category III	-	-	RNE	RNE
0596T 00	Category III	-	-	RNE	RNE
0597T 00	Category III	-	-	RNE	RNE
0598T 00	Category III	-	-	RNE	RNE
0599T 00	Category III	-	-	RNE	RNE
0600T 00	Category III	-	-	RNE	RNE
0601T 00	Category III	-	-	RNE	RNE
0602T 00	Category III	-	-	RNE	RNE
0603T 00	Category III	-	-	RNE	RNE
0604T 00	Category III	-	-	RNE	RNE
0605T 00	Category III	-	-	RNE	RNE
0606T 00	Category III	-	-	RNE	RNE
0607T 00	Category III	-	-	RNE	RNE
0608T 00	Category III	-	-	RNE	RNE
0609T 00	Category III	-	-	RNE	RNE
0610T 00	Category III	-	-	RNE	RNE
0611T 00	Category III	-	-	RNE	RNE
0612T 00	Category III	-	-	RNE	RNE
0613T 00	Category III	-	-	RNE	RNE
0614T 00	Category III	-	-	RNE	RNE
0615T 00	Category III	-	-	RNE	RNE
0616T 00	Category III	-	-	RNE	RNE
0617T 00	Category III	-	-	RNE	RNE
0618T 00	Category III	-	-	RNE	RNE
0619T 00	Category III	-	-	RNE	RNE
0620T 00	Category III	-	-	RNE	RNE
0621T 00	Category III	-	-	RNE	RNE

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Code	Category	FY21 NF RVU	FY21 FAC RVU	FY21 NF RBRVS Rate	FY21 FAC RBRVS Rate
0622T 00	Category III	-	-	RNE	RNE
0623T 00	Category III	-	-	RNE	RNE
0624T 00	Category III	-	-	RNE	RNE
0625T 00	Category III	-	-	RNE	RNE
0626T 00	Category III	-	-	RNE	RNE
0627T 00	Category III	-	-	RNE	RNE
0628T 00	Category III	-	-	RNE	RNE
0629T 00	Category III	-	-	RNE	RNE
0630T 00	Category III	-	-	RNE	RNE
0631T 00	Category III	-	-	RNE	RNE
0632T 00	Category III	-	-	RNE	RNE
0633T 00	Category III	-	-	RNE	RNE
0634T 00	Category III	-	-	RNE	RNE
0635T 00	Category III	-	-	RNE	RNE
0636T 00	Category III	-	-	RNE	RNE
0637T 00	Category III	-	-	RNE	RNE
0638T 00	Category III	-	-	RNE	RNE
0639T 00	Category III	-	-	RNE	RNE

**Historical Note**

New Appendix A, Category III Codes 2019-2020 made by exempt rulemaking at 25 A.A.R. 2624, effective October 1, 2019; Appendix A, Category III Codes 2019-2020 will remain in effect through September 30, 2020 (Supp. 19-3). Appendix A, Category III Codes 2019-2020 repealed; new Appendix A, Category III Codes 2020-2021 made by exempt rulemaking at 26 A.A.R. 2119, effective October 1, 2020 (Supp. 20-3). Appendix A, Category III Codes 2020-2021 repealed; new Appendix A, Category III Codes 2021-2022 made by exempt rulemaking at 27 A.A.R. 1685, effective October 1, 2021 (Supp. 21-3).